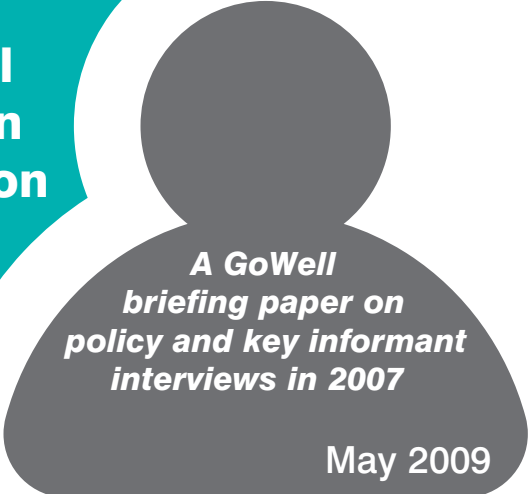


GoWell is a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC Social and Public Health Sciences Unit, sponsored by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow & Clyde.

A large teal silhouette of a person's head and shoulders, facing right. The text is centered within the lower part of the silhouette.

**How will
regeneration
activity impact on
the health of
residents of
Glasgow?**

A smaller grey silhouette of a person's head and shoulders, facing right. The text is centered within the lower part of the silhouette.

*A GoWell
briefing paper on
policy and key informant
interviews in 2007*

May 2009

GoWell is a planned ten-year research and learning programme that aims to investigate the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of individuals, families and communities. It commenced in February 2006 and has a number of different research components. This paper is part of a series of Briefing Papers which the GoWell team has developed in order to summarise key findings and policy and practice recommendations from the research. Further information on the GoWell Programme and the full series of Briefing Papers is available from the GoWell website at: www.gowellonline.com



INTRODUCTION

One of the aims of the GoWell programme is to evaluate the health impacts of housing led regeneration in Glasgow. The underlying assumption is that regeneration will affect the lives and health of the people living in these areas of Glasgow. But should it, and will it? Why do we think that regeneration will change the lives and the health of the residents of Glasgow? Is that what it sets out to do?

This briefing paper describes a study undertaken as part of GoWell to clarify the elements of regeneration, how these are realised on the ground, and views about how they might result in changes in the health of the residents of areas undergoing regeneration.



METHODS

Nineteen people were selected to represent the range of stakeholders who were involved in regeneration activity in 2006 and 2007. All were considered to have insights into how regeneration might impact on health. They covered a wide range of roles – politicians at national and local level, people responsible for regeneration strategy (also at national and local levels), people responsible for putting regeneration into practice, and residents who were also lay members of management committees.

Two members of our research team conducted each interview, which was recorded, transcribed and subsequently analysed by themes. During the interviews, participants were given a piece of paper with “regeneration” at one end and “health/wellbeing” at the other and their understanding of each of these terms was explored. Next, they were invited to write down any terms they considered to be relevant to the pathways between regeneration and health/wellbeing. Each of these was then discussed, and we asked the interviewee to set out his/her best understanding of the ‘logic model’^A that links regeneration and health/wellbeing.

Finally, a model which had been derived by the research team from analysis of current policies and strategies was shown to the interviewee and any differences between this policy model and his/her own one were discussed. To develop the policy ‘model’ we identified policies, strategies and plans relating to regeneration in Scotland in general and Glasgow in particular. These were analysed with respect to the reasons given for regeneration, the aims and objectives of regeneration, the elements which constitute it, and any reference as to how it was envisaged that these actions would impact on health. The results of this have been discussed in detail in “Will Glasgow Flourish”.¹

^A A logic model describes the components that need to be in place, and the relationships between these, in order that a desired outcome might be achieved from a given starting point.



RESULTS

There was general agreement that successful regeneration requires a number of different elements. Indeed all the interviewees gave versions of a model of regeneration which encompassed a number of elements when they were asked to map out how regeneration leads to health/wellbeing. This corresponded with the policy analysis which described a model requiring regeneration of housing, and the physical, economic and social environments of neighbourhoods and communities.^{1:2}

What are the important elements of regeneration?

Neighbourhood and housing

The policies and strategies and all of the people we interviewed identified better housing and neighbourhood improvements as fundamental to regeneration. There was agreement that the design of housing and streets created better communities, fostering safety and community cohesion.

It was thought that an important way of sustaining communities was by mixing housing for families, young people and older people. A mix of social and private housing (mixed tenure) was also believed to make an area more attractive.¹

There was an understanding that although neighbourhood and housing improvement were important, they were not enough to regenerate communities. As one of the people we interviewed said:

“Right up as recently as that (80s and 90s) we were still building houses, regenerating the areas, upgrading housing, full stop, nothing else. No plan, no joined up, no looking at lifestyle. Now we say, we need to look at kids, we need to look at mothers, early intervention, all these things are taken for granted now but that wasn’t the case.”

