



GLASGOW COMMUNITY  
HEALTH AND WELLBEING  
RESEARCH AND LEARNING  
PROGRAMME



2016/17

# Progress Report

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

# Foreword

Welcome to the GoWell Progress Report for 2016/17, reporting on activity over the past year. It has been quite a year! Since our last report, the UK has voted to leave the European Union, we've had anticipated local government elections and an unanticipated General Election. There has been an increase in poverty, and particularly child poverty, and also more people experiencing destitution. Public services are undergoing processes of change to achieve greater integration between health and social care, and more localised decision-making in education. People's lives feel increasingly uncertain and resources increasingly constrained.

Against this backdrop, GoWell has continued to study the health and wellbeing of communities in Glasgow, looking at the impacts of local policies and actions to improve housing conditions and regenerate neighbourhoods. A lot has changed since the programme was designed in 2005, and the team has sought to steer a course that has stayed true to the original aims and approach, but has adjusted its direction to accommodate new priorities and developments. Over the past year, this flexibility has resulted in a greater emphasis being placed on analyses relating to economic and financial wellbeing, including food poverty and fuel poverty. These analyses are summarised in this report, and are contributing to actions being taken forward nationally under the umbrella of the Fairer Scotland Action Plan.

A major achievement of 2016/17 has been the work undertaken to analyse the Wave 4 GoWell survey, aligning this data set with the previous GoWell surveys, and establishing the longitudinal cohort of households who have contributed to the surveys over time. Phil Mason, who moved on to another post this year, has been responsible for curating and analysing the GoWell survey data since 2005. This has been far from straightforward, and he has my thanks and admiration for all he has achieved.

One of GoWell's strengths lies in the multiple methods used within the research. The work of the ecological team enables us to put the survey findings into the wider context of changes taking place across Glasgow and nationally. The qualitative research, on the other hand, enables us to drill down into specific issues to better understand people's experiences, attitudes and behaviours. This report contains a summary of two qualitative research studies undertaken this year which illustrate this point, exploring experiences of new build housing and community cohesion.

The GoWell panel has built capacity in communities and brought significant benefits and personal growth for panel members. Well-deserved recognition for the

work of panel members and of Cat Tabbner, our GoWell Community Engagement Manager, came when the panel was Highly Commended in the Wider Engagement Category of the Royal Town Planning Institute's Awards for Research Excellence in 2016. GoWell scored a double in these awards, as Julie Clark of the Gowell East team (who has now also moved post) was also Highly Commended, this time in the early career researcher category. 2016 also saw the 50th, peer reviewed, academic article published from GoWell. Many congratulations to all concerned and best wishes to Phil Mason and Julie Clark in their new positions.

It has been my pleasure to chair the GoWell Steering Group since the programme was established. The Steering Group involves representatives from all of the sponsor organisations, together with external academic advisers and the Principal Investigators in the GoWell Programme. I would like to thank them all for their ongoing support, advice and commitment; and the GoWell team for delivering another very full programme of activities throughout the past year.

We recognise that the coming year is the final year of the programme as originally designed and conceived. It is testament to the collaborative way in which everyone has taken GoWell forward that the sponsors and delivery partners have sustained their commitment throughout the period since 2005. The need to understand the role of regeneration in improving Scotland's health and reducing health inequalities continues. We have learned a huge amount, but the job isn't done. The regeneration processes we have been studying are not yet complete; and new issues have arisen within communities. The Steering Group will, therefore, consider what should most helpfully happen next and I am personally strongly committed to playing my part in that process.

I'd like to conclude by reflecting on some of the findings that Ade Kearns and the GoWell team have produced during the last year. Whether looking at the benefits of new build housing, people's feelings of safety in their communities, or integration across different groups in society, what comes through repeatedly is the value of support from, and good communication with, front-line staff and the need for local amenities and facilities that allow people to get together. Not major 'asks' nor too difficult to deliver everywhere – surely?

I would like to express my thanks once again to all of the team for another very productive year.

**Dr Andrew Fraser**  
Chair, GoWell Steering Group



# Introduction

## What is GoWell?

GoWell is a research and learning programme, investigating the impacts of investment in housing and neighbourhood regeneration in Glasgow on the health and wellbeing of individuals, families and communities. Established in 2005, and planned as a ten-year programme, the study design allows us to examine a range of neighbourhood, housing and health-related factors before, during and after intervention changes take place.

## Who's involved?

GoWell is a collaborative partnership between the Glasgow Centre for Population Health and the University of Glasgow. Members of the team working on the programme during 2016-17 are listed on the last page of this report. The sponsorship of the programme by Glasgow Housing Association (part of the Wheatley Group), the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde brings together housing, regeneration and health sectors.



There are 15 communities involved in the main study, which are categorised into five types of area, depending on the type of regeneration and investment they are receiving. These are described below and shown on the map.

## Box 1. GoWell Intervention Area Types (IATs).

### Transformational Regeneration Areas (TRAs)

Places where major investment is underway, involving a substantial amount of demolition and rebuilding over a long period. Study areas are **Red Road**, **Shawbridge** and **Sighthill**.

### Local Regeneration Areas (LRAs)

Places where a more limited amount and range of restructuring is taking place, and on a much smaller scale than in TRAs. Study areas are **Gorbals Riverside**, **Scotstoun** multistorey flats and **St Andrews Drive**.

