

Impact case study (REF3b)

Institution: University of Glasgow
Unit of Assessment: C16 Architecture, Built Environment and Planning
Title of case study: GoWell: Using Research Evidence to Promote Multi-Sectoral, Multi-Level Policy Processes for Neighbourhood and Community Improvement
1. Summary of the impact (indicative maximum 100 words)

Housing and regeneration programmes both in the UK and internationally have struggled to have lasting impacts upon the places where they are enacted. The University of Glasgow's research and learning programme, GoWell, has worked across a wide range of policy sectors together to improve the circumstances of deprived communities. Specifically, GoWell has: supported the framing of strategy and policy objectives around social regeneration and health outcomes; assisted the definition and understanding of policy problems, such as around the link between 'overprovision' of alcohol outlets and local crime rates; proposed the design of new policy instruments such as the Scottish Neighbourhood Quality Standard; and contributed to the monitoring and evaluation of policy implementation by showing how health and wellbeing indicators could be used to measure responsiveness to residential change.

2. Underpinning research (indicative maximum 500 words)
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Over the past 10 years, since 2003, the city of Glasgow has been undergoing a large programme of housing investment and area regeneration. Following council housing stock transfer, Glasgow Housing Association (GHA) committed to invest £1.2 billion in a 10-year project to modernise 70,000 homes. In addition, Glasgow City Council, in partnership with GHA, established a programme of regeneration across eight Transformational Regeneration Areas (TRAs) and seven Local Regeneration Areas (LRAs) across the city. These programmes are ongoing.

In 2005, Professors Kearns (University of Glasgow, 1987-), Tannahill (Hon. Research Fellow, University of Glasgow, 2004-) and others commenced a research and learning programme, GoWell, to study the impacts of housing improvements and area regeneration interventions on the health and wellbeing of individuals, households and communities, using a prospective, comparative, multi-methods research design. The research programme, led by the University of Glasgow, remains unique within the urban studies field in its range of objectives and methods; the Programme's use of multiple methods to evaluate a complex policy intervention has enhanced its reach and significance. GoWell is supported by organisations at both national and local levels, with stakeholders widening over time to include the following: three departments of Scottish Government – communities, health, and justice; NHS Health Scotland; NHS Greater Glasgow & Clyde; Glasgow Housing Association; and Glasgow City Council.

The research components and methods employed within GoWell include: longitudinal quantitative and qualitative research with cross-sectional sample groups drawn from residents and families in the 15 study communities; interviews with policy-makers; case studies of housing and regeneration processes in particular areas; evaluations of neighbourhood initiatives; ecological monitoring of health and social changes across all communities in the city; and analysis of secondary data sources relating to particular outcomes. These multiple methods enable the researchers both to corroborate findings from different sources and also to seek explanations for findings from the main survey. To date the programme has produced the following range of outputs: 114 newsletters for the study communities; over 40 reports for wider stakeholders and the public; 20 briefing papers for policy-makers and practitioners; and 26 peer-reviewed articles for academic audiences.

The following four selected findings show how different elements of the research combine to produce evidence that has impact within all relevant policy communities:

1. *Health and wellbeing is a legitimate and necessary outcome of regeneration and can be positively affected by improvements in residential conditions.*

The research team showed that particular elements of both dwellings and neighbourhoods were strongly associated with positive mental health; in particular that better aesthetic qualities of the

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home and neighbourhood increased the probability of residents demonstrating higher levels of positive mental health. The Scottish Government has recently committed to improving the population mean score on a measure of positive mental health – the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). This is the first community-level study to use WEMWBS as an outcome measure and to show its responsiveness to residential conditions [1]. By analysing their data in the context of a different health outcome measure, the Short Form Health Survey, the GoWell research team showed that housing investments improved mental but not physical health, and further demonstrated that living through neighbourhood demolition did not necessarily cause a deterioration in health, due to other supportive measures [2].

2. *There is a need for stronger implementation of social regeneration.*

The research highlighted that more rapid progress was being made on physical renewal than on social regeneration and identified the need for community development activities. Subsequent analysis showed that measures of close social contact could improve, whilst measures of wider social connectedness, trust and cohesion deteriorated. The qualitative research also showed that, from the residents' perspective, social environment is a stronger influence upon health issues than physical environment [3].

3. *Neighbourhood quality is important to achieving health improvement.*

A new conceptual framework was developed by the GoWell research team, led by the University of Glasgow, translating the notion of psychosocial risk and pathways from studies within workplace settings to the residential context. This was applied to the GoWell survey data to show that psychosocial processes could operate through dimensions of presentation, relative social position, control, status and empowerment to link neighbourhood quality to mental wellbeing [4]. Moreover, the researchers pointed out that ignoring these aspects of the neighbourhood could undermine the psychosocial benefits of control and status derived from housing improvements [5].

