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The **Impact** of
Regeneration
on the **Well-being** of
Local Residents:
The **Case** of **East**
Manchester

Ryan Woolrych, Judith Sixsmith, Carolyn Kagan

Research Institute for Health & Social Change
Manchester Metropolitan University

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 **NEW EAST MANCHESTER**
The New Town in the City

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RIHSC - Research Institute for Health and Social Change
Manchester Metropolitan University
Elizabeth Gaskell Campus
Hathersage Road
Manchester
M13 0JA

Telephone 0161-247 2563/2774

Fax 0161-247 6842

Email c.kagan@mmu.ac.uk

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Aim

To explore and understand the impact of a major regeneration programme in East Manchester on the well-being of the local residents.

Objectives

- 1 To identify existing qualitative and quantitative well-being data pertaining to the regeneration in East Manchester
- 2 To provide an overview of the concept and develop a model of well-being
- 3 To identify key regeneration activity within the Beacons regeneration and its perceived impact upon resident's well-being
- 4 To identify how regeneration professionals articulate and understand well-being within regeneration policy and practice
- 5 To identify areas of best practice within regeneration which seek to address well-being through case study analysis of specific projects
- 6 To identify how residents perceive their well-being within the overall context of the regeneration

Methodology

A research approach was adopted as the methodology for the study, underpinned by a holistic, multi-methods approach, which encompassed:

- Analysis of existing survey data
- Semi-structured in-depth interviews with 18 regeneration professionals
- Three Focus groups conducted with local residents
- Case study analysis of two regeneration projects

The quantitative components of the study were analysed using statistical methods. The qualitative components of the study were analysed using thematic analysis.

Key Findings

Measurement and Understanding of Well-being

- The concept of well-being encompasses a range of indicators which are important in people's lives including social, environmental, community and spiritual factors. These aspects can be couched within a conceptual model of well-being as determined by the literature. Well-being is defined here as a multi-faceted concept, containing many dimensions which inter-relate and have causal effect. Central to the concept is personal well-being (aspects of life satisfaction, personal development and fulfilment) surrounding which are the domains that contribute to an individual's quality of life. It is not that any individual needs to experience all the facets of well-being at all times to experience a sense of fulfilment, rather the importance of the various different domains depend on an individual's situational background and social context.
- Regeneration professionals reported that it was difficult to measure and evaluate the concept of well-being due to its complex and subjective nature. Professionals typically collect and analyse quantitative data and key performance indicators for project evaluation, much of which is defined and dictated through funding bodies. Despite the availability of survey data

collected regularly across the region there are little resources factored in to individual regeneration initiatives that allow for the collection of qualitative data and the measurement of well-being or quality of life parameters. Exploration of the constraints that regeneration professionals work within (funding requirements and limited resources) identified the propensity towards the collection of primarily measurable, quantitative data.

Articulation and Practice of Well-being

- Person-centred projects and initiatives such as the 'The Generation Project' and 'The Outlook Project' supplied overwhelming evidence to suggest that the regeneration was contributing to improving the well-being of local residents through preventative 'person-centred' initiatives. The casework approach practiced within each of these projects helped demonstrate that regeneration can and does have a positive impact on people's lives across a number of important domains, including economic well-being, personal well-being, social well-being, spiritual well-being, environmental well-being, community well-being and leisure and well-being.
- Residents identified the importance of 'softer' aspects of the regeneration to their quality of life. 'Soft' regeneration programmes included aesthetic improvements such as the provision of hanging baskets, parks and green areas and 'alleygating' schemes. 'Hard' changes were defined as the provision of civic centres, new housing and other physical infrastructure. Residents comments suggested that environmental improvements can enable overwhelming benefits to residents' quality of life by providing an aesthetically pleasing environment, which is spiritually uplifting and imbues residents with a sense of community pride and spirit. This was substantiated by the theoretical evidence and the findings from the statistical analysis part of the project, which found that improvements to the general environment and parks and green areas are associated with improved well-being amongst residents.

Improving Resident's Well-being

- Residents identified aspects of their life which they felt were important to their well-being, the improvement of which would have substantial benefits to their quality of life. This included (i) crime and safety (challenging residents' perceptions concerning perceived fear of crime and safety) (ii) community participation and consultation (requiring more effective means of engaging with the community) and (iii) local shops and amenities (importance of 'hubs' and social sites within the community as a place to network and socialise). This was supported by the strong association identified in the statistical analysis phase, which identified 'crime and safety' together with 'community participation' as key indicators of residents' well-being.
- Both regeneration professionals and residents identified the need to improve the information directed to, and the awareness of, local residents in the area concerning aspects of the regeneration. It was felt that residents need information which is tailored and specific to their individual needs and that residents require improved awareness of regeneration initiatives and projects to engage them more effectively in the regeneration effort. The need to address the information and awareness needs of local residents was supported in the statistical analysis part of the project and substantiated by the comments of local residents analysed in chapter 6.

Sustainability and Mainstreaming

- There were issues concerning the future sustainability and mainstreaming of specific regeneration programmes and initiatives. Regeneration professionals felt that it was important for the future well-being of local residents that projects which have had a positive effect on well-being are maintained in the long-term through effective partnership working and self-sustainability. Already there are cases within the regeneration where specific projects and initiatives had been mainstreamed or self-sustained. What is required is the initiation of a process of mutual learning and shared reflection between regeneration professionals to ensure that the regeneration continues aspects of its work after funding has ceased through effective monitoring, evaluation and mainstreaming. This needs to be extended beyond the duration of the regeneration and incorporated into my proposed exit strategy.

Recommendations

A number of recommendations emerged from the final report, which are put forward with the intention of improving the understanding and articulation of well-being within the context of regeneration policy and practice. These include:

Measurement and Evaluation of Well-being

- To work towards, in collaboration with regeneration professionals, residents and stakeholders, an agreed methodology for qualitatively measuring and evaluating well-being within regeneration projects and initiatives. This will provide further supportive evidence for the positive contribution that the regeneration is making to the well-being of local residents. To avoid duplication of existing effort, any methodology must build upon the existing data, evidenced in local and national surveys. The methodology also needs to be flexible (to account for disparate regeneration projects), and reflect the working practices of regeneration professionals.
- To explore the possibility of regeneration projects acquiring additional resources (labour and evaluation tools) to facilitate the more extensive collection and evaluation of qualitative well-being data which will add value to the quantitative data that is already collected. This needs to be balanced against existing budgets and timescales. Independent evaluations, such as that undertaken on The Generation Project and The Outlook Project can make a significant contribution to project efficacy and should be used where appropriate.
- To identify and share elements of 'best practice' from projects such as 'The Generation Project' and 'The Outlook Project', which provide compelling evidence for the effectiveness of person-centred services on the well-being of local residents. This primarily includes sharing methods for effective project delivery, ensuring user involvement and the need to propagate effective partnership-working, which have helped projects such as 'The Generation Project' and 'The Outlook Project' to become mainstreamed and sustained in the long-term.

Information and Awareness

- Residents and regeneration professionals identified information and awareness as a key area for improvement. There was the feeling that information can be better targeted to residents and hard-to-reach groups to ensure that the positive work of the regeneration reaches local residents in a form which is tailored and specific to the individual. Innovative targeting is already taking place within the regeneration, yet this tends to be isolated within individual themes and requires actively sharing across the regeneration and between professionals to improve the information and awareness levels of local residents.

Community Well-being and Social Sites

- More active engagement needs to be undertaken to address residents' perceptions governing crime and safety. Local residents' perceptions concerning 'fear' of crime are pervasive, yet levels of 'actual' reported crime have significantly dropped or levelled off. Active engagement to address these perceptions should be undertaken within the regeneration, in partnership with other service providers, to encourage local residents to more readily engage within the 'safer' community. It is envisaged that this will have substantial benefits in the areas of social inclusion, resident participation and community cohesion.
- Further work needs to be undertaken with local residents to explore the impact of societal and economic change on perceptions of the 'community'. Aspects of the neighbourhood, including the marketplace, local shops and parks/green areas, were identified by residents as important sites of social interaction, which through decline and the subsequent need for renewal have seemingly diminished. Further work needs to be done to evaluate the importance of community 'hubs' in maintaining the social fabric of the community and how these 'hubs' can be best preserved within the context of the regeneration.

Community Engagement and Consultation

- Regeneration professionals, working in collaboration with local residents, should work towards greater clarity and transparency concerning the most effective forms of resident engagement. The understanding and articulation of 'participation' and 'engagement' from the perspectives of regeneration professionals and residents needs to be explored, including a model of existing practice. This needs to include an appreciation of 'participation' and 'engagement' as understood by key stakeholders, and couched within the principles of effective community engagement (information, consultation, deciding/acting together, support.) defined in the Manchester Community Engagement Toolkit (MCC, 2006). Further work should seek to establish the level of engagement and participation which is desirable for local residents. This is dependent upon individual circumstances and levels of accountability.
- Close working relationships need to be engendered between regeneration professionals and service providers (Manchester City Council, Eastlands Housing and the Police) to share and raise the common concerns of local residents. Ward co-ordination and the Public Agencies Forum need to engender effective lines of communication across all agencies within existing regeneration practice, to ensure that the views of local residents' are taken forward in partnership and that the positive work of the regeneration can continue in the long term. It is important that local residents are given active empowerment and involvement within this decision-making process.

1 Regeneration Policy and Context



Introduction

When undertaking a research project within an area of regeneration it is necessary to provide some contextual analysis in terms of urban policy evolution and a descriptive analysis of the area under investigation. This helps establish the case study of East Manchester within the wider urban regeneration context (both nationally and locally) within which it is developed and implemented. The area-based approach to regeneration is placed within the context of existing baseline data for the area, including demographics and measured well-being indicators (health; education; employment; crime and housing). The presentation of the data will establish a picture of East Manchester as it is currently represented through measurable data collected as part of national and local surveys.

Area-Based Regeneration Policy

The landscape of current urban policy can be seen as undergoing significant change post 1991-2, specifically with the advent of 'challenge funding', which took an 'area-based' approach to regeneration policy and practice (Hall and Mawson, 1999). Challenge funding was, in part, the response to identified weaknesses in regeneration policy, the aim of which was to move towards a more holistic and targeted approach to regeneration policy, with local authorities occupying a central role in the process.

The area-based approach was furthered by the election of the Blair Labour Government in 1997, which evidenced the proliferation of the Modernisation Agenda and importantly new thinking on urban problems and policies, which had been highlighted in a number of key publication documents including Bringing Britain Together (SEU, 1998) and the Lord Rogers Urban Task Force Report (DETR, 1999). The former identified the need for a national strategy of neighbourhood renewal, which called for the development of an 'integrated and sustainable approach to the problems of the worst housing estates, including crime, drugs, unemployment, community breakdown and bad schools etc.' (SEU, 1998, p.1). The latter established a vision for urban regeneration, which recommended introducing Urban Priority Areas where renewal should be undertaken by dedicated established companies with the view to "creating quality of life and vitality which makes urban living desirable" (SEU, 1998, p.4).

Integral to the need for a co-ordinated and collaborative local effort, was the central involvement of public sector agencies and funding streams, with the local authority including the community in the drive for change. This was embodied within the Local Government Act 2000, which called for local authorities to produce Community Strategies/Plans, giving the local authority the power to undertake "anything which is likely to promote or improve the economic, social or environmental well-being of the area" (UK Parliament, 2000, ch 2 pt I).

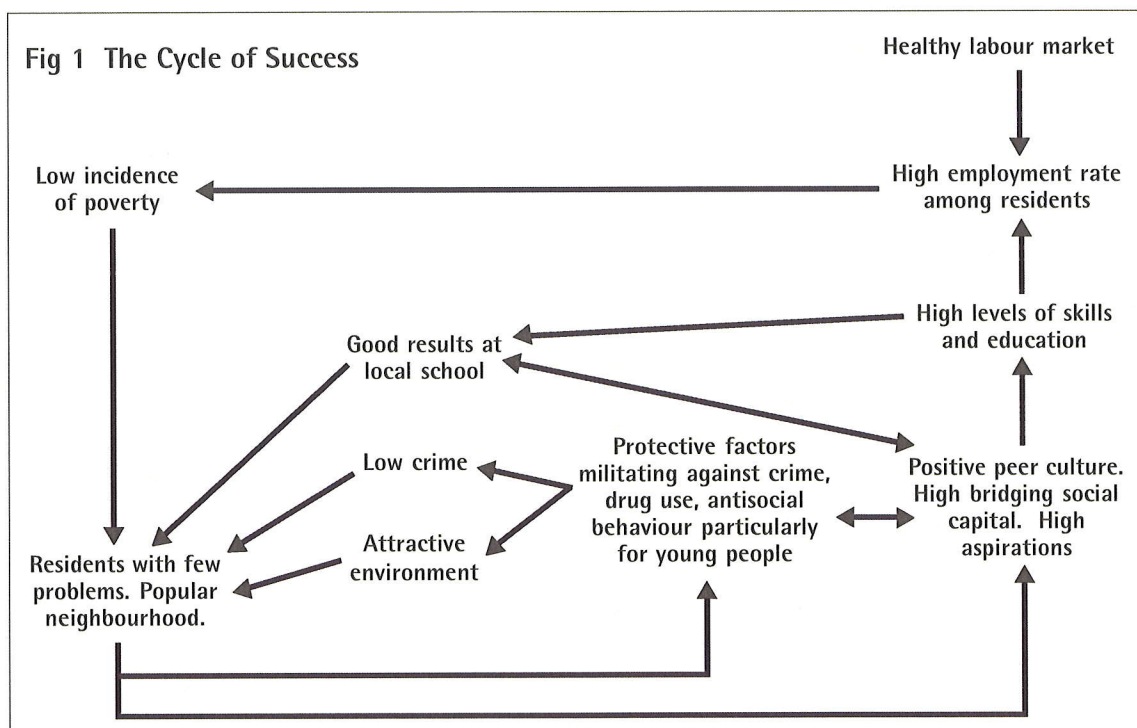
Neighbourhood Renewal

The need for integrated government policy has led to more targeted improvement in urban areas, both on a financial and a spatial dimension, whereby available resources are allocated according to 'need' rather than 'opportunity'. This has led to a geographical focus on targeting investment where conditions are poorest.

The concept of neighbourhood renewal emerged from the work of the Social Exclusion Unit (SEU) and in particular the use of the concept 'social exclusion'. Social exclusion is defined by the SEU as the level of exclusion and disconnectedness that groups or individuals feel as a result of a number of interrelated factors including unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown (SEU, 2001, a). The Social Exclusion Unit reported that despite the efforts of regeneration policies, the personal, social and environmental conditions in many neighbourhoods across Britain had worsened and that social problems within urban areas were accelerating rapidly (SEU, 2001a).

A response to this was the creation of the Neighbourhood Renewal Unit to implement the National Neighbourhood Renewal Strategy (SEU, 2001b), which set the goal that within 10-20 years nobody should be seriously disadvantaged because of where they live (SEU, 2001b). This led to major financial investment, amounting to a total of £900 million from 1999-2003 and a further commitment of £975 million in 2004/2005. Integral to the strategy was 'the cycle of success' which identified the key priorities in people's lives and their environment, including education, crime, employment, housing and quality of the neighbourhood, which was couched within more subjective terms of aspirations, self development and social capital (see fig. 1).

Well-being can be used as an umbrella term to encompass such concepts, a conceptual model of which is developed in chapter 3. Figure 1 identifies economic well-being as central to the process, whereby education is not just important in terms of direct employment, but plays a key role in aspiration-raising and positive involvement through improved social well-being. These militating factors reduce the desire or inclination to commit crime, promoting more attractive environments and popular neighbourhoods. The concept of well-being presented in chapter 3 places personal well-being (goal, capability, development) as central to the process, with key facets including social relationships, aspects of the community, leisure, the environment, physical health parameters and aspects of spiritual fulfilment. It is proposed that improvement of each facet of well-being helps generate more aesthetically pleasing environments, improved crime and safety, more cohesive communities and improved social inclusion and participation. This in turn will have a positive affect on personal well-being, including personal development, fulfilment and life satisfaction.



New East Manchester

The delivery system of regeneration within the UK consists of neighbourhood renewal and regeneration programmes, area-based initiatives and EU funding being used alongside mainstream public services and investment from the private sector with the aim of improving the life of local people. A key recommendation from the Bringing Britain Together report (SEU, 1998) and the Lord Rogers Urban Task Force report (DETR, 1999) was for a single organisation (urban regeneration companies) to instigate a coherent single vision for an entire area and then co-ordinate and oversee its implementation. As a result New East Manchester Urban Regeneration Company was established with the lead responsibility for delivering a long-term strategic holistic vision for physical, social and economic change within that area of the city. The partnership brought together National, Regional, and Local Government to work along side the local community to ensure complementarity, additionality and a coherent approach to both public and private sector investment in the area.

As the problems facing East Manchester are interrelated and complex, a comprehensive and integrated approach to them was essential, central to which was the development of partnerships with local organisations, the private sector voluntary bodies and community representatives. New East Manchester brought together a number of the Government's area-based initiatives, which have been designed to address the problems of urban deprivation. These, amongst others, have included the Housing Market Renewal Fund, the Education Action Zone, SRB funded initiatives, Objective 2 EU programmes, the Sport Action Zone and Surestart. It also encompassed the New Deal for Communities and SRB initiatives, in the two core wards, otherwise known as Beacons for a Brighter Future in East Manchester. A further aim of the URC is to bring about the continuous improvement of all existing public services being delivered in the area.

New Deal for Communities and Beacons

'Beacons for a Brighter Future' is an umbrella term used to incorporate East Manchester New Deal for Communities and the SRB initiative. The New Deal for Communities (NDC) programme was established with the intent of piloting an approach to investing large sums of Government funding in small areas of between 1,000 and 4,000 households delivering ten-year strategies. In East Manchester, NDC resources were supplemented with an additional SRB initiative. Community engagement is a major feature of the programme, with an emphasis on community 'ownership', the importance of joined-up thinking, partnership working and service delivery and the integration of mainstream activities. The NDC focus is to achieve long-term results, which will narrow the quality of life gap between the severely deprived neighbourhoods and the rest of the country (ODPM, 2004).

Beacons for a Brighter Future has contributed significantly to the regeneration of the Beswick, Clayton and Openshaw areas of East Manchester through a combination of Government, mainstream and private sector funding, including the £51 million and £25 million NDC and SRB programmes. As a result significant progress has been achieved across key parameters including crime rates, educational attainment, employment status and measurable health (Parkinson, 2007). Additionally, notable improvements have been made to local housing as a consequence of the recognition that many of the problems associated with deprived areas, including the quality of the area and health outcomes, are directly linked to housing conditions (ODPM, 2005). Integral to this was the need to manage housing within an area characterised by a high proportion of social housing, which typically suffered from multiple problems (housing conditions, social and economic problems). Much of this work has contributed to the Decent Homes Standard which itself was a result of the Housing Green Paper published in 2000, and called for "quality and choice: a decent home for all" (DETR, 2000).



Housing and environmental decline, East Manchester, circa 1980.

The Beacons Partnership, supported by the ODPM Manchester, Salford and Trafford Housing Market Renewal Pathfinder has been active in regenerating housing stock, which has integrated the need for (i) social justice and living standards (ii) increased economic competitiveness of poor areas and their residents and (iii) social cohesion. The provision of better housing quality and management is intended to provide direct quality of life benefits to local people; stabilise existing populations and attract new residents; reduce stigma and lever in private sector investment. This has involved a rigorous programme of reinvestment in existing stock (repairs, renovation and up-grading) to ensure that all homes now meet the Government's Decent Homes Standard required by 2010 (Parkinson, 2007).

The work of Beacons since 1999 across a number of key thematic areas has been central to improving the area of East Manchester, which historically was the industrial heartbeat of the city. As a delivery vehicle, Beacons has been undertaking the urban renaissance of the region and its communities.

Deprivation and Regeneration in East Manchester

Before exploring the impact of regeneration in East Manchester it is necessary to establish a historical picture of the area within the context of decline and regeneration as that evidenced through the baseline data. The data presented in this section has been derived from sources of neighbourhood statistics collected nationally. A full list of the variables, coupled with the level of aggregation and availability, can be found in Appendix 1. Notice that there are limitations to the sourced data in the following section. Much of the baseline data available is sourced to the 2001 Census, which is untimely and may not reflect the changes brought about by the regeneration up to publication of the report.

Decline in East Manchester

East Manchester was formerly the hub of industrial activity in the region, but started to experience serious economic, social and environmental decline in the last quarter of the twentieth century. Subsequently, the area suffered physical decay, with many derelict buildings and large areas of vacant and degraded land characterising the area. Population numbers declined as Census results evidenced a 13% reduction in population across the New East Manchester/Beacons area between 1991-1999, despite the rest of Manchester growing by 3.5% during this period (New East Manchester, 2001). Vacant housing became a key problem in the area, as the value of housing stock declined five-fold in ten years (New East Manchester, 2001). These problems perpetuated in a poorly educated, unskilled workforce, with little or no aspirations for the future.

Demography

Data from the 2001 Census revealed that the New East Manchester/Beacons area was underperforming across key areas of well-being, economic activity and educational attainment. It is recognised that significant work has been done within the regeneration to arrest this decline, the results of which are yet to be evidenced through national survey data. A core aim of the regeneration is long-term sustainability, of which mainstreaming and partnership-working beyond the duration of regeneration is the ultimate goal.

Analysis of the background data has enabled the demographics of the area to be more readily ascertained. The household composition of New East Manchester/Beacons area has revealed that 16% of a population of just under 63,000 are of pensionable age, compared to just under 14% for the rest of Manchester (ONS 2005, Mid-year estimate). Indeed, the percentage of the population under 16 stood at just under 22% compared with just under 19% for the rest of Manchester (ONS 2005, Mid-year estimate) revealing a smaller percentage of the potentially economically active age group (16-64) and thus lower levels of economic activity. The ethnicity of New East Manchester/Beacons area demonstrates that as of 2001 90% of the population were White British, with small minorities of Asian British, Black British and Chinese. The ethnicity make-up of the rest of Manchester reveals just over 80% are white (Census, 2001).

Health

Extrapolation of the health data reveals that in 2001 over 26% of the population had a limiting long-term illness, exceeding the rest of Manchester (22%) and national levels (18%) (Census, 2001). Despite commendable reductions in teenage conception rates, they still remain far in excess of Manchester and the rest of England (NEM KPI Report, December 2006). The percentage of low birthweight babies exceeds 13% in some wards, compared to 9.4% in the rest of Manchester and 8% in England and Wales (ONS Birth Extracts 2001-3; ONS VS1 Table 2003; NEM KPI Report, December 2006). Furthermore, returned data for the wards of the New East Manchester/Beacons area reveals a mortality rate that is far in excess of the rest of Manchester (ONS Annual District Death Extracts (ADDE) 1998-2002; 2001 Census).

Education

The educational attainment of the residents of New East Manchester/Beacons reveals that 51% of the economically active population have no qualifications, compared to 34% of the rest of Manchester and 29% nationally (Census 2001). Unsurprisingly, attendance figures at both primary and secondary school level is below that recorded nationally, albeit showing signs of significant improvement across the whole of East Manchester (NEM KPI Report, December 2006). Such findings contribute to low aspirations and the stifled ambition of the residents of New East Manchester/Beacons which precipitates to the younger age groups (New East Manchester, 2001). Regeneration projects set up as a result of the New East Manchester education programme are aimed specifically at educating younger people, including aspects of aspiration building and raising the self-esteem of younger people.

