



## **Working Paper 1**

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

## **Programme Framework**

**December 2005**

*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.*

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## 1. The GoWell framework

The GoWell Programme is a linked set of research, communication and learning activities set to run over a period of ten years. The aim of this document is to set the framework within which those activities will take place and to guide future participants, managers and advisors who may become involved in GoWell at some time during its life-span.

This framework document should be reviewed periodically over the next decade in order to remind the research team and the Programme sponsors of the aims of GoWell and to take the opportunity to adjust the aims and objectives where appropriate in the light of subsequent developments or shifts in priorities.

## 2. National policy context

Although GoWell takes place in Glasgow, it is intended to provide findings relevant to national policy aims, and hence this part of the document reviews the national policy context and longer-term policy objectives to which GoWell relates.

The Scottish Executive, working through its own departments, public agencies and with other partners is pursuing a set of inter-related objectives intended to raise the quality of life for all citizens in Scotland. Of particular relevance to our purposes are policy objectives in five main areas: housing; health; regeneration; communities; and governance.

**Housing:** The introduction of a Scottish Social Housing Standard and the establishment of a Housing Improvement Task Force are intended to raise the quality of the housing stock in Scotland across the board, but particularly in the social rented sector. A particular problem in Scotland is that of fuel poverty, and the Scottish Executive has set itself the goal of ending fuel poverty by 2016<sup>1</sup>, using measures such as the Central Heating Programme and the Warm Deal. These policy priorities are reflected in the investment programme of Communities Scotland which includes

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<sup>1</sup> Scottish Fuel Poverty Statement 2002

expenditure of nearly £600m per annum on expanding the supply of affordable housing (6,400 homes per annum) and improving housing conditions.<sup>2</sup>

A central plank of Scottish Executive policy is to 'modernise Scotland's social rented housing stock' by requiring councils to consider their options for future ownership arrangements.<sup>3</sup> The best option for some councils is expected to be sole stock transfer to community ownership, with ex-council housing owned by an independent RSL working in partnership with the council. This is intended to provide several major benefits: investment in stock improvement; keeping rents affordable; removal or reduction in historic housing debt; and giving tenants a greater say in the management of their homes. Following the first three whole stock transfers in 2003, of which Glasgow's transfer was one, a Community Ownership Programme (COP) was established. Through gaining acceptance onto the COP, councils can receive financial support for the transfer process.

As part of its approach to tackling poverty and inequality, the Scottish Executive has committed itself to eradicating homelessness, for example by requiring all priority need households to be offered permanent accommodation by local authorities or registered social landlords.<sup>4</sup> In an effort to promote comprehensive and integrated approaches to housing provision, local authorities are now required to produce Local Housing Strategies which inform the activities of all housing providers and guide the development of the entire housing market in a district.<sup>5</sup>

**Health:** The need to achieve a 'step change' in the nation's health is explicitly recognised as a major challenge for government in Scotland.<sup>6</sup> The administration's partnership agreement emphasises the need to improve people's diet, tackle alcohol abuse and promote safer lifestyles (free from drugs, unsafe sex and passive smoking). People are being provided with access to information about health initiatives in their local areas<sup>7</sup> and there is an emphasis upon encouraging more people to be physically active.

The community dimension to health is acknowledged in the proposals that there should be health plans for geographical areas, integrated community health service

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<sup>2</sup> Communities Scotland Investment Programme 2005/6.

<sup>3</sup> Community Ownership Programme Guidance. Scottish Executive and Communities Scotland, 2005.

<sup>4</sup> See Homelessness Task Force Report: An Action Plan for Prevention and Effective Response.

<sup>5</sup> The first LHSs were to be produced by April 2004, under guidance from Communities Scotland.

<sup>6</sup> A Partnership for a Better Scotland, 2003.

centres and the establishment of Community Health Partnerships. The partnership agreement also included the establishment of the Glasgow Centre for Population Health as a contribution to the effort to tackle health inequalities and poor health in Glasgow.

A set of targets for health and community care were set out in the last spending review<sup>8</sup> focusing upon narrowing health inequalities between communities. The review set targets for the most deprived 20% of communities (postcode sectors) for reducing mortality from heart disease and cancer; rates of adult smoking and smoking during pregnancy; and rates of teenage pregnancy and suicide among young people.

