LOCAL GOVERNMENT AND REGENERATION COMMITTEE

AGENDA

19th Meeting, 2013 (Session 4)

Wednesday 12 June 2013

The Committee will meet at 10.00 am in Committee Room 3.

1. **Decision on taking business in private:** The Committee will decide whether to take items 5, 6 and 7 in private.

2. **Subordinate legislation:** The Committee will consider the following negative instrument—

   Building (Miscellaneous Amendments) (Scotland) Regulations 2013 (SSI 2013/143).

3. **Delivery of Regeneration in Scotland:** The Committee will take evidence from—

   David Fletcher, Assistant Director of Regeneration, Glasgow Housing Association;

   Dr Colleen Rowan, Membership and Policy Officer, Glasgow and West of Scotland Forum of Housing Associations;

   Craig Sanderson, Chief Executive, Link Group Ltd;

   Pauline Barbour, Policy Consultant, Scottish Federation of Housing Associations;

   Gavin Corbett, Policy Adviser, Shelter Scotland;

   and then from—

   Prof Carol Tannahill, Director, Glasgow Centre for Population Health, GoWell;

   Dr Peter Matthews, Lecturer in School of the Built Environment, Heriot Watt University;
Annette Hastings, Senior Lecturer in Urban Studies, University of Glasgow.

4. **Delivery of Regeneration in Scotland (in private):** The Committee will consider the evidence received.

5. **Draft Budget Scrutiny 2014-15:** The Committee will consider a draft remit and person-specification for the post of adviser as part of its approach to the scrutiny of the Scottish Government's Draft Budget 2014-15.

6. **Public Bodies (Joint Working) (Scotland) Bill:** The Committee will consider its approach to the scrutiny of the Bill at Stage 1.

7. **Children and Young People (Scotland) Bill:** The Committee will consider its approach to the scrutiny of the Bill at Stage 1.

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Clerk to the Local Government and Regeneration Committee  
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Edinburgh  
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The papers for this meeting are as follows—

**Agenda item 2**

Note from the Clerk LGR/S4/13/19/1

Building (Miscellaneous Amendments) (Scotland) Regulations 2013 (SSI 2013/143)

**Agenda item 3**

Glasgow Housing Association Submission LGR/S4/13/19/2

Glasgow and West of Scotland Forum of Housing Associations Submission LGR/S4/13/19/3

Link Submission LGR/S4/13/19/4

Scottish Federation of Housing Associations Submission LGR/S4/13/19/5

Shelter Scotland Submission LGR/S4/13/19/6

GoWell Submission LGR/S4/13/19/7

Peter Matthews Submission LGR/S4/13/19/8

Annette Hastings Submission LGR/S4/13/19/9

PRIVATE PAPER LGR/S4/13/19/10 (P)

PRIVATE PAPER LGR/S4/13/19/11 (P)

**Agenda item 5**

PRIVATE PAPER LGR/S4/13/19/12 (P)

**Agenda item 6**

PRIVATE PAPER LGR/S4/13/19/13 (P)

Public Bodies (Joint Working) (Scotland) Bill

**Agenda item 7**

PRIVATE PAPER LGR/S4/13/19/14 (P)

Children and Young People (Scotland) Bill
Introduction

1. This paper seeks to inform members’ consideration of the Building (Miscellaneous Amendments) (Scotland) Regulations 2013 (SSI 2013/143).

Building (Miscellaneous Amendments) (Scotland) Regulations 2013 (SSI 2013/143)

Background

2. The instrument was laid on 13 May 2013 and the Local Government and Regeneration Committee was designated as lead committee.

3. The then Subordinate Legislation Committee (now the Delegated Powers and Law Reform Committee) considered the regulations at its meeting on 21 May 2013 and has no points to bring to the attention of the Committee.

4. The Local Government and Regeneration Committee must report by 17 June 2013.

5. The regulations are subject to negative procedure. No motion to annul has been lodged.

Policy objectives

6. The SSI amends the Building (Scotland) Regulations 2004 which prescribe functional standards to apply to the design, construction or demolition of a building, the provision of services, fittings or equipment in or in connection with a building, and the conversion of a building. The SSI also makes amendments to the Building (Procedure) (Scotland) Regulations 2004 and the Building (Forms) (Scotland) Regulations 2005.

7. The Building (Miscellaneous Amendments) (Scotland) Regulations 2013 will come into force on 1 October 2013.

8. The SSI is required to implement changes to building regulations arising out of an essential updating of standards and guidance, in addition to fulfilling the Scottish Government’s purpose and strategic objectives.

9. The principal amendments are to Schedule 5 to the Building (Scotland) Regulations 2004 and are as follows:
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12 June 2013

- Section 2 (Fire) - Setting out that the obligation to install an automatic fire suppression system does not apply to new buildings forming part of, or an extension to, an existing school if it is not reasonably practicable to do so.

- Section 3 (Environment) - Amendment to remove waste storage accommodation requirements for new houses and only apply the requirements to new flats and maisonettes. Introduce a new standard requiring water efficiency measures for water closets and wash basins within dwellings.

- Section 7 (Sustainability) - A requirement is introduced for school buildings containing classrooms to meet specified levels of sustainability.

10. The SSI is also required to amend procedural regulations for the provision of a fire safety design summary at completion of a non-domestic building. This summary will provide information in connection with the building, which will assist in the operation and maintenance of the building for fire safety purposes. The SSI also includes amendments to the completion certificate forms for the process of submitting the fire safety design summary.

Procedure in Committee

11. Under negative procedure, an instrument comes into force on the date specified on it (the "coming into force date") unless a motion to annul it is agreed to by the Parliament (within the 40-day period). Any MSP (whether a member of the lead committee or not) may lodge a motion recommending annulment of an SSI at any time during the 40-day period, including after the lead committee has considered the instrument.

Action

12. Unless a motion to annul the instrument is lodged, the Committee need only consider the instrument, and the comments of the Delegated Powers and Law Reform Committee and indicate whether it is content not to make any recommendations on it.

13. Is the Committee content not to make any recommendations to the Delegated Powers and Law Reform Committee?

Fiona Sinclair
Committee Assistant

7 June 2013
Strategy and Policy Issues

1. **How can the linkage between the various strategies and policies related to regeneration be improved?**

   Improved communication and sharing of information, distilling down key highlights or messages from the various relevant policies and strategies, and providing high level executive summaries would assist in the first instance. As part of policy/funding development, consider the links and possible joint working opportunities with the housing sector. Provide information on successful funding awards (as is the case with People and Communities Fund).

2. **Can physical, social and economic regeneration really be separate entities? The Committee would find it useful to hear about projects distinctly focussed on one or more aspects, and the direct and indirect outcomes of such activity.**

   The different aspects of regeneration should be viewed as holistically as possible in order to identify the different potential benefits for individual projects from a variety of perspectives, and consider the physical, social and economic regeneration benefits that can be achieved by complementary activities – such as community benefit employment and training clauses inserted into contracts for construction. GHA has used community benefit clauses in this way since 2006, which has resulted in 1,947 new jobs created to date. Of these, 651 apprentices and 482 new trainee places have been supported, alongside the refurbishment and construction of new homes for tenants with improved warmth, security, comfort and layout.

   Demolition and development of new homes has also been supported by community consultation and activities to help promote community safety, community learning, employability and arts and heritage activities – please see attached the example of the Shawbridge Transformational Regeneration area, recently featured in the CIH and Scottish Government publication “Regenerating Our Communities – A snapshot in Time”\(^1\). The key challenges are having the flexibility to respond to the needs of different communities, and the timing of interventions to support communities through regeneration – which is not always straightforward.

3. **Are we achieving the best value from investment in this area? If not, how could funding achieve the maximum impact? Could the funding available be used in different ways to support regeneration?**

\(^1\) Pages 14-15
There may be scope for further efficient procurement of both capital and service delivery projects, which can aim to initiate new or greater offerings or lower costs, and a wider range of benefits when procuring contracts. For example, additional community benefit beyond or in addition to employability opportunities, such as services in kind from contractors could be requested via procurement processes. This could encourage contractors to play an enhanced role in regeneration, as they would have a stake in the process as a competitive edge. In times of austerity, a variety of funding streams can also be used to help maximise partnership inputs and project viability.

**Partnership Working**

4. **What delivery mechanisms, co-ordination of, and information on the funding that supports regeneration are required, to facilitate access by all sections of the community?**

Clear messaging and different forms of delivery of information and guidance relating to different funding pots (avoiding overlap/duplication), clear processes and potentially face to face support, should be in place, if you wish to widen access for all sections of the community.

5. **Should funding be focussed on start up or running costs? What is the correct balance between revenue and capital funding? Please indicate reasons for your views.**

There is no one rule and the balance has to be considered case by case, particularly given the current economic climate. For example, continued revenue support may be required to support projects that are working well – there is an expectation that projects will become self-financing and that is not always going to be possible, even for those initiatives that have generated income streams and are producing successful outcomes. The risk is by cutting up-front costs, greater costs and poorer outcomes are incurred elsewhere.

6. **How can it be ensured that regeneration projects are sustainable in the long term?**

Scrutiny of outcomes and encouraging match funding and building on existing best practice rather than continual reinvention. Also consider the role of creative regeneration to keep communities engaged, with all agencies and the private sector recognising that they play a part. Physical, social and economic regeneration are inextricably linked and physical regeneration alone will not deliver sustainable regeneration outcomes. The wider economy and directives such as the welfare reforms also affect all players in regeneration, including private developers, residents, the voluntary sector, housing associations and statutory providers, and need to be responded to proactively to mitigate their effects if regeneration is to be delivered.

So while, for example, in 2011/12 GHA built 332 homes, we also helped over 600 people into work, training or apprenticeships and launched a partnership with Strathclyde Police and Strathclyde Fire and Rescue to tackle crime in our
neighbourhoods. We aim in future to expand our employability programmes, such as our modern apprentice programme offering employment opportunities direct to our tenants and their children, and provide other benefits such as education grants, access to IT and money advice. We work with a wide range of partners to deliver such services, like Jobs & Business Glasgow, GCC and the voluntary sector – to help sustain regeneration and promote better lives in the longer term.

**Practical Issues**

7. *What actions could the Scottish Government’s forthcoming community capacity building programme include to best support communities to ‘do regeneration’ themselves?*

Communities need support to be a strong community voice and to be able to demonstrate the impact of that voice on service planning and delivery. Some actions could include:

- Access to ‘secdcorn’ funds for community groups
- Support from workers using community learning and development approaches.
- Opportunities for community groups to network and work together
- Identify and support existing or potential community anchor organisations that support engagement and influence. (e.g. housing associations, voluntary organisations, development trusts, community councils etc)

8. *What role should CPPs play in supporting the community in regenerating their communities?*

CPPs have a crucial role in ensuring that processes for community engagement in community planning are robust, multi faceted and that they are underpinned by National Community Engagement Standards. CPPs need to ensure that they engage with communities across a broad range of place and interest and do not restrict engagement to one group, for example community councils.

CPPs need to ensure that community engagement is adequately resourced so that local communities understand how they can engage with CPPs and are enabled to do so in order to influence decision making.

CPPs also have a key role in supporting communities to understand who is responsible for delivering services and how they are accountable to communities.

9. *How can CPPs best empower local communities to deliver regeneration? Please provide any examples of best practice or limitations experienced that you think the Committee would find useful in its scrutiny.*

The recommendations to community planning partners in the Scottish Government’s recent Strategic guidance on community learning and development places increased
expectations on community planning partners to assess community needs and strengths through engagement and continued dialogue with communities, and make better use of community learning and development (CLD) approaches.

Community planning partners therefore need to have a better understanding of deliberative approaches to engagement which could include deliberative polls, community mapping and consensus conferences.

Activities such as participatory budgeting which directly involves local people in making decisions on the spending and priorities for a defined public budget (for example, GHA’s Area Fund), should also be promoted.

CPPs could facilitate training to ensure that partners are aware of these techniques and how to use them.

The creation of ‘community organisers’ would enable local communities to be empowered to influence decision making with community planning partners. Community organisers would support community representatives on Partnerships but would also be tasked with developing the ‘building blocks’ of strong communities using community learning and development approaches. These staff could be based in the communities they support and be managed by a local CPP partner.

10. How can the outcomes of regeneration truly be captured and measured? What are the barriers to capturing outcomes and how should the success of regeneration investment be determined?

Regeneration is a long term process of reversing decline - in some areas, generations of unemployment, poor health, poor physical environments and low levels of engagement and inactivity can perpetuate. Therefore, there is no quick fix to measuring the outcomes. However, a variety of methods can be employed including research, such as the GoWell longitudinal programme, discussion and engagement with local people, and agreeing on the shared goals of regeneration at the outset and together committing resources to capture progress and achievement.

Success can be determined as well-functioning communities and individuals living in areas that are popular, thriving and aspirational – with bold but realistic expectations. Large scale area physical regeneration, satisfaction with new homes, neighbourhoods and environment are the most tangible markers of successful regeneration – but are not enough to illustrate success if there are still issues of ASB, low aspiration, poor quality of life, and unemployment impacting on these areas.

David Fletcher
Glasgow Housing Association
14 March 2013
Local Government and Regeneration Committee

Delivery of Regeneration in Scotland

Additional Submission from Glasgow Housing Association

GHA Area Funds

I refer to your call for written evidence regarding GHA Area Funds which are managed by our Area Committees. I would like firstly to give some background to the Area Committee structure.

Background

GHA Board has 3 Area Committees, as part of its community governance, which identify, plan and monitor community priorities within their local area. They do this through our 28 local housing committees (LHO) in relation to how the Area Funds should be spent. Initially the Board set up 4 Committees in 2010. Each of the committees consisted of 1 nomination from each individual Local Housing Organisation (LHO) within that area, 2 tenant members of GHA Board, 1 home owner, 2 local councillors and 2 independent representatives. Tenants are always in the majority within the committee.

Each of the 4 Area Committees had authority over a fund of £1 million per annum which could be spent on projects that were priorities of the local communities and were backed by the Local Housing Organisation. Before an Area Committee would approve a project they had to be assured of the consultation with the local community and also whether the project could access any other funding available. The Committees also have other functions such as monitoring local service performance, but for the purposes of this evidence this paper is focused on the spending powers and local budgets.

Current Situation

In April 2013 we moved to 3 Area Committees and these are North East, North West and South. The make up of the Committees remains the same. The changes came about to reflect GHA’s new operational model and importantly they also reflect the 3 strategic planning areas of Health, Social Work and of Community Planning in the City. This ability to engage at the 3 sector level for Community Planning makes strategic alignment much easier for the future. When this change took place the Area Committees fund increased to £1.5 million each.

Use of the Area Committee Funds

Some of the particular projects funded by the Area Committee are detailed below. There have been a total of 192 projects competed so far and some photographs are attached to give your Committee an idea of the nature, and impact at local level.
Environmental Projects

A vast majority of Area Committee bids originate from complaints or concerns from tenants over environmental issues in their neighbourhood. Many, but not all, of these are relatively small scale and would not be picked up in any other programmed activity. Our aim in establishing the fund is to enable local solutions to local problems and therefore the LHO get engaged to see where the fund can be useful. The LHO is supported through the initial costing process by Housing staff. Once approved by the LHO the Housing Officer consults with residents in the specific area for their views. The projects are then prepared based on that consultation and put forward to the Area Committee.

The environmental projects range from changes to front gardens, upgrading empty spaces, tree management, relaying slabs, removing and rebuilding walls, upgrading car parking, making new car parking spaces to larger projects such as renewing boundary fencing.

We have also been able to complete 6 community garden projects with total funding of £352,051

We always try to maximise the funds that can be brought to projects and we have completed projects in partnership with Glasgow City Council, through the Community Planning Partnership, Stalled Spaces, Jobs and Business Glasgow and/or Glasgow Heritage Trust.

Play Areas

We have completed in total 4 Play Areas using Area Committee funding. There is always community consultation carried out by the partners involved as the essential requirements for local engagement. The consultation methods used include on-site events, consultation surveys, presentations at local meetings and school projects. This helps inform site location, target age group and types of equipment. This ensures that local people are at the heart of local regeneration, and have real ownership of both developing and maintaining the projects.

Play Area bids are usually approved on a 50:50 cost basis with Glasgow City Council and the Council carries out ongoing maintenance of the site. This results in getting good value for money for tenants and residents.

In addition to these 4 play areas we have also carried out improvements to fencing and surface work in existing play areas.

In total the Area Committees have approved £264,645 on play area projects.

Transformational Regeneration Areas

Many of our bids complemented recent investment works within Glasgow’s Transformational Regeneration Areas. To date there have been 6 successful applications in targeted areas of Ibrox, Toryglen and Shawbridge.
The details of the sum approved and the work are:

- £50,000 on security doors and CCTV at Ibroxholm Oval
- £51,000 for a Play Area within the Whitefield estate in Ibrox
- £35,470 to enlarge front gardens and other environmental work at Toryglen
- £25,000 contribution to relocate a kindergarten that was been demolished as part of Toryglen TRA, to retain service within the community
- £60,000 for a joint project with GCC to upgrade the fence and gates at The Vennel a cemetery of historic importance within the Shawbridge area.
- £94,747 for a community garden in Riverford within the Shawbridge area.

Other Projects

In addition to the categories listed above the Area committee fund has also help to facilitate larger projects and these have included:

- Extension to Sheltered Housing complex
- Funding toward Village Hall in Townhead
- Conservatory on Sheltered Housing complex

New Additional Fund – Communities Fund

Following the initial success of the Area Committee fund the Board more recently approved a new additional Communities Fund as part of our Stronger Communities Strategy, of £150,000 for each Area. Some examples of Community Fund projects are:

- Art workshops for people with a disability.
- Rent/utility costs for a volunteer led alcohol support project.
- A photography booklet compiled by past/present residents and school children that captures the history of a local neighbourhood

In summary

- As GHA came into the final years of its major ten year £1.3bn investment programme in homes which began in 2003, the Board wished to have a much greater strategic emphasis on improving neighbourhoods. This emphasis came about through listening to feedback from tenants and residents. It is also intended to sustain the asset value in the main housing investment programme. And the Board wanted to see local people feel proud of their neighbourhoods as green, clean and safe places to live.
- The Area Fund complements other aspects of GHA’s Business Plan such as the Neighbourhood Environmental Teams and the upgrading programme for tenement closes.
- The Area fund has been seen as hugely successful, with:
  - increased local satisfaction
• areas which had been neglected being brought back to life
• safer and cleaner, greener neighbourhoods.

- The aim of the funds is to ensure that the Area Committees can directly address relatively small scale local projects making a direct and real difference in a short space of time. They demonstrate to the community that local engagement results in an improved neighbourhood, and increase the capacity of local people to look after their own area.

Fanchea Kelly
Executive Director of Housing and Customer Services
31 May 2013
The Glasgow and West of Scotland Forum of Housing Associations (GWSF) is the leading membership and campaigning body for local community-controlled housing associations and co-operatives (CCHAs) in the west of Scotland. The Forum represents 66 members in 10 local authority areas who collectively provide affordable housing for over 70,000 households. Our members also deliver factoring services to around 15,000 owners.

The Forum welcomes the opportunity to contribute to the Scottish Government’s ongoing dialogue on its regeneration strategies. Our response has been developed by members of the Forum and reflects their experiences of regeneration in their local communities. We have answered the Committee’s specified questions but begin by offering some overall comments.

- The Scottish Government’s overall aim of ensuring ‘that all of Scotland’s communities are sustainable and promote well-being’ (Achieving a Sustainable Future, 2011) is a laudable one and is also an aim which can only be achieved through the delivery of holistic regeneration processes and strategies.

- In the current economic climate with the continued squeeze on public and private sector resources it is more important than ever to think innovatively and creatively about new and different models of regeneration. This discussion should not simply focus on ‘pots of funding’ but on new ways of doing things. For instance: better partnership working with communities and the third sector; local delivery mechanisms; and changes in culture by large public service providers; sustainability; and new ways of measuring impacts or outcomes. Our members are eager to engage with all of these.

- In ‘Achieving a Sustainable Future’ the Scottish Government recognised that ‘top-down’ regeneration programmes are no longer viable and that a shift towards community led regeneration is needed. We were particularly pleased to see the Government acknowledge the key role that members of the community based housing movement play in regeneration in their position as ‘community anchors’ (p45/6).

- We were, however, disheartened when the government’s consultation paper on its Community Empowerment and Renewal Bill did not build on that positive recognition of community anchors. In our view, future development of legislation seeking to promote community empowerment must rectify that, by setting out the
important role of community anchors particularly in local communities where inequalities and gaps in outcomes are the most pronounced.

- The need for new thinking and ways of working is greatest in our most disadvantaged communities and this is where the government should be actively promoting the development of community anchors. There are analogies here with Scotland’s community-controlled housing movement which thrived during the 1980s and 1990s because government set statutory responsibilities for promoting housing associations and reinforced this through its policies and funding.

### Strategy and Policy Issues

1. **How can the linkage between the various strategies and policies related to regeneration be improved?**

   Within ‘Achieving a Sustainable Future’ the Scottish Government sought to articulate a coherent and consistent policy message which ‘joined the dots’ between its regeneration strategies and its wider social and economic policies. The government also re-iterated its holistic approach to regeneration and acknowledged that the delivery of its regeneration vision relies on a wide range of supporting outcomes being achieved.

   Furthermore, it acknowledged that these outcomes are ‘not unique to regeneration’ and that they cross over into other policy areas, including: economic development; planning and place-making; public health; justice; safety; housing; business support; education and skills.

   This is a vital policy message which must reach from ‘top-down’ to ‘grass-roots’ and be heard not only by those who create regeneration policy but also by all those involved in delivering it and those whose daily lives are affected by it.

   The Government’s Community Empowerment and Renewal Bill should be used as a vehicle for doing this. The rhetoric of community led regeneration can only be translated into reality when individuals and groups are allowed to have a real say in what happens in their neighbourhoods and decision-making processes are devolved to neighbourhood level.

   It is also crucial that linkages between funding streams are highlighted and that these are transparent and easily accessible.

2. **Can physical, social and economic regeneration really be separate entities?**

   The Committee would find it useful to hear about projects distinctly focussed on one or more aspects, and the direct and indirect outcomes of such activity.

   Well-rehearsed discourses over the last few decades have placed increased emphasis on the impacts of neighbourhoods and communities on a person’s life chances. These impacts cover a range of spheres, including social, economic and health outcomes and embrace aspects of the physical, social/cultural and service environments within communities.
All of the above are closely interconnected and cannot be understood out-with the structural economic and social processes which sustain them. It is clear to us that regeneration activities which seek to tackle these issues must also be ‘joined-up’ in order to effect real, long-term change. We welcome the fact that the Scottish Government’s regeneration strategy emphasises the importance of a holistic approach and its acknowledgement that these ‘elements cannot be delivered in isolation’.

CCHAs’ ‘bottom-up’ approach and the services and projects that they operate on the ground in their communities can help to meet or operate in tandem with bigger picture ‘top-down’ structural policy messages and initiatives. Strategies which encourage a two-way ‘flow’ between the two can only lead to improvements in the delivery of regeneration.

The myriad of projects, initiatives and services that our members deliver (either alone or in partnership) in their communities are examples of joined-up, holistic regeneration in practice. The sheer range of CCHAs’ activities illustrates two key positive factors: firstly, CCHAs’ commitment to improving their communities; secondly, their appetite for innovation.

The range of activities which our members are involved in span physical, social and economic regeneration in their communities, and include:

- Partnership working
- Support for other local organisations (Includes: developing or managing premises for others; providing IT, human resource or finance and audit support; ‘hosting’ other services – use of office space)
- Social enterprises (for instance subsidiary organisations like handyman/repair services which provide employment for local people)
- Health and well-being initiatives
- Employment and training
- Financial and welfare advice
- Neighbourhood management
- Support for independent living and reducing isolation for older people.

Our response to ‘Achieving a Sustainable Future’ highlights some of the excellent and innovative regeneration projects and services which our members provide. It can be accessed here:


We know the Committee is keen to meet with individuals and groups in communities who are involved in delivering regeneration to hear more about how it works in practice. We would like to invite the Committee to come and see some of our projects in action.

3. Are we achieving the best value from investment in this area? If not, how could funding achieve the maximum impact? Could the funding available be used in different ways to support regeneration?
There are various funding sources which support different strands of regeneration activity. These include:

- People and Communities Fund – wider role activity
- Third Sector Enterprise Fund – promotion of social enterprise, capital investment and income generation
- Community Spaces Scotland – development of land assets
- Big Lottery Fund – Growing Community Assets – physical regeneration projects
- Change Fund – supporting older people in their communities

Whilst this (and other) investment is welcome there are two key obstacles which currently prevent best value from investment in this area. These are the byzantine web of diverse funding sources and the lack of transparency about how to access these. In our view a more ‘joined-up’ approach is needed.

Potential solutions include: the representation of each fund in the Scottish Funders Forum; the streamlining of application, reporting and evaluation processes; the development of more cross departmental dialogue across Scottish Government departmental budgets in order to see if opportunities to match fund projects are available.

In our opinion, funding could be used more effectively to support regeneration if decisions about spending were made at a local level and involved local people. The governance model pioneered by CCHAs allows local people to be part of the decision making process on spending priorities in their communities. This model has operated successfully for forty years and could be built upon to develop participatory budgeting frameworks in local communities where decisions are made not only on regeneration but also on other areas like health and social care spending.

The Scottish Government should also look to local, ‘on-the-ground’ intelligence about regeneration priorities. Community organisations have the greatest local knowledge and are best placed to decide what the priorities should be. Two of our member organisations (New Gorbals and Govanhill Housing Associations) have recently carried out neighbourhood audits in their communities and it is this type of exercise which can help to identify priorities. The audits sought to:

- Review previous evidence of community priorities – and carry out focus groups
- Map community assets
- Assess the effectiveness of partnership work in the area
- Produce an integrated neighbourhood audit report – and set out how partners might have the greatest impact in delivering the outcomes the community want.

*We would be happy to share more information about the neighbourhood audit approach if the Committee is interested in learning more about it.*

**Partnership Working**
4. What delivery mechanisms, co-ordination of, and information on the funding that supports regeneration are required, to facilitate access by all sections of the community?

There are three different levels where policies and strategies operate. The first or ‘top-level’ is the Scottish Government where policies are formulated. The second is the ‘intermediate’ local authority level where Community Planning Partnerships sit; and the third is ‘ground’ level which incorporates community organisations and communities themselves. In our view, to create genuine collaboration and synergy between the three the over-arching policy vision needs to be clear and consistent and support needs to be given to shift the focus onto community-led regeneration.

This does not necessarily mean that the structures or framework need to be altered. It is more about effecting a culture change. This involves public bodies being prepared to adopt different and more flexible approaches and community organisations also thinking about new ways of working, and new partnerships. Essentially, our thinking on regeneration needs to be recalibrated in order to achieve better outcomes in the most disadvantaged communities.

As we have previously indicated GWSF welcomes a discussion about how housing associations can contribute more to local regeneration structures and processes, we believe that tensions exist between a ‘community’ and ‘strategic’ focus. The ‘geography of decision making’ is important here and many CPP areas are too large to be relevant to local people.

There has always been a serious mismatch between the scale of community planning and the scale at which community engagement is likely to be effective. In our view, there needs to be a recognition that it is not realistic for Community Planning Partnerships to have a neighbourhood focus and that effective community engagement only happens at the grass-roots level.

5. Should funding be focussed on start up or running costs? What is the correct balance between revenue and capital funding? Please indicate reasons for your views

In our opinion a flexible funding system should be the guiding principle here. Getting the balance right depends on the project and attempting to apply a ‘one-size-fits-all’ approach would be unproductive.

6. How can it be ensured that regeneration projects are sustainable in the long term?

The Scottish Government’s regeneration strategy aims to put ‘communities first, effectively involving local residents in the regeneration process and empowering communities’ (Achieving a Sustainable Future, p.10).

We believe that this must be the case to ensure sustainability. It is imperative that regeneration projects are shaped by communities, for communities.
Practical Issues

7. What actions could the Scottish Government’s forthcoming community capacity building programme include to best support communities to “do regeneration” themselves?

We welcome the ‘asset-based’ regeneration approach taken by Scottish Government which focuses on the assets rather than on the deficits of communities. An asset-based approach can also help to overcome entrenched stigma and we think this is a positive step forward. The Government recognises that building community capacity plays a crucial part in this process.

Ideas around community capacity building and community engagement have been around for a long time. CCHAs and other community organisations have been ‘doing’ these things on the ground for forty years. The Scottish Government should tap into this wealth of experience and make use of this resource to engage with people in communities and to build their voices into local regeneration strategies.

8. What role should CPPs play in supporting the community in regenerating their communities?

See our response to Q. 4

9. How can CPPs best empower local communities to deliver regeneration? Please provide any examples of best practice or limitations experienced that you think the Committee would find useful in its scrutiny.

See our response to Q.4

10. How can the outcomes of regeneration truly be captured and measured? What are the barriers to capturing these?

Too often in the past, a ‘short-termist’ perspective have been utilised in attempting to measure regeneration initiatives. This has led to a ‘box-ticking’ approach which has not allowed scope for long-term outcomes to emerge and where less tangible, but very significant impacts of regeneration like reduced stigma, increased social capital, and better health and well-being outcomes have not been captured. We would suggest a move towards a more holistic approach.

As we have indicated throughout we believe that communities should be involved in the planning and delivery of local regeneration strategies. Similarly, communities should also be involved in defining the outcomes of regeneration and in the evaluation of these. Regeneration can only be described as ‘community led’ if this is the case.

