



**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 Communities Scotland, Glasgow Housing Association, NHS Health Scotland and NHS Greater Glasgow & Clyde.*

# Regeneration: Communities, Neighbourhoods & Health

Glasgow's Healthier

Future Forum

19 June 2007



# What is Regeneration?

- A programme of ***physical change***, e.g. housing redevelopment, environmental improvements, enhanced amenities – the common view.
- An ***economic programme*** involving enterprise, employment and training activities, e.g. advice and support to individuals, community business growth – often a second prime objective.



# Continued...

- A ***community or social intervention***, e.g. maybe involving altering the demographic composition of a community, or providing better community facilities; less often focusing on community development work.
- A ***public service programme***, seeking to improve the quantity and quality of public services in an area, targeted on local needs.



# A Psycho-social Intervention?

- Growing interest in regeneration as a ***psycho - social intervention***, trying to change:
  - community cohesion in deprived areas;
  - sense of empowerment (influence & control);
  - the aspirations and expectations of people in deprived areas;
  - how they see themselves in relation to others;
  - how others see deprived communities;
  - how well integrated deprived communities are into the wider city – not seen as so different or separate.



# Transforming Places: the starting point

Low quality Environment:  
poor standards;  
monotonous; oppressive;  
depressing.

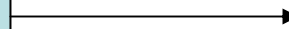
Stigmatised community

Low levels of cohesion

Limited opportunities for  
useful, positive activities

Sense of powerlessness

Physical and social  
separation and  
distinctiveness of the area



Low levels of activity:  
economic, social, community

High levels of stress

Poor mental health

Low aspirations and  
expectations

Poor health behaviours: e.g.  
low physical activity, high  
levels of addiction.

# Routes to Transformation via Psycho-social means

- Physical, service and amenity improvements
- Community development
- The process of regeneration itself



# Physical & Service Impacts

New & Improved  
Housing & Envts.

Boost self esteem and pride.  
Reduction in area stigma.  
Change in mood / lifting of spirits.  
Development of optimism.  
Increased walking around area.

Improved and more responsive  
public services.  
Neighbourhood mgt. and  
supervision

Reduction in fear.  
Reduction in unhealthy and  
harmful (anti-social) behaviours.  
Boost self esteem.  
Reduction in perceived inequality

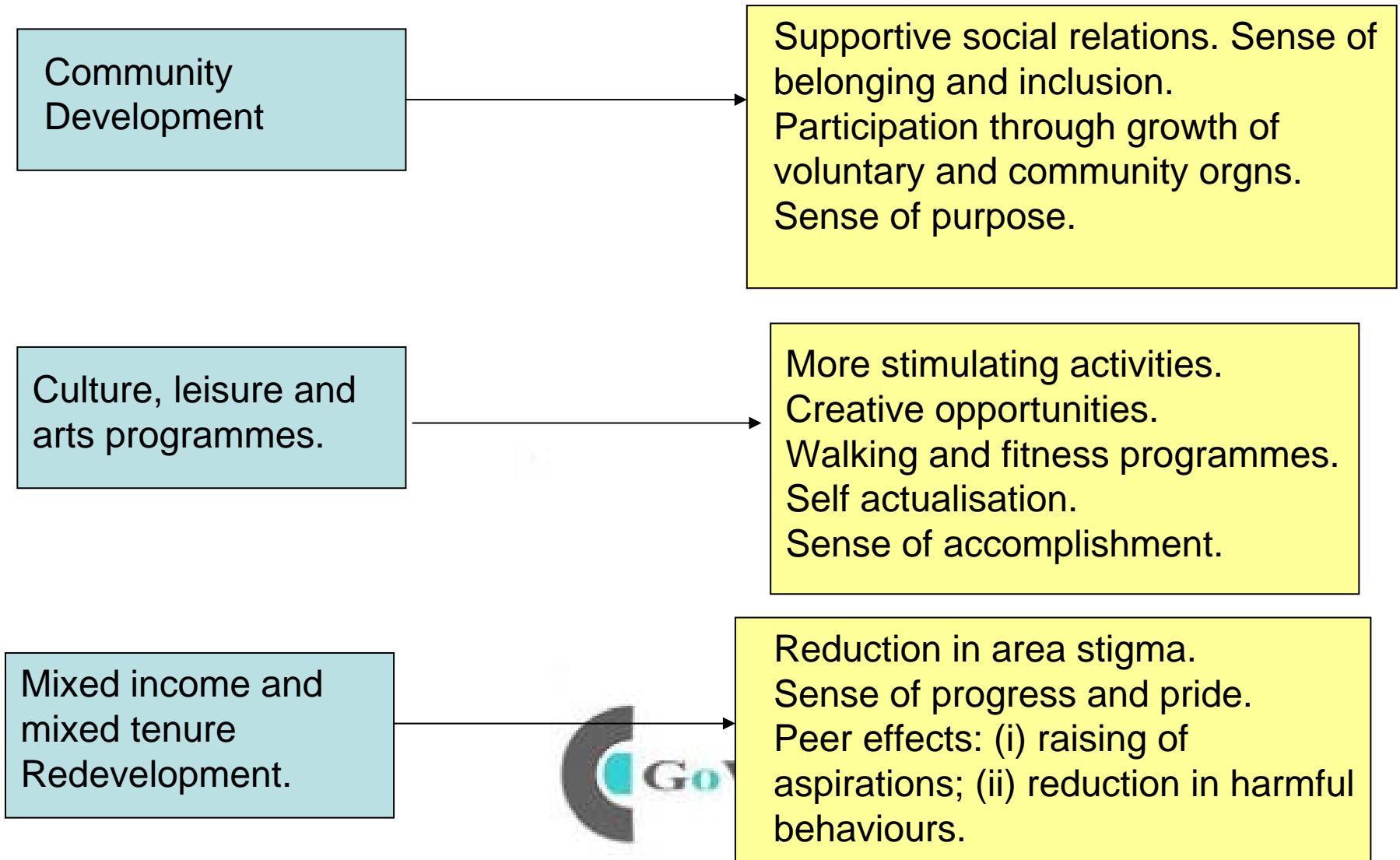
Improved local  
amenities.