**Regeneration:** The Scottish Executive is working to achieve a series of Closing the Opportunity Gap objectives, including “To regenerate the most disadvantaged neighbourhoods in order that people living there can take advantage of job opportunities and improve their quality of life”.<sup>9</sup> Among the underlying targets for Closing the Opportunity Gap are objectives to improve employability, education, health, access to local services, safety and the quality of the local environment in the most deprived neighbourhoods. Improvements in the 15 per cent most deprived areas in Scotland are to be achieved through use of a Community Regeneration Fund, distributed and expended for use in accord with Regeneration Outcome Agreements produced by Community Planning Partnerships.<sup>10</sup>

**Communities:** As in England and Wales, the aim of policy in Scotland is to develop strong, sustainable and cohesive communities. These aims are pursued by the key relevant agency, Communities Scotland, whose interests cover both the social and the physical environments within Scottish neighbourhoods: the agency wants people to live in ‘strong and confident communities’.<sup>11</sup> The Scottish Executive’s regeneration policy statement highlighted two key planks to community regeneration, namely effective combined public services in disadvantaged areas, and the development of community social capital in terms of skills, confidence, networks and resources.<sup>12</sup>

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<sup>7</sup> See HealthyLiving web-site.

<sup>8</sup> Building a Better Scotland: Spending Proposals 2005-2008.

<sup>9</sup> Social Inclusion Division, Closing the Opportunity Gap aims, objectives and targets.

<sup>10</sup> See Communities Scotland (2004) *Community Regeneration Fund: Guidance on Regeneration Outcome Agreements*.

<sup>11</sup> Communities Scotland web-site, ‘About Us’.

Sustainability is evident in the Social Justice component of the administration's partnership agreement, which aims to provide decent environments and good quality, affordable housing which is sustainable. Sustainability can be interpreted both in environmental terms and in terms of continuing attractiveness and demand to live in neighbourhoods. The latter interpretation of sustainable communities relies both upon providing higher quality environments as well as mixed tenure housing developments<sup>13</sup>.

**Equality:** The Scottish Executive is active in establishing a multicultural Scotland and promoting the inclusion of ethnic minority groups.<sup>14</sup> The devolved administration's interpretation of the UK agenda on community cohesion is apparent in the Partnership Agreement where there is a commitment to tackle racist abuse and attacks as well as religious hatred across Scotland as well as an aim at the local level to encourage the integration of refugees into communities.<sup>15</sup> At the same time as developing a multicultural Scotland, the Scottish Executive has shown its commitment to equal opportunities through the attempt at 'mainstreaming equality' across all parts of Government and all sectors of public policy. This strategy seeks to eliminate discrimination, inequality and under-representation affecting a wide range of groups, for example in relation to housing and regeneration, including women, the disabled, ethnic minorities, lesbian gay and transgender people.<sup>16</sup>

**Governance:** The aim of building communities' skills and confidence is to be achieved partly through mechanisms which promote community learning and development.<sup>17</sup> Policy intends that communities gain more confidence and a sense of power in their ability to influence public services<sup>18</sup> both for community regeneration reasons (as above) and so that services are better able to meet local needs and aspirations. It is also intended that communities specifically have more say in housing and regeneration.

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<sup>12</sup> Better Communities in Scotland: Closing the Gap. The Scottish Executive's Community Regeneration Statement, 2002.

<sup>13</sup> Earlier research has shown that most social renters would prefer to live in neighbourhoods where there is a mix of rented and owned housing.

<sup>14</sup> See for example the Scottish Executive's One Nation and Fresh Talent initiatives.

<sup>15</sup> Partnership for a Better Scotland – Social Justice High Level Commitments.

<sup>16</sup> See Scottish Executive (2000) *Equality Strategy: Working Together for Equality* and [www.scotland.gov.uk/mainstreaming](http://www.scotland.gov.uk/mainstreaming).

<sup>17</sup> Better Communities in Scotland, 2002.

<sup>18</sup> Better Communities in Scotland, 2002.

A new set of governance arrangements have been put in place to facilitate these goals, including: the establishment of community planning processes and bodies;<sup>19</sup> the promotion of the transfer of council housing to not-for-profit landlords offering tenants more involvement in housing and neighbourhood decisions, and support for this through a community ownership budget;<sup>20</sup> and the development of processes of community engagement so that communities can take decisions and develop solutions for the regeneration of their neighbourhoods<sup>21</sup> – this is supported through legal requirements, a community empowerment fund to finance activities, and the dissemination of best practice and national standards for engagement.<sup>22</sup>

### **3. What is GoWell?**

#### ***Defining GoWell***

GoWell is a sustained examination of how national policy goals related to communities, regeneration and health are achieved at the local level. It is a longitudinal study of the processes and impacts of housing improvement and neighbourhood transformation undertaken within the city of Glasgow. As such, GoWell is sponsored by several national and city-level agencies responsible for policy formulation and implementation. GoWell is more than an evaluation study, combining research, learning, dissemination and capacity-building objectives. GoWell is being undertaken by a partnership of policy-related-research organisations within and related to the University of Glasgow, combining expertise in the fields of health, housing and neighbourhood change.

