

The Wisdom of Crowds

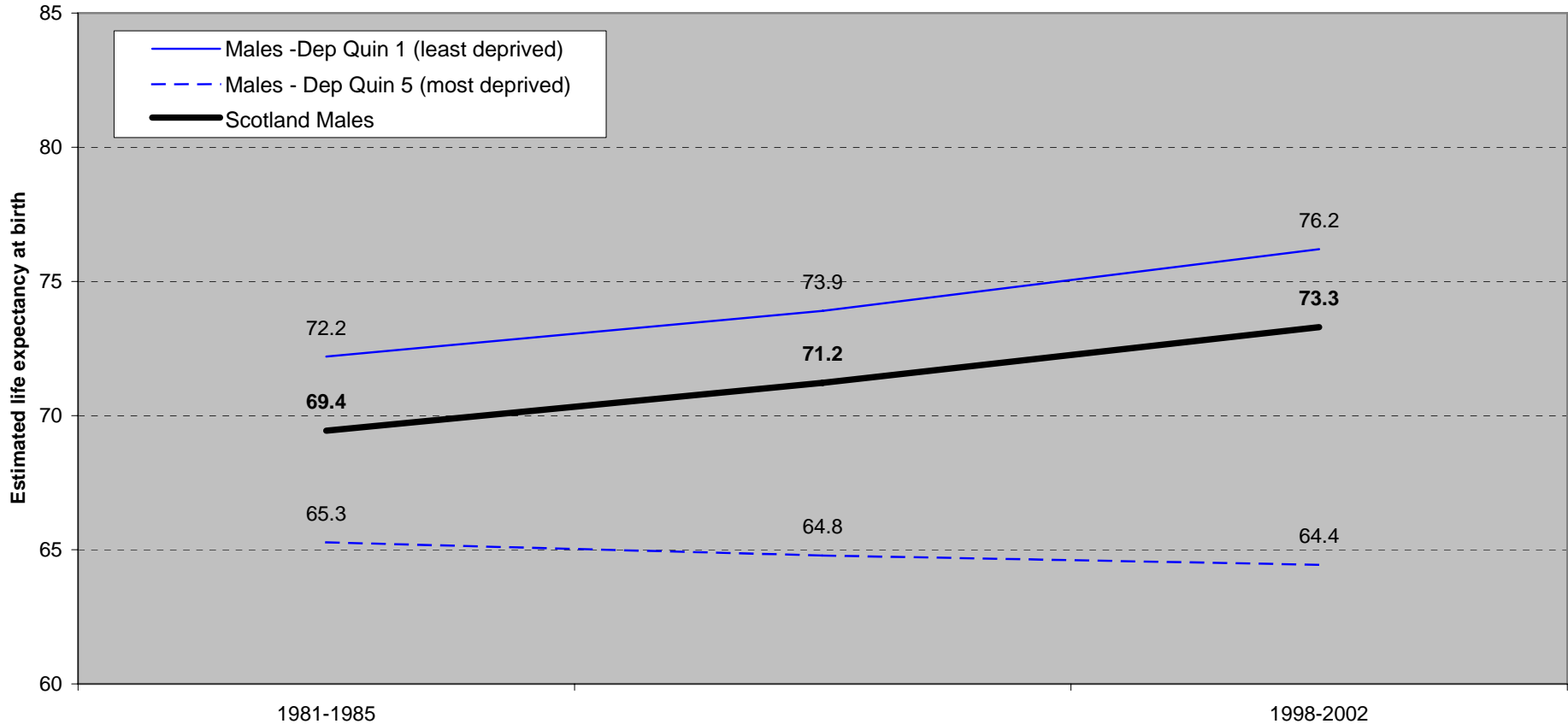
4 conditions to be met

- Diversity of opinion
- Decentralisation (specialisation + local knowledge)
- Independence
- Aggregation

Life expectancy trend by deprivation

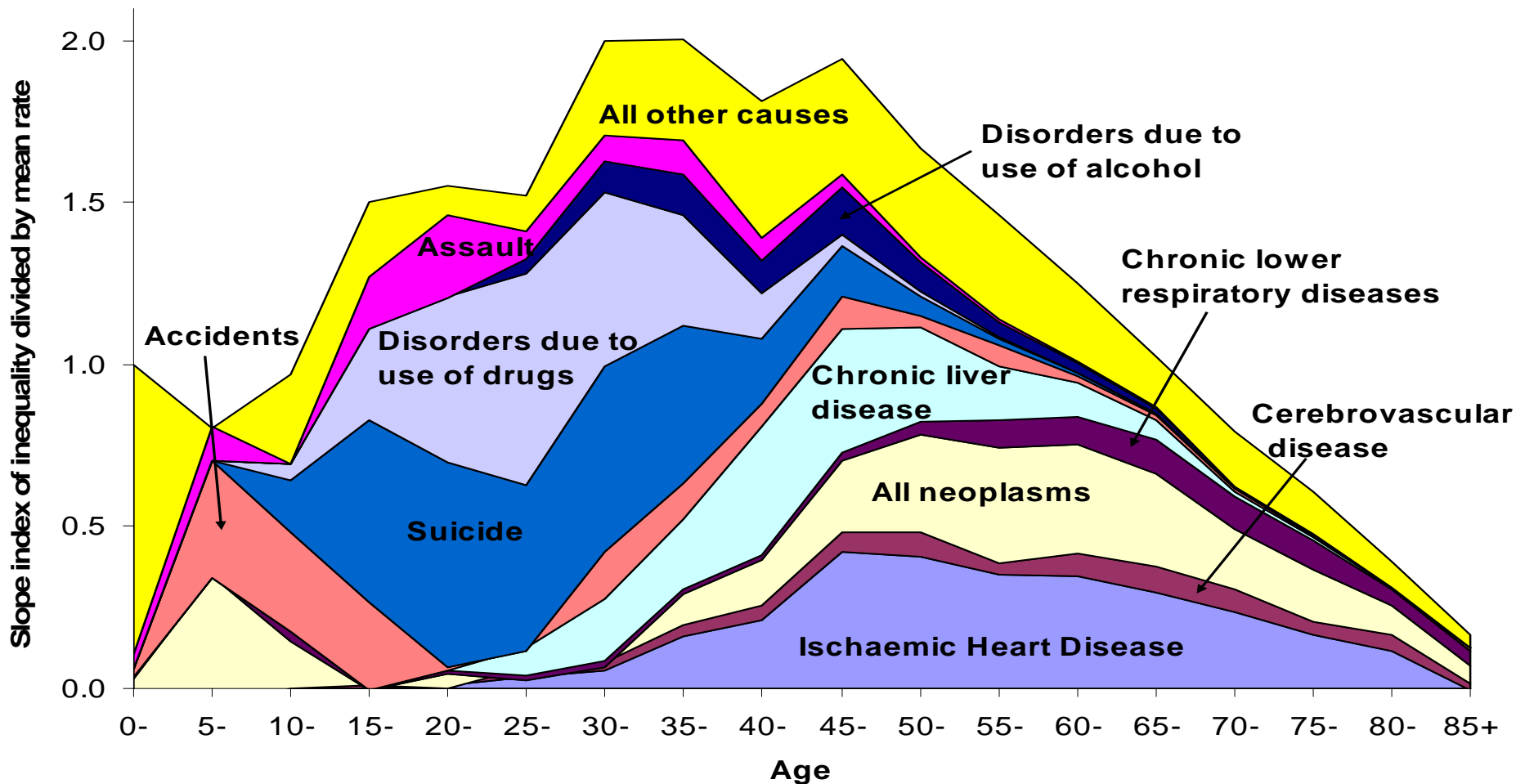
Estimates of male life expectancy, least and most deprived Carstairs quintiles, 1981/85 - 1998/2002 (areas fixed to their deprivation quintile in 1981)
Greater Glasgow

Source: calculated from GROS death registrations and Census data (1981, 1991, 2001)



Relative inequalities in mortality by cause (Men, Scotland 2000-02)

(Leyland, 2007)

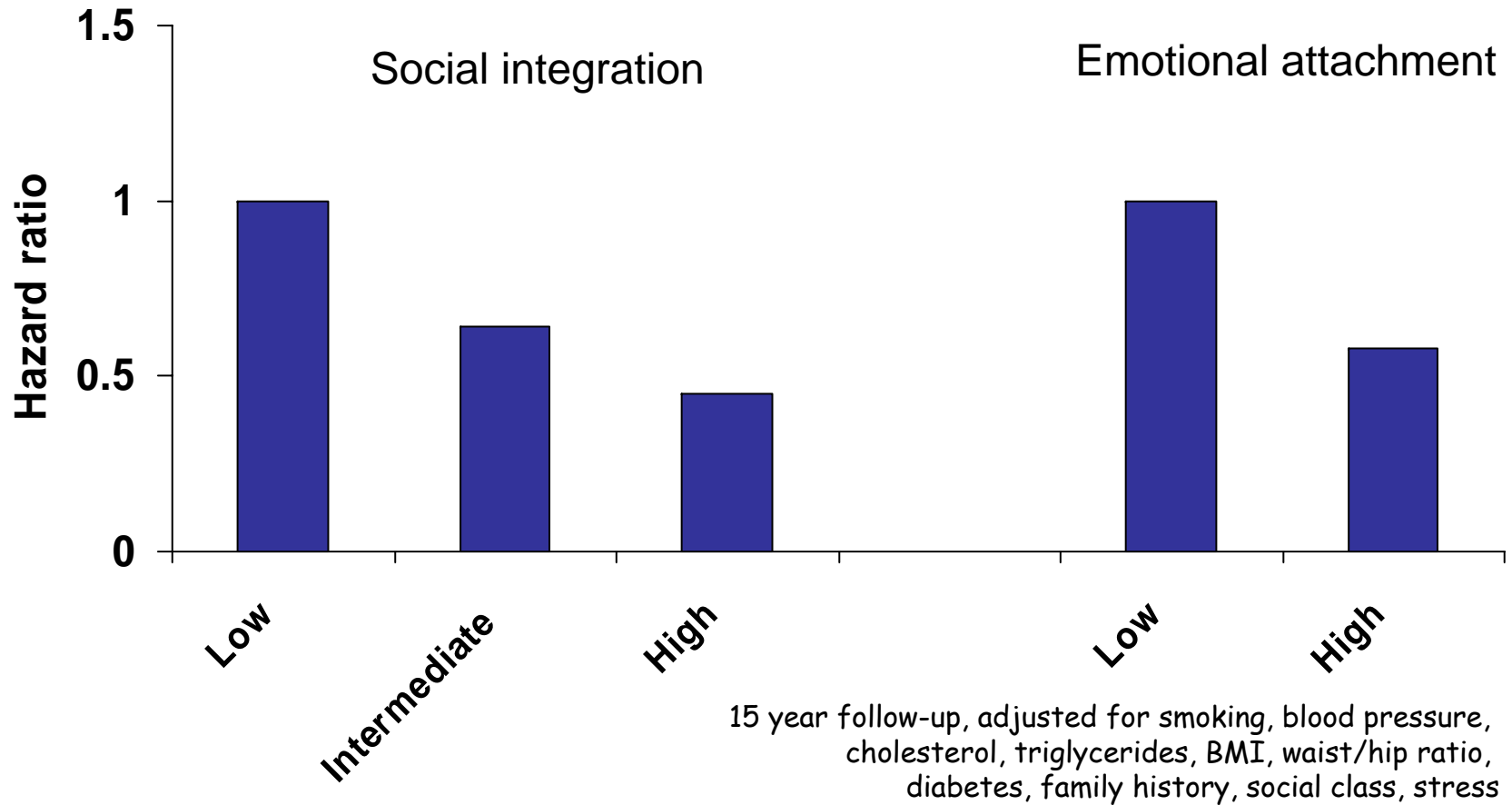


Inequalities in mental health

- By social position:
 - risk of anxiety/depression is 1.5-2 times higher for most disadvantaged groups
 - marked gradients for hospital admission rates for schizophrenia
 - suicide three times more common in deprived than affluent areas (and gap rising)
 - over two-thirds young homeless people have mental health problems

Focus on social support and CHD

Rosengren, 2004



The inequalities iceberg

Diseases of the 21st century

Co-morbidities

Limitations to healthy life expectancy

More chronic disease

Increasing inequity

***In the face of this health profile,
what are the implications for
social housing and
area regeneration?***



**Glasgow Community Health and Well-being
Research and Learning Programme:
Investigating the Processes and Impacts of Neighbourhood Change**

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

GoWell is...

...a longitudinal research and learning programme investigating housing improvement and neighbourhood transformation in Glasgow - with a particular focus on studying the impact on the health and wellbeing of people and communities in Glasgow of investment by GHA, housing/community managers and their partners

GoWell Aims

- To investigate the health and well being impacts of regeneration activity associated with the Glasgow investment programme over the next ten years.
- More generally to understand the processes of *change* and *implementation* which contribute to health impacts

Aims... continued

- 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.

Investment and change in Glasgow

- 80,000 houses have changed ownership (from Glasgow City Council ownership to community ownership - GHA)
- £1.4 billion to be invested over next 10 years
- Variety of initiatives
 - demolition
 - new build
 - neighbourhood renewal
 - core housing refurbishment
- Focus upon service improvement
- Emphasis on community empowerment

Why evaluate impacts on health and wellbeing?

1. To better understand how to tackle the burden of ill health and deprivation experienced in Glasgow by many of its residents
2. To help inform future regeneration strategy in Glasgow and elsewhere
 - Findings can help stakeholders gain a better sense of the programme's impact
 - Measure success and identify areas for improvement
 - Compare the (cost-)effectiveness of different initiatives
 - Provide UK and international audiences with examples of “best practice” regeneration.
3. To avoid missing a unique opportunity to evaluate a “natural experiment”

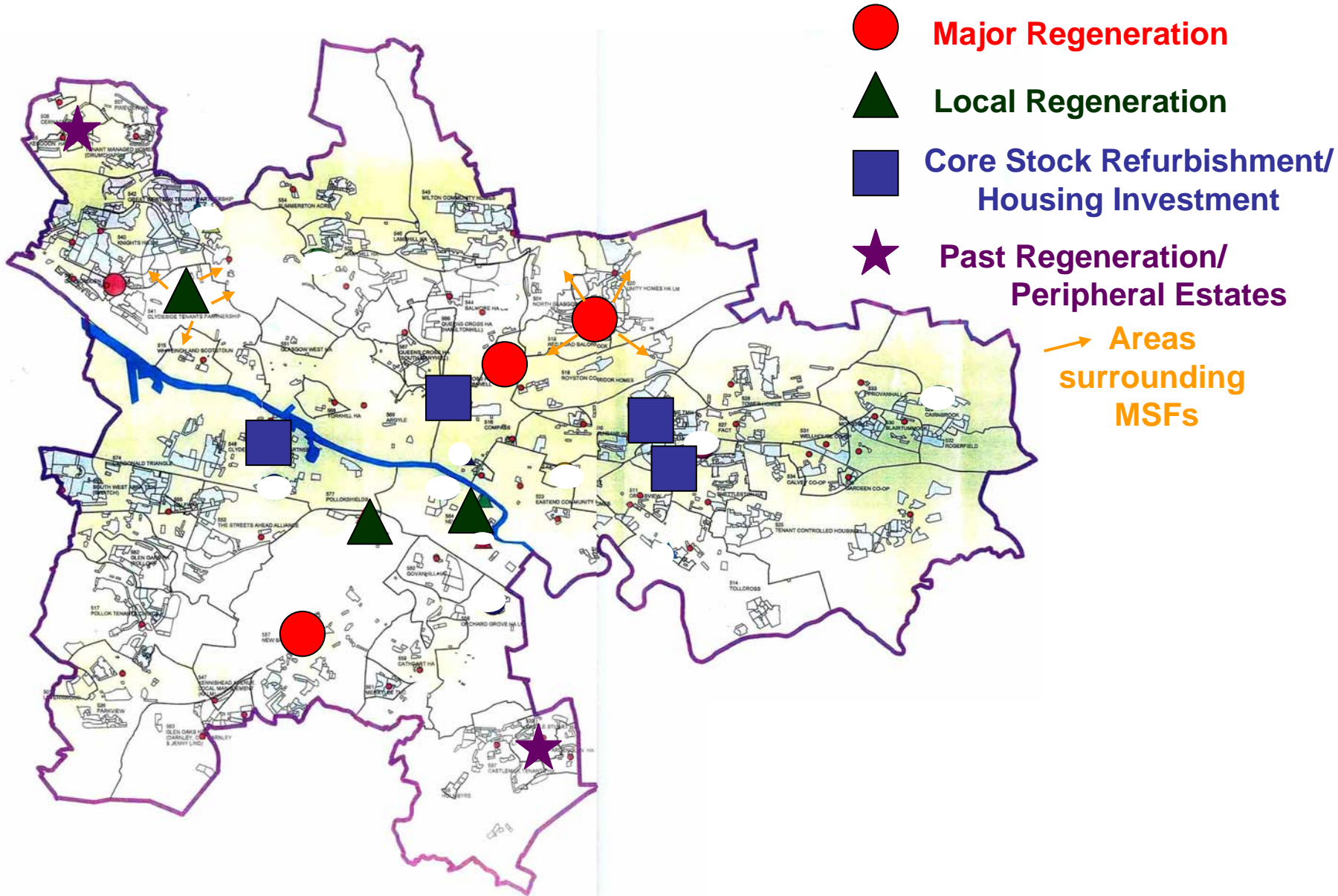
Where?

