



Progress and findings report 2006

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

This report is available in other languages on request.
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Foreword

Improving the population's health and reducing health inequalities remain major challenges in Scotland, as some of our communities have amongst the worst health in Europe. We know that many aspects of our environment, community life, and ways of living influence health – but we know less about how to achieve sustainable, regenerated communities where good health can flourish. That is one reason why GoWell is so important. It seizes the opportunity to research and learn about the processes of neighbourhood renewal in communities with relatively poor health, and has the commitment of national and local policy-makers to respond to the findings.

This report marks the end of a productive first year for GoWell, with considerable progress being made with all aspects of the programme. The completion of the first wave of the GoWell community health and wellbeing survey in August 2006 represents a significant milestone and this report highlights some early findings. Other components of the programme are also reported and yield learning about the context for community regeneration in Glasgow, the processes being adopted and the experiences of communities in areas of change. The value of the picture that is already building-up is considerable.

GoWell is not a 'traditional' research programme, though. The investment made in communications with communities and local structures, ensuring that the research is informed by local issues and is integrated with other processes of change, is a fundamental pillar of the work. Through the programme website (gowellonline.com) and the community and practitioner newsletters, information about programme developments and findings is widely disseminated. Over the coming year, a learning network will also be established to provide those with an interest in health, housing and regeneration with an opportunity to come together to learn about the GoWell findings, address specific areas of interest and concern, and share materials and best practice. We hope that this network will be used in a way that will help improve people's lives and influence health, housing and regeneration policy and strategy in the future.

The success of this first year of GoWell is the result of the contributions of many people. I should particularly like to acknowledge the commitment and contribution of the individuals, families and communities who have generously given their time to participate in GoWell. Without the time, experience and insight they have given and continue to share with us, the GoWell programme would not be possible.

GoWell is a long-term endeavour, and I call on you to continue your support and participation over coming years.

The GoWell programme has also benefited from the knowledge and skill of many, especially the GoWell steering group. I would like to offer special thanks for the hard work and commitment shown by members for so kindly giving their time to steer the efforts of the GoWell team and to provide programme governance. The commitment to the GoWell programme shown by the GHA, Communities Scotland, NHS Greater Glasgow & Clyde, and NHS Health Scotland has been outstanding and I want to thank them for their continuing support. The collaborative nature of the partnership with all the GoWell sponsors and partners has been a highlight and has added to the wealth of expertise that already existed among those involved with the development of the programme.

One final point: I believe that the real strength of the GoWell programme is that it will give a collective voice to communities experiencing some of the worst health and housing problems in the UK and Europe. By gathering information directly from the twelve GoWell study communities and from Glasgow as a whole, the GoWell team will be able to understand in depth local people's experiences of community regeneration and neighbourhood renewal. Over the next ten years, we will see their stories unfold in ways that will give individuals, communities, organisations, practitioners and policy-makers across Scotland and internationally valuable evidence on how to create and sustain the kinds of healthy homes and communities that people want to live in. That is an ambition shared by all of us working to make GoWell a success, and I am sure is one that you will also support.

Dr Andrew Fraser
Chair
GoWell steering group

Introduction

Welcome to the first annual progress and findings report for the GoWell programme. The report explains the basis for GoWell and provides an update on progress on the different research and learning components of the programme. This report also features some of the early findings from the first wave of the GoWell community health and wellbeing survey.

GoWell was officially launched in February 2006 with the support of communities minister Malcolm Chisholm. The launch was held in north Glasgow and received extensive local and national media coverage. Since the launch, the GoWell team has been working steadily on the 4 central research themes that make up the GoWell programme and to raise awareness and understanding of the programme within the 12 communities taking part in GoWell. This report sets out some of the detail of these activities.

The GoWell programme aims to examine the impact of Glasgow's unprecedented investment in community regeneration and neighbourhood renewal on people's health and wellbeing. In particular it aims to discover:

- what kind of regeneration and neighbourhood renewal initiatives are effective (and cost-effective) in improving health and wellbeing?
- what are the pathways that connect changes in the local environment to changes in peoples' health and wellbeing?
- by what processes are effective initiatives implemented and who participates in these processes?
- what effect does community regeneration have on social and health inequalities?

The GoWell programme's longitudinal design will enable the GoWell team to determine how people's lives are affected by regeneration initiatives over the next 10 years.

This is important as many projects only evaluate investment and implementation, and not the actual impact of the initiatives on people's health and quality of life. The understanding and evidence generated from GoWell will help local communities, policy-makers and organisations learn how to create the necessary conditions for healthy and sustainable communities.