#### ***The aims of GoWell***

The broad aims of GoWell are as follows:

- To describe and understand the changes taking place in communities in Glasgow as a result of housing improvement and community regeneration programmes which vary in terms of their size, scope, dimensions, policy focus, mechanisms and timing.

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<sup>19</sup> Local Government in Scotland Act 2003.

<sup>20</sup> See Housing Transfer to Community Ownership: Guidance for Local Authorities.

<sup>21</sup> See Communities Scotland web-site information on regeneration.

<sup>22</sup> See Communities Scotland publications: National Standards for Community Engagement Users' Guide and Reference Manual.

- To assess the resulting changes that occur in structures, processes and outcomes over a ten year period, at different levels from the individual and household, to the neighbourhood and community, and at the city level.
- To synthesis and interpret the study findings in relation to the challenges of ***creating sustainable communities through neighbourhood transformation in an urban context.***
- To contribute to community and practitioner awareness and understanding of health issues and enable community members and regeneration practitioners to take part in the programme.
- To share best practice and knowledge of 'what works' for health and well-being with housing, regeneration and health sector practitioners nationally and more widely on an ongoing basis.

### ***How is GoWell structured?***

GoWell is focused upon a study of processes, places and people, and is interested in the governance and implementation of change, the impacts of change, and the outcomes of change. At one level, GoWell will study how institutions, policies and practices work at the level of the city of Glasgow in order to achieve neighbourhood transformation, reduce inequalities between communities and contribute to enhancing the reputation and performance of the city as a whole.

At a more local level, GoWell is focused upon a range of types of neighbourhood in Glasgow, offering a broad spectrum of degrees of neighbourhood transformation. These are all areas with substantial amount of social housing under the ownership of a range of landlords, but also areas where tenure diversification and owner occupation has grown or is growing. The types of neighbourhoods to be studied are those experiencing the following changes:

- Large-scale, multi-dimensional, prospective transformation. These will be Major Regeneration sites within the Glasgow Housing Association (GHA) investment programme.
- Smaller-scale, multi-dimensional, prospective transformation. These will be Local Regeneration sites within the GHA investment programme.
- Uni-dimensional, prospective change. These will be Core Stock Refurbishment sites within the GHA investment programme.



- Ongoing transformation. This will be a peripheral housing scheme undergoing housing tenure restructuring through private investment, within a framework provided by Glasgow City Council planning policies.
- Multi-dimensional, retrospective transformation. This will be a peripheral housing scheme which underwent major changes (including tenure diversification) under a previous national regeneration programme.

Finally, GoWell will investigate the impacts of processes of change upon individuals and their families who may receive benefits to their quality of life, or who face disruption as a result of neighbourhood transformation, or for whom regeneration begins a process of moving-on within or beyond the city.

### ***Why Glasgow?***

Glasgow is a particularly interesting city in which to study urban change and its impacts in this way due to the scale of deprivation and level of inequalities within the city. Glasgow experiences in extreme form many of the problems identified earlier as national policy priorities. The key housing issues identified by the City Council include:<sup>23</sup>

- Poor stock condition (especially in relation to heating, energy efficiency, walls and roofs);
- Three times the national rate of homeless applications, alongside the decommissioning of the city's five large hostels;
- Equality of access of housing, and in particular the under-representation of ethnic minorities in social housing and problems of racial harassment;
- Affordability problems caused by relatively high rents and low incomes.
- Major concerns among residents over anti-social behaviour, drug dealing, and community safety.

At the same time as experiencing these problems, the public housing stock within the city was recently transferred into the ownership of the Glasgow Housing Association (GHA), continuing a trend begun in the city on a smaller scale thirty years ago. GHA is charged with bringing about the improvement of the housing stock and the neighbourhoods in which it is located, but is also intending to pass the housing on to community based local housing organisations in a second round of stock transfers.

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<sup>23</sup> Glasgow City Council (2003) Glasgow's Housing Strategy 2003-2008: Housing Issues and Background.

Although GoWell is not set up as an evaluation of GHA, the strategy and activities of GHA form the fulcrum around which GoWell is structured.