14 GoWell communities in 5 types of area

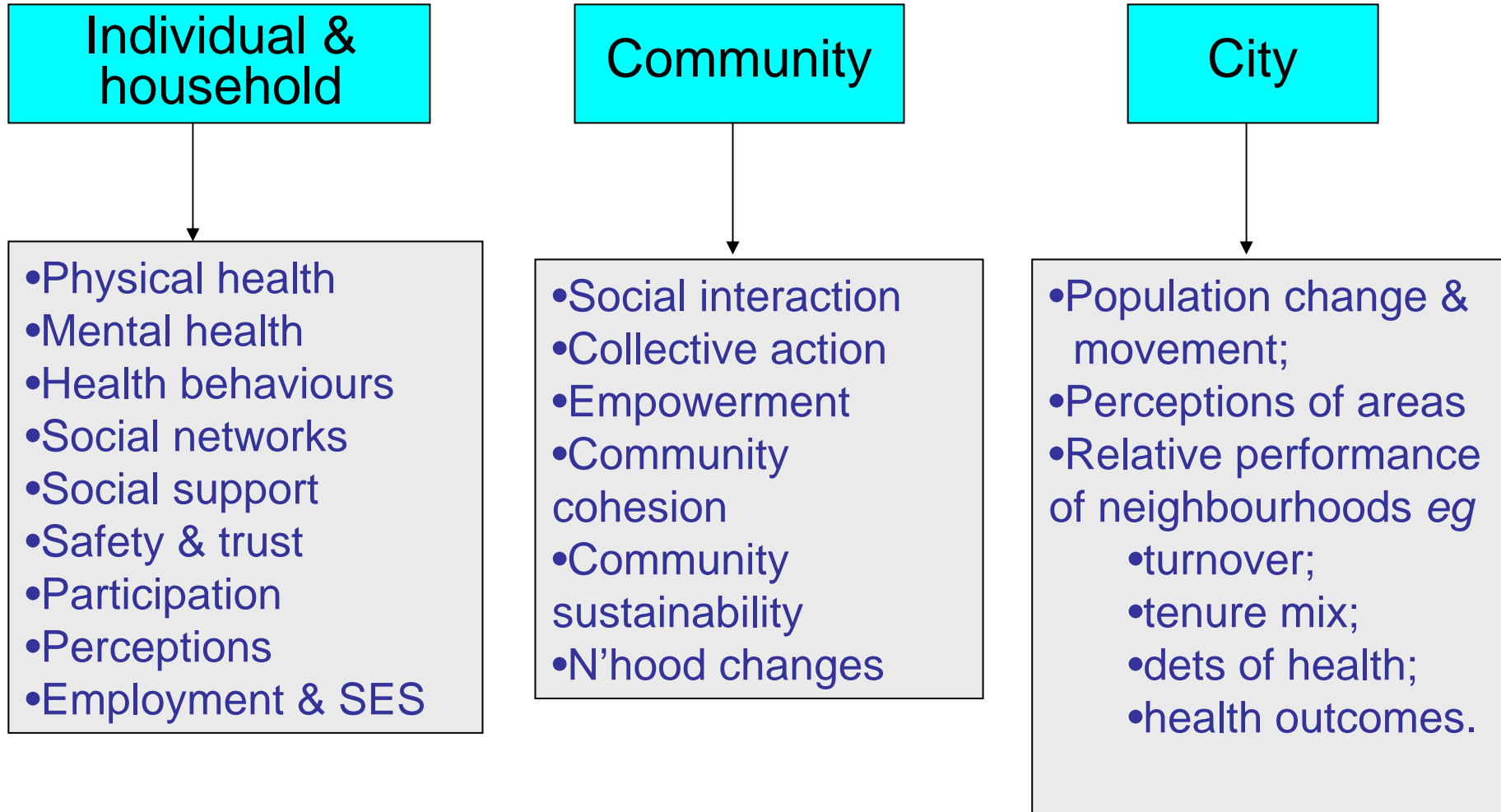
- i. **Transformation areas:** Red Road, Sighthill, Shawbridge
- ii. **Local regeneration areas:** Scotstoun MSFs, Gorbals
Riverside, St Andrews Drive
- iii. **Housing investment areas:** Riddrie, Carntyne, Townhead,
Govan
- iv. **Areas surrounding MSFs:** wider Scotstoun, wider Red Road
(Balornock/ Petershill/ Barmulloch)
- v. **Peripheral estates:** Drumchapel, Castlemilk

...in the context of the city as a whole

GoWell Study Areas



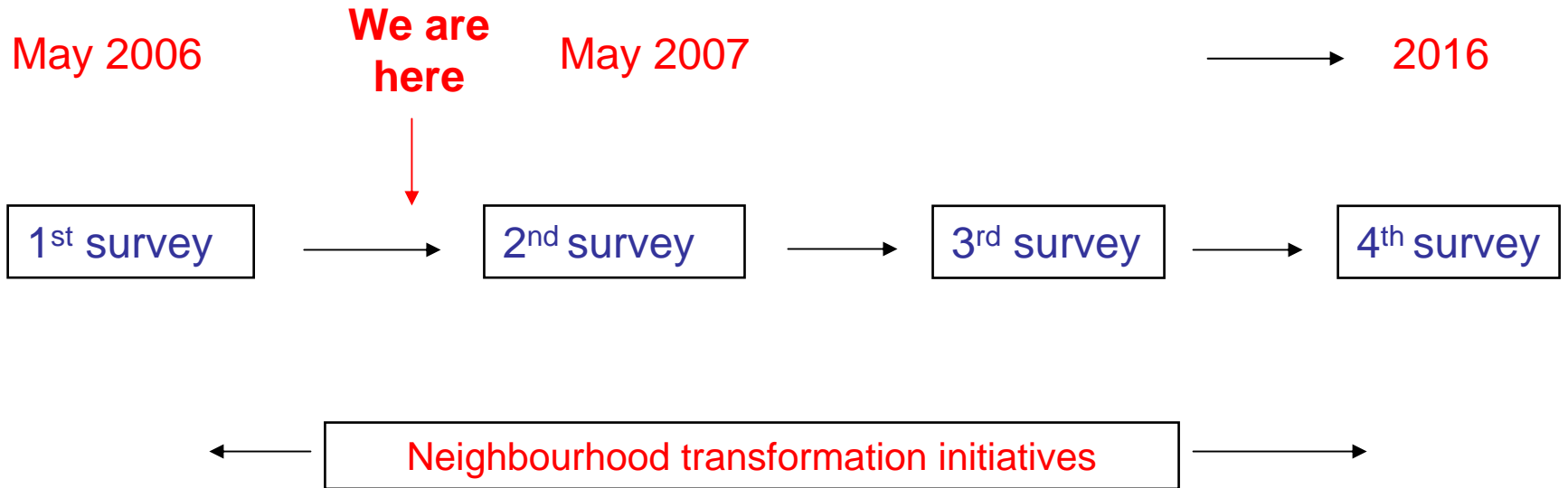
3 levels of change



Research components

- Community health & wellbeing survey
- Tracking study of movers
- Ecological monitoring
- Evaluation of interventions
- Study of governance, empowerment & participation
- Neighbourhood audits
- Economic evaluation

Time scale



The GoWell Team

PIs: Ade Kearns, Phil Hanlon, Carol Tannahill, Mark Petticrew

Researchers: Matt Egan, Phil Mason, Louise Lawson

Communications: Jennie Richardson

Administrator: Rebecca Lenagh-Snow

Ecological Monitoring Team: Fiona Crawford, Sheila Beck, David Walsh, Alison Burlison

Economic Evaluation: Liz Fenwick

Neighbourhood Audits: Hilary Thomson

Nested Study (youth): Liz Ashton

GoWell



Will Glasgow Flourish?

Regeneration and Health in Glasgow:
Learning from the past, analysing the
present and planning for the future

Fiona Crawford, Glasgow Centre
for Population Health

Sheila Beck, NHS Health Scotland

Phil Hanlon, Glasgow University

Section 1: 'The Story of Glasgow'



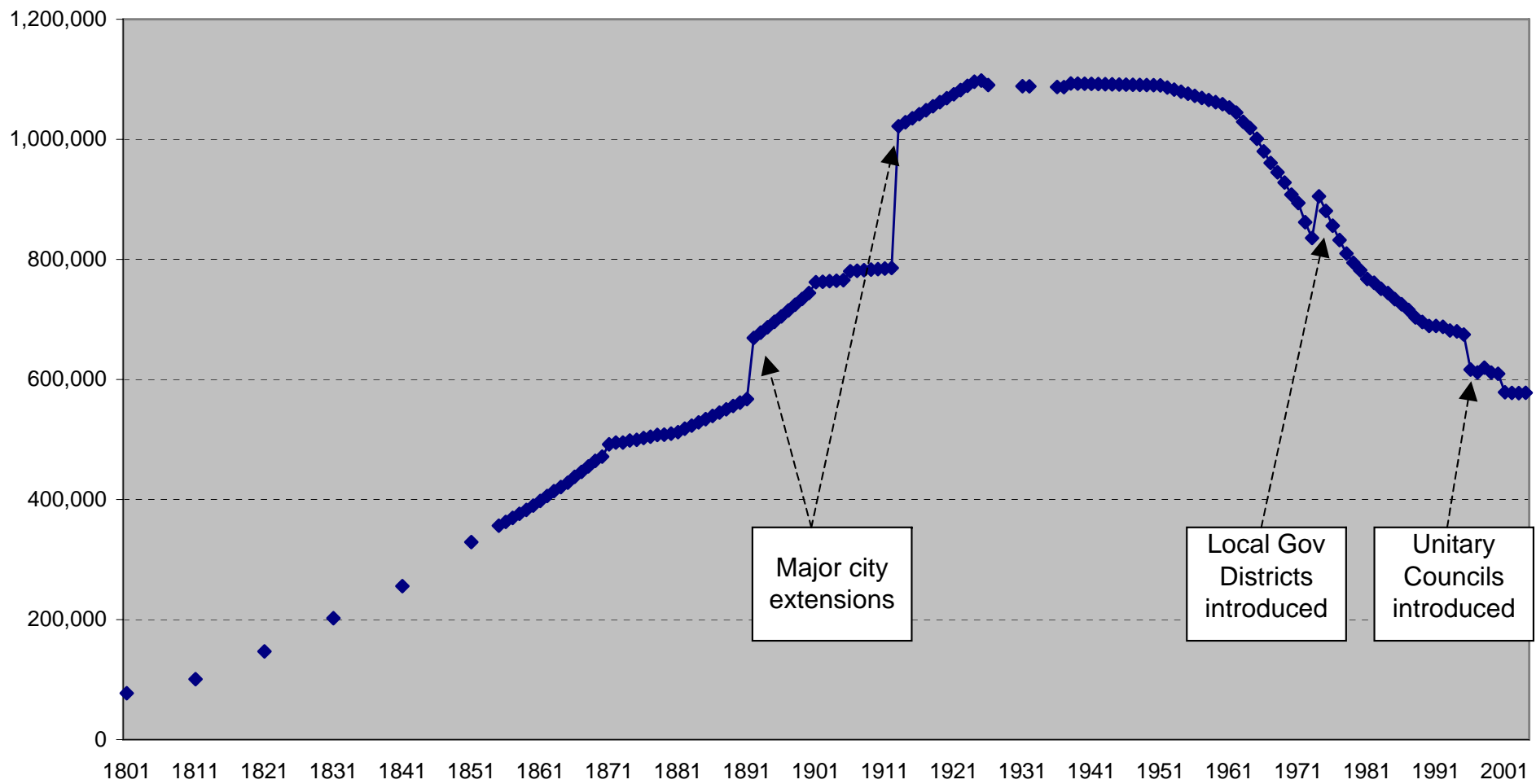
Politics, Economics and the Built Environment



Population

Glasgow's Population; 1801-2004

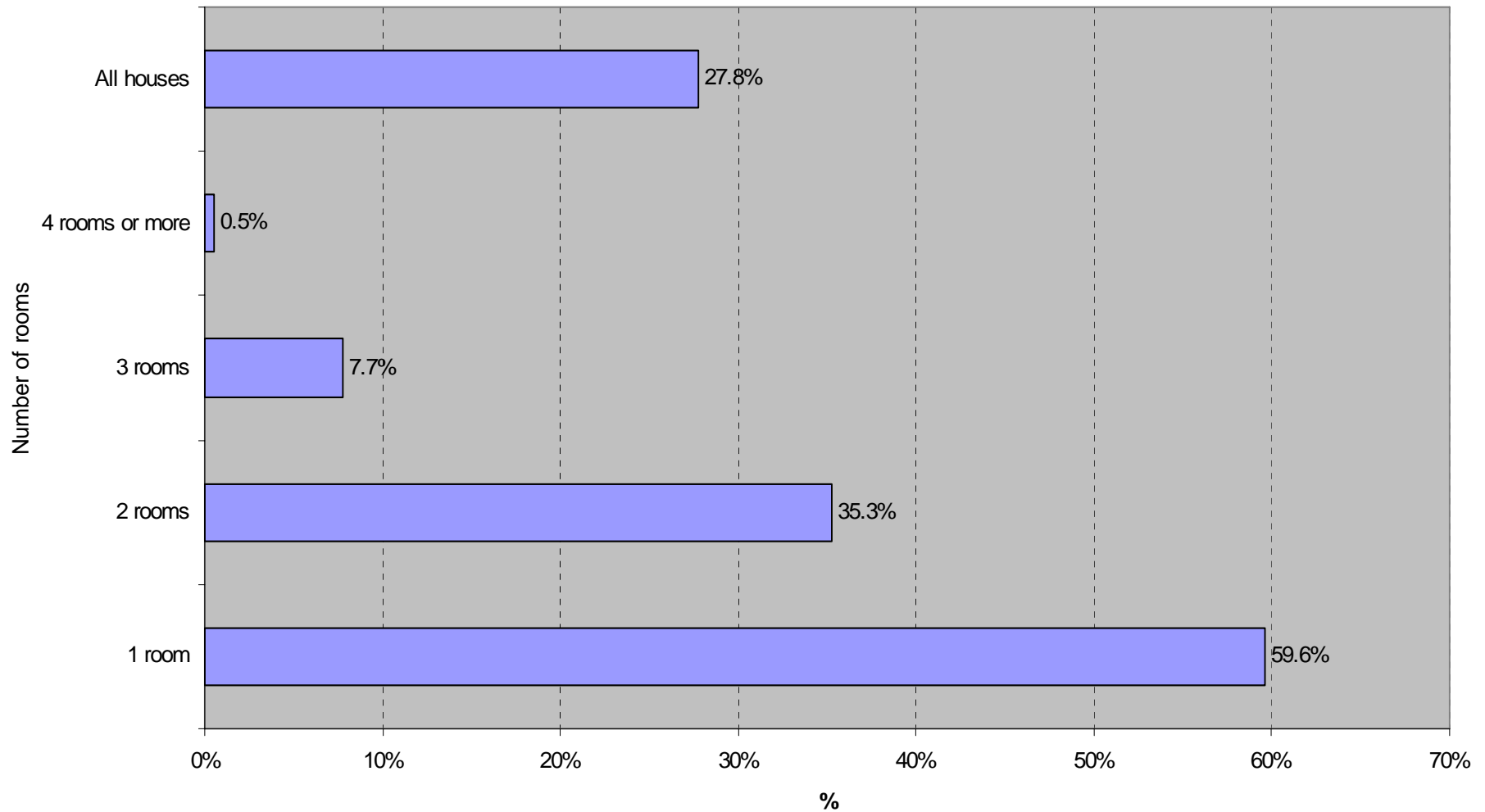
Source: Reports of Medical Officer of Health (1898, 1925, 1926, 1972);
Registrar General of Scotland's Annual Reports (1973-2004)





Overcrowding in Glasgow in 1921 - percentage of occupants living more than 3 per room of all occupants by size of house

Source: Report of the Medical Officer of Health, Glasgow, 1925 (p190); original source 1921 Census