### Wider Surrounding Areas (WSAs)

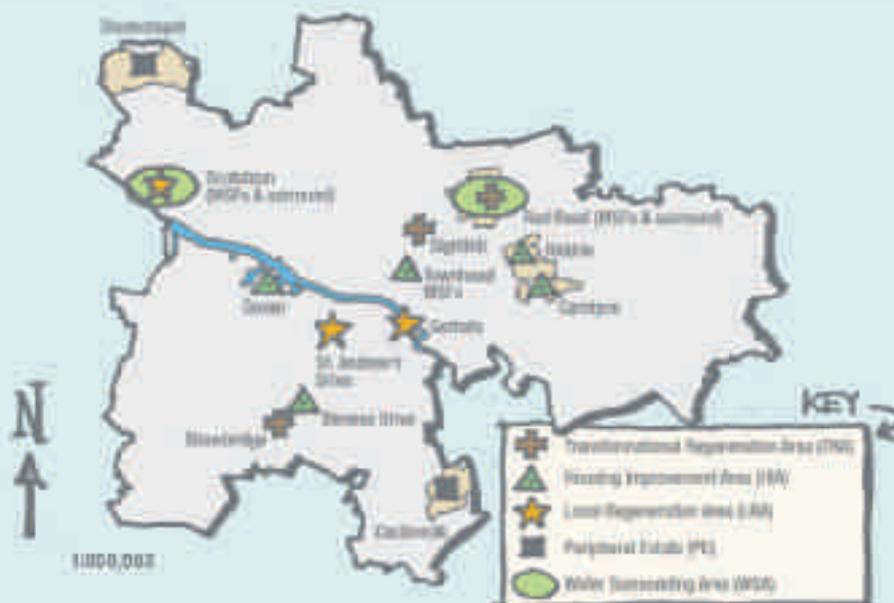
Places of mixed housing types surrounding TRAs and LRAs that may be affected by the transformation of those areas as well as by improvements in their own housing stock. Study areas are **wider Red Road** and **wider Scotstoun**.

### Housing Improvement Areas (HIAs)

Places which are considered to be popular and functioning successfully, but where significant internal and external improvements are taking place to dwellings. Study areas are **Birnness Drive**, **Carntyne**, **Govan**, **Riddrie** and **Townhead**.

### Peripheral Estates (PEs)

Large-scale housing estates on the city boundary where incremental changes are taking place, particularly in terms of housing. These estates were originally entirely social rented but now have a significant element of owner-occupied as well as private rented housing. Private housing development and housing association core stock improvement works both take place on these estates. Study areas are parts of **Castlemilk** and **Drumchapel**.



## Our findings

We are now in our twelfth year of research and learning, and have completed four surveys of our study areas, providing detailed information about these places and communities and how they are changing over time. The surveys also enable us to follow individuals and households over the years, and to understand the impacts of the changes taking place on their health and wellbeing. Other components of the study, including qualitative research within communities, help us to understand in more detail what people are experiencing and how they are responding to different circumstances. A key element of GoWell is to ensure that these findings are shared, discussed and considered with our study communities, policy-makers and practitioners so that they are translated into useful and practical information and recommendations for policy and practice.

## Study components

A spectrum of research approaches have been used, some of which ran throughout the study; some were repeated at different intervals; while others were short-term in nature. And in 2012 a sister study was added, called GoWell East, which has examined the impacts of the 2014 Commonwealth Games and related regeneration interventions on communities living next to some of the main Games venues in the inner East End of Glasgow. All of the new data has now been collected for both of these studies and the GoWell team now has a lot of analysis and interpretation to undertake.

## Reporting and using the research

GoWell has produced a wide range of outputs over the years. The best way to find out about these is to visit the GoWell website at [www.gowellonline.com](http://www.gowellonline.com) where there is further background and contextual information on the programme. We are also on Twitter, where we tweet information about findings, publications and events. You can follow us [@GoWellOnline](https://twitter.com/GoWellOnline).

Two features of our reporting are important to emphasise. First, as an important academic research programme, GoWell findings are subject to peer review prior to publication in academic journals. This assures us that our methods and analyses are undertaken to a high standard, and that the conclusions we are reaching are justified. Second, we depend on people in other roles (policy-makers, practitioners, members of communities) to help us understand the implications of our findings and to develop responses to our evidence. Our annual event and the seminars and meetings we hold throughout the year are essential parts of that process and we are very grateful to everyone who engages with GoWell and helps the programme to be influential.



# Economic and financial wellbeing

## GoWell's findings on economic and financial wellbeing

Whilst GoWell is mainly studying the health and wellbeing impacts of housing improvements and area regeneration activity, it is also the case that the interventions we are studying are being implemented in a period of economic downturn and fiscal austerity in the UK. These factors have the potential to counter some of the positive effects that housing and regeneration might have upon individuals and families. For this reason, we have spent some time in the past couple of years examining a range economic and financial issues affecting our study participants including: fuel poverty; the use of food banks; 'forced' car ownership; and movements in and out of employment.

## Fuel poverty

Fuel poverty is acknowledged as a problematic issue in Scotland, with over a third of households officially estimated to be affected; moreover, the number of people affected is recently unchanging, despite improvements in the energy efficiency of Scotland's housing stock. This puzzling set of circumstances led us to analyse fuel poverty using GoWell's longitudinal survey data focusing on an experiential measure of fuel poverty, namely how often participants in our survey said that they had difficulty affording their fuel bills. Our study had three key sets of findings.

First, the experience of difficulty paying for fuel has been increasing over time in our study, with more people reporting frequent difficulty in later survey waves than in earlier ones. However, the rate of reported difficulty paying for fuel in our study of deprived populations (27% in 2011) is lower than the national official rate of fuel poverty, raising questions about the suitability of the official measurement. We also found that those aged 65 or over, and those who stayed in employment, were less likely than other people to report increased difficulty meeting fuel payments over time. This result for the retired group runs contrary to common understandings

of fuel poverty, which tend to focus mostly on the elderly as at risk of fuel poverty.

Second, adding to what is already known about the physical health impacts of fuel poverty and living in cold homes, our analysis showed that where people experienced increased difficulty paying for fuel bills over time, this had a large, negative impact upon their mental health. Conversely, we also showed that where the experience of fuel payment difficulties reduces over the medium term, mental health improves. This adds to the worth and the case for continuing to try to tackle fuel poverty in society.

Third, we examined the impacts of housing improvements on fuel poverty. We found that housing works had no effect in our study upon lowering the likelihood of experiencing difficulty paying for fuel; indeed, in the earlier waves of our study (2006-8) we found that central heating works were associated with an increased likelihood of rising fuel payment difficulties. This may be because warmth interventions in housing are not accompanied by sufficient post-installation support to the occupants.

As a result of this work, GoWell Principal Investigator Ade Kearns was invited to join the Scottish Government's Strategic Working Group on Fuel Poverty which reported in October 2016. One of the Group's four high-level recommendations, in line with the GoWell findings, was that occupant behaviour should be considered as a fourth driver of fuel poverty, alongside incomes, fuel prices and energy performance.