Employment

Despite reductions in unemployment since the regeneration began, the unemployment rate in New East Manchester/Beacons still stands at 6.2%, compared to 3.9% for Manchester and 2.8% for the rest of the North-West (NEM KPI Report, December 2006). Of the economically inactive nearly 30% are permanently sick or disabled, compared to a Manchester percentage of 21.5% and a national figure of 16.5% (Census 2001). Of those employed 35.5% are employed in lower supervisory or routine occupations, which exceeds that in the rest of Manchester which stands at 25.5% (Census 2001). Manufacturing still accounts for a relatively large percentage of

employment, with under-representation in the professional services sector. The percentage of benefit claimants in New East Manchester/Beacons remains stubbornly high, with just under 12% of working age residents claiming incapacity benefit, compared to just over 8% for Manchester and 4.5% for England and Wales (NEM KPI Report, December 2006). Nevertheless, a number of projects and initiatives established as a result of the regeneration's Economic Programme have focussed their work on ensuring the long-term involvement of residents in education and long-term employment.

Crime and Housing

East Manchester performs positively on available data pertaining to levels of recorded crime. Actual vehicle theft has halved in New East Manchester since 2000 (NEM KPI Report, December 2006) and reported burglary (6.89/1000 households) is now lower than the rest of Manchester (7.8/1000 households). Addressing aspects of crime and safety and youth intervention are the initiatives undertaken as part of the regeneration's Crime and Community Safety Programme.

Housing tenure data for New East Manchester/Beacons reveals high levels of social rented properties – 38% of existing stock is rented from the council, compared with the rest of Manchester at 28.5% and just over 13% nationally (NEM Implementation Plan, 2005). Additionally, there are still large amounts of reported vacant housing stock as whole streets, apart from one or two properties, stand empty and abandoned (NEM Implementation Plan, 2005).



Housing decline in East Manchester circa 1990.

The Index of Multiple Deprivation (IMD 2004) is a composite of seven separate domain indices which are: income; employment; health and disability; education, skills and training; barriers to housing and services; crime and disorder; living environment. The IMD reveals that the area of New East Manchester/Beacons performs poorly, with 21 of the 38 super output areas of East Manchester finding themselves in the bottom 1% of the country (Oxford University, 2006).

Having defined the context of regeneration within East Manchester against an analysis of the baseline data it is necessary to establish the aims and objectives of the research. These aims and objectives centre around the need to assess the impact of the regeneration on local resident's well-being, which encompass many of the social, environmental and economic variables identified above.

Research Aims and Objectives

Given the shift in regeneration policy towards area-based initiatives, Beacons have been proactive in delivering a regeneration project within the umbrella organisation, New East Manchester. This regeneration has specifically focussed on improving the well-being of local residents, through the improvement of key social, economic and environmental variables identified in the previous section. As the regeneration enters a period of sustainability and is developing an exit strategy Beacons has focussed on exploring and understanding the impact of regeneration activity on the well-being of local residents.

Aim

To explore and understand the impact of a major regeneration programme in East Manchester on the well-being of the local residents

Objectives

- 1 To identify existing qualitative and quantitative well-being data pertaining to the regeneration in East Manchester
- 2 To provide an overview of the concept and develop a model of well-being
- 3 To identify key regeneration activity and its perceived impact upon well-being
- 4 To identify how regeneration professionals articulate and understand well-being within regeneration policy and practice
- 5 To identify areas of best practice within regeneration which seek to address well-being through case study analysis of specific projects
- 6 To identify how residents perceive their well-being within the overall context of the regeneration

Conclusion

Urban policy evolution has shifted in recent years to channel investment into area-based initiatives, which require a more holistic and targeted approach to regeneration. Integral to the national strategy for neighbourhood renewal is the need for strong and cohesive neighbourhoods, central to which is the desire to improve the quality of life and well-being of the residents within these areas. Regeneration activity within East Manchester has been specifically working towards alleviating the issues which commonly beset the 'poorest' neighbourhoods and typically constitute personal, social, economic, environmental and even spiritual components. These components can be typically be couched within the term and concept of well-being (otherwise referred to as quality of life or life satisfaction). Therefore as the regeneration enters a period of mainstreaming and sustainability it is necessary to evaluate the contribution of the regeneration and the impact of area-based investment on the well-being of local residents.

Introduction

It is necessary to adopt a consistent methodology for project delivery, which encapsulates the processes, activities and tasks, which are undertaken as part of the study. The study developed the research approach, which employed the use of qualitative and quantitative collection and analysis methods, including interviews, focus groups, case studies, survey research and statistical analysis. Additionally, ethical consideration was exercised throughout to ensure the morality and responsibility to the subjects of the study.

Working Principles

This study was based upon a number of working principles which were adhered throughout:

- 1 Ensuring the meaningful involvement of all those affected by the regeneration, using the role of facilitator to ensure that marginalised voices of local residents are heard.
- 2 Using research and evaluation as a tool for project improvement, learning and change which takes place through participant awareness of the research and evaluation procedures (including data collection and analysis) and involvement in the production of the final reports.
- 3 The adoption of empowerment evaluation approaches including: community ownership, inclusion, democratic participation, social justice, community knowledge, evidence-based strategies, capacity building, and organisational learning.
- 4 The retention of knowledge locally, involving local people and regeneration professionals in the research and evaluation processes (interviews, focus groups, statistical analysis) to maximise the knowledge capital produced from the study.
- 5 The facilitation of critical awareness – supporting stakeholders and participants in reviewing their assumptions, values and ways of seeing others during data collection, analysis and production of the final report.
- 6 The use of a wide variety of methods to enhance flexibility and responsiveness in enabling different stakeholders to voice their experiences, concerns and opinions about the impact of the regeneration on the well-being of local residents.

Research Approach

A research approach was adopted by the project team throughout the study and included the following conceptual considerations:

- 1 The inclusivity of key stakeholders within the research and evaluation process, including their participation in framing the research and evaluation, data production and analysis. In this respect the approach encouraged the involvement of regeneration professionals in the research and evaluation work of the project (Simpson & House, 2002), reflecting best practice (Tew, Gell, & Foster, 2004).
- 2 The combining of 'stakeholder' and 'organisational' perspectives in the evaluation (Boyd et al., 2001). This puts the perspectives of, and impact on, the participants and other stakeholders at the core whilst also enabling exploration of projects' efficacy and impact.

- 3 A plural approach to methodology, asserting that both quantitative and qualitative data have their place in holistic and systemic research and evaluation (Midgely et al 2002) which can be effectively combined in creative ways (Paton, 1981).
- 4 The exploration of the relationship between inputs, resources and outcomes, taking account of the initial status, existing reports and documents, background factors and the particular contextual conditions (eg. concerning urban regeneration and the work of the Beacons regeneration programme) that exist (Pawson & Tilley, 1997).

The study was underpinned by a multi-methods approach, which allowed data to be captured from a range of sources and the use of a broad range of qualitative and quantitative research techniques to be employed. This included:

- Analysis of existing survey data
- Semi-structured individual in-depth interviews with regeneration professionals
- Focus groups with local residents
- Case study analysis of two regeneration projects

Survey Data

Collation and analysis of existing data repositories was undertaken on data pertaining to well-being. Neighbourhood statistics sources were consulted to ascertain the data that could be attributed to the area of East Manchester.

These included:

- The North-West Public Health Observatory www.nwph.net/nwpho/default.aspx
- Office of National Statistics (Neighbourhood statistics) www.neighbourhood.statistics.gov.uk/dissemination
- NOMIS: Official labour market statistics www.nomisweb.co.uk

A tabulated list of the variables can be found in appendix 1.

Analysis of the surveys conducted with residents of the East Manchester area was also undertaken. These surveys included:

- The 1999, 2002 and 2005 Perceptions Survey
- The 2002, 2004 and 2006 National Evaluation of New Deal for Communities

The statistical analysis extrapolated key well-being data from local resident surveys, which included the following variables: satisfaction with the local area; community life; information and awareness; housing conditions; skills and education. In-depth statistical analysis of the data from the Perceptions Survey 2005, was undertaken in SPSS using various statistical techniques dependent on data type (categorical or continuous data) (Field A, 2005, Pallant J, 2004). A narrative was constructed to describe the findings of the analysis. A copy of the Perceptions Survey 2005 household questionnaire can be found in appendix 2.

Interviews

18 in-depth semi-structured interviews were conducted with regeneration professionals and other well-being officers in East Manchester (a full list of interviewees can be found in appendix 3). This involved the development of a set of questions, within an interview schedule, which served as a guide for the interviewer but were not designed to be adhered to rigidly (Smith, 1995). One of the benefits of the flexible format of the semi-structured interviews was that it facilitated unforeseen conversations and enabled participant perspectives to be explored. The interview agenda can be found in appendix 4.

The interviews were conducted face to face in the setting of the regeneration offices and lasted for between 30 minutes and 90 minutes. Before the interviews took place, the interviewees were given information about the purpose of the interview and the study in general and were encouraged to ask questions and seek further clarification on any areas of ambiguity. Interviewees were given a general synopsis of the study at the beginning of the interview and were then asked to comment on various aspects of their role, their understanding of well-being in general and in relation to urban regeneration and to give evidence of specific projects that seek to address the issue.

All interviews were tape-recorded, transcribed and the information was organised into meaningful themes through a process known as thematic analysis using NVivo software.

Focus Groups

Focus group discussions were used to generate shared and social understandings amongst residents of East Manchester to explore the impact of regeneration on their well-being (Krueger and Casey, 2000), (Tonkiss, 2004). Participants were asked to discuss issues which were important to their quality of life, how the regeneration has impacted on their wellbeing and what additional improvements could be undertaken within the local area to improve their life satisfaction relative improvements on their self-rated well-being.

A focus group agenda outlining the key themes for discussion was developed and is available in appendix 6. Three focus groups were conducted with local residents based on a 'streets-based' sampling approach, where streets were canvassed and residents asked to attend a focus group at a local community centre. The sampling method used ('streets-based' approach) was chosen as typically street blocks can be canvassed in their entirety. More importantly, the streets-based approach ensures that the comments can be interpreted as a microcosm of the neighbourhood and the life of the street, enabling the collection of multiple perspectives across common experience. Additionally, a small geographical area, with a street clear definition, provides a very distinct focus for research and provides a good justification for repeat canvassing.

A demographic breakdown of the participants can be found in appendix 7. Each focus group had a facilitator (to coordinate the discussion) and a transcriber to ensure that the main findings were noted. The focus groups lasted between 90 minutes and two hours and were recorded and transcribed (the full transcriptions of which can be made available on request). This data was organised into meaningful themes through a process known as thematic analysis using qualitative software NVivo. In total three focus groups were conducted with a total of 22 participants divided into groups of four, eight and ten.

Case Studies

Two regeneration projects, amongst a plethora of others, were chosen to demonstrate the impact of the regeneration on local residents' well-being. The studies were chosen for the key improvements that they make to overall well-being and quality of life indicators.

Independent evaluations had already been carried out on these projects and thereby the project material was made available for re-analysis. Investigation of the raw material from these two case studies included collating key findings from project meeting minutes, interviews, focus group transcriptions and participant diaries. Thematic analysis techniques were used to extrapolate key well-being parameters.

The Project Team

A project team was organised to provide additional and substantive expert opinion throughout the life of the project. This was comprised of two members from Manchester Metropolitan University and two members from New East Manchester, the urban regeneration company.

The project team met at regular intervals during the course of the project to discuss the work components and progress of the study. The project team members had extensive expertise in the fields of regeneration policy and practice, project evaluation, community empowerment and participation.

Ethical Considerations

The study was designed and conducted in accordance with the British Psychological Society ethical guidelines (2000). These ethical considerations include:

Informed consent: To ensure that *informed* consent was gained a series of information sheet and consent forms were designed as necessary for each participant group (see Appendix 5). Consent was gained from all participants involved in the interviews and focus groups.

Privacy, anonymity and confidentiality: While participants could not be guaranteed confidentiality (because their data would be used in a research report and in subsequent publications which would be publicly available), their privacy and anonymity were addressed using pseudonyms throughout the research process.

Withdrawal from the research: Participants were empowered to withdraw from the research, or to withdraw the data they had provided, at any point up to the production of the final report.

Data Protection: All electronic data has been kept safe within password protected computer formats. In line with research and evaluation general practise, the data gained during the project will be destroyed no later than five years after completion of the project.

Protection from harm: Attention was paid to ensure all participants were protected from harm (i.e. that the research did not expose them to harm which they would not face in normal everyday life).

Issues of exploitation: Researchers were careful not to pressure anyone into participating in the research and always gave participants the choice of whether or not to participate and convenient dates/times.

Additionally, ethical issues in data analysis and the publication of any subsequent research have been and will be continuously addressed (Kelly and Ali, 2004).

Conclusion

The rationale for the study was underpinned by employing the research approach to the study. As part of this methodology, a mixed-methods approach was taken which encompassed (i) collation and analysis of survey data (ii) interviews and focus groups and (iii) case study analysis of regeneration projects. A multi-methods approach allowed a broad range and depth of data sources to be captured using both quantitative and qualitative data capture techniques. After defining an appropriate methodology and ethical protocol for the study it was thereby necessary to undertake an overview of the concept of well-being within this study, so that it can be used as the theory to underpin the qualitative and quantitative analysis phases of the project.

3 Well-being: What we Know



Introduction

The concept of well-being is the subject of much academic debate, proving difficult to define and produce an effective measurement for. An evaluation of the literature is undertaken with a view to establishing the key components of the term well-being, which is used synonymously with the terms 'quality of life' and 'life satisfaction'. This will help provide a suitable conceptual model with which to take into the methods analysis part of the project. For the purposes of developing well-being it can be seen to encompass a number of key components: genes, personality, gender and age; environmental well-being; economic well-being; community well-being; social well-being; spiritual well-being; leisure and well-being. Central to the concept of well-being are aspects of personal well-being, which relate to aspects of personal development and human fulfilment.

Personal Well-being

Personal well-being can be understood in terms of two dimensions (Shah and Peck, 2005):

- **Satisfaction with life** or hedonic well-being, can be measured through aspects of life satisfaction including happiness, pleasure and enjoyment.
- **Personal development** or eudaimonic well-being, which does not have an obvious measurable indicator but encapsulates participation in life, having aims and objectives, meaning in life.

Ryan and Deci (2001) mapped the concept of well-being according to hedonic well-being and eudaimonic well-being. Hedonic well-being includes the concepts of pleasure or happiness (Thin, 2005), whilst the latter includes the 'actualisation of human potential', aspiration-raising and personal fulfilment (Ryff and Singer, 2000). For people to 'lead truly flourishing lives' they need to feel they are 'personally satisfied' and 'developing' (Shah and Peck, 2005).

Well-being demonstrates many different forms, which includes (i) life satisfaction (ii) satisfaction with important domains (employment; family) (iii) positive affect (positive moods and emotion) and (iv) low levels of negative mood (negative moods) (Diener, 2000, p.34). Maslow (1943) couched well-being within a 'hierarchy of needs' ranging from the physiological (hunger), to include safety needs, yet placed significant emphasis on the hedonic aspects of well-being – social factors (love and belongingness) and self esteem (self-respect and the respect of others) through to self-actualisation ("what a man can be, he must be").

Aspects of autonomy are also central to well-being, which involves individuals having independence and control over their lives. Doyal and Gough (1991, p.53) discuss autonomy as "the ability to make informed choices about what should be done and how to go about doing it". This entails being able to formulate aims and beliefs about how to achieve them, along with the ability to evaluate the success of those beliefs. Central to achieving autonomy is the need to develop social interactions and relationships, which bring about a sense of belonging and inclusion (White and Pettit (2004), Devine et al (2006)). The chance to choose, through both the 'opportunity' to choose and the 'capability' to choose, has been suggested as key to freedom, itself closely linked to happiness and autonomy (Veenhoven, 2000).

In order to achieve a sense of personal well-being it is necessary to fulfil and improve a number of inter-linked facets which include hereditary factors, coupled with social, environmental and community components alongside other aspects which are seen as more difficult to measure such as spiritual well-being. More measurable indicators of well-being, such as physical, economic and leisure activities are also presented as part of the conceptual model.

Genes, Personality, Gender and Age

Genetic factors are considered to have an impact on a person's well-being given that people may have a pre-disposition to be happy. Twin and adoption studies have purported to show, over time, that a high degree of some aspects of well-being may be inherited. Lykken and Tellegen (1996), suggest that educational attainment, family income, marital status, or socio-economic status could not explain more than 3% of the variance in well-being, and that the "heritability of well-being approaches 80%" (p.186) concluding that "individual differences in human happiness... are primarily a matter of chance" (Lykken and Tellegen, 1996, p.189). Nevertheless, this evidence does not explain the fluctuations in reported quality of life across nationalities over time (Donovan and Halpern, 2002).

DeNeve and Cooper (1998) argued for a link between a 'happy personality' and improvements in well-being, a view supported by Myers and Diener (1995) and Argyle (2002), who espoused the importance of optimism self-esteem and positive mood on life satisfaction. The 'big five' personality traits - extraversion, agreeableness, conscientiousness, neuroticism and openness to experience (Argyle, 2002, ch. 10, p.153), correlated to varying degrees with happiness and general well-being. Furthermore, happy personalities generate more positive social behaviour, through improved levels of creation and imagination (Green and Noice, 1988). Individual differences in happiness and having a positive outlook, are also said to contribute to better health (Okun and George, 1984), reduced mental ill health (Veenhoven, 1994), and increased life expectancy (Deeg and van Zonneveld, 1989).

A correlation has also been evidenced concerning age and gender. It is believed women are happier and experience a stronger sense of well-being through stronger social networks whereas males focus more on materialism and career success (Okun and George (1984), Lu (2000), Nolen-Hoeksema and Rusting (1999)). Age is also believed to play a part, contributing to mood fluctuations between the teenage years, the mid-life crisis and retirement. However, Myers and Diener (1995) and Inglehart (1990, 2002), taking into account varying 'emotional terrain' with age and an overall balance between males and females, commented that "at no time is life notably happier or unhappier" (Myers and Diener, 1995, p12).

Social Well-being

Retaining many of the links associated with the leisure and well-being, is the concept of developing and maintaining social relationships. Social relationships are deemed integral to quality of life, life satisfaction and subjective well-being (Donovan and Halpern, 2002). These social ties include friends, relatives, work colleagues and spouses, the removal of which is believed to lead to a decreased sense of well-being. Social networks can be defined as those that lend support to an individual and can vary in size from a single individual neighbour, friend and/or member of the family to a collective social grouping (church gathering, leisure group).

Evidence suggests that social acceptance is synonymous with the fundamental need to belong, resulting in a higher state of emotional and physical well-being, through a sense of meaningfulness, belonging, comfort, joy and increased self-esteem (Myers, 1999). Indeed, social relationships can act as support networks, buffers to stress-related incidents and are deemed

important in aspiration-raising and human achievement. "People who can name several intimate friends with whom they share their intimate concerns freely are healthier, less likely to die prematurely and happier than people who have few or no such friends." (Myers and Deiner, 1995, p.17). Conversely, aspects of social isolation can bring about feelings of depression and anxiety (Nelson et al, 1998) whereby "The lack of attachments is linked to a variety of ill effects on health, adjustment and well-being." (Baumeister and Leary, 1995).

It is recognised that the benefits derived from social networks depends entirely on both the nature and quality of that relationship.

Leisure and Well-being

The pursuit of leisure activities can be seen as joyful, self-motivating, entertaining and self-fulfilling and in themselves can bring about significant happiness through an increased sense of well-being (Lu and Argyle, 1994).

A study by Headey and Wearing (1992) into the relationship of domain satisfactions with well-being and psychological distress revealed that leisure had the highest correlation. Indeed, research undertaken by Lewinsohn and Graf (1973) into "pleasant activities therapy" revealed that all activities which improved a respondents mood at the end of the day were leisure-related.

Leisure can play an important part in well-being, through the pursuit of leisure activities including social clubs, arts and culture, watching tv, and voluntary work. Social clubs evoke feelings of happiness through extraversion and life satisfaction (Argyle, 2002). Iso-Ahola and Park (1996) found that leisure groups or 'leisure worlds' act as a 'buffer' to the stress-illness relationship, generating positive feelings that help people cope with stressful life events.

Watching television is also seen to be well-being rewarding, Kubey and Csikszentmihayli (1990) reporting the positive effects of relaxation, extraversion and cooperativeness from watching TV. *Arts and culture* (creative writing, photography, painting and sculpture) can play an integral part to well-being, having a positive impact on individuals quality of life, through improved mental health and social inclusion (Sixsmith and Kagan 2005). *Voluntary work* has proven to be second only to dancing when ascertaining sources of joy in people's life (Argyle, 1996). In addition to establishing social networks and making friends, voluntary and charity work gives people measurable enjoyment and satisfaction (Argyle, 2002). In undertaking such work essential life skills (appreciation, experience, personal achievement) are experienced along the way.

Physical well-being

Physical well-being encompasses aspects of stress, depression and negative mental health. Much of this has been covered within the other facets of well-being. Indeed, there is substantial evidence concerning the well-being effects of supposed 'risky' activity such as drinking alcohol, smoking and drug-taking (Steptoe and Wardle, 2001). These quantitative aspects of well-being are addressed elsewhere in this study.

Ultimately, there are some types of activity that have a direct positive effect on health indicators, such as physical activity and exercise. Paffenberger et al (1978) found that those that undertook physical activity of at least 30 minutes a day were 64% less likely to have a heart attack. Even more starkly, research has substantiated the hypothesis that exercise can increase longevity. Empirical research conducted by Shepherd (1997) on former athletes and non-athletes, revealed that former athletes had a longer life expectancy than non-athletes.

In addition to physical health, similar positive results have been found in the area of mental health. Falkenberg (1987), conducting research on employee fitness programs, revealed that higher fitness levels can reduce the impact of stress, which results in better performance, higher productivity levels and less absenteeism. (Falkenberg 1987) concedes that this rests on "the transfer from physical to mental capacity" which may lead to higher levels of concentration and mental effort (in the short-term) and improved mental health and stress resistance (in the long-term). There are links to personality and mood traits in this line of research (see Genes and Personality).

Spiritual Well-being

Spiritual well-being can typically be achieved through participating or engaging in music and religion. The effect of listening and playing music can have positive effects, inducing highly positive and emotive feelings, which bring about joy and elation, synonymous with that attained from religion. A study conducted by Hills and Argyle (1998) stated that there are clear "mystical and transcendental elements" (Hills and Argyle, 1998, p. 92), the qualities of which are anguish-reducing and hope-inducing, which bring about profound pleasure and sociability. Piedmont (1999) emphasises the importance of spiritual well-being in fostering a positive sense of nonjudgmentality, altruism, existentiality, gratefulness, meaningfulness and a sense of connection.

Spiritual aspects of well-being are mirrored in those that attend church or pursue religious activity - indeed the church is seen as a provider of strong social support and a source of social contacts (Argyle (1999). Inglehart (1990) found evidence to suggest that religious affiliation and worship attendance is positively associated with happiness and life satisfaction. Okun and Stock (1987) conclude that religiousness is the best predictor of well-being amongst older people.

In addition to personal and mental well-being, religion (as opposed to music) has the greater effect on physical well-being, through the better health behaviour of church members (Argyle, 2002). Hummer et al (1999), assessing the impact of church attendance in the US on adult mortality, found that there is a seven-year difference in life expectancy at age 20 between those who never attend and those who attend church once a week. It appears that those who regularly attend church demonstrate healthier smoking and drinking habits, have a better diet and are not as sexually promiscuous (Argyle, 2002). Religious people are much less likely "to become delinquent, to abuse drugs and alcohol, to divorce or be unhappily married, and to commit suicide" (Myers and Diener, 1995).