Dr Colleen Rowan
Membership & Policy Officer
Local Government and Regeneration Committee

19th Meeting, 2013 (Session 4), Wednesday, 12 June 2013

Delivery of Regeneration in Scotland

Submission from Link

This paper is in two parts – the first offers evidence of good practice in the delivery of regeneration in Scotland by the Link group of registered social landlords (housing associations) and social enterprises ('Link'). The second makes some observations on areas where things haven’t gone so well.

Link Group Ltd. is the parent company in the group and was established in 1962 as Link Housing Association Ltd. It currently owns and/or provides services to more than 10,000 social tenants and other customers in 24 Scottish local authority areas. Its annual turnover is £32m.

Evidence of Link’s Regeneration-Related Activity

Although founded to ‘fill the gap’ between the owner-occupied and local authority sectors by providing affordable, good quality homes to rent, Link has always recognised the additional health and economic well-being needs of local communities and the individuals who populate them. Link’s responses to such needs (in chronological order) are summarised as follows:

- Provision of a GP surgery and a general store in two of our first developments in Edinburgh in 1966.
- Sub-division of large town houses in Edinburgh to provide small flats for older people close to all amenities (1960s).
- Development of 15 Co-ownership estates which offered individuals the benefits of ownership while the properties remained in community ownership (1970s).
- Taking local approaches to community regeneration which led to the formation of successful, independent, community-controlled housing associations – Port of Leith, Kingdom and Hjaltland (1970s).
- Sustaining housing associations with a particular community of interest, either through the provision of management and development services or through merger (1970s to date).
- Development of ‘cluster flat’ shared and supported accommodation for young people and those with ‘special needs’ in Glasgow and Edinburgh (1980s). (This was part-funded by our reserves and surpluses and we have continued to be able to do this subsequently.)
Establishment of leasing and management arrangements with voluntary sector specialist organisations in the provision of support for people with mental health issues and learning difficulties (1980s).

Completion of our first sheltered housing development (1980). We now have twelve.

Working in partnership with several local authorities and local communities in the rehabilitation of ‘Housing Action Areas’ (1980s).

Introducing Shared Ownership as a new form of tenure to provide a route to affordable home ownership (1982). More than 300 developed to date.

Appointment of our first ‘Special Needs Officer’ in 1985 to develop ‘Care in the Community’. LinkLiving (our care and support subsidiary) now employs 120 members of staff to provide a range of person-centred services to over 450 service users. In 2012/13 in Edinburgh our service supported 128 young people, 79 of whom accessed education, training and employment opportunities and 112 had maximised their income as a result. Initially funded wholly from Link’s own free reserves, LinkLiving’s support services are now mainly funded by local authorities through contract payments. Nevertheless, these do not always cover full costs……

Establishment of a subsidiary, Link Homes Ltd. in 1985 to build good quality, affordable homes for owner-occupation (400 to date) and for market rent (140) to complement wider local regeneration activity and to relieve the pressure on local authority housing waiting lists by giving them ‘first option’ on allocations. Surpluses generated have been re-invested in Link’s homelessness-alleviation projects.

Creating a joint venture company (Inverlink) with Tulloch Homes to deliver general and special needs projects and community facilities for Link and others, including a new citadel for the Salvation Army (1995).

Boosting the relatively deprived Linktown area of Kirkcaldy in 1996 by the rehabilitation of the West Bridge Mill into a ‘Foyer’ to provide accommodation for 44 young people, a café, conference centre, training/employability facilities and 14 affordable units for local businesses. All have been full ever since. In 2012/13, 86 young people received accommodation/support.

Partnering with the Royal Bank of Scotland to offer a Mortgage to Rent service to avoid homelessness among owner-occupiers and to help sustain communities. (This activity was expanded by a Scottish Government-sponsored scheme in 2003).

Forming the community-controlled Kintry Housing Partnership (with three other RSLs) in Craigmillar, Edinburgh to build or improve 650 homes using ‘New Housing Partnerships’ funding, vital to the regeneration of the whole area (1999).
- Appointing Link’s first Welfare Rights Officer in 1999 using its own free reserves. Development of this aspect of our portfolio has attracted support funding from national and local governments and has included the Older Persons’ Advice Service (which from 2005 until 2013 secured welfare benefit income of £14m for 5500 people) and our Welfare Rights and Money Advice services (which this year alone have respectively gained tenants £1.3m and have dealt with debts amounting to £764k). These advice teams now comprise 18 members of staff.

- Constructing and refurbishing 92 homes in the Dawson Initiative (Falkirk) to generate a new local estate-based information and resource centre including an internet café. Nine apprenticeships provided by the building contractor and sponsorship by Link of a local person to study for a university-accredited degree in Community Education and Development. Falkirk Council won the Chartered Institute of Housing in Scotland Regeneration Award in 2012 for this initiative (2000-2010).

- Supporting self-builders to complete 6 new homes for themselves in Ballingry, Fife (2000).

- Following merger with the (failing) Gap HA in 2000, developing factoring services, provision of which is crucial to the success of most if not all regeneration activities.

- Re-developing and regenerating a substantial area of Petersburn, Airdrie to provide 250 new ‘secured by design’ homes for rent and sale and to support the local community to establish a Development Trust to raise funding (£1m) to create toddler and teenager play areas and a football pitch and to host an IT learning centre using computer equipment and training donated by Link. (2002 – 2005). We used the unique size and timescale of that project to ensure (among other things) Intermediate Labour Market ‘hits’ and training and employment for local people with the main contractor.

- Developing community health facilities in Kirkshaws, Coatbridge - a new, purpose-built dental surgery and extension of the local Neighbourhood Centre to provide a healthy-eating project (2005).

- Participating from day one in the Homestake/LiFT/ New Supply Shared Equity initiative to help potential owners onto the ownership ladder and delivery agent for more than 2000 new owners throughout central and southern Scotland (2005 to date).

- Participating in the major regeneration of Oatlands, Glasgow not only by the provision of 50 new social rented homes among the 1250 planned but also by the provision of factoring services and assistance with the establishment of the Oatlands Development Trust and its aim to bring the derelict St. Margaret’s Church back into community use (2006 to date).
- Expanding SmartLiving, our volunteer peer education project to tackle homelessness and worklessness among young people in Falkirk and Fife (2008). (This service received People and Communities Fund (£168k), Falkirk Council and Young Start support to secure its future at least until 2015. In 2012/13 alone it engaged with 83 young people who volunteered 1677 hours and advised some 3000 young people).

- Working with Action for Children Scotland to roll out a nationwide Youthbuild programme, particularly in Inverclyde and Craigmillar (2009-2012).

- Establishing Volunteer Befriending services called RealLiving, helping people with mental health issues to gain confidence to build social networks in their local communities. Currently 20 and 16 volunteers befriend 25 and 15 older people in Fife and Midlothian respectively.

- Committing to Tenancy Sustainment, Affordable Warmth and Financial Inclusion Strategies in 2010, outcomes of which have included a 27% reduction in repossessions, respectively 50% and 70% reductions in heating costs as a result of retrofitting a biomass-fired district heating system in Bridge of Allan and a combined heat and power unit in West Bridge Mill, Kirkcaldy.

- Taking over the management of 1600 privately-owned properties in the City of Edinburgh Council’s Private Sector Leasing scheme (2010). These properties are rented by the Council which leases them to people on their waiting list. This has been instrumental in the Council achieving its 2012 Homelessness target.

- Carrying out three social impact assessments - on our Older Persons Advice service, our Accommodation with Support service in Kirkcaldy and our delivery of the West Lothian Care and Repair service, evidencing a Social Return on Investment (SROI) of £27, £3.69 and £15 respectively for every £1 invested in them (2010 to date).

- In the interests of younger tenants' health, sponsoring football teams in six of the more deprived areas in which we work (2010/11).

- Helping to deliver East Renfrewshire and Renfrewshire Councils’ Town Centre Regeneration Strategies in Barrhead and Paisley respectively (2010-13).

- Launching ‘Green Action’ with the Waterways Trust Scotland, centred on the Forth and Clyde Canal near Falkirk – a volunteer programme offering training, employability skills and personal social development to young people (2011).

- Establishing an Employability Strategy in 2012, committing to include Community Benefit Clauses in all our development contracts and providing Community Jobs Fund, School, Student and Modern
Apprenticeships work placements – 30, 8, 7 and 3 respectively during 2012/13. We adopted Construction Skills’ Client-based approach to ensure delivery of added benefits to local communities, becoming the first RSL in Scotland to be accredited as a National Skills Academy for Construction. Given Link’s capacity to develop further in a range of regeneration areas during 2013/14 we expect to ensure our contractors deliver 30 apprenticeships and work placements.

- Redeploying 4 members of staff at the closure of the aforementioned Older Persons Advice Service to fill new Tenant Inclusion Officer posts which will be needed to offer the additional support required by tenants to address the effects of Welfare Reform (2013).

- Committing to pay at least the Scottish Living Wage to all staff (2013).

- Securing £23k to establish an IT training suite in Link’s new office and social enterprise hub in Dalmuir providing a resource for local groups and organisations which wish to increase their digital capabilities (2013)

- Levering £80m of private funding and re-investing significant free reserves of our own over a quarter of a century into the redevelopment, regeneration and improvement in health, wellbeing and economic advantage of a wide range of communities and individuals.

Some Downsides and Other Observations….

- The Thatcher government gave the right to buy to co-owners in 1980 and this, combined with extraordinary interest rate levels, signed Co-ownership’s death warrant. With current low interest rates and recognition of the advantages of community ownership (e.g. in the proposed Community Empowerment Bill) perhaps it is time to re-introduce this.

- The relaxation of restrictions on Credit Unions (CU) last year should have realised some new funding opportunities (especially important given the difficulties obtaining money from ‘traditional’ sources). Sadly, this has not happened. This is disappointing given the potential for social enterprise to support social enterprise (like in Australia, for example). Link is currently working with four local authorities to examine scope for replicating successful CU models to make lending more affordable to tenants/community groups. But beware Social Impact Bonds as the answer – unless it’s something like the Ypeople (Perth) variant.

- Although effective factoring is key to holistic regeneration, sadly it rarely happens. Owner occupiers frequently fail to meet their obligations which makes the provision of the service unsustainable. In Forgewood, Motherwell this has resulted in Link progressively withdrawing from providing factoring.
- We haven’t (yet?) got support from the Scottish Government to introduce ‘Homecare’ an equity release scheme for older people. We had the necessary support from Dunfermline Building Society but then……..

- Scottish Government allocated ‘wider role’ funding to help regeneration and other initiatives by housing associations but this ceased in 2012. The People and Communities Fund has replaced it but it is relatively small, is restrictive and is available to a wider range of claimants. Link and others used such funding to incubate social enterprises until they could become financially independent – but the funding can no longer be put to such (good) use.

- There is an emerging apparent difference of attitude towards such wider role activity between the Scottish Government and the Scottish Housing Regulator. The former encourages us to re-invest our free reserves into imaginative projects but the latter frowns upon the additional risk this entails.

- There is a fundamental conflict between the long term aspirations and needs of RSLs and the communities they serve and the short-term decision making which appears to be a consequence of our political systems.

- There is insufficient recognition of regeneration in Single Outcome Agreements and in our experience there is a range of effectiveness demonstrated by Community Planning Partnerships. Communities themselves are not equal partners in CPPs which tend to be extensions of the statutory bodies and are therefore effectively Service Planning agencies. The proposed Community Empowerment Bill may be able to address such concerns.

- Effective and efficient local authority procurement is simply not working. There is a fixation with price, budget holders sit in silos, there is insufficient notice being taken of the benefits of social impact measurement and a lack of strong leadership. Commissioners and council leaders who should have the vision are dictated to by the procurement officers. That’s the wrong way round. Bring on the Procurement Reform Bill!

Thank you

Craig Sanderson
Link Group Ltd. CEO
05 June 2013
Local Government and Regeneration Committee

19th Meeting, 2013 (Session 4), Wednesday, 12 June 2013

Delivery of Regeneration in Scotland

Submission from Scottish Federation of Housing Associations

1 Introduction

1.1 As the national representative body for housing associations and co-operatives in Scotland, the SFHA welcomes the opportunity to respond to the Local Government and Regeneration Committee’s call for written evidence on the delivery of regeneration in Scotland.

1.2 Housing associations and co-operatives in Scotland own, manage and maintain 46% of the country’s affordable rented housing stock and 11% of the total stock. This represents 274,996 homes across Scotland. In addition, they provide a range of broader tenancy sustainment and community regeneration services across the country, from the most densely urban to the most remote rural communities. They operate in some of the poorest communities in our country.

1.3 Housing associations and co-operatives are significant drivers of regeneration in Scotland today, of both place and people, with bricks and mortar regeneration working hand in hand with economic, social and environmental regeneration in deprived areas of Scotland.

1.4 This evidence outlines our response to the specific questions posed by the Committee.

2 Response to Specific Themes of Interest

Q1. How can the linkage between the various strategies and policies related to regeneration be improved?

2.1 The SFHA believes that the Scottish Government must work towards an objective of encouraging collaboration and input from various bodies with a view to eradicating silo working. This collaboration would involve consulting with specialist organisations working in the field of regeneration such as SURF; those organisations working to help communities grow such as Development Trusts, and most importantly organisations such as housing associations which have both experience and skill in undertaking regeneration work in some of Scotland’s poorest communities. Alongside this there should be better joint working between Scottish Government departments to provide leadership and confidence to those working in regeneration. The one, high level objective of creating sustainable communities should be the main focus.

Q2. Can physical, social and economic regeneration really be separate entities? The Committee would find it useful to hear about projects distinctly
focussed on one or more aspects, and the direct and indirect outcomes of such activity.

2.2 It is the SFHA’s view that physical, social and economic regeneration should not and cannot be separate entities. Even in in specific regeneration projects, there will and should be elements of all three entities to ensure a rounded project.

2.3 There are, of course, examples of regeneration projects with a core focus on at least one of the entities mentioned, but it is our view that elements of all must be evident to ensure a successful project. We have provided examples of these in previous evidence to the Committee in October 2012\(^1\). We would urge the Committee to look at Fairfield Housing Association, which developed sustainable, energy-efficient homes in partnership with the community; Ore Valley Housing Association, which has developed shops, a community business centre and a learning facility; West Whitlawburn Housing Co-operative, which has provided a Community Regeneration Centre providing tenants with digital broadband, and Cassiltoun Housing Association whose activities include a nursery and Children's Garden. All of these provide good examples of small scale, community-led organisations taking over failing stock and improving it in conjunction with a community led, social enterprise ethos.

Q3. Are we achieving the best value from investment in this area? If not, how could funding achieve the maximum impact? Could the funding available be used in different ways to support regeneration?

1.4 As we have highlighted in our previous evidence to the Committee\(^2\), the SFHA is concerned about the lack of take-up of available European Funds. SPRUCE is available to fund renewable projects (such as district heating schemes, small scale wind and hydro, and renewable heat) where the loan could be re-paid through the Feed-in Tariff and the Renewable Heat Incentive. However, as we have said previously, the loan would work better for this purpose if the repayment period was 20 or 25 years, rather than 10-12 years. Also, as mentioned in our previous evidence to Committee, the non-fit of SPRUCE as investment in the fabric of buildings must also be recognised.

\(^1\) SFHA (October 2012), Evidence to Local Government and Regeneration Committee to inform its scrutiny of the Draft Scottish Budget 2013-14, para. 2.4. Available at [http://www.scottish.parliament.uk/S4_LocalGovernmentandRegenerationCommittee/Inquiries/21.__S FHA.pdf](http://www.scottish.parliament.uk/S4_LocalGovernmentandRegenerationCommittee/Inquiries/21.__S FHA.pdf) (accessed 15th March 2013)

2.3 It would be extremely helpful if, in addition to SPRUCE, a percentage of Scotland’s European Regional Development Fund (ERDF) allocation was set aside to fund energy efficiency improvements in existing social homes. This approach has been successful in both France and Wales and would have three major benefits:

- Lift tenants out of fuel poverty;
- Reduce carbon emissions, helping Scotland to meet its Climate Change targets in 2020 and 2050;
- Provide a major economic stimulus as a major retrofit programme would be labour intensive, creating jobs and training.

We know that the Scottish Government will be responsible for the design of the next tranche of EU Structural Funding programmes, so will be in an excellent position to promote this. In our view, using ERDF to fund retrofit would lever in a greater share of Energy Company Obligation to Scotland.

2.4 Housing associations and co-operatives are ideally placed to combat climate change while stimulating the economy. While they have the most energy efficient housing by tenure in Scotland\(^3\), rising fuel bills mean that more investment is required to reduce fuel poverty. The SFHA believes that our sector is ideally placed to lead on a programme of retrofit of existing homes, having

- Large groupings of houses;
- Expertise in project and asset management;
- Financial expertise;
- Trusted status as community anchors.

2.5 In order to lead on these programmes and address climate change while creating jobs, however, housing associations and co-operatives need funding. In addition to increased investment in energy efficiency from the Scottish Government, the SFHA is calling on the Scottish Government to direct EU Structural Funds to fund area based investment in retrofit measures to increase energy efficiency and fund the installation of renewables. Also, European Social Funding could be used to provide training programmes to help 16-25 year olds and the long term unemployed to access jobs in this industry. Housing associations, housing co-operatives and energy social enterprises could facilitate such programmes and schemes. This approach is vital if the Scottish Government is to achieve its targets on tackling fuel poverty and carbon reduction. The Scottish Government’s proposed Energy Efficiency Standard for Social Housing, in particular, will require significant investment in housing association and co-operative homes by 2020.

2.6 The community benefit to be gained from renewables cannot be understated, in both economic and social terms, and in how it can help empower communities. The

SPICE Briefing on Renewable Energy and Community Benefit provides information on the voluntary Community Benefit Register (where information on payments received by communities can be recorded, with around 60 examples recorded to date). The SPICE Briefing also provides examples of the types of community benefits enjoyed by communities in light of these payments, including job creation and local energy efficiency initiatives.

2.7 The generation of renewable energy provides an opportunity for poorer communities to have a stake in community assets and to create a source of income. A recent report by the Economy, Energy and Tourism Committee of the Scottish Parliament found that while Scotland was making good progress towards meeting its 2020 renewable energy targets, more could be done to ensure that communities benefit from the income generated from renewables. While the Warm Homes Fund will help by supporting the development of renewables by housing associations, we would like to see further steps taken to ensure that poor communities benefit more from Scotland’s renewables boom. We believe that the Scottish Government should invest in building capacity in fuel poor communities by funding development workers to support poor communities who could benefit from either developing, or taking a stake in, renewables.

Q4 – What delivery mechanisms, co-ordination of, and information on the funding that supports regeneration are required, to facilitate access by all sections of the community?

2.8 SFHA is aware that Scottish Government officials are discussing the potential to establish a centrally managed website, accessible by all. SFHA supports this. We also believe that more use should also be made of the existing network of Development Trusts, who can provide the funding information that is vital to regeneration projects across Scotland.

Q5 – Should funding be focussed on start up or running costs? What is the correct balance between revenue and capital funding? Please indicate reasons for your view.

2.9 It is the SFHA’s view that this will vary from individual project to individual project.

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Q6 – How can it be ensured that regeneration projects are sustainable in the long term?

2.10 Each project requires an exit strategy, agreed at the point of deciding on using public (or other) funding to support a regeneration project. Each project should also have a suitable evaluation mechanism to show evidence of physical, social and economic regeneration. Also, the Scottish Government has a role in liaising with other potential funders and other agencies to ensure projects have as many funding options and sources of support available as possible.

Q7 – What actions could the Scottish Government’s forthcoming community capacity building programme include to best support communities to ‘do regeneration’ themselves?

2.11 As we said in our response to the Community Empowerment and Renewal Bill consultation, we agree that communities could and should play a bigger role in how their areas are shaped, and that many will need capacity building support to be a position to take on this role. Time will be a major factor in helping many communities grow to take on this mantle, as will funding to support capacity building. There will be a growing reliance on community anchors such as housing associations and co-operatives to provide this support, increasing the existing pressures on staffing and workload. It is vital that housing associations and co-operatives have access to funding to support community capacity building. Up until now, their presence in communities has been relied upon to provide this service without specific funding support.

2.12 As we have said in our response to Question 3 above, poorer communities can benefit substantially from community energy by buying into renewables projects. However, they require information and advice on funding to help them access renewables projects.

Q8 – What role should CPPs play in supporting the community in regenerating their communities?

Q9 - How can CPPs best empower local communities to deliver regeneration? Please provide any examples of best practice or limitations experienced that you think the Committee would find useful in its scrutiny?

2.13 We have referred in our response to the Community Empowerment and Renewal Bill consultation to the inconsistent approaches around the country to the

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6 SFHA (September 2012), Response to the Scottish government’s consultation on a Proposed Community Empowerment and Renewal Bill. Available at http://www.sfha.co.uk/component/option,com_docman/Itemid,106/gid,448/task,cat_view/ (accessed 15th March 2013)

7 SFHA (September 2012), Response to the Scottish government’s consultation on a Proposed Community Empowerment and Renewal Bill. Available at
inclusion of housing associations and co-operatives in Community Planning Partnerships. This needs to be addressed through the further development of the CCP framework if it is to be a mechanism for delivering effective community empowerment and renewal.

**Q10 – How can the outcomes of regeneration truly be captured and measured? What are the barriers to capturing outcomes and how should the success or regeneration investment be determined?**

2.14 The initial evaluation methods employed by funders and projects alike need to be sufficiently robust to capture everything that a regeneration project has set out to achieve. All outcomes should be evaluated: direct and indirect; hard and soft.

### 3 Conclusion

3.1 The SFHA wishes to continue to emphasise that housing associations and co-operatives are significant drivers of regeneration in deprived areas across Scotland and this has been the case for several decades.

3.2 In this light, the SFHA wishes to see more investment targeted at housing associations and co-operatives to support them in their very successful work on regeneration and creating sustainable communities.

3.3 The Committee will also wish to consider our comments regarding the SPRUCE Fund with particular reference to the lack of take-up, length of pay back periods and the non-fit of SPRUCE as investment in the fabric of buildings, the role SPRUCE could have in funding renewable projects (alongside funding from ERDF), and the varied benefits this could bring.

3.5 As recognised community anchors, housing associations and co-operatives are well placed to work closely with the Scottish Government in ensuring their Regeneration Strategy (which was launched in December 2011) is implemented.

3.6 We have sought to make the following general points in our evidence:

- The collaborative approach is recommended in this instance to ensure regeneration is understood by all, and can be easily accessed by interested communities;
- Physical, social and environmental regeneration initiatives cannot be implemented separately: they work together;
- More could be done to encourage community take up of European monies, with particular emphasis in providing the means for communities to access resources;
- More could also be done to ensure poorer communities benefit from the renewables boom;

http://www.sfha.co.uk/component/option,com_docman/Itemid,106/gid,448/task,cat_view/ (accessed 15th March 2013)
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- A centrally managed website would assist communities greatly, especially if linked up with other possible funders;
- Appropriate exit and evaluation strategies are necessary to ensure project value for money in delivery, and to assist in project sustainability;
- Community capacity building is paramount, by working with suitable community anchors to assist communities to achieve their regeneration goals;
- More has to be done to ensure Community Planning Partnership have appropriate membership and some level of uniformity upon which they can be evaluated and appraised, so that they can be better involved in the regeneration process in communities.

SFHA
15th March 2013
Shelter Scotland welcomes the opportunity to provide evidence to the Local Government and Regeneration Committee inquiry into the Scottish Government’s regeneration strategy. Our primary area of expertise is not with regeneration policy in itself. We provide advice and support to some of the most disadvantaged people in Scotland, many of whom live or are allocated accommodation in areas which are the focus of regeneration activity. So our main interest is in how regeneration policy can enhance opportunities and outcomes for those disadvantaged people. In addition, as “Achieving a Sustainable Future” sets out, we host the Scottish Empty Homes Partnership, funded by the Scottish Government, so have specific insights into the role of empty homes re-use in supporting regeneration.

1. The importance of housing supply

It is now many decades since housing supply was the sole driver of regeneration policy. Programmes which focus only on building new homes will not secure lasting change. But sometimes it seems that recognition of housing supply not being the whole answer gets interpreted as not being the answer at all. In fact, the provision of new and improved homes will, in many cases, be the most visible and pervasive sign of an area changing.

So housing supply is still critical and the extent to which capital budgets for new affordable homes have been slashed in recent years is certainly a challenge for regeneration as for other linked areas of policy. The Scottish Government has sought to mitigate the impact of budget cuts by reducing the per unit grant spending on social housing and introducing a new model, the National Housing Trust (NHT), to take up a lot of the slack in seeking to reach its 6,000 homes a year target. NHT is still a very new model, with higher rents, less security and questions over what happens to the properties in the long term. For regeneration purposes, it might well produce greater diversity of tenure for disadvantaged areas but at the cost of being out of the reach of the most disadvantaged people. In other words, the neighbourhood may well be transformed but only by displacing people who hitherto lived there. So, in developing the NHT model, the Scottish Government needs to pay greater attention to whom it is for, the long term use of the properties and how it fits alongside social housing in meeting the needs of the most disadvantaged people in the most hard-pressed areas.

The extent to which disadvantaged households are concentrated in specific areas is well-documented. The sheer scale of public sector housing Right to Buy (over half a million public homes sold in Scotland alone) has accentuated this trend. While Right
to Buy has had a benefit of potentially stabilising some neighbourhoods by allowing people who otherwise would have had to move to satisfy aspirations for home-ownership, this effect has been manifestly more pronounced in more sought-after areas, leaving the least popular areas further behind. The Scottish Government recently consulted on scrapping the Right to Buy. Although the policy has very limited effect now compared to the 1980s and early 1990s, in our view its demise would be welcome as a policy which has run roughshod over local regeneration strategies.

However, a less well-documented effect of Right to Buy still has lasting impact on regeneration activities. Some estimates suggest that 1 in 5 former publicly-rented homes are now rented privately. The proportions may be much higher in some areas. It is not likely that these properties will be exemplars of private property management but can impede very local imperatives like common property repairs as well as wider regeneration activity.

More generally, the role of private landlords is probably one of the newest themes to emerge in the last 10 years. The scale of growth in private renting, the degree to which it is fragmented across owners with only one or two property holdings and the lack of a consistent professional management model are highly challenging for regeneration purposes but would have been much less prominent only a decade ago. It is now hard to envisage successful regeneration without tackling weaknesses in private renting.

Part of the answer may lie in more focused engagement with private property owners in specific areas, maybe even strategic buy-back of former public homes, if the price and quality is right. However, Shelter Scotland believes that a more fundamental change of direction is needed. We need stability in rented markets, providing longer term security and prospects for tenants and incentives for landlords to invest for the longer term in both property quality and management. That is why, in our Rethink Renting campaign, we have been calling for greater security of tenure for private tenants to be placed at the heart of a new settlement for private renting. We believe that among the many positive effects that will have is a stabilization of neighbourhoods currently characterized by high turnover.

Finally, on this theme we want to draw attention to the importance of action on empty property. As host of the Scottish Empty Homes Partnership, funded by the Scottish Government, Shelter Scotland is well-placed to appreciate the negative impacts on neighbourhood of even a small number of empty properties. As well as marking an area as one of potential neglect and decline, empty property can become a magnet for anti-social and criminal behavior.

So tackling empty property has a great deal to commend it, particularly as a key part of town centre renewal.

In our view, there are three key elements to reducing the number of empty homes:
• The first lies in incentives for property owners to bring property back into use. The Scottish Government is to be commended here for, first, bringing in a £4 million empty homes revolving loan fund, administered largely by local authorities, which has now been fully-subscribed. Further rounds of funding would be helpful. On the flip-side, powers have also been given to councils to increase council tax (up to 200% of standard charge) once a property has been empty for a year or more. So far, at least one council has updated its policy to make use of those powers. More should follow suit.

• The second area lies in powers to take action where a home lies empty for a long time with no engagement from the owner. Currently, the powers available to Scottish councils are more limited than in England and the consultation on the Community Empowerment and Renewal Bill indicates a willingness to look at powers of leasing and sale when all other attempts to bring property into use have failed.

• The third area, and by far the most important, is pro-active engagement with property owners. From a standing start, two years ago, almost half of Scotland’s councils now have staff wholly or mainly focused on empty homes. Four of these staff, working across ten councils, work on a shared services basis with Shelter Scotland managing three of these staff (over eight councils). In our experience, the presence of dedicated staff, working with property owners in a tailored one-to-one way, is what actually brings homes back into use.

2. From properties and places to people

Regeneration is not really about properties or places, however, but about people. The Scottish Government’s strategy rightly gives central focus to community-led regeneration. As we alluded to above, regeneration which improves place only at the cost of displacing the people in greatest need of assistance is no regeneration at all.

So, one of the themes that we would like the Committee to examine further is how to broaden the base of community activity in regeneration. This is good in itself – too narrow a base risks burn-out and ossification of energy and ideas. But it is also about building capacity in the people who otherwise are at highest risk of getting left behind.

There are a number of ways in which people under greatest pressure engage with services: for example, through provision of housing support and, more recently, the delivery of housing options processes which help people navigate through housing choices they have. Put simply, as well as equipping people with the skills needed to maintain a tenancy – budgeting, engaging with services, household management and so on – can we build on that to better understand what skills people need to engage in the community in which they live? We are sure that the best services already do this, as
a means of breaking down social isolation, but we suggest it must be more embedded if community-led regeneration is to be broad-based and long-lasting.