GoWell timeline

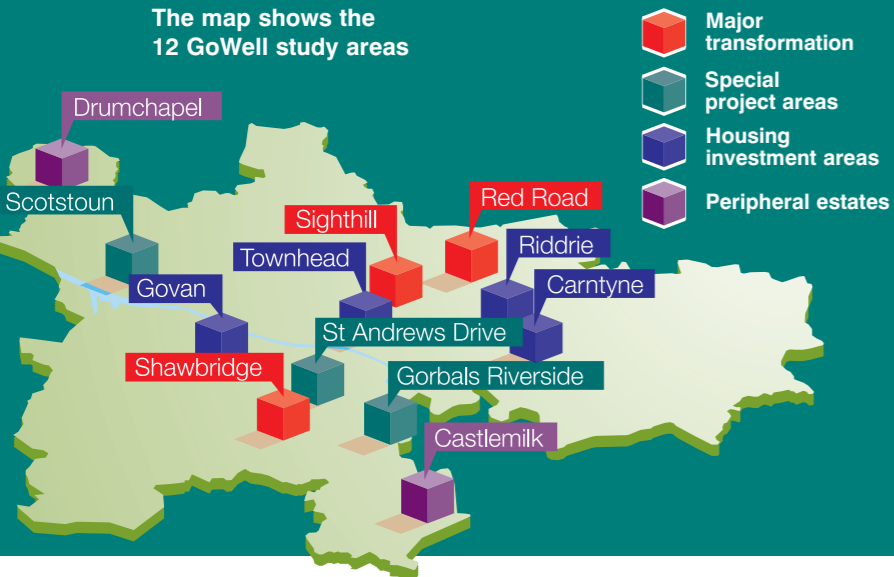
GoWell is a longitudinal research and learning programme which is planned to last for the next 10 years, with the community health and wellbeing survey taking place in four waves during this time, (in 2006, 2008, 2010 and 2012). In addition, there will be a tracking study of participants who move house between the 2006 and 2008 waves of the survey. The other components of the programme will be developed on an ongoing basis throughout the 10 years.



Study areas

In order to carry out the main parts of the programme, we had to select and define our study areas. GoWell is structured to study four types of area in Glasgow, each type representing a different form and timing of policy intervention. Whilst the areas are defined in terms of the nature of the physical changes to take place, most of the study areas also require a range of social and public service interventions to improve residents' quality of life. The four types of study area are:

- 01 **Major transformation areas:**
places where major investment is planned over the next 5-10 years, and where change will involve a substantial amount of demolition and rebuilding over a long period of time, as well as significant disruption for the residents.
- 02 **Special project areas:**
places where a more limited amount and range of restructuring is planned, and on a much smaller scale than in transformation areas.
- 03 **Housing investment areas:**
places which are considered to be popular and functioning successfully, but where significant improvements are required to dwellings, both internally and externally.
- 04 **Peripheral estates:**
large-scale housing estates on the city boundary where incremental changes are taking place, particularly in terms of housing. These estates were originally entirely socially rented but as a result of the right to buy and private developments in recent years, there is now a significant element of owner occupied housing as well as rented.



Brief descriptions of GoWell's 12 study areas are given, grouped into the four intervention categories:

Major transformation areas:

Red Road, Balornock and Barmulloch:
Red Road itself is a mass housing estate of multi-storey flats and tenements built in the 1960s. It is surrounded by mostly 1930s and 1950s cottage flats and semi-detached houses, with some late twentieth century housing.

Population: 11,029
Rented: 63% Owned: 37%

Shawbridge:
The Shawbridge estate is dominated by 1960s high and low-rise flats. Whilst the estate itself is considered to require major regeneration, it is situated in a generally desirable area of Glasgow's southside with good links to many retail, commercial and leisure facilities.

Population: 2423
Rented: 90.5% Owned: 9.5%

Sighthill:
Sighthill occupies a physically discrete location north-east of the city centre. Another post-war mass housing estate, it contains multi-storeys, tenements and deck access housing as well as some community facilities.

Population: 6143
Rented: 92% Owned: 8%

Special project areas:

Scotstoun:
An area of diverse housing from a variety of different eras, located to the west of Glasgow's fashionable West End. It consists of traditional (pre-1914) Glasgow tenements, 1930s and 1950s cottage flats and semi-detached houses that surround two clusters of post-war multi-storey flats.

Population: 6566
Rented: 65.9% Owned: 34.1%

Gorbals Riverside:
Gorbals Riverside is a relatively small mass housing estate consisting of four multistoreys and some deck access properties. It occupies a pocket of land at the edge of the Gorbals, bordered on three sides by commercial property and the south bank of the River Clyde.

Population: 753
Rented: 76.5% Owned: 23.5%

St Andrews Drive:
This estate of deck access houses, seven mini-multi blocks, tenemental and terraced properties can be found near an affluent area of Glasgow's southside. The deck access flats are a particular focus in attempts to address social and building design issues that have been identified.

Population: 902
Rented: 71.2% Owned: 28.8 %

Housing investment areas:

Riddrie:
Riddrie lies to the north-east of the city centre and exemplifies inter-war social housing in Glasgow. It consists of 1930s four-in-a-block flats and semi-detached or terraced cottages, many of which have been transferred to private ownership following the right-to-buy policy of the 1980s.