Social Housing Legislation

1919 Addison Act

Subsequent Acts



Bruce versus Abercrombie



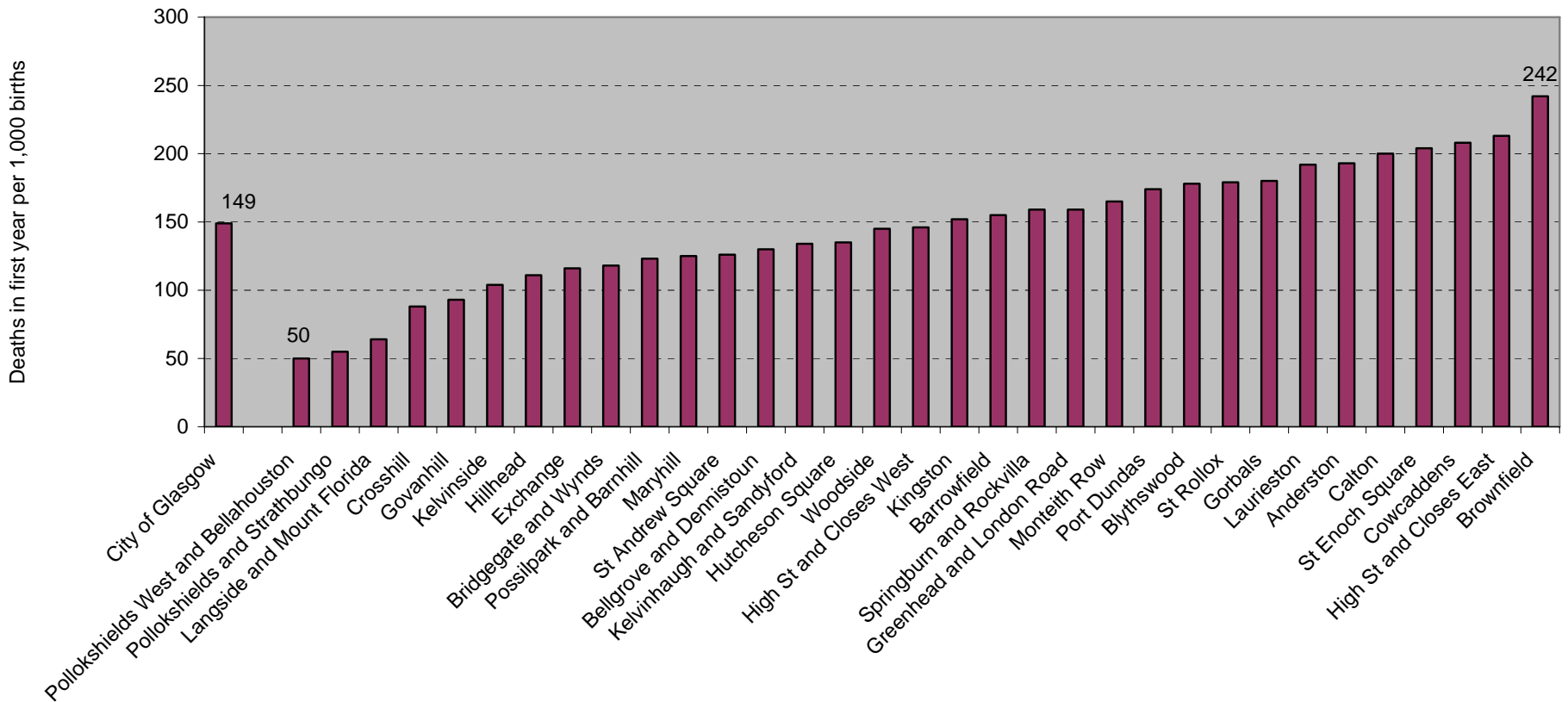
People, Welfare and Public Health



Inequalities – infant deaths

Infant Death rates in Glasgow's Sanitary Districts, 1901

Source: Report of the Medical Officer of Health, Glasgow



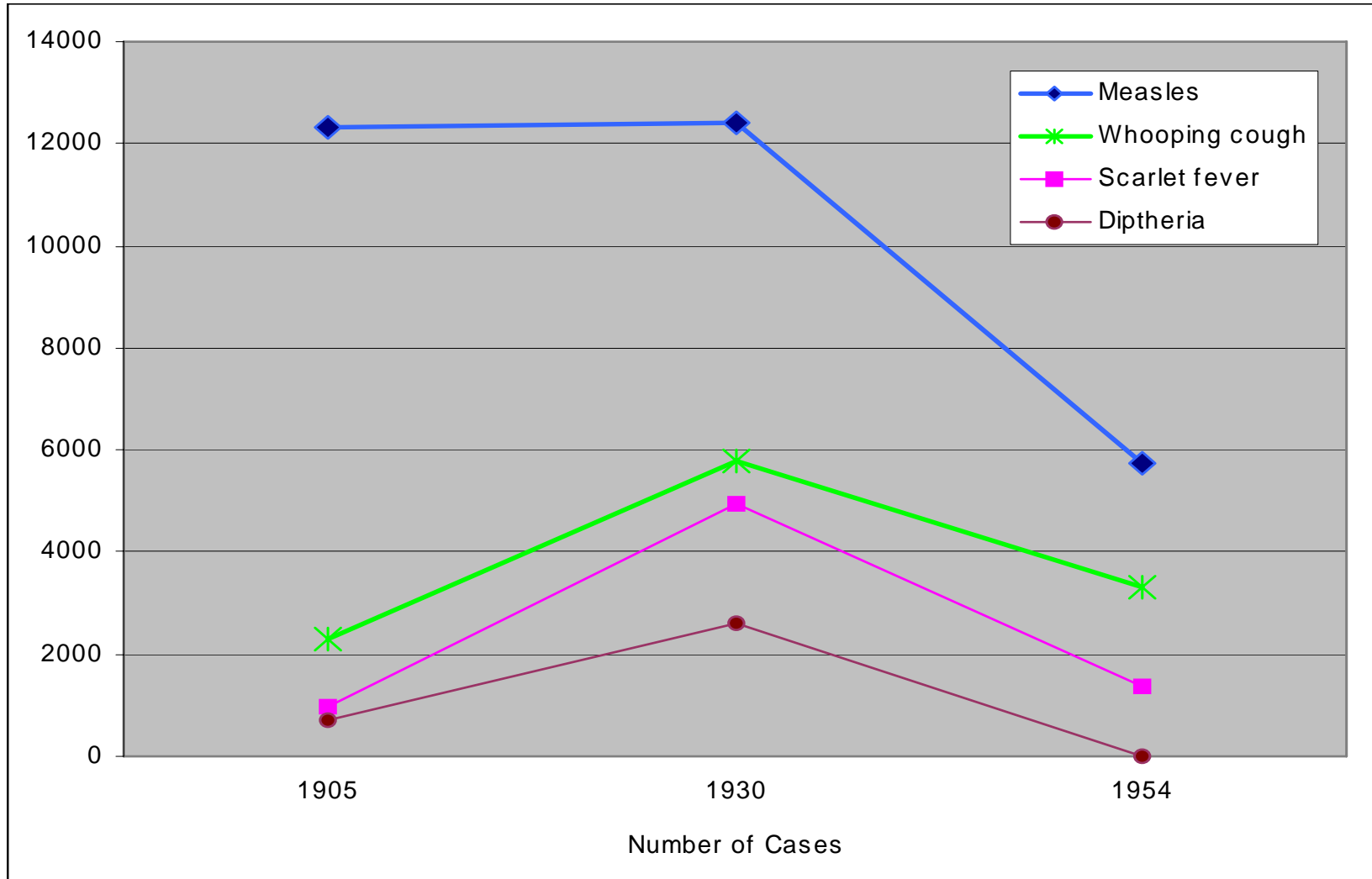
1905 Royal Commission on Poor Laws and Relief of Distress

“The Scottish Poor Law be abolished, and in its stead an entirely different method of provision for those needing public aid be inaugurated so as to get rid of pauperism, both the name and the thing.”

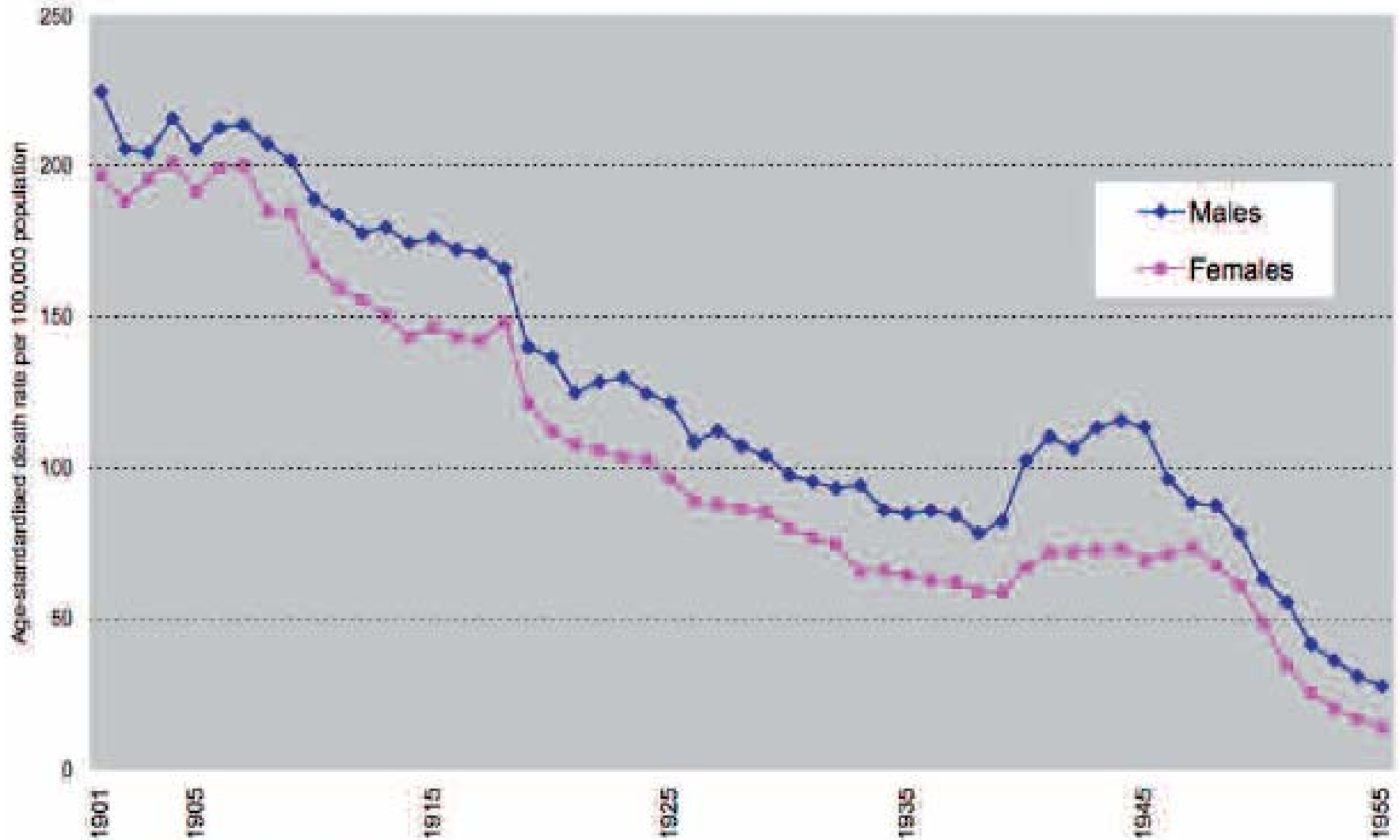
1942, Beveridge Report on Social Insurance and Allied Services

“.....a free national health service, policies of full employment, family allowances for second and further children and the abolition of poverty by a comprehensive system of social insurance.”

Infectious Diseases (Cases) in Glasgow, 1905 - 1954

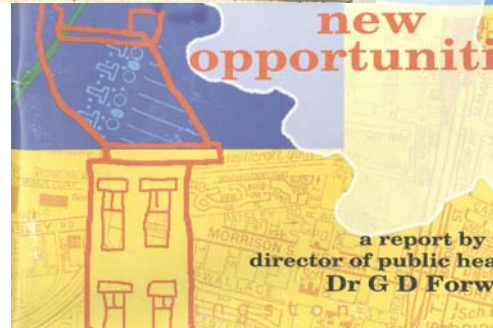


A Public Health Campaign: Tuberculosis



Source: General Register Office for Scotland.

Public Health Policy in the Late 20th Century



Waves of Regeneration



Glasgow Today



Housing



House condition

Estimated numbers of properties with damp, condensation, mould, poor National Home Energy Rating (NHER), Greater Glasgow 2002

Source: SHCS

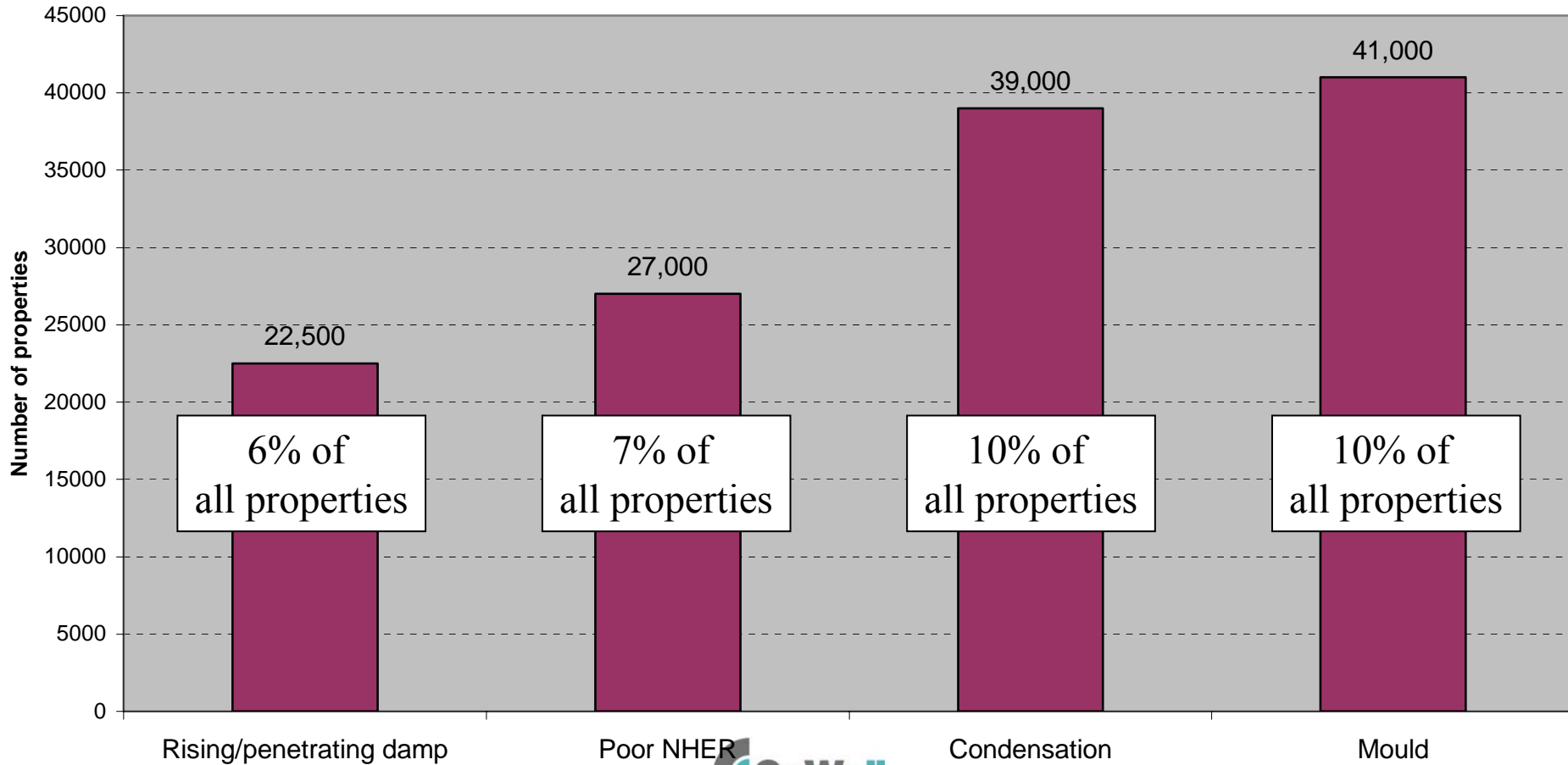
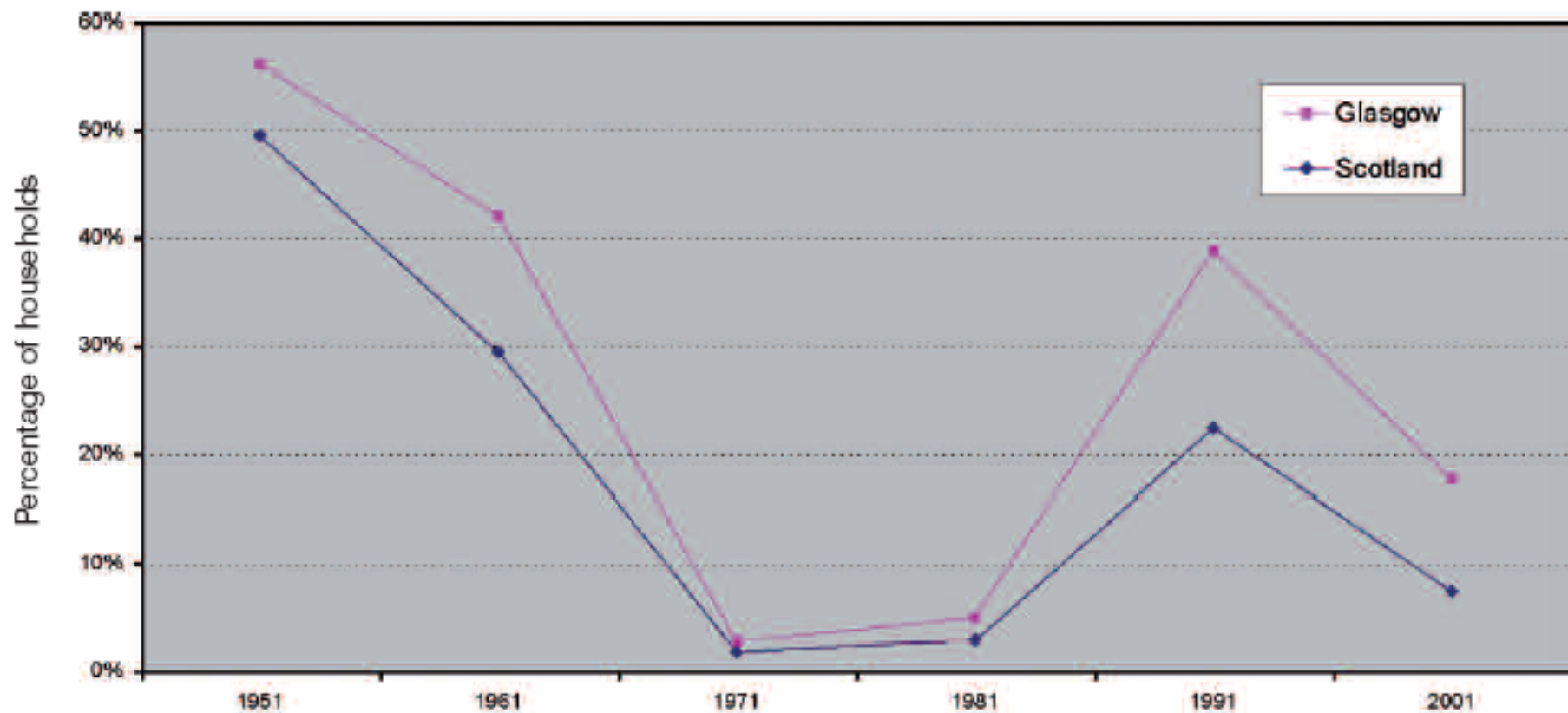


Figure 1.4: Households lacking basic amenities in Glasgow and Scotland, 1951 to 2001

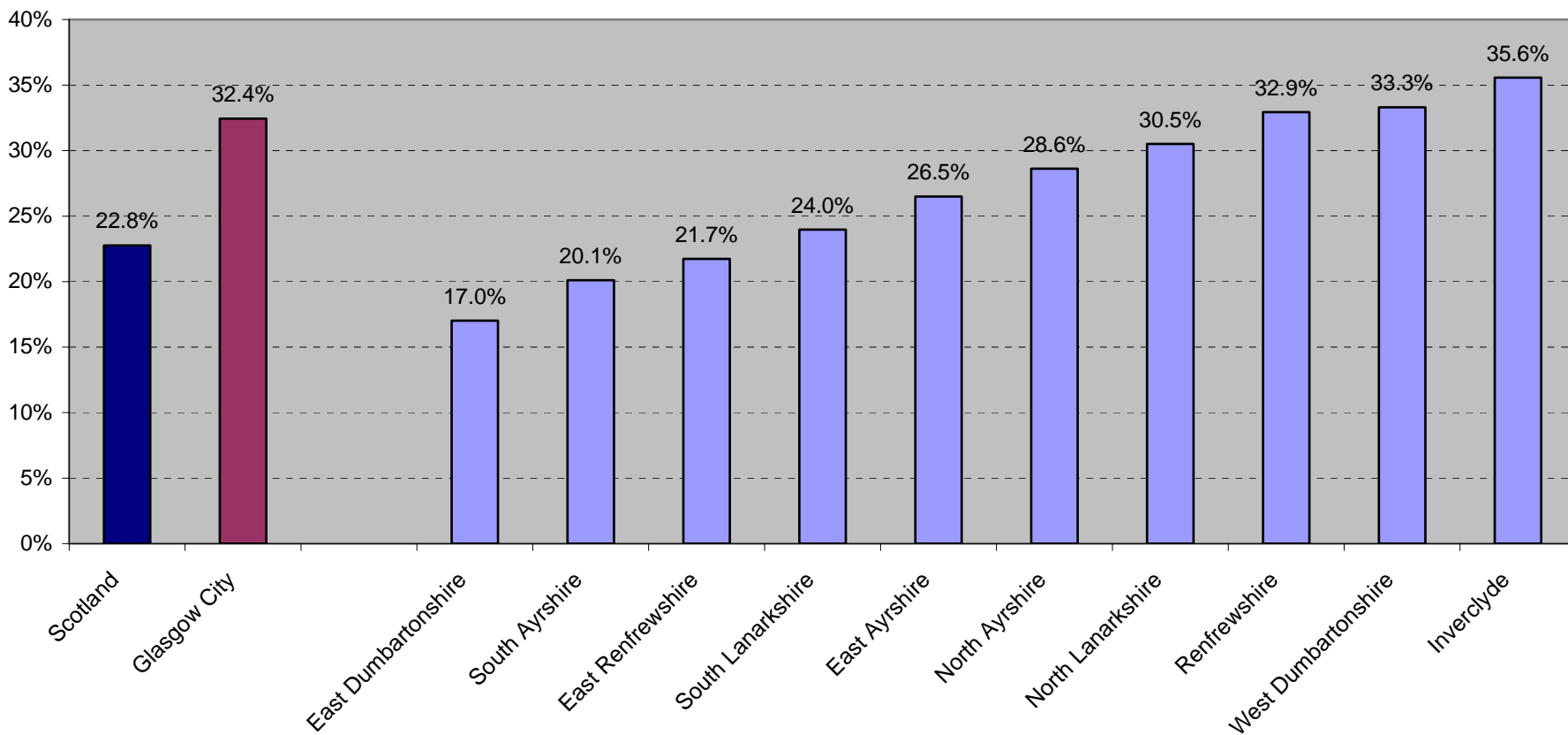


Sources: Census, 1951 to 2001.