A focus on people also informs two other suggestions we want to make. We know that the hardest-pressed areas can be blighted by crime and we know that a great deal of crime is perpetrated by a relatively small number of people stuck in cycles of crime. Breaking that cycle takes a number of different interventions but securing a stable home is one of them. Shelter Scotland has provided a prisoners service for a decade now – seeking to work with people in prison prior to release to ensure that they are not leaving straight into homelessness or housing chaos – but a proper joined up service across all of Scotland has remained elusive.

Finally, the role of housing allocation policies in influencing social mix in an area needs to be borne in mind. In general, policy-makers have sought to avoid concentrating large numbers of the most disadvantaged people in particular areas. While the social effects might be complex and contested, the economic effects – for example on local shops and services – are not difficult to imagine. As above, nationally-set policies, like Right to Buy, have tended to amplify polarization of populations.

In our view, the role of housing allocations needs to be weighed up. We believe that social landlords have sufficient flexibility to ensure that people in greatest need get access to secure, affordable homes and to do so in a way in which ensure that opportunities are spread across areas and housing types. Even greater flexibility is to be afforded landlords in the forthcoming housing bill. More landlords should have forward-looking lettings plans which set out, pro-actively, how its vacancies will be managed. On the other hand, we have little patience with approaches which restrict allocations or reduce security of tenure (such as probationary tenancies). From a regeneration perspective these approaches simply displace problems.

3. Connecting people to work

As regeneration focus has moved from place to people over the last thirty years, the importance of work has been recognized as paramount. Housing investment is uniquely well-placed to deliver on jobs, with each £100 million of capital investment securing at least 1600 jobs at a time when the construction industry has been hard-hit by recession. Programmes like comprehensive home insulation are even more labour-intensive.

This is in the context of massive job losses in the construction sector in the last 5 years. The Scottish Building Federation estimates that 62,500 jobs have gone – or a quarter of the workforce – in that period. That is not a simply a loss of volume; it is a drain on skills.

For regeneration purposes, however, the main challenge is connecting those people who live in the areas where investment is taking place to the jobs that are provided. Over the last eighteen months Shelter Scotland, along with the Wise Group,
developed a potential model which could provide training and employment opportunities for disadvantaged young people through refurbishment of empty homes. The empty homes focus was in response to a specific opportunity which arose but the model would have greater resonance if applied to refurbishment more generally and new construction as well.

4. Further opportunities

As this brief submission has illustrated, regeneration, as a topic, touches on a very large number of policy areas and the challenge may be determining which are central to delivering on the outcomes that regeneration seeks to deliver. For example, there are a number of other themes which we are interested in but have regarded as too broad for the scope of the inquiry. Examples, might include the ways in which welfare reform may help or hinder locally-focused regeneration and, if the latter, the role of organizations in mitigating it; the scope for public land assets and disposals to work harder for longer term benefit, perhaps through models like community land trusts’; and the role of third sector organizations as secondary support structures for community-led regeneration.
Local Government and Regeneration Committee

Regeneration Inquiry

Submission from GoWell

Further to your email and letter of 8 May, we are pleased to provide the following submission for consideration by the Committee.

GoWell is a research and learning programme that was launched in 2005 to investigate the impacts of public and private investment in housing and neighbourhood renewal on the health and wellbeing of individuals, families and communities in Glasgow. It focuses on some of the poorest, least healthy, least stable and most ethnically diverse communities in Scotland, and through a spectrum of research approaches, aims to build an understanding of the ways in which a range of area-based interventions impact on those communities.

The programme involves various research and learning methods, and at its core is a community survey of fifteen areas of the city, grouped into five intervention area types (see Appendix). Three surveys have now been completed (in 2006, with a sample size of 6,016; 2008, with a sample of 4,657; and in 2011 with a sample of 4,063). The availability of data over these three time points begins to yield insights into trends over time. However, health impacts may take many years to be realised, and the pace of intervention has slowed down with the economic recession, so future surveys will be crucial to establishing whether such effects materialise.

GoWell is a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC/CSO Social and Public Health Sciences Unit, and is sponsored by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde. Further information about the programme, including access to publications and opportunities to sign up for newsletters and events, can be found at [www.gowellonline.com](http://www.gowellonline.com).

Many of the programme’s findings will be of interest to the Committee, and we are grateful for the opportunity also to provide verbal evidence. In this written submission, we have distilled seven headline points as follows:

1. Improvements in health and wellbeing, and reductions in health inequalities, are important policy aims of regeneration. However, there is a lack of clarity about how these aims might be achieved in practice.

2. Measures of individual and community health and wellbeing are not routinely deployed to assess the impact of regeneration or progress over time in relation to neighbourhood improvement. There would be considerable benefits in establishing the routine use of health and wellbeing measures for this purpose.

3. The importance of neighbourhood quality as a determinant of health and wellbeing is becoming increasingly apparent in our GoWell findings. Detailed consideration should be given to means of specifying and assessing
the various dimensions of neighbourhood quality, and to strengthening the ability of regeneration processes to positively impact these.

4. There is clarity of responsibility and clear resource allocation for some aspects of regeneration, but this is not the case for social regeneration. GoWell findings indicate that the social dimensions of community life have a major impact on people’s lives and that some of these could be positively impacted by regeneration processes if a clear action plan were developed.

5. Large-scale regeneration often involves relocating people from their homes. The effects of relocation are generally positive for individuals and households, but in and of itself, relocation is not a transformative experience. There are also some indications of negative impacts on new ‘host’ communities.

6. For people living in areas undergoing regeneration, the time period from planning to completion can be very lengthy, often involving substantial periods of decline and uncertainty. This appears to be exacerbated in the current economic climate. It is important for the sake of the affected communities to have a defined end-point and a clear strategy for getting there.

7. Experience in our study communities suggests that there is not a clear understanding about the respective rights and responsibilities of the community and of developers and service providers during consultation and delivery processes. We have evidence that people increasingly feel they have some influence both over major strategic plans and over specific plans affecting their own household – but many do not. Independent advice and support to communities in situations of change is important and helpful.

The pages that follow expand on each of these points, and we are also pleased to provide copies of three reports that provide further information on relevant findings:

GoWell Progress Report 2012/13, including key findings and developments.

A synthesis of GoWell research findings about the links between regeneration and health. Egan et.al. 2013.


We trust that this submission will be helpful.

Yours faithfully

Prof Carol Tannahill, Director, Glasgow Centre for Population Health
Prof Ade Kearns, Professor of Urban Studies, University of Glasgow
Prof Anne Ellaway, Programme Leader (Neighbourhoods and Health), MRC/CSO Social and Public Health Sciences Unit, Glasgow
1. Improvements in health and wellbeing, and reductions in health inequalities, are important policy aims of regeneration. However, there is a lack of clarity about how these aims might be achieved in practice.

The regeneration vision set out in “Achieving a Sustainable Future” is of a Scotland where our most disadvantaged communities are supported and where all places are sustainable and promote well-being. In our experience, wellbeing outcomes are regarded by people from across different sectors of society as being some of the most important outcomes of regeneration. There is, however, little clarity about what needs to happen to achieve better health and wellbeing through regeneration processes, and the prevailing assumption seems to be that better health will ‘emerge’ as a consequence of other actions¹. Moreover, there is limited evidence to date that better health, or reductions in health inequalities, have been achieved as a result of past regeneration programmes. In other words, there is a disconnect between the policy aim and its achievement in practice.

The issues that follow are highlighted because they all have the potential to have a positive and sustained impact on health and wellbeing.

2. Measures of individual and community health and wellbeing are not routinely deployed to assess the impact of regeneration or progress over time in relation to neighbourhood improvement. There would be considerable benefits in establishing the routine use of wellbeing measures for this purpose.

Population health is one of the best barometers of the consequences of all of a society’s activities. Health is an indicator of the nature of the society, the quality of life of its people, and the cultures and values expressed through its policies, priorities and civic activities. Health therefore illuminates much about the nature of communities in Scotland. Regeneration activities impact on many of the established determinants of health within communities, but assessments of progress or ‘success’ in regeneration often fall short of looking at impacts on health and wellbeing – looking instead at measures of satisfaction; at quantifying physical improvements; at reducing levels of young people not in employment, education or training; and so on.

It is our view that a range of measures of individual and community health should routinely be deployed in assessing the success of regeneration within Scotland. The currently identified outcomes relating to physically, economically and socially sustainable communities do not achieve this. Unless there is a more consistent translation of the vision (that all places will … promote wellbeing) into measurable outcomes, the disconnect (described above) between the policy aim and its achievement will continue.
3. The importance of neighbourhood quality as a determinant of health and wellbeing is becoming increasingly apparent in our GoWell findings. Detailed consideration should be given to means of specifying and assessing the various dimensions of neighbourhood quality, and to strengthening the ability of regeneration processes to positively impact these.

The establishment of the housing quality standard within Scotland has resulted in notable improvements in housing, and associated improvements in tenant satisfaction. Our survey findings show that housing satisfaction has improved in all area types since our study started in 2006\(^2\). A national standard such as this, therefore, brings benefits to all with little local variation.

We are aware of the potential for a neighbourhood quality standard to be developed for Scotland and we see considerable potential value in this. Many aspects of neighbourhood quality have an association with health and wellbeing in our study areas. For example:

- Use of local amenities is associated with more walking\(^3\) and may be influenced both by the provision and perceived quality of those local amenities;
- Nutritious food retail outlets are associated with healthier snacking\(^4\);
- The attractiveness of the local environment, the extent to which it is quiet and peaceful, and feelings of safety walking in the area are associated with better mental wellbeing\(^5,6\).

We would encourage the use of a neighbourhood quality standard as a tool to set objectives for regeneration within specific communities, and call for it to be as comprehensive and specific as possible, including for example the full range of commercial and public sector amenities in a neighbourhood.

Regeneration strategy should not leave such provision to be solely determined by the market, since local amenities can significantly influence attitudes and behaviours, and enable or limit opportunities for healthier lifestyles. In our study areas, for example, we have found relatively low resident ratings of youth and leisure services, and in some areas low or declining ratings of local shops\(^7\). Thus, we think these elements of neighbourhood quality should be more firmly entrenched in local regeneration strategies. The variation that exists in Scotland in relation to community access to facilities such as schools, reinforces the need for a clearer specification of the features that should be in place to foster community wellbeing across the country.

It is also worth highlighting the important role of community consultation and involvement in informing plans for local neighbourhoods. Findings from the Equally Well test site in Glasgow, for example, highlight this point\(^a\).

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\(a\) http://www.gcph.co.uk/assets/0000/2517/Glasgow_City_Test_Site_Summary_and_Evaluation _Findings.pdf
4. There is clarity of responsibility and clear resource allocation for some aspects of regeneration, but this is not the case for social regeneration. GoWell findings indicate that the social dimensions of community life have a major impact on people’s lives and that some of these could be positively impacted by regeneration processes if a clear action plan were developed.

A good, supportive social environment is important for people’s quality of life. GoWell has looked at social outcomes in terms of neighbourly behaviours, social networks and social support, safety and trust in the local area, and people’s sense of community.

Overall we have found relatively high proportions of respondents in all areas saying they have someone they can rely on for support, and also that they have regular contact with friends and neighbours. Over time, these findings have generally been sustained.

Our findings are less positive, however, in relation to indicators of wider community cohesion. As a whole, there are negative trends in feelings of safety, perceptions of honesty and informal control exercised by co-residents, and feelings of being part of the community. In the language of Social Capital, it is these wider links (‘bridging’ capital) beyond immediate circles of family and friends that enable people to move on and make changes in their lives when they need to. We have found several of these aspects of community cohesion to be associated with levels of mental wellbeing and feelings of loneliness among residents, thus emphasising the importance of social regeneration to health and wellbeing outcomes.

In our presentations and discussions about GoWell findings, we regularly note a strong recognition among policy-makers and practitioners, as well as tenants and community organisations, of the importance of these social dimensions of communities. We also regularly note that there is an absence of clarity about where responsibility lies for social regeneration, and about what it involves. We have previously provided a working definition of social regeneration, which incorporates action on a variety of capitals other than economic and physical capital (the more usual targets of regeneration), including on human, social, community, cultural and residential capital.

5. The effects of relocation are generally positive for individuals and households, but in and of itself, relocation is not a transformative experience. There are also some indications of negative impacts on new ‘host’ communities.

Large-scale regeneration often involves moving people out of their homes and neighbourhoods to facilitate demolition and redevelopment. Overall, in our study communities in Glasgow, we have not found such relocation to amount to so-called ‘displacement’ of residents, nor to be detrimental to people’s social relations or sense of community. This is partly because prior social conditions in regeneration areas are often poor and not as cohesive as often
assumed (see above), but also because housing staff have been able to take their time and exercise flexibility to meet residents’ relocation needs\textsuperscript{13, 14}.

However, relocation has not transformed people’s residential circumstances or lives in the way that relocation programmes in other countries attempt to do (for example: the Moving to Opportunity programme in the USA). We have found that people relocated from regeneration areas do not move very far, typically no more than a mile, and often move to other deprived areas (even if not quite as deprived as those they came from)\textsuperscript{11}. Tenants who are relocated locally exhibit mixed views about the outcome. They often preferred to be relocated locally, but they also experience continuing problems of antisocial behaviour in their new location, and are somewhat disappointed that their new neighbourhood is not more mixed than it is in housing tenure and social terms\textsuperscript{12}. Ironically, if redevelopment had progressed quicker in their original neighbourhoods (see next point), more of the residents may have opted to stay, and as a result eventually lived in more mixed communities.

At the same time, relocation through regeneration involves moving significant numbers of people to nearby communities. This has the potential to adversely impact on these receiving communities, through so-called ‘negative spillover effects’. Within GoWell we are studying several communities near regeneration areas (our Wider Surrounding Areas), and we have evidence of several negative trends in such areas including in relation to: perceived neighbourhood attractiveness; feelings of progress; ratings of service provider responsiveness; trust and reliance in neighbours\textsuperscript{15 16}. There may therefore be an issue here for policy and services to consider, namely how to support communities who are due to receive incoming residents being relocated from regeneration areas.

6. For people living in areas undergoing regeneration, the time period from planning to completion can be very lengthy, often involving substantial periods of decline and uncertainty. This appears to be exacerbated in the current economic climate. It is important for the sake of the affected communities to have a defined end-point and a clear strategy for getting there.

While it is the case that the support, care and maintenance of disadvantaged communities is an ongoing activity, we are nonetheless concerned that transformational regeneration processes and the development of mixed communities appear to be programmes with flexible timetables, frequently adjusted in response to public spending cuts and private sector downturns in activity.

The completion of regeneration within areas is important for several groups. Those who are relocated are often concerned afterwards to know that the redevelopment of their previous neighbourhood has been completed and that their move has been worthwhile; this is especially so for those who did not want to move in the first place\textsuperscript{12}. Those who move and those who remain express concern about how long they have had to wait for rehousing and/or for the redevelopment of their area\textsuperscript{12}. So far, we have not found continuing to
live in an uncompleted regeneration area to be detrimental to residents’ health. However, we have found that physical health declined in the first half of our study period among those remaining in regeneration areas who have no educational qualifications, and we are concerned for the health and wellbeing of such residents if the regeneration process continues for much longer. If that were to be the case, such vulnerable residents could face deteriorating housing and neighbourhood conditions and dwindling social relations.

We are of the view that Government should consider how the completion major regeneration programmes might be ensured in a more timely manner for the sake of the communities, rather than allowing them to continue without firm target completion dates.

7. Experience in our study communities suggests that there is not a clear understanding about the respective rights and responsibilities of the community and of developers and service providers during consultation and delivery processes. We have evidence that people increasingly feel they have some influence both over major strategic plans and over specific plans affecting their own household – but many do not. Independent advice and support to communities in situations of change is important and helpful.

Feelings of empowerment – both as the recipients of housing and other services, and as residents within neighbourhoods undergoing change – are important to people’s mental wellbeing, and thus to the outcomes of regeneration. There are several levels or types of community empowerment: being satisfied as a consumer of services; being kept informed by service providers and the authorities; being consulted and feeling that your views are listened to by those making decisions; being involved in decision making itself; and being able to take action on your own or others’ behalf when needs be. We have found all these forms of empowerment, from the passive to the proactive, to be associated with mental wellbeing, the associations seeming to be most strong in relation to satisfaction with the housing services provided by one’s landlord, and feeling able to influence decisions affecting the local area.

Satisfaction with housing services shows a mixed picture over time, with improvements in some areas and declines in others. This mixed picture may be a consequence of changes in housing governance arrangements and housing organisational reconfigurations across Glasgow. This requires further examination. If there are trade-offs between housing system efficiency and tenant services and empowerment, then these should be identified.

Generally through our surveys we have found that residents’ perceptions of their own empowerment in relation to neighbourhood change processes has improved over time, apart from in the Wider Surrounding Areas (see earlier discussion). However, it is still the case that only about two-in-five people feel they can influence decisions affecting their area – most people do not.
In our qualitative research within regeneration areas, where consultation processes had taken place involving members of the communities concerned, we found a number of weaknesses in the design and delivery of community engagement that should be addressed for the future. In order for communities to be better empowered through such processes, we would recommend that the following should be considered:

- Communities should be given more information about how and by whom decisions are made, and service and other developments are provided. We found that communities can be relatively ignorant about who is doing what, which gives them less scope for influence.

- Communities need ongoing continuing capacity building support, both as social entities (see earlier comments on social regeneration) and in relation to their knowledge of regeneration processes, possibilities and alternatives. Communities should also have access to independent advice and support. This will enable them to engage more critically with service providers and decision-making bodies. Such critical awareness is an important element of community empowerment.

- In regeneration situations, where key decisions are being made and consulted about, it is important that organisations which are given an official voice on behalf of the community are democratic and representative. We have found that this is not always the case. It is important not only that the majority view of the community is heard but also the views of hard-to-reach or minority groups, and that community representations and decisions are adequately fed back to the community.

- The standards for community engagement within regeneration processes need strengthening, and there should be some active monitoring or verification of community engagement processes, outcomes and follow-through. This would help to appraise the actual degree of empowerment of the communities involved – assessing the impact of the processes that are undertaken, as well as of the nature and openness of those processes. In light of the recommendations of the Christie Commission and the emphasis being placed nationally on new models of public service, existing good practice in community empowerment and coproduction needs to be captured and replicated more widely; and substandard practice improved.
Appendix: GoWell Intervention Area Types

- **Transformational Regeneration Areas (TRAs):** Large scale, multi-faceted neighbourhood redesign which may include demolitions, new homes, physical renewal, and community initiatives (areas: Red Road, Sighthill, and Shawbridge).

- **Local Regeneration Areas (LRAs):** Similar to transformational regeneration areas but targeting smaller pockets of disadvantage (areas: Gorbals Riverside, Scotstoun multi-storey flats and St Andrews Drive).

- **Wider Surrounding Areas (WSAs):** Neighbourhoods surrounding TRAs and LRAs that may be affected by the transformation of those areas as well as by improvements in their own housing stock (areas: wider Red Road and wider Scotstoun).

- **Housing Improvement Areas (HIAs):** Neighbourhoods containing many homes that receive housing improvement investment (areas: Townhead multi-storey flats, Riddrie, Govan, and Carntyne).

- **Peripheral Estates (PEs):** These include many social rented homes managed by a range of housing organisations. A large number of new builds are planned for these areas, partly to attract home owners (areas: Castlemilk and Drumchapel).
References:


9 Ibid. Tables 3, 4, 5, and 6.


14 Kearns A and Darling L. (forthcoming 2013) “Giving the all clear”: Housing staff experience of the rehousing process in transformational regeneration areas. Glasgow: GoWell.


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 and Clyde.

Synthesis of Research Findings

2006-2009

April 2010
GoWell is a complex, multi-faceted programme that seeks to examine the processes and impacts of neighbourhood regeneration across a range of outcomes and using a variety of research methods.
The programme commenced in 2006, and since then the team has completed and reported on:

- Two large cross-sectional surveys of the GoWell study areas;
- Focus group discussions following each survey wave, to explore particular issues in more depth;
- A programme of qualitative research into issues of governance, participation and empowerment;
- Reviews of the historical and policy contexts for regeneration in Glasgow;
- Profiles of the study areas and their health, in relation to Glasgow and Scotland as a whole;
- A series of community-based (‘nested’) studies of specific interventions and policy priorities, including mixed tenure neighbourhoods, youth diversionary projects and environmental employability programmes.

One of the ways in which GoWell is distinct from many other research programmes is in its commitment to close working with its sponsor organisations, local communities, and policy and practice communities more generally. From the outset, priority has been placed on disseminating our findings, discussing their implications with our many stakeholders, and using the research to inform plans and ways of working. These processes have in turn informed our research priorities and approaches, and have helped to ensure the ongoing relevance of GoWell as contexts change and new priorities emerge. The key challenge is to enable the rich data emerging from our research processes to be translated into meaningful insights – and thereafter recommendations for policy and practice – through being brought together with the experience of local residents and those working to improve the circumstances of the deprived communities. We recognise that such insights need to be built up from across the different programme components, and over time.

There are 15 GoWell communities, grouped into five ‘intervention area types’. Most of our analysis takes place at the level of an area type (and these are defined at the start of each section of this report), but sometimes we will focus on a particular area or on Glasgow as a whole. Our job is primarily to understand the patterns and trends that emerge as the regeneration processes are implemented in different parts of the city, rather than to study any particular area in detail.

The purpose of this report is to bring together findings that have emerged from our analyses to date, over the past three years. The report is in three parts, and looks in turn at issues of Housing and Neighbourhoods; Communities; and Health and Human Capital. Each part draws on various components of GoWell and thereby paints a richer picture than can be seen from the separate findings reports presented to date. We hope that it is a picture that will cause people to reflect and will also stimulate action.
0.1 Housing and Neighbourhoods

One of the main areas of interest for GoWell is to explore how the environments in which people live affect their quality of life and health and wellbeing. In this, we are examining the role of housing and of the surrounding neighbourhood.
The impacts of these works were also evident in the survey responses. The numbers of people who said they were ‘very satisfied’ with their homes increased significantly between 2006 and 2008 in all types of study area, and stood at a third or more of respondents in the three non-regeneration area types in 2008 (and half this amount in the regeneration areas).

By 2008, around 80-90% of people in non-regeneration areas derived a range of psychosocial benefits from their home (such as enjoying feelings of privacy, retreat and status), and in the WSAs in particular, there were marked increases since 2006. In the regeneration areas in 2008, only around 60% of people derived these psychosocial benefits from the home, but there were significant increases since 2006 in the numbers deriving feelings of safety and retreat at home, due we suspect to the addition of secure doors and locks.

Thus, we can begin to see that housing improvement works are having an impact on people’s quality of life, and in fact 90% of those involved said they were satisfied with the improvement works. We explored these issues further in a set of focus groups with residents in HIAs and WSAs. The positive impacts came from both the process and the outcomes of improvements. People said they were consulted about what was to be done, and felt they got works that were needed; they were kept informed about when and how works were to be carried out; and they were given stylistic options for internal

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**HOUSING**

The GoWell study areas are atypical in housing terms for two reasons. First, in three of the types of study area (Transformational Regeneration Areas (TRAs), Local Regeneration Areas (LRAs) and the Peripheral Estates (PEs)), the vast majority of the accommodation (80% to 95%) is social housing. In addition, in the regeneration areas (TRAs and LRAs) around 80% of the housing stock is in the form of high-rise flats.

**Housing Improvements**

Social landlords in the city are currently investing in their housing stock to bring it up to the Scottish Housing Quality Standard (SHQS) by 2015. This also affects home owners whose houses were previously in the social sector, as they often have works carried out to their homes under the same contracts. Overall, we found that over a third (36%) of GoWell respondents had had improvement works done to their homes between 2006 and 2008, with the highest numbers being in the Wider Surrounding Areas (WSAs) and the Housing Improvement Areas (HIAs), where this effort is most concentrated. In areas where the housing is possibly due for demolition in the future (mainly the regeneration areas), the most common improvement works were new secure front doors and locks, whereas in other places the most common works were new kitchens and bathrooms, new heating systems and double glazing.
fixtures and fittings. The main impacts of the works were that people’s homes were now “comfortable, warmer, quieter, less damp and more secure”. This was said to make people feel “proud, happy…more relaxed in their homes” and with “an increased sense of responsibility for their homes” so that they “care more for them”.

Our aim now is to examine these general findings at the individual level through further analysis of the GoWell Wave 2 data, so that we can find out what specific types of works had particular impacts upon people in terms of psychosocial benefits and mental wellbeing. We will also look to see if there is any added impact upon individuals and communities from having a large number of homes improved in an area.

**High-Rise Flats**

One of the dilemmas facing housing providers in several of our study areas, and indeed throughout the city, is whether to improve or demolish high-rise flats. On the one hand, some people like living in high flats with views over the city and secure door entry and concierge services. On the other hand, some blocks are both technically and financially difficult to keep warm, dry and in good repair. When provided in large numbers high-rise blocks can provide a ‘harsh’ environment to live in, susceptible to anti-social behaviour, and contributing to the stigmatisation of communities. The future of high-rise blocks will be decided in different ways in different situations, and so in GoWell we are following the fate and the performance of high-rise flats as residential environments in the city.

We are pursuing this work by undertaking detailed analysis of responses given in our surveys by people who live in high-rise flats compared to those given by people living in other types of dwelling. For example, looking at both the Wave 1 (2006)\(^1\) and the Wave 2 (2008)\(^2\) data, we find that there is a clear gradient in terms of the attainment of psychosocial benefits from the home, with houses offering occupants the most benefits and high-rise flats the least. At Wave 3, we will be able to return to this issue to look at some of the high-rise blocks that have been comprehensively improved in the meantime. What our analysis so far tells us though is that even improved high-rise blocks will have to be managed and maintained better than they were in the past to have any chance of performing as well as other flats and houses as residential environments for people.

**NEIGHBOURHOODS**

The neighbourhoods in which people live can be considered as physical, social and service environments. What those neighbourhoods contain, their quality and the atmosphere they help create, may affect how people behave (for example whether they choose to do very much in their local area), how they interact with others (how frequently, where, to do what), and how they feel about themselves (for example, whether they feel they are doing well in life...
As Figure 1 below shows, this places three of the five GoWell area types at or above the average rating of neighbourhood environments for large urban areas and the most deprived areas in Scotland (albeit that the question asked in the Scottish Household Survey (2007-8)\(^3\) was slightly different to the GoWell question). However, the regeneration areas in the study, especially the Transformational Regeneration Areas (TRAs), have some way to go to reach these national norms in terms of neighbourhood environmental quality.

To take this issue further, in the GoWell data analysis group (GoWag) we have been looking to see whether the neighbourhood and are positive about their futures, or conversely feeling ‘stuck’ in a place they don’t want to be).

**Quality of Environment**

We found that residents’ ratings of their neighbourhood environments had improved in many places over the period 2006 to 2008\(^2\). This was true nearly everywhere for the ratings of shops, parks and open spaces, children’s play areas, and for a quiet and peaceful environment. The biggest improvements in quality of buildings and environments were reported in the WSAs and HIAs, and we believe this is mainly a result of widespread fabric improvements to housing properties.

As Figure 1 below shows, this places three of the five GoWell area types at or above the average rating of neighbourhood environments for large urban areas and the most deprived areas in Scotland (albeit that the question asked in the Scottish Household Survey (2007-8)\(^3\) was slightly different to the GoWell question). However, the regeneration areas in the study, especially the Transformational Regeneration Areas (TRAs), have some way to go to reach these national norms in terms of neighbourhood environmental quality.

To take this issue further, in the GoWell data analysis group (GoWag) we have been looking to see whether the neighbourhood

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**Figure 1: GoWell Wave 2 (2008) ‘Attractive Environment’ compared with Scottish Household Survey (2007–8) findings\(^2\)**

![Bar chart showing percentage of 'Attractive' or 'Pleasant' environment across different areas.]

Notes: Figure compares those in the GoWell (2008) survey who rated the attractiveness of their neighbourhood environment as ‘fairly good’ or ‘very good’, with those in the Scottish Household Survey (2007-8) who said the ‘pleasant environment’ was one of the things they particularly liked about their neighbourhood.
environment is associated with mental wellbeing; in other words, could it be important that public actions are raising people’s ratings of their local environmental quality? Our initial findings are that indeed people’s ratings of the aesthetic quality of their local neighbourhood are associated with their level of positive mental wellbeing, more so than their assessments of anti-social behaviour or of local amenities. The strong message for policy-makers and practitioners is that taking action to make buildings, streets, parks and open spaces attractive does matter to residents’ wellbeing.

**Evaluating Interventions in the Neighbourhood Environment**

The quality of the environment is a priority issue for housing and regeneration practitioners. In addition to looking at changes in the quality of the environment through our 2006 and 2008 surveys, we have also studied and evaluated two programmes that aim to address specific aspects of the environment in depth: Glasgow City Council’s (GCC) and Glasgow Housing Association’s (GHA) play areas improvement programme; and the Environmental Employability Programme.

In order to evaluate the impact of the GCC/GHA play areas improvement programme and understand more about how play areas are used, a series of evaluations were conducted, including before and after audits of the physical condition of a sample of play areas, interviews and focus groups with local housing organisations (LHOS) and residents living near the play areas, and group discussions with children and young people to obtain their views.