Reduction in perceived inequality.  
Sense of social inclusion & pride.  
Opportunities for social interaction  
& reduction in isolation.

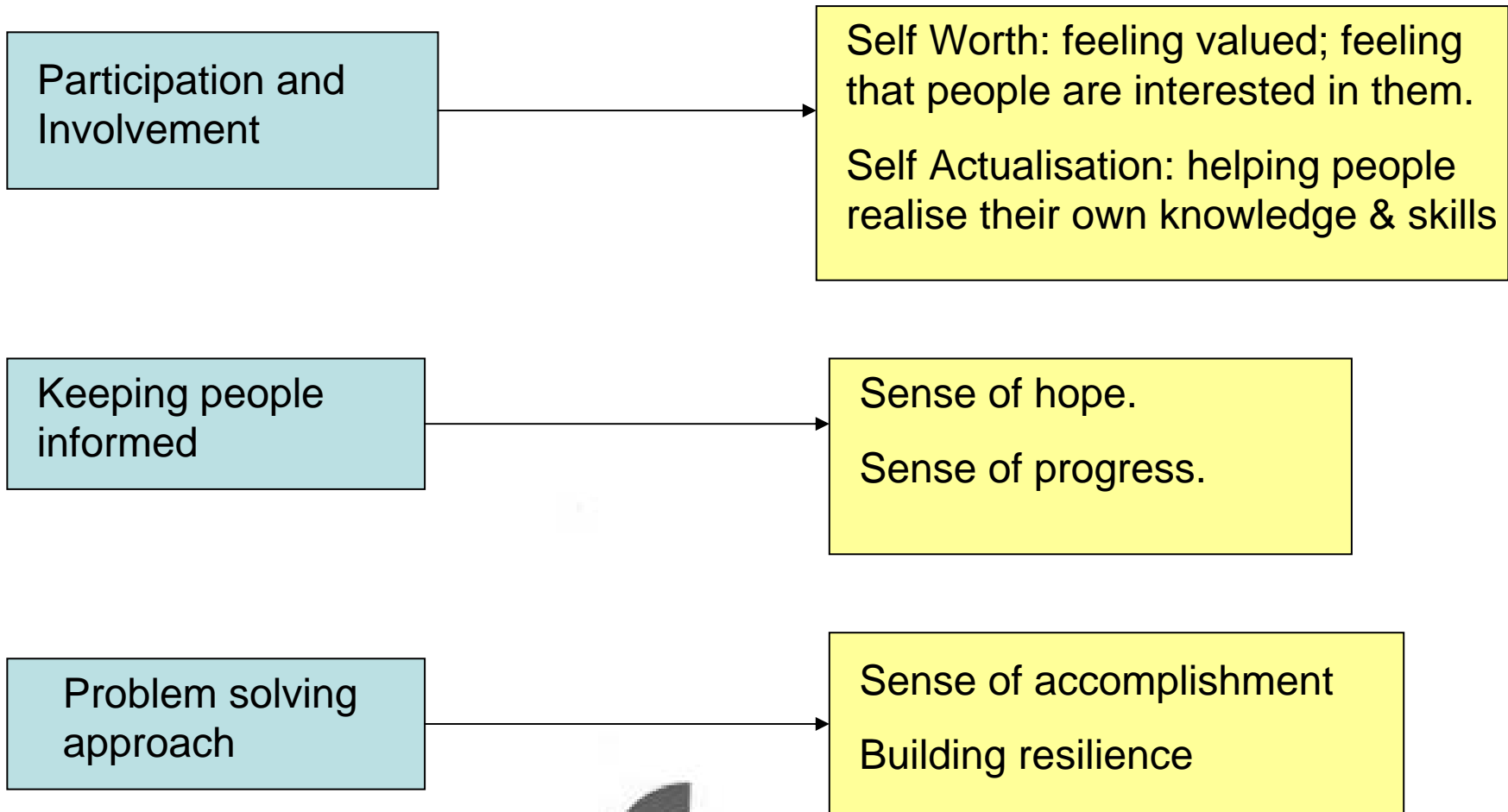




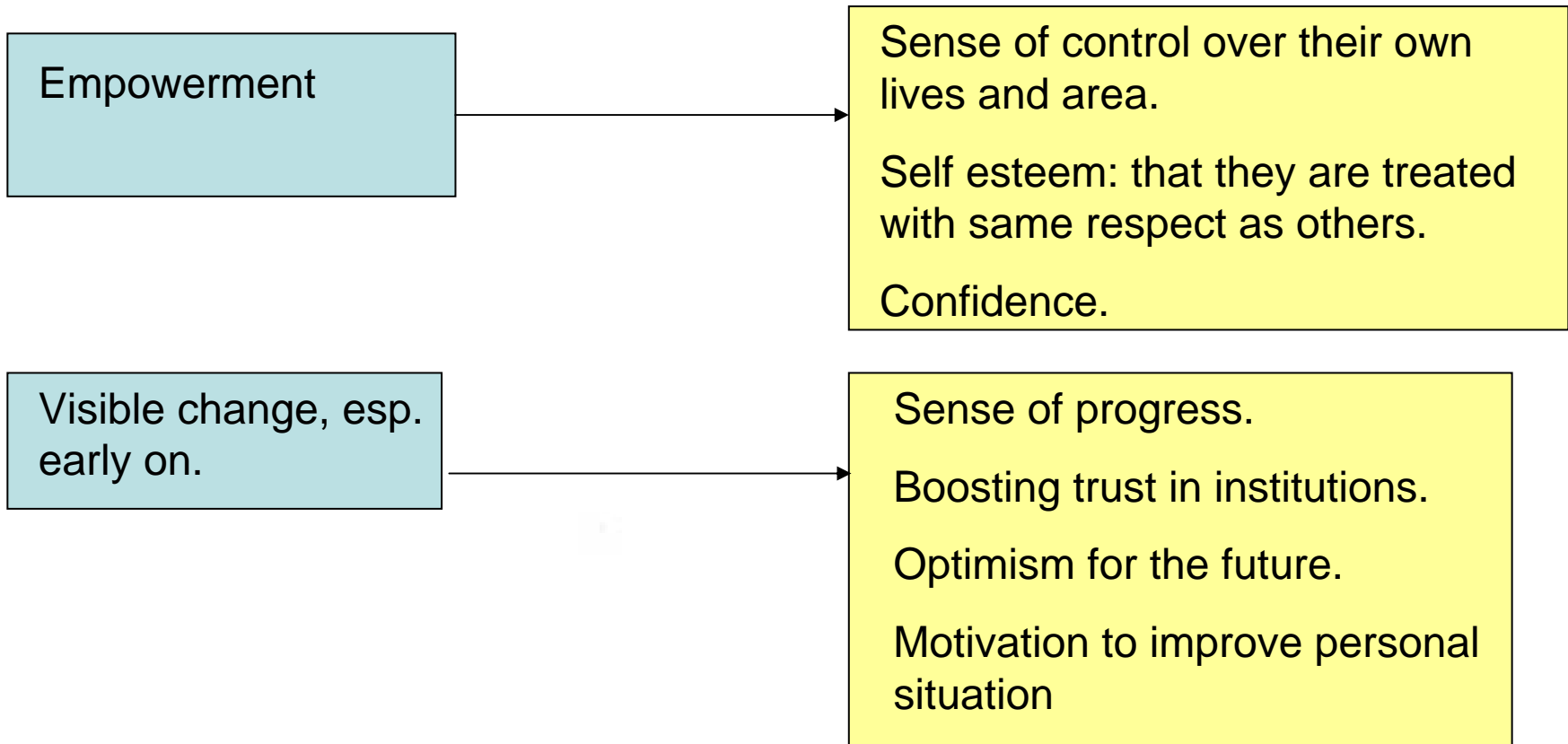
# Community Level Impacts



# The Regeneration Process



# The Regeneration Process



# But it might not be all positive...

- The regeneration process could have negative impacts in terms of:
  - Stress as a result of uncertainties and lack of information;
  - Stress and social erosion as a result of the disruption of decanting etc;
  - Frustration and disappointment about the outcomes for individuals
  - Feelings of powerlessness rather than power



# Continued...

- Mixed-tenure, mixed income developments may lead to:
  - Envy rather than emulation;
  - Negative social comparisons; perceived inequalities;
  - Social friction due to life-style clashes.
  - Reduced patronage of local amenities rather than expanded client base;
  - Limited interaction between social groups.