Environmental Well-being

The environment is seen as critical to our well-being, whereby the local environment, and particularly natural environments, meet a wide range of human needs and promotes well-being (Shah, 2005).

It is suggested that the physical environment can have a positive impact on the creation of social ties, which is seen to be integral to our well-being. Kuo et al (1998) believed that 'common spaces', such as parks, green areas and trees encourage informal social contact. Moreover, 'common spaces' were seen as safer, leading to reduced actual and perceived crime. Kuo and Sullivan (2001) substantiated the link between vegetation and crime, reporting that the greener a building's surroundings, the fewer the crimes reported. This is supported by the 'broken windows' theory which suggests that improvements to 'softer' aspects of the environment, including street cleanliness, housing aesthetics and the condition of pavements/roads can deter petty crime and anti-social behaviour, which unchecked will lead to an increase in more major types of crime (Wilson and Kelling, 1996).

Research has also been conducted to substantiate claims that the physical environment can have a negative impact on people's mental well-being. Weich et al (2002), researching an urban area of North London, found that residents living in areas characterised by derelict buildings, graffiti and open public spaces, were more likely to suffer bouts of depression. Such research supports the "environment stress hypothesis", which implies that the quality of a neighbourhood has an impact on mental health (Dalgard and Tambs, 1997, p.536). Takano et al (2002) in a longitudinal study of citizens in Tokyo, produced evidence to suggest that living within 'walkable green spaces' increased the longevity of urban senior citizens by as much as five years. Takano et al (2002) concluded that the implementation of 'comfortable living environments' should be a key priority in urban planning policy. There is also evidence that natural environments can help people recover from illness. Hartig et al (2003) conducted an empirical study amongst adults into the positive affect of the natural environment. Sitting in a room with tree views promoted the more rapid decline in blood pressure than sitting in a viewless room. Indeed, a walk in a nature reserve, demonstrated decreased levels of anger and increased positive affect.



Regeneration has brought improvements to local parks and children's play areas (pictured: Philips Park, Clayton, East Manchester).

Community Well-being

Research has demonstrated that community well-being is important in increasing individuals' self-esteem, sense of identity and positivity (Devine et al 2006). Indeed "sustained participation in culturally valued tasks... enhances well-being... above and beyond the direct effects of both personal traits (such as extraversion) and tangible resources (such as wealth)" (Cantor and Sanderson, 1999, p.230).

The concept of sustainable communities has been grounded in many policy directives since the 1970s. Indeed, the concept appears to encompass much of the research founded in this review, in that community well-being is multi-faceted, incorporating environmental factors, demographic issues, economic issues, educational opportunities and various other factors around crime, drug and alcohol use (Kagan, 2007). It is seen as essential to integrate these economic, environmental and social perspectives (Lewis and Kagan, 2003) into a sense of community. The failure to do so is likely to yield social marginalisation, which threatens individual identity and being, which can have a negative impact on psychological health. The break up of the community can bring about

feelings of guilt as "people feel the need to maintain union, organisation and participation" (Giuliani and Wiesenfeld, p.173, 2003). Indeed, it is the support networks that are developed, the perceptions of a shared history and the need to maintain group identity that are deemed important. Communities are seen as integral to well-being, providing the opportunity for people to unite to "overcome survival, safety and social problems" (Ahenkora 1999, p.55).



An example of a Community Garden in East Manchester being used by local residents (pictured: Bosworth Street, Beswick, East Manchester).

Communities within themselves represent shared ideals, cooperation, inclusion and can enable people to feel autonomous, empowered and engaged. Crespo et al (2002) believes that the concept of participatory research or empowerment is essential in giving people a voice, to engender shared knowledge and the development of trust, which will inevitably bring about social change between and across communities. Failure to engage can result in feeling "isolated, left out, looked down upon, alienated and pushed aside" (Narayan, 2000, p.134). Erosion of the social fabric that makes up the concept of community, can lead to a decreased sense of psychological well-being whereby the levels of anxiety and stress have increased. Narayan (2000) reports an "interconnected web" of the "dimensions of powerlessness and ill-being." Brock (1999) succinctly defines the importance of community as "the immediate social and institutional context for households relationships" (p.46). In addition to providing a dependable source of assistance and security, they provide cohesive coping strategies and solidarity.

Economic Well-being

Contemporary research suggests that a number of variables are important in an individual's pursuit of economic well-being. The effects of educational attainment, employment status and income levels are all reported to have an influence on feelings of self fulfilment, achievement and 'better health'.

There is the long held perception that money brings happiness and that increases in income bring about relative increases in well-being, by the virtue that it facilitates choices which maybe denied to those with 'less money' (Gardner and Oswald, 2001). Di Tella et al (2003) and Gardner and Oswald (2001) propose that this increased well-being may "wear off over time" (p1, Gardner and Oswald, 2001) and that individuals "get used to" rises in relative income (p.823, Di Tella et al, 2003), whereby further financial gain then becomes desirable. It appears that low levels of well-being are more prevalent amongst communities or populations that suffer from low levels of economic development, supporting the hypothesis that "the risk of unhappiness is much higher for poorer people" (Diener and Biswas-Diener, 2002, pg.119).

Despite research substantiating the belief that those on higher incomes enable better health, increased life expectancy and less stressful life events, this could be counteracted by the need to spend more time at work, diminishing the opportunity to take part in leisure activity or to establish strong social networks (both believed to increase well-being) (Deiner and Biswas-Deiner, 2001). Research suggests that the desire for material gain may in fact invoke lower feelings of well-being and mental health, where the need for a higher income brings about increased stress at work (Kasser and Ryan 1993) and impacts negatively on social relationships and marriage, where "possessing an upper income is associated with a doubled to quadrupled likelihood of divorce" (Clydesdale, 1997, p. 605).

Employment and stimulating work activity can give rise to a host of factors, which are related to improved well-being - the feeling of self-control, enjoyment and the opportunity for creative experience (Howarth and Lewis, 2005). Myers and Diener (1995) comment on the benefits of employment as bringing about a sense of 'pride' and 'belonging', which helps people "construct their social identity" (p 14). Employed individuals also demonstrate better well-being, whereby "employment protects and fosters health" (p2 40, Ross and Mirowsky, 1995). Conversely, the unemployed are found to be more depressed, anxious and show signs of poor health. "The unemployed feel bored, have low self-esteem, are sometimes angry, sometimes apathetic" (p 103, Argyle, 2002).

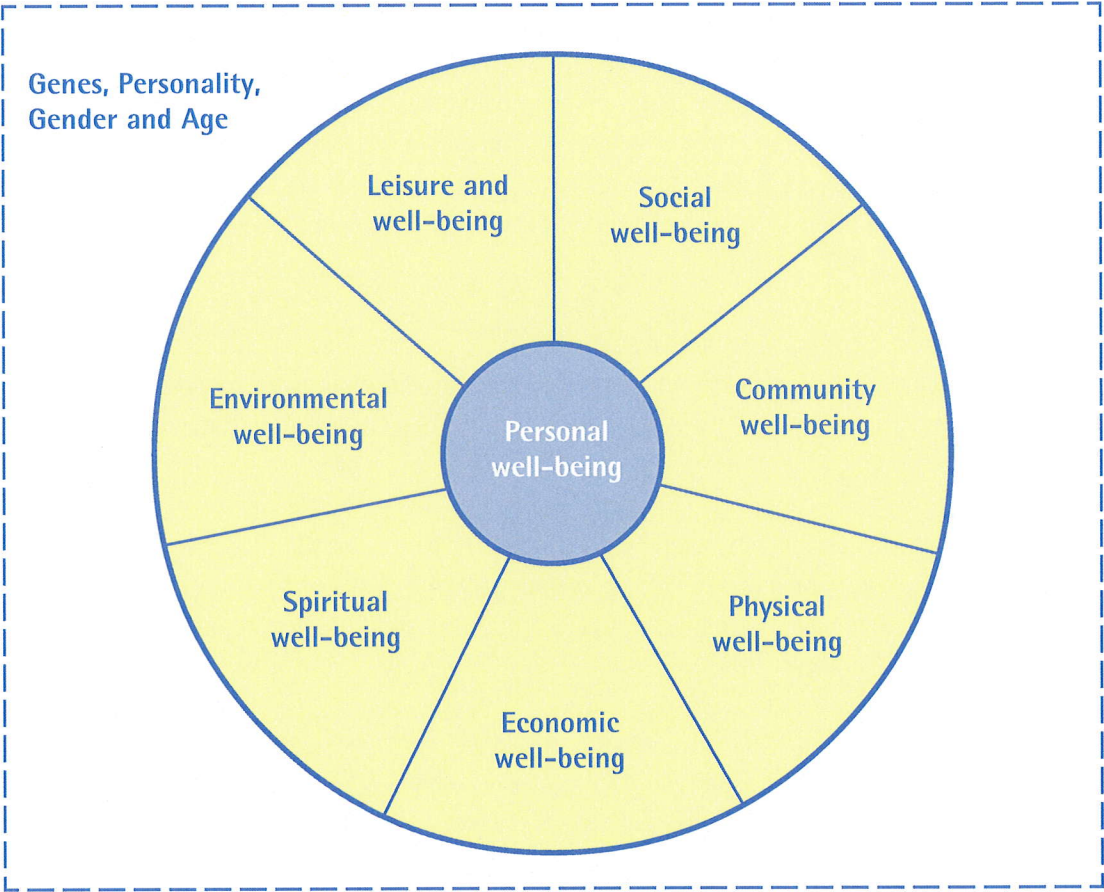
Educational attainment can also have an effect on well-being. There are studies that have shown the positive effect of education, whereby the number of years in education or the level attained has a positive effect on well-being. Other contemporary research has evidenced that high educational attainment can create an 'inner' well-being that is similar to the positive effect of leisure activity (Campbell, 1981). Work undertaken on well-being in schools reveal that involvement in education can have positive effects on well-being through friendship, engagement, aspiration-raising and improved emotional well-being (Sixsmith and Kagan, 2005).

Conceptual Model of Well-being

For framework purposes well-being can be suitably categorised into a number of key areas: Genes, Personality, Gender and Age; Environmental well-being; Economic well-being; Community well-being; Social well-being; Leisure and well-being. Central to the concept of well-being are aspects of Personal well-being, which relates to personal development and human fulfilment.

The conceptual model in figure 1 was derived and constructed from the literature conducted on well-being. In addition to physical well-being and perceived health, well-being has a number of key facets, which includes aspects of the environment, employment, education and leisure facilities. Importantly, there are other indicators, which lend themselves to more subjective indicators including social well-being, community well-being and spiritual well-being which are equally as important. However, all the domains of well-being identified in Figure 1 can be seen to impinge on the central tenet of well-being, which is personal well-being, which encompasses happiness, life satisfaction and personal development.

Fig. 1 Conceptual model of well-being



Conclusion

Well-being is a multi-faceted concept incorporating a number of factors including environmental, spiritual, economic, social, leisure and community well-being. Central to this conceptual model is the impact on personal well-being, importantly both hedonic and eudaimonic dimensions. All aspects of well-being are inter-linked, with evident (cross-over casual links) between the different facets. This demonstrates the need for a holistic approach to well-being, which accounts for the experiential measurement of the concept in the lives of local people. It is not intended that any aspects of well-being or quality of life be viewed in isolation, but that a 'person-centred' approach be taken to the articulation and understanding of the notion of well-being.

The conceptual model and literature identified above will be used to support the evidence collected and analysed in the following chapters, through statistical analysis, interviews with regeneration professionals and focus groups with local residents. It is intended that the literature lend theoretical support to the qualitative and quantitative chapters presented in the following chapters.

4 Secondary Analysis of the Data



Introduction

Intensive regeneration activity in New East Manchester/Beacons has resulted in a significant amount of data and knowledge concerning service delivery and the impact of regeneration initiatives and programmes on the lives of local residents. This data is both explicit (such as baseline and survey data) and tacit (working knowledge of regeneration professionals – explored in chapter 5).

Capturing and analysing the impact of the regeneration programme on local residents' well-being is complex as the concept lends itself more to qualitative forms of measurement and evaluation. However, there is a large amount of data profiling of New East Manchester/Beacons residents and their needs resulting from a number of household surveys. The following sections undertake an evaluation of the key findings from these surveys, followed by in-depth analysis of a large household dataset in order to explore the notion of well-being (as identified in chapter 3).

Resident Surveys

A number of surveys have been conducted over the course of the regeneration as part of tracking progress in the lives of local residents. These key parameters include satisfaction with neighbourhood, quality of life, community life, housing, finance, skills and education. The surveys that were explored and analysed within this chapter are:

- 1 East Manchester Residents Perception Survey (1999, 2002, 2005)
- 2 NDC Household Survey (2002, 2004, 2006)

It is noted that the Perceptions Survey has different sampling boundaries (those chosen for NDC/Beacons funding) than those of the NDC Household Survey. The Perceptions Survey (as conducted in 1999 and 2002) reflects the Beacons area, which was changed to reflect the wider New East Manchester expansion for the 2005 survey. The NDC Household Survey has maintained the original Beacons boundaries throughout. An illustration of the geographical boundaries can be found in appendix 10.

The Perceptions Survey

The Household Perceptions Survey was conducted with the intention being to map the progress of the regeneration effort in terms of perceived changes to the area. The survey identified some key areas concerning quality of life, focussing on aspects of physical health, crime and safety, housing, transport, education, employment, finance and the environment.

Residents reported significant improvement in the aforementioned areas 1999 vis-a-vis 2002, evidencing similar positive results in the 2005 survey. Furthermore, a comparison of findings from the New East Manchester/Beacons area with the rest of East Manchester revealed relative success in the area of regeneration. Analysis of the data across the course of the regeneration period, and by area, reveals useful insights into residents' levels of satisfaction with aspects of the regeneration and relative improvements in the well-being and quality of life of local residents.

NDC National Evaluation Survey

The MORI National Evaluation Survey was conducted across all national NDCs and the results were presented as a comparative analysis between New East Manchester/Beacons, the National NDC aggregate and National Data. The survey comprised 11 sections: Home, Quality of Life, Community, Crime, Household Composition, Work, Education, Children, Health, Finance and Refugees. Comparisons were made between data collected through the surveys which were conducted in 2002, 2004 and 2006.

Analysis of the findings reveals that the New East Manchester/Beacons area performs favourably against national NDC aggregate data across a number of key variables. However, the results identify that further progress needs to be made to reduce the gap between the New East Manchester/Beacons area, the rest of Manchester and national levels.

Extrapolation and collation of the data from the surveys described above revealed a number of common findings, which illuminate residents' perceptions concerning satisfaction with the local area and more obvious well-being parameters.

Survey Data – Key Findings

The key findings from the surveys identified above have been thematically analysed and are presented as an overview of the existing knowledge regarding residents' perceptions concerning: information and awareness; satisfaction with neighbourhood; autonomy, community and quality of life; self-rated health and well-being. More in-depth statistical analysis is conducted in section 4.4. on the Perceptions Survey 2005 dataset with a view to exploring aspects of the regeneration and their association with the variable quality of life.

Information and Awareness

87% of New East Manchester/Beacons residents felt that they had a 'general awareness' of regeneration initiatives in the area (Perceptions Survey, 2005). However, many residents remained unaware of the support provided by local organisations and knowledge of specific regeneration plans was more limited, with 50% reporting that they know little or nothing about plans to improve the area, which compares to 43% in 2002 and 79% in 1999 (Perceptions Survey, 2005).

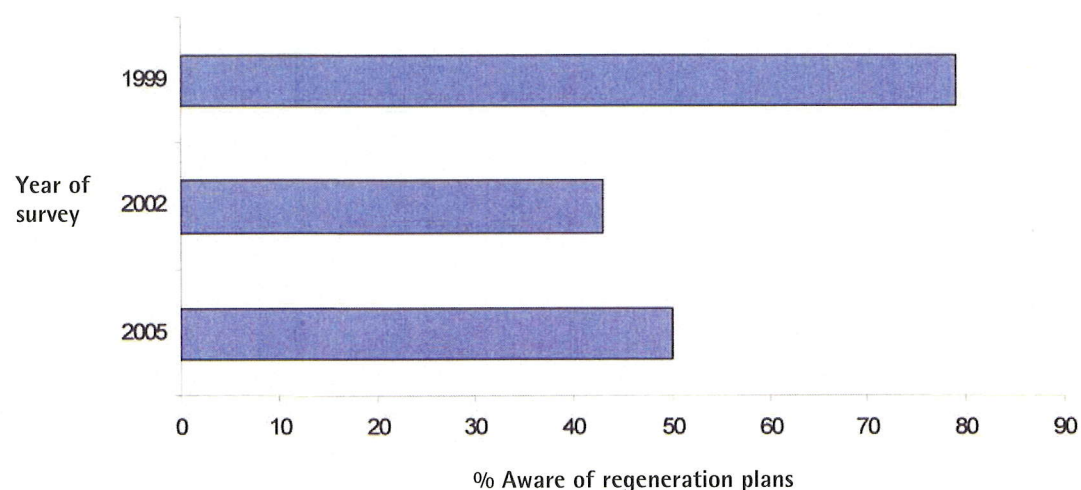


Fig. 1 Resident awareness of regeneration plans

New East Manchester/Beacons reported high levels (58%) of brand awareness amongst residents (Perceptions Survey 2005; MORI, 2006). However, large percentages of respondents were still unaware of specific regeneration initiatives in the area, including Beacons/NDC (56%), Eastserve (72%), the Education Action Zone (81%) and the Sports Action Zones (79%), revealing that initiative and brand information may not be reaching the residents and specifically the hard-to-reach groups.

Satisfaction with Neighbourhood

In terms of overall satisfaction with the local area 68% of New East Manchester/Beacons residents were satisfied with their neighbourhood, which compared more favourably with data from 1999 (59%) and 2002 (46%) (Perceptions Survey, 2005).

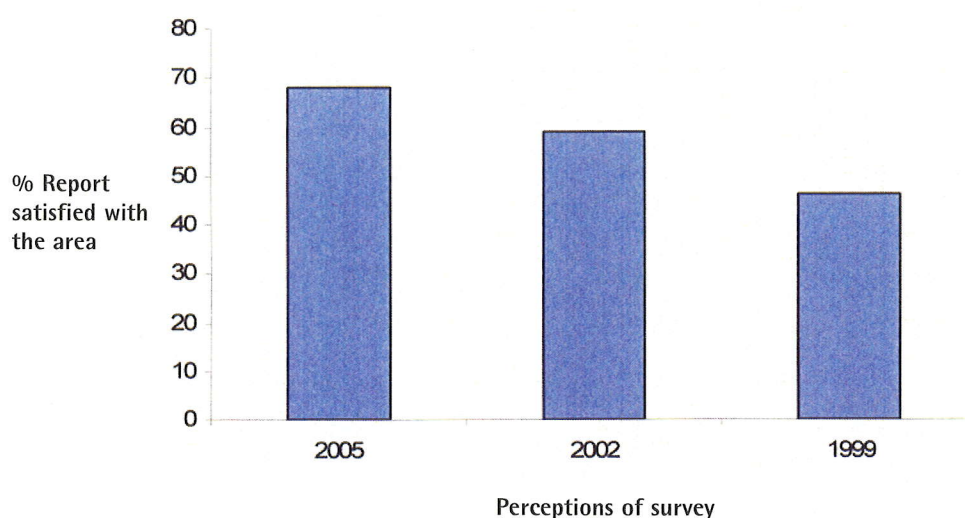


Fig. 2 Satisfaction with the area

Indeed, the proportion of residents who feel that their area is changing for the better has also continued to increase, from 17% in 1999, to 52% in 2002 and 60% in 2005. This performed favourably against both the NDC aggregate and the National figures (MORI, 2006).

The majority of New East Manchester/Beacons residents feel that the regeneration effort has facilitated improved transport links and better quality schools, whilst feeling less positive about sport and leisure facilities and services for children and young people (Perceptions Survey, 2005). Although perceived access to services has improved since 2002 residents still find it most difficult to reach and access key health, social and cultural services such as hospitals, youth clubs and museums (Perceptions Survey, 2005). Indeed, residents cited crime, and anti-social behaviour as problematic areas require a sustained effort to have a subsequent impact on quality of life (Perceptions Survey, 2005). In particular, the majority of residents were very or fairly worried about car related crimes and physical attacks. 50% of respondents felt it was unsafe at night, compared to 45% for all other NDCs and only 30% nationally (MORI, 2006).

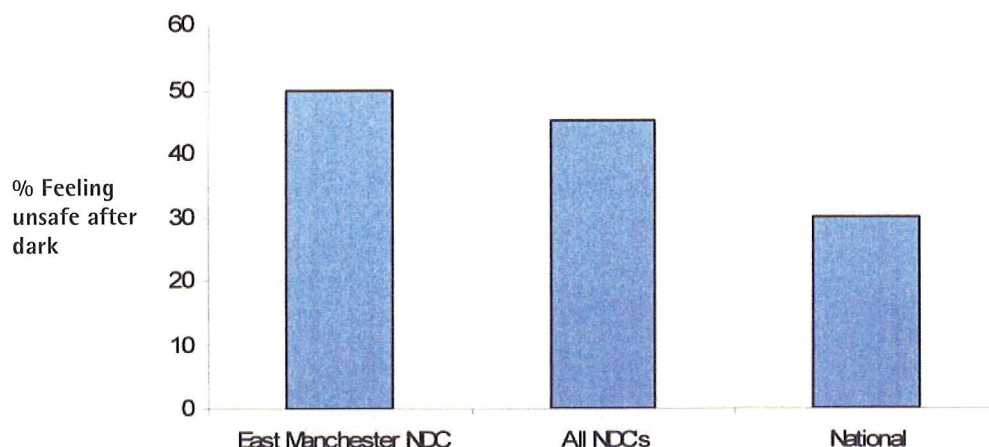


Fig. 3 Perceived safety

Autonomy, Community and Quality of Life

More than half of New East Manchester/Beacons residents feel that there is a lot of community spirit in the area where they live, with 65% of residents agreeing that neighbours look out for each other (MORI, 2006). This compares favourably with the figure for all other NDCs (61%). Despite this perception of community spirit, the majority of respondents (56%) do not feel part of the community (MORI, 2006), a percentage which performs similarly to all other NDCs (58%).

Only 33% of residents feel that they can influence decisions in their local area (Perceptions Survey, 2005) and 89% of residents have not been involved in a local organisation on a voluntary basis which compares similarly to all other NDCs (87%, MORI, 2006). Over 80% have not been involved in any activities associated with the regeneration, including taking part in the last election of regeneration board members (MORI, 2006).

Despite this 71% of residents perceived their quality of life to be good or fairly good which compares similarly to 2002 (70%) (Perceptions Survey, 2002, 2005). In terms of changes to the local area, 59% of residents report that life has got better as a result of funding and regeneration compared to 50% in 2002 (MORI, 2006).

21% of residents wish to move out of their home and those that intend to move out of the area cite that they feel it necessary to move to a better neighbourhood (Perceptions Survey, 2005). To bring about perceived improvements to quality of life and well-being, residents believe that the reduction in levels of crime and anti-social behaviour, and the provision of facilities for young people are key priorities (Perceptions Survey, 2005). However, actual levels of crime, despite increasing from 2002 (103.1/1000ppn) to 2004 (121.9/1000), have decreased since (93.2/1000 ppn), in line with similar trends across the local authority and England (MORI, 2006).