Overall, it was concluded that significant improvements have been made to play parks across Glasgow as a result of the improvement programme. These improvements were also reflected in the GoWell 2008 Wave 2 survey findings which reported significant positive change in the ratings for children’s play areas in most areas. The improvements were welcomed by local residents and LHO staff who indicated that play areas are a vital community resource and that the improvements provided more opportunities for play, with increased usage of the existing play areas after refurbishment. Residents also recognised that the refurbished parks provide an opportunity for parents to mix while children play.

Key learning points from the study which should be considered when developing and planning future improvements include the importance of consultation during the planning stages, as satisfaction and community ownership were higher where there had been effective consultation in advance of improvements; the value of incorporating natural landscapes more in the design of play parks; and the finding that play parks would be used more if children and young people felt safer and concerns about the threat of bullying and violence were reduced.
The second ‘nested study’ is the evaluation of GHA’s Environmental Employability, or Community Janitors, Programme. This combined employability and environmental maintenance programme aims to help local unemployed residents into employment through paid training, while at the same time providing an environmental service to GHA’s LHOs helping them respond to and manage local maintenance issues and needs.

The evaluation considered outcomes from the commencement of the programme in 2006 to end-March 2008 and the findings were very positive overall⁶⁷. In terms of environmental outcomes, 48,849 tasks were completed including de-littering, sweeping paths, weeding, grass cutting, hedge trimming and uplifting bulky items. LHOs spoke positively about the programme, and felt the community janitors were a valuable asset in addressing environmental problems and in turn improving their relationship with tenants. Tenant awareness of the programme was low overall, but it varied across areas. However, those tenants who had seen the community janitors in their area were very positive about them, with over three-quarters rating their work as either very or fairly good, and over two-thirds agreeing their work had improved the area’s appearance.

The evaluation highlights the ‘local, responsive and flexible model of service delivery’ as a key aspect of the positive environmental outcomes. Mainstream services, in contrast, tend to be carried out by different agencies, resulting in difficulties in achieving integrated and co-ordinated delivery.

**Safety and Anti-Social Behaviour**

One of the other striking findings from our Wave 2 survey in 2008 was that feelings of safety in the neighbourhood at night-time had dropped since 2006 and the identification of a range of anti-social behaviours in the local area had risen². Feelings of safety dropped in all five types of area in the study, with large increases in the number of people who said they ‘never walk alone after dark’.

To put this in context, if we compare our findings with those of the New Deal for Communities (NDC) evaluation (2009)⁸ in England (Figure 2, overleaf), we find that the PEs in GoWell perform similarly to the English regeneration areas in terms of safety after dark, and other types of area (WSAs and HIAs) perform even better. However, the regeneration areas in our study returned figures for ‘not safe after dark’ akin to those for the NDC areas six years previously, when the NDCs were in their first ‘trimester’ of intervention. This suggests that we might expect to see improvements in feelings of safety after dark in our regeneration study areas in future, as the NDC evidence indicates that feelings of safety improve as regeneration progresses.

In three of the area types in the GoWell study (TRAs, WSAs and PEs), the mean number of anti-social behaviour problems reported per
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0.1 Housing and Neighbourhoods

Figure 2: GoWell Wave 2 (2008) Unsafe after Dark compared with NDC (2009) findings

Note: GoWell figures represent the percentage of respondents who said they felt ‘a bit unsafe’, ‘very unsafe’ or that they ‘never walk alone after dark’. NDC findings are those who said they felt ‘a bit unsafe’ or ‘very unsafe’.

Table 1: GoWell Anti-Social Behaviour Problems compared with Scottish Household Survey Findings for Deprived Areas, 2008

<table>
<thead>
<tr>
<th>GoWell Study Area Types</th>
<th>TRAs</th>
<th>LRAs</th>
<th>WSAs</th>
<th>HIAs</th>
<th>PEs</th>
<th>SHS Deprived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vandalism</td>
<td>59</td>
<td>71</td>
<td>44</td>
<td>31</td>
<td>59</td>
<td>39</td>
</tr>
<tr>
<td>Intimidation</td>
<td>50</td>
<td>45</td>
<td>31</td>
<td>19</td>
<td>37</td>
<td>28</td>
</tr>
<tr>
<td>Drugs</td>
<td>65</td>
<td>61</td>
<td>53</td>
<td>28</td>
<td>56</td>
<td>35</td>
</tr>
<tr>
<td>Rowdiness</td>
<td>68</td>
<td>67</td>
<td>53</td>
<td>31</td>
<td>62</td>
<td>41</td>
</tr>
<tr>
<td>Nuisance neighbours</td>
<td>42</td>
<td>38</td>
<td>29</td>
<td>14</td>
<td>34</td>
<td>23</td>
</tr>
<tr>
<td>Rubbish and litter</td>
<td>55</td>
<td>59</td>
<td>42</td>
<td>29</td>
<td>58</td>
<td>51</td>
</tr>
</tbody>
</table>

Notes: Table shows the percentage of respondents who said the item was either a ‘slight problem’ or a ‘serious problem’ (GoWell), or who said it was ‘very common’ or ‘fairly common’ (Scottish Household Survey). Scottish Household Survey figures are for the 10% most deprived neighbourhoods in Scotland.
person rose by 10% or more from 2006 to 2008. Table 1, opposite compares the GoWell findings on a number of anti-social behaviour items, with similar evidence from the Scottish Household Survey 2007-8. Only one of our study area types (HIAs) compares favourably with the most deprived areas across the country. In our regeneration areas and PEs, it appears that people are much more aware of anti-social behaviour problems than in other very deprived areas across Scotland.

We face the task, therefore, of trying to find out why GoWell respondents in some of the most deprived parts of Glasgow have unusually high perceptions of anti-social behaviour problems. Is it due to worse behaviour; inadequate management and supervision of the area; the effects of particularly poor environments (affecting perceptions), particularly in regeneration areas going through deconstruction before renewal; or the vulnerability of the residents?

**Identifying Teenagers as a ‘Problem’**

We have begun to explore anti-social behaviour further by examining perceptions of youth behaviour as problematic. In both GoWell surveys to date, the most commonly cited anti-social behaviour problem was ‘teenagers hanging around on the street’: in 2008, 54% of all respondents said this was a problem in their neighbourhood; including 23% who said it was a ‘serious problem’. What is more, people who said teenagers were a problem, were also more likely to identify a number of other local problems, such as gangs, rowdiness and problem families. Thus, understanding and being able to address youth-related anti-social behaviour problems is a key to the transformation of these places, fundamental to their social regeneration and future as sustainable communities.

We examined our 2006 data to see in what circumstances people said teenagers were a serious problem. Rather than finding that older people were the ones to have a particular problem with youth, we found that it was more likely to be people who were vulnerable or who had more exposure to young people who say ‘teenagers hanging around’ is a serious problem: this was people who see their doctor a lot; people who lack social support; those with children themselves; and people who use the neighbourhood a lot. We also found that respondents who had a negative perception of the neighbourhood in general (who were dissatisfied with it, or who thought it had a negative reputation), were also more likely to cite teenagers as a problem. Thus, people’s own characteristics, and their general view of an area, may cause them to be more likely to cite anti-social behaviour issues.

But equally, people who rated a number of neighbourhood services and amenities as poor were also more likely to cite youth as a problem, especially if they also reported things such as poor policing, poor schools and poor shops. Hence, youth anti-social behaviour may itself be a product of poor
services and amenities (providing more opportunities for misbehaviour alongside weaker controls), and/or its reporting may be a reflection of a perception that an area is generally run-down. We have yet to ascertain whether youth-related problems are also a function of the density of young people in an area (i.e. a neighbourhood compositional effect), and whether the actual conduct of anti-social behaviour bears a strong relation to residents’ perceptions.

Youth Problems as a Community Issue

To find out more about the position of young people within a community, we commissioned focus groups with parents and, separately, with children and young people in our two peripheral estate study sites to discuss anti-social behaviour by youth.

The discussions revealed that issues about the neighbourhood and the community fed into youth anti-social behaviour. These related to the neighbourhood environment and its management, services and activities for young people, and trust, relationships and culture.

The context for uncaring behaviour was provided by environments with a lot of rubbish, litter and graffiti on the streets and in public space partly as a result of incivility (by adults and youths) and vandalism, but also due to a lack of bins and inadequate clean-up services. Shopping centres which were either run-down (with empty shops etc) or were poorly supervised spaces, were highlighted as places that both adults and children should avoid, as it was perceived they attracted collections of ‘junkies’ and knife-carrying youths looking for trouble. Children and young people also identified several other places where they felt unsafe on the estates. Both adults and young people welcomed a greater police presence and greater use of CCTV on the estates to tackle crime and to promote safety, but all agreed that current levels were not enough and both groups called for more people on foot in their areas to make them feel safer.

The discussions also raised questions about activities for young people on the estates. Whilst adults thought there was a reasonable amount for young people to do and cited problems of lack of motivation and negative peer pressure, they also recognised that activities for older youngsters were not so good, that there might be issues of affordability, and that several organised activities had closed down due to withdrawal of funding. Young people themselves were clear that many things were too expensive for them and not enough was free and that many things they might want were not available locally, or that what was provided was not what they wanted. They routinely described their estates as ‘boring’. However, they also felt they did not have enough information about what was available to them.

Drugs, gangs and alcohol were said to underlie much of the worst crime and anti-
have been studying these projects. Three youth diversionary schemes were evaluated using questionnaires with participants, and interviews with programme co-ordinators and young people. A key finding was that the youth diversionary projects were perceived positively by residents, stakeholders, and participants: especially for the Operation Reclaim (OR) project. Other important impacts of the OR project were the reclaiming of public spaces for use by the community; and the reported improved health, wellbeing and confidence of participants.

There were consistent reports of reductions in crime and gang activity in the OR neighbourhoods, although we cannot determine whether these reductions can be attributed to the youth diversionary projects, and if so, whether they can be sustained. Other initiatives may also have had an impact including CCTV, an increased police presence and environmental improvements linked to regeneration.

The evaluation recommended that changes be made to attract more girls and that the personal and social development content of the projects should be enhanced in order to increase the focus on bringing about sustainable changes to the attitudes, behaviours and expectations of participants. Lastly, in line with our aim to more accurately assess reports of anti-social behaviour, we recommended that in order to monitor the impact of youth diversionary programmes, better and more consistent data on vandalism and anti-social behaviour incidents and

social behaviour on the estates. Alcohol consumption by young people was said to be getting worse, partly due to low expectations and lack of ambition amongst youth, but also helped by adult complicity. Parents themselves identified inadequate parenting as a problem; parents were said to promote bad behaviours, avoid disciplining children, and fail to instil respect for others in children. Adults thought young people lacked respect for adults and thought themselves to be above the law. Adults tended to avoid contact with youngsters they did not know for fear of unpredictable behaviour fuelled by drink and drugs. Whilst adults said they did not trust youngsters, young people conversely felt that adults expected all young people to behave badly and that there were not good relations between children and adults. Yet adults recognised that they could not improve their estates without help from teenagers – but felt that the young people were currently not bothered. Thus, issues of social relations at a community level between adults and young people are an important underlying factor in estates getting stuck in an anti-social behaviour ‘rut’.

Addressing Youth Issues through Interventions

Meanwhile, housing practitioners and regeneration managers are attempting to tackle the problems that are perceived to exist with young people within communities through wider actions aimed at youth. As part of our theme of work on youth, we
reports be collected, and property impacts/costs should be recorded by social landlords.

**Area Reputations**

Both the physical quality of neighbourhoods and reports of crime and anti-social behaviour can feed into negative reputations about areas. Indeed, in the GoWell Wave 2 survey, in four of the five study area types, a majority of people thought their area had a bad reputation across the city\textsuperscript{2}. We have begun to consider how this might be an important issue for transformational regeneration, and for the wellbeing of residents.

First, we extended our research approach to include media analysis. We took the Sighthill regeneration area as an example, and examined how it had been portrayed in national newspapers over the last decade\textsuperscript{12}. Newspaper coverage of the estate had increased since 2001, mainly due to the arrival of asylum seekers into the area and the plans for redeveloping the area. What is more, the majority of the stories (two-thirds) contained negative content that conveyed a bad image of the estate, principally related to three issues: asylum seekers; crime and violence; and the poor environment.

Regeneration itself resulted in positive news stories, where the agencies implementing regeneration conveyed a positive vision of the future of the estate, but also many mixed stories which contained negative reports about the impacts of deconstruction on residents and poor communication and decision-making by those in charge of the process. Our analysis also looked at what generated positive stories about Sighthill (such as the local festival and progress in the local primary school) and suggested that a media strategy linked to a social regeneration agenda might help to shift the balance of coverage of the estate. This is important if a redeveloped Sighthill is to become sustainable in housing demand terms in the future, but the point probably applies to other regeneration areas as well.

We are also conducting analysis of the GoWell Wave 2 data to see whether residents’ perceptions of the reputation of their area appear to influence their wellbeing. If someone thinks they live in a place that other people denigrate, does this make the person less positive in their own outlook in general? An interesting issue here is whether people are more affected by what they think people who live in other parts of the city think about the place, or by what they think other local people think. We hope to be able to report on this in the near future, alongside investigations of other aspects of what is called ‘relative deprivation’ – how people think they are socially positioned compared to others.
0.2 Communities

Within GoWell, we are conducting a lot of research into communities themselves, i.e. the social groups who live within residential neighbourhoods which are subject to renewal and improvement works. Regeneration has a social dimension as much as a physical one, including seeking to impact upon the psychosocial benefits people derive from where they live (such as feelings of attachment, inclusion and empowerment). In some areas there are attempts to re-shape the social composition of communities in income and housing tenure terms and to change for the better how people live their lives and relate to those around them.
**Disadvantaged Communities**

An initial task was to understand the characteristics of our study communities. We did this for the period prior to the start of the GoWell study (2000-2006) as part of our Ecological Team’s work, mostly using health service data on GP registrations and hospital utilisation rates, as well as component data from the Scottish Index of Multiple Deprivation (SIMD).

This analysis revealed several striking facts about the communities in GoWell\(^\text{13}\). Compared with Glasgow and Scotland, GoWell areas contain more children as part of their populations. In addition, the regeneration areas contain relatively few people aged 65 or older – there is a very ‘thin’ grandparent generation in these areas, a group which the Chief Medical Officer for England has said are important for protecting and promoting the health of children\(^\text{14}\). Meanwhile, GoWell’s Housing Improvement Areas (HIAs) and Wider Surrounding Areas (WSAs) contain relatively high numbers of people of retirement age. As a result, whilst the dependency ratio (the proportion of the population comprised of children and of old people) was 44% for Glasgow in 2005, in the case of nine of the GoWell study areas (mainly the regeneration areas plus the HIAs) it ranged from 50 to 70%.

Looking forward, dependency ratios are likely to remain high, since fertility rates (number of live births per 1,000 women aged 15-44 years) are very high in many areas. Figure 3, below, shows that whilst the fertility rate for Glasgow is around 50 per 1000 women aged 15-44 (which is comparable to that for

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**Figure 3:** Fertility Rates in GoWell Study Areas: Annual Average Numbers of Live Births and Fertility Rates (2003-2005)
Scotland as a whole, the GoWell regeneration areas plus Townhead (one of the HIAs) have fertility rates of 70 or more.

These community compositional characteristics have been reflected in the GoWell surveys. In the Wave 1 (2006) survey we found that whilst the ratio of adults aged 25 years or over to young people aged less than 18 years was close to 1.9 or above in WSAs and HIAs, it was below 1.2 in PEs, TRAs and LRAs. In the Wave 2 survey (2008) we found that 40% of households in regeneration areas were families (much higher than elsewhere in the study), with just over half being single-parent families. A major factor here is that the regeneration areas are unusual in another important respect, namely that they have been used to house large numbers of asylum seekers and refugees since 2000, as well as other migrant workers. By 2008, we found that two-in-five adults (39%) in the TRAs were non-British citizens, as were one-in-four adults (28%) in LRAs.

Furthermore, many households in GoWell areas are headed by relatively young adults. Using health service population data for our study areas, we found that in 2008, between 50 and 60% of the adults in the GoWell regeneration areas and PEs were aged up to 39 years; this compares with 31% of all adults in Scotland being aged up to 34 years.

Thus, some of the challenges arising in many of our study areas may stem from the fact that populations and parents are relatively young and there are a lot of children – characteristics which raise potential problems for the exercise of informal social control.

Figure 4: Income deprivation by GoWell Study Area, 2005
Source: Derived from DWP and SIMD data
Moreover, in some areas there are a lot of older people, whilst in other areas very few older people reside to help with the upbringing of children.

In addition, our study areas are relatively poor, and this is also a root cause of many current difficulties. Our Ecological Team established the extent to which GoWell areas are deprived by specially calculating income deprivation rates for each area, using data on receipt of income-related benefits and population data from GP registrations, both matched to our study areas through post-codes and census output areas\textsuperscript{15}. This is the same methodology as used in the SIMD, but calculated at a smaller spatial scale. Figure 4, previous page shows the resulting picture, which is that all but one of the GoWell study areas are more deprived than the Glasgow average, and all fall within the 15% most deprived areas in Scotland (for which the cut-off point is 25% income deprived). In quite a few of the study areas 40 to 50% of the population are income deprived.

Our analyses of health service data show, in stark detail, some of the outcomes resulting from disadvantage and deprivation, for the GoWell study areas over a five year period. Emergency admissions to hospital indicate how susceptible people are to illness and accidents. Figure 5, below shows that whilst the average rate of emergency admissions for Glasgow’s population (standardised by age and sex) is around 7,500 per 100,000 (itself 20% above the Scottish average), all GoWell study areas have higher rates than this, with eight areas having rates of 10,000 – 12,000, and the worst areas having rates nearly twice the Scottish average.
If regeneration is about the futures of communities, then it must hope to impact upon how long people live healthier lives. Figure 6, below shows prospective survival rates for 15 year old boys in the first few years of the new century. Across Glasgow, around seven-out-of-ten boys will survive to age 65, 10% less than across Scotland as a whole, but in many GoWell study areas the survival rate is a further 10 to 20% lower. In LRAs, only two-in-five 15 year old boys can expect to reach retirement age if current health trends remain unchanged, a truly shocking statistic and a clear indicator of the ‘transformational’ challenge faced in many areas.

**Belonging and Cohesion**

Since regeneration is trying to provide places where people want to live in future, an important issue of interest is what people think about their areas, how they relate to them and whether they can form an attachment to them, in a functional or psychological sense. Since belonging and cohesion are relative concepts, we have sought to establish measures which can be compared to findings for other disadvantaged communities.

In the GoWell Wave 2 (2008) survey, we asked people a set of questions about their neighbourhood similar to those asked in the 2005 Citizenship Survey (CS) in England and Wales, exploring issues of social harmony, enjoyment and belonging. The findings are compared in Table 2, overleaf. We can see that our study areas perform similarly to other deprived areas in terms of social harmony, with a mixed picture in terms of the other two measures. TRAs currently
Synthesis of Research Findings 2006–2009

0.2 Communities

Table 2: Feelings about the Neighbourhood, GoWell compared with Deprived Areas in England and Wales

<table>
<thead>
<tr>
<th></th>
<th>GoWell 2008</th>
<th>Citizenship Survey 2005¹⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TRAs</td>
<td>PEs</td>
</tr>
<tr>
<td>People get along well</td>
<td>65</td>
<td>71</td>
</tr>
<tr>
<td>High enjoyment of living in neighbourhood</td>
<td>28</td>
<td>42</td>
</tr>
<tr>
<td>Strong belonging to neighbourhood</td>
<td>20</td>
<td>39</td>
</tr>
</tbody>
</table>

Notes: Social harmony: GoWell respondents who replied “Generally agree” to the statement “this neighbourhood is a place where people from different backgrounds get on well together”. Citizenship Survey respondents who replied “Definitely agree” or “Tend to agree”. Enjoyment: GoWell respondents who replied “A great deal” to the statement “I enjoy living here”. Citizenship Survey respondents who replied “definitely” enjoy living in the neighbourhood. Belonging: GoWell respondents who replied “A great deal” to the statement “I feel I belong to this neighbourhood”. Citizenship Survey respondents who replied “very strongly” that they felt they belonged to the neighbourhood.

... have relatively low levels of belonging and enjoyment, whilst HIAs have relatively high levels of both. However, the national average figure for high enjoyment of living in the neighbourhood is 65% for England, so all GoWell study areas have some way to go to reach that level. PEs perform similarly to other deprived areas on all three measures, maybe even slightly better on feelings of belonging.

As well as asking respondents for their views about living in the neighbourhood, we also wanted to find out how people related to those around them. We asked a series of questions about the community and neighbours, some of which can be compared to findings for regeneration areas in England from the NDC evaluation⁸, as shown in Table 3, opposite.

From Table 3 we can see that people’s sense of inclusion within the community is far higher in the GoWell study areas than in regeneration areas in England. Familiarity with neighbours and views about the attitudes of neighbours in the area are also more positive in the non-regeneration GoWell study areas than in NDC areas. However, in terms of neighbourliness, the GoWell regeneration areas appear to be at a lower point than regeneration areas in England were in the early period of their intervention, so the challenge in terms of generating an active sense of engagement amongst neighbours in Glasgow’s TRAs is a difficult one.

Our Wave 2 survey findings indicated that within regeneration areas, migrants (asylum seekers, refugees and migrant workers) had a lower sense of social inclusion (feeling part of the community) than they had of social harmony (that people from different backgrounds get along well together)¹⁷.
Community Empowerment

One of the central themes and objectives of regeneration policy is to empower communities. Community empowerment, however, is a multi-faceted phenomenon involving several things, including: the ability to control what happens in a community on a day-to-day basis; the ability to influence key decisions affecting the area; the ability to influence public services, making them more responsive to local needs and demands; and the ability to be proactive in finding improvements or solutions to local issues. Over time, we have increased our inquiries on empowerment, both through the survey and through qualitative research, and now look at several of the aspects mentioned.

On two of these issues, influencing local decisions and the exercise of informal social control, we can compare the GoWell
In our qualitative research to date we have looked at community empowerment through housing stock transfer and management through Local Housing Organisations (LHOs) and through community engagement in the regeneration process. In relation to the stock transfer of housing to community organisations we developed a three-part model of empowerment comprising: raising awareness; having opportunities to make decisions; and instituting actions\(^19\). We studied nine LHOs across Glasgow and found there to be no automatic relationship between housing ownership and community empowerment, but empowerment was influenced by factors of community context (local challenges and committee composition and behaviour) and organisational context (the size, type and ethos of the LHO matters). Community empowerment through housing depends upon how the LHO relates to wider community agendas through its own organisational development strategy.

findings with national figures for England and Wales from the 2005 Citizenship Survey\(^16\). Table 4, above shows that levels of perceived collective efficacy are relatively low by national standards in GoWell study areas, and extremely low in the TRAs. On the other hand, as reported from our Wave 2 survey\(^2\), perceived community influence over decisions affecting the local area has increased over time in GoWell study areas. In 2006 it lay below the national average, but by 2008 it had risen above the national norm in many areas, though it still remained low in regeneration areas, where arguably it matters most. However, the figure for TRAs in 2008, at 29\%, is better than the figure reported for NDC areas, which changed very little from 23\% in 2002 to 25\% in 2008\(^8\), so the progress made in regeneration areas in Glasgow (a 10\% rise in two years from 2006-8) represents relatively good progress.

In our qualitative research to date we have looked at community empowerment through housing stock transfer and management through Local Housing Organisations (LHOs) and through community engagement in the regeneration process. In relation to the stock transfer of housing to community organisations we developed a three-part model of empowerment comprising: raising awareness; having opportunities to make decisions; and instituting actions\(^19\). We studied nine LHOs across Glasgow and found there to be no automatic relationship between housing ownership and community empowerment, but empowerment was influenced by factors of community context (local challenges and committee composition and behaviour) and organisational context (the size, type and ethos of the LHO matters). Community empowerment through housing depends upon how the LHO relates to wider community agendas through its own organisational development strategy.

Table 4: Community Empowerment in GoWell compared with England and Wales

<table>
<thead>
<tr>
<th></th>
<th>GoWell 2008</th>
<th>Citizenship Survey 2005(^16)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TRAs</td>
<td>PEs</td>
</tr>
<tr>
<td>Collective efficacy</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Influence over decisions</td>
<td>29</td>
<td>46</td>
</tr>
</tbody>
</table>

Notes: Collective efficacy: GoWell figure is the percentage of respondents who ‘agreed’ or ‘strongly agreed’ that ‘It is likely that someone would intervene if a group of youths were harassing someone in the local area. CS figure is the percentage agreeing that it is likely someone would intervene ‘if there was a fight in the neighbourhood’. Influence: GoWell figure is the percentage of respondents who ‘agreed’ or ‘strongly agreed’ with the statement ‘On your own, or with others, you can influence decisions affecting your local area’. The CS figure is the percentage who agreed ‘that you can influence decisions affecting your local area’.
We intend to look again at empowerment through LHOs once the decisions about their future ownership and management arrangements have bedded in.

We have also studied the impacts of community engagement processes during the planning and early implementation phase of activity, in our three TRAs\(^{20}\). We identified seven aims of engagement in area regeneration, relating to governance and policy implementation, community level outcomes (such as community capacity building and cohesion) and wellbeing (e.g. personal development for individuals). We explored the impacts of community engagement through interviews with officials, consultants and residents involved in the planning of regeneration. We found engagement to date to have focused mostly on governance objectives relating to the inclusion and legitimacy of decision-making, with little attention given to its potential contribution to community development objectives. Uncertainty about the ‘how’ and ‘when’ of regeneration has hindered communication and engagement processes, to the detriment of potential community and wellbeing outcomes.

We will continue to examine the effects of community engagement and empowerment through our survey data, and through a further round of qualitative research with residents not formally involved in any decision-making processes within the study areas.

**Mixed Communities**

As a means of tackling the range of disadvantages faced by poor communities, to give them a more sustainable future, regeneration planners often seek to create neighbourhoods that mix social rented tenancies with owner occupied homes. This ‘mixed tenure’ approach is purported to provide wide ranging benefits to residents in terms of psychosocial and physical wellbeing, in particular addressing issues such as better neighbourhood reputation, more support for facilities and services, increased social cohesion and community participation, and role models for work and education.

Several of the GoWell study communities have become more mixed in tenure terms over the past two decades, and others (like the TRAs) are due to become mixed in the future. We have embarked on a programme of work to examine how mixed tenure is delivered, and with what effects, given that this approach has been, and remains, important not only within Glasgow but as a core principle of national housing and regeneration policy.

As a broader contribution to the policy evidence base, we have critically reviewed past reviews and syntheses of mixed-tenure research, and conducted our own systematic review of primary and secondary research on mixed-tenure in the UK. Our review-of-the-reviews\(^{21}\) found that if one compares the conclusions from different reviewers, one can ascertain that they concur in finding positive
In addition to reviewing the existing evidence, we are also conducting our own primary research of mixed tenure delivery and effects on three social housing estates in Glasgow: Castlemilk, Drumchapel and Gorbals. This has comprised three elements. First, we have used Glasgow City Council council tax register data to map housing tenure by postcode in each estate. This was done in order to see how well integrated the tenures were ‘on the ground’: in other words, what had policy delivered in practice in terms of tenure mixing? The results for two of the estates can be seen in Figure 7, opposite. This shows that in Drumchapel there is more owner occupation to the south and west of the estate than to the east; and that as well as mixed tenure areas in the west, there are also segments of entirely owner occupied housing built on the western edge. In the redeveloped area of the Gorbals, there are fewer entirely social rented areas, the estate being more characterised by mixed tenure areas. Some predominantly owner occupied areas sit very close to social rented and mixed tenure areas.

Having produced maps of the housing tenure configuration as it now stands on each estate, we proceeded to conduct in-depth interviews with practitioners and policy-makers who have been involved in the estates’ development over the years, to find out what they considered to be the barriers and opportunities to delivering mixed tenure in these areas, to help explain the patterns we have found. We also sought to find out what they, as practitioners, expected the impacts of mixed tenure to be on the estates. Finally, we have conducted in-depth interviews with families living in social rented housing and owner occupied housing in a variety of locations on the three estates. We used our post-code housing tenure maps to locate our potential interviewees. Our aim was to find out what residents with children think about the quality of their environments and social life on the estates, and to what extent their views vary according to the degree of proximity of the two housing tenures in different parts of the estate. We hope the findings from this research will provide an original contribution to the evidence base about mixed tenure, as well as informing policy-makers in Glasgow about the outcomes of mixed tenure as progressed across the city over the last two decades.
Figure 7: Housing Tenure by Postcode on Two Estates, 2008

DRUMCHAPEL and GORBALS

Type of tenure per postcode unit:
- Entirely Social Rented
- Predominantly Social Rented
- Mix: Social Rented/Owner Occupied
- Predominantly Owner Occupied
- Entirely Owner Occupied
- Mix: Owner Occupied/Private Rented
- Private Rented

Type of tenure per postcode unit:
- Entirely Social Rented
- Predominantly Social Rented
- Mix: Social Rented/Owner Occupied
- Predominantly Owner Occupied
- Entirely Owner Occupied
- Mix: Owner Occupied/Private Rented
- Private Rented
GoWell - 2010

Synthesis of Research Findings 2006-2009

0.3 Health and Human Capital

Health and wellbeing have become important objectives for housing and regeneration policies in Scotland and the UK. Within GoWell we are monitoring changes in physical health, health behaviours and mental health and wellbeing across our study communities and within the context of the city of Glasgow.
A CAPITALS FRAMEWORK

In order to organise our thoughts about how housing and regeneration policies might impact upon health, we developed a Capitals Framework, that identifies six ‘capitals’ upon which policy interventions may act to change the residential, neighbourhood and community contexts within which people live and operate in the domestic sphere. The framework is shown in Figure 8, below, with brief explanations of each capital given after the figure. We are using this framework as a tool for organising our data analysis and the identification of areas where intervention has more or less impact, with consequences for health and wellbeing.