4. *The consumer environment is a key neighbourhood dimension for regeneration to act upon to improve health and wellbeing outcomes.*

Findings showed clear links between neighbourhood amenities and health behaviours such as walking and diet, and concluded that the consumer environment was a key area for regeneration, though often difficult to act upon since it required market intervention. This was emphasised through ecological analysis across Glasgow. Strathclyde Police supplied post-coded crime data for a 10-year period and Glasgow City Council supplied details of all licensed alcohol outlets. This data was combined with measures of area deprivation and community demography to investigate structural influences on crime rates. The strongest influence on local crime rates, after the level of area deprivation, was the number of licensed alcohol outlets in an area. A doubling of the number of alcohol outlets in an area was associated with a near-doubling of the local crime rate, after other factors were controlled for [6].

3. References to the research (indicative maximum of six references)

- 1) Kearns,A., Whitley,E., Bond,L. And Tannahill,C. (2012) 'The residential psychosocial environment and mental wellbeing in deprived areas', *International Journal of Housing Policy*, 12:4, 413-438. (doi:[10.1080/14616718.2012.711985](https://doi.org/10.1080/14616718.2012.711985))
- 2) Egan,M., Katikireddi,V.S., Kearns,A., Tannahill,C. and Bond,L. (2013) 'Health Effects of Neighbourhood Demolition and Housing Improvement: A Prospective Controlled Study of 2 Natural Experiments in Urban Renewal', *American Journal of Public Health*, 103:6, 47-53.(doi:[10.2105/AJPH.2013.301275](https://doi.org/10.2105/AJPH.2013.301275))
- 3) Bond,L., Kearns,A., Mason,P., Tannahill,C., Egan,M. and Whitley,E. (2012) 'Exploring the relationships between housing, neighbourhoods and mental wellbeing for residents of deprived areas', *BMC Public Health*, 12:48. (doi:[10.1186/1471-2458-12-48](https://doi.org/10.1186/1471-2458-12-48))
- 4) Clark,J. and Kearns,A. (2012) 'Housing improvements, perceived housing quality and psychosocial benefits from the home', *Housing Studies*, 27:7, 915-939. (doi:[10.1080/02673037.2012.725829](https://doi.org/10.1080/02673037.2012.725829))
- 5) Livingston,M., Kearns,A. and Bannister,J. (2012) *Neighbourhood Structures and Crime in Glasgow*, Briefing Paper 20. Glasgow: Glasgow Centre for Population Health. [Link](#) [Also published in as Mark Livingston, Ade Kearns & Jon Bannister (2013) 'Neighbourhood

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Structures and Crime: The Influence of Tenure Mix and Other Structural Factors upon Local Crime Rates', *Housing Studies* (doi: [10.1080/02673037.2014.848267](https://doi.org/10.1080/02673037.2014.848267))

- 6) Egan, M. and Lawson, L. (2012) *Residents' Perspectives of Health and its Social Contexts. Qualitative Findings from Three of Glasgow's Transformational Regeneration Areas*. Glasgow: Glasgow Centre for Population Health [Available from HEI].

Research outputs 1-5 above are published in high quality international Journals which aim to provide a major platform for contributions based on original, methodologically robust, and theoretically informed research; each Journal operates rigorous peer review.

4. Details of the impact (indicative maximum 750 words)

By virtue of collaborative working, targeted research communication and stakeholder engagement, the GoWell research led by the University of Glasgow has achieved meaningful and sustainable impact on policy-makers, practitioners, professional bodies and voluntary, community and social enterprise (VCSE) organisations, whose objectives extend across a broad range of policy sectors, including: criminal justice and policing, health and well-being, equalities, regeneration, and social housing.

Over the past two years, the Scottish Government has instituted a new Regeneration Strategy. A Discussion Paper published in spring 2011 recognised the issue of slow progress on social regeneration and attributed its acknowledgement to GoWell's findings [1]. The resulting Strategy document [Achieving a Sustainable Future](#), published in December 2011, further identified GoWell as one of the Scottish Government's main sources of evidence on the effectiveness of different approaches to regeneration on health outcomes, in part due to the programme's ability to investigate pathways to health outcomes [2]. Reflecting this adoption of health as a key outcome from regeneration, Tannahill was subsequently invited to join the Scottish Government's Regeneration High Level Working Group Part of the Group's remit was to consider issues specifically raised by the Regeneration External Stakeholder Group, of which Kearns was also a member. The researchers therefore ensured that GoWell findings and insights continued to feed into the work of both groups, each of which focused on how to ensure the delivery of regeneration outcomes.

In January 2013, the Scottish Parliament's Local Government and Regeneration Committee launched an Inquiry into the delivery of regeneration under the new strategy. GoWell was specially invited to give both written and verbal evidence to the Inquiry. In giving evidence, the research team highlighted research findings showing how measures of community cohesion were less positive than other social indicators within deprived areas, and that there was a lack of clarity amongst the partners in regeneration regarding the distribution of responsibility for implementation. They also pointed out how measures of health and wellbeing could be used in evaluating the impact of regeneration [3].