Population: 5093
Rented: 39.9% Owned: 60.1%

Carntyne:
Carntyne borders Riddrie and (with respect to the GoWell area boundaries) has a comparable housing and tenure mix to its neighbour. The GoWell area surrounds, but does not include, some non-traditional housing that is subject to a separate GHA investment strategy.

Population: 2915
Rented: 51.4% Owned: 48.6%

Govan:
GoWell has focused on two clusters of houses on either side of a shopping centre that provides a focal point for this Southside area. One cluster consists of tenements, whilst the other is made up of concrete houses and apartments. Both represent different types of post-war socially rented housing.

Population: 1188
Rented: 79.8% Owned: 20.2%

Townhead Multi-Storey Flats:
Two distinct clusters of post-war high rises on the northern rim of the city centre.

Population: 1530
Rented: 71.4% Owned: 28.6%

Peripheral estates:

Castlemilk:
The GoWell area comprises the eastern half of Castlemilk which has undergone significant change over the past 10-15 years as part of the earlier New Life for Urban Scotland initiative. Many relatively modern terraced and semi-detached houses now exist amongst the older post-war tenements. The area is situated on Glasgow's south-east periphery.

Population: 5631
Rented: 75.2% Owned: 24.8%

Drumchapel:
Planned in the early 1950s, Drumchapel was the last of Glasgow's three peripheral estates to be built. It is situated at the north-west corner of the city and contains amongst its numerous green spaces a mixture of post-war tenements, a few multi-storey and some late twentieth century semi-detached houses – including some private sector new-builds, of which more are planned.

Population: 10,085
Rented: 78% Owned: 22%

Working Paper 2 describes how we selected our study areas, defined them by post-code and structured our survey sample within them. Available at: www.gowellonline.com

Current characteristics and conditions

As GoWell is aiming to study how places change over time, we needed to establish what our study areas were like before intervention and at the start of the programme in 2006. This was done in two ways: bringing together secondary data on the areas into a set of baseline reports, and carrying out our own neighbourhood audits of environmental conditions in the areas.

The GoWell baseline reports describe each study area in the following terms: location and size; transport links; history; population and employment; housing; health; amenities and facilities; services; environment; local issues; organisations and initiatives; and future plans affecting the area. The sources used to produce these reports included: the 2001 Census; Scottish Neighbourhood Statistics; various websites of organisations such as Her Majesty's Inspectorate of Education, Scottish Health Statistics, and Scottish Council for Voluntary Organisations; Glasgow City Council fact-sheets, data sets and specialist reports; the City Plan and local regeneration partnership plans; and area facility data-sets compiled by Laura McKay of the MRC Social and Public Health Sciences Unit at the University of Glasgow.

We are grateful to two University of Glasgow students with an interest in public health, Merlin McMillan and Rebecca Ogilvie, for producing the baseline reports.

All 12 study area baseline reports are available at: www.gowellonline.com

As well as using secondary sources such as data-sets and reports to describe our study areas, we also undertook our own on-site assessments. The GoWell Neighbourhood Audits assessed neighbourhoods in three respects:

Aesthetics:
the quality of the built environment, natural environment and local amenities. This assessment included how intimidating or friendly places were, how attractive, and how well maintained.

Amenities:
the quantity of provision of different types of amenities within each area, with more in-depth assessments of the nearest local shopping centre.

Accessibility:
the speed and ease with which residents in each area can access a range of facilities and sites within the city using public transport.

In order to assess local conditions, we divided our 12 study areas up into 32 neighbourhoods (these same neighbourhoods were also used for sampling in the main community survey). For benchmarking purposes, we also selected three comparison areas from the Glasgow conurbation where the audits were also conducted. These areas were neighbourhoods of mainly mid-market, owner occupied housing in Bishopbriggs, Kings Park and Sandyhills.

Within each of the neighbourhoods, three randomly selected addresses were selected and at each address a proforma was completed to record the nature and quality of the immediate environment. In addition, photographs were taken in each direction from the selected location. Separate proformas were completed to record local amenities and shops. In total, the neighbourhood audit collected over 400 photographs and 100 completed proformas. By repeating this exercise at intervals in the future, we will be able to monitor the quality of local environments independently of residents' perceptions, and more importantly compare the two.

We are grateful to Victoria Kapke and Karen Stewart who carried out the neighbourhood audits on behalf of the GoWell team.

Working Paper 6 describes the neighbourhood audit methodology, and is available to download from www.gowellonline.com



Putting GoWell in context: monitoring change across the city

Part of GoWell extends the observatory function of the Glasgow Centre for Population Health, enabling us to understand developments in our study areas by putting them in the context of wider trends and changes across the city of Glasgow. We have been working on five elements.

Historical context:
Our aim is to understand the development of the city of Glasgow, particularly since the second world war, and to identify key moments and significant trends in social, economic and physical conditions so that the current period of change can be placed on the longer trajectory of urban development. The current housing and regeneration plans for the city can also be assessed against the major interventions of the past, in terms of scale and key emphases and objectives.