HEALTH INEQUALITIES

We begin by looking at rates of mortality from the ‘big three’ killers across our study area types (coronary heart disease, cancer and stroke) using our ecological data. In the following three figures, the bars

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**Figure 8: Regeneration and Health: A Capitals Framework**

- **Regeneration & Residential Change**
- **Human & Political Capital**
- **Social & Community Capital**
- **Residential & Cultural Capital**
- **Economic Capital**
- **Fixed Capital**
- **Environmental Capital**

**Human and Political Capital**: capabilities of individuals; access to decision-making and sense of empowerment.

**Social and Community Capital**: social networks and social support between individuals; trust and reciprocity; community organisations and their networks.

**Residential and Cultural Capital**: psychosocial benefits of the home and neighbourhood; status; area reputation.

**Economic Capital**: individual and collective assets; incomes; employment.

**Fixed Capital**: the amenities and services of an area.

**Environmental Capital**: the quality and aesthetics of the local built and natural environment.
As in the case of heart disease, deaths from strokes are also lowest in the areas surrounding high-rise estates. However, in a different pattern from that seen for heart disease and cancer, Housing Improvement Areas (HIAs) have the highest mortality rates from strokes, one-and-a-half times the city rate (Figure 11, opposite).

We can already see that there are health inequalities across our study areas, but also between our study areas and the city as a whole, with most mortality rates in the GoWell study areas being above the city average. The rank ordering of the study area types varies according to the cause of death being considered: the TRAs for example perform better on cancer mortality than on heart disease mortality; meanwhile, the PEs perform worst on mortality from cancers, especially lung cancer.

A different picture exists for cancer deaths however, with the age and sex standardised mortality rates being highest in Peripheral Estates (PEs) and Local Regeneration Areas (LRAs), but lowest in the Transformational Regeneration Areas (TRAs) (Figure 10, opposite). PEs and LRAs have the highest mortality rates from lung cancers in particular, with Drumchapel having the highest rate at around 190 per 100,000, compared with a rate half this level in two of the TRAs, Red Road and Sighthill.

As in the case of heart disease, deaths from strokes are also lowest in the areas surrounding high-rise estates. However, in a different pattern from that seen for heart disease and cancer, Housing Improvement Areas (HIAs) have the highest mortality rates from strokes, one-and-a-half times the city rate (Figure 11, opposite).

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Figure 10: Mortality from Cancers in under 75's by GoWell Study Area Types
Numbers (5 year totals) and Rates (2001-2005)

Figure 11: Mortality from Strokes and Cerebral Haemorrhages in under 75's by GoWell Study Area Types
Numbers (5 year totals) and Rates (2001-2005)
These differences between area types are not a reflection of the different demographic compositions of the areas (as these have been taken into account in the analysis, through age and sex standardisation), so may be a consequence of differences between area types in environmental, occupational, social and behavioural risk factors now and in the past.

**Healthy Migrants?**

The population composition within many of our study areas is affected by the presence of migrants. All six regeneration areas in the study have significant numbers of asylum seeker, refugee and other migrant residents (e.g. migrant workers; students), and the other nine study areas have small numbers present. Such migrants, should they choose to remain living in these areas, may represent a relatively healthy source of human capital for the future.

We considered this issue by examining the health of migrant groups in the GoWell Wave 2 survey, looking at migrants residing in regeneration areas in the north of the city\(^7\). Generally, after adjusting for differences in age, sex and household type, we found migrant groups to be healthier than British people living in the same regeneration areas, and in some respects also healthier than British people living in other areas within the study.

For example, the relative risk of an asylum seeker having less-than-good self-rated health was two-thirds lower than for British respondents in the 2008 survey\(^2\), and the relative risk of an asylum seeker reporting one of several stress-related symptoms (such as sleeplessness, palpitations, chest pains; and headaches) was 60% lower than for British respondents. On the other hand, asylum seekers had significantly poorer scores on a measure of positive mental wellbeing (see below) than local British people, though refugees scored much better than both groups, perhaps reflecting the removal of uncertainty about their right to remain in the country.

We are conducting more analysis to see whether the health or social integration of migrants is affected by the length of their stay in this country: in particular, do outcomes for migrants improve over time? We shall also be examining the health of migrants in future GoWell surveys to see if their relative health advantage is maintained as they ‘settle’ into living in Scotland.

**HEALTH BEHAVIOURS**

One might expect many health behaviours to be worse in deprived communities due to a combination of poverty and lack of purposeful activity for many people. Housing and regeneration activity can help provide health-promoting environments for residents, with more opportunities for healthy behaviours. However physical and
service-related interventions will probably not be enough, and behavioural change programmes may also be required as part of a holistic public policy approach to regeneration.

In GoWell, we are monitoring the health behaviours of residents through the reports they give us in our surveys. This is not an easy thing to do, as people tend to under-report unhealthy behaviours and over-estimate healthy behaviours. To this end, although a few questions remained, we changed some of our questioning in the GoWell Wave 2 (2008) survey from those asked in Wave 1 (2006) to get more accurate accounts of health-related behaviours over the past 24 hours (eating) and the past week (physical activity and drinking). This means we cannot accurately measure changes over time in health behaviours until we conduct the Wave 3 survey in 2011.

**Drinking and Diet**

Although alcohol consumption is a problem of increasing public policy concern in Scotland, we found a large number of people in our study areas saying that they did not drink (44% in 2008), a figure similar to rates of abstinence over the past week reported for the most deprived parts of the country in the Scottish Health Survey (2008). Poverty is one possible explanation for high rates of non-drinking, though we found rates of abstinence lowest among those with jobs. Another explanation for abstinence, at least in the regeneration areas, is the presence of migrants, who are less likely to drink alcohol than British citizens. Among those who do drink alcohol, levels of consumption were highest among the unemployed and long-term sick, which may compound problems of preparedness for work or other purposeful activity.

In relation to diet, our Wave 2 (2008) findings are relatively positive. Responses to one question asked at both survey waves, indicated that there was a small reduction in the number of people who had eaten their main meal of the day from a fast-food outlet at least once in the past week (from 47% in 2006 to 43% in 2008). On the basis of going through a check-list with people about what they had eaten in the last 24 hours, we also found a high number of respondents (55%) reporting that they had eaten five portions of fruit and vegetables. This figure is over twice the national rate, leading us to be sceptical as to its accuracy. Once again, the unhealthiest behaviours existed among the unemployed and single people: one-in-ten single adults under retirement age living alone, and one-in-seven unemployed people reported eating no fruit or vegetables in the previous 24 hours.

**Smoking**

So far, we have found a small reduction in rates of smoking, from 44% of all respondents in 2006 to 40% in 2008 –
People in the GoWell survey who were more likely to be physically inactive were: renters; those born in the UK; those living alone; those in flats; and the unemployed and long-term sick. Thus, there is a big public policy challenge across our study areas to encourage or enable more people to be physically active as a route to better mental wellbeing, improved physical fitness, and as a means of avoiding later illness.

We examined in more detail the extent to which people in our Wave 1 (2006) survey said that they walked in their local area, and the influences upon this: 29% of respondents said that in a typical week they walked around their neighbourhood at least five days per week. Walking in the local neighbourhood might feasibly be a form of physical activity that regeneration programmes might expect to have some impact upon. We found that the likelihood of being a regular local walker was increased if someone felt safe in the neighbourhood after dark, felt a strong sense of belonging to the neighbourhood, and made use of local amenities. Higher rates of walking also coincided with being a drinker and regularly eating fast food meals, again probably reflecting increased use of local amenities. The likelihood of being a regular walker was reduced if someone strongly felt their area had a negative reputation across the city. Several of these factors are things that regeneration could aim to improve: through better neighbourhood supervision and management (to impact on safety); through more and
better quality local amenities (to impact on usage rates); and through management of an area’s image and reputation (to impact on people feeling positive about their area).

MENTAL WELLBEING

In the GoWell Wave 2 (2008) survey, we included a new outcome measure, the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). This consists of 14 questions about subjective happiness and effective psychological functioning and is intended to assess the extent to which people are in a positive frame of mind. Feeling positive is something that improvements to people’s residential circumstances and environments might be expected to have an impact upon. The potential for this is illustrated by Figure 12, below, which shows (unadjusted for any personal characteristics) how the mean score on the WEMWBS scale decreases notably as people feel less positive about their neighbourhood.

In order to more fully understand how the residential environment might influence people’s psychological outlook, we have been analysing our Wave 2 data to look at the relationships between WEMWBS scores and perceptions of housing and neighbourhoods, this time controlling for a range of personal characteristics which might also be influencing mental wellbeing (such as age, sex, ethnic group and household structure). Early indications are that the aesthetics of buildings and the local environment are important influences.
upon mental wellbeing, more so than negative factors such as perceptions of anti-social behaviour. People are more likely to score highly on WEMWBS if they also rate the attractiveness of their neighbourhood as ‘fairly’ or ‘very good’. Similarly, if people rated the external appearance of their own home as ‘fairly’ or ‘very good’ they also reported higher mental wellbeing.

JOBS AND TRAINING

It has been argued that people need worthwhile things to do in order to feel fulfilled. Work, for example, has been identified as the third most important influence upon happiness because ‘we need to feel we are contributing to the wider society’28. However, although ‘work is vital...it is also important that the work be fulfilling’. People need to be reasonably healthy, motivated and skilled to be able to make such a contribution, but in turn having things to do helps keep people physically, mentally and socially well. Hence, providing and enabling people to have useful activities of various sorts is an important goal for regeneration.

There have been improvements in rates of employment in many of our study areas over the period 2006-2008, more so and consistently for men but also in some areas for women too2. By 2008 at least half the working age men were in employment in three of our five study area types (not so the regeneration areas), whereas this was true of only one study area type in 2006. Employment rates remain much lower for women than for men. Only one of our study areas types, the Wider Surrounding Areas (WSAs) with 68%, came close to the 2008 national employment rate for working age men (73%); none came close to the national rate of employment for women (65%), the highest being Housing Improvement Areas (HIAs) with 50%.

There has also been a small reduction in the numbers of young adults not in employment, education or training (NEETs), from 34% in 2006 to 29% in 2008. Rates of NEET, like rates of not-working for all adults, are highest in the regeneration areas.

However, these findings still mean that by 2008 around half the working age men in the regeneration areas in the study were economically active but without work, and about a fifth to a third likewise in the other study areas. Furthermore, in the PEs, around a fifth of the men and over a third of the women of working age were economically inactive.

Since regeneration and economic development programmes will aim to get workless people closer to the labour market, and possibly into jobs, we made more enquiries in our Wave 2 (2008) survey about what actions respondents had taken to get work, including searching for a job, applying for a job or being interviewed for a job. We found that one-in-six (17%) of
those of working age not in employment or full-time education had sought work in the past year (i.e. done any of the three things listed). This included a quarter of the unemployed, a fifth of the temporary sick, and one-in-25 of the long-term sick or disabled. Thus, in 2008, the vast majority of those adults not in work did not do anything about getting a job in a twelve month period. Job-seeking was highest in the regeneration areas however, and lowest in the PEs, indicating the long-term nature of this problem in some of the city's largest, post-war social housing estates.

Attempts to improve human capital through education and training were also assessed in the 2008 survey. One-in-eight adults (12.8%) had taken part in education or training in the past year, the proportion falling steadily with age. Those already in employment were much more likely to participate in education and training (20%) than those unemployed (9%), homemakers (7%) or the long-term sick (4%). Attempts within regeneration programmes to boost participation rates in life-long learning – if conducted locally and collectively – would contribute not only to raising levels of employability, but also to preserving mental wellbeing and contributing to people’s sense of community. This is particularly the case since we found fewer than one-in-ten people had taken part in any group, club or organisation for leisure or for any common interest in the past year, which is much lower than rates of associational activity nationally.
Conclusion

This report demonstrates the benefits of having a multi-methods study by showing how we can bring together findings from different parts of the GoWell Programme to aid our understanding of the issues.

Our range of methods enables us to do a number of things: build a fuller picture of current social and environmental conditions and how they change over time; place changes in our study areas in the context of wider trends within the city of Glasgow; elaborate on policy intentions and identify limitations and constraints on implementation; achieve fuller understanding of resident experiences of interventions in their communities; and evaluate in detail specific components of regeneration.

Our research to date shows that physical regeneration is proceeding effectively in many study areas, and making contributions to people’s quality of life. This can be seen in residents’ responses to both housing and neighbourhood environmental improvements, with the former also contributing to the latter. The findings also highlight the importance of housing and neighbourhood aesthetics to people’s sense of wellbeing. Uncertainties remain however about the pace of physical renewal in the Transformational Regeneration Areas; the impacts upon residents of any protracted renewal processes; and the relative merits of demolition versus improvement of high-rise blocks in these areas.

The picture with regard to social regeneration is much more variable between study areas. Although there have been general gains in terms of social harmony and to a lesser extent also improvements in rates of employment, several significant challenges remain. In regeneration areas there are weaknesses in relation to residents’ lower sense of belonging, narrower extent of neighbourly behaviours, and relatively low sense of collective influence over local decisions. These issues are particularly problematic for regeneration areas where there is high residential instability, extensive social diversity and important choices to be made about the future of the communities.

Across many study areas, there are weaknesses in perceived informal social control and a rising identification of anti-social behaviour problems. There are also widespread problems of worklessness and very low rates of participation in education and training by those people out of work. In relation to health behaviours, the two most obvious issues to be tackled among our study communities are high rates of smoking and low rates of physical activity. We often found that particular problems of health and human capital behaviours were worse among specific groups in specific areas – be it the unemployed, the long-term sick, single adults under retirement age living alone,
or middle-aged women or men – indicating the possible benefit of targeted support programmes, a question that also came up in our earlier research into the theory of change which informs regeneration policy.

When we interviewed policy-makers and practitioners about the aims and expectations for regeneration, we found that they expressed concern that social regeneration expenditure was insufficient and lagged behind expenditure on physical renewal. Their definition of ‘social regeneration’ included community involvement in development decisions and in decisions about local services, as well as education, life-long learning and training activities. These were seen as means to improve people’s skills, confidence and participation in communities. In addition, we found policy-makers arguing for a more ‘holistic’ version of regeneration that included, in addition to environmental and economic components, a stronger ‘people-focus’, with individualised support programmes to help enable people to achieve ‘greater confidence, higher aspirations and more positive mental health’, and to encourage more people to move towards paid work, voluntary work or community involvement.

This understanding of social regeneration chimes with much of what we have found to be the remaining challenges to be tackled in many of our study areas. However one of the other findings from our policy investigation is less encouraging though still valid:

“Almost all respondents agreed with the holistic model of regeneration…but doubted whether there was the capacity for coordinated delivery across all the dimensions. They were not clear who had the training or resources to deliver the wider community action needed on a scale that could really make a difference.”

On the individualised approach to regeneration, the summary of policy-maker and practitioner views was that “There was a lack of confidence that current regeneration activity could deliver this”. In our concern for how change is delivered to and with communities, we shall be looking to see whether a firmer strategy for social regeneration is put in place for many of the communities we are studying, and what the means of co-ordinating and delivering such a programme might be.
Synthesis of Research Findings 2006-2009

**References**


25. GoWell. A capitals-based context for examining characteristics associated with neighbourhood walking in Glasgow’s regenerating environment (forthcoming).


27. GoWell. Housing and neighbourhood influences on mental wellbeing in deprived areas (forthcoming).


Progress Report
2012/13

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

Welcome to this report on the progress of the GoWell programme through 2012/13. It is a pleasure to be associated with the GoWell programme, the team that drives the research and the Steering Group that meets regularly through the year.

The year has seen further progress in the team’s work to understand the relationship between regeneration and health in Glasgow. However, GoWell’s findings and its influence range much wider than the city areas that form the study.

Following the third sweep of information collected from residents in the study areas, a great deal of analysis has followed, and further findings have yet to come. The picture that is emerging is rich and complex. It shows that health may gain from regeneration but health has many dimensions and better lifestyle and wellbeing is not an automatic consequence of moving to a new home with new surroundings.

A strengthening finding is that the results of regeneration are not enough to assure improvements in the health of residents. How the process of regeneration takes place seems to be as important as what regeneration happens. The nature of involvement of people in decisions about regeneration happening around them is key.

GoWell is proceeding amidst circumstances of profound change. Over recent years, we have seen a marked change in economic circumstances that has affected the residents and the developers of Regeneration Areas. A steady rise in energy prices for consumers has added to economic hardship. There have been important changes in the population, with the arrival of a rich and diverse variety of groups from overseas into several of the areas under study. And, with the Commonwealth Games in the city in 2014, the programme has expanded to include GoWell: Studying Change in Glasgow’s East End.

GoWell’s research has been increasingly influential. Its findings have already shaped the programme of regeneration in the city with the intention of benefiting the residents in study areas. GoWell is making a substantial impact on understanding ways that public services affect the lives of local people in urban Scotland and further afield. At a national level GoWell is influencing Scottish Government strategies on regeneration, community empowerment and healthy places.

The GoWell Steering Group has seen many changes over the life of the programme. A notable event is the forthcoming departure of one of the research programme’s Principal Investigators, Professor Lyndal Bond. We wish her well on her return to work in Australia, and look forward to continuing our close collaboration with the MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow.

The confidence and continuing commitment of GoWell’s main sponsors remains a source of great support to the research team, and we are grateful to them. I trust that the value of their investment of resources and confidence in the programme will be apparent from both the content of this report and the wider work of the programme that is set out in publications and on the website www.gowellonline.com.

During the reporting year, I have joined one of the sponsor organisations, NHS Health Scotland, and it is clear that the benefits of GoWell’s work contribute to Health Scotland significantly. GoWell’s aims are to impact on people in Glasgow, in particular its Regeneration Areas, and to contribute learning for the future that maximises benefit from regeneration in urban areas across Scotland and the wider world. This report describes the progress the programme has made to those objectives.

Dr Andrew Fraser
Chair
GoWell Steering Group
Phase 2 of GoWell began in 2012 and will run to mid-2016. The progress to date is outlined in this report and in the full Annual Report 2012-2013, which is available from www.gowellonline.com. Our specific proposals for 2013/14 are currently being reviewed by our sponsors. If the plans are approved, we anticipate undertaking the following research activities during this period.

**Complementary surveys**

Matching our key survey (turning) and the longitudinal data, the first phase of the study will involve two small area area of analysis, as follows:

- **Social and health outcomes from housing and regeneration interventions**
  - The impact of housing improvement programmes on housing environment, quality, income, employment, family relationships and social engagement, with a focus on the smaller groups (those deemed at risk from the impacts of welfare reform) will be evaluated. Qualitative research focusing on health outcomes and the other on social outcomes.

- **Ecological analyses**
  - Ecological factors have a key role in understanding a full understanding and providing an early indication of impacts of health and wellbeing interventions. The impact on health and wellbeing of interventions will be assessed by comparing the impacts of:……
  - Focus on the relationship between change following regeneration intervention and the delivery of wider improvements, using the longitudinal survey data matched with census data for our study areas, thereby updating the baseline profiles with new data. The census data for our study areas are anticipated to become available towards the end of 2013.

- **Neighbourhood audit and walkability assessment**
  - We will undertake a repeat of the 2006-07 baseline to provide a comparative basis for the evaluation. The main data collection for this will be finalised and the delivery mechanism agreed by the end of the calendar year 2013.
  - In 2012 we undertook an audit of a selection of properties in 2012. This enabled us to produce ‘before’ and ‘after’ photographs. We aim to carry out the next full audit in the 2013/14 financial year, by which time the GoWell Economic Evaluation will be completed.

- **Ecological analysis**
  - The ecological footprint of an area is an important determinant of health and wellbeing. We will collect data from our longitudinal Lived Realities study of families experiencing childcare cuts and the impacts on health and wellbeing outcomes. We will measure the impacts of work transitions and life events on health and wellbeing, using the longitudinal survey data matched with census data for our study areas, thereby updating the baseline profiles with new data.

- **Health and wellbeing impacts of financial stress among at-risk groups**
  - We will measure the impacts of work transitions and life events on health and wellbeing, using the longitudinal survey data matched with census data for our study areas, thereby updating the baseline profiles with new data.

- **Qualitative research**
  - The health and wellbeing impacts of housing and regeneration interventions, with a focus on the smaller groups (those deemed at risk from the impacts of welfare reform) will be evaluated. The impact on health and wellbeing of interventions will be assessed by comparing the impacts of:……

- **Community empowerment: how important are local organisations in the delivery of wider improvements?**
  - We will examine the processes of change and implementation which can be generalised, from this economic evaluation, to advise practitioners so that they are translated into useful and practical information and recommendations for policy and practice.

**What do we do next?**

The main research activities planned for GoWell will continue in 2013/14, and the delivery of the 2013/14 Annual Report, which is available from www.gowellonline.com. Our specific proposals for 2013/14 are currently being reviewed by our sponsors. If the proposals are approved, we anticipate undertaking the following research activities during this period.

1. **Social and health outcomes from housing and regeneration interventions**
   - The impact of housing improvement programmes on housing environment, quality, income, employment, family relationships and social engagement, with a focus on the smaller groups (those deemed at risk from the impacts of welfare reform) will be evaluated. Qualitative research focusing on health outcomes and the other on social outcomes.

2. **Ecological analyses**
   - Ecological factors have a key role in understanding a full understanding and providing an early indication of impacts of health and wellbeing interventions. The impact on health and wellbeing of interventions will be assessed by comparing the impacts of:……
   - Focus on the relationship between change following regeneration intervention and the delivery of wider improvements, using the longitudinal survey data matched with census data for our study areas, thereby updating the baseline profiles with new data.

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5. **Health and wellbeing impacts of financial stress among at-risk groups**
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6. **Qualitative research**
   - The health and wellbeing impacts of housing and regeneration interventions, with a focus on the smaller groups (those deemed at risk from the impacts of welfare reform) will be evaluated. The impact on health and wellbeing of interventions will be assessed by comparing the impacts of:……

7. **Community empowerment: how important are local organisations in the delivery of wider improvements?**
   - We will examine the processes of change and implementation which can be generalised, from this economic evaluation, to advise practitioners so that they are translated into useful and practical information and recommendations for policy and practice.

**Further information**

In addition to the presentation and dissemination seminars with our collaborators, we report our findings through a series of papers, including Medline articles, freight reports, briefing papers, journal articles and book reviews. All these, and other background and contextualisation in the programme, as well as our outlets, are published in the GoWell website at www.gowellonline.com. We welcome feedback on any aspect of our work and will consider any research collaborations and areas in which we could follow up our work.
Regeneration of the GoWell communities involves a range of interventions which we are studying through a spectrum of research approaches, specifically looking at the impacts they may have in terms of four key sets of outcomes.

**Interventions**
- Housing Improvements
- Transformational Regeneration
- Resident Relocation
- Mixed Tenure Communities
- Change of Dwelling Types
- Community Engagement and Empowerment

**Outcomes**
- Residential
- Social and Community
- Empowerment
- Health and Wellbeing

* Plus new development: GoWell: Studying Change in Glasgow’s East End
This section highlights findings from our recently published reports, based on the cross-sectional surveys from 2006, 2008 and 2011. Key developments for 2012/13 are also highlighted.

The findings report change ‘over time’ in terms of four main outcomes of interest: health, housing, neighbourhood and community.

### Health outcomes

In all survey waves, the majority of people as being at least ‘good’, further increases being seen in 2008 and 2011. However, 2011, with most of this increase occurring between 2006 and 2008. These increases in the percentage of people in the GoWell area types (i.e. 'good' or 'better than good' health) were maintained or continued to increase by 2011.

### Housing outcomes

Minor increases in the percentage of people consuming a takeaway meal as their main meal of the day decreased between 2006 and 2011. However, respondents consulting a GP for mental or neurotic problems over the study period within TRAs. Compared with the other intervention area types, the WSAs experienced the least increase in the percentage of people consulting a GP for mental or neurotic problems over the study period within TRAs.

### Neighbourhood outcomes

Health improvement, the GoWell area types (i.e. 'good' or 'better than good' health in 2011. Hence, on both indicators of GP consultation and University of Edinburgh findings all report change ‘over time’ in terms of four main outcomes of interest: health, housing, neighbourhood and community.

### Community outcomes

Minor increases in the percentage of people consulting a GP for mental or neurotic problems over the study period within TRAs. Compared with the other intervention area types, the WSAs experienced the least increase in the percentage of people consulting a GP for mental or neurotic problems over the study period within TRAs.

### Notes on the Findings

- **Glasgow: The Findings are from a study by the University of Edinburgh and the University of Strathclyde.**
- **GoWell Programme:** This work received a great deal of interest in progress reports, which were published in November 2012 and looked at the progress of the IATs. This work also considered the progress of the IATs and the impact of different strategies and programmes that have been implemented.

### New developments in 2012/13

- **Social housing and support**
  - The report on low-relational social housing, the GoWell area types, and there has been little change over time.
  - This is an extract from GoWell’s ‘Community Progress Report’. The report on low-relational social housing, the GoWell area types, and there has been little change over time.

### General

- **Notes on the Findings:**
  - This work received a great deal of interest in the Glasgow: The Findings section. The study has been universally reported positively. The findings have been included in the GoWell Progress Report, which was published in November 2012 and looked at the progress of the IATs.
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  - This work received a great deal of interest in the Glasgow: The Findings section. The study has been universally reported positively. The findings have been included in the GoWell Progress Report, which was published in November 2012 and looked at the progress of the IATs.
Forward look

Phase 3 of GoWell began in 2012 and will run to end-March 2014 and plans for the full phase were highlighted in the 2011/12 Annual Report, which is available from www.gowellonline.com. Our specific proposals for the 2013/14 year. Work on the economic analysis will continue to be developed in the 2013/14 year. Other influences on health and wellbeing

Qualitative research

Both for our qualitative research and our current health and wellbeing outcomes from housing and regeneration interventions.

Economic analysis

Evaluations of health and wellbeing interventions as investments in health and wellbeing. The aims of GoWell’s economic evaluation views housing and regeneration interventions as investments in health and wellbeing.

Community survey

The Ecological Team will develop an approach to undertaking a full environmental audit and follow-up to the baseline data through follow-up, using the longitudinal data and contemporaneous local authorities’ audit data. This will then be used to establish evidence of changes in the 2013/14 calendar year.

Safety and trust: what influences local perceptions of trust and local perceptions of trust and if so over what?

Community empowerment: how important are local organisations to resident perceptions of their own influence? Do residents desire a stronger form of local governance? Why does trust appear low and declining? What makes people feel safe and unsafe in the local area? Is there a relationship between indoor and outdoor safety?

Ecological analyses

The Ecological Team will develop an approach to undertaking a full environmental audit and follow-up to the baseline data through follow-up, using the longitudinal data and contemporaneous local authorities’ audit data. This will then be used to establish evidence of changes in the 2013/14 calendar year.

Safety and trust: what influences local perceptions of trust and local perceptions of trust and if so over what? Do residents desire a stronger form of local governance? Why does trust appear low and declining? What makes people feel safe and unsafe in the local area? Is there a relationship between indoor and outdoor safety?
Our outputs

Below is a list of the publications produced from the beginning of April 2012 to end-March 2013. In addition to these reports, briefing papers and journal articles, we have delivered a number of presentations and seminars at a local, national and international level, which are also listed. All of these are available to download from the GoWell website or in hard copy from Jennie Coyle: jennie.coyle@drs.glasgow.gov.uk.

Reports and briefing papers

- Health outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys
- Housing outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys
- Community outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys
- Neighbourhood outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys
- Residents’ perspectives on mixed tenure communities: a qualitative study of social renters and owner occupiers
- Policymaker and practitioner perspectives on mixed tenure communities: a qualitative study
- A synthesis of GoWell research findings about the links between regeneration and health
- Briefing paper 20: neighbourhood structures and crime rates in Glasgow

Journal articles


There are also a number of other articles that are currently being reviewed by various journals. To make sure you receive alerts of these and other new publications, sign up for the GoWell Learning Network by emailing your contact details to Jennie Coyle, or follow us on Twitter @GoWellOnline.

Conference and seminar presentations

- An introduction to GoWell: studying change in Glasgow’s East End. Urban Studies; University of Glasgow: 2013.
- Challenges to undertaking economic evaluation of public health interventions: Glasgow’s housing and regeneration interventions. University of Glasgow; Glasgow: 2012.
- Overview of GoWell. Royal Environmental Health Institute of Scotland; Edinburgh: 2012.
- The lived realities of regeneration. Glasgow Housing Association Community Health and Wellbeing Meeting; Glasgow: 2012.
- Mental wellbeing and its associations with physical activity, health and aspects of deprived neighbourhoods in Glasgow. 8th World Active Ageing Congress; Glasgow: 2012.
- Change over time in Glasgow’s communities. Glasgow Housing Association Regeneration seminar; Glasgow: 2012.
- The Lived Realities of Regeneration. Springburn Area Committee; Glasgow: 2012.
- Investment in housing, regeneration and neighbourhood renewal: measuring impacts on the health and wellbeing of people and communities. Centre for Housing, Urban and Regional Planning; University of Adelaide, Australia: 2012.
- Housing, regeneration and neighbourhood renewal: measuring impacts on the health and wellbeing of people and communities. School of Geography and Environmental Science, Monash University; Melbourne, Australia: 2012.
Our accounts

Income 2012/13

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow Centre for Population Health</td>
<td>£50,000</td>
</tr>
<tr>
<td>NHS Health Scotland</td>
<td>£85,257</td>
</tr>
<tr>
<td>NHS Greater Glasgow and Clyde</td>
<td>£40,000</td>
</tr>
<tr>
<td>Scottish Government</td>
<td>£113,676</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£288,933</strong></td>
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</tbody>
</table>

*Glasgow Housing Association contribute funding of approx £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 appear as 'income' into the GoWell accounts.