Thus, in order to assess neighbourhood change in particular parts of the city, one must not only study the investment and activities of GHA, but also the activities of local Registered Social Landlords (who own stock in most areas of social housing within the city), and the local impacts of Community Regeneration Fund Expenditure which totals over £40 million per annum across 21 Local Community Planning Partnership Areas in the city.<sup>24</sup>

Glasgow's housing strategy has an explicit aim of contributing to the regeneration of the city, against the background of out-migration to suburbs and the presence of significant amounts of vacant and derelict land within the city. Neighbourhood renewal on a mixed tenure basis forms a major part of this strategy. This is reflected in the fact that city council projections see the social rented sector declining by 14,000 units between 2002 and 2009, whilst owner occupation would increase by 25,000 units, from a 49% tenure share to 55% by 2009.<sup>25</sup> GoWell study areas will be at the forefront of some of the most significant tenure change in accord with the strategy, making them an ideal location for studying the effects of such renewal policies.

### ***Why do we need GoWell?***

The regeneration of neighbourhoods and communities presents a major challenge for public policy: it is a multi-faceted 'wicked issue' which is sometimes tackled successfully, but often not. Even until very recently, the evaluation of regeneration programmes depended upon one or two cross-sectional surveys of deprived areas carried out during and after (rarely before) a period of regeneration activity. As the domains of concern have expanded from housing and the environment to employment, education, crime and health, research or sometimes consultancy teams have lacked the expertise and the necessary data to assess progress on all these fronts, and theories of change have largely been absent from the evaluations. Thus, past evaluations of regeneration have been unable to measure change very well and have not put change into its urban or regional context; have been unable to explain how improvements have been achieved; and have not covered important domains of

<sup>24</sup> See Glasgow Community Planning Partnership (2005) *Regeneration Outcome Agreement 2006-2008*.

<sup>25</sup> Glasgow's Housing Strategy 2003-2008. Achieving Better Homes, Better Communities, Better Lives

interest such as health and well-being - a recent review of evaluations of national regeneration programmes over the past 25 years has demonstrated how poorly health has been studied.<sup>26</sup>

This situation is beginning to change with the advent of the ongoing evaluation of the New Deal for Communities programme in England, but no equivalent long-term study of neighbourhood regeneration has yet been established in Scotland where challenges such as that of poor health within communities is at its greatest. The opportunity exists in Glasgow to robustly assess the impacts of regeneration and to examine how the process of change is undertaken between organisations and with community involvement. A number of circumstances make this a suitable time and place to commence such a major study including: the commitment and co-operation of the public agencies involved; the scale of change which is planned in a number of parts of the city of Glasgow; the combination of research expertise which exists in and around the University of Glasgow in fields such as health policy and practice, medicine, medical sociology, urban studies and regeneration; and the nearby operation of several organisations aimed at knowledge transfer to practitioners and policy-makers, such as the Scottish Centre for Regeneration.

GoWell goes well beyond the area of interest of the only existing longitudinal study of related issues in Scotland, SHARP, which runs until 2006. SHARP examines the health impacts upon individuals of moving into new social housing at sites across Scotland. GoWell goes further than this in seeking to study not only the impacts of housing improvements upon individuals, but also the impacts of place-based regeneration and governance rearrangements upon communities themselves and upon their situation within the context of the city as a whole, thus also addressing some of the wider urban goals of regeneration. GoWell is by far the larger, more powerful and more ambitious study.

#### **4. Research objectives**

GoWell is aimed at studying how national policy goals are achieved at the local level within the city of Glasgow. Thus, the research objectives of the GoWell Programme are related to the five policy areas outlined earlier:

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<sup>26</sup> Atkinson, R. et.al. *Giving Urban Policy Its Medical: The Place of Health in the Evaluation of Area-*

**Housing:** To assess the extent to which dwelling standards and the quality of housing management are improved through the mixture of housing investment programmes and revised ownership and management arrangements for social housing and their surrounding neighbourhoods. Does this lead to benefits for residents in terms of enhanced comfort and security, affordability and psycho-social benefits?

**Regeneration:** How comprehensively are places changed? To measure whether the gap between deprived and other neighbourhoods is narrowed through regeneration activity and in which domains this occurs. What are the perceptions of neighbourhood changes as held by residents, and how are individuals affected by processes of regeneration, in particular those displaced during the course of change. Also, to investigate how the regeneration of local communities contributes to enhancement at the city level.

**Communities:** To identify the community outcomes of neighbourhood transformation processes, and in particular to assess whether community sustainability, cohesion and inclusion are achieved through policies of public service improvements, social capital development, housing tenure diversity and multicultural integration.