## Food bank use

The use of food banks has been growing across the UK in recent years, and is taken as an indicator of extreme financial hardship among those with the lowest incomes. The latest figures from the main food bank provider, Trussell Trust, indicate that around 22,000 food parcels were distributed by their establishments in Glasgow in the last year, a rise of 25% on the previous year. But



it is difficult to know how many people rely on food banks, as the Trussell Trust reports number of food parcels distributed rather than number of food bank users. There are also over 30 food banks in Glasgow that are independent of the Trust's network. To help fill this gap in our understanding, in the last wave of the GoWell household survey we asked our participants whether they had used a food bank in the past year, thus providing us for the first time with an estimate of the prevalence of food bank use, at least in deprived communities. We found that 4.2% of our respondents, 1-in-25 households, reported being food bank users over the past twelve months.

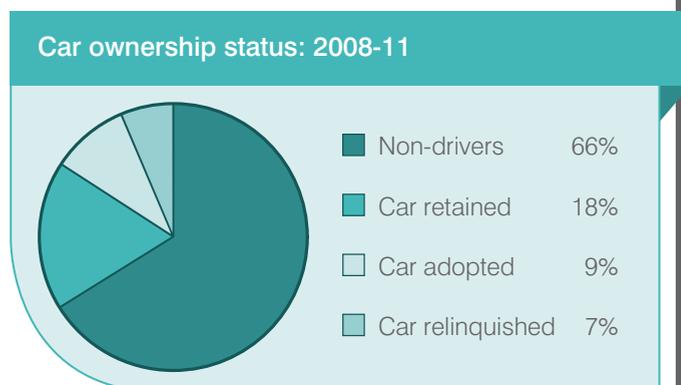
Another uncertainty is over whether food bank use is a good indicator of the extent of food insecurity: our evidence suggests that it is not, for two reasons. As well as asking respondents if they had used a food bank, we also asked those who said 'no', why they had not done so, with the first reason offered being that they had not needed to do so. But if we look at those who said they had not used a food bank either because they 'had not wanted to use a food bank' or that they 'had not been able to use or access a food bank', then this group of what we term 'non-accessors' is almost as large as the group of users, at 3.8%. Thus, issues of geographical access or of lacking a referral to a food bank, or feeling uncomfortable or ashamed about using a food bank, may be preventing some people from using food banks, who would benefit from doing so. We also asked about financial difficulties in respect of a number of household budget items in the GoWell survey. Of those who said they had experienced difficulty paying for food, either occasionally or frequently, only 15% reported using a food bank. This is a further indication that the problem of food insecurity extends far beyond the number of people using a food bank, and that food banks are not an adequate response to food insecurity.

We examined the profile of food bank users in our survey and the findings are shown in the table. Younger adults and single adults had higher rates of food bank use than older people and families. Food bank use was also higher among those not working than those in employment. Health was also associated with food bank use: those people with a long-term illness or disability, and those who reported mental health problems such as long-term stress, anxiety and depression, had higher rates of food bank use. Some of the highest rates of food bank use were found among people unexpectedly affected by events outside their control such as job loss, the experience of a serious health event, or bereavement. This shows how precarious some people's lives are, and how important sources of social support might be to help people cope when they cannot manage due to unexpected events in their lives. The findings also highlight the importance of the other main source of support to people, namely the welfare state. Here we find that where people have been affected by welfare reforms introduced following the economic crisis of 2008 onwards, their rate of use of food banks was higher, particularly in the case of benefit sanctions, changes to Employment Support Allowance entitlement, and changes to rates of Housing Benefit.

	Rate of food bank use
Aged 25-39	5.5%
Single adult	8.1%
Long-term illness or disability	6.3%
Mental health problems	9.7%
Not working	8.4%
Long-term sick or disabled	8.8%
Job loss	11.0%
Serious health event	7.8%
Bereavement	6.0%
Affected by welfare reforms	14.2%

### 'Forced' car ownership

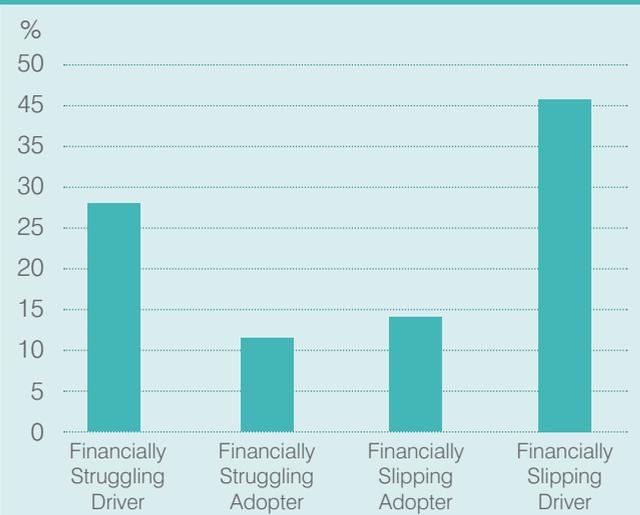
As expected, rates of car ownership in the GoWell study areas are generally low compared with the Scottish or Glasgow rates. In 2011, 28% of our participants had access to a car, compared with a rate of 49% recorded for Glasgow that year. However, car ownership has been slowly rising over time in the study, and as the pie chart shows, more recently the number of households adopting a car (9% between 2008 and 2011) has exceeded the number relinquishing a car in the same period (7%). The largest group, however, are the two-thirds of households who do not have a car at any time.



In addition to rising car ownership rates among relatively poor households, what is curious is that sometimes households own a car despite financial hardship, i.e. they report having difficulty paying basic household costs, but nonetheless own or run a vehicle. This group has also been rising in number in our study, from 4% of households in 2006 to 7% in 2008 to 9% in 2011. We consider that these financially struggling households who rely on the mobility that a car offers represent a new form of urban 'forced' car ownership, in contrast to the traditional class of forced car ownership comprising residents facing accessibility problems in rural areas. We break this group of forced car owners down into four sub-groups according to their change in car ownership and in financial status over time.

As the bar chart shows, the largest group – Financially Slipping Drivers at 46% – are those who retain their car despite entering financial difficulties over time, followed by the next largest group – Financially Struggling Drivers at 28% – who retain a car despite persistent financial difficulties over time. Thus, being unwilling or unable to relinquish the use of a car when in financial difficulty is a more widespread phenomenon than adopting a car in such circumstances, although the latter also exists.