# There may be limits to health impacts?

- Housing improvements may reduce the incidence of some common symptoms.
- Social and community regeneration may lower involvements in some unhealthy behaviours.
- Area improvements may boost physical activity rates and extend social support networks.
- Holistic regeneration may raise self-rated health and well-being and boost positive mental health.
- But what will impact upon addictions and on long-term health issues?



# The Human Capital Challenge

**CONTRIBUTION: EMPLOYMENT OR OTHER USEFUL ACTIVITIES**

HEALTH, EDUCATION, TRAINING, CONNECTIONS

**PSYCHOLOGIES:** ATTITUDES TO OPPORTUNITIES  
INTERNAL AND EXTERNAL PERCEPTIONS OF PLACES

**PLACES:** ENVIRONMENTS, OPPORTUNITIES,  
COMMUNITIES, CULTURES

**TRANSFORMATION**



**Self Determination:**

Control  
Choice

**Self Worth:**

Self Esteem  
Self Actualisation  
Sense of Purpose  
Feeling that you Matter

**Positive Mental Health**

**Resourcefulness:**

Resilience  
Self-Efficacy  
Healthy Relationships

**Forward Looking:**

Having Hope  
Optimism  
Sense of Progress  
Aspirations  
Motivation & Commitment





# GoWell Research Components

- Ecological Study of Glasgow
  - To track and test the link between residential environments and health over time, and to provide a context for...
- Community Survey
  - Survey of 6,000 households to be carried out every two years.
- Tracking Study:
  - Monitoring impacts upon people who move or are moved home
- Neighbourhood Audit
  - Surveyor monitoring plus photographic record in study areas plus 3 comparator areas
- Qualitative Research into Governance & Empowerment, and Community and Neighbourhood Change
  - Interviews with LHO Boards, tenants and policy-makers
- Nested Studies of Wider Actions
  - Community Janitors, Play Areas, Youth Diversion