Fear of Crime

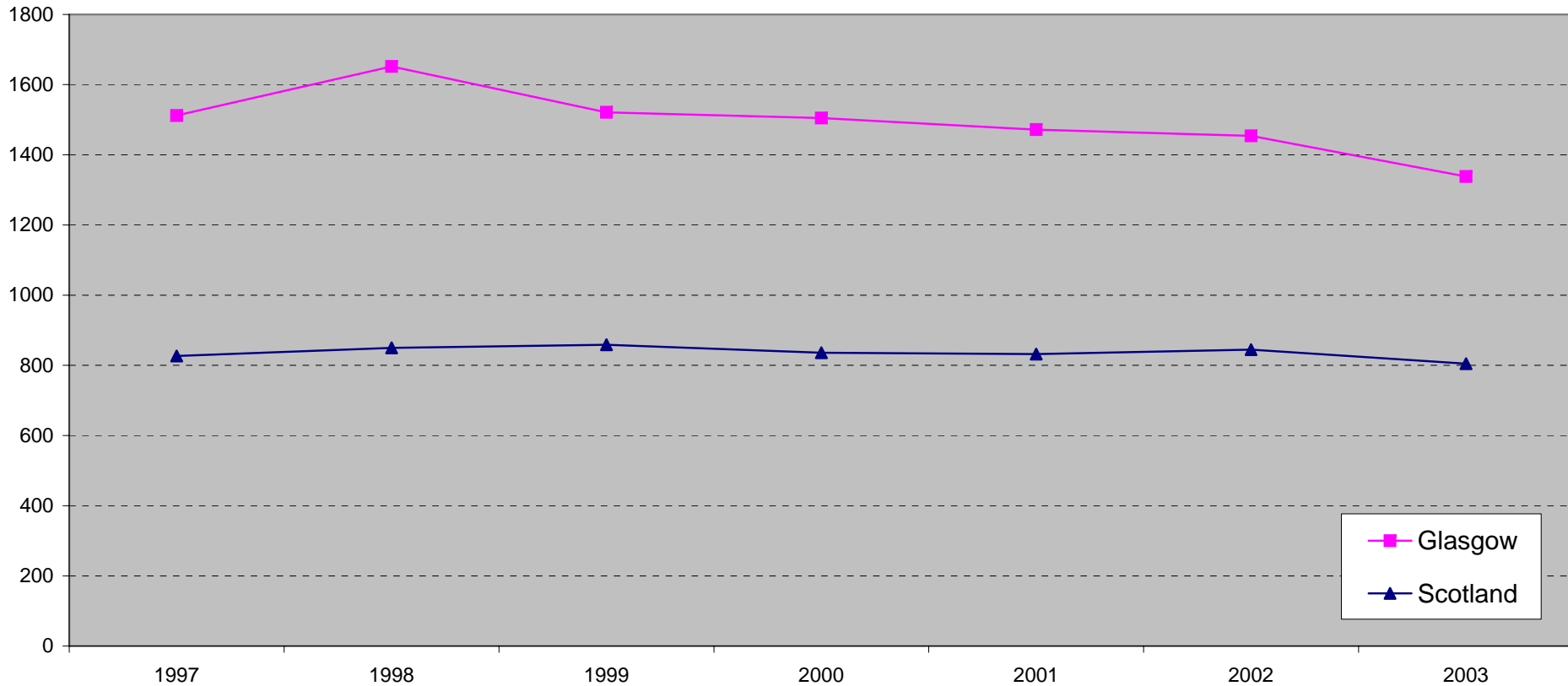
Fear of Crime - percentage of respondents stating they don't feel safe walking in their neighbourhood alone after dark, West of Scotland council areas, 2003-04

Source: Scottish Household Survey



Crime

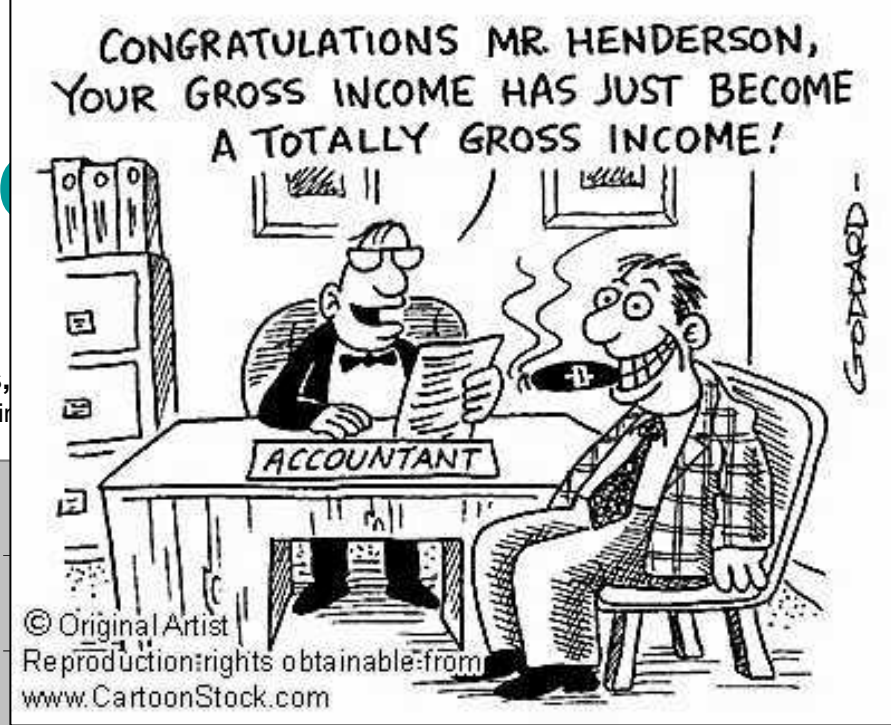
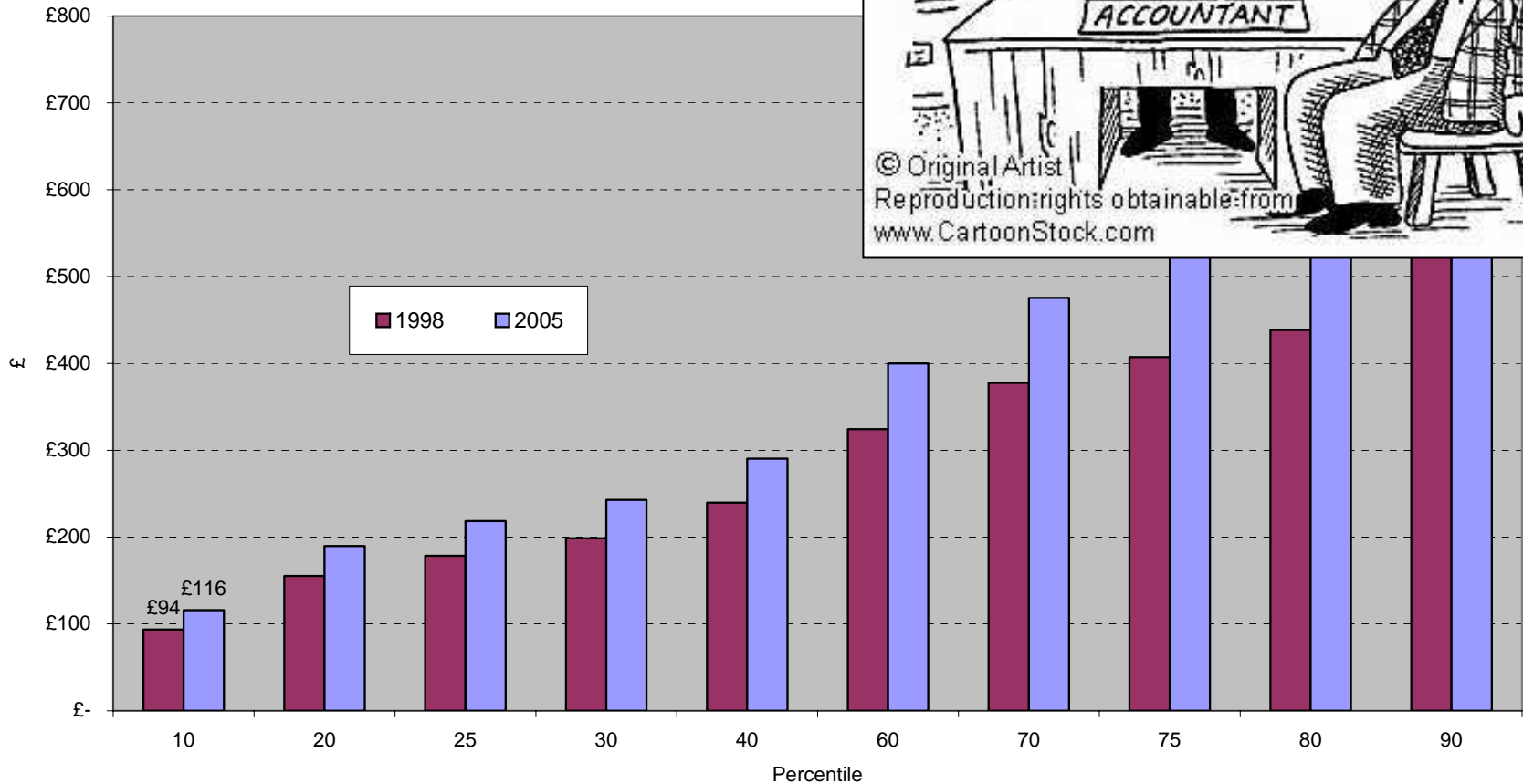
All crimes per 10,000 population, Glasgow City & Scotland, 1997-2003
Source: Scottish Executive



Income inc

Gross Weekly Pay for all Employees,

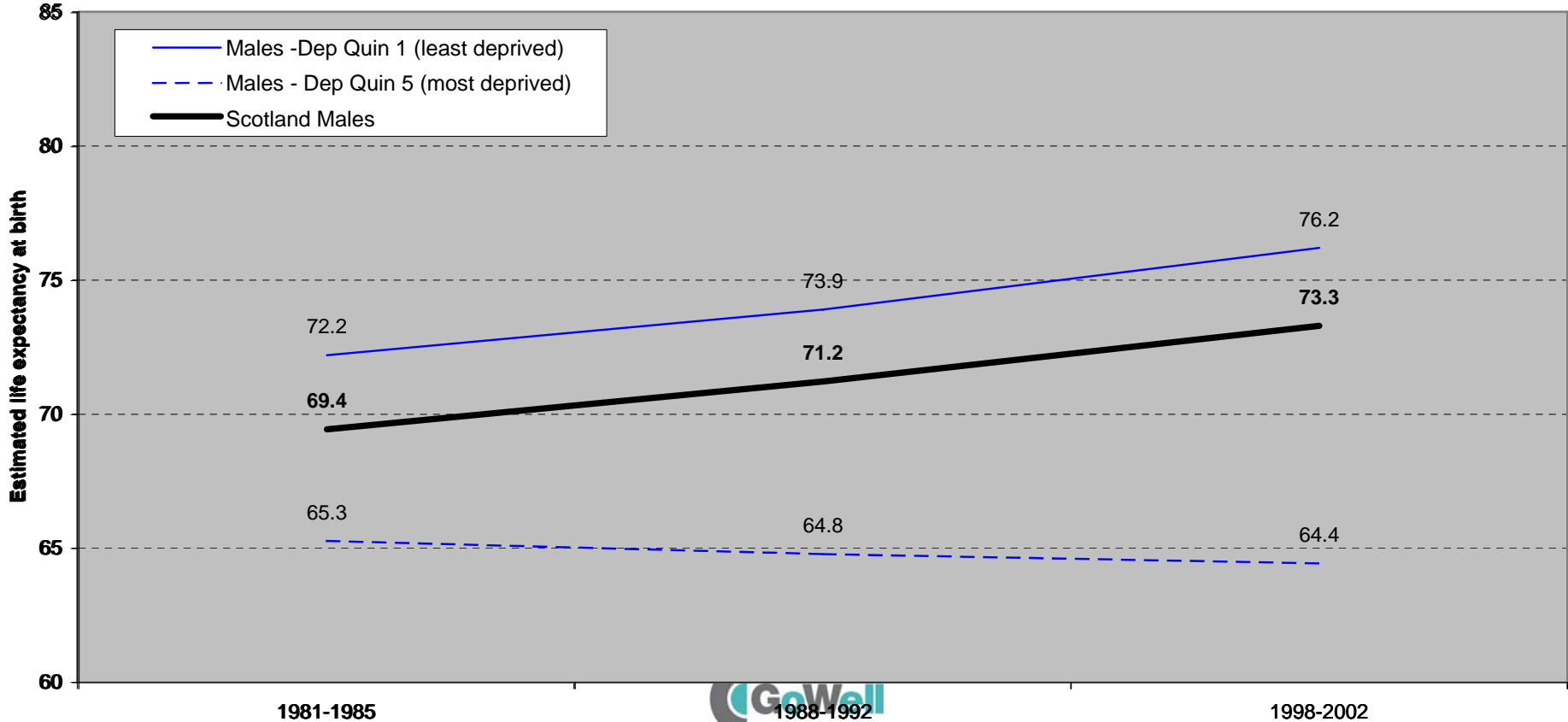
Source: Annual Survey of Hours and Earnin



Life expectancy trend by deprivation

Estimates of male life expectancy, least and most deprived Carstairs quintiles, 1981/85 - 1998/2002 (areas fixed to their deprivation quintile in 1981)
Greater Glasgow

Source: calculated from GROS death registrations and Census data (1981, 1991, 2001)



What have we learned?



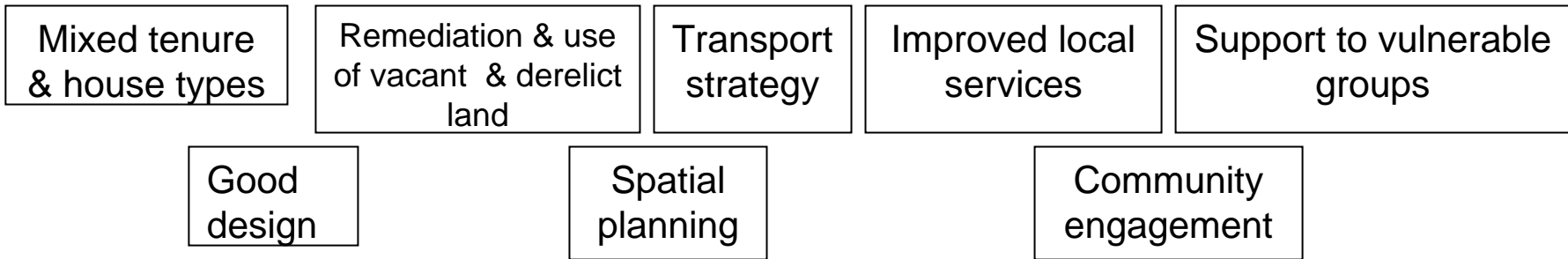
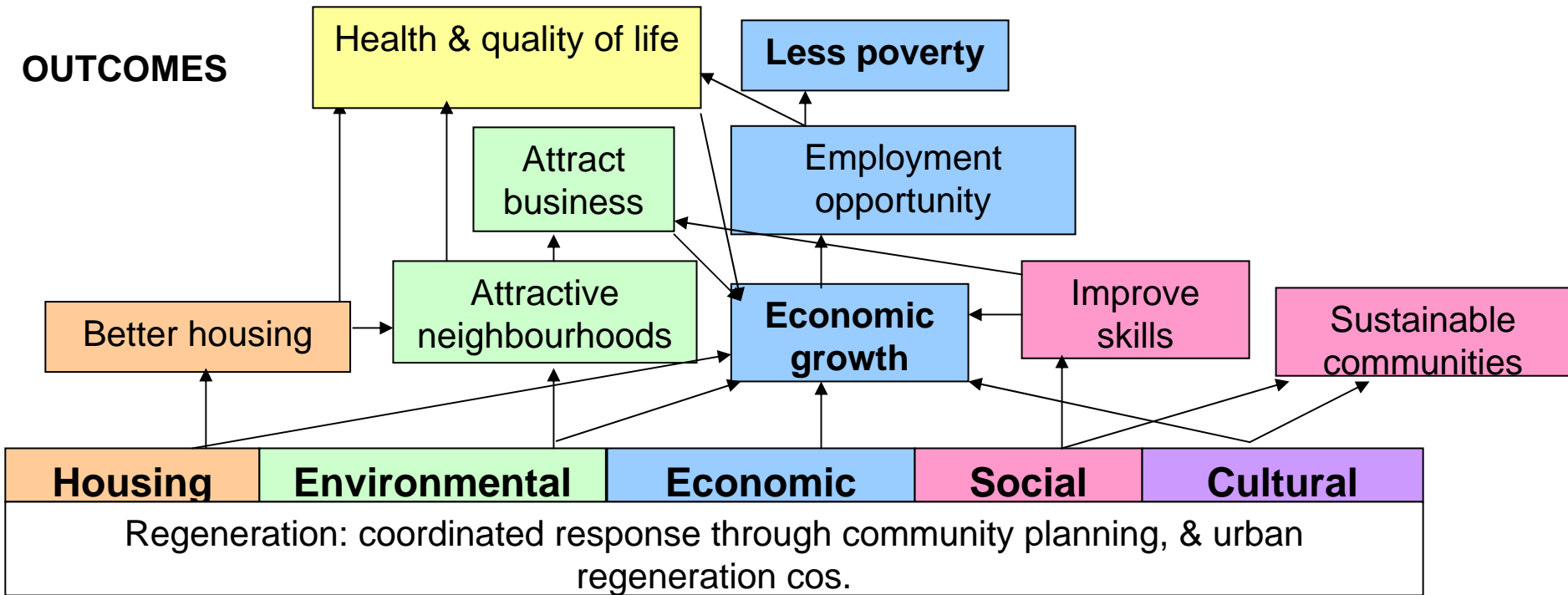
Section 3: Current Regeneration Policy