Politician

Economic regeneration

Economic development and addressing the levels of poverty within communities by providing access to employment opportunities were seen as being at the heart of regeneration in the policy and strategy documents. Our interviewees, however, used terms like “the economy” and “economic regeneration” infrequently. They talked about the importance of “employment” and “benefits” and some made clear links between this and health.

“I do think jobs matter, I think being employed is important for your mental health as well as having money but that said you can still work and still be poor I recognise that. But I think being involved in some kind of community activity and structured activity is important for everybody and for most people they would aspire for that activity to be work, not for everybody.”

Delivery (Planning)



RESULTS

There was a general feeling at the time of the interviews (2007) that jobs were available and that the problem lay in getting people motivated to seek employment. Many felt that once housing and the neighbourhood environment improved, the next priority to be addressed was economic regeneration.

“Work is a massive issue, and it’s no just about the jobs, work and access to work and it’s no that there is no jobs, of course there is loads of jobs... what would you work for when your rent’s paid and your council tax is paid, here we have really high rents and the amount you need to earn is £500 a month and that is quite difficult and so even if people wanted to work, they probably wouldnae, just because..”

Resident

Social regeneration

The politicians and strategic level interviewees used this term to mean fostering community spirit, trust and mutual cooperation in the people living in the areas being regenerated. Policies and strategies also talked about community participation in decision making and its role in preparing people for employment.

“Social regeneration is jargon that you hear and if you speak to five different people you will get five different answers but what I was speaking about earlier was how people interact and how they change their lifestyle because of other people, because of the lifestyles of other people, because they are in contact with other people because they are influenced. You couldn’t put that down in a policy document and say...here is what you are going to do.”

Politician

A holistic approach to regeneration

The policy and strategy documents were clear that previous cycles of regeneration and renewal which had focused on a single issue (such as housing) had failed because they had not addressed the complex range of other issues which influenced the life and health of the people living in those areas. There was therefore a need to address a wide range of issues within regeneration.

Respondents were convinced that the best prospects for health improvement were dependant on all the components of regeneration being brought together at the same time in a coordinated delivery. Specifically, it was insufficient simply to improve the quality of housing. Unless, the more general design and quality of the neighbourhood, community safety, education, jobs, services, amenities, community cohesion and much else were also improved, the chances of success were poor. Respondents felt confident in this judgement because, in the past, success in improving a few of these factors has not been sufficient to make a measurable impact on health outcomes.



RESULTS

Yet, even though they were confident that this was the correct general approach, many expressed doubts about our capacity to achieve comprehensive and coordinated delivery of all the components of regeneration. There were three reasons for this; first, it is difficult to achieve because it is complex; second, resources mostly flow to the physical aspects of regeneration (rebuilding houses) and there is less money or staff time for less tangible and socially orientated inputs; finally, even when the inputs to regeneration are of high quality there is a proportion of the population in regeneration areas who, for reasons that were discussed, are resistant to change. In particular, residents talked about an important minority who would not engage with the rest of the community and would often behave in ways that were seen as damaging to the overall aims of regeneration and health improvement

The efforts of housing associations and others were acknowledged but there were questions about scale and capacity.

“I think it (the holistic approach) is very hard to do because...I think it hasn't come to full fruition yet because we are still structured in mechanisms which are responsible for little bits of the jigsaw.”

Delivery (Health)

“We ensure that the master plan equally deals with people based regeneration whether that be interventions around mental health or access to employment training or access into literacy or numeracy programmes, we need to make sure we don't put ourselves in the place where we say that the GHA can do all this because we don't have the resources or the skills, but is there ways we can be supporting better connection with our tenants and their families.”

Strategic

Person-based approach to regeneration

One of the themes that emerged from the interviews, which did not come through in the policy and strategy documents, was a desire for a more person-based approach to regeneration. It was argued that to address the behaviour of an important minority of the community who were considered resistant to change, respondents took the view that even coordinated and comprehensive regeneration would not be enough. One-to-one interaction that led to personal growth and a change in orientation would be required. Respondents were unsure how this might be achieved but spoke of the positive impact of individual professionals they had known (the inspirational teacher, the caring GP, the engaged church worker etc.). They also spoke of the importance of family, neighbours and community leaders.

It was argued that a recognition of the distinctive circumstances of different people, coupled with work on a one-to-one basis, would lead to increased confidence and higher aspirations which would in turn contribute to greater social cohesion. Responsibility for this person-based approach would lie with a range of organisations and community groups, and would need to become routine practice.



RESULTS

“But regeneration is about the people that live in these houses, the two things have to go together, you can’t really enable people, you can’t challenge communities to take responsibility if you simply make the houses look nicer.”