#### 'Forced' car owners: 2008-11



Through further analysis of the data, we identified three potential reasons why people in financial difficulty might retain or adopt a car, despite living within the city boundary. Some people may need to use a car to search or take up employment – we found that the likelihood of being a car owner was higher among those who moved into employment over time. Some families may find a car necessary to meet their complex mobility needs – in our results, the likelihood of owning a car was much higher among households where the number of children had increased over time. For other households, a car may be deemed a cheaper or more convenient alternative to using a mixture of public transport or taxis to get around – forced car ownership was higher in some local areas than others, including some deemed to be officially deprived in accessibility terms (i.e. to have longer public transport journey times to key services).

### *Moving in and out of employment*

Employment is a big issue in Glasgow and for our study populations. The city's employment rate for adults aged 16-64 was 6 points lower than the national average in 2017, at 67.4%. Moreover, at the 2011 census, 16 of the city's 56 planning neighbourhoods had employment rates below 50%. The latest GoWell survey shows that between 30% and 40% of women and between 40% and 66% of men in each of the types of area we are studying were in employment or full-time education in 2015. That means that large

numbers of adults in many of our study areas are not in work. Thus, we undertook analysis to find out what factors were associated with changes in employment status over time among our study participants. To do this we looked at British respondents of working age who participated in two consecutive survey waves.

The findings, shown in the boxed figure, revealed factors that were positively and negatively associated with gaining or losing employment over time. For entering employment, it was good to have educational qualifications and access to a car (either to have one and keep it, or to get one over time), but not good to have a long-standing illness or disability. To avoid leaving employment, it was good to be aged under 55, but not good to have a circulatory illness or a mental health issue such as stress anxiety or depression at the start of the period, nor to retain that mental health problem over time, or to gain a long-standing illness during the intervening time period. The links between employment and family finances are complicated. People who have difficulty paying for food are less likely to enter employment than others, but those who have difficulty paying for housing are more likely to enter employment. This may relate to how households see the likely consequences of not meeting their outgoings of different kinds, through low paid or part-time employment. The other very interesting finding is that those people who felt that they derived a sense of personal progress from their home at the start of the period were both more likely to gain a job subsequently and also less likely to lose their job if they already had one.

#### Positively associated with getting a job

- ✓ Educational qualifications
- ✓ Sense of progress from the home
- ✓ Difficulty paying rent/mortgage
- ✓ Access to a car

#### Negatively associated with getting a job

- ✗ Long-standing illness or disability (at start)
- ✗ Difficulty paying for food

#### Negatively associated with leaving a job

- ✓ Aged under 55
- ✓ User of a supermarket
- ✓ Sense of progress from the home

#### Positively associated with leaving a job

- ✗ Circulatory health condition (at start)
- ✗ Mental health condition (at start)
- ✗ Acquiring a long-standing illness or disability

For regeneration, these findings suggest that housing and physical regeneration programmes may aid employment indirectly by giving people feelings of optimism, confidence or status that they might not otherwise have. However, the findings also point towards a need for regeneration to incorporate health and personal support programmes to help people who have physical or mental health issues, either related to a particular condition or to stressful circumstances, to gain and retain employment. The other requirement is for financial advice and support to enable people to seek employment as a solution to financial difficulties.

# Health and the wider determinants of health over time: findings from the GoWell household survey

We have now surveyed residents from across our 15 study areas on four occasions over the past decade – in 2006, 2008, 2011 and 2015. A substantial amount of work over the past year has involved the analysis of changes in the cross-sectional responses between two time points: from the first survey in 2006 (wave 1) to the last survey in 2015 (wave 4), of approximately 6,000 and 3,500 participants, respectively.

Our analysis focused on five sets of outcomes: environmental; social; psychosocial; economic; and health and wellbeing factors, and describes change at an aggregated Intervention Area Type (IAT) level. There are five IATs in GoWell which are described more fully on page 3 of this report. The Transformational Regeneration Areas (TRAs) and Local Regeneration Areas (LRAs) have experienced a mixture of housing demolition, new build and housing improvements and comprise our 'regeneration areas'. We refer to the other three IATs as non-regeneration areas, all of which have seen widespread improvements to social housing stock over the period: Housing Improvement Areas (HIAs); Peripheral Estates (PEs); and Wider Surrounding Areas (WSAs), which surround two of the regeneration areas.

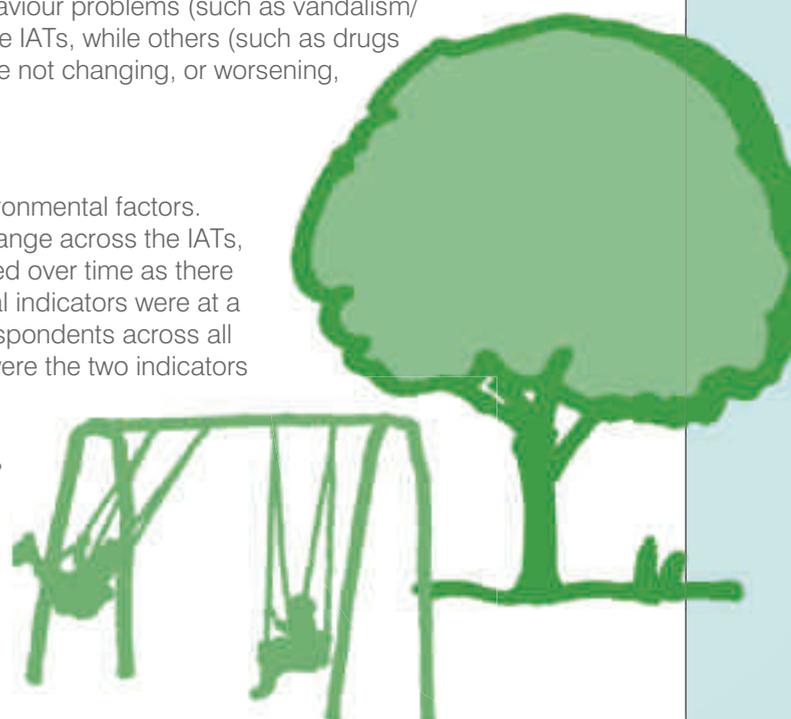
A summary of the findings for each of the five sets of outcomes is provided below in both text and table format. The analysis also assessed whether inequalities in outcomes between the IATs changed over time and the summary tables indicate whether inequalities reduced or increased over the period. The full analysis can be found in our report *Health and the wider determinants of health over time in Glasgow's deprived communities: findings from the GoWell household survey*.