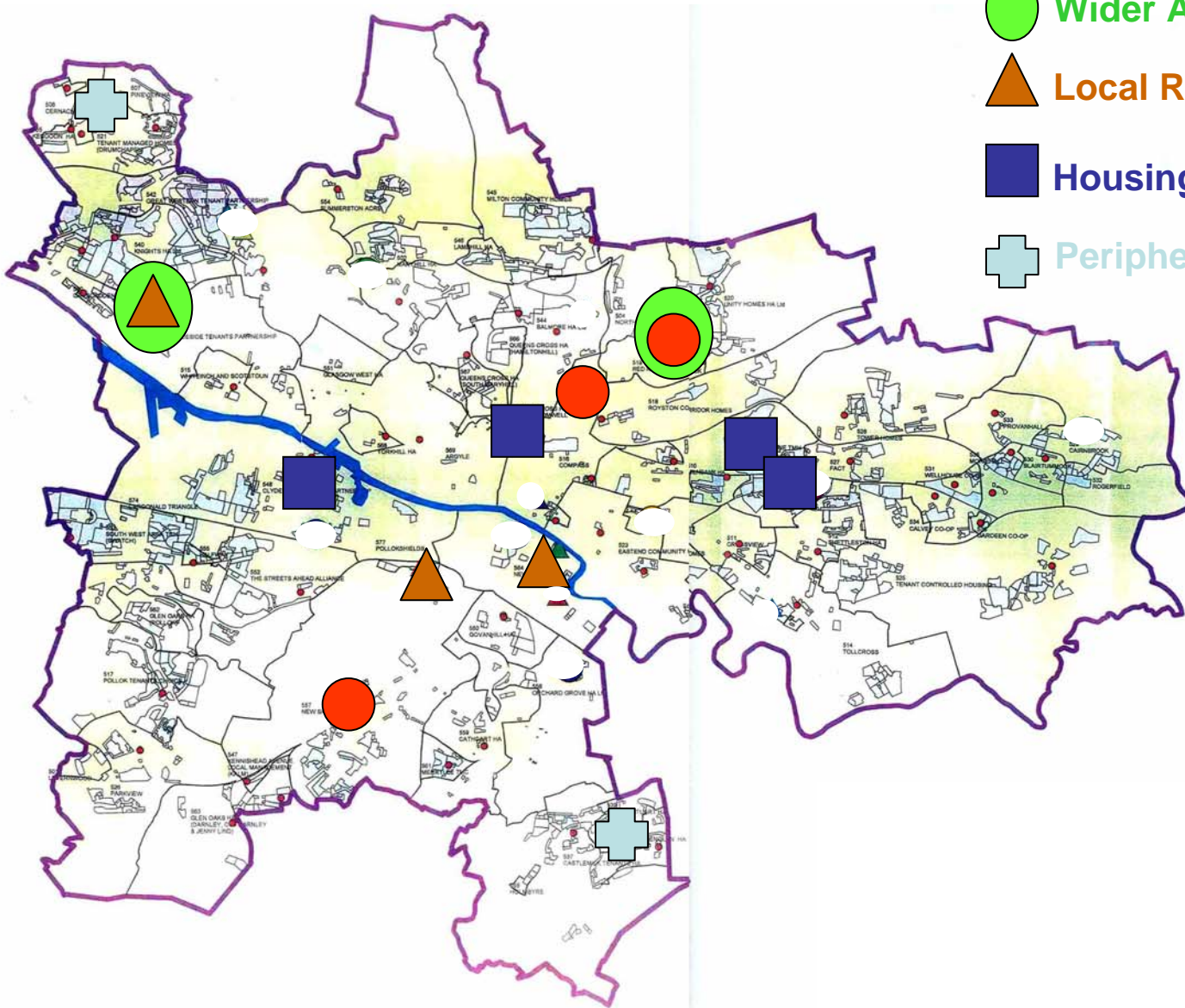
# Geographical Structure

- Studying community change over 10+ years in 14 areas of Glasgow
- Five types of area:
  - Transformation Areas (3): mass housing estates
  - Local Regeneration Areas (3)
  - Areas surrounding Multi-storey flats (2)
  - Housing Improvement Areas (4): more popular areas
  - Peripheral Estates (2): one with a ‘new neighbourhood under construction’



# GoWell Study Areas

- Transformation Areas
- Wider Areas (around MSFs)
- ▲ Local Regeneration
- Housing Improvement
- ⊕ Peripheral Estates



Sighthill May 2007















**Environments:  
physical, social, psycho-social**



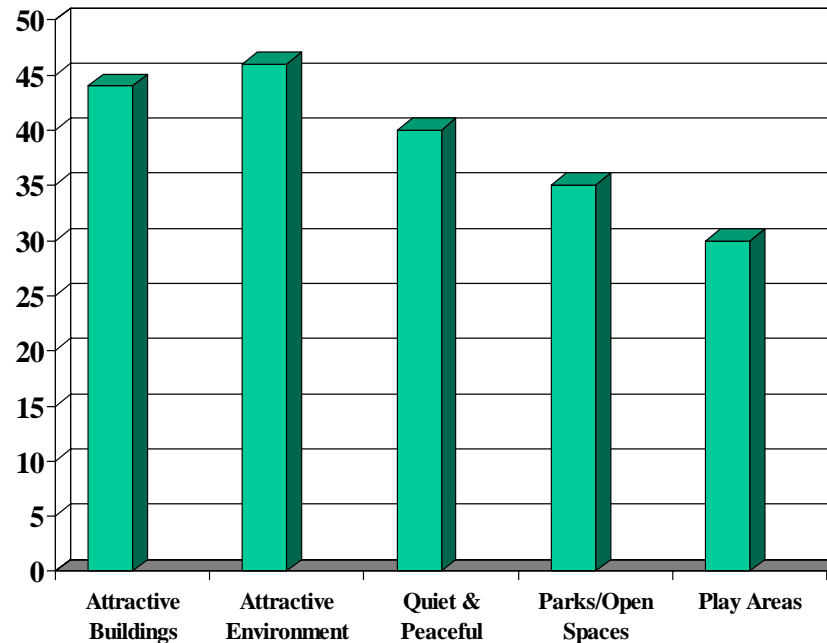
# Housing and Residential Satisfaction

- 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 MSF Surrounding Areas:
  - 25% are very satisfied with their house
  - 22% are very satisfied with their neighbourhood



# Neighbourhood Environments

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



# Psycho-Social Neighbourhoods

Where you live is important to how you feel about yourself, but...

- Only in Housing Improvement Areas do most people feel that **'Living in this neighbourhood makes me feel I am doing well in life'**
- This is true of just a quarter of people in Transformation Areas and a third of people in Local Regeneration Areas.



# Internal Reputation

Agree or Disagree with the statement:

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

	Good	Bad
Transformation Areas	25	16
MSF Surrounding Areas	45	12
Peripheral Estates	29	10



# External Reputation

Disagree or Agree with the statement:

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

	Good	Bad
Transformation Areas	9	42
MSF Surrounding Areas	24	41
Peripheral Estates	14	43



# Anti-Social Behaviour

- Several problems are cited by a lot of people:
  - Teenagers hanging around: 57% (72% in Red Road)
  - Vandalism & graffiti: 51%
  - Gang activity: 47% (59% in Shawbridge)
  - Rubbish & litter lying around: 44%
  - Drunken or rowdy behaviour: 43%
  - Drug use & dealing: 38%
- Some of these (e.g. drugs, vandalism, rowdiness) appear to be more common than in other deprived areas.
- It is not surprising that the lowest rated public service was youth and leisure services.
- But most people (> 80%) also identify a lack of parental responsibility as an issue.



# Neighbourhood Problems by Area

Mean number of problems identified, out of a max of 17.

