



GLASGOW COMMUNITY
HEALTH AND WELLBEING
RESEARCH AND LEARNING
PROGRAMME



Progress report 2007/08

www.gowellonline.com

Contents

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

01	Foreword
02	Introduction
04	The GoWell Team and Structures
06	Ecological Study: Monitoring Change Across Glasgow
08	Community Health and Wellbeing Survey: The Regeneration Challenge in Glasgow's Communities
10	Governance, Participation and Empowerment
12	Evaluating Wider Actions
14	Key Messages
16	Communications and Involvement
18	Forward Look
20	Appendices: Appendix 1: Steering Group Membership Appendix 2: Outputs and Presentations Appendix 3: Summary of Accounts

This report can be made available in other languages on request. Please contact Jennie Richardson on 0141 221 9439 or at jennie.richardson@drs.glasgow.gov.uk

Foreword



I am delighted to introduce this, the second, GoWell annual report, marking the end of another productive year for the programme. As well as providing an account of the team's activities over the year, the report contains some key findings and messages. The purpose of the report is not to provide a detailed description of the findings. Rather it signposts the reader to sources of further information. It is a hallmark of GoWell that it is not only a major – and much needed – evaluation of Glasgow's regeneration strategies but also a programme strongly committed to ensuring that findings are communicated widely and used to effect better outcomes for individuals, communities and the city as a whole.

GoWell is extraordinarily complex and ambitious. Approaches to neighbourhood regeneration, and their timescales, are not fixed – being negotiated and agreed on an ongoing basis between relevant agencies, partnerships and communities. Evaluation methodologies therefore need to be able to be flexible as well as rigorous, and to reflect the 'whole system' nature of the interventions of interest. Timescales for change are long, meaning that the evaluation needs to be designed in a way that allows measurement of change over time. Because people move into and out of areas all the time, there is the added challenge of retaining contact and 'tracking' the study participants. Few research programmes rise to the challenge of addressing such complexity over the long term. This is one of the reasons why GoWell is already being seen to be of international, as well as national and local, interest.

We are entering the third year of GoWell's planned ten-year lifespan. This year will involve the planning and implementation of the second community health and wellbeing survey and the establishment of the tracking study, as well as ongoing analysis and dissemination of findings. The survey will involve 6,000 people living in 14 communities in Glasgow and is therefore a significant undertaking.

It is great credit to the GoWell team and the partner organisations that the programme remains well on track. There has been a substantial programme of research carried out to date: baseline reports and audits of the study areas have been undertaken; the first wave of the community health and wellbeing study has been completed and analysis of the data is well advanced; this has been supplemented by twelve focus groups, yielding qualitative data from the transformational regeneration areas; two studies looking at different aspects of community empowerment and participation are well advanced; substantial policy and historical reviews of regeneration in Glasgow have been undertaken; individual interviews carried out with 19 stakeholders; and progress made in developing a 'housing taxonomy' for the city. Additional evaluations of specific programmes have been funded by Glasgow Housing Association (GHA) and Glasgow Centre for Population Health (GCPH) and form nested studies within GoWell. It will be clear to all

readers that there exists now in GoWell an extraordinarily rich data resource which offers great potential for learning about communities' experiences of neighbourhood change and health.

GoWell depends on the support and expertise of many people and organisations. The partner and funding organisations have maintained their support, and contribute both substantial resources and a vision for GoWell that has enabled the team to achieve all that is reported here. The commitment shown by GHA, Communities Scotland, NHS Greater Glasgow & Clyde, and NHS Health Scotland has been outstanding and I want to thank them for their continuing support. My thanks also go to the members of the Steering Group from whose knowledge and skill we learn at each meeting; and to the GoWell team and Principal Investigators under the leadership of Ade Kearns, who shows the exceptional commitment and energy that has been necessary to deliver on GoWell's ambitions.

Finally, I should like to introduce and warmly welcome some new members of the GoWell team. Lyndal Bond, the new Associate Director of the MRC Social and Public Health Sciences Unit in Glasgow, joins as a principal investigator; Jennie Richardson is our new communications manager and a key point of contact for anyone seeking GoWell information; and Elizabeth Aston is carrying out one of the nested studies, an evaluation of youth diversionary projects. Many thanks go to Mark Petticrew, who was instrumental in the early stages of the programme; and to Yvonne Christley, the first communications manager. Mark and Yvonne both moved from Glasgow in the autumn, but the legacy of their contributions remains and is much appreciated.

This report will be read by many people, with different levels of awareness and interest in GoWell. I hope that it whets your appetite to engage further with the programme and to see it as a useful resource in supporting our collective learning about how to build a healthier future for communities that currently experience some of the worst health in the UK and Europe.

Dr Andrew Fraser
Chair
GoWell Steering Group

Introduction

Welcome to the second annual report from the GoWell programme. The report provides an update on progress and activity over the past 12 months. Progress is reported separately for each of the four main research components of the programme, and is followed by a summary of some of the emerging messages and possible implications. A description of our communications activities over the past year is also provided.

Background

Over the next ten years, neighbourhoods across Glasgow will experience various kinds of change as a result of investment in housing, regeneration and neighbourhood renewal. Home improvements, demolitions, new build developments and a range of measures intended to strengthen and sustain communities are all being implemented. It is hoped that these changes and massive investment in better housing and neighbourhood regeneration will improve health and wellbeing and create stronger sustainable communities. However, this hope is based more on common sense rather than actual scientific evidence. This is why the GoWell programme has been designed and developed - to improve understanding of the different approaches to urban regeneration and examine their actual impact on the health and wellbeing of householders, their families and communities. It is a longitudinal study spanning ten years which allows us to examine a range of neighbourhood, housing and health-related factors before, during and after these changes take place.

How will it do this?

The GoWell programme has brought together some of Scotland's leading researchers in a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the Medical Research Council Social and Public Health Sciences Unit. It also importantly brings together housing, regeneration and health sectors through its sponsorship by Glasgow Housing Association, Communities Scotland, NHS Health Scotland and NHS Greater Glasgow & Clyde.

In order to achieve its ambitious aim, the programme is made up of four different but inter-connecting research components; each of which is described below.

- **Community health and wellbeing survey and tracking study.** This involves face-to-face interviews with over 6,000 residents from 14 different Glasgow communities. It will take place in four waves. The first wave was

completed in August 2006, the second wave will be conducted in Spring/Summer 2008, with further waves in 2010 and 2012. There will be a tracking study of respondents who move house between waves 1 and 2 who will be followed-up at their new addresses for the duration of the study. This component also involves 12 focus groups after each wave to provide more detailed qualitative evidence for various aspects of the survey.

- **Ecological study: monitoring change across Glasgow.** This component involves monitoring the changes relating to housing and health that are happening throughout Glasgow so that the changes in the study areas can be looked at in the context of wider trends. It involves different elements which include: looking at the historical and policy background within which community regeneration is taking place; investigating the understandings and expectations of policy-makers and practitioners; and the development of a housing taxonomy in order to examine the links between housing types and health status across the city.
- **Governance, empowerment and participation study.** This involves studying community involvement and empowerment in different areas of the regeneration process including community involvement in the management and ownership of social housing, the planning and implementation of the major regeneration processes and community planning and neighbourhood management.
- **Wider action nested studies.** This component involves shorter-term 'nested studies' of specific initiatives aimed at addressing particular aspects of community need.