Monitoring the wider city environment:
Changes in the GoWell study areas have to be examined alongside changes across the wider city so that we can assess the extent to which the gap between deprived and other areas has changed and consider whether health and wellbeing in our study areas is influenced by changes across the wider city. This monitoring process builds upon the recent 'Let Glasgow Flourish' report, taking the analysis of health and its determinants down to the level of a neighbourhood (rather than much larger localities) wherever possible. The monitoring will cover a wide range of issues such as employment opportunities, education and training, the quality of environments, access to services and amenities, and transport links. The Let Glasgow Flourish report is available to download from www.gcph.co.uk

Policy context:
We have been carrying out a review of current policies at national and local level which impact upon communities, health and its determinants in Glasgow. The aim is to identify important potential influences upon community health and wellbeing, as well as to consider the consistency and compatibility of policies developed and implemented by particular agencies within the city (such as Glasgow Housing Association), by Glasgow City Council, and by the Scottish Executive and its agencies.

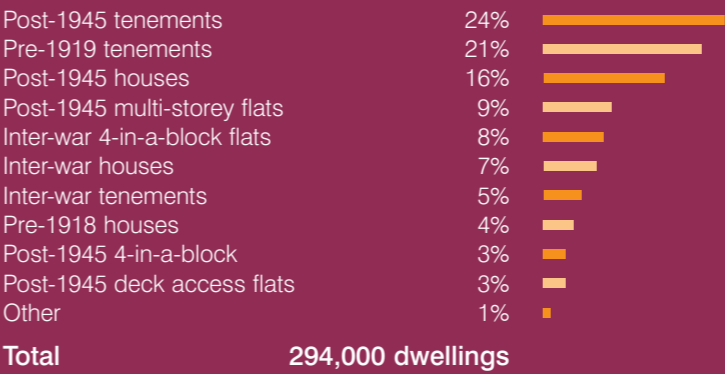
Theories of change:
Allied to the work on the policy context we have been investigating the understandings and expectations of policy-makers and practitioners about change. Interviews have been conducted with key individuals at a national, city and local level to see how the relationship between regeneration and health is interpreted: to what extent do policy-makers and practitioners expect regeneration to have an impact upon community health, in what ways and why? This work will inform our analysis and interpretation of the study findings in due course.

Developing a housing ecology for the city:
In order to make best use of the data we shall be collecting in our monitoring of conditions across the city, we are developing a housing taxonomy for Glasgow which will describe the nature of the housing residential environment in each of the city's 700 statistical neighbourhoods. The housing taxonomy is based upon the City Council's Council Tax Register database, and describes the type, age and tenure of all dwellings in the city. Using this housing taxonomy, we hope to be able to see if a community's health is related to the type of residential environment in which it lives, after taking account of the local level of deprivation. The housing taxonomy will be developed further in future and used to monitor how the dwelling mix and residential densities change across the city as new developments and re-developments take place in the next decade or so.

We are grateful to Craig Binns of Glasgow City Council for assisting us in the development of the housing taxonomy.

Working Paper 9 describes the policy context of GHA as described in its business plan 2005/06, and is available to download from www.gowellonline.com

Profile of Glasgow's Housing 2006:



Community survey

The single biggest activity the GoWell team has been involved in over the past year has been the design and implementation of a survey of community health and wellbeing across all the study areas. The questionnaire content was developed in consultation with the GoWell sponsors, other practitioners, and through a review of local and national surveys. Most of the GoWell survey comprises questions taken or adapted from other studies, with around 15% of the content being original to GoWell.

The survey was carried out between May and July 2006. A total of 6,016 randomly selected adults were interviewed in the survey, achieving an aggregate response rate of 50 per cent. The number of people interviewed ranged from 170 in Gorbals Riverside to 1,100 in the Red Road, Balornock and Barmulloch study area. In most areas the achieved sample ranged from 400 to 700.

The main survey findings are available to download at www.gowellonline.com

The aims of the survey:

1. To describe and assess the variation in conditions across the study areas, and in particular to examine differences in conditions between our four types of intervention area.
2. To provide comparisons with national benchmarks on many issues, so as to assess the gap to be narrowed through regeneration.
3. To establish a benchmark against which we can measure changes in the future.
4. To measure different components of potential change so that we can assess causal mechanisms between policy inputs and health and other social outcomes.
5. To achieve buy-in to the study from a sample of residents and provide information to enable us to track people in the future as changes occur.

We are grateful to BMG Research who carried out the community survey and to Glasgow Housing Association, who funded and managed the contract for the survey. Our thanks in particular to Suzie Scott, Maureen Dowden and Elizabeth Symons.

The survey questionnaire contained six modules. Each of these is described below, along with some highlights of the findings.

Households:

The survey asked about household composition and relationships, occupational status of all household members, and the religion, ethnicity and citizenship status of respondents.