## Environmental factors

In housing terms there were consistent improvements across the IATs in overall satisfaction, physical condition, aesthetic quality, safety and housing services. Similarly consistent improvements were evident in participants' satisfaction with the neighbourhood as a place to live, the attractiveness of the local environment and in the quality of local shops, and of parks and open spaces. The most consistent improvements were seen in the regeneration areas which improved in all but one of the environmental factors. There was a mixed pattern of change in the quality rating of youth and leisure services, this being the worst rated local service across all the study areas in 2015. Some anti-social behaviour problems (such as vandalism/graffiti and teenagers hanging around) improved in all the IATs, while others (such as drugs and drunk/rowdy behaviour) improved in some IATs while not changing, or worsening, elsewhere.

## Social factors

Changes in these factors were more mixed than for environmental factors. None of the indicators showed consistent patterns of change across the IATs, and there were as many cases where indicators worsened over time as there were cases of improvement. However, many of the social indicators were at a reasonably high level by wave 4 with around 70% of respondents across all the areas reporting positive outcomes. The exceptions were the two indicators of reliance and trust: at wave 4 typically 50-60% of residents in each IAT had expectations of informal social control being exercised by their neighbours, and 20-40% had expectations of the honesty of their neighbours. The most consistent positive change over time was in the TRAs where four of the five indicators improved over time. This includes feeling part of the community, informal social control, speaking to neighbours and advice and support in a crisis.



Summary of significant positive and negative changes in environmental, social and psychosocial factors between wave 1 (or wave 2) and wave 4.

Environmental factor	Intervention Area Type					Reduced inequality
	TRAs	LRAs	WSAs	HIAs	PEs	
<b>Housing</b>						
Overall satisfaction with the home	+	+	+	+	+	✓
Satisfaction with housing service	+	+	+	+	+	✓
Overall condition of the home	+	+		+	+	✓
External condition of the home	+	+	+	+	+	
Feeling safe within the home	+	+	+	+	+	✗
<b>Neighbourhood</b>						
Satisfaction with neighbourhood as a place to live	+	+	+	+	+	✓
Area has become a better place to live	+	+	+	+	+	✗
Attractive environment	+	+		+	+	✗
Quality of local services						
Shops	+	+	+	+	+	✗
Youth and leisure services	-			-	+	✗
Parks & open spaces	+	+	+	+	+	
Neighbourhood problems						
Vandalism, graffiti, deliberate damage	+	+	+	+	+	✓
Drug-dealing and drug use	+	+		-	-	✓
Drunken or rowdy behaviour in public places	+	+	+			✓
Teenagers hanging around on the street	+	+	+	+	+	✓
<b>Social factor</b>						
<b>Sense of community and cohesion</b>						
Feeling part of the community *	+	+	-	-		✓
Informal control (youth harassment)	+	-				
Honesty (lost wallet returned)	-	-	-	+	+	✗
<b>Social contact and support</b>						
Speaking to neighbours	+	-	-	-	-	✓
Meeting friends				-	-	✓
Advice and support in a crisis	+	+		+		✓
<b>Psychosocial factor</b>						
<b>Status</b>						
Progress in life through the home	+	+	+	+	+	
Desirability of the home *	+	+			+	✓
Progress in life through the neighbourhood	+	+	+	+	+	✓
Reputation of neighbourhood						
Internal	+	+	+	+	+	✓
External	-			-	-	✗
<b>Empowerment</b>						
Kept informed by landlord/factor	+	+		+	+	✓
Landlord/factor takes residents' views into account	+	+	+	+	+	✓
Influencing decisions affecting local area	+	+	+	+	+	✓
Pro-actively can find ways to improve things locally *	+	+		+	+	✓
Local service providers respond to local people's views *	+	+		+	+	✓

- KEY**
- + Increase in positive or reduction in negative outcome
  - Reduction in positive or increase in negative outcome
  - ✓ and ✗ indicate reduced or increased inequality, respectively
  - \* Indicates comparison between wave 2 and wave 4



Summary of significant positive and negative changes in employment and health and wellbeing factors between wave 1 (or wave 2) and wave 4.

Employment factor	Intervention Area Type					Reduced inequality
	TRAs	LRAs	WSAs	HIAs	PEs	
<b>Employment</b>						
FT/PT employment or FT education						
Women	+		+	+		✓
Men	+		+			✗
Work-less households	+	+	+		-	✓
<b>Disability</b>						
Long-term sick without a job						
Women		-				✓
Men		-			+	
<b>Affordability</b>						
Fuel bills	+	+		-	-	✓
Food	+	+		-	-	✓
Rent or mortgage						
Owner-occupier	+	+	+	+	+	✓
Social-renter	+	+		+		✓
Private-renter	+					✓
<b>Health and wellbeing</b>						
<b>General and physical health</b>						
General health	-	-	-	-	-	✓
1+ long-term health condition		-				✓
<b>Mental health and wellbeing</b>						
Long-term psychological problem *	-	-	-	-	-	
Optimism *	+		-	-		
Confidence *	+		+	-		✓
Clear Thinking *	+	+	+			✓
<b>Health behaviours</b>						
Current smoker			+	+	+	
Intention to give up smoking	+	+		+	+	
Drinking alcohol	-	-	-	-	-	✓
Fast-food meals			-		-	
Neighbourhood walking	+	+		+	+	✗

## Psychosocial factors

The majority of indicators improved in four of the five IATs. There were significant improvements in nine-out-of-ten of the psychosocial factors in the TRAs, LRAs and PEs, and eight-out-of-ten in the HIAs, but only half of the indicators improved in the WSAs. Substantial increases were seen in the percentage of people gaining a sense of progress in their life through their home and neighbourhood (agreeing with the statements 'my home makes me feel like I'm doing well in my life'; 'most people would like a home like mine'; and 'living in this neighbourhood helps makes me feel like I'm doing well in my life') and in the number of people feeling empowered with respect to their housing and neighbourhood. For most indicators these increases were most marked in the TRAs. There were also marked improvements in perceptions of the internal reputation of the neighbourhood but this did not extend to the perceived external reputation (which got worse).