Aims and Objectives

The main **objectives** of the research programme are to:

- Measure improvements to individual, family and community health and wellbeing brought about by community regeneration and neighbourhood renewal.
- Measure improvements to housing standards and the quality of housing management brought about by community owned and managed social housing.
- Measure whether regeneration activity narrows the gap between deprived communities and other neighbourhoods, and identify what kinds of regeneration activities are most successful at reducing this gap.
- Identify the outcomes of neighbourhood transformation for community sustainability, cohesion and inclusion.
- Measure the effectiveness of processes of community engagement in regeneration in terms of community development, empowerment and social inclusion.

GoWell **aims** to discover:

- What kind of neighbourhood regeneration initiatives are effective (and cost-effective) in improving health/wellbeing.
- What the pathways are that connect changes in the local environment to changes in people's health and wellbeing.
- By what processes effective initiatives are implemented and who participates in these processes.
- What effect community regeneration has on social and health inequalities.

Study Areas

The GoWell study areas are shown in the map below, where 12 areas are highlighted. However, we now separate the areas of Red Road and Scotstoun into two distinct parts so that we can look separately at the multi-storey flats and at the areas surrounding these flats. Because of this, we now say that we have 14 study areas.



These areas were chosen based on the type of regeneration and changes they would undergo during the study. The category each of our study areas falls into and the type of changes they will likely undergo is outlined below.

Transformational Regeneration Areas:

Red Road, Shawbridge and Sighthill fall within this category. These are areas where major investment is planned over the next 5-10 years, and where change will involve a large amount of demolition and rebuilding over a long period of time.

Local Regeneration Areas: Gorbals Riverside, St Andrews Drive and Scotstoun multi-storeys fall within this category. A more limited amount and range of restructuring is planned for these areas, and on a much smaller scale than in transformational regeneration areas.

Multi-Storey Flats (MSFs) Surrounds:

These are the neighbourhoods surrounding the multi-storey flats in Scotstoun and around Red Road. We are

interested in these areas to understand more about how they are affected by the regeneration process and associated population change.

Housing Improvement Areas: Carntyne, Riddrie, Govan and Townhead fall within this category. These are places which are considered to be popular and functioning successfully, but where significant internal and external housing improvements are required.

Peripheral Estates: Drumchapel and Castlemilk are our two peripheral estates. These are large-scale housing estates on the city boundary where incremental changes are taking place, particularly in terms of housing.

Timeline

GoWell was officially launched in February 2006, so we are now two years into the programme. Some components of the programme are ongoing throughout the full ten years. The examination of experiences of community engagement and participation is one such ongoing theme; and another is the ecological monitoring process which gives us a handle on the context within which changes are taking place in our study areas. Other components – most notably the community health and wellbeing surveys – are phased to take place at particular points in time as described above. Reports of findings are produced regularly, ensuring that policy-makers, communities, and those seeking to deliver change on the ground, can learn from – and influence – GoWell as the programme develops.

The GoWell Team and Structures

Implementation of GoWell is led by the team of four Principal Investigators (PIs) and working with them is a core staff team comprising three researchers, a communications manager and a programme administrator. A wider team of people is responsible for taking forward specific aspects of the programme, whilst not working exclusively on GoWell. Day-to-day management of the programme, its staff and resources, are the responsibility of the PIs, who take decisions about methodologies, content and processes, working within the overall framework and strategies approved by the Steering Group. The Steering Group involves membership from all of the sponsor organisations together with three external academic advisors (listed as Appendix 1). Collectively and severally, Steering Group members have responsibility for monitoring progress, approving forward plans, advising on major elements/strategies, and championing GoWell both externally and within their own organisations. The Steering Group also has a formal accountability role to the Scottish Government through its Chair.

Principal Investigators



Lyndal Bond is Associate Director of the Medical Research Council Social and Public Health Sciences Unit in Glasgow. We are delighted to introduce Lyndal as our new Principal Investigator, replacing Mark Petticrew who moved to London in September 2007.



Phil Hanlon is Professor of Public Health at the University of Glasgow. He leads on the city-wide ecological monitoring component of GoWell.



Ade Kearns is Professor of Urban Studies based at the University of Glasgow. He leads on the community health and wellbeing survey, the tracking study and the study of governance, participation and neighbourhood change.

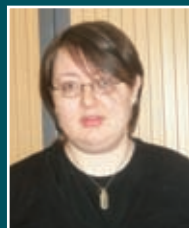


Carol Tannahill is Director of the Glasgow Centre for Population Health. As well as contributing to all aspects of the programme, Carol is the central point for programme management and leads on the learning, communication and dissemination components.

The Wider GoWell Team



Elizabeth Aston is a researcher at the Medical Research Council Social and Public Health Sciences Unit in Glasgow. She works full-time on one of the GoWell nested studies, conducting an evaluation of youth diversionary projects.



Rebecca Lenagh-Snow is the GoWell programme administrator based at the Glasgow Centre for Population Health. She works part-time on GoWell, acting as the central point of contact for inquiries, supporting the communications manager and providing administrative support to the staff team and principal investigators.



Sheila Beck is a principal public health advisor at NHS Health Scotland. She works part-time on the ecological monitoring component. Her work over the past year has mainly focussed on the *Will Glasgow Flourish?* report.



Phil Mason is a statistician in the Department of Urban Studies at the University of Glasgow. He works full-time providing analysis of the quantitative data from the community health and wellbeing survey and tracking study and contributes to ongoing study design and the ecological monitoring component.



Fiona Crawford is a public health programme manager at the Glasgow Centre for Population Health. She works part-time on the ecological monitoring component and her work over the past year has mainly focussed on the *Will Glasgow Flourish?* report.



Jennie Richardson is the GoWell Communications Manager based at the Glasgow Centre for Population Health. She works full-time on the communications and involvement component of the programme.



Matt Egan is a research associate at the Medical Research Council Social and Public Health Sciences Unit in Glasgow. He works full-time on GoWell and is involved in study design and planning, communication and coordination, literature reviews, evaluation of wider actions, and the community health and wellbeing survey and tracking study.



Hilary Thomson is a senior scientific officer at the Medical Research Council Social and Public Health Sciences Unit. She works part-time on the neighbourhood audit component.



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



David Walsh is a public health programme manager at the Glasgow Centre for Population Health. He works part-time on the ecological monitoring component.



Louise Lawson is a research fellow in the Department of Urban Studies at the University of Glasgow. She works full-time on the qualitative research components of GoWell including the study of governance, empowerment and participation, and contributes to focus groups and in-depth interviews as well as literature reviews.

Ecological Study: Monitoring Change Across Glasgow

The ecological component of GoWell sets out to provide an added dimension to the main study by monitoring wider changes in the city and the surrounding area that could also influence the health of Glasgow's population. It also seeks to embed and understand these changes within their historical and policy context. This approach explores how health arises out of the whole 'ecology' (physical, social, environmental and cultural) in which people live.