- Around a **tenth** of respondents were from minority ethnic groups, with nearly a **fifth** of people in the major transformation areas being asylum seekers or refugees.



A tenth of respondents were from minority ethnic groups



Nearly a fifth of respondents in the major transformation areas were asylum seekers or refugees

13% of respondents said that they intended to move home in the next year.



80% of respondents were satisfied with their home



Satisfaction was lower among families with children

Housing:

The survey collected information about house size and type, housing tenure, movement intentions, housing quality and dwelling satisfaction, housing improvements, tenant consultation, and psycho-social benefits derived from the home.

- **Half** the respondents in the housing improvement areas lived in the private sector, whilst only a **quarter** did so in the peripheral estates.
- **80%** of respondents were satisfied with their home, with two-thirds describing their home as 'fine as it is', rather than needing work to improve it. Satisfaction was lower among families with children and among respondents from ethnic minority groups.
- **13%** of respondents said that they intended to move home in the next year. Although this is not a particularly high figure, *desired* mobility could be higher than this.

Community survey

Neighbourhoods and communities:

Respondents were asked many questions about where they lived, including rating the quality of the local environment and services, as well as their perceptions of the reputation of the area, sense of community, neighbourhood problems and recent change.

- The vast majority of people (**78%**) were satisfied with their neighbourhood as a place to live, though less than a fifth (**18%**) were very satisfied.
- Less than half of respondents (**43%**) agreed that living in their neighbourhood helped make them feel they are doing well in life. However, more people (**64%**) felt this about their home itself, rather than about their area.



The vast majority of people **78%** were satisfied with their neighbourhood...



...though less than a fifth **18%** were very satisfied

Social networks:

On the basis that people's health and wellbeing is maintained or improved by regular social contact, respondents were asked about their social contacts, available social support, and civic involvement.

- Most people (between **two-thirds** and **three-quarters**) had regular contact with their relatives, friends and neighbours at least weekly. Over a **quarter** of people speak to relatives or friends on most days.
- Most people (**70% or more**) had sources of practical, financial and emotional support available to them, though a **quarter** of respondents either did not have anyone or would not call on anyone for advice and support in a crisis, and **30%** were in a similar position with regard to financial help if required.



Most people had regular contact with their relatives



A quarter of respondents either did not have anyone or would not call on anyone for advice and support in a crisis

Health and wellbeing:

As well as collecting information on recent symptoms and long-term conditions, the survey measured general health and wellbeing, by means of a commonly used scale called the SF-12 which covers physical and mental health. A small sub-section asked about the incidence of symptoms and conditions among children. Details were also collected on a range of health behaviours, including drinking, smoking, diet, exercise and recreational drug use.

- A minority of people in the survey (**44%**) rated their general health as 'good' over the past year, compared to **60%** of the Glasgow population and **68%** of the Scottish population at the time of the 2001 census.
- A large number of people (**38%**) said that they had recently accomplished less than they would like as a result of an emotional problem. Indeed, one-in-four respondents (**24%**) had seen their doctor over the past year about being anxious, depressed, or having a nervous or emotional problem.
- Smoking rates were high at **43%**, rising above **50%** of adults in some areas. This compares to smoking rates of **30%** for Scotland and **35%** for Glasgow as a whole. In the GoWell sample, two in five smokers had no intention of ever giving up, and only **10%** had plans to quit within six months.



15% of respondents rated their health as 'not good'



44% rated their general health as 'good' over the past year..



A fifth of people said that they have occasional or frequent difficulty paying domestic bills



Smoking rates were high at **43%**, rising above **50%** of adults in some areas.

Education, employment and income:

The survey asked people about their current or last job, their level and sources of income, and their educational qualifications. In addition, respondents were asked about the affordability of household bills and about their sources of credit.

- Less than a **quarter** of households in the survey lived on earnings or private income, with half being wholly dependent on state benefits.
- Overall, around a **fifth** of people had occasional or frequent difficulty paying domestic bills such as rent/mortgage and fuel. This rises above **30 or 40 %** in some locations.

Governance, participation and empowerment

The idea that communities should be involved in processes of change within their areas is now central to housing policy, regeneration policy and health strategies. This is held to be good for the sustainability of physical improvements, for identifying the best ways to address social issues, and for giving people a sense of integration and control as a platform for enhanced wellbeing. During the past year, we have been involved in studying community involvement and empowerment in three areas of governance:

Social housing management and ownership:

Many communities in Glasgow are now managing their social housing on behalf of Glasgow Housing Association through recently created Local Housing Organisations (LHOs). In due course, these LHOs will have the option to take over the ownership as well as the management of their housing stock, either singly or in combination with other housing organisations. Our work in this area has two components. First, we conducted interviews with a range of policy-makers and practitioners about the role of community empowerment in the process of housing stock transfer. Second, we have been conducting group discussions with the boards of nine LHOs to explore the gains in influence that they have experienced so far in this process and the benefits this has brought to their communities. We have also been interested to find out whether the boards want to proceed to full ownership of the housing, in what ways, and for what reasons. These LHO discussions will be repeated in the future as the process of second stage transfer unfolds.