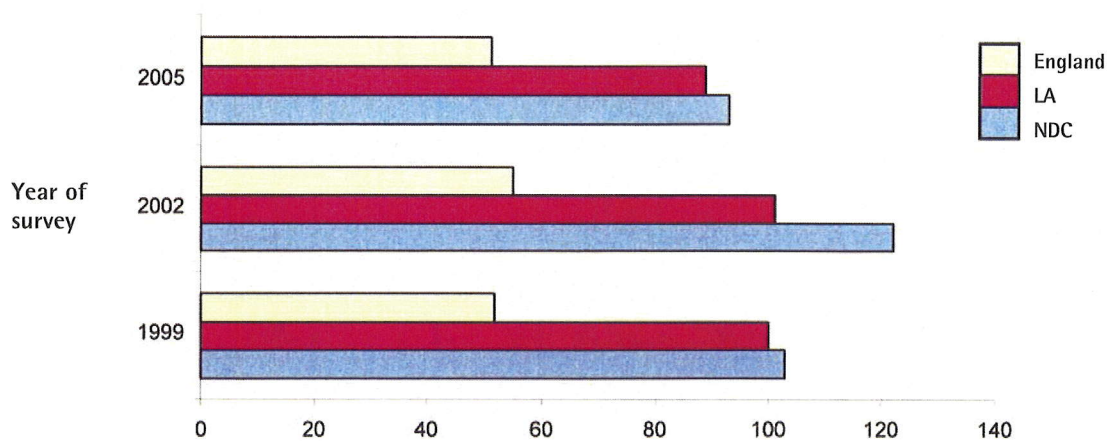


Fig. 4 Recorded crime rates

The survey revealed that New East Manchester/Beacons outperforms all other NDCs regarding satisfaction with accommodation, state of repair of home and satisfaction with the landlord. 79% of residents are satisfied with the state of repair of their home, compared with 72% of all NDCs and 83% nationally (MORI, 2006). This results in only 33% of residents who wish to move out of the area, compared with 40% for all other NDCs (MORI, 2006).

Self-rated Health and Well-being

Despite a third of New East Manchester residents having a long-standing illness, disability or infirmity, perceptions of improvements to individual health are pervasive - 78% of residents now describe their health as good or fairly good over the last 12 months compared to 80% across national NDCs and a national figure of 87% (Perceptions Survey, 2005).

Regarding feelings of personal well-being 29% of residents describe themselves as being moderately or extremely anxious or depressed (Perceptions Survey, 2005) which compares similarly to the findings in 2002 (26%) (Perceptions Survey, 2002). However, well-being as measured according to anxiety and depression, does not identify many of the components to well-being as defined through the conceptual model in chapter 3. Therefore, after conducting analysis of the key findings from the surveys identified above, it was necessary to undertake more in-depth statistical analysis of the data to identify key well-being and quality of life indicators.

The 2005 Perceptions Survey

In order to investigate the data further and extrapolate key well-being variables, further statistical analysis was performed on the latest Perceptions Survey (2005) dataset in addition to the general trends inferred in the above sections.

Frequency and correlation analysis (de Vaus, 1990) on the dataset allowed a number of key themes, patterns and associations to emerge concerning the neighbourhood, perceptions of the community and environmental factors and their association with quality of life.

Sample and Recruitment

There were 1,346 respondents in the total sample. With a population estimate for East Manchester of 70,288 (MCC Policy Unit, 2005), demonstrating a confidence level based on 1,346 cases (at 50%) of 2.65%.

Of the total sample 38% were male and 62% were female. In terms of ethnicity, the sample was composed predominantly of white British respondents (83%), which was representative of the ethnic make-up at that time. The distribution, in terms of length of tenancy, revealed that over 40% of the sample had lived in the area for over 20 years, evidencing the large percentage of long-standing residents sampled.

Frequency Analysis

Frequency analysis was conducted on all variables across the sample, the findings were extrapolated and the key themes emerged. These included perceptions of (i) the neighbourhood (ii) health, well-being and quality of life (iii) the environment and (iv) community participation and engagement.

The Neighbourhood

Pull Factors in East Manchester

Residents were asked to categorise their reasons for choosing to live in the area. The most commonly cited response was to be near to friends and family (33%). This supports evidence identifying the importance of social networks and relationships to quality of life (Myers, 1999). Other important reasons for choosing to live in the area included (i) they like the area (pull factors) (20%) (ii) they were born here (hereditary and change factors) (19%) and (iii) they had no choice (17%) (financial and economic well-being factors). Those aspects which residents felt were less important in their choice to live in East Manchester included the neighbourhood being a safe place (2%), East Manchester being an up and coming area (3%) and because of the provision of good facilities (4%).

Changes in the Neighbourhood

Residents were asked what impact they felt the regeneration has had on the area in the last three years in terms of changes to (i) the neighbourhood (ii) the general appearance of the area (iii) local shops and facilities and (iv) transport links.

In terms of changes to the neighbourhood respondents were asked how the neighbourhood is changing, with 44% believing that the area was getting better, compared with only a quarter that felt the area was getting worse (fig 1.1).

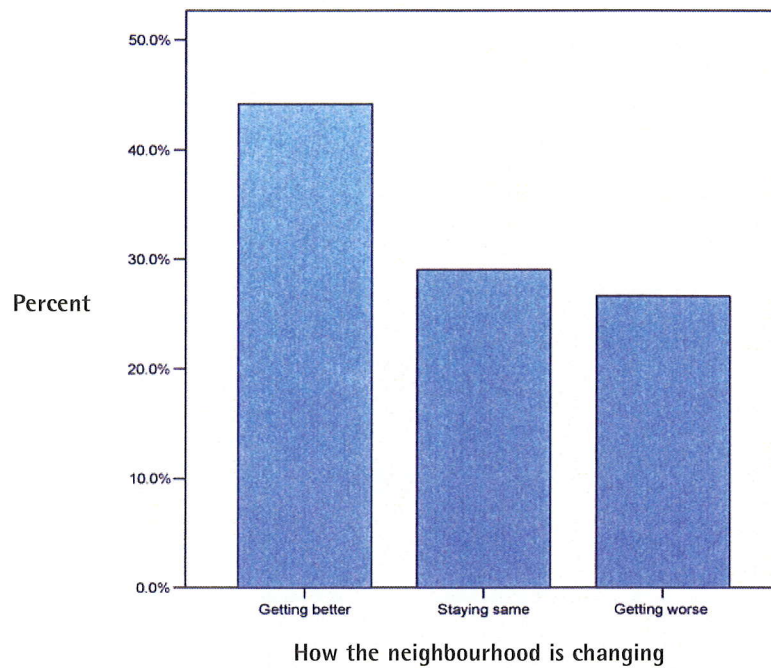


Fig. 5 How the neighbourhood is changing

The chart below (fig. 6) demonstrates that over 40% of the respondents felt that the general appearance of the area had changed for the better in the past three years. However, there was still a large percentage of respondents despite nearly 30% feeling that the area had got worse and 25% who feel that the general appearance of the area has stayed the same.

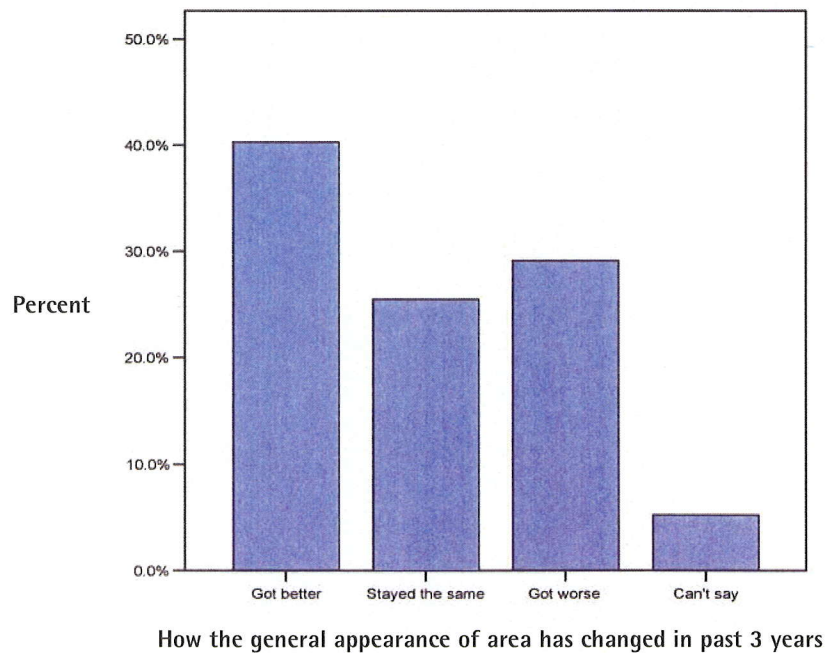


Fig. 6 General appearance of the area in the last 3 years

Concerning the reputation of the area over the last three years, nearly 25% of the respondents believed that that the area had got better, compared with just over 70% that felt the reputation of the area had stayed the same or got worse. When respondents were asked about changes to local shops and facilities and transport links, the results revealed no improvement or deterioration over the last 3 years.

Satisfaction with the Neighbourhood

Satisfaction with the surrounding neighbourhood is believed to play a key part in the well-being of local people (Diener, 2000) whereby improvements to the surrounding area can engender positive feelings and improved quality of life. When respondents were asked about how satisfied they were with their area as a place to live 63% of respondents felt that they were very satisfied or satisfied, compared with only 20% that were dissatisfied or very dissatisfied with the neighbourhood.

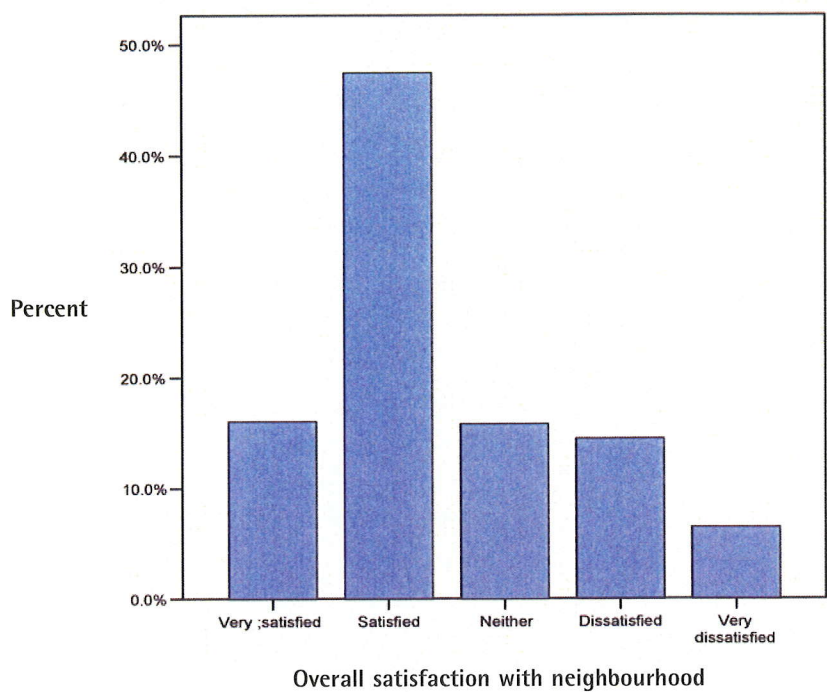


Fig. 7 Satisfaction with the neighbourhood

Self-rated Quality of Life, Well-being

Quality of Life

Quality of Life was defined within a broad appreciation of the social, environmental and personal aspects of well-being (as defined by Ryan and Deci, 2001): *How do you feel overall about your life, including your standard of living, your surroundings, friendships and how you feel on a day to day basis?* Fig. 2.1 demonstrates that the majority of respondents (72%) described their quality of life as fairly good. Only 10% describe their quality of life as fairly or very bad.

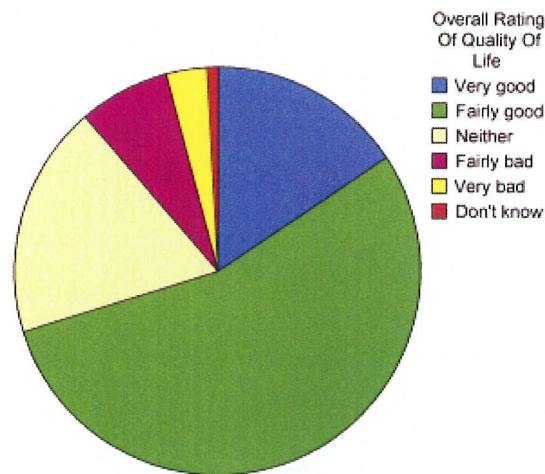


Fig. 8 Self-rated quality of life

Quality of Life as a Result of the Regeneration

Respondents were also asked how they felt the regeneration had improved the lives of themselves and their family. 29% of residents felt that regeneration had changed them and their immediate households life for the better, the large majority (63%) felt that there had been no change, with under 7% feeling that it had got worse.

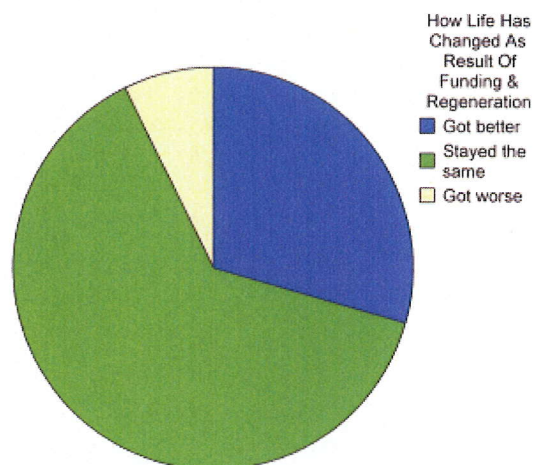


Fig. 9 Quality of life as a result of the regeneration

Well-being

Respondents were asked about self-rated aspects of their (i) health and (ii) well-being.

Health was measured in terms of how they perceived their health to have been over the last 12 months. During the last 12 months 46% of respondents described their health as good, 34% described their health as fairly good with 1 in 5 respondents perceiving their health to be poor.

Residents were also asked about their general well-being, as determined by their levels of anxiety or depression. Nearly 75% of residents report a high sense of well-being i.e. no anxiety or depression. However, there are still nearly a quarter that report moderate or extreme feelings of anxiety or depression.

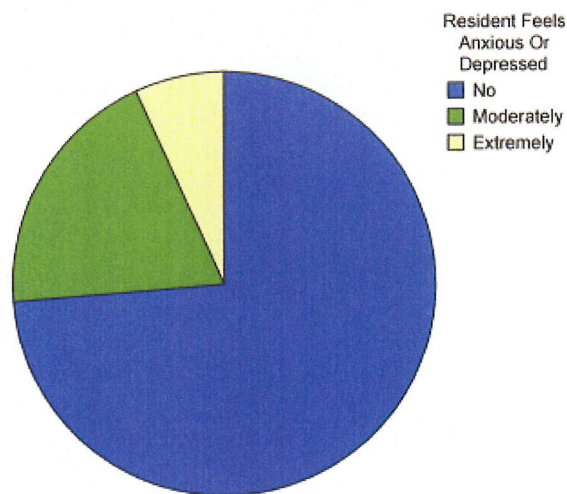


Fig. 10 Perceived well-being

Community Well-being and Participation

Research (Kagan, 2007, Devin et al, 2006) suggests that having a number of friends and social networks in the area and people in the neighbourhood that look out for each other are integral to developing a sense of community spirit and feeling part of the community.

Friendliness of Local People

In the perceptions survey respondents were asked how friendly the people are who live in the community. Nearly 90% of the sample believed that other local residents were fairly friendly or very friendly with only 10% believing that people in the area are not very friendly or not at all friendly.

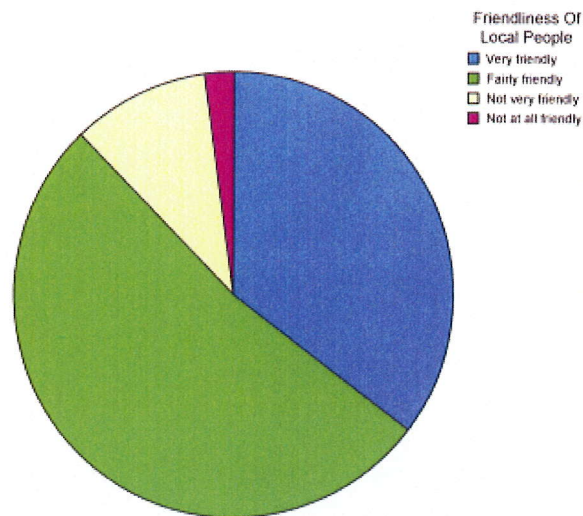


Fig. 11 Friendliness of local people

Community Spirit

When asked about levels of community spirit in the area, nearly 50% felt that there was a lot of community spirit in the area, yet importantly, for reasons explored in chapter 6, a larger percentage of residents (36.8%) still felt that there was no community spirit in the area

Social Capital

Evidence of strong social networks with members of the community is believed to be central to feelings of social inclusion and participation (Halpern and Donovan, 2002). When asked how many people they knew in their neighbourhood over 55% of residents believed that they knew many or most people in their neighbourhood, with a further 42% feeling they knew at least a few people.

Residents were also asked about aspects of community cohesion, which included evidence of the neighbourhood coming together to solve common problems. 70% of respondents felt that people in the neighbourhood look out for each other.

Belonging and Community

Respondents were asked whether they feel part of the local community, which relates to feelings of belonging and meaningfulness (Narayan, 2000). Over 50% of respondents strongly agree or agree that they feel part of the local community, yet there are still over 25% who, for various reasons, do not feel part of the community.

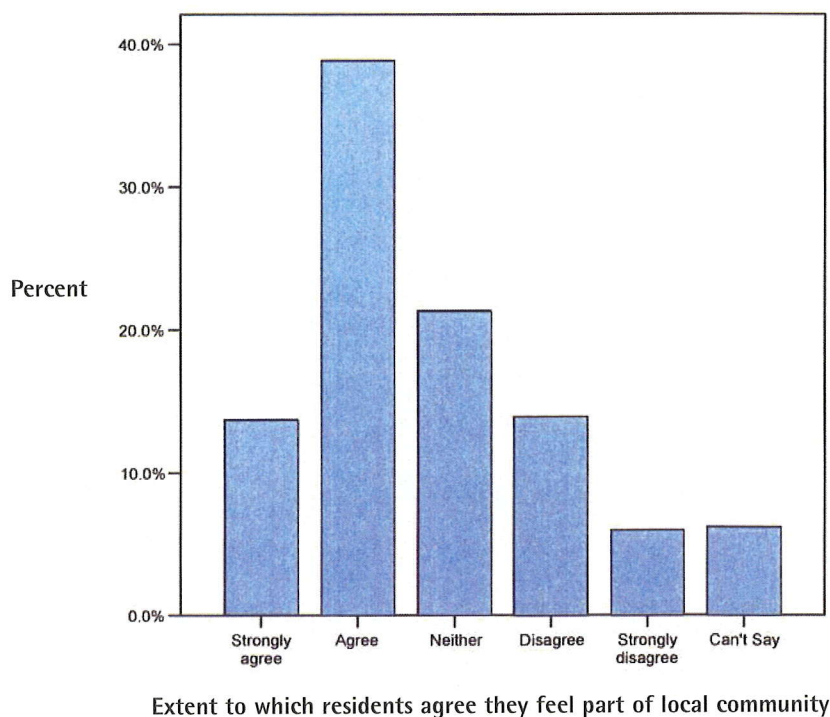


Fig. 12 Feeling part of the local community

Community Participation

Those respondents who reported that they did not feel part of the community were asked their reasons for this and a high number of respondents (47.6%) revealed that they were too busy or were simply not interested in becoming involved in the community. This supports the theory that residents of a community need to want to become involved before they can begin participating (Department for Communities and Local Government, 2003). Nevertheless, there were still a large percentage of residents (33.6%) who reported that they did not know how to get involved, did not feel welcome or have not been asked. The lack of active engagement amongst residents can have negative impacts on well-being, as they may suffer a lack of identity, positivity and disempowerment (White and Pettit, 2004).

Crime and Safety

Improvements to crime and safety are believed to bring about enhanced well-being through a reduction in the 'fear' of crime which can exacerbate feelings of exclusion and isolation (Painter, 1996). Residents were asked about their perceptions of crime and safety in the area, with 63% of residents who believed that it was a little unsafe or very unsafe to walk in the areas after dark. Perceptions of crime and safety are believed to play an important role in people's well-being, concerning aspects of 'fear', isolation and mental health (Kagan, 2007).

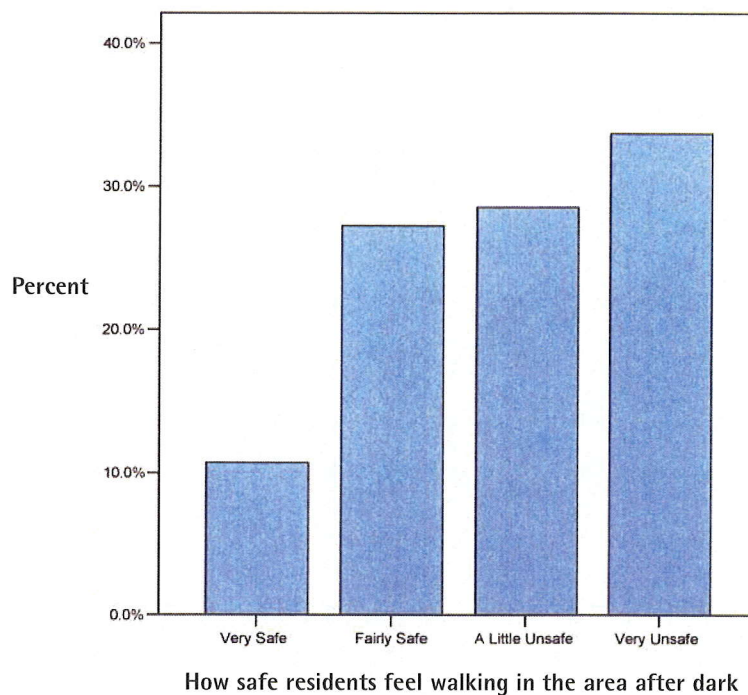


Fig. 13 Walking around the area after dark

Information and Awareness

Residents were asked to comment on their awareness of regeneration work being carried out in the local area. Although 75% were aware of the regeneration effort, there was still a quarter who remained unaware of any investment or activity within their area. Despite this a high percentage of respondents felt that service providers had contributed to an overall improvement in the area, a small proportion reported that there had been no change as result of the regeneration, and only 1% believed that local organisations had made the area worse.