**Governance:** To assess the effectiveness of processes of community engagement in regeneration in terms of community development, empowerment and social inclusion. Also, to investigate the various structures and processes through which community engagement is achieved in different localities within the city.

**Health:** To assess the nature and extent of gains to health and well-being derived by individuals, households and communities from housing improvements, neighbourhood regeneration and community engagement processes.

Within the full GoWell research proposal, these higher level research objectives are converted into a number of more specific research questions.

## 5. The research components of GoWell

GoWell is designed to consist of five research components in order to meet its main research objectives.

***Ecological study of city-wide changes:*** This component of the Programme will use routine health data from the NHS together with Scottish Neighbourhood Statistics, housing market data (for example from the Sasines) and data held by Glasgow City Council to monitor health status, social and physical environmental and housing market changes across all communities in Glasgow over time. This will contribute to the assessment of quality of life improvements in particular neighbourhoods as well as to the assessment of inequality reductions and the achievement of Closing the Gap targets in the city.

***Community health and well-being study:*** The impacts of housing improvements and neighbourhood regeneration activities upon individuals, households and communities will be investigated through a multi-site longitudinal study involving four repeat resident surveys during the ten year period. The survey will be conducted in approximately 12 localities across the city, distributed across four categories of study area: major regeneration sites; smaller-scale local regeneration sites; areas of housing stock improvement (though not comprehensive regeneration); and neighbourhoods where established registered social landlords are managing ex-council housing stock transferred in an earlier period of change. The community level study will consist of a total sample of around 6,000 households, with the survey repeated at two-year intervals.

***Tracking study of mobile and displaced households:*** A longitudinal panel study of 'movers' will be conducted, following people who move voluntarily or who are relocated out of regenerated neighbourhoods, either permanently or temporarily. This will enable us to study the impacts of the disruption associated with regeneration upon residents, as well as to assess to what extent people who 'gain' out of regeneration comprise those who no longer live in the regenerated neighbourhoods. The tracking study will consist of a sample of up to 1,000 households who move out of the regeneration areas included in the community study (see above).

***Qualitative study of governance, participation and neighbourhood change:*** A programme of focus groups and in-depth interviews with residents, policy-makers and practitioners will be undertaken in order to gain an understanding of how the governance of neighbourhood change is working out in practice. By working in several local areas and collecting different and sometimes competing perspectives on the effectiveness of partnership working, neighbourhood change and community engagement we should be able to identify those aspects of change most valued by residents and to suggest the most successful approaches to co-operation and engagement.

***Nested studies of wider actions:*** It is intended to design a number of shorter-term nested studies of specific initiatives aimed at improving particular aspects of life in deprived communities. These are likely to be actions undertaken as part of GHA's Neighbourhood Renewal Strategy in liaison with partner organisations, covering issues such as training and employment, green spaces, youth activities and health behaviours. The use of GoWell study areas for these initiatives would enable a quasi-experimental design to be incorporated into these nested studies. It is possible that other research teams may join the GoWell Programme in order to undertake some of these nested studies, each of which would have its own research budget beyond that agreed for the main GoWell research study.

Each of these research components will be the subject of a separate paper to the Programme Steering Group (see below). These papers will outline the research approach to be taken within that part of the GoWell Programme, and taking into account the wider aims and objectives as set out in this Framework document.

## **6. Identifying and assessing the outcomes of regeneration**

In evaluating the impacts of neighbourhood transformation and community regeneration, GoWell will assess the following categories of outcomes, and the means by which they are achieved:

### ***Changes at the city level:***

- enhancement of bridging and linking social capital beyond and between communities;

- outsiders' perceptions of the communities concerned and mode of relating to residents from such areas; and
- changes in the relative performance and position of neighbourhoods within the city, for example in terms of residential stability, housing tenure mix, employment levels and health status;
- the extent to which inter-organisational working is co-ordinated, co-operative, mutually supportive and effective in strategy formation and implementation.

***Changes at the individual and household level:***

- physical health improvements and changes in illness and symptoms;
- health behaviours, such as diet, physical activity, drinking and smoking;
- use of health services, such as GP visits, use of prescriptions and hospital episodes;
- psychological well-being, such as incidence of anxiety, depression and stress;
- social capital gains in relation to sense of safety and security, trust in others and collective norms of behaviour;
- social support given and received;
- connectivity in terms of social networks and community engagement both locally and non-locally;
- sense of belonging and perceptions of the local environment (both physical and social);
- sense of personal and collective achievement and advancement (including identity, status, self-efficacy, confidence and aspirations).
- gains in terms of employment and training and educational qualifications.