Area regeneration:

Plans for the redevelopment of the major transformation areas were under development during 2006. We have been conducting interviews and discussions with the consultants and community advisory groups involved in three of our study areas: Red Road, Shawbridge and Sighthill. We are interested to find out whether the proposals have been influenced by the views of the community, and/or whether the community feel that they have had an adequate say in what is going to happen.

Community planning:

As in other local authorities in Scotland, Glasgow is developing its model of community planning across the city, to deliver better and more co-ordinated public services to local people. During the past year, we have been looking at how two of the local partnerships have developed their approaches to community engagement, within the framework of a city-wide model: the Springburn and Western Glasgow North East Community Planning Partnership (CPP) covers the Red Road and Sighthill study area; and the Drumchapel / Anniesland and Garscadden / Scotstounhill CPP covers Drumchapel and the multi-storey flats at our study areas in Scotstoun. The former, Springburn and Western Glasgow North East CPP is the pilot for a new Neighbourhood Management Model in Glasgow.

In our studies of governance and community involvement, we wish to see whether there are outcomes from these processes at four levels, in terms of: the responsiveness of organisations; community development; influence over neighbourhood environmental improvements; and individual wellbeing gains such as self-esteem and social integration.

Working Paper 5 describes the research methods to be used in this study. Working Paper 7 reviews the background literature that relates to this study. Both papers are available to download from www.gowellonline.com



Evaluating wider actions

The GoWell programme includes a component for carrying out nested studies of single-purpose interventions in particular areas. Over the past year, we have been working with the Glasgow Housing Association (GHA) Regeneration Team with a view to contributing to the evaluation of some of their 'Wider Action' programmes.

The main work to date has involved contributing to an evaluation of the Community Janitors Programme, which is a combined training and employment and environmental improvement scheme. Focus groups and in-depth interviews have been conducted with all the Local Housing Organisations involved in Phase 1 of the programme, and these preliminary qualitative data suggest that the programme has been very successful. There will also be a tenant survey to assess resident perceptions of change, and further in-depth interviews with tenants, trainees and other LHOs. This ongoing evaluation also involves environmental audits of the neighbourhoods covered by the programme, both before and after any environmental improvements take place. The first wave of audits has been completed and is being analysed.

We are also collaborating with the GHA team to develop an objective tool for auditing the quality of Play Areas, which can then be used by LHOs and others. The tool will be used in a pilot study evaluating the 2006/07 GHA Play Area Improvement Programme, developed by Chloe Hughes and Prof Sally Macintyre at

MRC Social and Public Health Sciences Unit, who are collaborating on the project. Funding for the data collection has been provided by the Glasgow Centre for Population Health.

Work led by Dr. Anne Scoular involves developing an evaluation of the Youth Crime Diversionary Programme of interventions, supported by GHA and provided through LHOs. A proposal for this evaluation is being considered for funding by GHA.

A significant component of the wider action is work to tackle financial inclusion. We have suggested a methodology for the evaluation of the 'Scotcash' initiative, which offers affordable loans to Glaswegians on low incomes. As part of this work we aim to carry out in-depth interviews with a sample of recipients of loans in the second half of 2007.

We are grateful to members of GHA's Regeneration Team for working with us to provide opportunities and develop methodologies for these evaluations. Our thanks in particular to Helen Jackson and Heather Voisey.



Communications and involvement

The purpose of the communications and involvement component of GoWell is to establish mechanisms that will ensure the GoWell findings are shared with participants and their communities as well with policy and practice professionals. In short, we want to ensure that all those with an interest in GoWell are given the opportunity to participate in a meaningful way. To do this we have developed the following important communication and involvement tools:

GoWell community newsletters

The aim of the GoWell community newsletter is to provide participants and their communities with general information about the programme and feedback on what we have found about their area and Glasgow as a whole. Two editions have been published to date. We currently produce an individual newsletter for each of the 12 study areas. This was done in response to consultations with local people who felt that the newsletter needed a local identity if people were to get to know and understand the importance of GoWell for their families and communities. More than 28,000 copies of each edition the newsletter are distributed to households in the GoWell study areas, community facilities, and local health, housing and voluntary organisations.

Professional newsletter

GoWell Update is an e-newsletter aimed at keeping policy and practice professionals informed of progress and developments in the programme. It will be produced bi-annually and provides more technical detail on the research components of the programme than the community newsletter. The first edition of GoWell Update was produced and electronically disseminated in February.