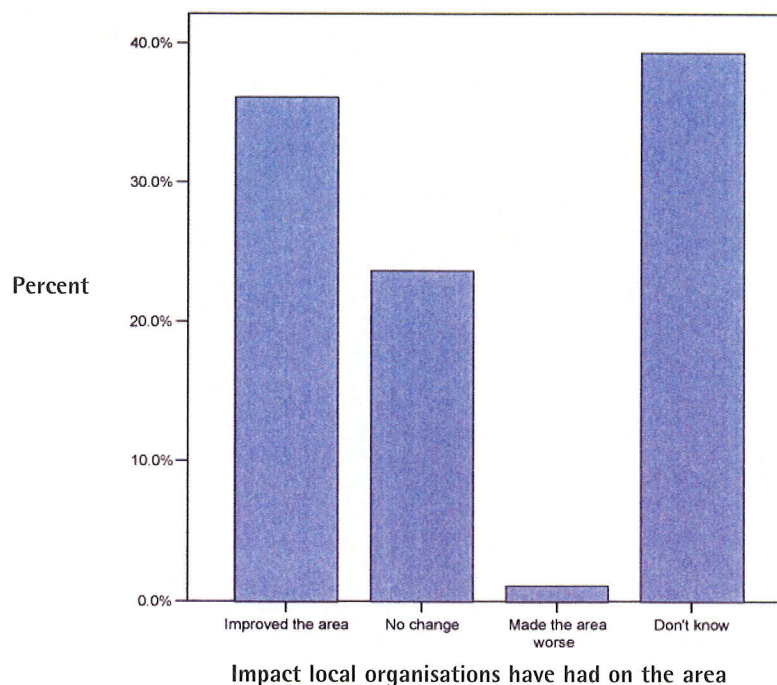


Fig. 14 Impact of local organisations in the area

Relational Analysis

The frequency analysis revealed a number of common themes concerning residents' perceptions about aspects of their neighbourhood, the regeneration and quality of life. Further analysis was conducted to determine the extent of the relationship between well-being and aspects of the environment, the neighbourhood, social networks/relationships, perceptions of the community and other factors. It is important to note that quality of life will be referred to in the following section in relation to well-being. It was felt that the survey question pertaining to quality of life was a more appropriate realisation of the conceptual model devised in chapter 3. This question was:

"If we were to define quality of life as how you feel about your overall life, including your standard of living, your friendships and how you feel on a day to day basis, how would you rate your quality of life?" (p.4, Perceptions Survey, 2005)

This question takes the holistic view (overall life), which encompassed the social domain (friendships) of well-being and personal aspects (how you feel), which were identified as integral in the theory defined in chapter 3. Rather, the well-being question identified within the survey was more a direct health measure, asking for a direct measure of their anxiety and depression.

Quality of Life and the Environment

General Environment

Analysis of quality of life against aspects of the general environment revealed an association, demonstrating that 49% of those who reported that their general environment was very bad, also reported their quality of life to be very bad. Furthermore, 62% of respondents who describe their general environment as fairly good also reported their quality of life to be fairly good. This supports the evidence that the general environment play an important part in quality of life (Shah, 2005) and can help induce positive affects and increased life satisfaction (Dalgard and Tambs, 1997). Residents commented on various aspects of the general environment, which were seen as key to their happiness and central to their quality of life (see chapter 6), which included the aesthetics of the housing, street cleanliness and the condition of pavements/streets.

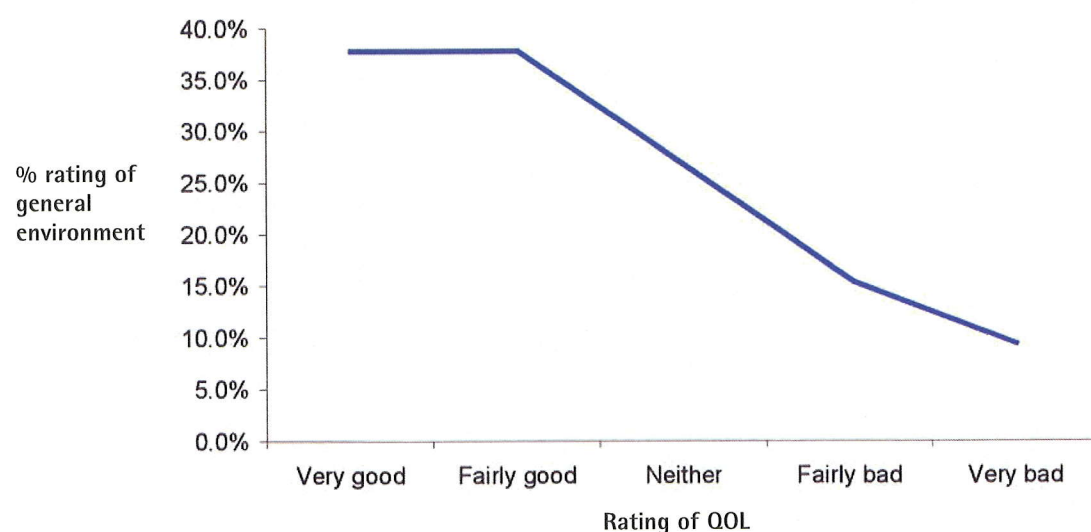


Fig. 15 Quality of life and ratings of the general environment

Parks and Green Areas

There is a strong relationship between quality of life and parks and green areas, whereby 27% of those who describe quality of life as very good also commented on parks and green areas in the same way. Additionally, 59% of those that report their quality of life as fairly good also describe their ratings of parks and green areas as fairly good. This supports the theory that 'common' green areas can contribute to a person's well-being by encouraging informal social contact and acting as areas for recreation and activity (Kuo et al, 1998).

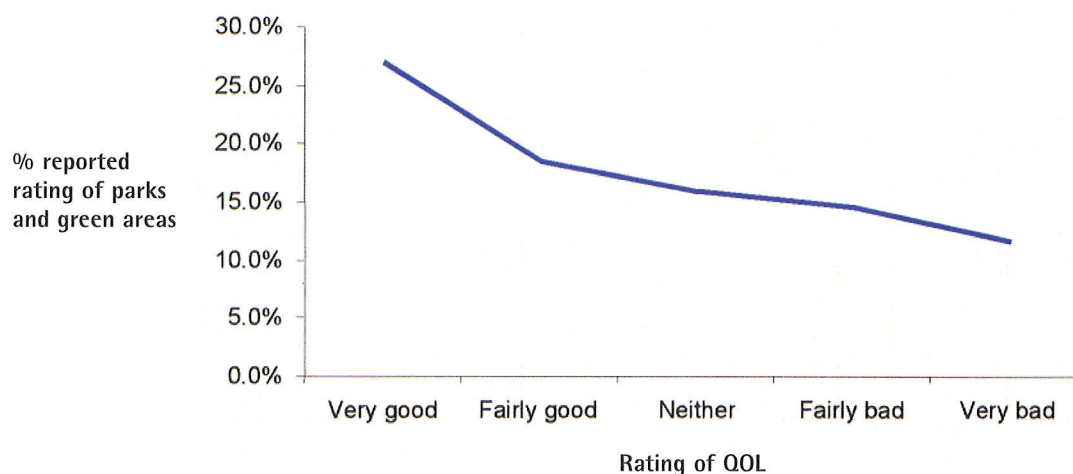


Fig. 16 Quality of life and parks/green areas

The Street Environment

The environment can have a significant impact on well-being and quality of life, through street cleanliness, the availability of street lighting and the condition of footpaths and pavements (Kuo and Sullivan, 2001). Evidence suggests that improvements to residents' mental well-being can result from changes to the local environment (Weich et al, 2002, Takano et al, 2002). The findings from the focus groups substantiated these claims (see chapter 6), where residents identified the 'softer' aspects of the environment (street cleanliness, parks and green areas) as key indicators of to their quality of life and well-being. Street lighting was reported to improve perceptions around crime and safety by reducing feelings of fear and isolation. The aesthetics of the street (roads, pavements, street rubbish) was also deemed important to feelings of life satisfaction, whereby community members take pride and happiness from having a well maintained estate.

However, analysis of the perceptions data revealed no significant association between quality of life and aspects of the street environment - street lighting, rubbish collection and the condition of footpaths and pavements. There was no evidence to suggest that those reporting high levels of satisfaction with aspects of the street environment were reporting similar levels of quality of life. Fig. 17 demonstrates the curved nature of the association between quality of life and the street environment which suggests that the relationship is changing and not constant i.e. no association between quality of life and the street environment.

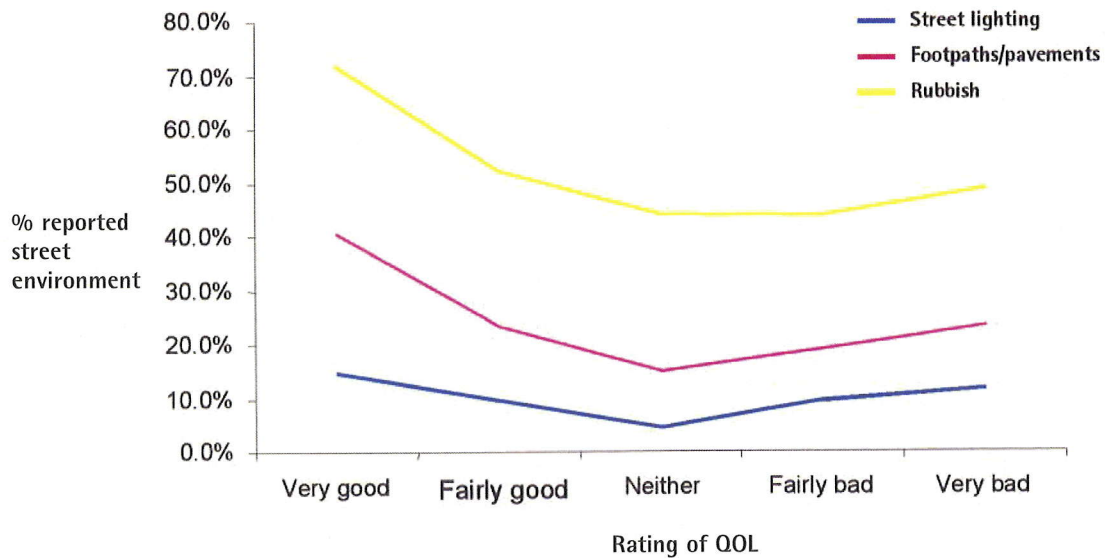


Fig. 17 Quality of life and the street environment

To further substantiate the relationship between quality of life and the environment, a key finding from the focus group was the association and link between the environment and aspects of crime and safety. It was felt by local residents (see chapter 6) that improvements to the local environment, such as the alleygating scheme and improvements to housing quality, engender a sense of community 'pride' in the area, which discourages actual or perceived crime, in particular anti-social behaviour and vandalism. This supports the 'broken windows' theory which suggests that litter/rubbish leads to lack of respect for the environment, which encourages petty crime and vandalism, the deterioration of which leads to incidence of major crime (Wilson and Kelling 1987).

Fig. 18 demonstrates the relationship between perceptions of crime and safety and satisfaction with the general environment. The lines indicate an association between reported satisfaction with the general environment and perceived crime and safety, whereby those respondents which report high perceived safety also report a high level of satisfaction with the general environment.

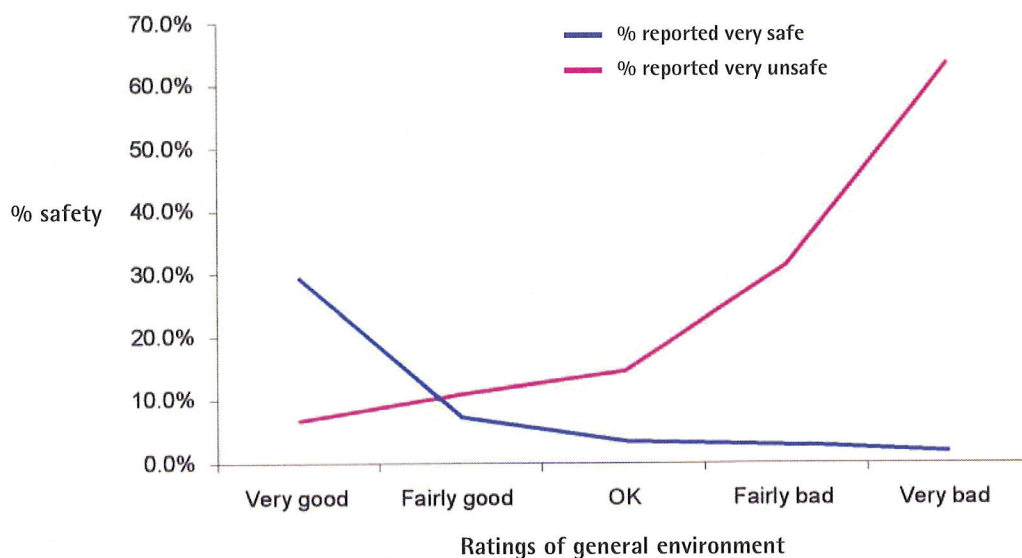


Fig. 18 The general environment and safety

Housing

It has been evidenced that there is a relationship between quality of life and housing which can have an impact on aspects of both personal, environmental and community well-being. Improvements to the aesthetics of housing can have an impact on well-being, whereby residents feel a sense of collective pride and belonging. Moreover, better quality housing can improve people's well-being, where a comfortable home within satisfactory conditions can have an impact on well-being and quality of life (Diener et al, 1995).

Large amounts of regeneration funds have been invested into new and improved housing, through a partnership with Eastland Homes and Housing Market Renewal. Repairs have been made to properties, which have ensured that all homes now meet the Government's Decent Homes Standard by 2008. Furthermore, new housing development and construction is continuing across the East Manchester area.

Analysis of the data reveals an association between quality of housing and reported quality of life, whereby 37% of those describing their quality of life as very good also report the highest level of satisfaction with their housing. Moreover, 33% of respondents describing their quality of life as bad also reported that their quality of housing very bad. The relationships demonstrate a fairly constant relationship, supporting the relationship between quality of life and satisfaction with housing.

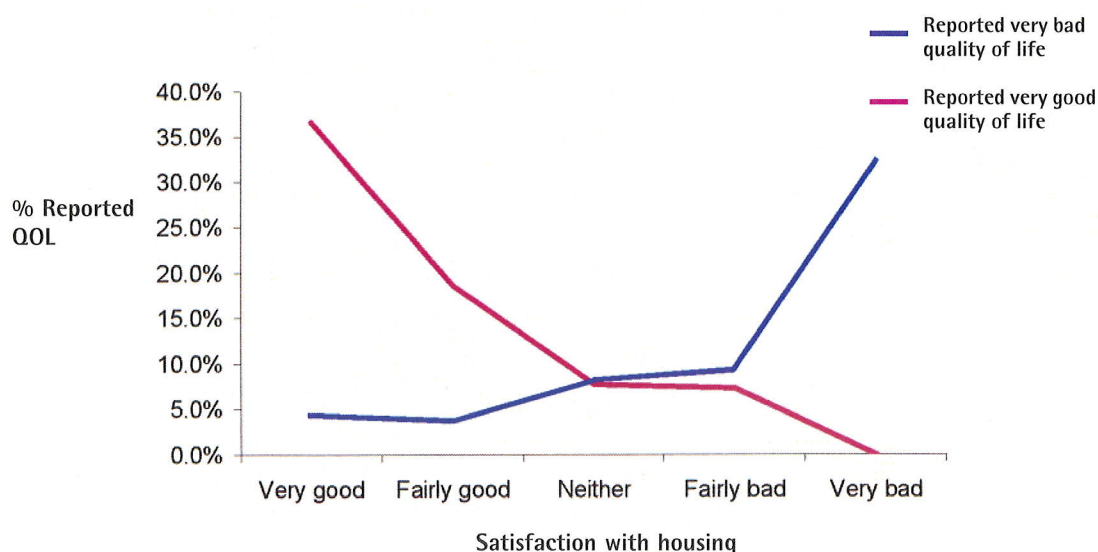


Figure 19 Quality of life and satisfaction with housing

Quality of Life and Local Facilities/Amenities

Social and Leisure Facilities

The provision of both social and leisure facilities in the community are believed to play an important part in improving people's perceptions of well-being and quality of life. The pursuit of leisure activities can bring happiness, self-motivation and fulfilment (Lu and Argyle, 1994). Analysis of the data revealed an association between ratings of social and leisure facilities and quality of life. Figure 3.4 demonstrates that 70% of respondents who rate social and leisure facilities as very bad also report their quality of life to be very bad.

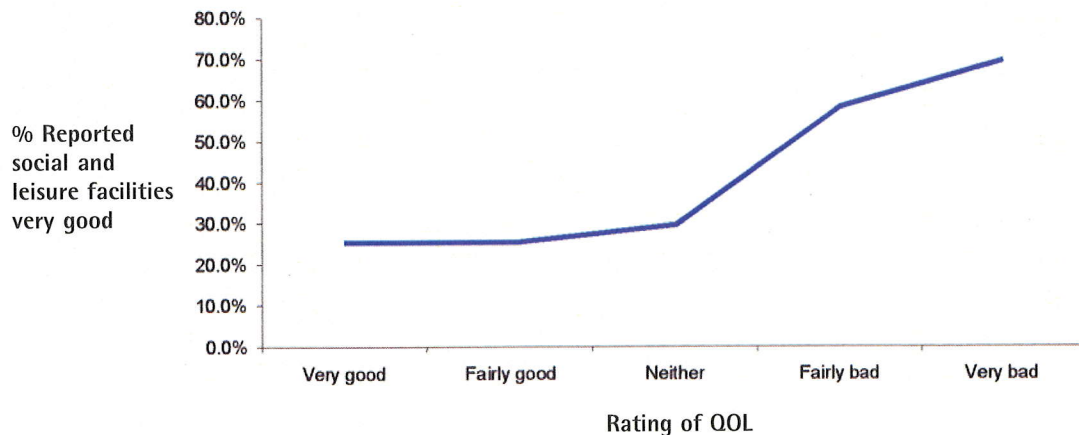


Fig. 20 Quality of life and social/leisure facilities

Youth Facilities and Transport

As a key finding from the focus groups in chapter 6, residents identified the importance of youth facilities and transport links. The provision of youth facilities (courses, events, initiatives) and effective transport links (accessibility and availability of transport services), were identified as key areas, which affect residents' quality of life. It was reported by residents that investment and improvement in these key areas would have a significant improvement on well-being and quality of life. However, exploration of the perceptions data revealed there is not correlation between quality of life and their satisfaction levels with youth facilities and transport links. Those that reported high levels of satisfaction with youth facilities and transport links in the area did not report high levels of quality of life.

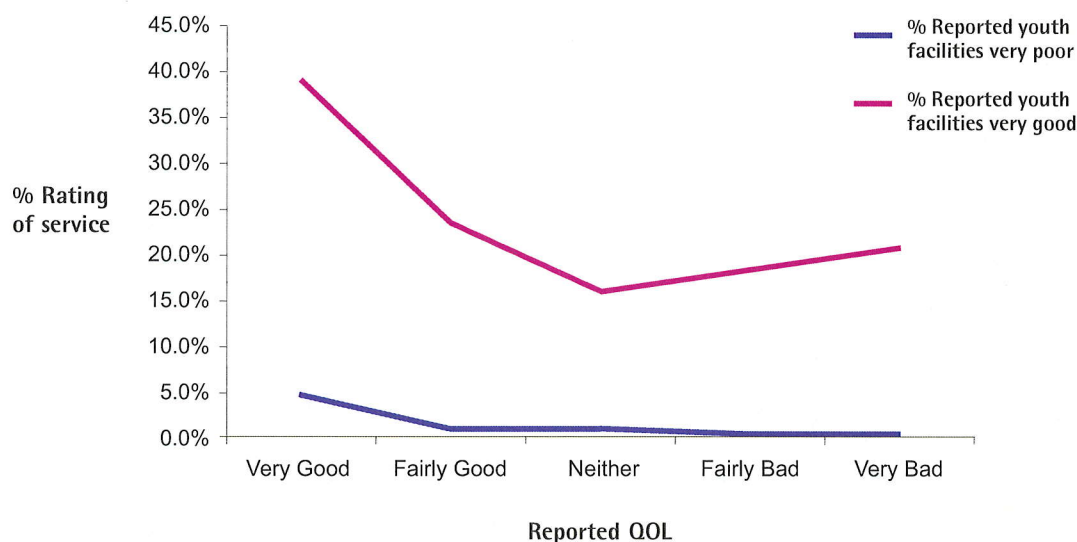


Fig. 21 Quality of life, transport and youth facilities

Quality of Life and the Community

Crime and Safety

Improvements to crime and safety are believed to bring about enhanced well-being through a reduction in the 'fear' of crime which can exacerbate feelings of exclusion and isolation (Painter, 1996). There was a strong association between quality of life and perceptions of safety in the area. The data reveals that 81% of those who reported that their quality of life was very bad also reported that they felt their levels of safety were very poor. Furthermore, figure 6.1 demonstrates that 63% of respondents that rated their quality of life as very good also had very good perceptions of their safety in the local community. This supports the comments made by residents in chapter 6, that fear of crime was seen as a key factor in their general well-being, where residents translated feelings of isolation and associated lack of involvement in community activity as inter-linked to perceived crime and safety.

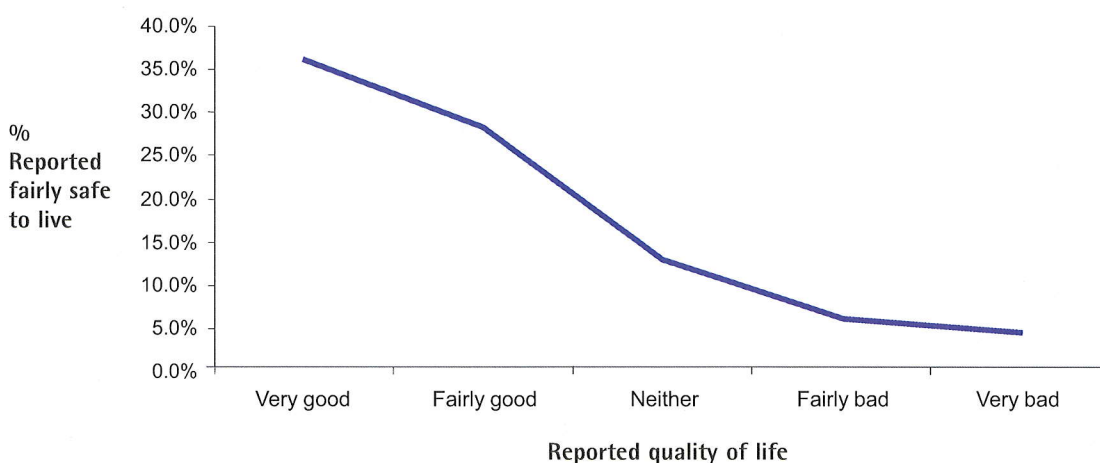


Fig. 22 Quality of life and safety

This finding is substantiated by the association between perceptions of safety in walking around in the community after dark and quality of life. Over 60% of those that felt fairly safe in walking in the area after dark also feel that their quality of life is fairly good and 57% of those that report their quality of life is very bad, also feel very unsafe walking around in the dark. This supports the evidence that perceived personal safety has an impact on residents quality of life.

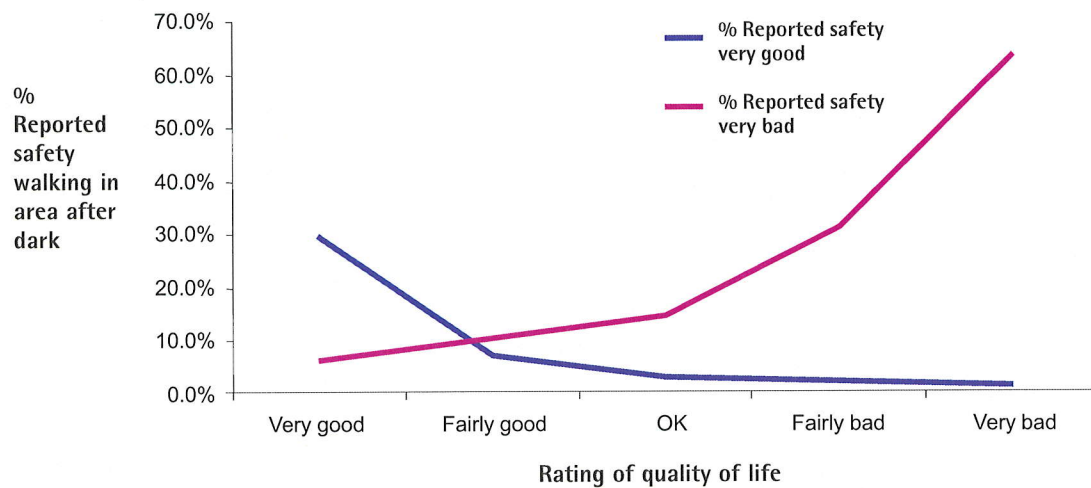


Fig. 23 Quality of Life and Walking in the area after dark

The Neighbourhood

Quality of Life was evidenced as having a correlation with neighbourhood change in the area whereby 58% of those that reported the area as getting better also reported very good quality of life. Only 7% of those that reported that their neighbourhood was getting better reported their quality of life to be very bad. This supports the research which suggests that various aspects of the neighbourhood play a key role in defining the well-being of its residents (Chappell, 2004).