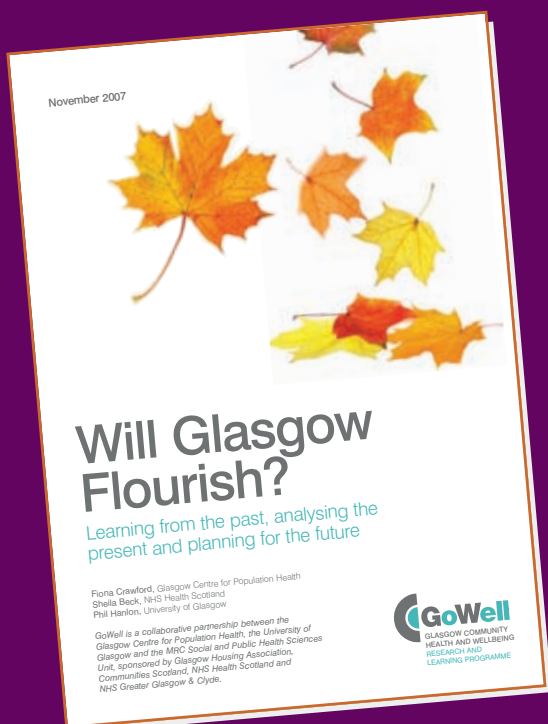
During 2007, the work of the ecological team focussed on the following three components:

1 Will Glasgow Flourish? Learning from the past, analysing the present and planning for the future

The *Will Glasgow Flourish?* report, published in November 2007, provides an insight into the interaction between housing, regeneration and health, over the course of the 20th Century and in the early 21st Century, within the context of Glasgow's changing political, economic, physical and social landscape. Two key areas form the basis of the report:

- a) *The historical context of regeneration in the city; and*
- b) *The philosophy and current policy context of regeneration.*

One of the main messages that emerged from this work is that there is clearly a resonance across strategies, policies and programmes in their aspiration to regenerate people as well as place, and that lessons from the past have been learned in this regard. Nonetheless, it is still not clear whether current policies and strategies will help to address the legacy of Glasgow's poor health and inequality in the future. The final section of the report asks a set of key questions and aims to stimulate feedback and a wider debate around the area of regeneration and health. These questions were discussed at the Glasgow's Healthier Future Forum Event 6 (held on 28 November 2007) at which the report was launched. Both the *Will Glasgow Flourish?* report and the GHFF6 event report – which includes a summary of the discussions – are available to download from the publications page of the GoWell website at www.gowellonline.com. The report has been widely disseminated and is being followed by a number of discussion seminars across a range of organisations to continue the discussion and debate. These are ongoing and anyone interested in a seminar within their own organisation should contact Jennie Richardson on 0141 221 9439 or at jennie.richardson@drs.glasgow.gov.uk.



2 Theories of Change

As part of our aspiration to gain a deeper understanding of the context for GoWell, we wanted to investigate people's understandings (or 'logic models') of the likely links or pathways between regeneration on the one hand and health and wellbeing on the other. We interviewed nineteen individuals (two politicians, six professionals with strategic responsibilities, seven individuals involved in programme delivery and four residents) to explore how they understood the inputs to regeneration and the pathways between regeneration and better health outcomes. Although each account varied, in terms of the emphasis put on different components, a striking consensus emerged. The lesson from the past was that simply rebuilding houses was, on its own, insufficient – although much work remained to be done on housing and that remains a priority. Interviewees considered that a more holistic approach was needed, including housing improvements, changes to the local physical environment, improved services, economic regeneration (with a particular focus on jobs) and social regeneration. Interviewees found social regeneration difficult to define but it encompassed community participation, community empowerment and the need for change at a personal level. Almost all interviewees emphasised the need to augment the well established 'structural' components of regeneration with a more 'person based' approach, to foster confidence, higher aspirations and greater social cohesion.

A holistic approach such as this was thought to be likely to improve health and wellbeing in two ways: firstly as an emergent property of the whole process of regeneration, dependent on all the components being successful and integrated; secondly through action on more specific pathways (such as action on dampness reducing respiratory illness or improved safety leading to fewer accidents). Although all the interviewees articulated their personal version of what a more holistic approach would look like, none expressed confidence that current practice would deliver the full model. They asked questions about who was responsible for ensuring the delivery of a truly holistic approach. There was also concern about the relative availability of funds and personnel for the crucial person based approach compared with investment in housing and the physical infrastructure.

This research highlighted that, although the ingredients for successful sustainable regeneration are widely recognised at a theoretical level, there is a lack of confidence amongst those interviewed that the current approach will deliver on them all.

3 Housing Typology and Profiling Analysis

The aims of this portion of the ecological team's work are twofold:

- 1) To classify, and comprehensively describe, the types of dwelling in the city of Glasgow, and to combine this with information on health, social and other factors for each housing type.
- 2) To undertake separate, but related, profiling work to describe the social, economic, environmental, and health related characteristics both of the GoWell areas, and the other parts of the city. Through such descriptive analysis, and by placing the areas within the overall socioeconomic context of the city, we hope effectively to monitor change across the different areas.

With regard to the first area of work (housing typology), initial analyses conducted over the course of the last year proved very complex and difficult to use on account of the wide mix of housing types that exist in Glasgow within very small areas. However, a new approach to the analysis and collection of data has produced much more encouraging results, and we hope to report on these in the near future. Similarly, results of the second (profiling based) strand of analysis will be made available over the course of the next year of the project.

Further information on this is available from Phil Mason who can be contacted on p.mason@socsci.gla.ac.uk



Community Health and Wellbeing Survey: The Regeneration Challenge in Glasgow's Communities

GoWell is following the fortunes of six communities undergoing regeneration through a mixture of physical improvements and redevelopment, social and economic renewal, and new governance arrangements. As defined on page 2 and 3 these communities include three Transformational Regeneration Areas – the Red Road, Sighthill, and Shawbridge estates – and three Local Regeneration Areas – the Kingsway Court and Plein Street neighbourhoods in Scotstoun, Gorbals Riverside estate, and the St Andrews Drive development. These regeneration areas mostly consist of multi-storey blocks of flats, together with some deck-access flats. In addition, the four largest neighbourhoods contain a significant community of asylum seekers and refugees.

During 2007, we analysed the GoWell Wave 1 survey data to identify the nature of the challenge facing practitioners seeking to regenerate these areas. Focus groups with residents from the areas were also conducted by the survey company BMG Ltd. Here we review some of the issues we shall be monitoring over time in the study. Comparisons are made between the findings from the regeneration areas and other types of GoWell study area. The main findings of our analysis are contained in the report *The Regeneration Challenge in Transformation Areas*, available to download from the publications page of the GoWell website at www.gowellonline.com

Aspects of the physical environment were rated as being much less good in regeneration areas than in other more popular housing areas. Typically, only 30-45% of people in transformational regeneration areas rated any aspect of the environment as 'good', compared with 40-70% in housing improvement areas such as Carntyne and Riddrie.

In focus groups, people spoke about some of the health and other effects of living in multi-storey flats and in environments which are subject to misuse and abuse, without sufficient maintenance:

“When you stay 27 up and you’ve got one glazing and it’s windy, it’s very cold and you spend a fortune to heat up the place is very expensive to be honest in winter.” (Resident, Red Road)

“A lot of the houses are rotten with damp, really bad. People with problems with their chests, asthma.” (Resident, Sighthill)

“Some days it makes you feel depressed, if it’s a really bad day and if there’s a lot of litter and the junkies and you see the area in a bad state, you think ‘look at the state of this place’.” (Resident, Red Road)

“The sewers are always blocked at the back of us as well. As soon as you walk in the building you can smell the sewers. There’s always someone looking at them all the time.” (Resident, Gorbals Riverside)

By comparing data from each wave of the survey, we shall be monitoring how residents’ assessments of their environments change over time as improvement works are carried out. We will also investigate the impacts upon residents of living in multi-storey blocks which are improved compared with the effects for people who are rehoused following the demolition of their blocks.