GoWell's contribution to the Inquiry was further strengthened by the main representative organisation for regeneration professionals in Scotland, the Scottish Urban Regeneration Forum, who used evidence from GoWell in their own submission to the Inquiry to argue that the main health and wellbeing outcome measures used in GoWell should be used in the future monitoring and evaluation of regeneration strategies [4]. GoWell research was also used to argue that neighbourhood quality and the means of its delivery should be important components of the Scottish Government's strategy to enhance wellbeing and reduce health inequalities. This point and others have also been made through Tannahill serving on the SG's Ministerial Task Force on Health Inequalities since 2008, and Kearns on the 'Equally Well' Glasgow Advisory Group since 2009. Both the Task Force and the Advisory Group comprise government Ministers, representatives from the NHS, local government, the Third Sector and others within community planning partnerships resulting in the continuous research communication by Kearns and colleagues of GoWell findings to all relevant user communities working in the areas relating to health inequalities [5].

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As part of the overall strategy on health inequalities, in 2008 the Scottish Government launched its strategy on health and the environment, called *Good Places Better Health*. The main work on the strategy has been progressed through an evaluation group set up to study the available evidence and make recommendations to improve neighbourhood environments, primarily for children. As a consequence of the evidence GoWell was producing Kearns was invited to join the evaluation group. During this process, a Scottish Government seminar was held in September 2011 at which Kearns presented the idea of establishing a Scottish Neighbourhood Quality Standard, including suggestions as to its possible coverage and how it might be used as a policy tool [6]. The [final report](#) from the *Good Places Better Health* group, published in December 2011, then recommended the development of a 'Scottish Neighbourhood Quality Standard' as "a means of enabling the implementation of neighbourhood asset development" [7]. During 2012, civil servants worked on the further development of the idea, in consultation with Kearns, and in March 2013, it was presented to the Ministerial Task Force on Health Inequalities to seek their support for its further development alongside national policy for architecture and design, thus bridging two policy sectors [8]. As a consequence, NHS Health Scotland is now working on the further development of relevant standards and policy tools.

GoWell's findings on the influence of alcohol outlets on crime rates, which relate specifically to the consumer environment component of neighbourhood quality, were widely reported in different media outlets [9]. The findings were also shared with Strathclyde Police (now Police Scotland), who used them to define the nature of 'overprovision' of alcohol outlets as a policy problem within the context of the Local Licensing Forum, where evidence to underpin the city's licensing policy is discussed. The main charity involved in alcohol policy in Scotland, Alcohol Focus Scotland (AFS), also incorporated the findings into its resource toolkit for licensing stakeholders, [Good Licensing Practice: Developing an Effective Overprovision Policy](#). The toolkit is intended to assist licensing boards to use evidence in the development of their policies on 'overprovision' of alcohol outlets so that they can withstand legal challenge where license applications are refused in certain localities. In this case, GoWell's findings are having impact at both the national and city levels, and with regard to policy and practice. By providing the 'Licensing Toolkit', which draws from GoWell research, in this way, AFS works to ensure the control of alcohol as a means of reducing long term alcohol related harm. The AFS Toolkit was provided to 40 Licensing Boards and 40 Local Licensing Forums, and had been accessed on the AFS website a further 1,600 times by September 2013.

GoWell research, then, as well as making an influential contribution to the work of charities, law enforcement agencies, and regulatory bodies to support the controlled provision of alcohol outlets has informed the work of civil servants, politicians, government Ministers, regeneration professionals and third sector organisations in turn shaping Scottish Government strategies and policies to secure neighbourhood and community improvement.

5. Sources to corroborate the impact (indicative maximum of 10 references)

Evidencing influence on policy debate and formulation

1. [Scottish Government, 2011: Building a Sustainable Future](#) (discussion paper referencing GoWell in its Key Findings section. See pg 6, para 15, pg 7, para 19)
2. [Scottish Government 2011: Achieving a Sustainable Future](#) (see pg 13, para 54)
3. [GoWell submission to the Scottish Parliament inquiry](#)
4. [SURF submission to the Scottish Parliament inquiry](#) (see pg 8, section 2.4)
5. [Equally Well: 2010 Report of the Ministerial Task Force on Health Inequalities](#)
6. [GoWell paper, September 2011 presented by Kearns: Possibilities for a Scottish Neighbourhood Quality Standard](#)
7. [Scottish Government, 2011: Good Places, Better Health for Scotland's Children](#) (December 2011) (pg 10, section 6, proposes a Scottish Neighbourhood Quality Standard)
8. [Paper to Ministerial Task Force on Health Inequalities on the Neighbourhood Quality Standard](#)
9. For selected media and industry coverage of the GoWell findings see: *The Herald*, [15 July 2012](#); *The Scotsman*, [16 July 2012](#); *Third Force News*, [19 July 2012](#); *Scottish License Trade News*, [26 July 2012](#)