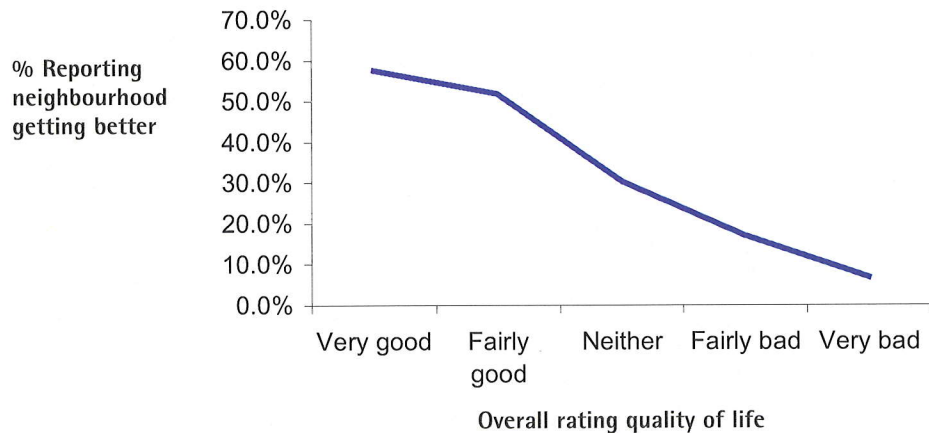


Fig. 24 Quality of life and the neighbourhood

Reputation of the Area

Important to perceived levels of crime and safety is the link between reputation of the area and quality of life. It is believed that the reputation of an area re-inforced through the press and other publicity can compound the historical decline and deprivation which is difficult to shed (Atkinson and Kintrea, 2001). The reputation of an area is thereby instilled in the mindsets of society and residents which (despite the positive efforts of the regeneration) affects positive outlook and perceived quality of life. Analysis of the results revealed an association between reputation of the area and self-rated quality of life. 20% of residents that rate their quality of life as very good also believe that the reputation of the area has got better over the last three years. This percentage drops to 16% and 10% respectively amongst those that feel the reputation of the area has stayed the same or got worse.

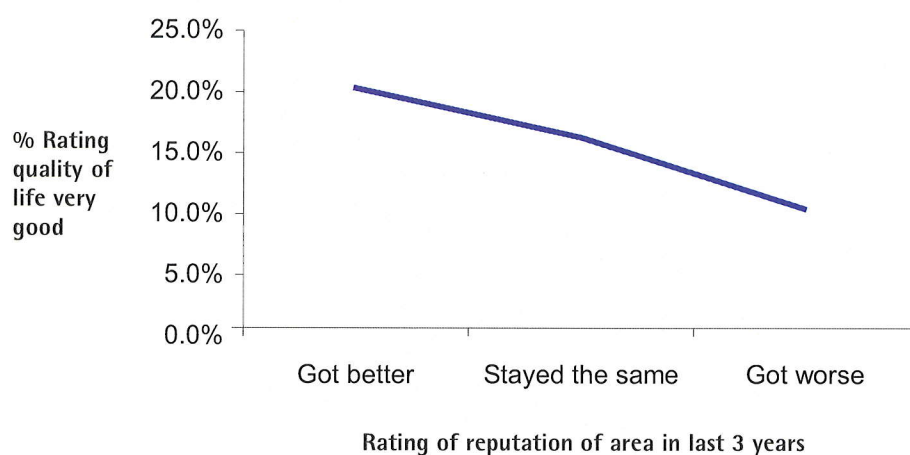


Fig. 25 Reputation of the area in the last three years and quality of life

Community Spirit

Community spirit has been identified as a social determinant of well-being (Baum, 1999) which fits within the wider social capital agenda. Analysis of the data revealed a correlation between quality of life and community spirit whereby 66% of those that feel there is 'a lot' of community spirit in the area also report high levels of quality of life.



Fig. 26 Quality of life and community spirit

Feel Part of the Community

Feeling involved in the community, in terms of consultation and in the decision-making processes, is deemed to play an important part in people's lives and can be understood as a direct indicator of well-being (Cantor and Sanderson, 1999). Analysis of the results reveal that over 30% of respondents that perceive their quality of life to be very bad, report that they strongly disagree that they feel part of the community.

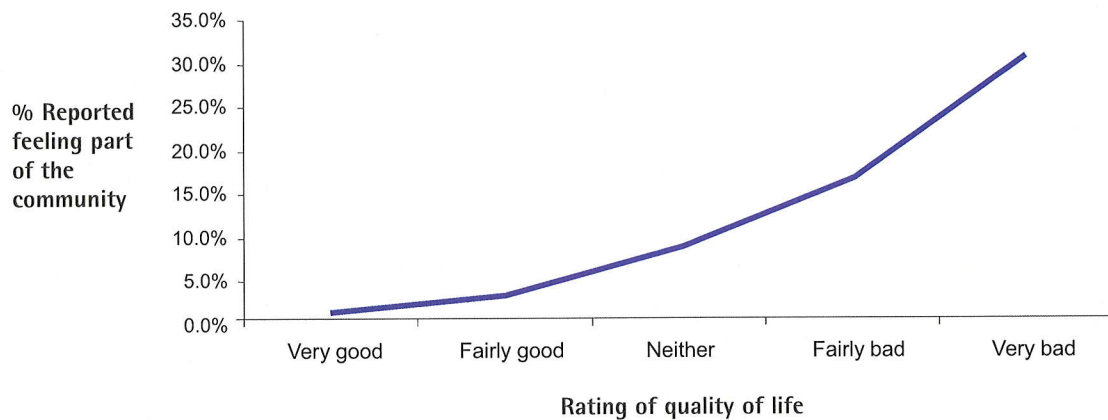


Fig. 27 Quality of life and feeling part of the community

Quality of Life and Social Capital

Social Contacts

Having a number of social contacts within the neighbourhood and people that can be used for elements of support and social interaction is reported to be important to self-rated well-being and quality of life (Myers, 1999). However, the results from the cross tabulations revealed no association between Quality of Life and the number of social contacts that people have in the community. This theory was countered in the focus groups conducted with local residents, where it was evidenced that having a number of reliable social contacts or contactable neighbours within the community can engender trust, dependency and support, which are deemed important to well-being.

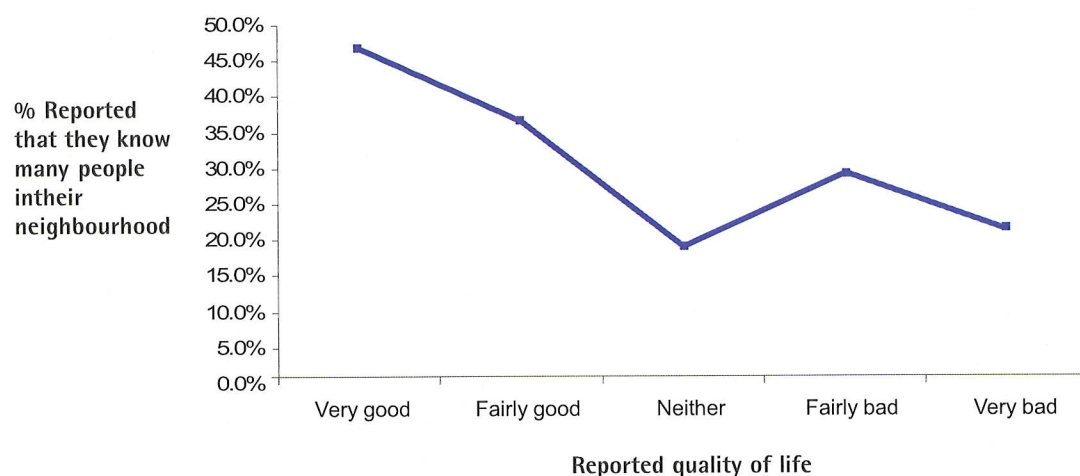


Fig. 28 Quality of life and social contacts

To support the relationship between social contacts and quality of life, residents were also asked about whether they felt people in the community look out for each other. Analysis of the data revealed a correlation between quality of life and the perception that 'in this neighbourhood people look out for each other'. 83% of respondents who feel that people look out for each other also report quality of life which is very good.



Fig. 29 Quality of life and In this Neighbourhood People Look out for each other

Quality of Life and Self-rated Health

An association which is commonly seen as more obvious, is the relationship between well-being and perceived ratings of health i.e. those that feel in good health generally have an increased sense of well-being. It is reported that healthy behaviour such as regulated drinking and smoking and undertaking regular planned exercise can induce positive well-being through physical well-being (Step toe and Wardle, 2001).

Analysis of the data (see fig. 6.4) supported this relationship, which evidenced that nearly 70% of those that reported their quality of life to be very good also felt that their health has been good over the last 12 months. Furthermore, over 50% of those that felt their quality of life was very bad also reported that they perceived their health to have been poor over the last 12 months.



Fig. 30 Quality of life and self-rated health

Information and Awareness

An association was explored between quality of life and level of information and awareness in the area. An emerging theme from the focus groups conducted with local residents was the perception that there is a lack of information and awareness concerning activities, events, schemes and projects in the regeneration area.

However, analysis of the statistics revealed that there was no association between residents' perceived quality of life and their satisfaction with the levels of information, concerning plans to improve the area. Those reporting higher levels of quality of life were not significantly more likely to be better informed/aware of regeneration activity than those reporting lower levels of quality of life.



Fig. 31 Quality of life and awareness of plans to improve the area

Conclusion


Analysis was conducted on the broad range of survey data available within East Manchester, which contains a wealth of information on key parameters, including quality of life, crime and safety, the community, environmental factors and other variables. This data was collected since the inception of the regeneration, providing snapshots in time in 1999, 2002 and 2005, which helps provide some indication of the progress made through the regeneration across key well-being domains (actual crime, community spirit, satisfaction with the neighbourhood and perceived well-being).

In addition to gleaning general findings from the survey work, further statistical analysis was conducted on data collected through the 2005 Household Perceptions Survey. The results revealed an insight and understanding of well-being and quality of life as it is self-rated by local residents. Moreover, the associations were explored between quality of life and other proposed indicators of well-being, which include aspects of the neighbourhood, the community, the environment and other neighbourhood factors. The results lend support to the conceptual model of well-being, the findings from residents' focus groups and the semi-structured interviews conducted with regeneration professionals.

The results revealed:

- Residents perceived their quality of life and general well-being to be very good, with low levels of reported dissatisfaction with their overall life.

- An association was evidenced between quality of life and **crime and safety** in the area where residents reported feeling unsafe in the community and did not feel comfortable walking in the area after dark. This aspect of quality of life was a key emerging theme through the focus groups conducted with local residents, where perceived fear of crime led to feelings of vulnerability and isolation.
- Despite there being no association between perceived quality of life and aspects of **the environment** such as street lighting and rubbish collection, there was a strong association between quality of life and aspects of the 'softer' environment such as parks and green areas and ratings of the 'general environment'. This supports residents' perceptions in chapter 6, which suggested that features of the general environment were important facets of their well-being and quality of life.
- A strong association was evidenced between quality of life and feelings of participation and belonging within **the community**. This association was also true for the importance of well-being and social capital whereby those respondents who had a number of social contacts within the community also felt improved quality of life. The importance of aspects of the community and social well-being were emphasised by residents in chapter 6 and articulated by regeneration professionals in chapter 5.
- Despite the evidence suggesting that social and leisure facilities are important to quality of life, analysis of the data did not support the belief that **key facilities and amenities** in the area have an association with perceived quality of life. Key facilities and amenities included local shops, youth facilities and transport links which were all identified as important aspects to residents' well-being in chapter 6.
- Despite **information and awareness** being deemed a key area for improvement through the focus groups, analysis of the data revealed no significant association between levels of information and awareness and quality of life. Regeneration professionals also identified it as a key area for future work through the interviews conducted in chapter 5.



5 Understanding Regeneration and Well-being: Professional Perspectives

Introduction

Since the beginning of the regeneration there has been a number of projects and initiatives established across the key funding streams, including: Health and well-being, Environment, Education, Sport and Leisure, Finance, and the Economic programme. As a result regeneration professionals have developed a broad range of expertise and tacit knowledge in establishing initiatives, managing regeneration projects and engendering their sustainability. In order to collect this key information, interviews were conducted with regeneration professionals (n=12) and other personnel (n=6) across East Manchester to explore and understand the impact that regeneration projects are perceived as having on the well-being of local residents.

In particular, the interviews involved identifying what specific projects have been established and how well-being is understood and articulated within the context of the regeneration. Interviewees were chosen on the basis of their involvement in the regeneration and their impact across the main facets of well-being identified in the conceptual model devised in chapter 3. These regeneration professionals were officers, managers and other key personnel with a number of years' experience in regeneration (typically three to five years). Six other personnel were chosen with a wider remit for health and well-being across the city. This included the Health Service (Mental Health and Older people's services), Housing (Housing Market Renewal) and Employment (JobCentre Plus). A list of the participants, and their roles can be found in appendix 3.

The results of the interviews were transcribed, thematically analysed in NVivo and a narrative of the findings produced. The main themes revolved around the measurement, understanding and articulation of well-being in regeneration policy and practice.

The Understanding and Measurement of Well-being

Regeneration Professionals identified the importance of the term well-being and were conscious of the need to address the concept within regeneration policy and practice. Well-being was seen as more than the absence of poor health, rather it was defined within the context of inter-linked social, environmental and economic factors, which are known to contribute to a person's life. Interviewees believed that well-being was important to all aspects of life domains, stressing the importance of measuring and addressing the concept within regeneration projects and initiatives.

A regeneration professional describing the impact of a regeneration project on the quality of life of its clients described the concept of quality of life holistically:

"Without ascertaining the complex problems behind people's lives, the happiness and quality of life issues that are adversely affecting people go unmeasured."

Professionals understood that well-being was a key aim of the regeneration, underpinning all regeneration projects and initiatives.

"Well-being is very important... If I was in housing and transport those people think 'why should I think about well-being?' But you should think about it because it impacts on all areas... It is intrinsic to everything."

Regeneration professionals believed that they were contributing to well-being through their projects in various ways "this had a big impact on quality of life", "it improved people's well-being."

"We are trying to address all aspects of well-being and quality of life... what you do in housing contributes to well-being, it can reduce asthma, falls, contribute to mental well-being and sense of community... crime also... and the environment... All (regeneration) areas identify the prime killers... need to have an all round approach to thinking about well-being."

Regeneration professionals felt that it was complex and difficult to define well-being and quality of life and as such it would remain difficult to use for evaluation purposes. Although regeneration professionals are required to undertake evaluation as part of their role, this does not include 'well-being' specifically, and the complexities in finding a measurement for

*"Well-being is very important...
It is intrinsic to everything."*

'well-being' or quality of life ensures that it is difficult to establish a rigorous evidence base.

Regeneration professionals felt that they needed a workable model or parameters for assessing well-being if the concept was to be integrated into formal evaluation.

"It is too difficult to assess the more rounded concept of well-being... it is hard to assess local participation of things, sense of isolation and more mental health issues."

"We need somebody to gauge quality of life."

"We need some validated thinking on what well-being or quality of life is, as experienced by real people... so services need to think how they can support that sort of stuff."

"(We have) struggled to come out with evidence... hard evidence for improvements to people's mental well-being."

In some cases those projects that worked specifically on the 'person-centred' approach and had well-being as their core objective were those most likely to suffer as a result of the lack of an effective measurement of well-being.

"This is the most successful project but because of its nature, taking the holistic approach... In terms of well-being and quality of life this is really important... yet how do you create the evidence base to get the funding and the backing?"

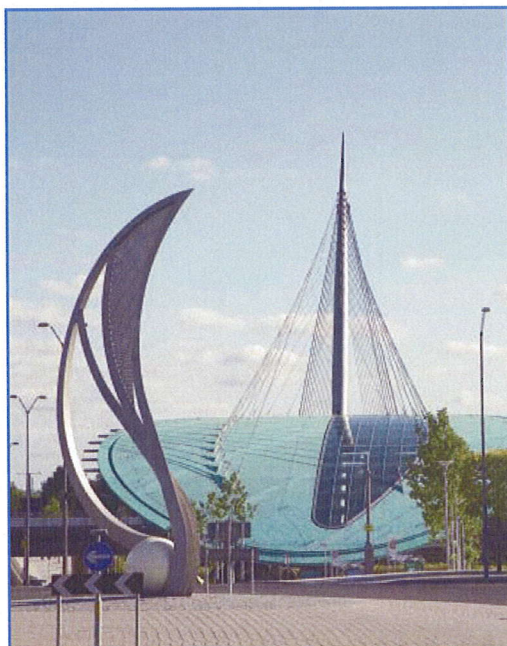
Regeneration professionals conveyed that higher importance was placed on the collection and analysis of quantitative data (attendance numbers, survey data and questionnaire returns) rather than the collection of subjective, qualitative data. The propensity to collect more measurable data was often dictated and shaped by those targets and outcomes set by funding bodies and regeneration Key Performance Indicators (KPI). For regeneration professionals to change the way that they work to incorporate well-being in evaluation there needs to be a change from the collection of quantitative data to the collection of 'softer' well-being data, which lends itself to more subjective, qualitative forms of measurement.

Additionally, for the collection and management of qualitative data to be facilitated regeneration professionals need the labour and the resources to be costed into project and initiatives before they commence. Evaluation needs to be effectively understood and planned at the beginning of the process, at the project proposal stage, so that the collection, measurement and effective evaluation of well-being can be practiced throughout.

Impact of Regeneration on Positive Well-being

Regeneration professionals commented on the overwhelmingly positive contribution that they felt the regeneration programme was making to the quality of life and well-being of local residents. Individual projects and initiatives were singled out for praise by interviewees and as having positive effects on a range of well-being indicators. These well-being domains include:

- Positive experiences which have brought increased confidence and self-fulfilment (personal well-being) achieved through projects such as 'The Home Tuition Project' and 'The Basic Skills Programme'.
- Facilitating members of the community to work together for their mutual benefit, through resident forums and friends groups improving residents' sense of 'community' (community well-being). This has been achieved through the work of the regeneration's 'Resident Liaison Team'.
- Resolving debt-related issues (which typically bring stress, depression and negative physical well-being) and improving the financial status of residents (economic well-being) have been brought about by projects such as 'The Financial Inclusion Project'.
- Engaging residents in community events and activities to generate social capital and prevent social exclusion (social well-being) have been achieved through the regeneration's 'Arts and Culture' programme.
- Improving people's physical fitness and diet through specific regeneration projects and alcohol/smoking cessation programmes (physical well-being). This is part of the regeneration's 'Health and Well-being' agenda which has funded projects such as 'PACE' and 'Zest'.
- Improvements to local parks and alleyways, coupled with improvements made to existing housing stock (environmental well-being) are reported to have improved the aesthetics of the area and the spiritual well-being of local residents.



The 'Seed' sculpture at the Transport Interchange, Newton Heath, East Manchester.

Personal Well-being

Professionals described how regeneration projects and initiatives have worked on aspects of personal well-being, by improving residents' fulfilment and self-esteem. This includes building confidence, 'aspiration-raising' and improving the life satisfaction of participants, which are reported to be integral to quality of life (Diener (2000), Thin (2005)). They also commented on improvements made to residents' happiness and enjoyment which were perceived as integral to quality of life and personal well-being.

"We work on giving people the ability to communicate with somebody or building social skills and so communication skills are important to help build confidence."

"It is about reducing isolation... focussing on enjoyment... Getting people communicating and building aspirations..."

"(regeneration) is looking at aspiration rousing... and the need to nurture people's ideas and enable them to fulfil their dreams."

Community Well-being

Regeneration professionals believed that regeneration work has improved aspects of community well-being, in particular projects have brought members of the community together, to facilitate improvements to the area. Community consultation can be in the form of communication with

"One of the key results is getting people out and socially interacting."

established friends groups, resident forums and other networks.

Regeneration professionals felt that such activity promotes feelings of community cohesion, participation and empowerment, which are seen as

integral to quality of life and well-being as identified by the literature (Kagan (2007), Brock (1999)). Moreover, the statistical analysis in chapter 4 identified aspects of community spirit and participation as key to resident's perceptions of well-being and quality of life.

"(Regeneration) has drawn people out who either didn't know anything about (specific regeneration project) or didn't know their neighbours and the ones (projects) that work well... everyone gets involved and does their little bit. One of the key results is getting people out and socially interacting."

"I was originally against regeneration, as a I was all for community pride. I was all for friends and family being a key aspect. The regeneration has maintained this and allowed us (resident liaison) to continue and develop our work."

Social Well-being

Interviewees commented on the improvements that regeneration projects have had on resident's social well-being, by encouraging social interaction and social inclusion. The generation of social capital is achieved through an ongoing personal relationship between the service and the client which is purported to engender feelings of trust, confidence and improved self-esteem, and can encourage greater participation and involvement in local services (ODPM, 2007). The absence of social relationships is believed to contribute to a decrease in the sense of well-being which brings anxiety and psycho-social stress (Myers and Diener (1995), Myers (1999)). Alternatively, social well-being brings with it a sense of belongingness, comfort and acceptance (Baumeister and Leary, 1995).

"It is all about community cohesion and getting people talking to each other... building people's self-esteem."

"This project was established with a need to get them (residents) out and socialising."

"We address their social environment... people can get very stagnant and in a routine."

"It is a place (regeneration project) where people will come and meet. They work really well."

Economic Well-being

Regeneration professionals identified areas of regeneration practice that are improving individuals' financial status and economic well-being through educational attainment, sustainable employment, income generation and debt relief. Evidence suggests that the effects of educational attainment, employment status and income levels are all reported to have an influence on feelings of participation, self fulfilment, achievement and 'better health' (Diener and Biswas-Diener, 2002).

"There is evidence to suggest that social interaction is happening, certainly more than it ever did."

"People that could move out, did move out. Houses were worth £5,000 five years ago. Huge amounts of negative equity. Ones that were left couldn't get out or were totally committed to the community... but things have changed since then"

"Employment gives people finances to have/make choices. Employment gives people self-esteem and meaning."

"We are focussed on finances and economic well-being... receiving an income and improving people's quality of life as a result."

"Employment status has a direct positive effect on keeping people healthy."