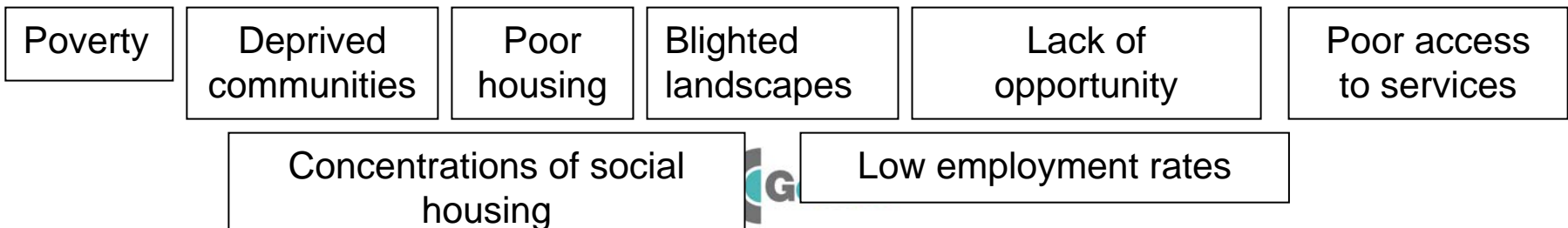
Policy & Strategy Context

- We explored:
 - Reasons given for regeneration need (the drivers)
 - Ways in which regeneration envisaged to happen
 - The projected outcomes of activity
- We found
 - A recognition of the complexity of the problem
 - A holistic response

OUTCOMES



DRIVERS

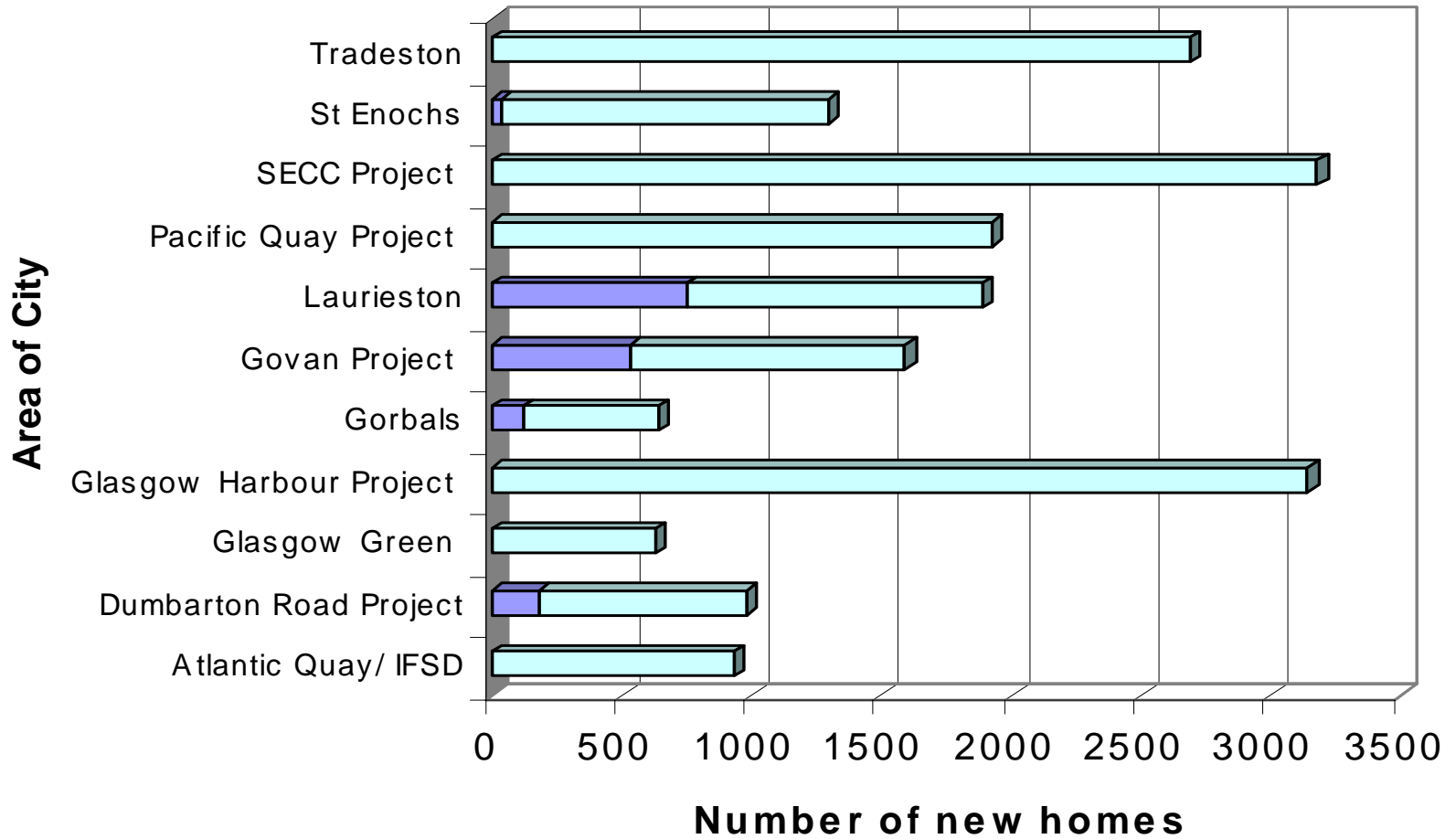


Current Activity

- Complex picture
- Evidence of partnership working to address complexity
- Private: public sector investment balance
- Mixed tenure

Mixed Tenure

Housing sector: ■ Social rented homes ■ Private homes



Glasgow Harbour Development



Growth of Retail and Service Sector



How Will This Activity.....

- Respond to the challenges of climate change and peak oil which may limit travel?
- Result in wealth transfer to the less economically successful areas of Glasgow?
- Reduce health inequalities?

The GoWell Ecology Team

- Sheila Beck (NHS Health Scotland)
- Alison Burlison (ISD)
- Fiona Crawford (GCPH)
- Phil Hanlon (Glasgow University)
- Phil Mason (Glasgow University)
- David Walsh (GCPH)

Questions for Debate

- **Have we learned the lesson of holism?**
- **Have we moved beyond political infighting?**
- **Have we learned that quality and money matter?**
- **Are current actions going to reduce inequalities?**
- **Are we still the victims of fashion?**
- **How well does Glasgow respond to external forces?**
- **Is Glasgow different to other cities with a similar economic and social history?**



Transforming neighbourhoods
28 November 2007

- Over 86,000 homes transferred to GHA following a ballot of all tenants in 2003
- The transfer allowed access to private finance of £750m and enabled a capital investment programme of £1.7b over 10 years
- Established a network of LHOs across city
- Real opportunity to improve people's quality of life and well being

New Roofs - 14,681

Overcladding - 17,485



New kitchens and bathrooms



16,993 new kitchens



16,834 new bathrooms



However, still a need to see less of this...



some of this as required...



Better homes, better lives

even more of this...



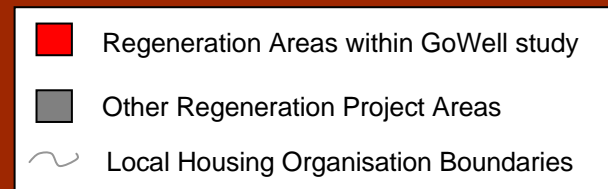
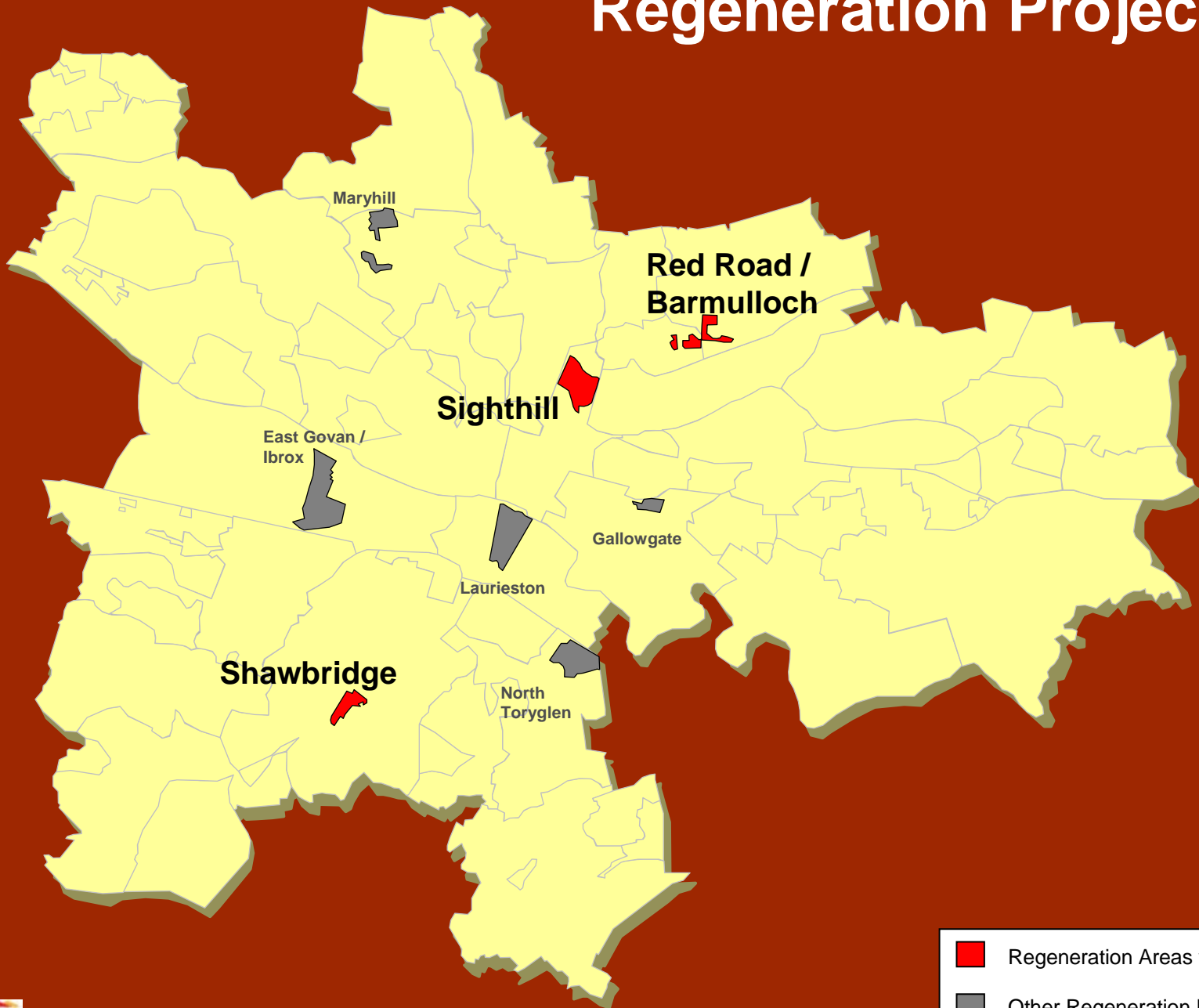
Better homes, better lives

leading to this!



Better homes, better lives

Regeneration Project Areas



- Single tenure estates with high concentrations of multi-storey flats
- Poor condition of housing requiring significant investment



- Lack of connectivity to surrounding areas
- Low demand and high levels of short term tenancies

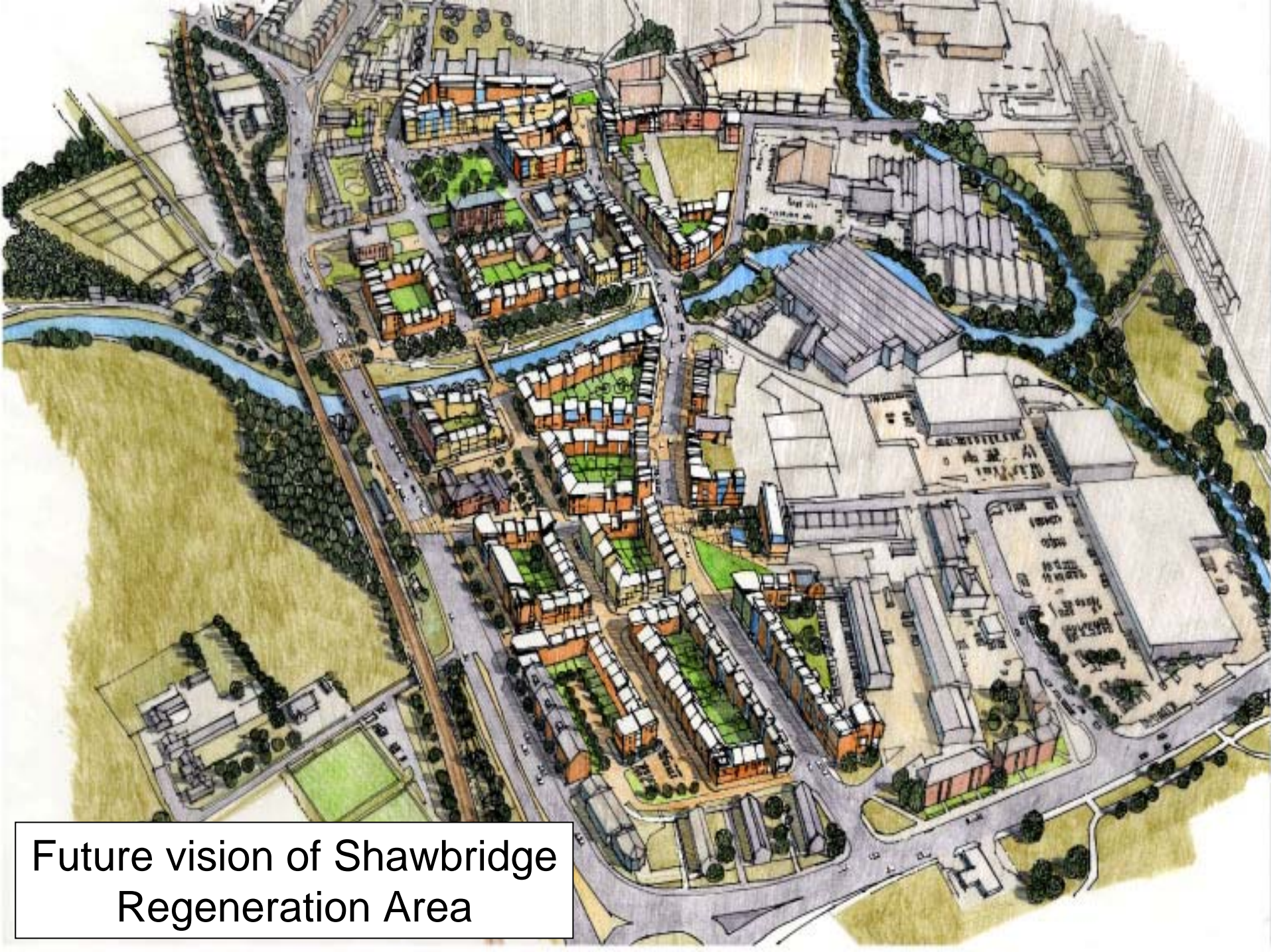


- Poor environment and lack of quality greenspace
- Higher than average levels of poverty, poor health and incidences of mortality



- Joint priority areas with GCC
- Development studies completed
- Indicative programmes developed with local communities and stakeholders
- Acknowledge challenge and complexity to deliver
- Need for engagement at scale with private sector





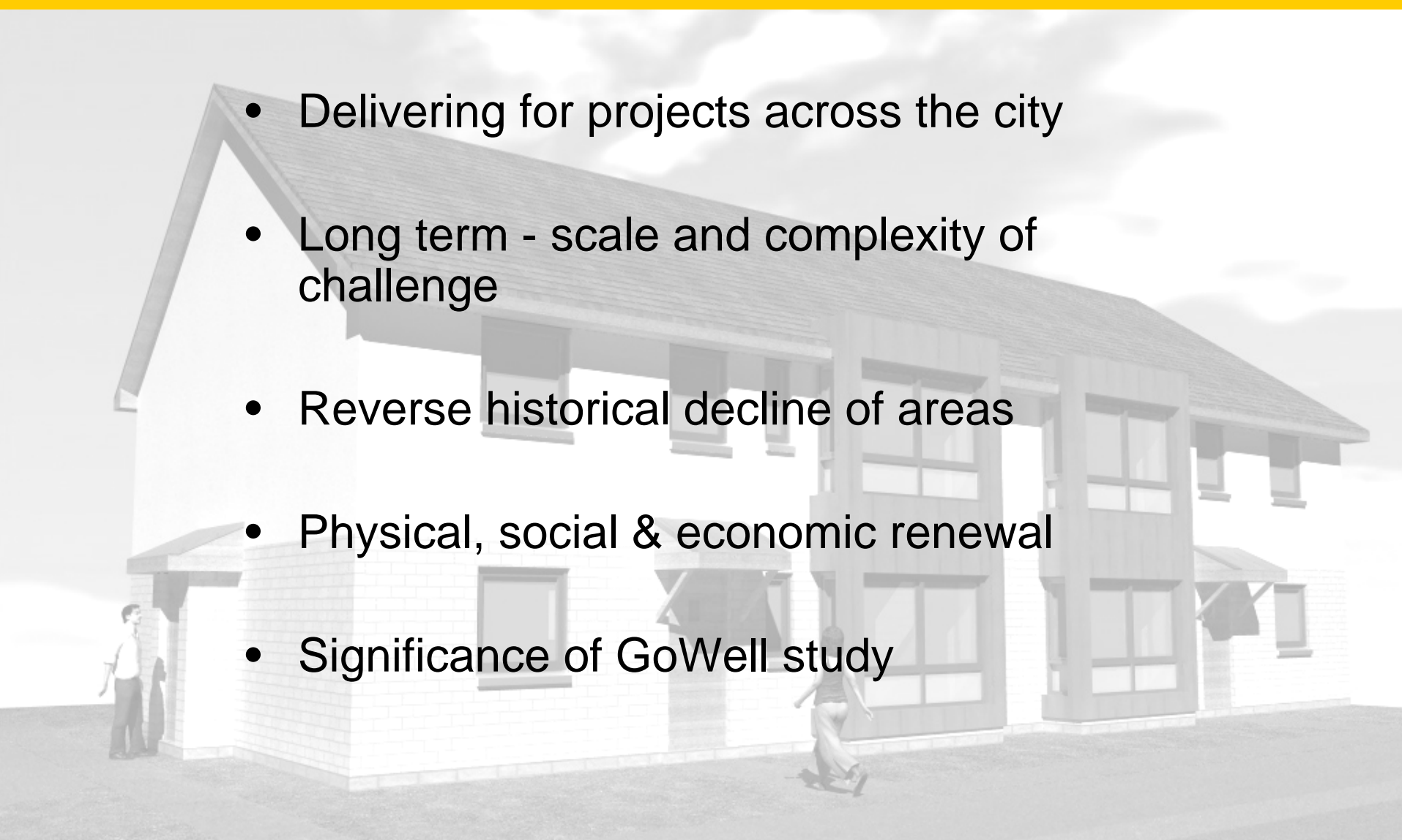
Future vision of Shawbridge
Regeneration Area