†GoWell: Studying Change in Glasgow's East End is accounted for separately.

‡The significant in-kind contributions made by partner organisations are not shown.

Expenditure 2012/13 (from 1 April 2012 to 31 December 2012)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and support staff and associated costs</td>
<td>£111,467</td>
</tr>
<tr>
<td>Communications, events and outputs</td>
<td>£18,574</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£130,041</strong></td>
</tr>
</tbody>
</table>

Our team

Sheila Beck (Ecological Monitoring Team)
Lyndal Bond (Principal Investigator)
Julie Clark (Researcher)
Jenae Coyle (Communications Manager)
Fiona Crawford (Ecological Monitoring Team)
Angela Curl (Researcher)
Matt Egan (Researcher)
Ade Keirns (Principal Investigator)
Kenny Lawson (Health Economist)
Louise Lawson (Researcher)
Mark Livingston (Researcher)
Phil Mason (Researcher)
Martin McKee (Researcher)
Jennifer McLean (Ecological Monitoring Team)
Kelda McLean (Programme Administrator)
Carol Tannahill (Principal Investigator)
Hilary Thomson (Researcher)
David Walsh (Ecological Monitoring Team)

We are also pleased to have four PhD students (Camilla Baba, Joanne Neary, Oonagh Robison and Nick Sharrer) working with us.
The links between regeneration and health: a synthesis of GoWell research findings

March 2013

Matt Egan, Carol Tannahill, Lyndal Bond, Ade Kearns, Phil Mason
Introduction

GoWell is a complex, multi-faceted programme that seeks to examine the processes and impacts of neighbourhood regeneration across a range of outcomes and using a variety of research methods (see Box 1 for aims and objectives). The programme commenced in 2006, and since then the team has completed and reported on:

- **Community surveys:** our study communities (15 in total) have been surveyed three times so far, in 2006, 2008 and 2011. The community survey enables us to record how communities change in composition and character as interventions progress, and also to monitor residents’ opinions, feelings and behaviours. The survey includes a longitudinal study of the occupants of existing dwellings within the communities as well as a survey of occupants of new build properties. Table 1 outlines the survey sampling strategies, achieved sample sizes and response rates.

Table 1. Sampling strategy, achieved samples and response rates for the GoWell cross-sectional surveys.

<table>
<thead>
<tr>
<th>Year and survey wave</th>
<th>Sampling</th>
<th>Sample size</th>
<th>Response rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 – Wave 1</td>
<td>All areas: random property selection</td>
<td>6,016</td>
<td>50.3</td>
</tr>
<tr>
<td>2008 – Wave 2</td>
<td>Regeneration areas: all properties Other areas: random selection</td>
<td>4,657</td>
<td>47.5</td>
</tr>
<tr>
<td>2011 – Wave 3</td>
<td>Regeneration areas: all pre-existing properties, plus all new builds Other areas: return to all previous interview addresses, plus all new builds.</td>
<td>4,063</td>
<td>45.4</td>
</tr>
</tbody>
</table>

- **Outmovers surveys:** in order to assess the effects of relocation, we have been tracking people who have moved out of the regeneration areas in our study after 2006.

- **Qualitative research:** often our survey work raises issues that require further in-depth research in order to develop better understanding or explanations. In order to pursue these issues, we also conduct qualitative research with residents and practitioners involved in the interventions or living in the study areas. Using qualitative research methods we have gained insights into a range of issues including: the experiences of particular subgroups (e.g. asylum seekers and refugees); the 'lived realities' of residents in transformational regeneration areas; resident and practitioner perspectives on mixed tenure neighbourhoods; clearance processes; the experiences of young people living through regeneration; and governance, empowerment and participation processes in our study areas.

- **Ecological analysis:** as well as studying a particular set of communities, we also examine changes across the city as a whole. Our ecological analysis allows us to consider whether our study areas improve or deteriorate over time compared with
Studies focused on specific issues, core to GoWell objectives: these include evaluations of interventions (e.g. youth diversionary projects, environmental employability programmes); linked data analysis on policy issues (e.g. crime, education* and financial insecurity*); and research to highlight areas for action (e.g. media coverage of regeneration areas).

Box 1. GoWell aims and research objectives.

Aims:

- To investigate the health and wellbeing impacts of regeneration activity associated with the Glasgow investment programme.
- To understand the processes of change and implementation which contribute to (positive and negative) health impacts.
- To contribute to community awareness and understanding of health issues and enable community members to take part in the programme.
- To share best practice and knowledge of ‘what works’ with regeneration practitioners across Scotland on an ongoing basis.

Research objectives:

- To investigate how neighbourhood regeneration and housing investment affects individuals’ health and wellbeing.
- To assess the degree to which places are transformed across a range of dimensions through processes of regeneration and housing improvement.
- To understand the processes that support the maintenance or development of cohesive and sustainable communities.
- To monitor the effects of regeneration policy on area-based health and social inequalities across Glasgow.
- To develop and test research methods appropriate to the investigation of complex, area-based social policy interventions.

There are 15 GoWell communities, grouped into five ‘intervention area types’. Most of our analysis takes place at the level of an area type (see Box 2 for description of the five intervention area types), but sometimes we will focus on a particular area or on Glasgow as a whole (see Figure 1 for a map of the 15 study areas). Our job is primarily to understand the patterns and trends that emerge as the regeneration processes are implemented in different parts of the city, rather than to study any particular area in detail.

* Current studies – not yet reported
Box 2. GoWell intervention area types.

<table>
<thead>
<tr>
<th>Intervention area type (IAT)</th>
<th>Description</th>
<th>Study areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformational Regeneration Areas (TRAs)</td>
<td>Places where major investment is underway, involving a substantial amount of demolition and rebuilding over a long period. Many residents who remained in these neighbourhoods during the study period were waiting to relocate while nearby properties were cleared for demolition.</td>
<td>Red Road, Shawbridge, Sighthill.</td>
</tr>
<tr>
<td>Local Regeneration Areas (LRAs)</td>
<td>Places where a more limited amount and range of restructuring is taking place, and on a much smaller scale than in TRAs.</td>
<td>Gorbals Riverside, Scotstoun, St Andrews Drive.</td>
</tr>
<tr>
<td>Wider Surrounding Areas (WSAs)</td>
<td>Places of mixed housing types surrounding areas of multi-storey flats subject to transformation plans, and being used for decanting purposes from the core investment sites. These areas also receive substantial amounts of core housing stock investment.</td>
<td>Wider Red Road, Wider Scotstoun.</td>
</tr>
<tr>
<td>Housing Improvement Areas (HIAs)</td>
<td>Places which are considered to be popular and functioning successfully, but where significant improvements are required to dwellings, both internally and externally. Extensive property improvement works take place in these areas.</td>
<td>Birness Drive, Carntyne, Govan, Riddrie, Townhead.</td>
</tr>
<tr>
<td>Peripheral Estates (PEs)</td>
<td>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, as a result of the Right-To-Buy scheme and private developments in recent years, there is now a significant element of owner-occupied as well as rented housing. Private housing development and housing association core stock improvement works both take place on these estates.</td>
<td>Castlemilk, Drumchapel.</td>
</tr>
</tbody>
</table>
One of the ways in which GoWell is distinct from many other research programmes is in its commitment to close working with its sponsor organisations, local communities, and policy, practice and research communities more generally (Box 3 outlines our learning objectives). Priority has been placed on disseminating our findings, discussing their implications with our many stakeholders, and using the research to inform organisational plans and ways of working. These processes have in turn informed our research priorities and approaches, and have helped ensure the ongoing relevance of GoWell as contexts change and new priorities arise. The key challenge is to enable the rich data emerging from our research processes to be translated into meaningful insights – and thereafter recommendations for policy and practice – through being brought together with the experience of local residents and those working to improve the circumstances of the communities. We recognise that such insights need to be built up from across the different programme components, and overtime.

**Box 3. GoWell learning objectives.**

**Learning objectives:**

- To distil learning from across the various components of GoWell, in a way that enables regeneration policy and implementation to take greater account of opportunities to improve health and wellbeing.
- To make opportunities to influence policy across Government Directorates and at a regional and local level.
- To facilitate capacity of the GoWell communities and their local structures to use learning in a way that empowers them.
- To disseminate methodological developments and research findings to academic and practitioner audiences, through a range of written and verbal communications.
The purpose of this report is to bring together findings from our analyses to date. It focuses on the findings that help to build an understanding about the relationships between neighbourhood regeneration and health and wellbeing. It draws on various components of GoWell and thereby paints a richer picture than can be seen from the separate reports and briefing papers. We hope it is a picture that will cause people to reflect and will also stimulate action.

**Regeneration and health**

Health and wellbeing have become important objectives for housing and regeneration policies in Scotland and the UK\(^1\). Within GoWell we have reflected this national priority through having done the following: reviewed the literature about regeneration and health links; considered further the routes by which regeneration might improve population health; monitored changes in physical health, health behaviours and mental health and wellbeing across our study communities and within the context of the city of Glasgow; and looked at how health is changing for individuals living through different forms of regeneration or experiencing housing improvements.

The recognition that neighbourhood regeneration needs to be multi-faceted is now well established in national policy as well as local strategies and plans. From an early analysis of policy that we undertook at the time of the GoWell baseline surveys in 2006, there was clear evidence of a policy commitment to a holistic approach to regeneration and a remarkable level of agreement (in policy terms and among interviewees comprising community residents, practitioners and people involved in regeneration strategy) about the necessary ingredients for effective regeneration\(^2\). The key ingredients were seen as being:

- Housing regeneration – quality housing, affordable housing, mixed tenures, and accessible housing support
- Environmental regeneration – high-quality public realm, improved amenities and buildings, and enhanced natural environments
- Economic regeneration – opportunities for sustained employment and good quality work, transport infrastructure providing improved access to opportunities, and business growth
- Social regeneration – effective community involvement, reduced crime and antisocial behaviour, learning and training opportunities, wider community participation and empowerment.

In addition, policy interviewees in this study felt that more emphasis should be placed on incorporating a ‘person-centred’ approach, fostering confidence, life-skills, and higher aspirations. Better health and wellbeing were regarded as likely outcomes to emerge from this holistic approach, rather than as a direct consequence of any particular intervention. This is an important point. Many factors, operating in different ways, have a cumulative effect on people’s health over the life-course. It will take large-scale multi-dimensional change, sustained over time, to turn around the health statistics in communities that have
experienced poor population health for many years. To date there is an absence of evidence that area-based regeneration approaches have achieved this.

That said, the research literature includes many findings demonstrating important relationships between neighbourhoods and health, and impacts of regeneration of the different types described above. Box 3 highlights some of these. In GoWell we are able to add to the evidence-base. Our programme has particular strengths in being long-term and also longitudinal; in looking at a range of different interventions (see Box 4); and incorporating several measures of health outcome.

**Box 4. Neighbourhoods and health: key messages from the literature.**

- On a wide range of measures, the health of people living in poorer areas is much worse than the health of those in areas with less deprivation. This is not just about a comparison of the most affluent and most deprived communities: there is a steady health gradient between the two extremes.

- The effects on health of living in an area of deprivation are less for people of higher social status/grade (e.g. in employment or financial terms), either because they can use their individual resources to protect themselves from local stressors or because they are able to separate themselves from the worst parts of the neighbourhood.

- An area’s history matters, as well as its current level of deprivation. For example, deindustrialised areas have a higher chance of being in poor health, controlling for other factors.

- Aspects of community are also important for health – including civic engagement, social engagement, and feeling part of the local community.

- Large US studies have shown significant and consistent findings that moving out of the poorest neighbourhoods results in improved mental health (using a range of measures).

- Experiences of prolonged, chronic stress have both psychological and biological consequences. It may be that one of the important health impacts of neighbourhoods is whether they provide a stressful, or stress-free, residential context.

- It matters not only what regeneration does, but also how things are done.
Box 5. Interventions being studied through GoWell.

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

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

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

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

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

**Community Engagement and Empowerment:** Housing and regeneration policy-makers and practitioners regard community engagement and empowerment as core tenets of their approach to delivering services and change. Public sector organisations (individually, and collectively through community planning processes) are required to engage with relevant communities/user groups in the development and implementation of strategies and new initiatives. This is held to have benefits for the effectiveness of services and for service providers, as well as having positive impacts upon communities in terms of confidence, capacity and cohesion – all seen as virtuous in themselves but also as necessary for other outcomes, for example in relation to health and wellbeing and employment. GHA, for example, has a strategic aim of ‘Empowering communities to extend wellbeing and opportunities’.
Before moving on to consider GoWell findings, it is worth pausing to think in more detail about the ways in which community interventions might impact on health. Community health profiles are available for all areas of Scotland. These incorporate many of the routinely measured and monitored aspects of communities, across a range of domains, and are useful to inform local planning and identify priorities. They also clearly illustrate both the gradient that exists across the country in terms of community health, and the clear difference between our most affluent and least affluent communities (see Figure 2).

In the community profiles shown here, the vertical line at ‘0’ represents the Scottish average; bars going to the left are ‘better’ than the average, and those going to the right are ‘worse’. Using these profiles as our starting point, the relationship between area-based regeneration and health can be conceptualised in three broad ways.

1. **Action on influential factors.** Actions can be directed at the individual factors in communities (the individual ‘bars’ in Figure 2), for example to improve housing quality, increase the amount of greenspace, reduce worklessness, and so on. These approaches can all contribute to better population health, but none will have enough impact to make the health of the community on the right close to that of the community on the left.

2. **Action on fundamental determinants.** Alternatively, the focus can be placed on the factors that perpetuate differences in health regardless of the issue of interest. These factors cut across several of the bars, rather than sitting within any one of them. They include resources such as knowledge, power, social connections, money and language, which are protective to health no matter what risks are relevant at any time. Because of this, they are referred to as the ‘fundamental determinants of health’. Crucially, ‘how’ things are done has a big impact on several of these fundamental determinants. The distribution of power in decision-making is a prime example.

3. **Holistic approach.** Thirdly, a system-based response to Figure 2 is possible. This emphasises the need to attend as much to the relationships between the components as to the components themselves. This approach moves our thinking from a series of separate issues and the cross-cutting ‘fundamental determinants’ towards a multi-faceted approach where influences interact. It requires public services to work together, with the communities they serve, and with private and third sector partners, to deliver a more holistic and context-specific response to the needs of, and assets within, communities.

Our analyses of the data from the GoWell community surveys fall largely within the first of these three approaches. We are able to show associations between health outcomes and many dimensions of our study communities; we are able to show how things are changing over time; and we are able to test whether the changes are likely to have been caused by the interventions we are studying. Moving forward we will be able to use our survey data in ways more aligned to the other two approaches – but we are still at an early stage in this regard. However, as we will show, findings from the qualitative research studies provide some important insights into the other approaches.
Figure 2. Comparison of health outcomes and determinants of health in two Glasgow communities.

Newton Mearns – G77 5.

Dalmarnock – G40 4.

Each bar on these charts represents that community’s position on a specific indicator, with bars to the left indicating a position better than the Scottish average, and those to the right indicating a worse position. The indicators include both measures of health and measures of the determinants of health.
Area deprivation and health

GoWell areas have a higher than average burden of ill health compared to Scotland as a whole\textsuperscript{5,6}. Longitudinal research conducted by the Medical Research Council suggests that residence in low income areas of Glasgow increases the risk of future health problems (after controlling for other factors)\textsuperscript{7}. Findings such as this underpin assumptions that deprivation is an important cause of ill health. As all the GoWell neighbourhoods meet the Scottish Government’s definition of income deprived areas\textsuperscript{5}, this gives us grounds for assuming that the relatively poor health of GoWell residents can, to an extent, be explained by theories that give income deprivation a key causal role.

However, routine indicators suggest that the social patterning of health across the GoWell areas does not follow the pattern of income deprivation exactly. Some GoWell areas have a better health record than others. It cannot be assumed that those GoWell areas with the best general health are always the ones that have higher average incomes. Equally, those areas with the worst health are not consistently the most income deprived. Relationships between health and place are more complex than that and can vary depending on the health outcome in question. So, while there is a rationale for supporting interventions that aim to raise low incomes among disadvantaged groups either directly or indirectly, income deprivation is not the only driver of area-based health inequalities. For example, it is possible for areas to buck the trend for specific health problems so that neighbourhoods with similar levels of deprivation vary in terms of their population’s health (a comparison of Glasgow, Manchester and Liverpool, which have similar deprivation levels but different health outcomes, suggests that this phenomenon also occurs at a city-wide scale\textsuperscript{8}). This provides a rationale for policymakers and urban planners to look beyond income and scope out other social and environmental characteristics that might become the focus of regeneration. These approaches are not exclusive of one another; policy recommendations for reducing social inequalities tend to include poverty reduction and broader socioenvironmental improvements\textsuperscript{9}.

GoWell research methods

GoWell’s work in scoping out social and environmental factors that link to health is multi-staged and involves a range of methodologies. What follows is a brief summary of the different approaches we have taken.

**Cross-sectional analysis**, as the name suggests, focuses on data from a cross-section of the population taken at a single point in time. In the case of this report, the cross-sectional data come from GoWell’s community surveys and are explored using various types of quantitative analysis. Using statistical analysis, we have identified individual, home, neighbourhood and community characteristics that appear to be associated with health and wellbeing. This can help planners focus their attention on characteristics of people and place that appear to have health links and decide if there are plausible theories to suggest how modifying a particular characteristic might affect health. In addition, comparing successive cross-sectional waves (2006, 2008 and 2011) can help us measure how communities have changed since baseline. We have used the repeat cross-sectional data to compare changes over time across the five types of GoWell intervention areas.
Cross-sectional comparisons also allow us to compare outcomes for communities that have experienced different types of regeneration. For example, GoWell has conducted a detailed cross-sectional analysis comparing residents who relocated from neighbourhoods undergoing transformational regeneration and demolition, with residents who remained in those Transformational Regeneration Areas (TRAs).

In contrast, tracking longitudinal cohorts over time helps us to move beyond evidence simply of associations between factors, to stronger evidence from which causal direction and intervention attribution may be inferred. We began a process of data linkage following the 2008 survey to identify participants who took part in both the first and second survey wave. This was a major undertaking (one which is currently being repeated for the 2011 survey), but it has enabled us to conduct controlled longitudinal analysis to explore changes experienced by individuals over time and how these changes differ according to their experience of regeneration.

**Qualitative research** moves our study beyond discussions of prevalence and statistical associations, and allows us to explore in more detail how residents view their own experiences. From this we can assess, for example, whether residents consider regeneration to be a major or minor part of their lives, and which aspects of regeneration affect them. As well as yielding deeper insights into people’s experiences, feelings and beliefs, qualitative research findings can be brought alongside those from quantitative studies, to explore similarities and differences. Qualitative data can also be used to help generate hypotheses about causal pathways and suggest explanations for findings obtained using quantitative methods.

All of these approaches to research and analysis are included in the research synthesis presented in this report. The report is split between cross-sectional findings on associations between health and place, and research of various kinds comparing population sub-groups who have contrasting experiences of regeneration. Each section covers a range of health outcomes including health behaviours, health service use, physical and general health, and mental health or wellbeing. Data are also drawn from different GoWell surveys. In order to provide as complete a view as possible we have not focused only on the most recent findings but rather used findings from throughout the life of the programme. However, some questions have not been asked in all three survey waves, limiting our ability in these cases to describe changes over time.
Findings on health behaviours

Any behaviour that can potentially affect a person’s health is a ‘health behaviour’ but health researchers often focus on a relatively small number of key topics such as diet, physical activity, smoking, and the consumption of alcohol – and these are the types of health behaviours covered in the GoWell surveys. Improvements in residents’ health behaviours could be a potential outcome of regeneration. For example, improvements to the quality and safety of neighbourhood environments could encourage more people to walk around the neighbourhood and provide opportunities for other physical activities. Health behaviours are also important mechanisms by which regeneration can ‘get under people’s skin’1. If certain types of regeneration do help people to adopt healthier behaviours, this may lead to further health benefits such as improved mental wellbeing, lower rates of physical morbidity and reduced mortality.

Self-reported health behaviour data can, however, be particularly problematic10. They often rely on assumptions that participants are able to define, recall and quantify activities and consumption patterns in an accurate and standardised way. These assumptions may not be justified (there are widely reported issues, for example, about people’s accuracy in reporting their alcohol consumption; and understanding of what constitutes a portion of fruit or vegetables), and we therefore have to interpret with caution the absolute levels of behaviour reported. However, analyses of changes over time and differences between subgroups are likely to be more reliable.

Diet

On the question of diet, we have focused particularly on ‘snacking’ – on the grounds that our participants seem to have found questions about snacks easier to answer than questions about ‘portions’ of fruit and vegetables1.

There are many types of snack and some are often considered healthy while others are considered unhealthy. Our wave 2 questionnaire asked about two types of snack in particular. Participants were asked if, in the last 24 hours, they had snacked on a ‘packet of crisps or similar’ (treated in our analysis as the unhealthy choice), or if they had snacked more healthily on an item of fruit. We also asked about drinks people consumed, focusing on fizzy soft drinks (considered less healthy) or unsweetened fruit juice (considered healthier).

It is sometimes assumed that deprived areas have few healthy food outlets, and that this may be an environmental factor that can help explain why diets in disadvantaged areas are generally poor. Most people in Glasgow live relatively near shops that sell food, but previous studies have looked at whether or not the type of food being sold in local shops varies by area deprivation. We found that the findings from these previous studies have been mixed, particularly as many disadvantaged neighbourhoods (including GoWell neighbourhoods) are located near supermarkets or other shops that sell a wide range of healthy and unhealthy products11.

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1 Surveys that focus on portions generally devote more space than we had available to providing detailed definitions of the types and quantities of food being asked about (and even these questionnaires are often considered to be unreliable)11.
Using mapping software, we measured residents' proximity to food outlets, and in particular outlets considered to sell nutritious food. We found that proximity to healthy food outlets varied from one locality to another. Furthermore, healthy snacking was associated with living near to (up to ten minutes walk away from) a supermarket; it was also associated with living up to 15 minutes walk away from other shops selling nutritious food. These findings are important because they suggest that even though disadvantaged areas may have access to nutritious food outlets, this access is not uniform and a relative lack of access is associated with less healthy dietary behaviours (at least where snacking is concerned).

We also found associations between snacking and psychosocial aspects of the home and neighbourhood environment. Feeling secure at home and feeling that the neighbourhood has changed for the better over the previous two years were both associated with healthier snacking. We think it plausible that (a) the psychosocial benefits that some residents derive from their home and neighbourhood may influence their health behaviours; and/or (b) that people who are generally positive about their lives may demonstrate this positive attitude through their health behaviours and their appraisals of home and neighbourhood.

**Alcohol**

Alcohol has been linked to a variety of health problems. In addition, ‘people being drunk or rowdy in public places’ is one of the neighbourhood behaviours most commonly cited as problematic by our survey respondents. The negative impacts of drunkenness on communities has also been a recurring theme in our qualitative research into residents’ neighbourhood experiences. Furthermore, geographical analysis of routine data on neighbourhood characteristics and crime in Glasgow has found that the number of licensed alcohol outlets in an area was strongly associated with relatively high local crime rates.

The self-reported alcohol data from our participants are therefore surprising. They suggest that GoWell respondents tend to drink less than the national average and that a greater proportion of the GoWell sample abstain entirely from alcohol in comparison to the Scottish population. Furthermore, these differences between GoWell and national figures are large. For example, 44% of our respondents reported in 2008 that they never drink alcohol. A further 24% said they drank alcohol occasionally but had not done so in the last seven days. The Scottish Health Survey, 2008, reported that 13% of women and 11% of men across Scotland did not drink at all. An additional 18% of women and 8% of men told the Scottish Health Survey that they had drunk less than one unit's worth of alcohol in the previous week.

There is a reported tendency towards polarised alcohol consumption among more disadvantaged populations: more people reporting drinking to excess and more people claiming not to drink at all. The potential problem with our data is that they demonstrate the latter (greater abstinence) to a surprisingly large degree, but provide less evidence of the former (more drinking). It is possible that our findings under-represent the true level on alcohol consumption, although there is no obvious way to demonstrate this claim or explain why it may have occurred. Possible explanations include factors to do with the composition of our sample, and factors to do with reporting bias (e.g. confusion over the questions, or an unwillingness to admit to drinking).
Neighbourhood and housing characteristics tend to vary between our participants who state that they don’t drink alcohol and those who do drink. Abstention was more common in the TRAs than the other area types, and more common among high-rise flat dwellers than residents who live in other types of building. High-rise flats, particularly those located in the TRAs, contained more residents born outside the UK (e.g. asylum seekers, refugees and economic migrants). Around three out of every four of our participants born outside the UK (76% in 2008) stated that they abstain from alcohol, compared with one out of every three participants born in the UK (35%)\(^1\). Therefore, non-UK born participants tend to boost alcohol abstention rates in the GoWell areas that house them. That said, across the whole sample the majority of abstainers (n=1,297 in 2008) came from our UK-born participants (most of whom were born in Scotland), and only a minority of abstainers were born overseas (562 abstainers were not born in the UK in 2008).

In addition, men were more likely to drink than women; people living with children reported alcohol consumption more than adults in childless households; and older working age adults (40-64 years old) were more likely to drink than younger adults or retired people. Two proxy indicators of higher social status were also associated with drinking: being employed as opposed to unemployed or in education; and living in an owner-occupied home rather than renting\(^1\).

Smoking

Unlike the alcohol figures discussed above, smoking prevalence among our participants was closer to what we expected from disadvantaged Scottish neighbourhoods. Self-reported smoking prevalence among our respondents was 40% in 2008, almost identical to the figure reported in that year’s Scottish Health Survey for the population in Scotland’s most deprived quintile (as measured by the Scottish Index of Multiple Deprivation)\(^1\). In contrast, across all of Scotland’s population, 27% of men and 25% of women over the age of 16 years reported being a smoker in 2008. These findings are consistent with other evidence that demonstrates the link between area deprivation and smoking\(^1\).\(^1\).

The fact that our data on smoking prevalence are consistent with national figures for a similarly deprived population helps us be more confident about the reliability of our smoking data. A closer look at smokers’ characteristics allows comparison of the social patterning of smoking with the social patterning of drinking within the GoWell population\(^1\).

Echoing the figures for alcohol, the lowest prevalence of smoking was in the TRAs. Residents of high-rise flats (along with houses) had lower smoking prevalence then those in low-rise flats; and residents born outside the UK were particularly unlikely to smoke. Similarly, males and older working age adults were particularly likely to smoke (just as they were more likely to drink)\(^1\).

However, the proxy indicators of social status – housing tenure and employment – tell a different story. Whereas drinking was associated with home ownership and employment, being a smoker was associated with social renting and unemployment. Adults who lived without children, particularly single working age men, were more likely to smoke, while adults who lived with children were more likely to drink\(^1\). Smoking seems to be more strongly associated with markers of deprivation and exclusion than does drinking.
**Physical activity and inactivity**

Physical inactivity increases the risk of many chronic diseases such as coronary heart disease, type 2 diabetes, and cancer of the colon. Most sports are a form of physical exercise but everyday activities such as walking, gardening or housework also help to reduce sedentary time. Engaging in everyday, moderate physical activities, even for relatively short times on most days can bring health benefits. These everyday activities have distinct advantages from a public health perspective: most people can engage in them to some degree, they are cheap or free, and they conveniently fit into people’s everyday life. There are also environmental justifications for choosing active travel over motorised transport.

We looked at whether people’s everyday physical activities are associated with characteristics of the place they live in; and we focused particularly on neighbourhood walking because we hypothesised that if regeneration interventions were successful in making people feel better about the area they lived in, this could potentially encourage an increase in neighbourhood walking.

In the 2006 survey, residents were asked ‘In a typical week, on how many days do you go for a walk around the neighbourhood?’ Overall, 29% of respondents reported walking around their neighbourhood on five or more days per week but this figure varied widely by study area (ranging from 10% to 51%). Frequent neighbourhood walking was more common in the PEs (35%) than in the inner-city neighbourhoods regardless of whether those inner-city neighbourhoods had relatively high or low density dwelling designs. In the higher density inner-city neighbourhoods (post-war estates dominated by multi-storey flats) 26% of participants reported frequent neighbourhood walking, whereas in lower density inner-city neighbourhoods (dominated by cottages and tenements with single or shared gardens) the figure was 28%.

Unsurprisingly, respondents who were older, whose physical health was poor, or who had specific health problems were less likely to walk frequently. Neighbourhood walking did not vary by measures of socioeconomic status (although our analyses are limited by the fact that our sample does not have a substantial amount of variation in socioeconomic status since most participants are relatively deprived).