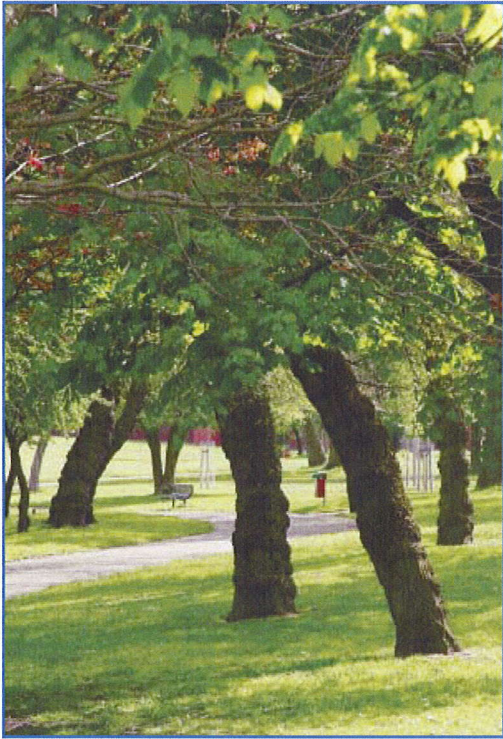
Environmental Well-being

Regeneration professionals reported investment in local parks and other environmental programmes (housing and alleygating) as having improvements on residents' environmental well-being. Interviewees commented on the area as once being bleak and depressing, which can have a negative effect on community pride and participation. Improvements to the environment can engender feelings of happiness, joy and a higher quality of life (Hartig et al (2003), Takano et al (2002)).

"All the houses were boarded up and this had an effect on well-being. It was very depressing... Everyone was always going to the doctors for anti-depressant tablets and we never really associated it with the housing... now you can see the difference... you get people in the street saying "oh doesn't it look nice now?"

"Improvements to the area promotes physical exercise and improves physical well-being."

"Parks perform a very necessary function.... The community have rated those parks as important to their life (through a parks survey)... there is evidence to suggest that social interaction is happening, certainly more than it ever did."



Investment in green areas has been a central part of the Regeneration's Environment Programme (pictured: Philips Park, Clayton).

Regeneration professionals identified an important link between the environment and crime, whereby improvements to the aesthetics of an area have deterred elements of crime, vandalism, anti-social behaviour and graffiti. This is supported by other reported evidence on the link between 'common' green areas, whereby the more vegetation within an area, the less reported crime (Kuo and Sullivan, 2001). The 'broken windows' theory suggests that environmental programmes which improve the aesthetics of the area (including housing, pavements/footpaths and street cleanliness), deter petty crime and anti-social behaviour, which if left unchecked can descend into more serious types of crime (Wilson and Kelling, 1996).

"It was a very depressing environment to live in. It was bleak and dirty, people didn't take pride in the area. That attracts other people to vandalise it even further... but now it is a place of hope, people look after the area and their houses."

"Alleygating was a really positive thing... people were opposed feeling it would look like a prison... but have to think of people on their homes... cut robberies down, make people feel safe... a light at the back of the house would detect someone in the garden, so they could phone the police. They are just small things that made a massive difference."

Self-Rated Well-being and Perceptions of Residents' Well-being

Regeneration professionals were asked to comment on factors of well-being which they deemed to be important to (i) their own well-being and quality of life and (ii) important to residents' perspectives of well-being. The comments have been tabulated and can be found in appendix 8.

Interviewees demonstrated a wide understanding of well-being from the perspective of their own quality of life and that which is deemed to be important to the well-being of local residents. All regeneration professionals appreciated the wider implications of addressing well-being above and beyond their role within the regeneration. Importantly, this included elements of spiritual well-being and happiness, including the importance of 'confidence' and 'feeling good', which are less measurable components of well-being.

The breadth and depth of the appreciation of well-being demonstrates that regeneration professionals are understanding and articulating well-being beyond the direct implementation of regeneration projects and measurable targets. Well-being extends further than the appreciation of physical health parameters and regeneration key performance indicators, the concept being seen as encompassing aspects which are important to residents' life domains including hedonic and eudemonic factors.

Well-being, Regeneration Policy and Practice

Regeneration professionals understood the implication of well-being within current regeneration policy and practice. The majority of interviewees believed that well-being was central to the

"There is a lot of sustainability that needs to happen."

regeneration and nearly all were aware of individual strategies within their area of work that addressed well-being, otherwise known in their working context as quality of life and life satisfaction. This fits within the wider urban agenda and specific regeneration

policy which identifies well-being and quality of life as central to neighbourhood renewal, social inclusion and community cohesion (SEU (2001 a), UK Parliament (2000)).

"I increasingly come across the term well-being. I do not know whether it was borne out of regeneration but it has certainly been talked about more and has come to the fore in direct health policy."

"There is not a single policy document that I work with that does not include well-being... Because (my work) is about the softer side of regeneration and concentrating on inclusion, a sense of well-being and happiness and social interaction and social responsibility."

"The government's push on the liveability agenda... a greener, cleaner agenda, at the centre of that is quality of life."

Regeneration professionals demonstrated a sound understanding of the shift towards more preventative, holistic means of service delivery to complement more mainstream and acute services. The relationship between improvements to well-being and actual health were articulated by the majority of professionals with the recognition that personal and social well-being is integral to regeneration policy and practice.

Most participants made a direct link between the sustainability of regeneration practice and its impact on residents' well-being. Regeneration professionals expressed concern that their role in the area of regeneration was coming towards the end, yet there were regeneration schemes and projects that need to be mainstreamed and sustained in the long-term.

"There is only funding for one more year, so yes it is a worry."

"There is a lot of sustainability that needs to happen."

The sustainability of regeneration projects and initiatives was seen as a key concern. With much of the regeneration monies having been spent and the current development of an exit strategy, there was an issue of mainstreaming and funding to sustain regeneration programs and initiatives. This was seen as key to local people's well-being whereby projects which purport to

improve people's well-being in the long-term need to be continued either through other sources of funding or mainstreaming. Professionals cited the implications and concerns in achieving this:

"After next year the level of support will drop away... after next year it (finance) is pretty much gone and the danger is that they (project partners) will still require some support, yet that support is not going to be there and they have found that with some of the schemes there tends to be a bit of in-fighting and they look for someone to resolve that problem and that person is not going to be there now."

"The only thing that I do worry about is the number of activities that we have... (youth activities) in East Manchester is actually quite high and I do not think that is sustainable."

A number of regeneration projects have been mainstreamed through effective partnership working or are being self-sustained. Furthermore, there are other regeneration projects that have been mainstreamed as a result of effective partnership and multi-agency working, protecting the interests of the project in the long-term.

"Everything I have had has been mainstreamed and any projects that have come to an end have been mainstreamed."

"The projects generate enough money themselves to have sustainability in the future."

Regeneration professionals now need to move towards sharing elements of best practice where mainstreaming and sustainability are concerned. This will involve the most effective ways for mainstreaming projects, enabling partners to help sustain projects and incorporating elements of project evaluation to ensure that added 'value' and an evidence base is given to projects to support its efficacy.

Regeneration and Perceived Improvements

Despite the overwhelming positives that have been identified as a result of the regeneration, regeneration professionals were open and honest about the lessons learnt and the improvements that need to be made to further enhance residents' quality of life and perceived well-being. This centred around aspects of (i) information and awareness and (ii) community consultation

Information and Awareness

A number of interviewees identified information and awareness as being key to understanding residents' perceptions of their well-being. Whilst disseminating literature through various mediums (resident groups, residents' mail out, local newspapers, leaflets and EastServe) there was

"It is about reaching those people that are notoriously difficult or hard to reach."

still the feeling that information needed to be directed into specific areas, to the key people, in appropriate ways. A tailored information and awareness is

essential if local people, especially the hard to reach groups, are to be enticed into regeneration projects and initiatives. Supporting the findings here, residents identified information and awareness as a key area for improvement in chapter 6, and the association between quality of life and information/awareness is evidenced in chapter 4.

"There is a lack of communication of information."

"Need to look at information and how best to get the information out... it is about reaching those people that are notoriously difficult or hard to reach."

"It is inevitable that quite often people will not be motivated to retain the information until they have a need for that service."

Regeneration professionals felt that the needs for effective and targeted information could have a positive effect on regeneration service take-up and importantly on residents' well-being. Professionals felt that there needs to be more active marketing and advertising to ensure that residents are receiving information which is specific to them and tailored to individual need. Regeneration professionals felt that more innovative ways of interfacing with local residents, to ascertain their individual needs, is now deemed necessary.

"There is an access to information problem... we now realise that we cannot expect people to come in to (service provider) to tell us they have a problem."

"Residents need information in a format that is real to them. Most people may have had a leaflet through their door about the Activity Bus and it maybe posted on Eastserve... but it is not about having that abstract service delivery it is about having that tailored description of what it means to them and their lives."

Keeping residents informed of regeneration projects ensures that local people are aware of the services that are on offer, including the various ways in which they can access services, participate in events and activities and otherwise be recipients of regeneration initiatives. Having tailored information, which meets the needs and wants of the residents, is essential in achieving this. Often people do not want what services they need/want, as they don't always have the knowledge to make a choice about what regeneration initiatives would most benefit them.

Regeneration professionals evidenced areas of best practice within the regeneration where information and awareness was particularly well addressed, putting forward more innovative ways in which the regeneration can target local people and engage them in specific regeneration services and initiatives. However, it was suggested by regeneration professionals that these may be more isolated cases of best practice.

"I have got my main vehicle for getting information out to people that work.. the newsletter that I do every 2 weeks, there are about 150-160 people on there who live or work in East Manchester and are interested or work in arts and culture."

"It is about making sure that it (information) is accessible in different ways and that it is on demand... leaflets through doors and tea towels is great, but I also think it needs to be backed up with a lot of the e-government agenda stuff which is about giving people access to things on EastServe and the dedicated pages in the Advertiser."

Resident Consultation

Significant consultation has taken place with local residents on all aspects of the regeneration, which has taken many forms - surveys, interviews, focus groups and consultation evenings. There has been significant success in working with partner organisations, residents' forums and other community groups. However, regeneration professionals conceded that not all the regeneration

has gone according to plan (in terms of timing, personnel and level of engagement) and important lessons have been learned. This revolves around the need to further understand how

“Nobody minds being asked their opinions as long as you promise to go back to them and it is a worthwhile exercise.”

regeneration and subsequent change can affect the daily lives of local residents'. There is the feeling that such work can contribute to the wider regeneration agenda, and the role of professionals in

bringing about change, which identifies the need to work closely with residents to understand what change means to them and how regeneration can be best achieved to impact minimally on the lives of local residents.

“Even though it (East Manchester) is pretty bad at the moment, the fear of change is frightening enough to say “I want to stay here, I’d rather have this like this.”

“As officers of the regeneration team, we are guilty of not being aware or not having the capacity to be aware of how this change affects individuals so massively and we think it’s got to be better than how it was, but no, not necessarily.”

“It is an understanding that people want to make the transition easier. If someone would only communicate with them and demonstrate that they appreciated what the whole change meant... we billed it as Change for the Better and the Future is Looking Brighter. These were our campaign slogans. But are things looking brighter to the people who were happy with how things are anyway?... we just made massive assumptions that people were unhappy with the state of the area... but this was their home, their community and area. It is not just about knocking houses down.”

Regeneration professionals believed that a sounder appreciation is needed of how the regeneration brings about change and how this impacts on communities. This understanding then needs to be communicated to the residents of these communities, so that they are empowered to understand the processes involved and have input into the decision-making process. It was reported that this empowerment and increased participation must extend beyond basic forms of consultation (surveys and questionnaires) to more active forms of engagement to ensure that local residents do not suffer from 'over consultation' and resulting disengagement.

“Why are we consulting people? If it is just a tick box then I think that is a criminal kind of consultation. If you go and waste their time, knowing that you are not going to give them any feedback, knowing that you are not going to do anything with what they say or suggest I think it is absolutely appalling... nobody minds being asked their opinions as long as you promise to go back to them and it is a worthwhile exercise.”

Regeneration professionals cited the example of the resident consultation which was conducted as part of the new housing developments. The regeneration of existing housing stock has often meant that the local community has been engaged for between five and ten years in a phase of consultation. Even those residents that believed new housing would be beneficial have become disillusioned and disenchanted with the process. This maybe a case of engaging local residents too early in the process or not making them aware or keeping them up-to-date of likely timescales:

“There has been a huge level of frustration with residents.”

"If it (consultation) had been done better, if you had shown me a lovely bungalow and you had walked me around it. Plans, discussions do not mean a lot. There needs to be something tangible."

"It has been a long time to involve residents and we perhaps should have done more of the preliminary, viability and financial work up front, before presenting residents with options... But you have to involve them fairly early because you need their permission."

"It (new housing) was on the plan, it was off the plan, it was back on the plan, it was back off the plan, so one minute they (houses) were coming up, the next minute they were not, then they were... it was horrible."

Regeneration professionals felt that consultation was not understood within the wider context of delivering a decision-making structure and empowering local residents to have input into the process from the outset. It was felt that authentic participation, engagement and inclusion was necessary if residents are to help design services which truly have the desired impact on their quality of life and well-being.

"People are more inclined to accept change if they can demonstrate an understanding of what the effects are going to be and that you are going to put the resources and support in to make things better... it is not rocket science."

"It is about giving them (local people) greater involvement and developing a participatory-based decision-making structure."

"One-off consultation is no good... we need on-going dialogue... more participation."

These comments supported one of the key findings from chapter 6, where residents identified the need to improve all forms of consultation, to include participation and empowerment which extends beyond basic forms of consultation (surveys, focus groups etc.) to more elaborate forms of participation. There was evidence to suggest that regeneration professionals were thinking of or developing innovative ways to participate with local people, but this was not widespread practice.

"Like washing line exercises with balloons... and getting people to stand in different parts of the room to communicate how they feel and what they think about things."

"One-off consultation is no good... we need on-going dialogue... more participation."

"You can do it on so many different levels, in terms of storybooks or a consultation game where you have loads of baskets

and give each resident £50 of money and ask them to put their money where their mouth is. Good to identify priorities.. can also do photography... use a combination."

"We get friends groups together and organise separate sessions or got to their meetings... and dip into their agenda... so for me there is a number of established networks that we can chat to and we try and get the key people involved."

Conclusion

Interviewing regeneration professionals enabled a better understanding of how well-being is articulated and understood within regeneration policy and practice. Interviewees defined the various facets of well-being from the perspective of themselves as individuals and what they perceived to be important to local residents which included the personal, social and community aspects of well-being. The importance of well-being within the wider strategic perspective and national agenda was identified, coupled with supplied evidence to suggest that regeneration initiatives were having an overall positive effect on the well-being of local residents. The key findings were:

- 1 Well-Being was seen as a subjective concept, lending itself to more qualitative forms of evaluation. Despite regeneration professionals evaluating all projects, the lack of an effective measurement for well-being ensures that the concept is not evaluated systematically. The future evaluation of well-being needs as much importance placed on the collection of qualitative data as there is currently is on quantitative data which is dictated by existing funding requirements and key performance indicators.
- 2 Regeneration professionals reported on the overwhelming improvements that have been made to local resident's well-being as a result of regeneration projects and initiatives. This includes improvements to resident's personal, social, community, environmental, and economic well-being. Moreover, specific projects (for example, The Generation Project, The Outlook Project, The Financial Inclusion Project, and the The Intensive Support Project) are seen to be taking the 'person-centred' approach to service delivery, which takes an holistic view of people's lives, aiming to improve quality of life and life satisfaction parameters. This has an important link to key government policy for the future of adult social care, identified through the Department of Health's Green Paper Independence, Well-Being and Choice (Department of Health, 2005) and the white paper Our Health, Our Care, Our Say (Department of Health, 2006). An important element of these proposals includes the promotion of social inclusion and well-being within the overall need for integrated, holistic service delivery. The case study analysis (see chapter 7) of two regeneration projects provides further evidence for the importance of preventative services on the quality of life of local its recipients.
- 3 Interviewees had a sound understanding of the multiple facets of well-being. Regeneration professionals appreciated that well-being was made up of a number of inter-linked factors, appreciating that what is important to the quality of life of local residents in deprived areas maybe more complex and different to that of their own. Participants understood that the 'softer' aspects of well-being, such as personal development and spiritual contentment were as important as the harder aspects of well-being, such as wealth creation and educational attainment. This complements and supports the conceptual model defined in chapter 2 section 2.
- 4 Regeneration professionals understood the importance of well-being within the wider government agenda and existing regeneration policy. Professionals also identified with the need to ensure that well-being or quality of life is articulated and evaluated within current regeneration policy and practice. Integral to this was the necessity to sustain regeneration projects and initiatives in the long-term, beyond the lifespan of the regeneration. Regeneration professionals described examples of successful regeneration projects that have been mainstreamed and felt that these examples should be effectively shared across the regeneration as examples of best practice to encourage future sustainability.

- 5 Despite the overwhelming positives that the regeneration has had on residents' well-being, regeneration professionals articulated that some aspects of regeneration practice could be more widely understood and closely addressed. These recommendations revolve around issues of (i) information and awareness and (ii) community consultation and participation. The statistical analysis (chapter 4) demonstrated that well-being was strongly associated with aspects of information/awareness and aspects of community participation and engagement. Moreover, residents identified these two issues within the focus groups as those most needing improvement to enhance their quality of life (see chapter 6).
- 6 Regeneration professionals articulated the need for a common understanding or protocol for resident consultation, which incorporates the need to empower local people through the creation of a participatory decision-making structure. Participation can involve many forms, ranging from information, to 'basic' consultation, partnership working and delegated power. However, this must be balanced against the overall desire for local residents to engage in participatory activity. Despite it being seen as important, it needs to be ascertained how many local residents actually feel it important to their quality of life to be involved in the decision-making process (Department for Communities and Local Government, 2003).

6 Understanding Regeneration and Well-being: Resident's Perspectives



Introduction

The concept of quality of life and well-being is difficult to understand and articulate objectively. Indeed, the concept can be said to lend itself to qualitative and subjective measurement, requiring the perspectives and comments from those subjects within the context within which they live. These experiential contexts can be gauged using qualitative data capture techniques, importantly to elicit information about perceptions and feelings concerning aspects that affect people's daily lives. The qualitative findings can help support those findings which emerged from the analysis of the survey data in chapter 4.

Background to the Sampled Streets

The sampling method used for this study involved a 'streets-based' approach, as typically street blocks can be canvassed in their entirety. More importantly, the streets-based approach ensures that the comments can be interpreted as a microcosm of the neighbourhood and the life within that street, enabling the collection of multiple perspectives across common experience. For those streets sampled the characteristics of the streets within the context of the regeneration is put forward to establish the situational context which may impact on the views and comments of the focus groups participants.

Three streets were sampled in Beswick, Openshaw and Clayton, part of the New East Manchester and Beacons catchment area. Firstly, these streets were not due to undergo demolition in the near future and secondly they had not been the focus of much previous regeneration activity, thus:

- Participants may experience feelings of disconcertment, isolation and disenchantment as a result of investment being channelled into other parts of the East Manchester without the sampled streets having 'directly' undergone household change. This could influence residents' reflections and comments.
- The researcher, reflecting on observations during canvassing, noted that the streets sampled were within close proximity to the main roads, typically arterial routes into the city, which have typically undergone more investment than the sampled streets. This may affect residents' attitudes and opinions.
- Community centres and parks, of which had undergone significant modernisation and investment, were within walking distance of all the sampled streets and this may contribute to the content of the discussion. Local shops, pubs and other amenities were within walking distance of all the sampled streets.
- In terms of void housing, one of the sampled streets (focus group 3) had significant amounts of void housing (up to 40%), with isolated houses empty and boarded up in the other two sampled streets.
- The houses from all three sampled streets typically had little investment, and no evidential changes had been made to the street layout or aesthetics of the houses. An alleygating scheme had been undertaken on the street sampled in focus group 2.
- Two of the three sampled streets contained terraced housing dating back to the 1900s, with the third street constituting low-level flats and semi-detached housing.

The demographic make-up of the participants can be found in the Appendix 7. The full transcriptions of each focus group can be made available on request. The focus group agenda covered key topic areas surrounding well-being and quality of life, such as 'What is it like living in East Manchester?', 'What is important in your life?' and 'How has regeneration improved your overall well-being?'. The results of the focus groups were thematically analysed using a qualitative software package called NVivo. The following findings emerged.

Well-being and the Environment

The environment is reported to have an affect on the well-being of local residents by inducing positive well-being and improved mental health (Weich et al (2002), Dalgard and Tambs (1997)). When residents were asked to articulate their understanding of well-being in the focus groups, responses centred around the importance of the surrounding environment. Residents were asked what was important to their quality of life and what had the regeneration achieved to improve their well-being. Enhanced feelings of well-being and happiness were more apparent when the aesthetics were more pleasing, including improvements to parks, housing fronts and overall street cleanliness. Lower levels of well-being arose when there was evidence of persistent problems with litter, rubbish and/or sewerage. The daily exposure to changes in the environment appear to demonstrate associated peaks and troughs in the life satisfaction of local residents.

Analysis of the data (see chapter 4) revealed that aspects of the general environment and parks/ green areas had a significant association with quality of life. It is these aspects of the environment which has received significant amounts of regeneration investment. Those issues outside the direct responsibility of the regeneration, including litter/rubbish collection and street cleanliness, which fell under the remit of Manchester City Council, demonstrated no significant association with quality of life.



*A Community Garden
(Sarah Street, Beswick,
East Manchester).*

The Physical Environment

Large amounts of investment have been made into the local area as a result of the regeneration's environment programme. Participants commented on the improvement to the physical environment by identifying the juxtaposition between how the environment once was and how they now perceive the environment to be. The environment pre-regeneration was seen as

synonymous with negative effect, appearing bleak and depressing. This was seen as having undergone significant improvement since the regeneration started.

Participant (FG1): "I have lived here ten years and when I first moved here I thought it was very dismal but because of all the regeneration which has slowly taken hold it does feel better, well it looks better doesn't it?"

"We want a clean estate and we are trying to make it as good as possible..."

Residents commented on the heightened feelings of happiness around the time of the Commonwealth Games (when the area underwent

significant environmental improvement) and the satisfaction associated with investment into local parks. Other environmental schemes and initiatives, such as alleygating, which were a direct result of the regeneration funding, were seen as mood improving and having positive effect.

Participant (FG3): "They got all these lovely brick walls (properties for the Commonwealth Games), with towers going up and very thick railings in between, beautiful. It looked lovely."

Participant (FG3): "It was a good time when they had the Games (Commonwealth) here, the new City was coming here."

Participant (FG1): "I'd say that was a positive (local park), because it took the kids of the street and they do use it... when you are walking through you can see all the children playing different games and there is always someone in attendance cos you have to sign a form."

Participant (FG3): "They're (alleyways through the alleygating scheme) beautiful... shrubs and gardens and roses... it's beautiful."

Participant (FG2): "Yes (the parks have been a positive thing)... oh yes... and I think the stadium was, well the Games."

These improvements to the physical environment demonstrate the importance and relative benefits of investment into the 'softer' aspects of the environment on residents' well-being such as trees, parks and hanging baskets, as opposed to improvements associated with the 'hard' urban environment, including new housing, sports stadia, civic squares and other infrastructure. It was indicative that residents took pride in the 'softer' aspects of environmental well-being, seeing it as a source of pride, having a clean area and a well maintained house. It is the responsibility of council services, and not a regeneration initiative, to sustain the environment in terms of street cleanliness and maintenance. As a result those aspects of people's lives that were seen to be less positive centred around aspects of the 'softer' physical environment which are the remit of the council's environment and operational services.

Participant (FG1): "They go past (environmental street cleaners) on (street name), but they never come up the close, they go on the main road. That is the kind of things... we have not seen any regeneration that affects us on our estate. It is the little things that affect us, like we want a clean estate and we are trying to make it as good as we can like phoning up the environment and getting them to come out. The rare occasions there are graffiti or litter."

Participant (FG2): "The drains are not man enough to take that amount of water so consequently we get sewer water into our house and we have got to put up with that and no-one does a thing about it. It's quite disgusting really and this has been happening for donkeys years. I first got flooded out about ten years ago. It was reported then and nothing has been done. Absolutely nothing."