- Models for delivery - GHA/RSL/GCC land assets
- Discussions ongoing with GCC and Government
- Approach to drive both Quality and Value
- Mixed tenure neighbourhoods more than housing
- Realising wider economic and social benefits
- Place making



- Demolition & Re-provisioning programmes
- Retaining core communities
- Effective and ongoing community engagement



- 
- A 3D architectural rendering of a modern, two-story house with a white brick exterior and large windows. The house has a prominent gabled roof on the left side. In the foreground, a man and a woman are walking on a paved area, providing a sense of scale. The background shows a cloudy sky.
- Delivering for projects across the city
 - Long term - scale and complexity of challenge
 - Reverse historical decline of areas
 - Physical, social & economic renewal
 - Significance of GoWell study

Glasgow's Healthier Future Forum

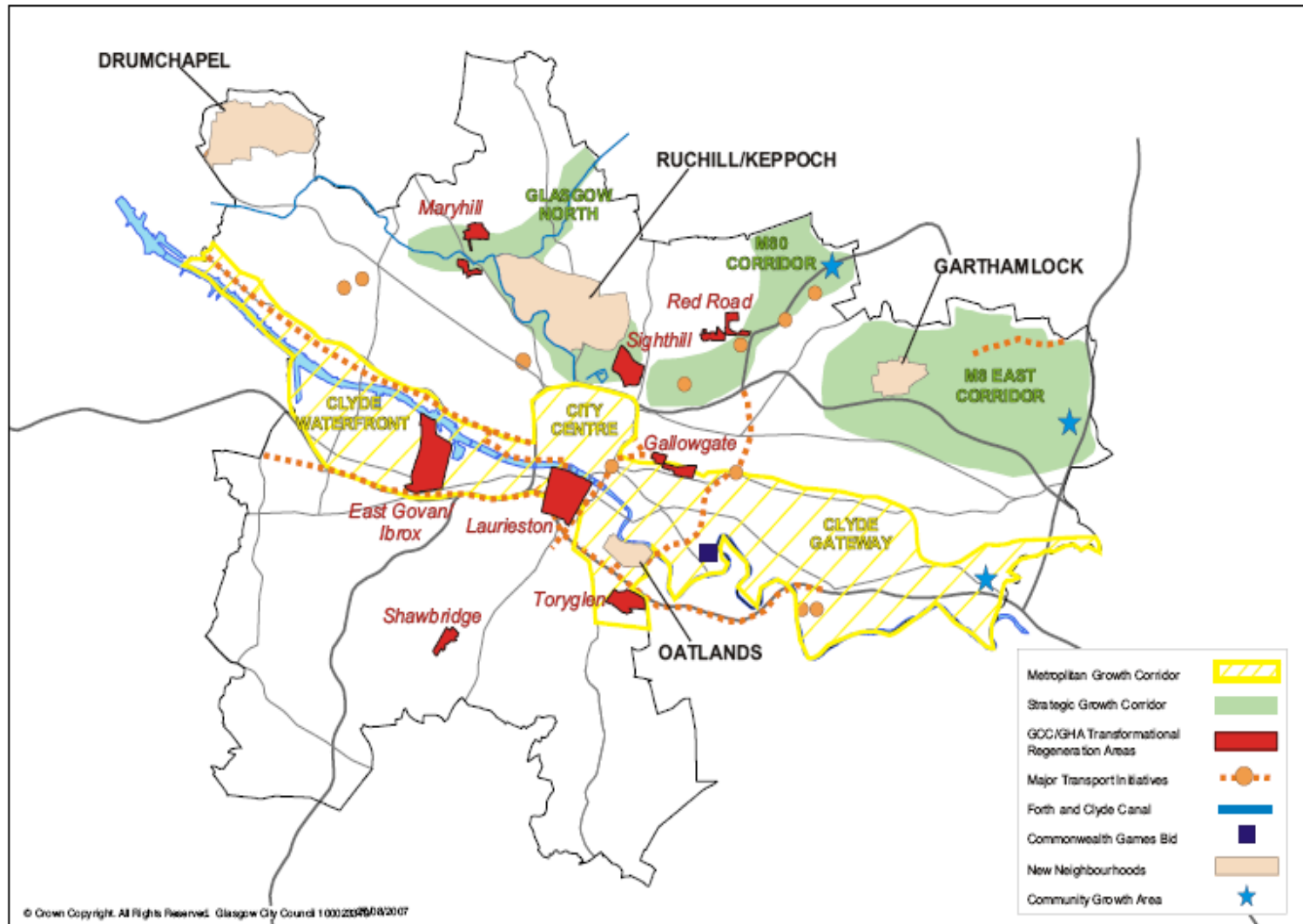


Transformational Regeneration Areas – Glasgow City Council's View

David Webster
Housing Strategy Manager

28 November 2007

TRAs in their City Plan Context



Transformational Regeneration Areas



Total 268ha, capacity for some 9,000 new homes

Nature of development challenge goes back to origins – high density building campaign of 1960s, inner city sites

Very high potential for remodelled, attractive urban environment

Mixed tenure, sustainable communities

Falling citywide demand for social housing

Infrastructure costs, GHA new build unit cost issue

Second stage transfer, Govt review of GHA grants

Progress to Date



- Clearance & rehousing well advanced in several areas, demolitions imminent**
- Development Studies completed for all areas**
- Local Strategy Groups established**
- Council Executive Committee report 30 March 2007**
- Discussions on financial & organizational framework with new Scottish Government**

Special Purpose Vehicle



**Modelled on English Partnerships/EIB
'Local Asset Backed Vehicle'**

Public sector puts in land assets

**Private sector puts in up-front financing
& expertise**

**Relaxation of stock transfer 'land
protocol'**

Conclusion



Total timescale 10-15 years

But delivery of demolition and new build social housing required to meet

- **SHQS target - 2015**
- **GHA promises to tenants - 2013**
- **GHA financial requirements - 2013**

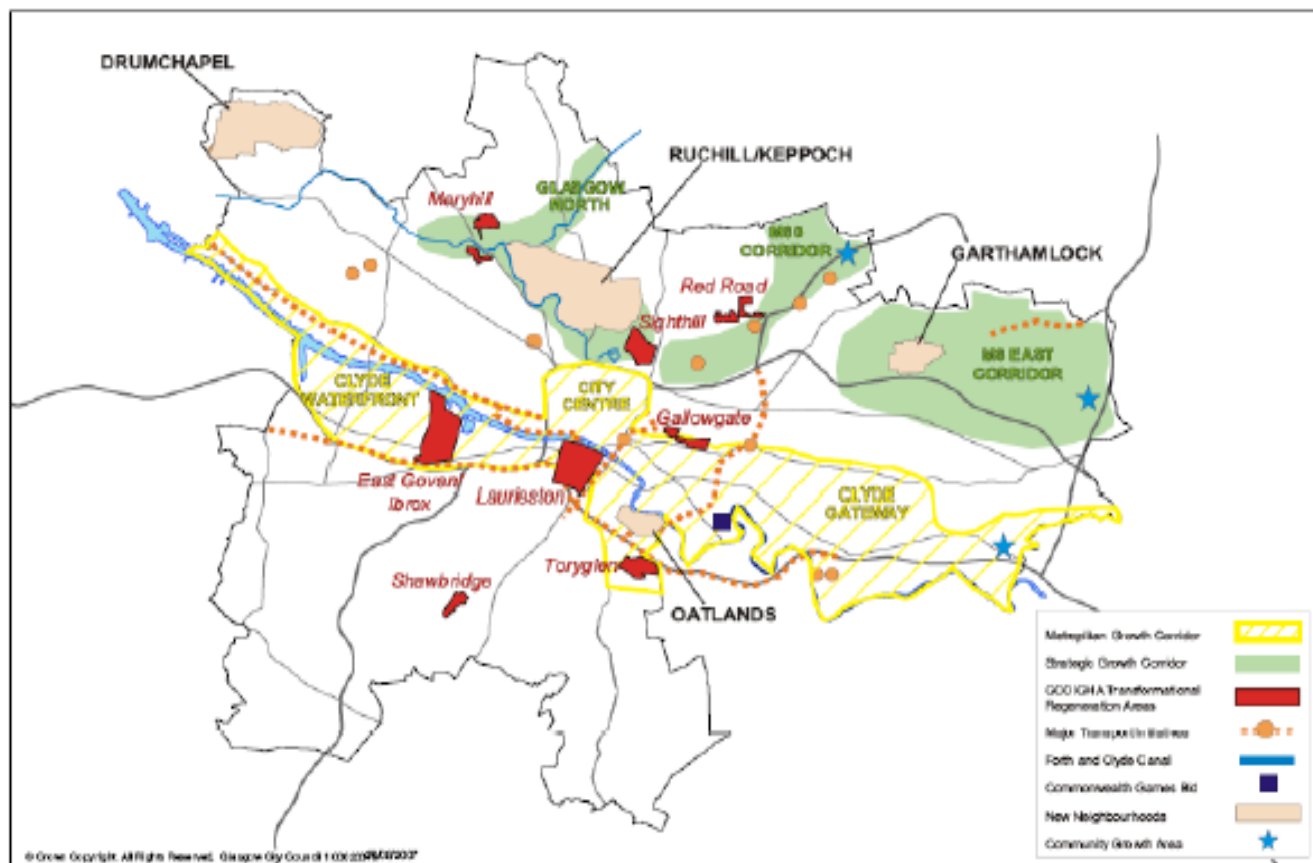
Need to get decisions soon but also a really good result

The Regeneration Challenge in Transformation Areas

The Context

- 8 large estates (Transformation Areas) plus 7 smaller areas (Local Regeneration Projects) are subject to multi-dimensional change over the next 10-15 years.
- Together they cover 6% of Glasgow's population, or 35,000 people.
- In the Transformation Areas, there will be large-scale demolition of the existing housing stock.
- Glasgow Housing Association (the owner of much of the stock in the areas) is working closely with Glasgow City Council to plan and deliver change in these areas.
- The areas will become more mixed-tenure, mixed-income communities in the future.

Map 4: Transformational Regeneration Areas & New Neighbourhoods within City Plan Context



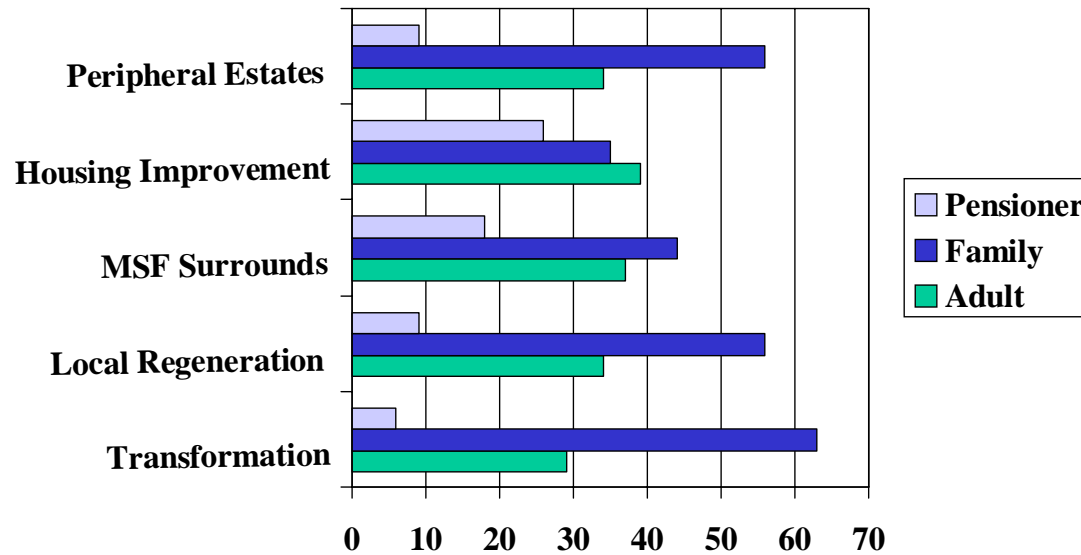
The GoWell Study

- GoWell is a longitudinal study of change in Glasgow, at the city and neighbourhood level.
- 14 communities are being studied over the next 10 years, including 3 of the 8 Transformation Areas & 3 of the Local Regeneration Projects, as well as a range of other areas of predominantly social housing.
- At the heart of the study lies a community survey to be carried out in the 14 areas every two years. This report is based on the first survey carried out in 2006.
- There is also to be a tracking study of people who move home, either voluntarily or as a result of the process of change.

Conclusion 1: Social Mix

- The social composition of these communities needs more consideration.
- This is more than simply a matter of housing-tenure mix.

Community Composition

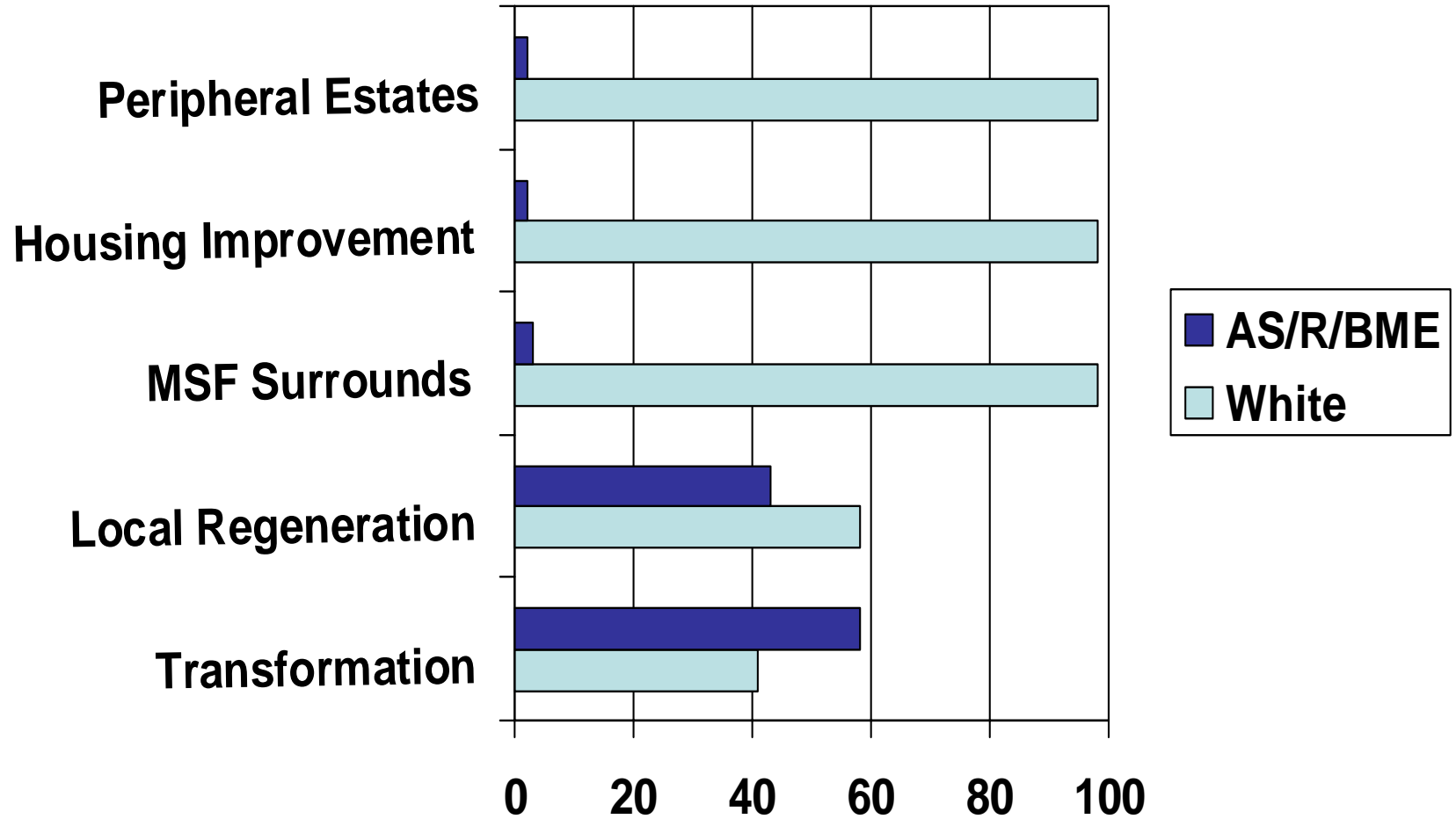


Child Densities

	% Population aged Under 16	Ratio of adults aged 25+ to children under 16	Ratio of adults aged 25+ to young people aged under 18
Transformation Areas	42	1.01 : 1	0.92 : 1
Housing Improvement Areas	24	2.67 : 1	2.36 : 1

Note that two of the most common problems in Transformation Areas are ‘teenagers hanging around’ and ‘gang activity’.

Ethnic Composition



Residents' Views

“When I’m coming here from work on the bus, there’s coloured people, you can be sitting on the bus and hear people say refugee city”

White Resident, Sighthill

“Even then you’re still going to let the same arseholes back in again. I’ve seen it happen in umpteen places. The places become beautiful but then the same people come back again and it’s wrecked again”

White Resident, Sighthill

“It doesn’t matter where you go, you want something better that’s happened within this area. This area has become a dumping ground, it is a dumping ground”

White Resident, Shawbridge

Sustainable Communities?

- What will produce a better balance within these communities in future?
 - A better mix of dwelling sizes after redevelopment?
 - More influence for the community in determining the social mix they have to live with?
 - Higher quality environments and amenities to attract and retain adult and older person households who can exercise choice?
 - Better monitoring of community composition outcomes?