***Changes at the community level:***

- social functioning in terms of how people relate to one another and interact and undertake activities with each other;
- levels of civic engagement and associational activity;
- perceptions of community and neighbourhood improvement;
- community confidence, collective efficacy, empowerment, and sense of control and influence;
- changes in demographic characteristics of the populations who reside in each neighbourhood at various times; and
- changes in the health and well-being of the populations who reside in each neighbourhood at various times.

- improvements to the neighbourhood as a physical, social and service environment;
- integration of the community and neighbourhood into the wider city.

## 7. Outputs, communication and engagement

The programme will involve a diverse range of engagement processes and will produce a variety of outputs to ensure that GoWell's wider process aims of stakeholder engagement, community capacity-building, and supporting best practice are achieved. Our proposed methodologies are summarised in the following table.

### *Summary of outputs, communications and involvement processes*

Who?	Why?	How?	What?
1. International, national and local interest groups	To provide a single information source/portal	The GoWell website. Use of mass media as appropriate.	(i) A single-point resource on international housing, regeneration and health research and policy (ii) A library of useful links, references and contacts (iii) Info and outputs from GoWell
2. Researchers and practitioners in health and regeneration across Scotland	To share information, encourage learning and spread good practice	A national learning network. Interfaces/shared approaches with other orgs including NHSHS, CS (especially Scottish Centre for Regen), National Ethnic Minorities Resource Centre, national tenant orgs & RSLs	(i) Info-sharing meetings of the network (ii) Network newsletters (iii) Issue-based seminars / workshops (iv) A limited-access network section of the website
3. Local community-based organisations & participants	To raise awareness, exchange information, and build capacity	A range of community involvement and capacity-building processes	(i) Meetings with LHOs, tenant groups etc to ensure involvement (ii) Use of local media and production of briefing sheets or newsletters about GoWell (iii) Comm involvement structure developed to inform management and steering group processes (iv) Clauses in contracts, to ensure involvement of tenants in delivery of research and wider action components, where possible
4. Policy-makers	To use GoWell results and learning to influence policy	Developing policy-relevant recommendations	(i) Programme reports and briefing papers (ii) Policy seminars
5. Research communities	To disseminate research and	Regular, quality academic outputs	(i) Peer reviewed articles (ii) Conference presentations



Who?	Why?	How?	What?
	establish Glasgow as centre of academic excellence in this area		
6. Funders and stakeholders	To distil the implications and learning from GoWell; ensure influence in Glasgow and beyond; and accountability.	Steering group of sponsors and external advisors.	(i) Regular steering group meetings (3 per annum) (ii) Steering group members included in all of above (iii) Direct links with & inputs to sponsor organisations (e.g. GHA Board)

Two types of output will be produced throughout the life of the Programme. An annual GoWell report will be produced at the end of each calendar year, starting in December 2006, covering GoWell's progress but also reporting a summary of our findings over the past year across the five domains of interest, drawing upon all components of the Programme. Second, a report will be produced following each wave of the community health and well-being survey carried out every second year. Other specific outputs, of the various types set out in the table above, will be agreed by the Steering Group (see below) as the Programme progresses.

Two component parts in particular merit further description: (i) the coordination of Scotland-wide research on housing, regeneration and health through a national learning network, and (ii) tenant involvement and capacity-building.

### ***Co-ordination of Scotland-wide research on regeneration and health***

GoWell will act as a focus to bring together researchers and practitioners from across Scotland who are working on the links between housing, regeneration, community change and health and well-being. There is a growing amount of research being conducted in this field in Scotland, but there is no mechanism at present to make links between different research projects, or to support the translation of research into practice. The GoWell programme will aim to fill this gap, working in close collaboration with those organisations with a related niche and expertise in national learning networks. Importantly, the network will include not only research interests but also housing organisations and tenant interests, and will be an important mechanism for informing the development of GoWell over the years.

***Resident involvement and capacity-building***

In line with GHA's own objectives, and those in the Scottish Executive's community regeneration statement, GoWell will seek to involve tenants/communities in research processes and offer opportunities to some local residents to gain training and employment through the Programme. This may take one or more forms for LHOs and local residents:

- helping to define locally owned outcomes to be investigated through the study, i.e. what do local communities want the regeneration efforts to achieve?;
- working temporarily with the main research team in a supporting role (such as assisting with the administration of the survey or maintaining study databases);
- working in the field, for example assembling information about the study areas, helping to conduct focus group discussions;
- organising and providing services for the Programme's dissemination events;
- getting involved in giving feedback from the research to the communities and practitioners concerned (for example, helping in developing and producing feedback leaflets and other documentation).