- Transformation Areas: 7.4
- Local Regeneration Areas: 9.0
- MSF Surrounding Areas: 5.2
- Housing Improvement Areas: 3.4
- Peripheral Estates: 4.9



# 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'.



# Community Cohesion

- Levels of community cohesion\* are reasonably good but not great. On a scale from 0-100, most areas score below 60, whereas high cohesion would require 75+.

(\*based on questions on: safety, belonging, harmony, information social control, and honesty)

- Perceived honesty and trust in local people was as low as 25% in many areas\* , compared with 48% nationally.

(\* people thinking it likely that a lost purse/wallet would be returned intact)

- In half the study areas, perceived informal social control\* was below 50%, against a national average of 80%.

(\*people thinking it is likely someone would intervene to stop youths harassing someone)



# Social Networks

- Most people have at least weekly contact with relatives, friends and neighbours.
- Social contact was lowest in Transformation Areas where only 45% of people have daily contact with anyone, and less than 1-in-5 have daily contact with neighbours.
- Contact with relatives and neighbours was highest in the areas surrounding multi-storey flats.
- Contact with friends was highest in peripheral estates.

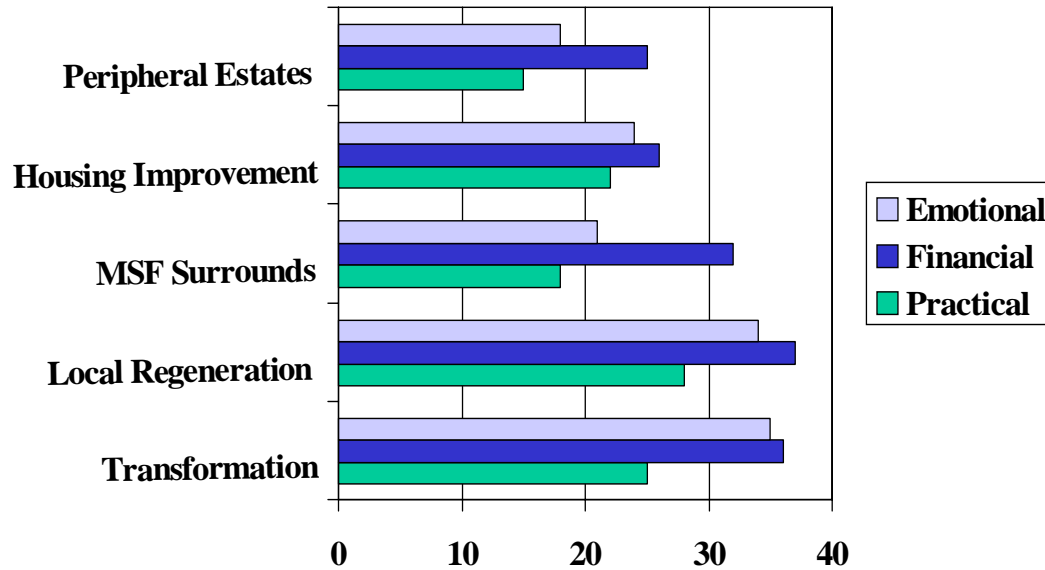


# Social Support

- Most people have social support of various kinds available outside their own household.
- Financial support is less common than practical or emotional support, but still 70% of people have someone they can turn to, to lend them money for a few days.
- A fifth of people (18%) have none of the three forms of support available (or they wouldn't ask for help).
- Significant numbers of people in regeneration areas have no sources of support available.
- In Red Road, Shawbridge and St.Andrews Drive 2-in-5 people have no one to turn to for advice and support in a crisis – & these are areas with people in difficult circumstances



# People Lacking Social Support



# Empowerment

- Only 29% of people think they can influence decisions affecting their local area, either individually or collectively.
- Sense of influence is even lower in regeneration areas: 16% in Shawbridge; 19% in Sighthill; 22% in Red Road – subsequent consultation processes since summer 2006 may change this?