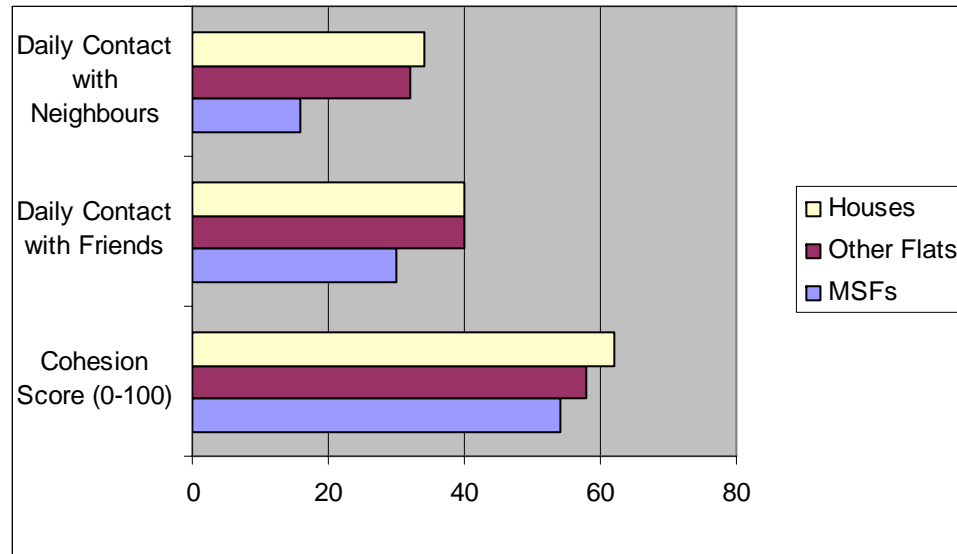
Conclusion 2: Environments

- It is essential that environments are of high quality.
- This means being well designed and well maintained.

Housing and Residential Satisfaction

- Transformation Areas are:
 - 88% high rise flats
 - 90%+ social rented
- In Transformation Areas:
 - 6% are very satisfied with their house
 - 4% are very satisfied with their neighbourhood
- Areas Surrounding MSFs are:
 - 1% high rise flats
 - 41% houses
 - 40-50% owner occupied
- In Areas Surrounding MSFs:
 - 25% are very satisfied with their house
 - 22% are very satisfied with their neighbourhood

Dwelling Type & Sense of Community



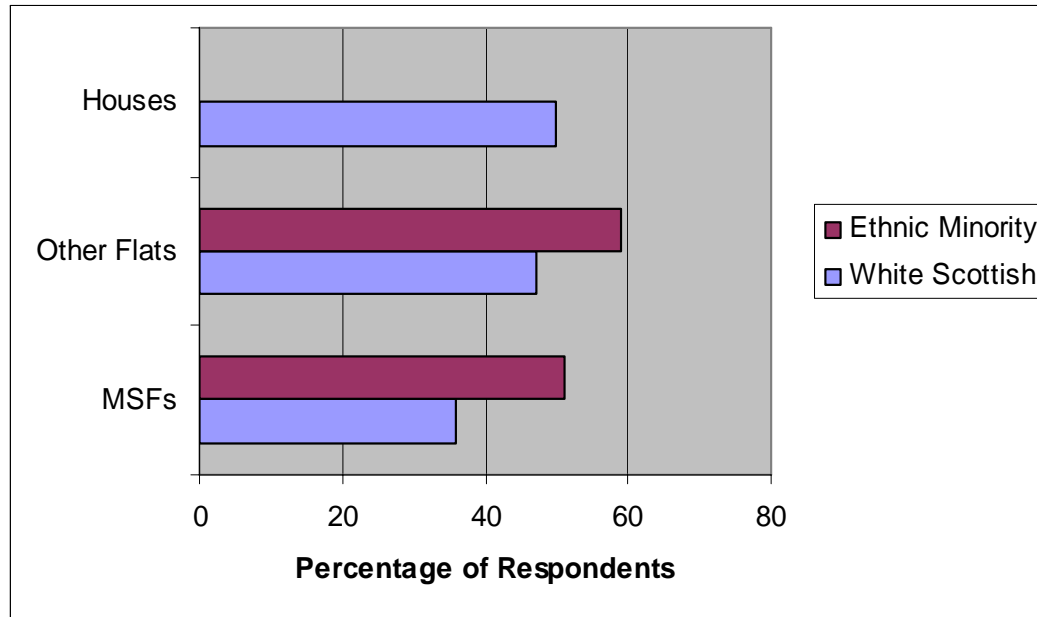
Cohesion Score: measured across five variables: safety, belonging, harmony, informal social control and honesty.

Friends and Neighbours: % saying they have contact on 'most days'

Analysis restricted to social renters.

Differences statistically significant.

Self-Rated Health by Dwelling Type



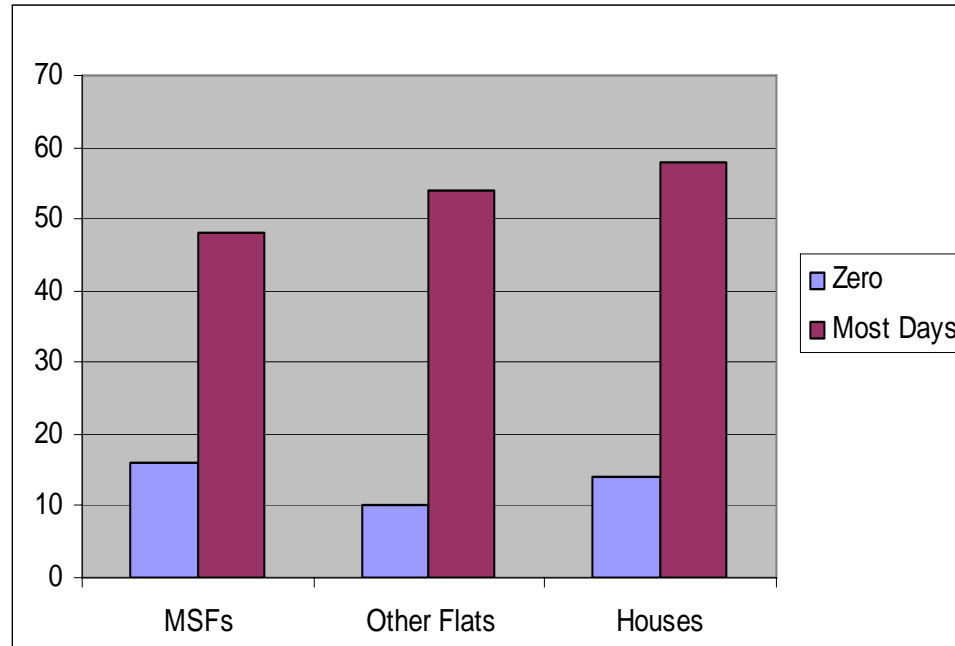
‘Over the last twelve months, would you say your health has on the whole been...good, fairly good, not good.’

Analysis restricted to social renters.

Differences significant for whites.

Dwelling Type & Walking in Neighbourhood

Family households in all tenures.

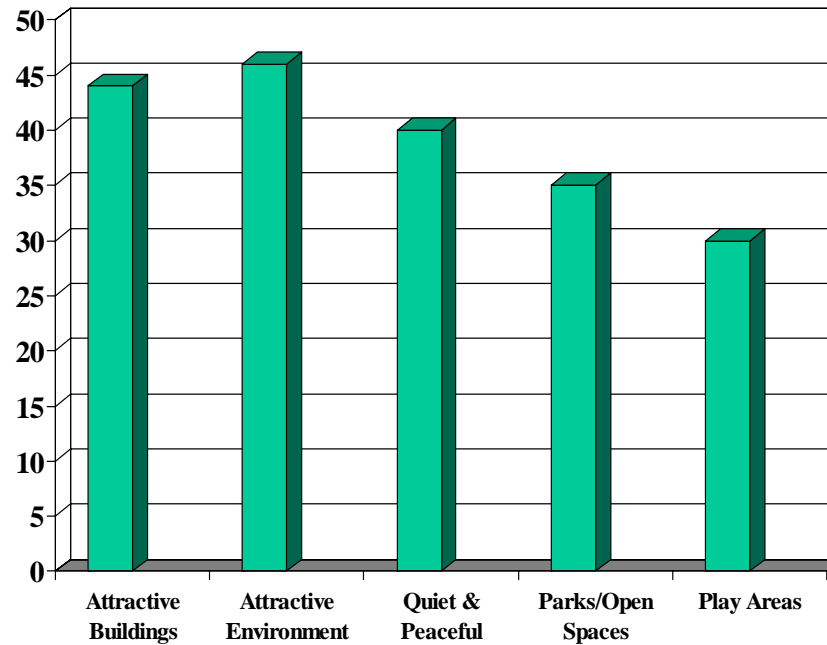


For respondents in family households, walking around the neighbourhood on most days is 10% higher for those living in houses than for those living in MSFs. Difference is significant.

Walking in the neighbourhood was also lowest in MSFs for adult and older person households, but differences were not significant.

Neighbourhood Environments

- In Transformation Areas, most people do not rate their environment as 'good' ('fairly good' or 'very good') in various respects.



How People Feel

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

Resident, Red Road

“My building is really dirty, dirty outside, really dirty. You cannot say that people stay in that building like to compare with other buildings you see outside. You can get rubbish everything, it’s not a good place.”

Resident, Red Road

“The people in the area, the junkies, they just come to the place and they drink and everything. There’s broken glass in the park, in the play area.”

Resident, Shawbridge







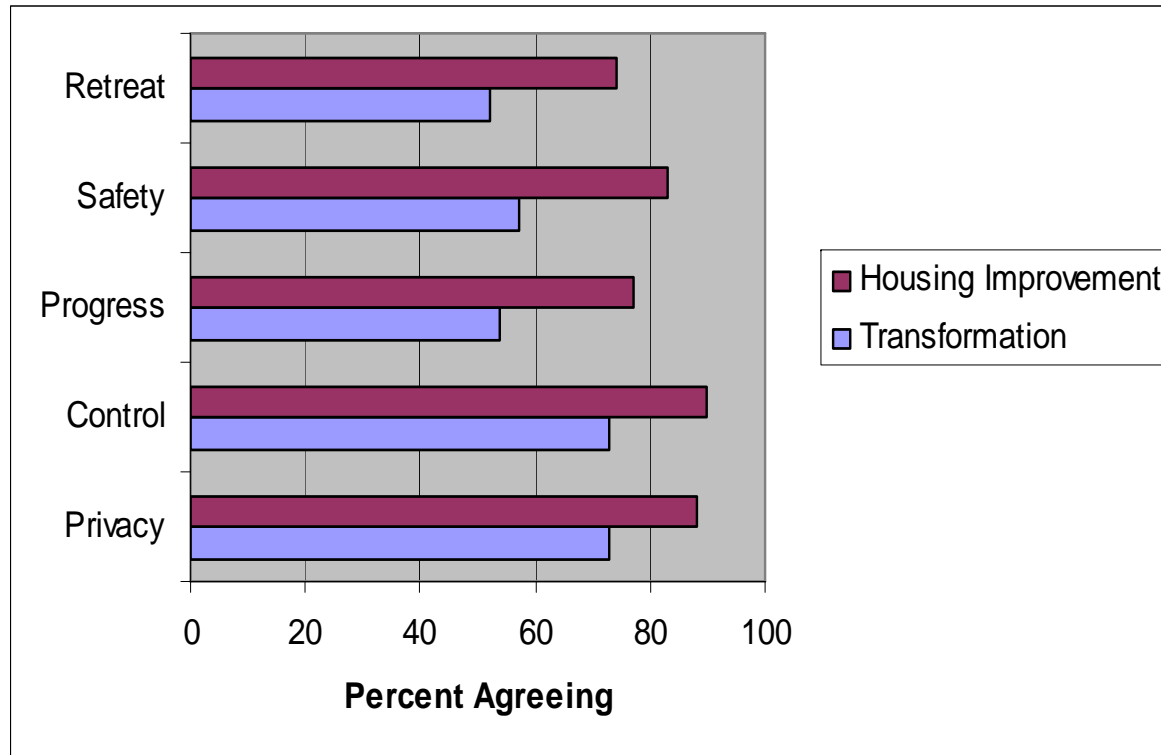
Better Environments

- There seems to be evidence that estates of multi-storey flats (and the environments around them) do not provide the best settings to meet people's needs in terms of satisfaction, aesthetics, and sense of community.
- 'Less is more'? Good quality green space, well situated in relation to dwellings, and well managed, may be better than large, moderately well-tended large green areas or playing fields.
- Maintenance of environments is not good enough.
 - Can issues of division of responsibility be tackled?
 - Can services be developed or rolled out which give local communities much more control over planned and responsive environmental management?

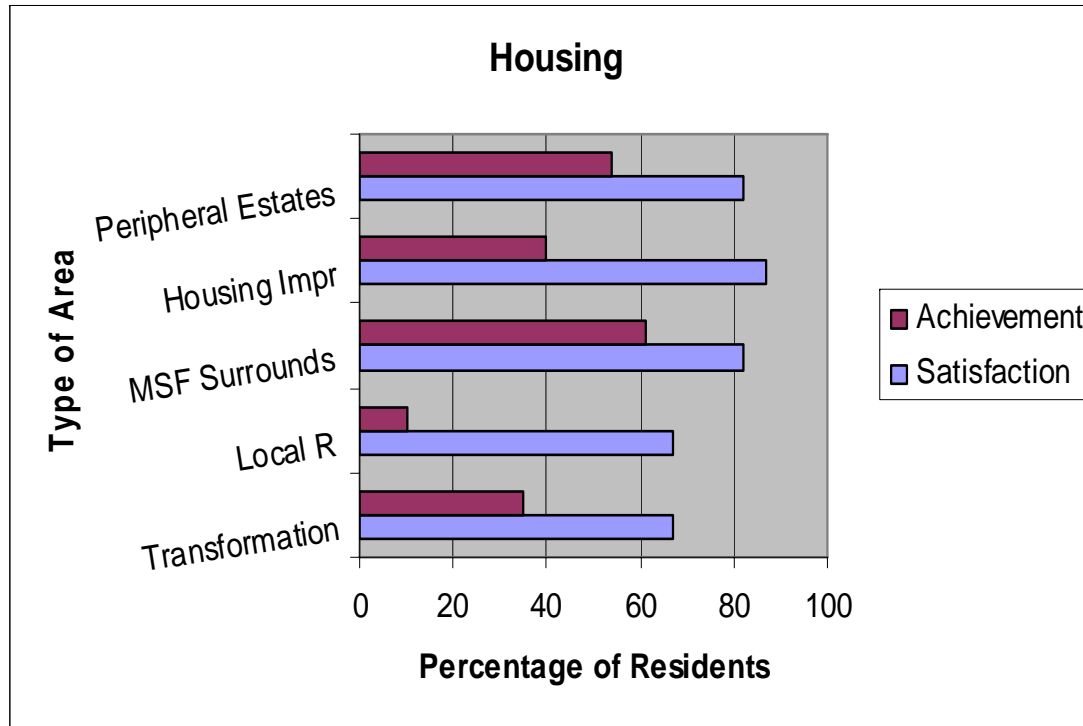
Conclusion 3: Psychosocial Goals

- Regeneration can be viewed as a psychosocial intervention and has the potential to influence people's mental health and well-being.
- Residential objectives should go beyond mere satisfaction targets.

Psychosocial Benefits of Home



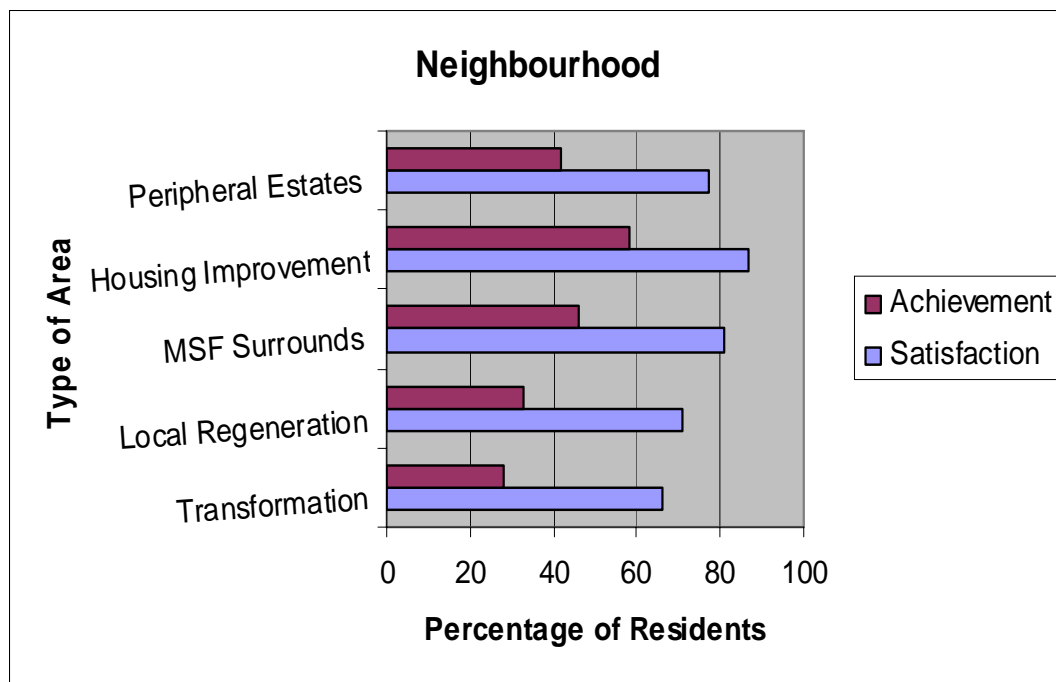
All benefits are derived to a lesser degree in TAs, especially sense of progress, safety and retreat.



Achievement: “My home makes me feel that I am doing well in life”.

Satisfaction: “Overall, how satisfied or dissatisfied are you with your home.”

Satisfaction rates are far higher than sense of progress (achievement) in most areas.



Achievement: “Living in this neighbourhood helps make me feel that I am doing well in life.”

Satisfaction: “How satisfied or dissatisfied are you with this neighbourhood as a place to live?”

Sense of achievement is lowest in TAs. Many areas have a large gap between satisfaction rates and sense of achievement.

Internal Reputation

Agree or Disagree with the statement:

“People who live in this neighbourhood think highly of it”

	Agree	Disagree
Transformation Areas	25	16
MSF Surrounding Areas	45	12
Peripheral Estates	29	10

Pride in the neighbourhood is very low in TAs and in Peripheral Estates.

External Reputation

Disagree or Agree with the statement:

“Many people in Glasgow think this neighbourhood has a bad reputation”

	Disagree	Agree
Transformation Areas	9	42
MSF Surrounding Areas	24	41
Peripheral Estates	14	43

All areas suffer a poor external reputation in residents' eyes, but the situation is slightly worse in TAs.

Psychosocial Outcomes

- Most people express satisfaction with their homes and neighbourhoods, even where conditions are poor.
- Achieving psychosocial goals is more challenging.
- Transforming places could contribute to positive mental health.
- Many residents expect housing tenure mix to help improve pride in the area and the image of an area.
- Changing how residents and non-residents perceive or think about places should be an aim of regeneration. Real changes have to be combined with a public relations or communications strategy.