People were more likely to walk frequently in their neighbourhood if they felt a sense of belonging to the place where they lived, considered the community cohesive, and if they felt the streets were safe to walk in at night. However, people who expressed higher levels of trust in others living in their area, were less likely to walk frequently.

Walking was associated with aspects of the physical environment in a number of ways. First, the presence of local amenities that support physical activity was important. Respondents who used local sporting facilities, parks and play areas were all more likely to walk frequently in their neighbourhood. In the case of parks and open spaces, respondents were more likely to walk if they also believed that those facilities were of good quality. Third, the use of other types of local amenities was also associated with frequent neighbourhood walking: for example, general shops, social venues, libraries and even fast food outlets.

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ii These analyses control for other factors like age, gender, ethnicity and level of education.
Frequent neighbourhood walking was also found to be associated with better physical and mental health\textsuperscript{19}, although the direction of causality here is not yet clear.

Table 2 below outlines who has the least healthy behaviours when we look at some personal, social status and home type characteristics.

**Table 2. Who has the least healthy behaviours?**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Diet</th>
<th>Alcohol</th>
<th>Smoking</th>
<th>Physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>Men</td>
<td>Men</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Age</td>
<td>Working age</td>
<td>Middle age</td>
<td>Middle age</td>
<td>Retired</td>
</tr>
<tr>
<td>Country of birth</td>
<td>UK</td>
<td>UK</td>
<td>UK</td>
<td>UK</td>
</tr>
<tr>
<td>Employment</td>
<td>Unemployed</td>
<td>Employed</td>
<td>Unemployed</td>
<td>Retired; sick; unemployed</td>
</tr>
<tr>
<td>Tenure</td>
<td>Renters</td>
<td>Owners</td>
<td>Renters</td>
<td>Renters</td>
</tr>
<tr>
<td>Building type</td>
<td>High-rise flats</td>
<td>House; low-rise flats</td>
<td>Low-rise flats</td>
<td>Low-rise and high-rise flats</td>
</tr>
</tbody>
</table>

**Findings on mental wellbeing**

Systematic review evidence suggests that mental health and wellbeing are key health outcomes that can result from regeneration. Consequently, a strand of our cross-sectional research has explored mental wellbeing and its associations with various characteristics of people and place.

The findings generally provide evidence to support the link between mental wellbeing and the quality of local environments. An analysis of our wave 2 (2008) survey data, using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)\textsuperscript{20} as a measure of mental wellbeing, found that people who reported that their home had a ‘very good’ external appearance were also more likely to have higher WEMWBS scores (a higher score indicates better mental wellbeing). The quality of front doors was a characteristic of people’s homes that had particularly strong, positive associations with mental wellbeing. This is of interest because replacement front doors are the most frequently implemented housing improvement in Glasgow’s regeneration programme. A good quality door can add aesthetic value to a home but also be valued in terms of feelings of security and control\textsuperscript{21}.

Associations with wellbeing were particularly strong in cases where environmental characteristics were rated as ‘very good’ rather than merely ‘good’. This observation applies to the home characteristics discussed above. It also applies to neighbourhood aesthetics: residents who reported that their neighbourhood had very good aesthetic qualities were likely to score more highly on WEMWBS\textsuperscript{21}. We do not yet know if these associations are causal (with the environment having an influence on mental wellbeing) but if they are, the findings suggest that environmental improvements need to achieve a high level of quality if
they are to impact upon residents’ wellbeing. Such associations are consistent with the idea that homes and neighbourhoods are important restorative environments for people to relax and recover in.

Psychosocial characteristics of the home and neighbourhood also had strong associations with mental wellbeing. People who thought that their residential environment helped them feel they were doing well in life tended to report better mental wellbeing. Similarly WEMWBS scores tended to be higher among people who believed that their home made them feel in control and where people believed that local residents thought highly of the neighbourhood, i.e. it had a high ‘internal reputation’.

Relative social positioning provides a further mechanism by which the psychosocial environment was associated with mental wellbeing. It has been theorised that people’s assessment of their own social status may have associations with health and wellbeing that are independent of material or economic markers of status. It has also been theorised that people may make different types of social comparisons to help them assess where they are positioned on the social scale. We found evidence that people who positioned themselves, their home or the neighbourhood relatively favourably compared with others were more likely to have a higher WEMWBS score (compared to those who positioned these aspects of their lives lower down the social scale). Our findings suggest that these very local comparisons people make may be more important to wellbeing than previously thought.

Another theory to explain how residential environments may influence health through psychosocial pathways relates to residents’ sense of empowerment, and in particular their relationship with local service providers. This is one of the ‘fundamental determinants of health’ described earlier. ‘Empowerment’ can be conceptualised in various ways. Our survey includes questions that refer to different levels or ‘doses’ of empowerment: the most basic level is simply being satisfied with a service provider; a second level refers to whether or not residents feel the service provider gives them adequate information about their plans and activities; and a third level considers reciprocal engagement in which residents feel they can influence the service provider’s decisions. Specifically, we asked residents how satisfied they were with their landlords, and whether they believed they were being kept informed about, and given a chance to influence, decisions affecting their local area. Typically, our respondents were most likely to provide a positive answer in response to the satisfaction questions and least likely to respond positively to the participation question, but all three levels of empowerment were found to be positively associated with mental wellbeing.

Findings on health following neighbourhood change

The findings described above are relevant to the planning of home and neighbourhood interventions, but they do not describe how such interventions may have affected residents. There are other GoWell outputs that have focused on area-based regeneration and its impacts. These are considered below.
Housing improvements

Across all our study areas there has been an extensive programme of housing improvement driven by national and local changes to Housing Quality Standards\(^24\). Properties have received internal and external improvements according to need – including improved roofs, external cladding, doors, windows, bathrooms, kitchens, heating and electrics\(^13\). Registered Social Landlords (RSLs) are compelled to ensure that all their properties meet the new national standard by 2015. RSLs manage social rented and, to a lesser extent, owner-occupied properties (as factors). The scale of the improvement programme required an incremental approach spanning the available time period and, in effect, creating a ‘waiting list' for improvements. In spite of this incremental approach, housing improvement was arguably the most widely implemented physical regeneration intervention in the early years of GoWell. In 2008, 36% of our respondents reported receiving housing improvement during the previous two years\(^13\).

There is research evidence demonstrating that housing improvement can benefit residents’ health\(^24-27\). A systematic review found that improvements in respiratory, general and mental health have been observed following housing improvement\(^25\). However, much of the identified evidence of health benefits came from studies of interventions that target homes with specific health risks – most notably heating improvements for cold, damp dwellings. Hence, the review concluded that the "potential for health benefits [from housing improvement] may depend on baseline housing conditions and careful targeting of the intervention.\(^25\) The improvement work we have evaluated was targeted to a degree, in that homes were managed by RSLs, located in disadvantaged neighbourhoods and were assessed to be in need of intervention. However, improvements were designed to meet generally applied housing quality standards. To this extent, we explore the impact of less targeted, population-level housing improvement programmes on mental health.

Mental and physical health

We identified a nested longitudinal cohort (n=1,041) from two cross-sectional surveys (from 2006 and 2008) of householders experiencing different types of urban renewal in Glasgow, hypothesising that home improvements would benefit residents’ health in the short term and testing the hypothesis by comparing those participants who reported receiving housing improvement between 2006 and 2008, with those who did not (using the latter as a control group). We used a validated tool known as SF12 (version 2)\(^28\), for measuring self-reported mental and physical health at wave 1 (2006) and wave 2 (2008), and controlled for a number of potential confounders.

Our findings suggest that housing improvement probably had a small benefit to residents’ mean mental health in the short term\(^26\). This rather cautious statement reflects the fact that the improvement we detected was statistically significant, but only just. The SF12v2 survey is designed to be divided up into a number of subscales describing different dimensions of mental health. These include four physical health subscales dealing with physical function, bodily pain, general health and the extent to which physical health limits everyday roles. It also includes four mental health subscales focusing on vitality, social functioning, role limitations and a mental health subscale combining questions on anxiety and depression.
Importantly, our analysis found significant improvements in the social functioning and mental health subscales following housing improvement. We also found some evidence to suggest that mental health benefits were experienced more amongst residents with no educational qualifications compared to residents with educational qualifications. We found no evidence that other demographic characteristics (e.g. gender, age, household structure and country of birth) interacted with self-reported health as measured by SF12v2. We also found no evidence of intervention effects on self-reported physical health following housing improvement. However, this analysis relied upon occupants’ own reporting of housing improvements to their homes. Therefore, we are intending to repeat this analysis in the near future using a larger longitudinal sample from our three survey waves, as well as objective records from Glasgow Housing Association on housing improvements carried out to properties. In this way, we can better assess the tentative findings we have reported so far on the health impacts of housing improvements.

**Smoking and intention to quit**

As mentioned earlier, smoking is strongly socially patterned – being a much more common behaviour now in poorer communities than in more affluent areas. Smokers living in areas of multiple deprivation are also less likely to quit smoking. This may be due to a number of factors such as barriers to accessing cessation programmes; more deep-rooted reasons for smoking in the first place, such as having to deal with undesirable environments and circumstances, and coping with stress; or being exposed to more pro-smoking factors at the personal and community levels, such as cigarettes being more available, social norms more supportive and more permissive attitudes.

Such explanations have led to considerations about whether making changes to residential environments might influence smoking rates. Although there are few studies of regeneration and tobacco consumption, one of the largest health effects reported from a housing improvement study has been a reduction in smoking. Blackman et al.’s study of 98 households and 209 participants reported a 50% reduction in smoking for those who had received a housing improvement compared to those who did not. This is an unusually large effect which, if generalisable, would clearly have important public health implications. So it was surprising that we were unable to identify any other published studies that used quasi-experimental methods to measure the impact of housing improvement on smoking. Blackman et al. also proposed this reduction might be due to a decrease in stress but were unable to demonstrate this proposed relationship in their study: therefore we included mental health and wellbeing variables in our analysis.

In contrast to the Blackman et al. study, we found that providing residents in disadvantaged areas with better housing did not lead to a reduction in smoking, but, rather importantly, housing improvement was associated with intention to quit. Improvements in mental health did not explain this association. Housing improvement in Glasgow may not be sufficient to significantly reduce smoking rates, but such improvements may provide a ‘critical moment’ for more targeted smoking interventions. The implication of our finding is that linking health services to housing projects might provide an opportunity to develop interventions that capitalise on this ‘critical moment’, although such interventions should be evaluated for effectiveness.
Clearance, rehousing and demolition

Quantitative findings

Four GoWell areas have experienced substantial housing clearance and demolition (although not all to the same degree). The academic literature on this type of regeneration has often highlighted negative consequences. For example, Paris and Blackaby noted that such programmes have “frequently been accused of the ‘destruction of communities’.”31 This alleged ‘destruction’ is partly a social phenomenon involving the separation of neighbours and closing down of amenities which may have been used as social hubs (e.g. schools, community centres, cafés, and so on). It is also a physical phenomenon that increases the proportion of derelict properties, turns neighbourhoods into worksites and buildings into rubble32,33. Furthermore, large-scale clearances can take years to complete, during which time residents who wait to be relocated remain exposed to local environments that steadily worsen33. Given this background, we hypothesised that residents who spent two years living in neighbourhoods undergoing clearance and demolition would experience worsening health. We tested this hypothesis, drawing on the nested longitudinal cohort identified from linking participants from the 2006 and 2008 surveys (as described above)26.

In fact, we found no evidence from our primary analysis to substantiate this hypothesis and in addition, some evidence from our subscale analysis appeared to repudiate it. Comparing the demolition group to the control group, there were no significant differences in the way that average mental health or physical health scores changed over time. Seven of the SF-12v2 subscales showed little or no intervention effect, while social functioning significantly improved in the demolition group relative to the control26.

These findings are surprising, given current understandings in the literature. If neighbourhood environments can deteriorate without substantially affecting residents’ health, this raises questions about assumed causal pathways. If the findings do indeed reflect the experience of residents living in areas undergoing clearance/demolition, we might speculate a number of possible explanations for this: (a) harmful neighbourhood effects may have been a significant problem prior to 2006, potentially lessening the negative impact of the demolition programmes; (b) some residents may have viewed the clearance and demolition programmes positively (previous GoWell research suggests a majority of Remainers supported demolition13); (c) the interventions could have been delivered in ways that helped reduce potential negative impacts on residents; and (d) the residents who remained in the demolition neighbourhoods during the two-year period may have been particularly resilient compared to residents who relocated in the early phase of clearance.

Qualitative findings

Using qualitative methods we explored in more detail the experiences of residents who lived in neighbourhoods undergoing clearance and demolition33,34. In terms of the four possible explanations stated in the previous paragraph, the qualitative study found that: (a) many of the residents’ accounts included descriptions of long-running and complex problems with their homes and neighbourhoods – problems that predate the regeneration programme and which lend further weight to the view that urgent action has been necessary to transform the residential environments for these communities; (b) a desire to leave homes and the
neighbourhood was a common theme, although not all the participants shared this view; and (c) the clearance and relocation process was portrayed positively in some (but not all) participant narratives, particularly the role of local housing officers. The study did not find any evidence to either support or refute the fourth explanation about greater resilience among longer-term Remainers.

The qualitative study participants suggested a range of perceived pathways and mechanisms by which their physical and psychological health might be influenced by their environment. Of particular relevance to housing-led regeneration, homes considered too small, damp and costly to heat were perceived by residents to have adverse health consequences in terms of mental wellbeing, childhood asthma and related illnesses.

However, many of the factors considered to have important health consequences were not directly linked to the physical condition of people’s homes. Figure 3 illustrates the various causes of ill health described by the residents who participated in our qualitative study. Looking down the boxes on the left hand side of Figure 3, it is clear that although physical environments, particularly at home, were blamed for some health problems, social problems (including childhood and family problems) tended to figure more prominently in residents’ narratives about the causes of their ill health. Social relationships and support structures within and beyond the local neighbourhood were considered to be important for a range of health and wellbeing issues.
Figure 3. Perceived causal pathways to health problems affecting participants or their families.

Note: In some instances, participants did not attempt to explain why they experienced health problems. This figure is based on accounts where explanations were provided. Some boxes and pathways apply to more than one participant.

Participants also identified a number of factors which they considered to be beneficial to their health and wellbeing, including participation within the community; individual or community support from community organisations and professional services (e.g. health, police, housing, and so on); and relocation as part of the clearance and new build programme. Again, social interaction and support issues rather than the physical environment tended to feature most prominently in residents’ accounts\(^34\).

Therefore, a key message is that the social environment is perceived by residents to influence a greater range of health issues than the physical environments of homes and neighbourhoods. Therefore, we would expect the potential benefits of urban regeneration to be maximised when strategies include improvements to social as well as physical environments.

**‘Remainer’ and ‘Outmover’ comparisons**

We also conducted cross-sectional analysis that compared participants who remained in the three largest demolition neighbourhoods (the three TRAs) and participants who had recently relocated from those neighbourhoods. We refer to these two groups as ‘Remainers’ and ‘Outmovers’ respectively. A survey of Outmovers was conducted in 2009 and compared with Remainers from the main survey of 2008.

Most of the residents who relocated had moved to homes that were near to their original address, often in adjacent neighbourhoods\(^35\). Furthermore, residential outcomes for Outmovers (such as housing satisfaction) compared favourably with those for Remainers, and most Outmovers seemed to have settled well into their new area within a relatively short period of time. Many measures of social connectivity and feeling part of the community appeared more positive among Outmovers than Remainers.

However, Outmovers appeared to have worse physical health than Remainers\(^35\). Examples include general health, long-term illness (e.g. respiratory, cardiovascular, digestive and liver and kidney illness, and headaches), recent illness/symptoms (e.g. sleeplessness, migraines and headaches, palpitations or breathlessness, fainting or dizziness, chest pain, managing physical activities, persistent coughing) and General Practitioner (GP) consultations in the previous 12 months. Although Outmovers’ health appeared to be relatively poor, there was some variation in health outcomes amongst this group. Notably, Outmovers who reported being satisfied with their new home were more likely to have favourable health outcomes. This was not specifically associated with the built form of the home, access to a garden or available space.

Mental health outcomes tended to be poorer for Outmovers. Across four measures of mental health based on SF12v2 subscales (Role Emotional, Mental Health, Vitality, Social Functioning), values were worse for Outmovers than Remainers\(^35\). On average, Outmovers and Remainers with a long-term health condition had similar mental wellbeing scores, but, surprisingly, Outmovers with no long-term conditions scored significantly less well on this measure than did the equivalent Remainer group.

In some regards, Outmovers also reported less favourable health behaviour outcomes. Levels of smoking were generally high, but more Outmovers than Remainers smoked\(^35\). That
said, Outmover smokers were more likely to have cut down since their move; and Outmovers who intended to give up smoking had more immediate plans to do so. Outmovers were more likely to drink alcohol than Remainers and moving appeared not to have influenced their alcohol drinking behaviour. Outmovers were significantly more likely than Remainers not to have walked anywhere for at least ten minutes in the past week, and were also less likely to have walked around their neighbourhood for 20 minutes in the past week.

Overall, the discrepancy between social and residential outcomes that consistently favour Outmovers, and health outcomes that favour Remainers is striking. Explaining this discrepancy is a challenge. We surmise from the longitudinal research referred to above, that Remainers’ health changed little during this period, relative to that of other GoWell participants. Therefore, it is unlikely that the Remainers have tended to become healthier in absolute terms over time, while Outmovers have not. Nor do we have good reason to assume that Outmovers have become less healthy over time – given that the major change in their circumstances during this period appears to be a general improvement in their residential and social environment.

It is possible that unknown and/or unmeasured factors have prompted a different health trajectory for the two sub-groups. Outmovers did report greater difficulty meeting costs and paying bills and perhaps this economic hardship influenced health outcomes. However, we consider that the paradox between improved environments and worse health is most plausibly explained in terms of the composition of GoWell’s Remainer and Outmover subgroups.

The Remainer and Outmover samples were similar in terms of age group and gender, but differed in terms of occupational status, citizenship and household type. Outmovers were significantly more likely to be in non-retired, non-working categories (long-term sick; looking after the home/family); and to be British citizens (who in our sample tend to have worse health than participants born outside the UK). Remainers were significantly more likely to be either unemployed or retired; to be asylum seekers and refugees; and to be from two-parent families and older person households. We cannot tell the extent to which the differences between the Outmover and Remainer samples are due to real differences between the groups or due to any bias in the way we have obtained the samples, though it is possible that we were less successful in tracing non-British citizens.

We intend to examine again both health outcomes and changes in health behaviours for Outmovers from regeneration areas, as well as for other house movers in the near future to try to gain a better understanding of whether moving home has any consequences for health in our study population.

Changes in the health of GoWell communities over time

The previous sections have looked at the associations between people’s housing and neighbourhoods and their physical and mental health and health behaviours; and then examined some evidence from our longitudinal cohort studies regarding the impact of regeneration (including moving homes due to demolitions) on health and health behaviours. While these longitudinal data are valuable they are also limited at the moment to two time
periods. In this section therefore we examine changes in health and health outcomes from our three cross-sectional community surveys which encompass a six-year period (undertaken in 2006, 2008 and 2011). In particular this section focuses on differences over the full time period between 2006 and 2011.

There are several reasons why we might see changes (either improvements, declines or no change) in the various health outcomes we are studying and in the different types of regeneration areas. We may see changes in these areas due to secular trends (e.g. a decline might be due to economic recession affecting our participants and others in Scotland). We may also see changes in health due to changes in neighbourhood composition (regeneration can involve the movement of people in and out of neighbourhoods). Of course, we could also see changes in health that could have occurred due to changes in neighbourhood context resulting from regeneration interventions. In this section we compare changes over time within each area type (tested by statistical tests) and across area types, adjusting for the sociodemographic make-up of the areas and how that may have changed from 2006 to 2011.

**General health**

Generally, self-reported health appears to have declined since 2006 across all the GoWell intervention area types, although the rate of decline varies by area type. Percentages of residents reporting good, very good or excellent health have fallen by 4-15% in the intervention types. This decline is not explained by any changes in the sociodemographic make-up of the residents in the areas. The decline also appears to be counter to Glasgow’s general trend, as Scottish Health Survey findings from the geographical area covered by Greater Glasgow and Clyde NHS Board suggest that self-reported health improved from 69% claiming to have good or very good health in 2003, to 74% in 2011.

**Mental wellbeing**

We assessed positive mental wellbeing only in 2008 and 2011 (not 2006). Residents in the TRAs showed a significant increase (about 2 percentage points) in mental wellbeing; other areas showed smaller, but not statistically significant increases; and residents in the HIAs reported a decrease in their wellbeing. While positive mental wellbeing has not changed substantially over the period in most of the area types, in each case the mean WEMWBS scores at 2011 are higher than the national and Glasgow averages, as measured by the Scottish Health Survey. In addition, the mean WEMWBS scores for Glasgow and Scotland changed little during the 2008-2011 study period.

**Primary care**

Self-reported levels of General Practitioner (GP) consultation increased between 2006 and 2011, both for ‘any’ health problem and for mental health problems. Consultations increased particularly in the LRAs. While these findings likely reflect self-reported decline in health over time, they may also indicate a greater willingness to access health services.

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iii Data provided to GoWell on request by the Scottish Government. Thanks to Rosalia Munoz-Arroyo.
Health behaviours

As discussed above, changes to health behaviours may contribute to changes in health outcomes, and behaviour change may predate any changes in general physical or mental health. We found small improvements in diet (reductions in the frequency of fast food consumption) which varied by area type (6% to 14%), but after adjusting for the sociodemographic characteristics at each measurement point, these reductions were only statistically significant for the TRAs and LRAs. There was a small decrease in smoking rates (which was not statistically significant) and no significant change in those reporting intending to quit smoking. We also found a significant increase in those reporting drinking alcohol (8% to 23% increases), and there were some small but not statistically significant increases in physical activity (as assessed by people undertaking at least 20 minutes walking in the neighbourhood on five or more days a week).

Summary

We have presented a lot of findings, and it is challenging to interpret clear messages from them. We are also aware that, although housing improvement is now well advanced, the processes of transformational regeneration are still at a relatively early stage in some of our study areas. Similarly, we are still at a mid-stage in our research. Wave 3 findings are not fully analysed and the longitudinal analyses are at a relatively early stage. Our findings therefore need to be interpreted in that context.

1. We have shown clear associations between neighbourhood amenities and health-related behaviours. Specifically, people are more likely to walk if their neighbourhood has amenities for residents to use, and which are of good quality; and people are more likely to eat healthier snacks if they have access to supermarkets or other food outlets within a reasonable distance from their home.

2. Mental wellbeing appears to be the most sensitive health indicator for GoWell. We have found associations between mental wellbeing and a wide range of home and neighbourhood characteristics, including: neighbourhood aesthetics; the external appearance of the home; the appearance and security of the front door; a feeling that the home and neighbourhood give a sense of personal progress; and sense of control in the home. It appears that, in at least some of these cases, the home and neighbourhood characteristics need to be very good/achieve a high level of quality for the positive mental wellbeing links to be evident.

3. How the interventions are progressed also seems to be important. For example, mental wellbeing is associated with feelings of empowerment; and we have shown elsewhere that those who are relocated have more positive outcomes when they report being given a greater degree of choice during the process, and those who receive housing improvements derive more benefits thereafter when they have a positive view of their landlord’s service as a whole37.

4. We have also shown some indications of health benefits associated with the interventions we are studying. Housing improvement is associated with increased intention to quit smoking (though not with quitting itself). Housing improvement also
5. Our repeat cross-sectional survey data also indicate some encouraging findings in the TRAs – the GoWell areas with the highest levels of need. If these continue and are replicated in further analyses, they highlight the potential of regeneration to reduce the health gap within Glasgow.

6. Overall, however, self-reported general health is worsening in our study areas and this is contrary to the picture for Greater Glasgow and Clyde as a whole. GP visits are increasing.

7. A strong message from the qualitative research findings from residents in the TRAs is that the social environment is perceived by these residents to influence a greater range of health issues than the physical environments of homes and neighbourhoods.

This report started with a recognition of the scale and duration of change that will be required to impact on the long-established population health challenges in these areas of Glasgow. It concludes with a recognition that the change process is still in progress and that evidence of health benefits are, to date, limited. This is probably to be expected.

We are committed to distilling implications for policy and practice where possible throughout our study. The findings summarised above clearly reinforce the need to move from an area-based approach that involves tackling different issues in communities separately, to one which builds up fundamental community resources (knowledge, power, social connections, information and so on), and ultimately to one which is more holistic.
References


Acknowledgements

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Key messages

How can the linkage between the various strategies and policies related to regeneration be improved?

- Since 1968 there has been a steady stream of different regeneration programmes and partnerships with various objectives. Long term stability in institutions, aims and governance is needed.

Can physical, social and economic regeneration really be separate entities? The Committee would find it useful to hear about projects distinctly focussed on one or more aspects, and the direct and indirect outcomes of such activity.

- It is important that policy is clear on what the different approaches to regeneration can deliver. Physical regeneration is important in delivering new housing and environmental improvements. It can also improve health and wellbeing. People-focused outcomes, such as educational achievement and employability, are much harder to improve.
- Good progress on people-based outcomes has been made by a non-area based approach delivered through strategic community planning.

Are we achieving the best value from investment in this area? If not, how could funding achieve the maximum impact? Could the funding available be used in different ways to support regeneration?

- Given how relatively small a portion of overall budgets regeneration expenditure is, it is most important to get value for money from expenditure on mainstream services in less affluent neighbourhoods.

What delivery mechanisms, co-ordination of, and information on the funding that supports regeneration are required, to facilitate access by all sections of the community?

- Community development resources and support to organisations such as Tenants’ and Residents’ Associations is important to enable access to the wide range of funding available.
- The role of housing associations as community anchors should be enhanced, using their assets and stable revenue stream to offer community development in neighbourhoods.

Should funding be focussed on start up or running costs? What is the correct balance between revenue and capital funding?

- A very large qualitative impact on quality of life can be delivered through small amounts of revenue funding for community development. Whereas affluent neighbourhoods can deliver these activities themselves, less affluent neighbourhoods and communities often need support for small projects.

How can it be ensured that regeneration projects are sustainable in the long term?
Tailored, mainstream expenditure from local authorities and CPPs has a key role in ensuring financial sustainability. We cannot expect neighbourhoods that have specific concentrations of poverty and associated challenges to suddenly be able to make projects sustainable using their own limited resources.

What role should CPPs play in supporting the community in regenerating their communities?

- CPPs have to deliver targeted and tailored mainstream services in less affluent neighbourhoods. Targets to close the gap in outcomes between neighbourhoods need to be part of Single Outcome Agreements.

How can CPPs best empower local communities to deliver regeneration? Please provide any examples of best practice or limitations experienced that you think the Committee would find useful in its scrutiny.

- Excellent mainstream services that meet neighbourhood need will allow communities the space to be empowered to tackle more entrenched problems. While communities are fighting to make their neighbourhoods liveable they cannot be expected to engage in more strategic issues.

A brief history of regeneration

Regeneration has been typified as an “alphabet soup” of initiatives. Numerous initiatives have been implemented over the decades, many of them running concurrently. Place-based regeneration policies have been used in the UK since the Urban Programme was launched in 1968 although antecedents can be found in previous slum clearance and comprehensive development policies. The overall trend has been a move from short-term area-based programmes, to longer term strategic approaches; and a shift away from purely physical initiatives, to sophisticated joined-up programmes offering a more holistic approach. However, the regular changes to the policy environment leave a great deal of uncertainty and disengagement among communities and practitioners. Further, while regeneration has historically been a relatively small part of government expenditure at all levels, it has been subject to almost overwhelming policy change and evaluation far beyond that which much larger expenditure streams are subject to.

Early projects were predominantly funded by the UK Home Office. Two of the earliest were the Urban Programme and the Community Development Project. The Community Development Project running in Ferguslie Park, Paisley, between 1969 and 1977 was the only Scottish example of this particular area-based policy and the only one in the UK focusing on an area of socially rented housing. Scotland received substantial amounts of


Urban Programme funding (as UrbanAid) and funding from the EU and precursor bodies. The Paisley CDP typified a long-term difference between place-based policies in Scotland and England. Whereas much policy in England was focused at the inner-city, characterised by dereliction and failed housing markets, from the mid-1980s policy in Scotland has tended to focus on peripheral social housing estates around major cities. However, one of the major early place-based policies in Scotland – Glasgow East Area Renewal – was targeted at the inner city East End of Glasgow. This led to many successes and lessons learnt were included in the UK Government inner cities policies in the late 1970s.

During the 1980s regeneration policy was dominated by large-scale support and subsidy of private-sector led revitalisation typified by the Urban Development Corporations (UDCs) – most famously London Docklands, but also in areas such as Tyneside, Don Valley Sheffield and Liverpool docklands. During this period the Scottish Office targeted Urban Aid funding at physical improvements. No UDCs were set up in Scotland but five enterprise zones were created – most famously the former Singer factory site in Clydebank.

The main concentrations of unemployment and the associated social problems of multiple deprivation in Scotland have tended to be in large peripheral social housing estates. Policies such as population dispersal from Glasgow had delivered these new residential suburbs from the 1950s onwards. By the 1970s their peripherality, localised and general deindustrialisation, often combined with poor quality housing and services, led to specific concentrations of deprivation. This was recognised from the 1970s and urban regeneration funding, delivered by the Regional Councils, was increasingly focused on these neighbourhoods.