**8. Ethics, equality and confidentiality**

We will work with the MREC ethics committee to ensure that confidentiality, consent and other ethical standards are properly maintained. All the information we receive from individual respondents will be confidential, anonymised and will not be seen by anyone outside the research team. Representatives of GHA or any other organisation will not receive information about specific individuals. Respondents' names and addresses will not appear on any report or on any questionnaire as they will be assigned an I.D. number. The final report will not identify anyone by name or address.

We will seek access using the Community Health Index to hospital records (anonymised) relating to participants of the GoWell study, for the duration of the study. We also intend to seek access to routine data on prescription use. The release of these records will be considered part of the Greater Glasgow NHS Board

public health monitoring function. Our primary interest will be with analysing data pertaining to participants who continue to reside in the Greater Glasgow area.

The public sector sponsors of GoWell all have a duty to promote equality along several dimensions (ethnicity, religion, disability, gender, sexual orientation) and the Programme will operate in accordance with these aims and principles. All components of GoWell will be subject to equality impact assessments to ensure that our research methodologies and the implementation of the Programme do not discriminate in any way to the disadvantage of any group and are sensitive to diversity issues. In this regard, we will work with reference to the Scottish Executive's guidance on equality for researchers.<sup>27</sup> The GoWell team will report to the Programme Steering Group on these matters, to the latter's satisfaction.

## 9. Timetable

GoWell is set to run for ten years from October 2005 to September 2015, with community surveys being conducted in the first half of the years 2006, 2008, 2010 and 2012.

## 10. The GoWell team

The GoWell team consists of principal investigators, a core team, a wider team, and selected associates.

### *Principal investigators*

GoWell is led by four principal investigators, who are described below.

- **PROF PHIL HANLON, BSc, MD, MRCP, FRCP, FFPHM, MPH, DRCOG:**  
Phil Hanlon is Professor of Public Health and an honorary consultant in public health with NHS Greater Glasgow.

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<sup>27</sup> Scottish Executive Social Research: Mainstreaming Equality Toolkit (Researchers Guide).

- **PROF ADE KEARNS, BA Hons:** Ade Kearns is Professor of Urban Studies at the University of Glasgow, and Co-Director of the ESRC Centre for Neighbourhood Research.
- **DR MARK PETTICREW PhD:** Mark Petticrew is Associate Director of the MRC Social and Public Health Sciences Unit, and head of a programme which evaluates the health effects of social interventions.
- **DR CAROL TANNAHILL, BA, MPH, PhD, FFPH:** Carol is Director of the Glasgow Centre for Population Health.

### ***Core programme team***

In addition to the four principal investigators, the core GoWell team will involve;

- (i) Three full-time researchers: Post 1 (focus on project development and methodology/design, local liaison, tracking study, and input to the evaluation of wider action initiatives); Post 2 (focus on quantitative data analysis and secondary/routine data); Post 3 (focus on qualitative dimensions and governance of community renewal).
- (ii) One full-time information/communications post: to establish and run learning network, develop and maintain website, engage with stakeholders and disseminate outputs/newsletter etc, organise seminars/events, be focal point for programme communications & briefing.
- (iii) One part-time Programme administrator: to act as central point of enquiry; provide administrative support to the research team and the Steering Group; and to assist in the production of quality outputs.

### ***Wider team***

Specific components of the Programme will be taken forward by members of the wider team; these comprise individuals with particular areas of expertise or interest who are contributing on a part-time basis. These contributions are currently most evident in relation to the ecological study of community changes in Glasgow, with

inputs from the GCPH Observatory Team as well as other part-time inputs from GCPH and NHS staff.

### ***GoWell associates***

Beyond the principal investigators and core research team, GoWell relies upon the regular co-operation of key individuals within local policy and practice organisations, who will join the core team for regular meetings to discuss the implementation of the Programme; we have termed these individuals GoWell Associates to reflect the fact that they will operate as part of GoWell to some extent, whilst the Programme is in fact independent of them. The Associates key role is to facilitate or take forward actions within their own organisations to enable the delivery of GoWell and to advise the research team on implementation issues.

## **11. Management, delivery and review of the programme**

To ensure that this complex programme is managed effectively it is necessary to ensure that mechanisms for communication and involvement are put in place from the outset.