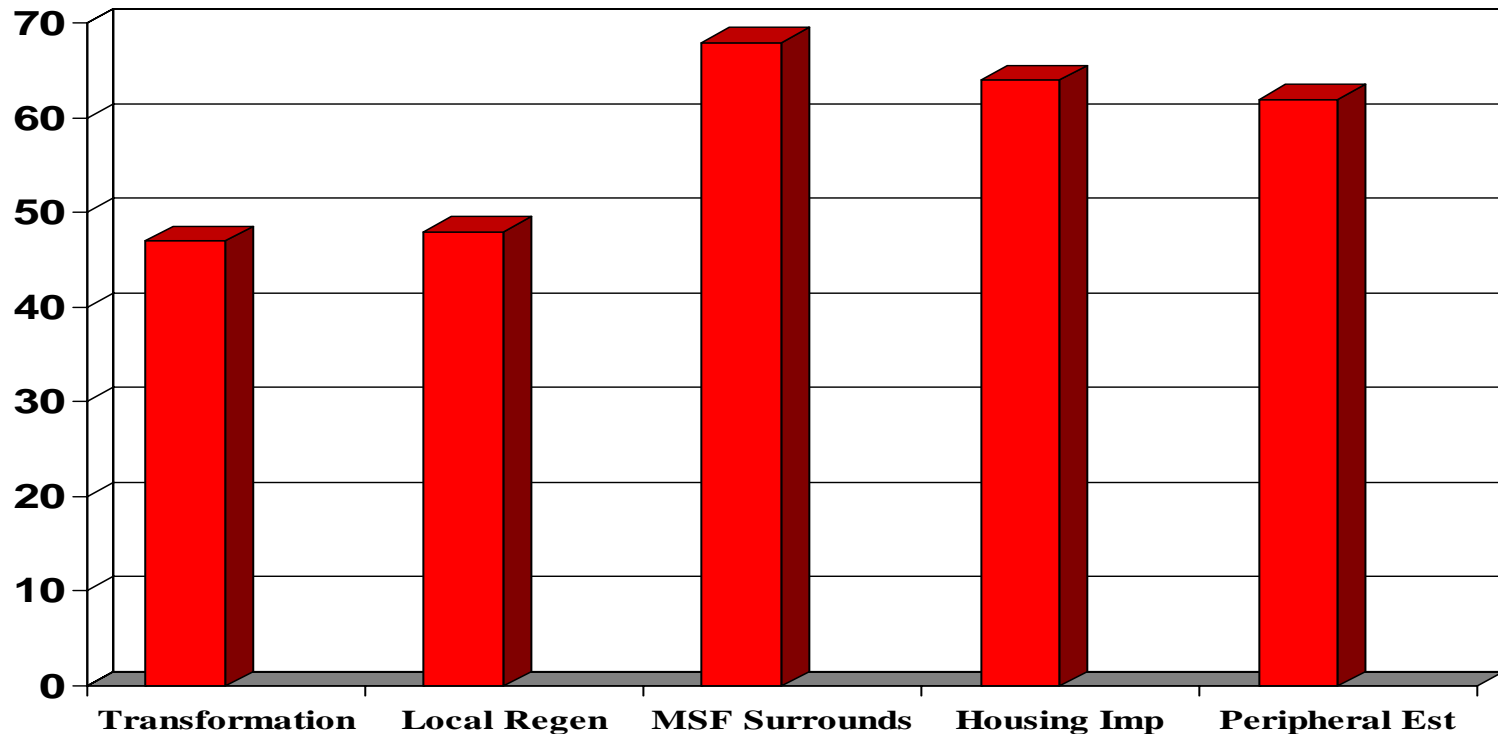
Conclusion 4: Social & Economic Regeneration

- Social and economic regeneration is needed as well as physical change.
- The involvement of educational and employment agencies is crucial.
- Community development work is necessary, and a strategy may be required to identify appropriate activities and resources.

Antisocial Behaviour

- Of 17 potential asb problems, residents in each of the 3 Transformation Areas identified on average 6 to 9 problems each.
- In two of the TAs, 14 of the 17 items were identified as problems by more than two-in-five people.
- Where we have comparable national information – for 7 of the items – problems were more common in the Glasgow TAs than in deprived areas in Scotland in general.
- Three issues are in the top five problems in each TA: teenagers hanging around; gang activity; and drunkenness and rowdiness in public.

Perceptions of Community Cohesion

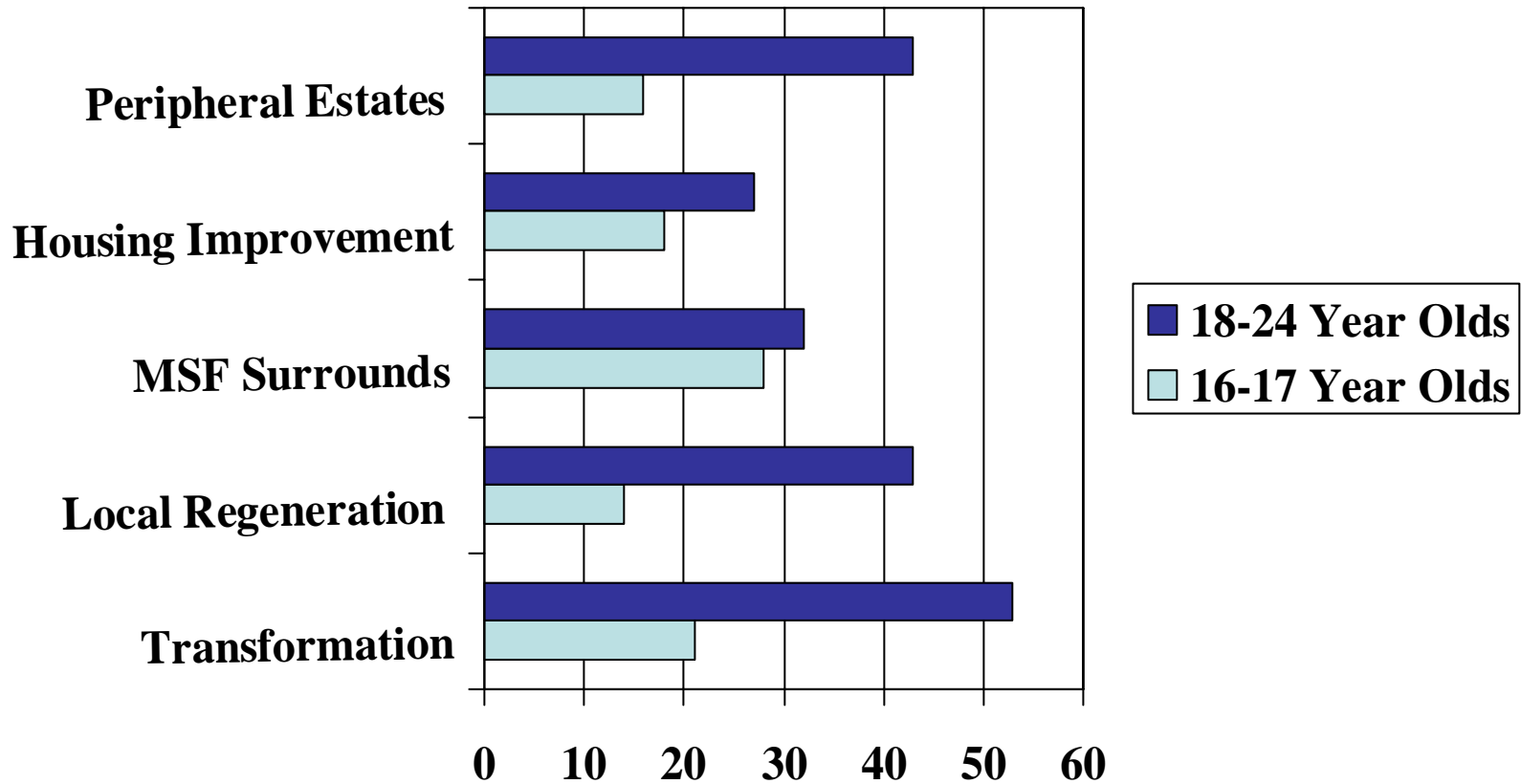


Avg % Agreeing on 5 items: safety; belonging; harmony; informal social control; honesty of neighbours. Perceptions of the last two items are particularly low.

Social Networks & Social Support

- Levels of daily social contact with neighbours and with others are lower in TAs than in the other types of area we are studying.
- Levels of available social support (practical, emotional and financial help) are also lower in TAs:
 - Nearly a quarter of people in TAs have no forms of support.
 - Between a third and a half of white and ethnic minority households lack one or more forms of support.
- Less than one-in-twenty people in TAs participated in any groups, clubs or organisations in the last year. Much lower than the Scottish average.

NEETs by Type of Area



There is not much difference between White Scots and Asylum Seekers.

Employment

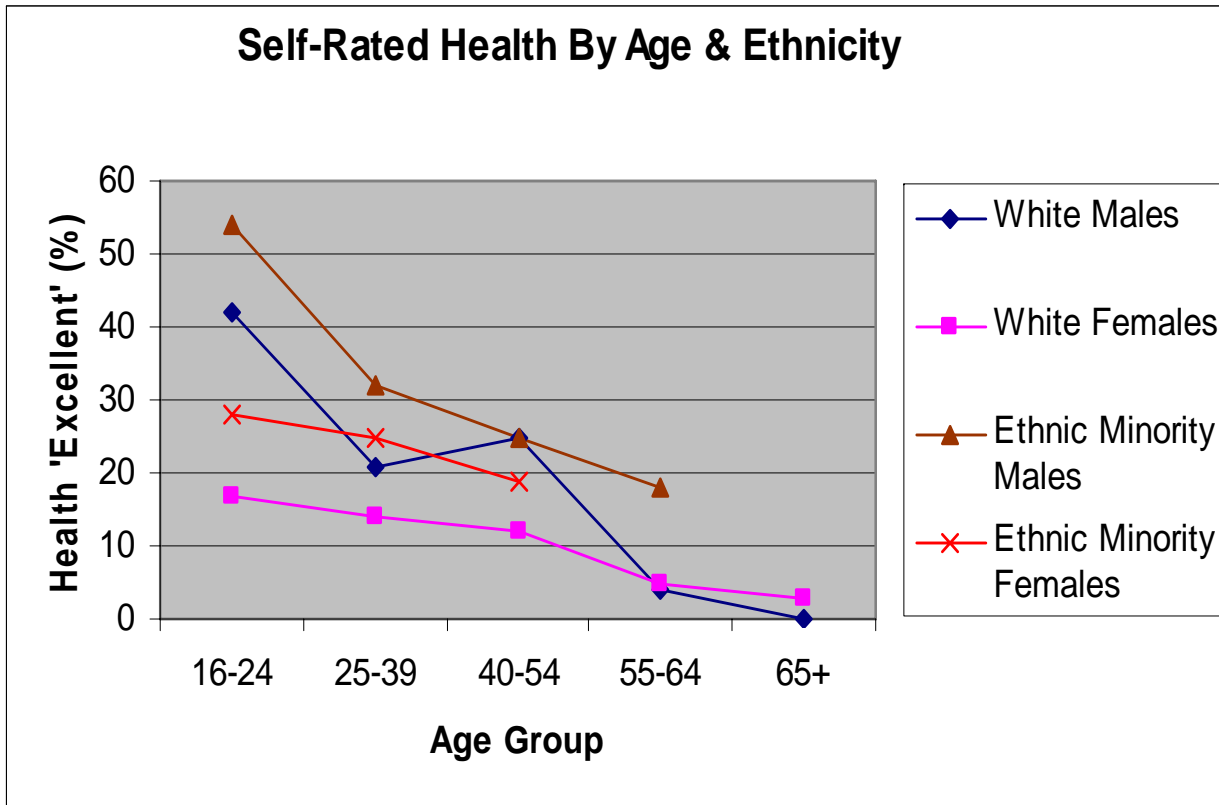
- Only a quarter of white males of working age in TAs are actually working. Nearly a third are economically inactive.
- Only a fifth of white Scottish households contain anyone working.
- Around a third of refugee and BME households contain anyone working.
- Long term health problems are three times as common among economically inactive adults as among working adults, but nonetheless only a minority of the economically inactive (46%) identify a health problem.

Social & Economic Regeneration

- How can you raise activity rates of all kinds in these places: employment; education; voluntary work?
- Is community development a route towards achieving this?
- Who will be the voice and facilitator for these communities as they re-emerge as mixed tenure places?
- Is the devolvment of responsibilities for services to the community worth trying?

Conclusion 5: Health

- Residents in Transformation Areas have a relatively positive view of their health, given the deprivation of the areas.
- Ethnic minority residents (including asylum seekers and refugees) have better health than Scottish people, and may be a positive resource for the communities in this respect.
- Whilst a positive view of health is better than feeling unwell, we wonder whether ‘normative adjustment’ has led people to perceive their health, and health-related behaviours, to be better than in fact they are.



- Whites have lower rates of ‘excellent’ health than ethnic minorities in TAs.
- Scottish women are least likely to say their health is ‘excellent’.
- A third of women aged 40-54 report seeing their GP for mental/emotional health reasons.

Table 50 Self-Rated Health by Economic Status, working-age population, within Transformation Areas (row pct)

	Excellent	Very Good	Good	Fair	Poor
Working	30	45	20	2	2
Not Working	29	31	26	10	4
Inactive ¹	21	37	26	9	6

1. Not in work, nor on a training scheme, nor unemployed.
2. Pearson $\chi^2 = 31.352$, $df=8$, $p \approx 0.000$

- Working is associated with a 15% increase in ‘excellent’ or ‘very good’ health
- Not many of the inactive consider their health to be ‘fair’ or ‘poor’

Relatively Positive Perceptions?

- Four-fifths of Scottish people in TAs rate their health in general as 'good' or better than this. Only a fifth rate their health as 'fair' or 'poor'. This ratio of 4:1 compares with a ratio of 3:2 in deprived areas in the Scottish Health Survey.
- One in eight people report seeing their GP 7+ times in the last year. The SHS reports the *average* rate of use in deprived areas as 7 for men and 8 for women.
- Just over two-in-five Scottish people say they are alcohol drinkers. This equals the number of weekly drinkers nationally, but it appears it might omit the quarter of people who drink less than once a week. The reported number of units drunk (15) might also be low.

Continued...

- Three out of ten Scottish people and four out of ten ethnic minorities report that they eat 5+ portions of fruit and vegetables per day. This compares to one-in-ten people reported as doing this by the SHS.

The Not So Good:

- Self-reported rates of taking vigorous exercise are at least as high in TAs as elsewhere. However, rates of taking moderate exercise are lower: 1-in-8 people in TAs undertake moderate exercise on 5 or more days; in other areas it at least twice this number.
- 56% of Scottish people say they are smokers in TAs, but only 1-in-10 smokers have any intention to quit.

Health in the Future

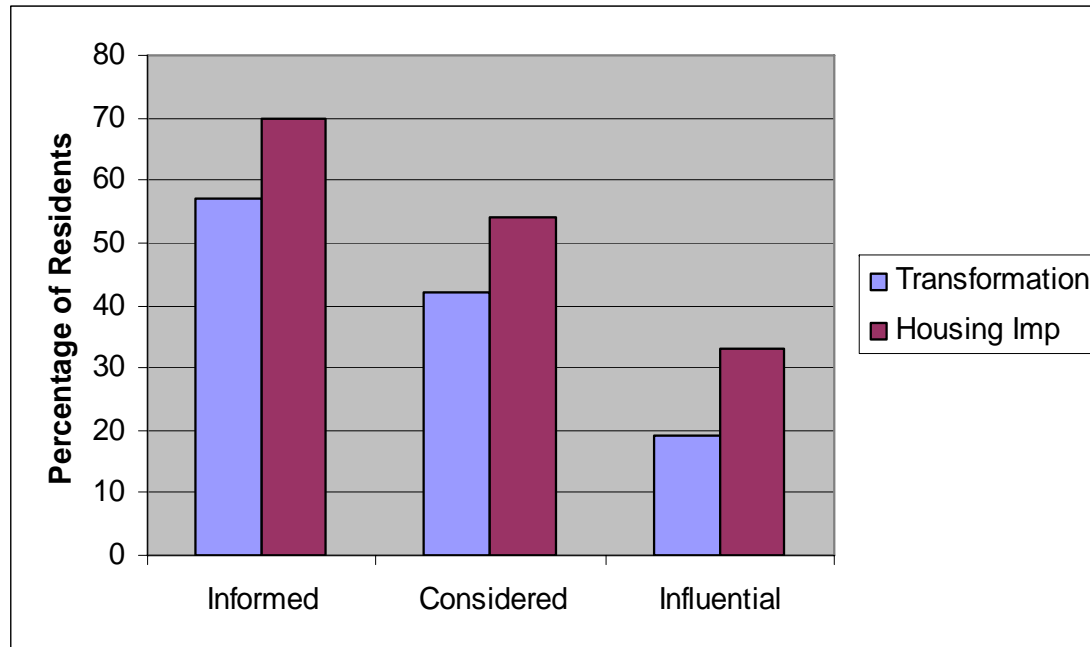
- In GoWell, we are considering how:
 - To get better measures of health behaviours in future;
 - To measure positive mental health as this may more susceptible to influence by transformational processes.
- Public health practitioners could be more closely involved in the regeneration process, working with communities to use the opportunities introduced by transformational changes as a catalyst for health improvement.
- Would community development work have health gains?
 - Activity is better than inactivity.
 - Groups may learn from each other through greater interaction so as to shift norms of behaviour.

Conclusion 6: Community Engagement

- Community engagement is a crucial part of the process of change, especially when that change takes a long time and is delivered in a complex manner.
- Present levels and methods of community engagement could be improved.

Informing and Consulting Tenants

Note: these results predate the consultation exercises in TAs in 2006



Informed= kept informed by landlord/factor about things that might affect you.

Considered= landlord/factor willing to take account of residents' views.

Influential= can influence decisions affecting local area, on own or with others.

Concerns About Regeneration

“We know the buildings are all coming down and we’re getting new houses but goodness knows when”

“It’s not very comfortable living in a building where everybody there is talking about they’re going to demolish the building for the last 7 years. It’s unstable and violent”

“It’s not so comforting because you don’t know anything. You don’t know where you’re supposed to be. You don’t know what is going to happen.”

“We are too worried about what criteria are they going to use, like when those buildings are completed who are going to be the priority? Are they going to say those who are staying here?”

Future Engagement?

- How soon can answers be provided to some of these concerns, about timing, allocations, decanting etc.?
- There is a need for more regular two-way communication with communities, even when there is not much to report. Otherwise people get worried and rumours spread quickly to make matters worse.
- How can engagement involve more people?
- Can a creative, problem-solving approach to community engagement be maintained? Can this be done at key points in the process, when decisions have to be made?
- How can it be made clear to communities WHO is doing the regeneration? Who is responsible? How decisions are made? Will communities be confused about this?

GoWell