# Human Capital





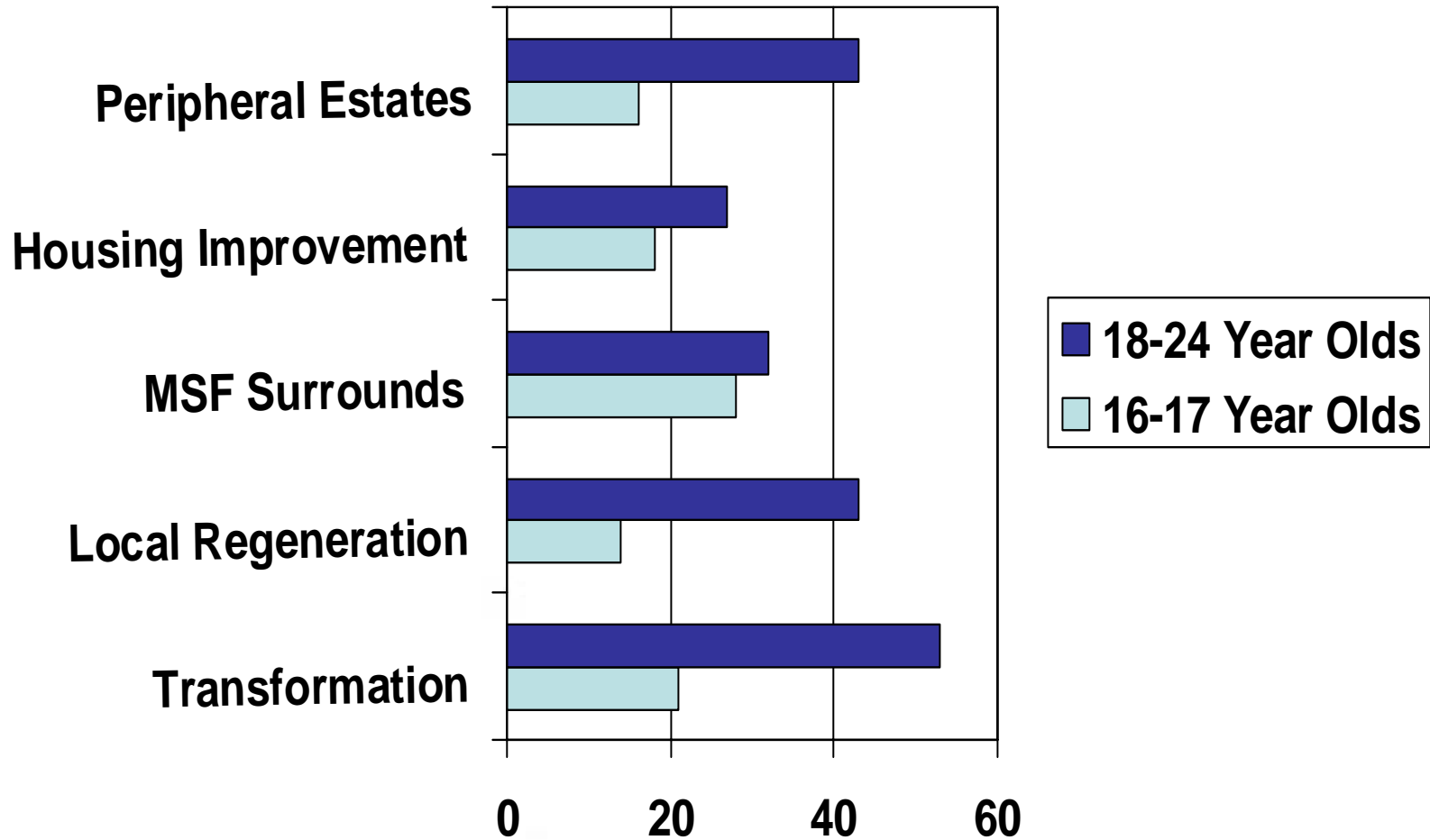
# Economic Activity

## In Transformation Areas:

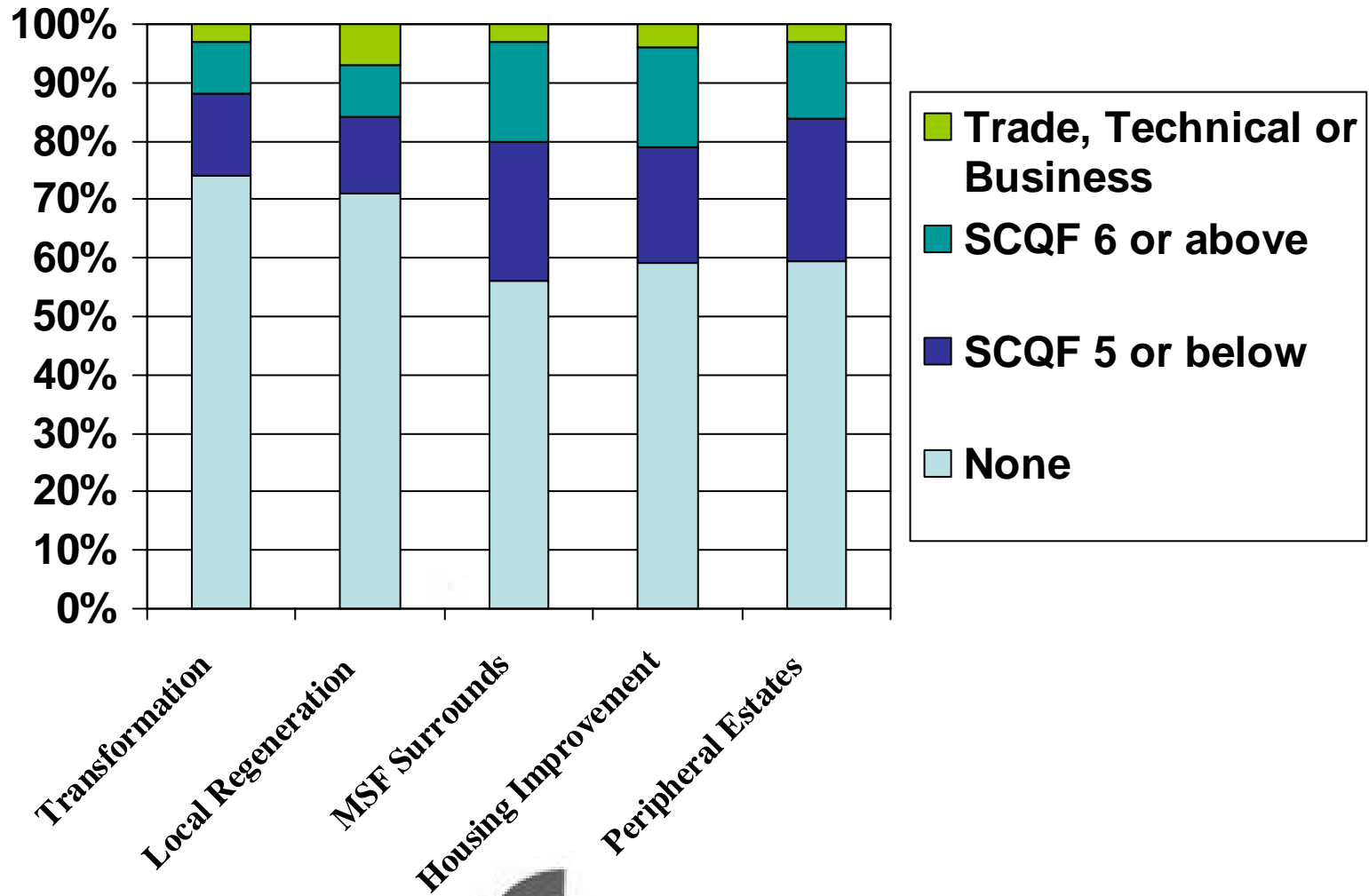
- 69% of White Scottish males of working age are economically active, and 55% of women.
- More BME males (39%) are working than White Scottish males (26%).
- Only a fifth of all households are 'working households', where at least one adult is in a job. This compares to half being working households in other types of area.
- Around 80% of people think that 'people out of work should do more to find employment'.
- Young adults are poorly qualified: 50-65% of 18-24 year olds in Transformation Areas have no qualifications.



# NEETs by Type of Area



# Educational Qualifications, Adults of Working Age (16-64)



# General Health

- GoWell respondents are relatively positive about their health:
  - 59% rated their health as ‘excellent’ or ‘very good’
  - 17% rated their health as ‘fair’ or ‘poor’, compared with 40% of adults in deprived areas across Greater Glasgow.
  - Twice as many white scots as ethnic minorities rate their health as ‘fair’ or ‘poor’
- The reported incidence of long-standing illness is low:
  - 23% of households contain at least one person with a llti, compared with 34% reported by the Scottish Household Survey.
- Use of GP services is lower than average:
  - A fifth of GoWell respondents reported seeing their GP five or more times in the past year (the national rate of use for men).



# Mental Health

- Across the GoWell sample, 17% of respondents had seen their GP about their mental health\* in the past year.
- This was over 30% in Shawbridge, and over 20% in St Andrews Drive and Drumchapel.
- Twice as many White Scots saw their GP about their mental health as did ethnic minority respondents.