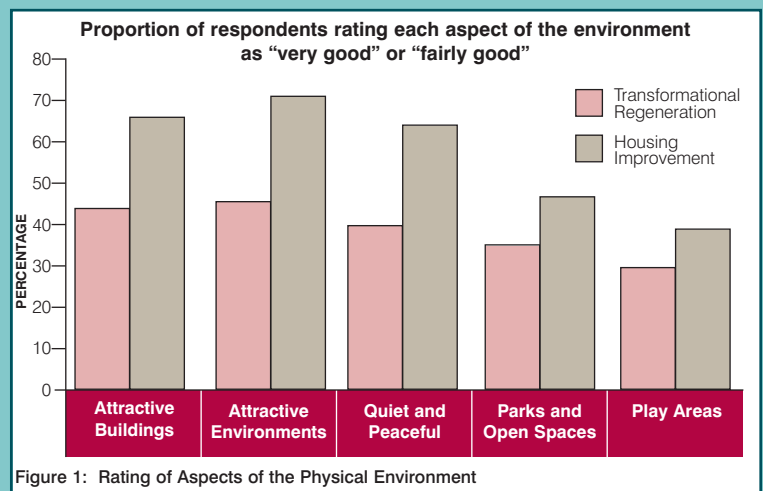


Figure 1: Rating of Aspects of the Physical Environment

Social Environments

Antisocial behaviour problems are prevalent in all three of the transformational regeneration areas we are studying, but are far more commonly cited in Red Road and in Shawbridge. Three of the top problems in all of these areas are: *teenagers hanging around, gang activity, and drunkenness/rowdiness*.

There are many factors which contribute to this situation including the poor physical environment and lack of local facilities for young people, though efforts on this front are being made and youth and leisure services are actually rated better in transformational regeneration areas than in our other study areas. But the challenge is increased by high child densities – with over 40% of the population in these areas being aged under 16 – and by weak informal social control exercised by the community itself (only 40% of residents in transformational regeneration areas believe there to be effective local control over young people).

There is a public health challenge here too:

“I think the main problem is alcohol and drugs. Without them the behaviour is good, they are quite nice. When they drink they become more aggressive because I see people are quite nice during the day.” (Resident, Red Road)

Antisocial behaviour, high numbers of unemployed people, low levels of educational attainment, and the presence of drug addicts and suppliers are seen as contributing to the poor image of the regeneration areas we are studying. Residents recognise this and, in our survey, 42% of people in the transformational regeneration areas think their area has a bad reputation across the

city, and only 9% think their area has a good reputation. That is the largest gap we found in any type of study area.

One of the consequences of living in an area with a poor physical and social environment, together with a negative image, is that people do not derive the sorts of psychological and social benefits from where they live, in the way people do elsewhere. Although two-thirds of people in transformational regeneration areas and local regeneration areas are ‘satisfied’ with their neighbourhood as a place to live, this may reflect lower expectations. A clearer picture of what people feel about their areas is revealed when we look at whether they gain a sense of achievement or personal progress from where they live. Here, we see a contrast between the regeneration areas, where less than a third of people agree that ‘living in this neighbourhood makes me feel that I am doing well in life’, and our other study areas, where at least 40% of people, including the majority of residents in the housing improvement areas, derive this benefit. This finding reinforces the rationale for the priority being placed on the regeneration of these areas.

In the coming years, we shall be monitoring how this measure of the psychosocial benefits of residence changes over time as neighbourhoods are improved or redeveloped.

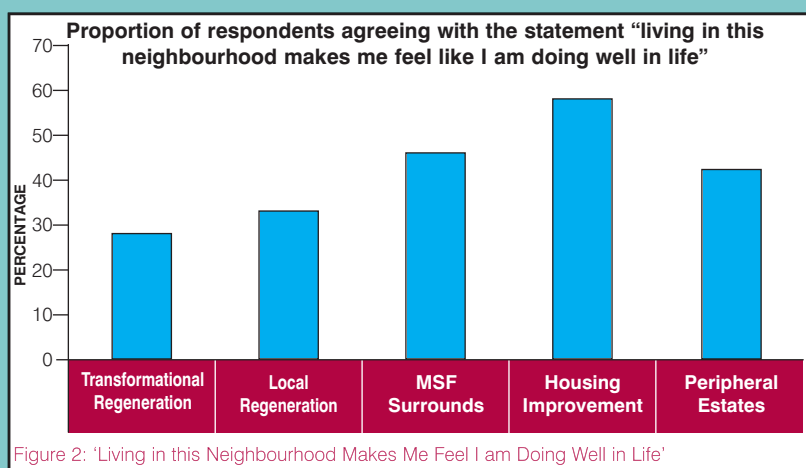
Health

In general, we found that the communities in the regeneration areas have a relatively positive view of their health, especially when compared to people in deprived areas across other parts of Scotland. In part, community health is boosted by the presence of asylum seekers and refugees in these areas, since they report better health than Scottish people across a range of measures.

Among the particular health issues in the regeneration areas revealed by our survey were the following:

- Much higher rates of both recent and long-term health problems among Scottish men and women in their forties and fifties, than among residents from minority ethnic groups.
- High use of GP services for emotional and mental health reasons by Scottish women in their forties and early fifties (a third had seen a GP for this reason in the past year).
- Reliance on fast food by a significant minority of people, with around 30% of Scots and non-Scots using takeaway or fast food outlets for at least two main meals per week.
- Low levels of moderate exercise, with only a fifth of people in transformational regeneration areas undertaking 30 minutes of moderate exercise on most days of the week.

In future waves of the GoWell survey we hope to be able to improve our health measures of diet and exercise, and include additional measures of psychological health.



Governance, Participation and Empowerment

Two studies have been carried out on the theme of **Governance, Participation and Empowerment**. Underpinning this work is a review of the academic and policy literatures in this field. Here we provide a flavour of the key areas of work completed to date.

Understanding “Community Empowerment”

In a residential context empowerment has been defined as “any process over which people gain increased control over their housing situation”¹. More generally, empowerment has been defined as the process whereby communities become able to take control of their circumstances and achieve their goals in order to work towards maximising the quality of their lives². Other definitions encompass a social justice dimension and emphasise the different levels at which empowerment operates – from building individual capacity to organisational and institutional factors. We have identified three key themes from the literature that are central to our studies, as shown in Box 1.

Box 1: Community Empowerment Themes

Empowerment through Challenging Power Relations: Communities should be aware of, or be prepared to challenge, *power structures* where necessary, in order to be empowered.

Empowerment beyond Participation to Community Capacity: Empowerment goes well beyond the process of participation to involve a combination of *individual and key skills development*, together with *expanding organisational capacity*.

Empowerment through Residence: Being able to *make choices* may lead a community to ensure that they exercise better control over existing activities through more rigorous monitoring and accountability arrangements, as opposed to taking a more pro-active agenda-setting role.