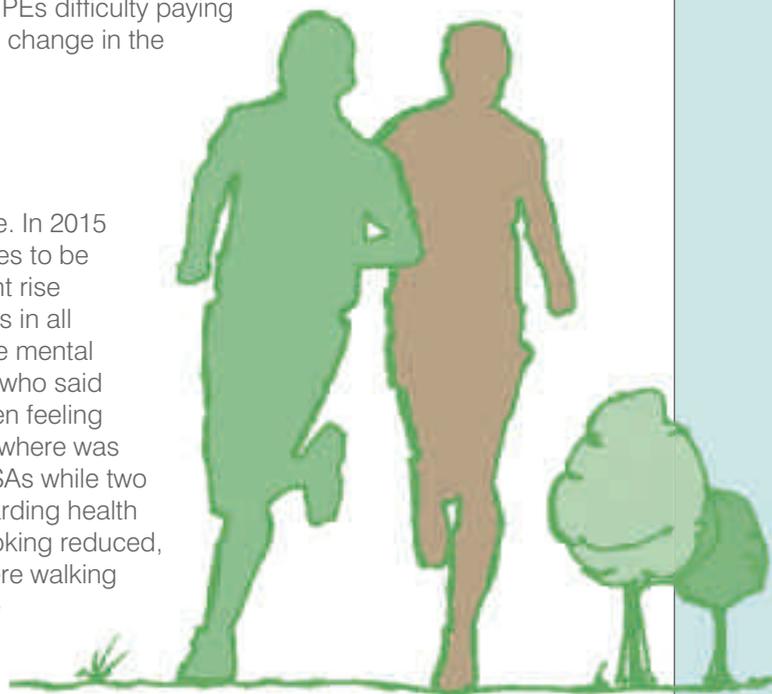


## Economic factors

Changes in employment varied across the IATs. Both the TRAs and the WSAs experienced increases in the number of women and men in full-time or part-time employment or full-time education and reductions in the proportion of 'workless households' (households that contain at least one adult under the age of 65 without any adult in full- or part-time employment), the latter also occurring in the LRAs. All these improvements in employment were greater in the TRAs than elsewhere, although this may be due to changes (and reductions) in the resident population. The other non-regeneration areas (HIAs and PEs) showed few significant changes in employment over time. There was a contrast between the regeneration areas and non-regeneration areas with respect to financial difficulties. There was a decrease in the number of people having difficulty paying for fuel, food or rent in the regeneration areas but in the HIAs and PEs difficulty paying for fuel and food increased, while there was no significant change in the WSAs.

## Health and wellbeing factors

Health indicators showed the least improvement over time. In 2015 (compared with 2006) fewer people considered themselves to be in very good or excellent health and there was a significant rise in the number of people experiencing mental health issues in all areas. However, there were gains when it came to positive mental wellbeing with an increase in respondents from the TRAs who said they had been feeling optimistic about the future, had been feeling confident, and had been thinking clearly. The picture elsewhere was mixed: two of the wellbeing indicators improved in the WSAs while two declined in the HIAs. There was also a mixed picture regarding health behaviours. On a positive front, in most IATs, rates of smoking reduced, intentions to quit smoking increased and more people were walking in the neighbourhood on a frequent basis. In contrast, the percentage of people who drank alcohol increased in all IATs and the consumption of fast food main meals increased in two IATs.



## Summary

This analysis provides an initial indication of where housing-led regeneration may have had impacts upon quality of life for people living in these areas. The findings suggest that regeneration may have had the most consistent and widespread impacts upon housing and neighbourhood environments, and upon the psychosocial factors of status and empowerment. This is likely to be related to the visibility and experience of these physical changes and to the processes through which improvements are delivered to residents.

The next stage of our analysis will help us understand more about how outcomes may differ between different population groups (e.g. those who have moved house and those that have not; those who live in newly built houses and those who live in improved or unimproved houses). The pathways between wider changes and health outcomes will also be examined as we consider whether some changes brought about by regeneration are more closely linked to changes in health outcomes for residents than others. These further analyses will form part of our assessment of whether housing-led regeneration can help to reduce health inequalities.



# Qualitative research

## Community and neighbourhood change in the GoWell Wider Surrounding Areas (WSAs)

In this study we explored community change, cohesion and capacity in two GoWell study areas: Wider Red Road and Wider Scotstoun. These areas have undergone significant change in recent years: there has been a considerable amount of relocation of residents from the nearby Red Road estate and the Kingsway Court flats, respectively, this being related to the construction of new homes and resultant population change. We interviewed 42 residents (20 in Wider Red Road and 22 in Wider Scotstoun) between May and September 2015. The study focuses upon the views and experiences of residents with regard to services and amenities, changes in social connections, community cohesion, and empowerment.

We found several key differences between the two areas. Most participants felt the Wider Red Road area had declined over time, and to be somewhat neglected by the authorities with insufficient provision of services and amenities, due to neglect or cut-backs. This applied to shops, parks, primary health care, and public transport. Conversely, in Wider Scotstoun most services and amenities in the area – particularly public transport, primary health care, leisure facilities and parks – were reported on in a positive manner in terms of their availability and maintenance. As in Wider Red Road, however, there was not seen to be enough cafes and pubs in the area to facilitate social gatherings, nor clubs or groups for children and young people.

Most recognised that Wider Red Road had become more ethnically diverse in recent years. While this diversity was appreciated by some people, it also seems to have made a lot of other people uncomfortable and resentful, especially the perceived difficulties accessing housing opportunities for family members, in the context of a perceived insufficient supply of social rented housing to meet demand particularly from younger households. Integration support programmes could help avoid or overcome these issues, if such programmes were made operational across the entire areas as well as within the high-rise estates. There were also some references to pressures and additional demands being placed on local services by a rise in the number of migrants in the area, but there was no sense in which this was seen as a crisis. Participants in Wider Scotstoun had noticed the growing ethnic diversity in the area, though most saw this as either unproblematic or indeed positive.

In Wider Scotstoun there was a stronger sense of community empowerment compared to Wider Red Road. This seemed to be due to a mixture of factors – the successful establishment of two community

centres in recent years, having better local amenities and services in the first place and hence lower levels of dissatisfaction, and receiving better environmental services to keep the area tidy. In Wider Red Road there were few examples given of proactive empowerment involving development projects or activities led by local community groups. Most participants talked about a range of inadequate or changing amenities and services, over which the community had no influence.