New Life for Urban Scotland, launched in 1988 and focusing on four neighbourhoods, aimed to make the targeting of regeneration funding more strategic and “turn-around” these neighbourhoods. The initial success of the programme in delivering rapid housing renewal led to the partnership approach being rolled out through the Priority Partnership Area scheme. This used a process of competitive bidding similar to that which had been used in the City Challenge and Single Regeneration Budget programmes in England. As well as the prioritised neighbourhoods that won increased funding, the policy also created partnerships without additional funding. This policy also recognised that partnerships could be more effective covering an archipelago of neighbourhoods rather than just one small area. These were complemented by smaller programmes, such as the Scottish Homes run Small Urban Regeneration Initiatives and investment in physical regeneration by Scottish Enterprise.

This approach to spatial targeting was largely continued after devolution. The 1999 Scottish Office policy Social Inclusion: Opening the Door to a Better Scotland proposed keeping the

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existing network of partnerships, creating additional Social Inclusion Partnerships (SIPs) and focusing expenditure based on need (levels of deprivation measured by an index of multiple deprivation and population) as well as competition. It also introduced a network of 14 thematic SIPs covering a whole local authority area and focusing on a specific population, for example women in prostitution. In all 48 SIPs were created by the Scottish Executive, running until 2003.

The 2002 Scottish Executive policy Better Communities in Scotland: Closing the Gap proposed ending the SIPs and merging their functions into Community Planning Partnerships (CPPs) that were to become a statutory function of local authorities under the Local Government in Scotland Act 2003. This moved regeneration towards a mainstreamed, strategic, local authority-led approach to delivering sustainable change. Between 2006 and 2008 CPPs were supported in delivering regeneration through the £350 millions Community Regeneration Fund targeted at the most deprived 15% of neighbourhoods as identified in the Scottish Index of Multiple Deprivation.

The statutory provisions for community planning placed a duty on local authorities and their CPPs to deliver local partnerships as well as central strategic partnerships. Some local authorities, for example Aberdeen and Dundee, based their partnership arrangements around existing SIP areas and other neighbourhoods. Most of CPPs have used the boundaries of multi-member wards as the geographical basis for delivering community planning at a local level. The intention was that CPPs at a local authority and neighbourhood level would have a strong focus on delivering neighbourhood change. However, in practice many CPPs have struggled to balance their strategic role with the local focus, with local communities often feeling excluded from participatory arrangements especially when they have had the previous focus of regeneration partnerships.

Community planning has taken on the role community regeneration focused on improving socio-economic outcomes: poor health and wellbeing; unemployment and worklessness and low educational attainment. Physical regeneration, similar to that delivered by programmes such as GEAR and New Life, has also continued through the network of six Urban Regeneration Companies across Scotland producing transformational physical change and tenure mix, replacing poor quality housing and improving environmental quality. This split between community regeneration being delivered through community planning and physical regeneration delivered by URCs continued after 2007, embedded with the Achieving Our Potential anti-poverty framework (along with Equally Well and The Early Years Framework)

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which loosened further the focus on places in tackling many of the problems encompassed in the previous community regeneration strategy.

The policy proposals contained in the Christie Commission report and the 2011 Scottish Government regeneration strategy do begin to signal a return to approaches to regeneration and place-based socio-economic policies last seen in the SIP programme. Although the place-based focus for socio-economic policies, specifically efforts to reduce worklessness, was reduced in the Achieving Our Potential tackling poverty framework, the focus on early-intervention in policy, and the understanding of the problems of multiple deprivation as being spatially concentrated is producing a renewed focus on places and neighbourhoods.

This is a complex story. For individual communities and neighbourhoods it has meant a large amount of change to the governance of regeneration and how mainstream services are delivered. Long-term residents activists maintain a memory of initiatives that have long since ceased, while the institutional memory of government has long-forgotten the lessons learnt as partnerships and projects have closed and staff have moved on.

The area-focus

The above history highlights that there has been a focus on particular places – less affluent neighbourhoods – in Scottish regeneration policy as being deprived in some way. This focus on place has recently gained renewed traction with the outcomes focus in the public services, with the Improvement Service finding that:

‘[a]ll these negatives [outcomes] in peoples [sic] lives in these areas are statistically inter-related but, more importantly, practically interact in the daily lives of these communities creating 'cycles' of deprivation and affluence.’

This, and similar policy statements, presume that the neighbourhood is some sort of undifferentiated “black box” of social systems that have an impact on an individual’s outcomes, above and beyond the impact of personal circumstances such as ill-health, poverty, disability etc. The evidence for the existence of such neighbourhood effects in Scotland is contradictory and marginal. While it is easy to presume that neighbourhoods must have an impact on people’s life chances and outcomes because many less affluent neighbourhoods look so poor, and the colocation of many people with individual problems makes them more obvious, the conclusive statistical evidence that the neighbourhood itself results in poorer outcomes does not exist. For many people, less affluent neighbourhoods are elevators for temporary residence after personal problems and misfortune, enabling them to settle and then move on.

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It is important to recognise that the concentration of poor outcomes in less affluent neighbourhoods exists predominantly because of housing choice—over two-thirds of all Scottish socially rented housing is in the most deprived 15% of neighbourhoods. With the increasing marginalisation of social renting as housing tenure of choice, it has increasingly become an option for those who have no housing choice because of characteristics the SIMD is measuring: low income; low skills and levels of educational attainment; poor health and wellbeing. It is also important to note that the majority of people experiencing poverty do not live in less affluent neighbourhoods.  

The Scottish Government in their regeneration strategy define regeneration thus:

“Regeneration is the holistic process of reversing the economic, physical and social decline of places where market forces alone won’t suffice”

This ties regeneration closely to correcting market failure, intervening where market forces alone are insufficient. Often it is not the market that has failed in Scotland. Historic policy decisions mean we have put our socially rented housing in estates, often physically and visually separate, and subsequently created areas where individuals and households experiencing poverty and social exclusion are spatially concentrated. This has coincided with a restructuring of labour markets towards part-time, low-skilled, low-paid work.

The same is equally true of why we have particular concentrations of very affluent households in some neighbourhoods. If we are to produce truly mixed communities then we have to move people experiencing poverty to affluent neighbourhoods, as well as changing less affluent neighbourhoods.

The impact of housing markets and housing choice in the emergence of areas of concentrated deprivation has rarely been fully recognised in regeneration policy, particularly many area-based initiatives such as those discussed above. Rather, these presumed a neighbourhood had entered a cycle of decline and that some funding and policy attention would be sufficient to lift the neighbourhood from this temporary state. Subsequently, while policies such as New Life for Urban Scotland, that targeted its selected neighbourhoods for a decade, can improve socio-economic outcomes over the period funding is in place, neighbourhoods will often return to previous levels of socio-economic deprivation as newly employed residents move in and those in housing need take on socially rented housing.

This is not to say that policies that target specific neighbourhoods will not be successful, but they are going to have more lasting success at targeting problems of the neighbourhood, rather than problems that just happen to be in the neighbourhood. The Committee are to hear from the GoWell project in Glasgow. The evaluation of the New Deal for Communities

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The NDC programme in England has provided similar results and demonstrates what impact neighbourhood focused regeneration policies can have:

- NDC partnerships often prioritised physical improvements, particularly to housing, as this is what community partners wanted;
- Mental health and wellbeing; feelings of being satisfied with the neighbourhood; and feelings of being safe in the neighbourhood all increased substantially due to this investment;
- Social outcomes – health, educational attainment, employment – did not increase as much;
- In many of these social outcomes comparator neighbourhoods – in the same towns and cities with similar levels of deprivation but not part of the NDC programme – also saw improvements, with the NDC neighbourhoods only doing marginally better.

The final report of the evaluation of the NDC can be strongly commended to the committee as a source of evidence on “what works” in neighbourhood regeneration in less affluent communities.

If sustained change in neighbourhood quality and outcomes is to be achieved it requires a tailoring of mainstream services rather than time-limited initiatives. While the prioritisation of early intervention and prevention by the Scottish Government and public service more generally is to be welcomed, it also has to be recognised that there is still “fire-fighting” to be carried out in less-affluent neighbourhoods. Services such as environmental services (street cleaning etc.), housing maintenance and management, education and community safety need to be enhanced and tailored. This can only be delivered through CPPs and may require long-term service capture by more affluent and able groups to be tackled.

The community

Some of the most interesting findings that have emerged from the NDC are around community empowerment. Although community engagement in the partnerships was difficult, it was a central part of the NDC approach and communities were heavily engaged and often empowered to make important decisions. However, as mentioned above, they prioritised obvious material changes that could made immediate improvement, rather than longer-term less tangible projects – to tackle worklessness, or public health interventions for example. In analysing the evaluation outcomes the NDC evaluation team question whether the priorities of an empowered community should come before policy interventions that are proven to improve outcomes.

It is not surprising that community activists prioritised environmental and housing improvements that would make immediate positive changes. For similar reasons, physical regeneration through place-based policies is often politically popular. Research looking at the experience of two of the four neighbourhoods targeted by the New Life for Urban

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Scotland programme found similar results. The partnerships were controversial, both within the neighbourhoods and in broader public policy debates in Scotland. But for community activists it was clear that regeneration was happening in the neighbourhood and the partnerships were delivering change, even though this was often controversial. Since the responsibility for delivering community regeneration has passed to CPPs these communities have struggled to understand or keep up with changes to policy and governance. They also do not see positive changes happening and feel detached and ignored by policy makers in local and national government.

The Scottish Government replaced the former Community Regeneration Fund with the Fairer Scotland Fund for the year 2007-8 and then rolled this into the local authority grant. This had provided sustained funding to many small projects tailored to neighbourhood needs that had received successive grants, often dating back to UrbanAid. CPPs were instructed to ensure a separate stream of funding targeting the most deprived neighbourhoods was maintained through their Single Outcome Agreements. There has been no systematic analysis of whether this has been achieved.

With the pressure on expenditure many local authorities have cut back on funding to the voluntary and third sector and resources such as community centres. This protects mainstream public services and is easy to justify as many of the projects do not produce “big-ticket” outcomes such as tackling worklessness. The social capital – the friendship and trust networks that help people get by – produced and nurtured by these projects can be vital for making qualitative improvements to neighbourhood life, the material alleviation of poverty, and improving health and wellbeing. Tenants’ and residents’ associations can have a key role here in facilitating this and the wider role of housing associations should be developed. Evidence is increasingly demonstrating that with their secure revenue stream and capital assets, community-based housing associations are in an excellent position to sustain the regeneration of communities.

While affluent neighbourhoods often have the resources to develop similar projects and opportunities, it is important to recognise that less affluent communities often need relatively very small amounts of revenue expenditure for workers and other resources to make a considerable impact on the quality of life in neighbourhoods.

Future directions

Without substantial structural change to our cities, or reductions in socio-economic inequality in Scottish society, the “problem” of less affluent neighbourhoods is likely to persist. To deliver more sustainable places, key [somethings] are:

- Stabilise governance and institutional arrangements – responding to cuts, many CPPs are yet again changing local community planning arrangement, further alienating local communities;
- Develop better targeted, tailored mainstream services in less affluent neighbourhoods – this should include enhanced “fire-fighting” services such as street cleaning and intensive support in schools as well as early-intervention measures;
- Support housing associations in developing a much greater range of wider role activities, using their assets and stable revenue stream to fund community development activities as anchor organisations;


Above all it is important to reimagine less affluent neighbourhoods as “elevators” – places that offer support for people who need it for a period of their lives before they move to other neighbourhoods. As such they should be excellent places both for these people and for those who do not have the resources to move from the neighbourhood. As the Scottish Social Inclusion Network stated in evidence for the Scottish Executive in 1999:

‘…community participation should not be seen as a pre-requisite for the delivery of decent services. People living either in poor or more affluent areas are entitled to both quality services and an acceptable living environment. We should not accept a situation where people living in more deprived communities have to go to countless meetings or engage in endless arguments with decision makers simply to receive a level of service that other people take for granted.’
Local Government and Regeneration Committee

19th Meeting, 2013 (Session 4), Wednesday, 12 June 2013

Delivery of Regeneration in Scotland

Submission from Annette Hastings, School of Social and Political Sciences, University of Glasgow

Key messages

- There needs to be an appraisal of what regeneration activity can achieve in the face of growing income inequality, socio-spatial polarisation and fiscal constraint.

- There is room for more energetic and progressive thinking about how mainstream services can deliver quality of place in regeneration areas within the context of fiscal constraint.

- People should not be expected to live in poor quality neighbourhoods because they are experiencing poverty.

- Better off neighbourhoods can capture more than their share of mainstream services, particularly those services concerned with ‘quality of place’.

- There is evidence that mainstream environmental services – street cleaning and basic maintenance – can work effectively to deliver regeneration outcomes.

- There may be a case for prioritising and tailoring environmental service provision in disadvantaged areas as a form of ‘preventive action’ in the context of public service reform.

- We need to level the playing field with regard to public service provision in order to make it possible for community-led approaches to regeneration to prosper.

Introduction: what can regeneration activity achieve?
We live in a highly unequal society which is getting more unequal\(^1\). There is also strong evidence that income inequalities are increasingly influencing where we live, such that concern is growing that different fractions of society are pulling apart socially and spatially.\(^2\) Such trends are despite sustained regeneration intervention over the decades. There are numerous examples of where regeneration has

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improved quality of life in residential neighbourhoods and, in some cases, addressed market failure. However, it is recognised that regeneration activity has been unable to tackle these big socio-structural trends in a fundamental way.\(^3\) Given this context, plus the added ‘whammy’ of severe and long term fiscal constraint, I would argue that it is important to focus on realistic yet ultimately ambitious objectives for regeneration, particularly at the scale of residential neighbourhoods.

The 2011 Regeneration Strategy Achieving a Sustainable Future is clear that the ambition is for regeneration activity to be ‘transformative’. One sphere which is emphasised as key to success in residential neighbourhoods is ‘quality of place’. Evaluations of regeneration interventions over the years tell a stark story: it is much easier to address the physical problems of neighbourhoods than their socio-economic problems – we have had more success on the ‘place’ agenda in comparison with the ‘people’ agenda\(^4\). Despite this, it is not apparent that regeneration does achieve a ‘quality of place’ which is actually transformative. Arguably, a transformative outcome would be one in which the quality of the environment did not signal the underlying social and economic make-up of the neighbourhood. In some nations, such as Sweden and Denmark, it can be much harder than it is in Scotland to read levels of social deprivation from the quality of the environment.

I conducted a small experiment in early June 2013 which produced some interesting evidence on this point\(^5\). I took a group of 32 Dutch undergraduate geography and planning students on a tour of a range of Glasgow residential neighbourhoods. I asked them to estimate the level of social deprivation in each area by paying attention to the nature and quality of the physical environment. In particular I wanted to explore their perceptions of neighbourhoods which had been subject to significant regeneration investment but which remained disadvantaged in socio-economic terms. Would this group of outsiders (effectively ‘parachuted’ into an unknown city) be able to read the social from the physical landscape even in regenerated areas? The answer was largely yes. Thus they could reasonably readily identify ‘average’ and ‘quite rich’ neighbourhoods. For the experiment, four areas which had undergone regeneration in recent years were also visited. In all income deprivation placed them in the bottom 30% of the spectrum. Almost all of the students thought three of the four areas were home to ‘quite’ or ‘very poor’ people\(^6\). The exception was New Gorbals. Here, the majority of students (85%) thought this area was home to people who were ‘average’ (53%) or ‘quite rich’ (32%) in income terms. It appeared that, in New Gorbals, quality of place has effectively masked social


\(^{5}\) The research was very small scale. It is mentioned here as illustrative of a problem rather than provided as conclusive scientific evidence.

\(^{6}\) They were not told they were in a regeneration area until they had offered their view of it.
deprivation. This was not the case for the other three regeneration areas where socio-economic deprivation was still legible from the physical landscape.

There may be a range of explanations for the low evaluations of the other three regeneration areas (and it should be noted that New Gorbals was the least income deprived of the four areas visited). However, it was clear that their estimates of social deprivation were strongly coloured by their perception of the quality of public space. Thus, they noted down problems with “garbage”, “closed up shops”, “rusty gates”, “bad maintenance” and “bad roads”. Interestingly, a key issue appeared to be the amount and quality of open spaces in the three sites. One commented: “houses look good, ugly grass” while another noted “nice architecture but green spaces which are not used”. In the better off areas, these spaces were viewed as an asset “lots of green parks”.

There are two key issues to draw out from this small and informal experiment. First – as we know of course - across Scotland there are poorer residential neighbourhoods which remain blighted by under-maintained semi-derelict land despite significant regeneration intervention. Such areas will tend to have experienced levels of demolition and re-structuring of the housing stock as a result of population loss and low levels of demand. For genuine quality of place to be achieved, it will be necessary to either attract development to take place on this land, or for the maintenance of it to improve substantially. The question of maintenance links to the second key issue. There is a need for the nature and quality of mainstream services, particularly those concerned with environmental maintenance, to be considered as a fundamental part of the regeneration agenda. Incidentally, I actually perceived that quality of place in these regeneration areas seemed to be a little better in June 2013 in comparison with previous visits\(^7\). However, I would suggest that a significant problem remains if a group of outsiders with no local knowledge are still able read socio-economic deprivation from the physical landscape.

However, this is not just about external perceptions of neighbourhoods. I would argue that a realistic yet ambitious objective for neighbourhood regeneration activity in the face of socio-spatial polarisation would be to achieve a level of quality of place in regeneration areas which does not reflect wider social divisions so clearly. If this were achieved then a range of other benefits might flow – such as improvements to mental health\(^8\) or to levels of physical activity\(^9\). Better environmental quality might also make the regeneration areas more attractive to a range of social groups as well as the market, setting in train a virtuous cycle with some potential to ameliorate socio-spatial polarisation. In the next section of this paper, I argue that to achieve this, a more progressive approach to integrating mainstream services into the regeneration agenda is needed. In the context of public service reform this might

\(^7\) It should also be noted that levels of citizen satisfaction with environmental maintenance are similar to other major cities. (Sunday Herald analysis of Improvement service data on ‘Austerity Scotland, 19 MAY 2013)


mean that national and local government should think of these services as a form of 'preventative action'.

**The need to integrate mainstream service provision into the regeneration agenda**

In the Ministerial Foreword to the Regeneration Strategy, the priority attached to “reforming the way mainstream resources are used to support vulnerable communities” is made clear. Such prioritisation reflects a long run ambition in Scotland and the UK more broadly to use mainstream services more effectively as instruments of neighbourhood renewal. In relation to using public services to maximise the impact of place-based regeneration, the Strategy suggests a two pronged approach. The first is to achieve more integration and better partnership working between different services and also between mainstream services and specialist regeneration programmes. The second is to consider how mainstream resources are focused on tackling disadvantage, and in particular how Community Planning Partnerships can be vehicles for understanding differences in levels of need and in determining “additional support” requirements.

Arguably, the Statement emphasises solutions which involve the integration of resources more than solutions which might imply that resources should be re-balanced towards needier areas. Indeed, the Statement notes that “spend from such mainstream resources tends to be much higher in disadvantaged areas” appearing to imply that the level of resources spent on deprived areas is not a central concern. To a large extent this reflects the analysis presented in the Report of the Commission on the Future of Public Services, which also notes high levels of “reactive spending” on the consequences of disadvantage. However, on the issue of the distribution of mainstream resources relative to disadvantage – particularly those related to the quality of place agenda - the national evidence we have is mixed. Spending on policing, for example, favours disadvantaged areas. However, spending on street cleansing and refuse collection has largely been neutral with respect to area deprivation and there is evidence that spending on roads and parks has, historically at least, tended to benefit less deprived localities.

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In the latter part of the 2000s, attempts were made to ‘bend the spend’ in a targeted way towards needier areas. This was seen as a means to use mainstream services to close the outcome gap. The technical challenges and organisational barriers to achieving this approach have been well documented. Public spending constraint is also argued to make targeting approaches appear unaffordable in the foreseeable future. As a result there are few indications that the substantial targeting of mainstream resources on deprived places will be fundamental to the Scottish approach to regeneration.

However, this Inquiry asks about how we are to achieve maximum impact from the better use of existing funding. I would argue that efforts to re-balance mainstream services between better-off and disadvantaged neighbourhoods – particularly those services which support quality of place – would achieve more with less. My argument is not that poor neighbourhoods necessarily require additional support or ‘targeting’. Instead, what is needed is to ensure that better off neighbourhoods do not capture higher levels of environmental services than their objective neighbourhood characteristics would suggest they need.

Underpinning this argument is evidence from a series of research studies - on the provision of environmental services in disadvantaged and better off neighbourhoods - conducted with colleagues at the University of Glasgow and Heriot Watt University for the Joseph Rowntree Foundation. This research exposed a clear national ‘problem’ in terms of a gap in neighbourhood cleanliness between better off and more disadvantaged neighbourhoods. Across the country, more affluent neighbourhoods tended to show a cleanliness level above the standard expected in national performance monitoring, while less affluent neighbourhoods tended to perform much worse. Indeed, some local authorities were achieving high average scores, but failing to maintain more deprived neighbourhoods to the desired standard. Key findings of this research of relevance to this Inquiry were:

1. **The distribution of environmental services can directly favour better off over disadvantaged neighbourhoods.**

One research study analysed patterns of expenditure on street cleansing relative to street-level deprivation for three local authorities. It found that in one of the three authorities, expenditure on street cleansing was currently distributed in a regressive...
manner relative to deprivation. This meant that dwellings within the authority’s *most affluent* decile of streets enjoyed around twenty per cent higher expenditure on routine programmed services than dwellings in the most disadvantaged decile\(^{21}\). A second authority had previously had a similar distribution, but had reversed this distribution in an attempt to improve outcomes in disadvantaged streets. (For the effects of this reversal see point 4 below). Senior managers within the authorities explained that there was not a deliberate strategy of skewing resource to better off areas, but that patterns of expenditure were likely to be a consequence of numerous small adjustments to workloads made over a number of years to accommodate the demands of articulate and well-connected service users. The fact that two of our three case studies had either a current or historic pattern of resource allocation which favoured affluent over deprived neighbourhoods would suggest that middle class ‘capture’ of this key public service could be a widespread problem.\(^{22}\)

2. *Even when resource allocation for environmental services does not directly favour better off neighbourhoods, services are not provided proportionate to levels of need.*

A separate but related issue is whether mainstream service provision takes full account of variations in need when services are devised and delivered. Our research revealed a range of ‘risk factors’ predicting levels of need for environmental services. These factors include but are not reducible to the socio-economic characteristics of the neighbourhood. For example, nationally across Scotland and England, housing density and child density predict environmental problems independently of deprivation\(^{23}\). And in another study\(^{24}\) other aspects of the built form were found to have an impact on cleanliness, such as the lack of gardens and the presence of disused buildings. The former study found that, at a national level, resources tended to be skewed towards deprived areas and those with high density housing. However, it was not apparent that the level of skew was proportionate to variations in need. Further, as point 3 below shows, it was not clear that simple assessments of the volume of resources offered an accurate picture of the extent to which needs were being met.

3. *The particular problems of disadvantaged neighbourhoods are too often addressed by ‘reactive spending’ rather than by ensuring that routine services are properly provided.*

The Christie Commission makes some important points about the problems created by spending on the consequences rather than the causes of inequalities: what it labels as ‘reactive spending’. However, our research showed that additional, ‘top up’ spending in deprived areas is also caused by the failure of services to provide an appropriate level of routine, basic services to neighbourhoods. For example, the authority which spent twenty per cent more on programmed street cleansing services

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\(^{22}\) To be clear, the case studies were not pre-selected on the basis that they distributed resources in this way. This was discovered in the course of the research.


\(^{23}\) The ‘CityForm’ survey (see Bramley et al, 20011).
in affluent areas, used much more expensive responsive ‘trouble shooting’ services to compensate for the lack of basic services in its more disadvantaged neighbourhoods. Another authority spent five times as much on cleansing streets in the most deprived decile compared to the least deprived decile once the resources provided by special regeneration initiatives were taken into account. Crucially however, this use of additional resources masked an inadequate basic service which used inappropriate machinery for the task and fell below benchmarks for the frequency of service. It is important therefore for a careful examination to take place of the nature and appropriateness of levels of spend on mainstream services in deprived areas. Such an exercise may challenge assumptions that disadvantaged neighbourhoods enjoy higher levels of resource allocation yet persist in having poor cleanliness outcomes.

4. Adjusting environmental services to make provision more commensurate with need can improve outcomes in poor areas (without necessarily damaging those in better off areas)

In one authority, the relative workloads of street cleansing operatives were engineered to take account of the diversity of needs across neighbourhoods. Staff operating in areas with higher levels of the ‘risk factors’ associated with environmental problems had fewer dwellings or shorter street lengths to service. This authority had the most equal outcomes of the three case studies when measured in national monitoring exercises. In addition, very few streets failed to meet the standard, and those which did were not in affluent areas.

5. Adjusting environmental services to make provision more commensurate with need is relatively cheap.

For the authority described in 4 above, the study estimated the relative direct cost of achieving the nationally approved acceptable cleanliness standard in streets in the most deprived decile, compared to streets of average deprivation. To achieve the authority spent approximately 35% more in the most deprived streets relative to average streets. It is worth recalling that environmental services are among the least expensive of mainstream services. The Improvement Service estimates that, on average, Scottish local authorities spend £19 per head on street cleansing and £34 on maintaining parks and open spaces. Re-balancing these services would appear not to represent a large shift in the absolute level of resources spent on poor and better off localities.

6. When the level of service provision is not commensurate with need, there is a damaging impact on front line staff and their managers. Adjusting workloads increases efficacy and morale.

The capacity of environmental operatives to work effectively in disadvantaged neighbourhoods is undermined when levels of service result in challenging workloads. Operatives rarely perceive that excessive workloads are the result of strategic decisions over resource allocation. Instead they blame residents for the

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26 Sunday Herald analysis of Improvement service data on ‘Austerity Scotland, 19 MAY 2013
challenges encountered in their jobs. There was evidence that operatives cope by cutting corners, by performing sub-standard work and by discriminating between what they see as ‘deserving’ and ‘undeserving’ clients27. However, the study found that in neighbourhoods where service improvements had been implemented which led to manageable workloads, operatives were much more positive in their attitudes to their clients and jobs28.

7. When the level of service provision is not commensurate with need, there is a damaging impact on the efficacy and morale of residents. Better services can improve both efficacy and morale.

Focus groups with residents in disadvantaged areas revealed the emotional cost of living in a problematic environment and the sense of powerlessness it invoked. Those who took part in the focus groups were those who had self-identified as interested in local environmental quality. They were offered no incentive to attend the groups. Yet even these most motivated of residents – the kinds of people who might be expected to lead community-led regeneration - felt that they had very limited control over environmental cleanliness and, indeed, that their very sense of efficacy was undermined by the littered and disordered environment. However, converse trends were also evidenced. The testimony of focus groups in areas where service improvements had been implemented was that some residents at least had been re-energised.

The findings of this research on environmental services chimes closely with research more generally which suggests that non-poor groups can be the “main beneficiaries” of the welfare state29 and which draws attention to the idea that an “inverse care law” can operate in relation to needs and service levels. A recent synthesis of research evidence from the UK, US and Scandinavian countries provided the first systematic account of the ways in which the ‘sharp elbowed’ middle classes benefit from local public services such as schooling, health and neighbourhood planning.30 It showed that affluent individuals and groups are often advantaged in their use of local public services and that even in service arenas where the pattern of overall resource distribution is pro-poor or neutral, middle-class service users can enjoy

disproportionate benefits. These can include taking account of middle-class concerns about the siting of affordable housing or of environmental hazards in land use planning; prioritization for care by health professionals or privileging middle-class parents and pupils in decisions about schooling.

The synthesis also revealed the variety of means by which middle class advantage is secured. It can be gained as a result of the deliberate actions and strategies of affluent individuals and groups. However, it can also be an unintentional consequence of the actions and attitudes of service providers, as well as a product of broader policy and practice. Middle class service users tend to have the kinds of ‘cultural capital’ (education, networks, skills and resources) which are useful in practical sense for negotiating with service providers. Importantly, this cultural capital also corresponds with the value set of bureaucrats and politicians with power and influence. There is the potential for an alliance to develop between middle class service providers and users which is detrimental to the interests of less affluent service users. A key outcome of this evidence review was that middle class advantage should be afforded more prominence as a policy problem.

Conclusion
It is clear that mainstream public services can exacerbate inequalities between neighbourhoods and between social groups as well as help to resolve them. In the sphere of environmental maintenance, service provision can be adjusted fairly cheaply and readily: it is not inevitable that poorer areas will have worse outcomes. There is a case for re-thinking basic environmental management as a form of preventative action in disadvantaged areas. This would not only make other forms of regeneration investment more sustainable but could have the capacity to set in train a range of additional improvements to well-being as well as to influence the nature of external perceptions. By affording these services this kind of priority, an emerging situation in England might be avoided. As a result of budget contraction, some local authorities are paring back significantly levels of environmental maintenance and passing responsibility for environmental quality onto communities and households.

advantages in public service provision and if so how? Glasgow, UK, University of Glasgow/ Heriot Watt University.


There is already evidence on the damaging impact of even small withdrawals of service on the sense of community efficacy in deprived areas of Scotland. This is not to argue that there is no place for increased community responsibility and involvement in this sphere. However, for community-led approaches to work, there is a need to have the state ‘on your side’. There is evidence that – perhaps all too often – the state can be on the side of better off communities. Ensuring that it works effectively to support all communities would be a key way of fostering national solidarity.