1 Somerville, P. (1998), ‘Empowerment Through Residence’, *Housing Studies*, 13: 2, 233 – 257.

2 Adams, R. (1990), *Self-Help. Social Work and Empowerment*, London: Macmillan.



Community Ownership and Empowerment in the Context of the Glasgow Housing Stock Transfer

The aim of this study, which was carried out between August 2006 and March 2007, was to examine how empowerment has been experienced to date in the Glasgow housing stock transfer, and to consider whether community ownership³ is a necessary or sufficient condition for the empowerment of communities in relation to housing. A total of 139 key informants from policy, local housing organisations (LHOs) (committees and community housing managers) and tenants participated in this study.

The experiences of LHO committees show that a range of internal and external factors specific to the committee, the organisation and the areas concerned have an influence over a committee's sense of empowerment. Empowerment may mean different things at different times, and may change over time as capacity is developed, experience gained, partnerships forged, and places have moved on or seen improvements.

Box 2 identifies the key influences on empowerment in this context.

³ Community ownership has been defined as "a way of empowering tenants, maximising the total resources available for investment in public sector housing and securing additional benefits for the wider community" by the Scottish Office (1999), 'Investing in Modernisation: An Agenda for Scotland's Housing', Edinburgh: The Stationery Office

Box 2: Factors Influencing Empowerment

Local context	Size and composition of area covered by LHO. Local history and politics. Housing type/s and quality; demand. Tenant characteristics.
Committee capacity	Level, range and types of experience. Expertise and expectations. Clarity of role. Calibre – individual and collective.
Internal relations	Within LHO and CBHA (if relevant). Relationship with Community Housing Manager and/or Director; other staff e.g. housing officers. Organisational ethos, systems, policies.
External relations	GHA. Other organisations. Partnership working and development of wider networks.
Desire for community ownership	

Community Engagement and Empowerment in the Planning of Area Regeneration

The aim of this study was to examine how local communities have been involved in the planning and implementation of major redevelopments in their areas, and the extent to which this is empowering. The study was carried out in three major transformational regeneration areas: Red Road, Sighthill and Shawbridge. Discussions were held with members of local consultative groups from each of the areas during April and May 2007. Data from focus groups conducted by BMG in August 2007 from a sample of residents living in these areas complements the data we have collected.

The following quotes are from community members involved in the consultative groups. They illustrate the different experiences in terms of sense of involvement and having a say. Some feel they have made a contribution and that their ideas were taken into consideration:

"Everybody had their wee say...like when it came to my turn they asked you the same questions but they got a lot of different answers and, basically, this is what it was coming out with, let's flatten the multi-storeys, let's turn it into the wee village it used to be."

Others felt that, although they had a say, they did not have the final say and that ultimately their voice did not count for much as decisions would be taken by others such as GHA or the City Council:

"So, you feel as if you are, you're part of something but yet you're not going to have the final say and somebody decided to pull down the flat, I don't know who made that decision, whether it was a City Council decision, as I suspect, or whether it was a GHA decision."

"There's a feeling that whatever we decide, could very well be overruled because, you know, this is wrong and that's wrong and so on."

At the end of this stage of the consultative process some participants were unsure of the outcome:

"We can tell you about the small picture in parts but the overall area and all, no."

The level of community input into the proposals is not clear and this is something we will be examining further. We are also exploring engagement with the wider community in relation to what residents have, and have not, been consulted about in terms of the proposed regeneration, and how they view this. A further issue is to do with the degree of social integration and connection that residents have with their communities, and how this relates to engagement and empowerment.

Regeneration policy has a declared intention of empowering communities. Involving communities in the planning of regeneration is an important (though not the only) way of doing this. Our work is exploring the extent to which communities feel they have influence over changes taking place in their areas; investigating the best means of achieving this; and also identifying the limits to such processes.

Evaluating Wider Actions

This component of the GoWell programme involves carrying out evaluations of socioeconomic interventions being implemented in neighbourhoods alongside the housing improvements. To date these studies have focussed on a number of Glasgow Housing Association's 'Wider Action' or Neighbourhood Renewal Programme initiatives. Over the past year these have involved on the following programmes:

Youth Diversionary Projects

GHA and partners support a range of youth diversionary initiatives across Glasgow. The central objectives are to provide alternative activities to young people at risk of engaging in antisocial behaviour, and to improve community safety. Some of these projects engage with large numbers of young people and provide a range of recreation activities (e.g. sport, dance, art, drama, IT). Others work to address gang culture and territorialism.

We are developing an evaluation of a selection of these youth diversionary projects. The aim is to describe projects in relation to best practice and evaluate potential impacts for project participants and the wider community. We hope to gather information from a range of sources including young people, local residents and stakeholders; as well as project and secondary data from the Police and Local Housing Organisations (LHOs).

This study is funded by GHA and will run throughout 2008.



Play Areas

Another small study involves assessing the effects of GHA and Glasgow City Council's joint play areas programme, with a number of play area audits being carried out both before and after new development or refurbishment take place.

Audits have taken place in nine play areas: Knightswood Park, Daisy Park, Tormusk Drive Park, Cleeves Road Park, Hartlaw Crescent, Hillpark Drive, Ashlee Park Drive, Cedar Street, and Robroyston multi-purpose ground.

Interviews will be carried out with local people in 2008 to explore usage and the effects of the play area developments on perceptions of community, recreation opportunities and neighbourhood safety.

This study is funded by Glasgow Centre for Population Health.

Community Janitors

The Environmental Employability Programme, or 'Community Janitors', aims to address training and employment issues for people who have been unemployed or economically inactive, while providing an environmental maintenance service to 35 of GHA's network of LHOs. The GoWell team has carried out interviews with LHO staff involved in the project to determine the impact of the programme for the LHO, local environment and tenants.

Feedback suggests that the Community Janitors have proved themselves to be an invaluable resource for the LHOs and have assisted greatly in improving and maintaining the condition of the local environment. GHA has also commissioned Hexagon Research to obtain tenant and trainee feedback. Findings to date show that Community Janitor trainees are benefiting from the training received, which is enabling large numbers of them to move into employment.

This programme is funded by GHA and the evaluation will be completed in the spring of 2008.

Scotcash

As part of its involvement with GoWell, the MRC Social and Public Health Sciences Unit has also provided methodological advice and support for the evaluation of Scotcash, a Community Development Finance Initiative which offers affordable loans to low-income Glaswegians as an alternative to more expensive forms of credit such as doorstep lending.

We are grateful to GHA's Regeneration Team who worked with us to develop these studies.