Both areas were also seen as lacking sufficient community venues, and in particular a central hub that would boost the areas' identities and help increase the inadequate provision of organised activities for some social groups. Weak community cohesion in the two study areas seems more likely to be due to inadequate levels of social interaction, partly as a result of poor provision of local social spaces such as cafes, pubs, local shops, and smaller green spaces. Both areas were deemed in need of more community cafes, community centres or local coffee shops to enable people to casually interact. An enhanced community identity and sense of belonging through such venues may also support a stronger degree of proactive empowerment in the future. However, both the existing and any new community centres would have to address the challenge of successfully outreaching to groups not currently accessing such facilities.

Some quotes from residents illustrate their views on their respective neighbourhoods:

*"It's not a bad area. It's just that it needs some development, that's all and upgrading which is what they are doing just now"*  
(Wider Red Road participant)

*"I think a lot of people get the impression for years, people have tried and no really got anywhere in this area"*  
(Wider Red Road participant)

*"This used to be a working class area now it's more diverse, people are having problems getting their heads round it ...[there's] a sense of loss"*  
(Wider Red Road participant)

*"I honestly can't fault the place for living in.... You're just so central for everything"*  
(Wider Scotstoun participant)

*"I like living there, but I wouldn't say there's a community"*  
(Wider Scotstoun participant)

*"... there's no hub, there's nothing."*  
(Wider Scotstoun participant)

## Living in new homes in Glasgow's regeneration areas: the experience of residents in the Pollokshaws and Sighthill Transformational Regeneration Areas

This study aimed to understand the use and experience of housing and neighbourhoods by occupants of new build housing provided as part of Glasgow's ongoing regeneration programme, to identify what aspects of their new housing and neighbourhoods occupants particularly value, and what support and assistance they require in order to make the most of their new situation. We interviewed 22 householders living in new build housing in Sighthill (11) and Pollokshaws (11) in July and August 2016. Sighthill and Pollokshaws were selected as they provide different types of regeneration area to compare and contrast e.g. they are located in different areas of the city, have a range of different styles and types of new build housing. At the time of study both areas were 'unfinished' in that there were future regeneration plans including more housing (social and private) and the provision of neighbourhood amenities and services.

Participants in both locations reported appreciation of very similar aspects of their new homes, especially the secure entrances, lightness (large windows being a particular feature), warmth and cheaper energy, larger kitchens, and for some, a garden:

*"You've got hot water when you want... and if you want to take two, a couple of baths during the week, instead of one, you can do that."*

(Pollokshaws participant)

*"I like the windaes. 'Cause they're good for my plants... and you see the birds more in your garden, things like that."*

(Sighthill participant)

On the other hand, participants in both locations felt there was insufficient storage space, though this seemed more marked in Sighthill where more families with children had been allocated homes:

*"There's no' a lot of storage space in here, no, I must admit."*

(Sighthill participant)

Tenants in Pollokshaws had been allocated homes with a spare bedroom (the households tending to be older, without children) and it was notable how beneficial this was for the residents:

*"This is the bedsit for the weans [spare bedroom]... Say we only had our one-bed, we wouldnae be able to have anybody to stay."*

(Pollokshaws participant)

Many participants derived psychosocial benefits such as pride and self-esteem from the fact that they had obtained a new, good quality home, often for the first time in their lives. These feelings were reinforced by the fact that many people had 'started again' by purchasing new furniture and belongings for their new home, leaving behind their past lives in the high-rise flats. Relocated participants had clearly found the home loss and disturbance payments very helpful in this regard:

*"Well it made me feel as though I'd achieved something, I'd scored a goal."*

(Pollokshaws participant)

*"I bought everything brand new... because I got disturbance money - I had the money there to pay for the stuff."*

(Sighthill participant)

There were also several examples of reported beneficial changes in behaviours as a result of moving to a 'brand-new' home. These behavioural gains included: improved social relations with friends and family members, either due to having family members to stay over, or inviting friends to visit; eating family meals around a dining table; coping with health conditions better; and no longer smoking indoors, which in turn led to a reduced level of smoking overall by some of the participants:

*"We made the decision, before we moved that we would not be smoking in this house."*

(Sighthill participant)

In both areas, whilst the houses themselves brought about many benefits, there were a number of participants who wished they had more social contact both at home and elsewhere, including through employment, but were currently limited by either physical or mental health issues which meant they felt unable or fearful about doing so. Some occupants therefore needed support which they did not currently access to help them make the most of moving to a new home. Thus, a new home was not a sufficient catalyst to bring about positive changes for those people with other enduring challenges:

*"I eat in the kitchen noo ... I like a table tae sit like a family."*

(Pollokshaws participant)

*"I'd like to achieve something ... So it's just kinda sitting here an' vegetating... I'd like to get out more. I'd like to get out in some sorta sociable environment in the local area."*

(Pollokshaws participant)

*"There's nothing here... it's gonna take at least a couple of years for them to build something."*

(Sighthill participant)

# Forward look



Since it started, the GoWell programme has produced 29 Briefing Papers, 53 reports and 53 journal articles – so we have a lot of findings! Most of our new data collection is now complete and our focus is on analysis and knowledge exchange. Over the coming year, we want to ensure that our research helps to improve health and wellbeing in communities, and reduce the inequalities in outcomes between groups and neighbourhoods. With such rich materials and limited resources, we have had to prioritise and focus our ambitions.

Our Annual Event, being held in September 2017, will provide an opportunity to present and discuss findings from the wave 4 survey, describing changes over time in the types of Intervention Area that we've studied. We will look at what has happened to health and wellbeing, and at changes in the environment, social factors, economic factors and psychosocial factors. A major report summarising these findings has also been published.

We are also establishing a knowledge exchange forum that will meet throughout the coming year, involving all of our partners and sponsors. This forum will have responsibility for linking GoWell findings with processes of strategy development and implementation both nationally and within Glasgow. The challenge is to discern the evidence that is most relevant to different groups and processes, and to ensure that it is available in a timely and accessible way. We are fortunate to have links with a wide range of networks, both directly from the GoWell team, and through our partners – but we take this opportunity to ask our wider stakeholders to make us aware of ways in which our research and learning could be applied to achieve change in other arenas.