The GoWell website

To ensure that participants, their communities, and policy and practice professionals are kept fully informed of all GoWell progress and developments, we have created a study website. The website has been designed to incorporate an information site for participants and members of the public, alongside a site for professionals. The site contains links to the latest GoWell news, findings, events, summary information, information about the study areas, and contact details. General information leaflets, working papers, and information about future events are also available to download. Over the next year we will be developing individual pages for each of the study areas. These pages will contain community specific information and findings. If you would like to find out more please visit: www.gowellonline.com

Engagement with communities and their representative organisations

Since the GoWell launch in February 2006, members of the GoWell team have attended numerous community based housing organisations, community planning partnership board, voluntary organisations and area committee briefing sessions. These briefing sessions developed a lot of interest and support for GoWell. Further briefing sessions will be held in 2007 so that we can feed back findings and progress to these key community stakeholders.

The GoWell leaflets and posters

To inform local people that their community was to be part of the GoWell programme, we developed and engaged in an intensive mail-out of general awareness raising posters and information leaflets to libraries, community centres, health centres, and other community organisations used by local people. The short introductory leaflet is available in Urdu, French, Arabic, Kurdish and Chinese and can be downloaded from the GoWell website, (www.gowellonline.com).

Communication and involvement are vital to the success of GoWell, and as such we have tried to provide a variety of ways for participants, communities and policy and practice professionals to be engaged and informed, and to contribute to the programme.

Details of the programme's communication and involvement activities can be obtained from the GoWell communication and dissemination strategies, which are available to download from the GoWell website www.gowellonline.com



Forward look

For 2007, the GoWell team's priorities are to do the following:

Data analysis:

Continue the detailed analysis of the Wave 1 community survey data, linking these data to the research objectives of GoWell. The analysis will explore the domains of housing, regeneration, community outcomes, governance and health, and will provide insights into the relationships between these domains and the effects of the changes that have already taken place.

Community survey:

Develop the survey instrument in preparation for the Wave 2 survey of our study areas in 2008. This will involve not only repeating questions asked in Wave 1 in order to monitor change in community composition and area conditions, but also adding in new questions to investigate people's experience of the regeneration process. We also want to link these experiences to people's sense of control, self-esteem and optimism about their futures. We may also wish to supplement the community survey with additional data collection on particular topics, for example the nature and level of social interaction within communities.

Tracking study:

Develop our methodologies for the tracking study of those respondents who move house after Wave 1. We shall review other studies that have adopted tracking methods and also examine locally available sources of information about people's whereabouts and movements.

Ecological monitoring:

Link our housing taxonomy information to a range of health and associated social information at data-zone level in order to examine the relationship between residential conditions and health status across the city. This will help us determine whether or not there is a housing ecology at work within the city.

Study areas:

Continue our work to establish the baseline conditions in our study areas. This will involve the following activities: using secondary data to establish trends in conditions in our study areas prior to intervention, and in particular analysing variables from the Scottish Index of Multiple Deprivation 2004 & 2006; completing a full analysis of our neighbourhood audit 2006 data; and developing a methodology for measuring the reputation and status of the study areas.

Governance, participation and empowerment:

Produce a report on community attitudes to social housing management and ownership, and the role of community empowerment within these processes. Continue to investigate how communities are engaged in regeneration preparations and community planning. Consider an approach to the assessment of individual and collective benefits from community ownership of housing, comparing longer established registered social landlords with newer local housing organisations.

Wider Action evaluations:

Proceed with the development of our nested studies, including conducting a residents' survey for the community janitors' evaluation and commencing the empirical work on the evaluations of the youth diversionary and financial inclusion programmes.

Sub-group studies:

Consider how we might set up special studies of particular groups within our study communities, in particular studies of young people, and of asylum seekers and refugees, who are well represented within the community survey, but whose experience of social integration deserves more thorough investigation through qualitative research.

Economic evaluation:

Proceed with the development of a framework that will enable us to establish the cost-effectiveness of the various initiatives in the GoWell programme. The key issues for the economic evaluation are the definition and measurement of the outcomes of interest, and the identification and collection of resource and financial data.

These and other developments in the GoWell programme will be discussed with the GoWell Steering Group and partners and stakeholders in Glasgow and Scotland.



The GoWell team



Professor Phil Hanlon, GoWell Principal Investigator, the University of Glasgow. Phil is Professor of Public Health at the University of Glasgow. He has held roles in adult medicine and general practice and as Director of Health Promotion with Greater Glasgow Health Board. He has also undertaken a secondment to establish the Public Health Institute of Scotland.



Professor Ade Kearns, GoWell Principal Investigator, the University of Glasgow. Ade is Professor of Urban Studies at the University of Glasgow. He has held roles as a housing analyst and Research Fellow. Ade was Co-Director of the ESRC Centre for Neighbourhood Research which conducted policy-related research and research reviews relevant to processes of neighbourhood change, sustainable communities and community cohesion.



Professor Mark Petticrew, GoWell Principal Investigator, Mark is Associate Director of the Medical Research Council Social and Public Health Sciences Unit, based at the University of Glasgow. He has held roles at the NHS Centre for Reviews and Dissemination at the University of York, at the Office of Population Censuses and Surveys in London, and at the London School of Hygiene and Tropical Medicine.