Figure 1 shows a representation of the components of GoWell's management structure. At the centre are those who will be directly involved in delivering the programme: the core staff, other participants, and the principal investigators (PIs). It has been agreed that a **GoWell Management Team** will need to meet monthly, to focus on the practical details of the programme and to ensure shared ownership and good communication among the core programme team. For these reasons, the Management Team will be made up of the four principal investigators plus those other individuals who are actively involved in programme implementation. The composition of meetings will therefore vary over time, with the PIs being a consistent presence and having the core responsibility for programme management and accountability. Staff management will be the responsibility of the relevant PI, and financial management (except for the survey costs) will be the responsibility of the Glasgow Centre for Population Health. The PIs will also be responsible for ensuring that accountabilities to partner organisations and sponsors are fulfilled.

Wider advice, support and governance responsibilities for the programme will sit with the **Steering Group**, and go through the Steering Group Chair to Scottish Executive Ministers. The Steering Group will meet 3-4 times a year, will have approx 15 members and will include representation from:

- Programme sponsors (Glasgow Housing Association; Communities Scotland; NHS Health Scotland; and NHS Greater Glasgow & Clyde)
- GoWell PIs
- External advisers, including academic experts
- Other Key Stakeholders (Glasgow City Council; Scottish Executive)

The key responsibilities of the GoWell Steering Group will be the following:

*Annual Review* of the programme framework and steering group membership.

*Monitoring* of progress in the Programme and its component elements.

*Championing and Facilitating* GoWell in order to raise the profile and assist in the undertaking of the Programme.

Providing a route of *Accountability* for the PIs in conducting the Programme and expending resources.

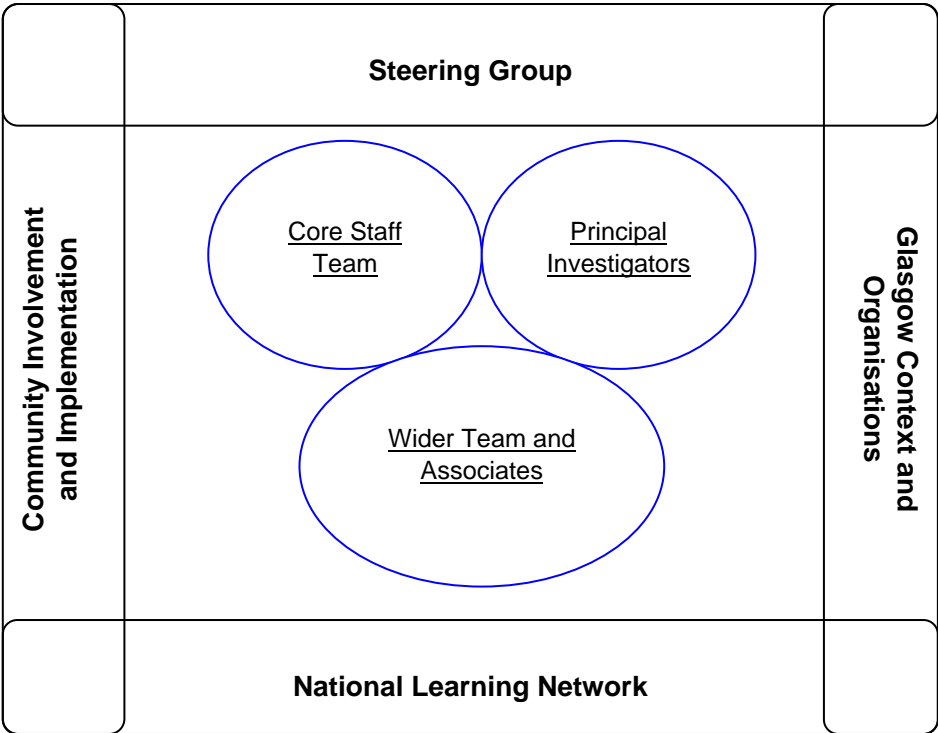
*Advising* on key elements and strategies within GoWell.

*Approval* of an annual report and future activity plans. The GoWell annual report should, amongst other things, cover: the changing policy context (especially housing and regeneration); other (e.g. non-GHA) regeneration activities in the study areas; the handling of equalities issues in the design and implementation of the Programme; intended timetable and milestones for the coming year.

*Approval* of papers prepared in support of this Framework document, detailing the research approach to be taken within each component of the GoWell Programme.

The most appropriate mechanisms for securing community involvement in the programme are being considered in discussion with others in the city involved in community participation processes. The approach to community involvement needs to take into account several factors: the aim of capacity-building within communities; the resources available to devote to this task, though coming from both the GoWell team and via the associates; and the need to preserve the quality and integrity of the study.

Figure 1:





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