Key Messages

This section pulls together some of the emerging themes and key messages from the range of components described in this report. The detailed statistical analysis and findings that underpin these key messages are not included here but rather are contained in the separate findings reports already produced: the *Baseline Findings 2006*, *Will Glasgow Flourish?* and *The Regeneration Challenge in Transformation Areas* reports. These are available to download from the publications page of the GoWell website at www.gowellonline.com

As a result primarily of past and current policies, transformational regeneration areas are very unusual across a whole range of social and spatial indicators compared with other areas in Glasgow or Scotland. For example, they have far more families than other areas; high child:adult ratios; 2-4 times as many single parent households as exist across Scotland as a whole; and their populations are highly ethnically diverse. Transformational regeneration areas feature predominantly social rented housing and have disproportionate amounts of flatted accommodation including a concentration of multi-storey flats. They are also very unstable in residential terms: a quarter of residents have lived in their home for less than a year. This presents a challenge to the formation of bonding social relationships within the community. To perform as well as other places in Scotland as residential environments, the proportion of people within transformational regeneration areas who are 'very satisfied' with their area as a place to live would have to increase by a factor of 10. **All of these things (and more) need to be altered if the transformational regeneration areas are to be brought into the mainstream and be more like other communities. This will require policy alignment and attention across different areas of responsibility.**

White Scottish respondents express a greater sense of empowerment than do asylum seekers, refugees and black and minority ethnic respondents. Our results show that across GoWell study areas as a whole, four fifths of people felt in control of their home; two thirds were satisfied that they are kept informed by their landlord/factor; half were satisfied that residents' views are taken into account by the landlord/factor; but only three out of ten thought they could influence decisions affecting their area. **There remains a major challenge in building up the participation and sense of empowerment within communities. This is particularly so in relation to (i) plans for the neighbourhood/ area as a whole, and (ii) involvement of residents who are new to Glasgow or are from BME communities.**

Across the study areas, respondents identified deficiencies in their neighbourhoods more often than they identified deficiencies with their homes. Neighbourhood environments – and particularly parks and play areas – are given worse ratings than those given to public services. Residents of transformational regeneration areas are seriously disadvantaged currently in terms of the aesthetics of their environments, the provision of safe, clean, green spaces, shops, and facilities like parks and children's play areas. A reduction in the number of flats and multi-storey blocks should also bring significant gains in terms of residential satisfaction. **Investment should therefore be made in improving residential, neighbourhood environments as a priority for regeneration efforts. To maximise sustained benefit, attention should be paid to the phasing of this neighbourhood investment in relation to processes of demolition and new build.**



The complex nature of health is reflected in our findings. In contrast to many of their other perceptions, our respondents had a relatively positive view of their health. Nevertheless, levels of smoking are high (and four in ten smokers state they have no intention of quitting); levels of physical activity are low; and in a number of areas more than one in five people had spoken to their GP about a mental or emotional health problem in the past year. On most indicators, the worst health was found among the white Scottish respondents. **These results suggest that health may not be seen as a particular priority – or a problem – for the residents in GoWell areas. Better health may flow from improvements to residents' circumstances; but if more direct health improvement strategies are also implemented then an initial stage of work with communities will be needed to develop a shared understanding of health priorities.**

The pathways between regeneration activity (as inputs) and better health and wellbeing (as outcomes) are generally understood at policy, practice and community levels. The various parts of the jigsaw that need to be put together to deliver better health and wellbeing are recognised. However, there is less confidence in the system's ability to deliver on this full range of components. 'Social regeneration' (person based approaches) was seen to be of particular importance in the current context, and respondents were not clear about whose responsibility it is to deliver on this. **The relevant partners in the city's regeneration could consider how greater emphasis might be placed on person based approaches, what these might look like, and whose primary responsibility it would be to ensure their development and implementation.**

Four out of five households in transformational regeneration areas have gross incomes less than half the level of average earnings for people in employment in Glasgow. Housing costs are the most problematic item for household budgets. **Given the impact that poverty has on a whole range of life factors and trajectories, it should be a priority to ensure that housing costs do not increase disproportionately on the back of regeneration processes, and thereby impair the potential benefits to health and wellbeing that could result from regeneration.**

Although considerable investment is being made in the regeneration of Glasgow's poorest areas, the investment being made in other parts of the city is greater. This raises the question as to whether current actions are likely to reduce the inequalities in quality of life, day-to-day circumstances and prospects between the communities living in different parts of the city. Current trends suggest that these inequalities are actually increasing, with this being reflected for example in the city's health and crime statistics. **Is the present balance of investment the right one to secure a flourishing Glasgow in the future?**



Communications and Involvement

The team aims to keep all those with an interest in GoWell updated on progress and informed of findings and activities. We currently communicate and engage with a diverse range of participants, communities, professionals and practitioners and are continually seeking opportunities to develop and expand our reach. Our main mechanisms for communicating with and involving people are as follows:

Community Newsletters

This is our main direct way of keeping the communities involved in GoWell updated on and informed of our findings. We produce individual newsletters for each of our study areas, containing general information on GoWell, updates on progress, area-specific findings, and information about the team and how to get in touch. Three editions have been produced to date; two in 2006 and the most recent one in summer 2007. Each edition is sent to just under 28,000 addresses across our 14 study areas. The next edition of the community newsletter will be produced after the wave 2 survey, in late summer 2008.

As several of our study areas contain black and minority ethnic (including asylum seeker and refugee) communities, we have a range of information on some of the issues relating specifically to these groups. We have produced a separate newsletter summarising this information, and this is available to download from the GoWell website at www.gowellonline.com and can be made available in different languages on request.

GoWell Update

GoWell Update is the programme's e-newsletter, which aims to keep those working in the health, housing and regeneration professions up-to-date with GoWell findings and activities. The second edition of GoWell Update was disseminated to almost 700 people in October 2007.

Learning Network

An important element of GoWell is its learning component, which aims to bring the programme beyond research and ensure that findings are widely disseminated and lessons are learnt along the way. One of the aims of the learning component is to bring together housing, regeneration and health sectors to share knowledge, learning and good practice. The GoWell learning network was developed for this purpose. There are currently 91 members in the learning network, who receive our e-newsletter and invitations to our seminars and events. Membership is open to anyone with an interest and instructions on how to join are included in the learning network page of the website. The GoWell team is now at the stage of producing a series of articles aimed at academic and practitioner publications, and learning network members will automatically receive an alert when these are published. Ongoing discussions are taking place with other organisations with a shared interest in regeneration regarding how to develop the learning network further and in a collaborative way. The development of the learning network is a key focus for the coming year.



The GoWell Website (www.gowellonline.com)



The GoWell website has undergone significant restructuring and development over the past year. It now includes a separate section for GoWell participants and communities, including information for participants and individual pages for each of our study areas with area-specific information and findings. The publications section contains copies of all our published material and outputs to date ranging from the community and professional newsletters, findings reports, working papers which provide information on methodologies and the different components of GoWell and presentations from GoWell events, conferences and seminars. This section of the website will be developed further over the next year so that it can become a useful information and research resource for housing, regeneration and health practitioners and professionals.

Leaflets and Posters

An updated summary document was produced and published on the website towards the end of 2007. This provides an overview of each of the components of GoWell.

Communication with Local Community/Representative Organisations

As well as the community newsletters our other main way of communicating with and involving our study area communities is through working with the local and representative organisations in their areas. GoWell team members have been very grateful for the opportunity to talk to many of these organisations and receive their feedback and comments. A list of the presentations made to such organisations is included in Appendix 2. Over the coming year we aim to explore the potential of utilising further mechanisms of communicating with our participants and various communities, such as local press, partner organisations' publications and attending local events.

Events

The first GoWell annual event was held on 2 March 2007, and was attended by 81 delegates from a range of backgrounds. This provided an opportunity to hear about the first year's activities and progress, along with some of the early findings from the first wave of the community health and wellbeing survey and other programme components. There was also an opportunity to discuss the implications of the findings and to comment on the next phase of developments. The first GoWell annual report and baseline findings report were launched at the event.

In addition to our annual event, we hold events/seminars when we have major findings to report and discuss.