Delivery (Planning)

“There is place, economy and there is people...these three have to happen together for the successful regeneration of any community and I would argue that the ‘people’ aspect has to take a more prominent position, if it is going to be sustainable.”

Strategic

“The other significant thing is how the individual relates to society and to its environment, things like work and physical safety, like feeling valued, like responsibilities, access to services and the state access to your rights and benefits, these factors are central to regeneration.”

Delivery (Planning)

What are the links between regeneration and health/wellbeing?

In the policies and strategies, health, wellbeing and quality of life were identified as emergent properties from regeneration activity: the understanding being that if regeneration is delivered, health should improve. Specific links were made to health from housing improvements, neighbourhood and green space improvements including improved safety and security, improved local services, improved access to public transport (indirectly traced through the transport strategy³) and addressing poverty by creating employment opportunities.

The interviews reflected this idea of health as an emergent property. There was an understanding that better health emerged from a variety of pathways and interacting factors.

“The concept is that you have a number of outcomes and that can cover people type issues, place type issues, a number of issues come together, improving environments, improving mental health, addictions, increasing employment, opportunities for training, somehow if you can bring all that together that will impact on health and wellbeing.”

Delivery – Community Planning

A resident provided a powerful description of the many factors that influence health.

“If the physical environment were to improve, e.g. reduction in respiratory issues related to the dampness, if people had more access to work and more disposable income, then perhaps they wouldn’t go to (shop name) and buy food that, you know, had been made in a chemical or lab somewhere (long pause) so, I suppose, lots of different ways, there would be incremental improvements. That would hopefully build up to something... all the stupid things like, people don’t cook, people don’t understand, I mean they do understand but they don’t understand the fact that what you put in here has a real impact on what you feel, in your head.”

Resident



DISCUSSION AND RECOMMENDATIONS

The logic models that have informed action on neighbourhood regeneration to improve health have changed over time. This paper provides a snap shot of the models which were current in 2006/07, when the GoWell baseline survey was underway. There is some evidence that progress has been made and clearer and stronger links are being made between regeneration and health at policy and strategy level.⁴ Indeed, responsibility for regeneration within Scottish Government currently (2009) rests within the portfolio of the Cabinet Secretary for Health and Wellbeing.

One of the main findings was that health and wellbeing were understood to be an emergent quality of a holistic approach to regeneration, rather than a direct consequence of a particular intervention. Improved health and wellbeing were not seen as a primary aim or objective of regeneration – addressing deprivation through economic development, access to employment and lifting people out of poverty were central aims. We have argued elsewhere that if health and wellbeing are not also considered as central aims of regeneration then it is likely that the many decisions and trade-offs that occur in the planning and delivery of large scale regeneration programmes will discount the health improvement considerations as optional extras. It is important that regeneration activity is focused explicitly on its role in improving health in addition to the aims it has explicitly addressed in the past.

Recommendation

Identify and disseminate a more clearly articulated theory of change linking regeneration and health which will inform ongoing evaluation of the health impacts of regeneration.

The aspiration for a more person-centred approach to empower people, encourage them into work (paid or voluntary) and put their energies into the community was an additional facet to regeneration which arose out of the interviews and had very little coverage in the policy and strategy documents which were analysed for this study. The approach identified in interviews was about helping people on a one to one basis to greater confidence, higher aspirations, and positive mental health, thereby enabling them to take more responsibility for their choices in life. Clear links were also made with the education and training systems, although the capacity of organisations to deliver such approaches was questioned.

Recommendation

Consider the possibility of including a more person-centred approach to regeneration.

A clear finding from the interviews was a lack of confidence in the ability of current systems and organisational structures to deliver a holistic approach to the problems faced by the communities living in deprived areas which were undergoing regeneration. So, while all interviewees recognised the range of ingredients collectively required for successful, sustainable regeneration, questions were asked about the current system's ability to deliver them.

Recommendation

Strengthen the capacity of existing structures to take a more holistic approach to regeneration.

It is clear that there has already been progress in addressing these issues since the GoWell studies were started. Locally, the City Strategy and the Single Outcome Agreement and work of the Community Planning Partnership have developed integrated work on a number of the themes raised in this study. This paper, however, provides a baseline of how regeneration was being interpreted, planned and implemented at the time of the start of the GoWell study. We will continue to monitor changing policy, strategy, and views, during the lifetime of the study.



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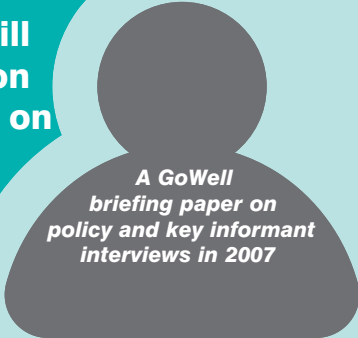
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