\* Spoken to a GP about 'being anxious or depressed or about a mental, nervous or emotional problem (including stress)'.



# Smoking

- Smoking rates are high right across our study areas, being over 30% in all but one area.
- Smoking rates reach 55% in Drumchapel, 53% in Gorbals Riverside and 50% in Govan.
- (National rate of smoking is 26% of adults).
- Only one-in-ten smokers intended to give up in the next 6 months.
- Forty per cent of smokers had no intention of ever quitting.



# Physical Activity

- Using a measure of 30 minutes of 'moderate physical exercise' (such as brisk walking, cleaning the house).
- 27% of GoWell respondents meet the required level of activity - moderate exercise on at least 5 days a week.
- This is lower than the national figures of 42% of men and 30% of women meeting the target.
- 24% of GoWell respondents are inactive (moderate exercise on less than 1 day per week).
- This is lower than the national figures of 30% of men and 35% of women.



# Community Activity

- Around 5% of people (one-in-twenty) in Transformation Areas participated in any groups, clubs or organisations in the past year (social, leisure, civic).
- Compared with 20% of adults across Scotland.
- Does this impact upon, or hinder progress with community cohesion, anti-social behaviour, social support etc.?





# Context Matters

- Maybe people are not inspired or inclined to seek employment or other useful activity when they live in places where...
  - Most people don't work;
  - The area is stigmatised by others;
  - The environments are depressing and no-one cares;
  - Few people have aspirations for anything better;
  - The culture/way-of-life is not very healthy

[or do we accept inactivity as a rational response?]
- Can transformational regeneration change this context?



# Go Well