Glasgow's Healthier Future Forum 6

This joint GoWell/Glasgow Centre for Population Health event took place on 28 November 2007. Two new GoWell publications were launched: *Will Glasgow Flourish?*

and *The Regeneration Challenge in Transformation Areas*. Presentations were made on the key findings from each of these reports, and a summary of the current housing strategy contexts were provided by senior colleagues from Glasgow Housing Association (GHA) and Glasgow City Council. The presentation slides and full report on the event are available to download from the website at www.gowellonline.com.



Asylum Seeker and Refugee Findings Discussion Seminar

As several of our study areas have significant black and minority ethnic, and especially asylum seeker and refugee, populations we have a range of information on some of the issues relating to these groups such as their sense of community, social support networks, employment and education, and health and wellbeing. In order to help us interpret and understand our findings, seek feedback on relevant developments, and consider priorities for future work, a discussion seminar involving organisations with a specialist interest in the wellbeing of these groups was held in February 2008. Over the coming year we will seek to build upon and further develop the links with these organisations and look further at the issues that were identified.

Forward Look

A major component of our work over the next year is the second wave of our community health and wellbeing survey and the commencement of the tracking study.

Community Health and Wellbeing Survey and Tracking Study

GoWell is a mixed methods study with several components. Elsewhere in this report, information is provided about the qualitative study (using in depth interviews and focus groups of stakeholders), the ecological monitoring study and our wider nested studies. Here we discuss GoWell's face-to-face surveys of householders.

As previous reports have described, GoWell includes repeated surveys of randomly sampled households located in various different types of regeneration area. These surveys comprise our repeat cross-sectional study. GoWell also includes a nested longitudinal study through which we will track a proportion of our baseline (Wave 1) participants. This is our tracking study.

Repeat Cross-Sectional Study

By randomly sampling households from specific neighbourhoods four times over eight years, GoWell will explore the degree to which regeneration has changed specific neighbourhoods into places where residents are more likely to be healthier and report a higher quality of life and local environment. Has regeneration made a difference to those communities? Are there any adverse effects?

In the spring and summer of 2008, the survey company BMG Ltd will implement the second wave of the repeat cross-sectional study. As GoWell is principally interested in exploring how regeneration changes people's lives, this second survey is extremely important to us. Two years ago, BMG visited the GoWell study areas to find out how residents rated their homes, neighbourhoods, communities and health at the start of the regeneration

programme. This second wave will provide us with our chance to measure how things have moved on during the intervening 24 months of regeneration investment. By comparing the findings between 2006 and 2008, GoWell will obtain its first glimpse of a moving image: a city undergoing the initial stages of a transformation.

As before, we will randomly sample around 6,000 households. We will return to the same neighbourhoods as 2006, although we have made some small changes to the way we categorise our study areas – to keep pace with development in a regeneration programme that is still evolving. As previously outlined we are interested in five types of area (see Table 1):

1. Transformational Regeneration Areas

Red Road, Shawbridge and Sighthill. Each of these large, post-war mass housing estates is dominated by multi-storey flats, but also contains tenemental or deck-access properties. Although plans have not been finalised, each area will experience large scale demolitions, new build housing and attempts to 're-connect' the neighbourhoods with surrounding areas. Over the last two years, many properties in all three of these areas have been emptied. GoWell's field workers will attempt to contact all of the remaining households in each area.

2. Local Regeneration Areas

Gorbals Riverside, St Andrews Drive and Scotstoun multi-storeys. These have been identified as smaller pockets of post-war housing (multi-storeys, 'mini-multis' and deck access) requiring regeneration planning and investment at a neighbourhood level. As with the transformational regeneration areas, GoWell will attempt to sample every occupied household in these areas.

3. Multi-Storey Flats (MSFs) Surrounds

The neighbourhoods surrounding multi-storey flats in Scotstoun and around Red Road. In the baseline survey of 2006, these were classed as sub-areas in GoWell's Scotstoun and Red Road areas, but we have since reclassified them as distinct GoWell areas. They are included in the survey to help us measure whether area regeneration of multi-storey flats can affect neighbouring communities. GoWell will randomly sample a proportion of households from these wider areas.

4. Housing Improvement Areas

Carntyne, Riddrie, Govan and Townhead. GoWell has selected four neighbourhoods with contrasting types of housing: Carntyne and Riddrie are dominated by 1930s four-in-a-blocks and semi-detached homes, Govan includes post-war tenements and other small apartments, and we have sampled multi-storey flats in Townhead. These areas contain homes assessed on an individual basis for internal and/or external housing improvement. Much of this housing improvement has taken place in the last two years, making this a particularly interesting part of the wave 2 study.

5. Peripheral Estates

Drumchapel and Castlemilk are both peripheral estates containing stock managed by smaller registered social landlords (e.g. Cernach, Kingsridge Cleddans, Pineview, Kendoon and Druchapel Co-op in Drumchapel; and Ardenglen and Cassiltoun in East Castlemilk) as well as Glasgow Housing Association, and privately owned stock. Both areas are expected to experience new builds, and both (particularly Castlemilk) have received regeneration investment in the recent past.

Table 1: GoWell's Study Areas and Sub-Areas
(tracking study areas are underlined and in bold)

MAIN AREAS	SITE AREA	SUB AREA
<u>TRANSFORMATIONAL REGENERATION AREAS</u>	<u>RED ROAD</u> <u>SHAWBRIDGE</u> <u>SIGHTHILL</u>	<u>Red Road MSFs and tenements</u> <u>North Shawbridge, South Shawbridge</u> <u>Fountainwell North, Pinkston South</u>
<u>LOCAL REGENERATION AREAS</u>	<u>GORBALS RIVERSIDE</u> <u>ST ANDREWS DRIVE</u> <u>SCOTSTOUN</u>	<u>Gorbals lowrise, Gorbals highrise</u> <u>North St Andrews Drive,</u> <u>South St Andrews Drive</u> <u>Plean Street MSFs,</u> <u>Kingsway Court MSFs</u>
MSF SURROUNDS	WIDER RED ROAD WIDER SCOTSTOUN	West Old Balornock, Petershill Old Balornock, Barmulloch, New Balornock Yoker End, Scotstoun End
HOUSING IMPROVEMENT AREAS	CARNTYNE RIDDRIE TOWNHEAD MSFs GOVAN	West Carntyne, East Carntyne North Riddrie, South Riddrie St Mungos, Drygate West Govan, East Govan
PERIPHERAL ESTATES	CASTLEMILK DRUMCHAPEL	Ardenglen, Cassiltoun, Southwest West Drumchapel, Mid Drumchapel, East Drumchapel

Tracking Study

It is important to know not only whether regeneration changes local communities, but also how individuals experience change over time. What happens to the original residents? Do they experience the benefits of an improved neighbourhood? Do they move out? Do neighbourhood improvements prompt more affluent residents to move in? Is regeneration a stressful as well as a beneficial process to live through?

Tracking studies are resource intensive but they provide some of the answers that cannot be obtained from repeat cross-sectional data. We will try to track all residents who lived in the transformational regeneration or local regeneration areas and participated in the baseline survey. There are around 2,100 of these. In the last two years, some will have relocated (of their own volition, or as a result of clearances associated with demolition) and some will have remained at the same address.