Dr Carol Tannahill, GoWell Principal Investigator, the Glasgow Centre for Population Health. Carol is Director of the Glasgow Centre for Population Health. She has held roles as Director of Health Promotion at Greater Glasgow Health Board and as a senior adviser in health development in the Public Health Institute of Scotland. Carol also has acted as a Consultant/Temporary Adviser to the World Health Organisation Centre for Urban Health

GoWell core programme team:

Sheila Beck is a public health advisor with NHS Health Scotland. She works part-time on the ecological monitoring component of the GoWell programme.

Dr Alison Burlison is a senior information analyst with the Information Services of NHS Scotland. She works part-time providing information analysis skills on the ecological monitoring component of the GoWell programme.

Yvonne Christley is the communications manager for the GoWell programme. She works full time on the communications and involvement component of the GoWell programme.

Fiona Crawford is a public health programme manager with the Glasgow Centre for Population Health. She works part-time on the ecological monitoring component of the GoWell programme.

Dr Matt Egan is a research associate at the Medical Research Council Social and Public Health Sciences Unit in Glasgow. He works full-time on the community health and wellbeing survey component of the GoWell programme.

Dr Elisabeth Fenwick is a health economist in Public Health and Health Policy at the University of Glasgow and at the Medical Research Council Social & Public Health Sciences Unit in Glasgow. She works part-time on the economic evaluation component of the GoWell programme.

Louise Lawson is a research fellow in the Department of Urban Studies at the University of Glasgow. She works full-time on the governance, empowerment and participation component of the GoWell programme.

Rebecca Lenagh-Snow is the programme administrator for GoWell. She works part-time providing administrative support to the GoWell team.

Dr Phil Mason is a statistician in the Department of Urban Studies at the University of Glasgow. He works full-time providing statistical analysis skills to the GoWell programme.

Hilary Thomson is a senior scientific officer at the Medical Research Council Social & Public Health Sciences Unit in Glasgow. She works part-time on the neighbourhood audit component of the GoWell programme.

David Walsh is a public health programme manager with the Glasgow Centre for Population Health. She works part-time on the ecological monitoring component of the GoWell programme.

Presentations and accounts

Presentations

Over the past year, members of the GoWell team have been presenting on the various components of the programme to various local, national, and international audiences.

- February**
- **The GoWell launch event** – Glasgow.
 - **GoWell briefing presentation** – Clydeside Tenant Partnership – Glasgow.
 - **GoWell RSL briefing seminar** – Glasgow.

- March**
- **GoWell briefing presentation** – Keystone Tenant Managed Homes Ltd – Glasgow.

- April**
- **GoWell briefing presentation** – New Shaws Housing Organisation Ltd and Pollokshields Local Housing Organisation – Glasgow.

- May**
- **GoWell briefing presentation** – Central Area Committee, South West Area Committee, Drumchapel and West Area Committee, and Compass Local Housing Organisation – Glasgow.
 - **GoWell** – Scottish Urban Regeneration Forum – Stirling.

- June**
- **Designing the GoWell programme** – Evidence Based Policy and Practice Annual Conference 2006 – Edinburgh.

- July**
- **GoWell Glasgow community health and wellbeing research and learning programme – investigation of neighbourhood change** – European Network for Housing Research Annual Conference – Slovenia.

- October**
- **Investigating neighbourhood change in Glasgow: Designing the GoWell programme** – Dept. Urban Studies – University of Glasgow.
 - **Working towards a healthier future for Glasgow** – International Conference on Urban Health – Amsterdam.

- November**
- **What are psychosocial interventions and how might they affect health?** European Public Health Association Annual Conference – Austria.
 - **GoWell** – Employers in Voluntary Housing Annual Conference – University of Edinburgh.
 - **What do we mean by successful regeneration? An Agenda for Regeneration in Scotland: Making it Work for Communities** – Glasgow.
 - **GoWell briefing presentation** – South East Area Committee – Glasgow.
 - **Can housing led regeneration improve the health of populations?** – Annual Scottish Public Health Conference – Peebles.

- December**
- **Initial findings from the GoWell health and wellbeing study** – GHA Sustainability and Asset Management Event – Glasgow.
 - **GoWell** – Glasgow Centre for Population Health management board – Glasgow.

GoWell accounts

Contributions to end March 07

	Amount
NHS Health Scotland	£79,500
Communities Scotland	£120,950
NHS Greater Glasgow & Clyde	£80,000
Glasgow Centre for Population Health	£138,731
Total	£ 419,181

Expenditure to end January 07

	Amount
Academic and research staff/services – University of Glasgow	£91,653
Academic and research staff/services – Medical Research Council, Social and Public Health Sciences Unit, University of Glasgow	£76,809
Core staffing	£43,746
Communications, events and outputs	£20,384
Running costs & supply staff	£13,516
Total	£246,108

In addition, the Glasgow Housing Association (GHA) committed funding of £100,000 per year towards the community survey element of GoWell. The survey contract is managed directly by GHA so this funding does not come into the GoWell account.