As well as these processes drawing together findings from the lifespan of GoWell, over the next year we will produce new reports or briefing papers on the following issues:

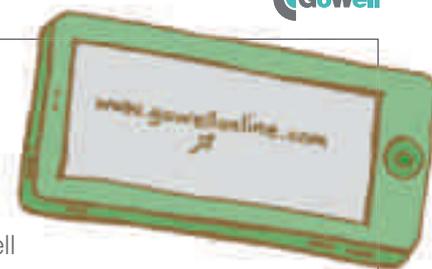
- Housing improvements and health
- Regeneration and health
- Fuel poverty
- Food banks
- Safety

We will also continue to seek to understand the wider contextual changes that influence outcomes in our study areas. The GoWell ecological monitoring team has undertaken analyses, in collaboration with colleagues in ISD (the Information Services Division of National Services Scotland, part of NHS Scotland), of census and other routine administrative data to examine how GoWell areas have changed, in comparison with the city as a whole and the Scottish picture. These analyses will help us to interpret our surveys and other research findings.

An important feature of GoWell in recent years has been the development of the GoWell panel. Although the work of the panel has now been completed, learning from this approach is being taken forward through the Glasgow Centre for Population Health and the University of Glasgow, in the social research hub based in Bridgeton. One of the consistent findings throughout the life of GoWell has been the need for greater attention – and new approaches – to working with people in communities through processes of change. We have referred to this as 'social regeneration' and have looked in detail at issues of community cohesion, integration networks, antisocial behaviour, community empowerment, and the involvement of different population groups in decision-making. We will continue to draw out the lessons from our research and from the GoWell panel experience over the next year, and persist in arguing for greater attention to be paid to the 'people' dimensions of place-based approaches to regeneration and urban renewal.

As we reach the end of the current phase of GoWell, having completed ten years of data collection and research, we will also take time this year, with our sponsors, to develop a completion strategy and proposals for future GoWell-related research. We are well aware that many of the regeneration activities planned when we started GoWell have not yet been completed, so our conclusions about impacts and outcomes will also be incomplete. We are also well aware that inequalities in health persist, both within and between communities, and that comprehensive, place-based, regeneration is high on the list of approaches that could impact on those inequalities. These are issues close to our hearts and we will seek to continue to build evidence and influence decisions to achieve better and more equal health outcomes in our communities.





# Publications

Below is a list of the publications produced from GoWell and GoWell East during the period April 2016 to September 2017. These are available to download from the GoWell website or in hard copy by contacting the GoWell team ([info@gowellonline.com](mailto:info@gowellonline.com))

## Reports

- Health and the wider determinants of health over time in Glasgow's deprived communities: findings from the GoWell household survey.
- Changes in health-related indicators in GoWell and other areas undergoing housing-led renewal between 2000/02 and 2010/12.
- Community and neighbourhood change in the GoWell Wider Surrounding Areas.
- Living in new homes in Glasgow's regeneration areas: the experience of residents in the Pollokshaws and Sighthill Transformational Regeneration Areas.
- Achieving a sustainable mixed community: report of a survey of residents of the Commonwealth Games Athletes' Village in Glasgow.
- After the event: perceptions of change and issues of perceived fairness in Dalmarnock, Glasgow.

## Briefing papers

- Briefing paper 29: The benefits of new build housing provided through regeneration in Glasgow.
- Briefing paper 28: Food bank use among residents of Glasgow's deprived neighbourhoods.
- Briefing paper 27: Glasgow 2014 legacy for young people in the East End.

## Journal articles

- Kearns A, Whitley E. Perceived neighbourhood ethnic diversity and social outcomes: context-dependent effects within a postindustrial city undergoing regeneration. *Journal of Urban Affairs* 2017. DOI: 10.1080/07352166.2017.1343632.
- Curl A, Clark J, Kearns A. Household car adoption and financial distress in deprived urban communities: A case of forced car ownership? *Transport Policy* 2017. DOI: 10.1016/j.tranpol.2017.01.002.
- Allik M, Kearns A. "There goes the fear": feelings of safety at home and in the neighbourhood: the role of personal, social and service factors. *Journal of Community Psychology* 2016. DOI: 10.1002/jcop.21875
- Curl A, Kearns A. Housing improvements, fuel payment difficulties and mental health in deprived communities. *International Journal of Housing Policy* 2016. DOI: 10.1080/14616718.2016.1248526
- Mason P, Curl A, Kearns A. Domains and levels of physical activity are linked to adult mental health and wellbeing in deprived neighbourhoods: A cross-sectional study. *Mental Health and Physical Activity* 2016. DOI: 10.1016/j.mhpa.2016.07.001
- Cleland C, Kearns A, Tannahill C, Ellaway A. The impact of life events on adult physical and mental health and wellbeing: longitudinal analysis using the GoWell health and wellbeing survey. *BMC Research Notes* 2016, 9:470. DOI 10.1186/s13104-016-2278-x.
- Kearns A, Whitley E, Egan M, Tabbner C, Tannahill C. Healthy migrants in an unhealthy city? The effects of time on the health of migrants living in deprived areas of Glasgow. *Journal of International Migration and Integration* 2016. DOI: 10.1007/s12134-016-0497-6

# Our team

The GoWell team during this period consisted of:

**Jennie Coyle** (Communications Manager)  
**Julie Clark** (Researcher)  
**Joe Crossland** (Acting Communications Manager)  
**Maria Gannon** (Researcher)  
**Ade Kearns** (Principal Investigator)  
**Louise Lawson** (Researcher)  
**Lizzie Leman** (Public Health Research Specialist)  
**Louise Rennick** (Ecological Monitoring Team)  
**Phil Mason** (Researcher)  
**Emma McIntosh** (Health Economist)

**Jennifer McLean** (Ecological Monitoring Team)  
**Kelda McLean** (Programme Administrator)  
**Jill Muirie** (Ecological Monitoring Team)  
**Cat Tabbner** (Community Engagement Manager)  
**Carol Tannahill** (Principal Investigator)  
**David Walsh** (Ecological Monitoring Team)  
**Elise Whitley** (Researcher)

We are also pleased to have had five PhD students (**Camilla Baba**, **Maureen Kidd**, **Mary Anne Macleod**, **Oonagh Robison** and **Nick Sharrer**) working with us.



For further information on GoWell:  
Visit the GoWell website at [www.gowellonline.com](http://www.gowellonline.com)  
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