In subsequent waves we will also track some of the residents who move into GoWell areas between surveys. Given an estimated 50% response rate we anticipate that the tracking study will involve around 1,000 participants in total.

The questionnaire that participants receive will be similar to that used in the repeat cross-sectional study, but the analysis will look at a range of different issues. For example:

- Comparing neighbourhood quality, satisfaction, community and psychosocial measures.
- Comparing education, training and employment measures.
- Comparing health and wellbeing outcomes in areas characterised by different types of intervention – e.g. demolition versus refurbishment.
- Comparing the experience of people who lived in an area throughout the regeneration period to those who relocated to one of our areas during regeneration.
- Mapping health outcomes to different stages of regeneration processes: such as (a) anticipation of demolition, (b) decanting to temporary address, (c) move to permanent address in new build.

Ecological Monitoring Study

Over the next year the ecological team will further develop the three main streams of work described earlier. In order to capture the ongoing contextual dimension, we will scrutinise continuing changes in the physical, social and economic environment of the study areas in relation to the city/region as a whole. We need to continue to understand what is happening in the study areas and to monitor the impact these changes are having on health and the determinants of health. This part of our work will be limited to information that we can capture through routinely collected sources of data but we will cross reference our results with the survey outcomes. We still hope that the housing taxonomy will help us to understand changes in the study areas within the context of what is happening in other similar types of housing in Glasgow. So, our aspiration is to produce reports on inputs (regeneration activity and other changes) and outputs (changes in health and its determinants) at four levels (i) for the city as a whole; (ii) for defined areas of the city; (iii) for neighbourhood types; and (iv) for housing types. There is still much that needs to be done before we can assemble inputs and outputs at these four levels, but this is the territory we will explore in the next year.

GoWell/pSoBid developments

pSoBid is one of the other major programmes in the Glasgow Centre for Population Health. It involves looking at the psychological and biological pathways (and associated markers) that contribute to the health gap between more and less disadvantaged groups in Glasgow. The first phase of pSoBid is coming to an end, and there are identified biomarkers that seem to reflect participants' experience of chronic stress. There is potential to introduce some of these biomarkers and other measures into our set of GoWell measurements (for a subsample of participants) as we move forward. Discussions have been initiated with some of the pSoBid team to draw up a proposal as to how this might be achieved. Additional external (research council) funding would be sought for such a development.

Appendices

Appendix 1

Steering Group Membership

NAME	ORGANISATION
Andrew Fraser (Chair)	Scottish Prison Service
Steve Platt (External Adviser)	University of Edinburgh
Ian Cole (External Adviser)	Sheffield Hallam University
Taroub Zahran	Glasgow Housing Association
David Fletcher	Glasgow Housing Association
Craig McLaren	Communities Scotland
Lisa Bullen	Communities Scotland
Sue Warner	Scottish Government
Laurence Gruer	NHS Health Scotland
Lorna Kelly	NHS Greater Glasgow & Clyde
Steve Inch	Glasgow City Council

The GoWell Principal Investigators are also members of the Steering Group. In addition, there are a number of named 'associates' from each of the partner organisations who can attend Steering Group meetings on the behalf of named members.

Appendix 2

Outputs and Presentations

Below is a full list of the GoWell publications produced over the past year (April 2007 to end-March 2008), many of which have been discussed in more detail earlier in this report:

General Information

General overview leaflet
Summary document 2007

Reports

Will Glasgow Flourish? Learning from the past, analysing the present and planning for the future
Crawford F, Beck S & Hanlon P. (November 2007)

The Regeneration Challenge in Transformation Areas GoWell team. (November 2007)

Professional Newsletters

GoWell Update, Autumn 2007

Community Newsletters

Carntyne: Summer 2007

Castlemilk: Summer 2007

Drumchapel: Summer 2007

Gorbals Riverside: Summer 2007

Govan: Summer 2007

Red Road: Summer 2007

Red Road Surrounding Area: Summer 2007

Riddrie: Summer 2007

Scotstoun: Summer 2007

Scotstoun Surrounding Area: Summer 2007

Shawbridge Corridor: Summer 2007

Sighthill: Summer 2007

St Andrews Drive: Summer 2007

Townhead: Summer 2007

In addition to events organised by the GoWell team, we have contributed to a number of local and national meetings, speaking to community, academic, practitioner and policy audiences about the programme over the past year. These are listed below:

Community Meetings/Presentations:

Clydeside Tenant Partnership (August 2007)
 New Gorbals Housing Association Local Housing Organisation (September 2007)
 East Glasgow CHCP (September 2007)
 Clydeview Housing Partnership (October 2007)
 Pollokshields Local Housing Organisation (October 2007)
 New Shaws Housing Organisation (November 2007)
 Red Road/Balornock Local Housing Association (February 2008)
 North Glasgow & Queens Cross Local Housing Organisations (February 2008)

Conference and Seminar Presentations:

Health at the heart of Glasgow: The GoWell Programme
 Scottish Federation of Housing Associations Annual Conference, June 2007

Health, urban transformation and the 'GoWell' study: Evaluating complex social change in the context of Glasgow's urban regeneration programme Society for Social Medicine Annual Conference, Matt Egan, September 2007

Building better health and wellbeing in Scotland. Employers in Voluntary Housing Scottish Senior Officers event, Carol Tannahill, October 2007.

GoWell presentation Scottish Development Centre for Mental Health Conference "With Scotland's Future in Mind", Ade Kearns, October 2007

Can housing led regeneration improve the health of populations? Can public health measure it even if it does? Annual Scottish Public Health Conference, Sheila Beck & Fiona Crawford, November 2007

GoWell: Assessing the processes and impacts of neighbourhood change. Medical Research Council, Social & Public Health Sciences Unit seminar, Carol Tannahill, November 2007.

Presentation to GHA Board, Carol Tannahill, Phil Hanlon, Ade Kearns, November 2007

ASR seminar, Carol Tannahill and Ade Kearns, February 2008

Each of the above reports and newsletters, and the presentation slides from the conference and seminar presentations are available to download from the GoWell website www.gowellonline.com

Appendix 3

Summary of Accounts

Income 2007/08

	Amount
NHS Health Scotland	£54,500
Communities Scotland	£58,700
NHS Greater Glasgow & Clyde	£40,000
Glasgow Centre for Population Health	£99,650
Total	£252,850

Expenditure April 07 to end-December 2007

	Amount
Research staff	£150,956
Communications, events & outputs	£52,407
Running costs & support staff	£7,466
Total	£210,829

In addition, Glasgow Housing Association contribute funding of £100,000 per annum towards the community health and wellbeing survey and supporting qualitative focus groups. The survey contract is managed directly by GHA so this funding does not come into the GoWell account.



With thanks

GoWell is grateful to its funders and the other organisations who have assisted us: Glasgow Housing Association, NHS Health Scotland, NHS Greater Glasgow and Clyde, Communities Scotland, Glasgow Centre for Population Health, Glasgow City Council and a range of other national and local stakeholders. Many components of the study could not take place without the co-operation of LHOs, Housing Associations and the residents who kindly agree to participate.

GoWell

Glasgow Centre for Population Health
Level 6 | 39 St Vincent Place
Glasgow G1 2ER
Telephone: 0141 221 9439
Email: jennie.richardson@drs.glasgow.gov.uk

www.gowellonline.com