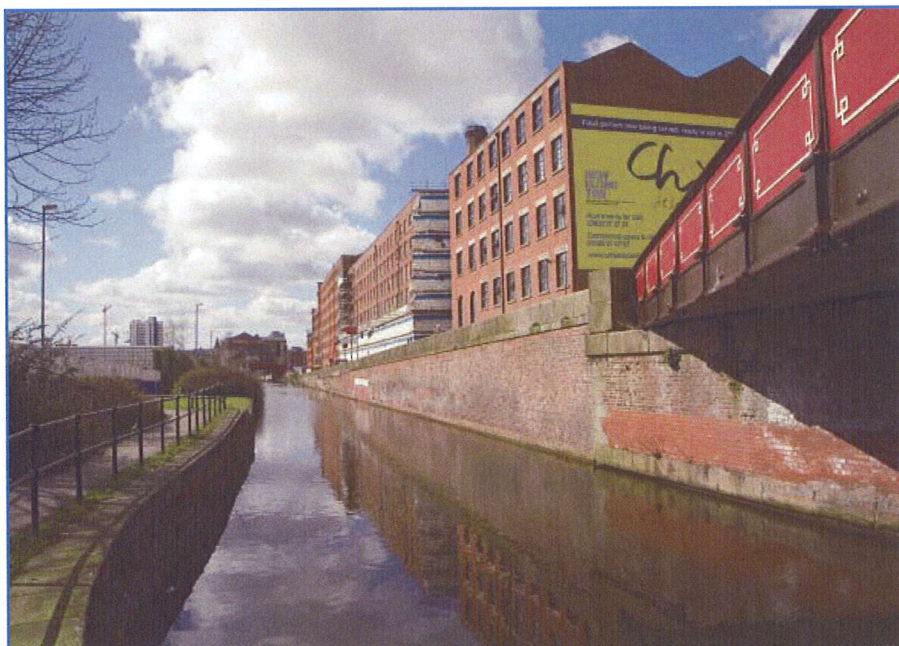
Participant (FG3): "I don't know our street is always getting blocked drains. It come up like a massive big fountain in the street and flooded all the street. I'm talking about everything was coming up and it was like that high because all the street had blocked up."

A Sustainable Environment

It was when discussing well-being issues relating to the environment that participants felt it necessary to raise concerns over the level of regeneration investment beyond the short-term. Residents believed that whilst environmental improvements significantly enhanced their well-being, there needed to be a level of sustainability to ensure that these improvements were maintained. There was the feeling that events which improved their feeling of happiness and quality of life, such as the investment through the Commonwealth Games or other environmental programmes and initiatives, needed to be sustained in the long-term, otherwise residents' relative well-being would be negatively affected. As these are environmental programmes they are more visually apparent and thereby residents notice their deterioration.

Participant (FG1): "They make new gardens and all that, it looks great when they've done it, but the next year nobody comes back, so there is no flowers coming up."

Participant (FG3): "If you were on the main road when we were having Sportcity and all that, looked beautiful and that is still being done now but I mean even here facing the park, round the back here, they have made this bit of a hump for the kids to play on, bit of a hop scotch thing and a nice little place for them to sit with flowers and everything, but the next year it was gone, nobody came back."



Regeneration of the Ashton Canal corridor, East Manchester

Participant (FG3): "It was a good idea, it looked beautiful when they had done it but they just didn't come back the next year so the flowers didn't come up so they you have got weeds and bits of grass over it and it doesn't look nice at all."

Participant (FG1): "We had not heard anything about the Commonwealth Games, we got in and got up the following morning and it was almost like the flower fairies had been, there was hanging baskets, there was flower beds, you would not even have dreamed them being there... but there is none of it now."

Community Well-being

Aspects of community participation, engagement and inclusion are believed to have an impact on well-being and quality of life by improving feelings of belongingness, identity and positivity (Narayan, 2000, Crespo et al, 2002). Participants reported on feelings pertaining to aspects of community well-being, where all focus groups commented on the importance of the notion of 'community', and the value of having a network of local neighbours to form a support structure. This was substantiated by evidence from the statistical analysis in chapter 4, which identified the importance of a variety of aspects of community well-being, including community spirit, engagement and participation.

The presence of a 'community' was seen as important for the development of social networks and social relationships, more so than using the community as a vehicle to bring people together, raise issues in the local community and make improvements.

"I'm always frightened of going out in the dark... I wouldn't walk even from my house into town."

The latter was seen as difficult to achieve in the current climate of resident consultation, where participants felt disillusioned and disenchanted when they feel they are not listened to and their comments not acted upon. Nearly all focus group attendees had experience of attending meetings and/or consultation and the experience had generally reduced their enthusiasm for community participation.

Crime and Safety

A common theme emerging from participants was the impact of crime and safety on the well-being and quality of life of local residents. Negative feelings around crime and safety bring about feelings of insecurity, fear and isolation, which can impact on aspects of personal, social and physical aspects of well-being. These effects can be felt not just in 'actual' levels of crime, but also in residents' 'perceptions' and fears concerning their own personal safety and the preventive measures which they feel necessary to avoid problems around crime and safety. Analysis of the data in chapter 4 identified the importance of the association between crime and safety and quality of life, whereby residents who report a high quality of life also report high levels of perceived safety and low levels of crime.

Participant (FG1): "When I get off the bus in the New Road (Ashton New Road) I run home... it's awful... it should not be like that. I am not talking midnight, I am talking maybe half past 9 or 10 o'clock at night."

Participant (FG3): "I'm always frightened of going out in the dark though, just in general. I wouldn't even walk from my house into town."

Participant (FG3): "That's all that worries me is that I'm frightened."

“We have had gated alleyways... it deters burglaries... it seems a lot safer now.”

These fears and perceptions concerning crime and safety may be perpetuated by the reputation that the area of East Manchester has accumulated over the years. Such a reputation may have been gained as a result of the media and publicity, a view of the area as

it once was, whereby any subsequent improvements to crime and safety are not realised immediately in the mindsets of long-term residents. However, this is not to say that actual crime is not taking place and residents identified isolated incidences of:

Participant (FG3): "They were sat all night on her wall. They were sat on her wall and the police could've been there and done 'em. So I went out and two young lads, well not young lads, 16, same lads that we were telling you about that are doing all this climbing on sheds. They were sat on her wall throwing stones. I thought no wonder she's (resident and participant) running in and out. She wanted me to go out to see what she is doing you see. So, I never talked to them because I am too frightened about what they will do to me. But I couldn't hold my tongue because I thought what are they throwing at her. So I said if I let her out of this gate she will have your ankles and don't grumble if she does. He said, what did he say...?"

Participant: "Get in you little shit"

Participant: "He said 'take the little shit in else she wont get us cos we'll get her first'. I said 'will yer?', he said 'yes and we'll kill her'. That is what you've got to stand for."

Nevertheless, despite perceived anti-social behaviour, residents noted that there had been 'actual' changes in the local area, which had improved feelings of community well-being, through the removal of nuisance neighbours and improvements to personal security and safety. Participants identified environmental and community regeneration schemes, such as youth intervention and alleygating as making them feel safer and more secure when they were in their own home.

Participant (FG2): "The one thing that we have had is gated alleyways, which have gave us security. It deters burglaries. Before we had them we got burgled in 1998 and since then, touch wood, it seems a lot safer now."

Participant (FG2): "We are able to do that now (develop the alleyways) because we have not got the element of thugs coming through it. That's an improvement, yeh definitely."

Furthermore, residents believed that improvements in the law regarding landlords responsibilities for their tenants and a tighter clampdown on disruptive neighbours, has reduced the amount of void housing and ensured that the area has got quieter and more peaceful as a result.

Participant (FG1): "On (street name) there was a lot of problems with drugs and neighbourhood nuisance and gangs hanging around one of the blocks of flats and they have actually evicted erm, quite a few in that block, so that has actually gone quiet again."

Participant (FG1): "But on the like anti-vandal what they called railings on the roof, they've stopped people climbing in through the windows."

Participant (FG1): "Yes, the last 18 months (seen improvement)... cos we are behind (street name) and they were all congregating, the druggies were there and the cars were coming in."

Participant (FG2): "I think it has been quieter... oh course it has... we used to have the gangs."

Participant (FG3): "It's not as bad now with the joyriding like it used to be years ago."

Such recent improvements to residents' crime and safety have helped to strengthen perceptions around community well-being. Despite the majority of participants still reporting that they feel unsafe walking out at night and are intimidated by local gangs and 'hoodies', residents do feel safer in their own home as result of the improvements. This now needs to precipitate into residents feeling secure and safe when moving around the community, so that residents may feel more inclined to take part in local events and activities. Removing the stigma imposed on the area and reputation-building is an important part of this, but importantly it is about doing more to improve residents' 'perceptions' around crime and safety and enabling them to feel that they can participate in community initiatives.

Regeneration initiatives around crime safety, such as the neighbourhood warden service and youth intervention, play a key part in this. All focus groups expressed levels of dissatisfaction with the neighbourhood warden service, believing that there was a lack of presence and pro-active action from the community wardens.

Participant (FG3): "The thing is the community wardens are in Higher Openshaw and they say 'we'll see you tomorrow' but that is no good is it. They say 'we'll have a walk round tomorrow night' but you never see 'em. Who are they?"

"The community wardens are in Higher Openshaw... but you never see 'em, who are they?"

Participant (FG2): "There is some wardens trotting round. Powerangers (laughter)... you don't see them very frequently... when I have seen them they have always been on North Road or by the Wells Centre... you very seldom see them walking up (street name)... never see them around the side streets, in the residential areas, where they are needed. Seems pointless really... they have no powers. They can't arrest a gang of kids can they?"

Perceptions of 'Community'

Participants were asked about questions relating to perceptions of community. It was felt that having a 'community' was an integral and vital part of people's lives, where the community was defined narrowly as having friendly and trustworthy neighbours and more widely as the ability to come together as a group to influence decision-making in the area. Aspects of community spirit, participation and the availability of social networks was identified as a key aspect of quality of life in the statistical analysis in chapter 4.

Participant (FG2): "Communities are very important and I think that if you buy the house in middle suburbia, then you know that people around you have all bought their houses. You know that they are going to have some sort of respect for that house and keep it maintained and keep it... have certain respect for its condition and they are gonna treat their neighbours with respect because they are living in that community."

Participant (FG2): "You feel a bit more secure don't you (if you have a community), if you know your neighbours then you know that yeh if I'm gonna be out all day there's a good chance that my neighbours gonna look over my house and make sure everything is ok. They are not gonna ignore the fact that there is someone dodgy hanging on the corner. It's not so invisible."

"It's the community that keeps us together, a natural community."

Residents believed that there was a sense of community in the area, and that people could rely on a core group of members to retain that community spirit. It was this feeling of trust in their neighbours and the need to maintain a 'natural community'

that was seen as keeping long-standing tenants from moving out of the area.

Participant (FG1): "There is still a lot of community spirit on the estate."

Participant (FG1): "Well, you know the area, the area has always been non-threatening to me, yer know, it's a comfortable area, you know everything, you know everybody and really as long as it's good to live here, I will stay."

Participant (FG3): "I think this estate is the best neighbourhood. I say that I have lived here all my life round here across the road. I've only moved across the road and they all look after their houses. They are few and far between that don't bother about their houses."

Participant (FG1): "Not everybody that we don't know is bad because I've dropped my bag and I didn't realise that I lost it and it had my purse and everything in it and somebody knocked on. One of the blokes, I don't know who it was, had found it, looked through it and thought I don't wanna knock on her door because I don't know her. She is a young girl on her own. Everything was in it. It (community) is still there, it is just finding it."

Participant (FG1): "We all bring each others bins in and look out... if we see someone trying to pinch hubcaps then we report it... that kind of thing, so in a small way the community spirit is there."

Participant (FG1): "The people that live here, if somebody is having a lot of trouble, they will get together and say come on let's get it sorted."

Participant (FG3): "It's the community that keeps us together, a natural community."

Participant (FG3): "Just good neighbours (is keeping us from moving out of the area)... it's because we like to be together... I have just been here all this while and you get to know everybody."

Despite respondents reporting a strong sense of community, the majority of participants felt that their perceived concept of community well-being and the ability to retain the 'core' concept of the community was being challenged. This was not necessarily as a result of the regeneration per se, rather as a result of a number of common trends, including the (i) the transient nature of the East Manchester population (ii) the closure of local shops and 'common' areas for the community to interact and (iii) the perceived lack of effective community engagement and participation.

Community and a Transient Population

All participants believed that the transient nature of the population was having an overall negative effect on community well-being. The transient population is primarily the result of a mixture of a large proportion of buy-to-let property in the area and the high percentage of property belonging to housing associations. Importantly, the allocation of the local authority housing lists has changed, ensuring that those on the list are now delegated a property based on 'need' and not 'want', culminating in the high transiency of tenants.

It is therefore important that the thematic results around the transient nature of the East Manchester population be couched within the percentage of Housing Association or Registered Social Landlord (RSL) properties in that street:

- 1 The Beswick street (Focus Group 1). The high turnover of residents can be accounted for by the high proportions of one bedroom RSL properties which will be used probably as emergency accommodation. The residents are likely to be young and single and therefore intrinsically more mobile.
- 2 The Clayton Street (Focus Group 2). With a low percentage of RSL stock in this street, it is likely that there is a higher percentage of private lettings. If this private accommodation is of poorer condition then the turnover is likely to be higher.
- 3 The Openshaw Street (Focus Group 3). The high transiency of residents can be accounted for by the high proportions of one bedroomed RSL properties. The residents are likely to be young and single and therefore intrinsically more mobile.

Participants reported negatively on this aspect, whereby the throughflow of residents that pass through the community create feelings of insecurity, lack of belonging, even suspicion of outsiders coming in from outside of the community.

Participant (FG1): "You don't know who's coming and going. You see them coming in with cases, you see cars coming in. You don't know who's living in them flats."

"You don't know who your neighbour is from one minute to the next."

Participant (FG1): "You don't know the names of people... because all new people are coming and going, coming and going all the time. You don't know who your neighbour is from one minute to the next."

Participant (FG3): "Up to that time when they knocked Beswick down you wouldn't see a window smashed in Openshaw village, not one window. They started knocking Beswick down and as soon as they moved onto this estate then the windows started going in cos they have got into the culture and the vibe. What they should've done in Beswick instead of moving certain groups out at a time they should've moved the whole lot out and then knocked it down. They didn't."

Participant (FG3): "You don't know who's living there and that is the top and bottom of it."

Participants identified the importance of retaining the existing community by ensuring that new residents are integrated effectively into the new area. Residents felt that people were moving in and out of the area, not interacting with existing residents. This was worsened by long-standing tenants and pillars of the community moving out during the deterioration of the area in the 80s and 90s.

Participant (FG3): "It is regardless of who is in the community, it is what they do when they are in the community or for it to become a community and that is not what we are seeing. People are coming and going and they are not speaking and they are not interacting because there is no way for them to interact."

Participant (FG1): "There used to be but it is not there anymore because housing corporations have bought it out and people are coming from all over the place. There used to be a really good middle aged to elderly community around the area. When I first moved in here people like Marion and Les and Rose. There was quite a lot of people who had been here pretty much all their lives, like you say they had been here 60 years etc. and they finished up having to sell their house for four and a half five grand to get out."

Local Amenities and Well-being

Participants from all focus groups commented on the closure of local amenities as impacting negatively on aspects of community well-being. Local amenities were typically defined as pubs, restaurants, grocers and other stores which were seen as valuable to the lives of local people, not just in the service that they provide, but in providing 'hubs' for the community or 'common' areas where members of the community would meet.



The ASDA superstore at Sportcity, East Manchester.

Typically residents would undertake regular visits to local shops or the pub, where naturally residents would forge social relationships and discuss issues about the local community. Residents felt that local amenities were now closing down in favour of large superstores and retail developments and that this was adversely affecting these aspects of the community.

It is noted that the closure of local shops and amenities may be indicative of the decline of the area on the whole and not as a result of the regeneration investment per se. However, local shops and amenities are important to the community well-being of local residents above and beyond the service or amenities that they provide.

Participant (FG3): "When we first moved up to Openshaw village there was some nice shops. Where they have built the family housing now there used to be a pub called Drop Forge, there was a newsagents, there was a chippy, there was a vegetable shop and there was a paper shop."

Participant (FG3): "We have always been used to lots and lots of shops. We have lived here all our lives, there have been shops all the way down. Now everything has gone."

Participant (FG1): "Now they are pulling things down and the precinct is going so there is even less... it was a place for people to meet every now and then... if it's not there you are not going to meet them are you... a lot of people had to go down for their pensions or whatever, savings or whatever... it is not intentional that you go to meet people there... no. But it was a place to go but if it's not there you won't be going will you?"

Participant (FG3): "It seems to me the more people they are bringing in, the more houses that are being built, the less facilities for us shopping wise and things like that. We haven't even got a chip shop, a local chip shop, anymore have we?"

Participant (FG1): "I think if the local shops came back you would meet people that you were close to."

The closure of other key amenities in the area were also shown to be having detrimental effects on people's well-being and quality of life. These included churches and community centres. Churches, in addition to being a beacon of the community, also provide a source of spiritual well-being and emotional support in times of stress, grief or loss. It has direct links to personal well-being and the psychological state of mind. Community centres, in addition to hosting well-being inducing events, classes and courses, are also places for the members of the community to gather collectively and engage with each other.

Participant (FG3): "That church coming down has nearly seen me off. That was the most important thing in my life Sunday morning going to church. It was the only thing we had what you could all gather from going to school and know the people you work with."

Participant (FG3): "From the corner of the houses to the corner of Dunston Street, go back all the way to the canal and there is not one community group facility in this area, right. There is one small one that is being knocked down in Clayton, called the John Gilmore Centre. After that, oh there is a small resource centre, that nobody hardly uses in Mill Street. That is all you have got. There is absolutely nothing."

In addition to the detrimental effect that the closure of local shops has on people's perceptions of community well-being, there was also the feeling that residents now had to travel a longer distance to be able to access everyday goods and amenities. Most people were unaware of the specific transport services which were on offer in East Manchester.

Participant (FG1): "It's getting people to the shops now. We have got 2 buses, one to Gorton and one to Newton Heath, that's about all we've got."

Participant (FG1): "Now this 188 takes you and drops you right off at the door, but most people don't even know where it is going. I mean the lady from the bungalow did not even know that it went. She walks all the time, so I said why don't you get the bus (and she said) 'Oh does it go there?'"

"They've got good gyms over there... they've got squash and tennis, saunas and all that."

Participant (FG1): "They know the buses are running, but they don't know where they're going or they don't know the times. It's like the hospital. If you want to visit someone in hospital how you gonna get there from here. You have got two buses, you have got to go to town and get one from there. Well, the 144

used to take you right there. If you go to Manchester Royal you have got to get two buses... there has been a lot of money spent... you can get a bus from Bel Vue to the hospital and there is a place to park your car there... but people don't know."

This reveals the need to ensure that residents have the information and awareness to access transport services. Despite the fact that there are transport services provided across the region, residents need to be aware of the specific ways in which they can access the services, including routes and arrival times.

Respondents across all focus groups commented on the positive effect that improvements and investment into local amenities and services had on people's lives. This included the facilities at the Eastlands stadium and the opening of the large ASDA superstore in Beswick.

Participant (FG1): "They've got good gyms over there (Sportcity)... they've got the Young Blues over there... they've got squash and tennis, saunas and all that."

Participant (FG2): "I use the local ASDA. It's quite useful. The useful part is that it's open all night."

This may also identify an issue of publicity. Large amounts of regeneration investment have been placed into the local area, much of which has gone into the improvement or provision of new amenities and facilities. This has included new community centres and health centres, which were not mentioned by the participants, despite ironically being the location for the focus groups themselves. These community centres (located within yards of the sampled streets) provide drop-in health clinics, adult education courses, and rooms for members of the community to use. Yet these important services were not commented on at the focus groups, raising concerns over the publicity and information that is being directed at local residents.

Community Engagement and Participation

Evidence suggests that community participation and engagement has positive effects on aspects of personal well-being, social well-being and community well-being (Cantor and Sanderson (1999), Lewis and Kagan (2003)). Participation and engagement involved a more empowering process than undertaking surveys, interviews, and one-off consultation events. Rather, community participation involves empowering local people to take part in the decision-making

process and their views being used to shape service delivery. Community participation can bring feelings of autonomy, fulfilment, and purpose coupled with feelings of inclusion engendered through collective decision-making within the community (Narayan (2000), Brock (1999)).

Despite evidence of consultation being carried out, residents still felt that their comments had not been taken on board or been used to influence local policy and project delivery. The experience of consultation not just included that conducted by the regeneration, but across all service providers. In some cases, this grew into despondency and frustration, with residents questioning the purpose and value of resident consultation.

Participant (FG1): "If you need to put any complaints in or you are against anything there will be a meeting on so and so and so and so and you go but at the end of it they have decided haven't they? They have decided what is going to happen."

Participant (FG3): "If you go to a meeting and nothing's getting done then you're not going to go to the next one are you? They kill it from start to finish. You start off thinking this is going to be great this and gradually they are killing you off going down the line and everybody is getting fed up."

Participant (FG1): "They say well we'll get together and they say, what did you think about that? Waste of flaming time. Well the next time someone comes round to your house and they say would you like to come to a meeting, you say no thank you. That is what's happening. It is not that the people are not interested. It is the people that are getting the people to come here that are interested and then they let them down."

Participant (FG2): "The people that live here, if somebody is having a lot of trouble, they will get together and say come on let's get it sorted and then you get the wardens and you get the police, but nothing ever happens. You get the wardens and you get the police and they say we'll do this and we'll do that, nothing ever happens."

Participant (FG3): "It does make people quite cynical as well because you come to this with good faith and you want to bring ideas forward at things like this so you expect to get some kind of result from that and at least get some information back to say this is what we have compiled from this, this is what we hope to achieve and so on... it just re-inforces that feeling of being ignored."

Residents also felt that there was a lack of information, meaning that they felt ill-informed and unaware about regeneration activity and events in the local area. This was often attributed to a lack of communication from all service providers, such as the police, council, and housing associations.

"If you go to a meeting and nothing's getting done, then you're not going to go to the next one."

Participant (FG1): "We don't know when they are actually being pulled down or anything. I mean I am supposed to be in one of the houses that are being demolished but then they told us it would be 2007 when we are moving out and now we are being told it will be 2009. We don't even know what is going on. So you don't know whether to decorate you don't know whether to do this you don't know whether to move out. You are getting told different things."

Participant (FG3): "It is communication again, it is all about communication, the whole of the problem starts and ends with communication because so and so doesn't talk to such and such and they don't communicate with them and here's us in the middle saying well who do we go to, what do we do?"

Participant (FG1): "I think the lack of communication is quite important because like you say we don't know what is going on so are we gonna lose that street or what are their plans."

Comments pertaining to the effectiveness of resident consultation and participation were furthered by residents' feelings concerning the lack of engagement from service providers. Residents understood the importance of key organisations (such as Manchester City Council, Eastlands, the Police and Neighbourhood Wardens) to the regeneration programme, nevertheless feeling that there was a lack of communication and effective intervention from service providers to meet local people's needs. Residents commented on feeling 'let down' by the lack of responsive action from service providers.

Participant (FG1): "Eastlands... they're rubbish... there you go. That's my answer... they bring anybody in, they don't care. They don't have to live amongst it so they are not interested."

Participant (FG3): "The council just let us down. This vandalism and all that. They give you these books, you fill them in and there is nothing done. There is no follow up. Then they come on the radio saying oh yes they have done this, they have done that, they are going to do this. Nothing. At the end of it you finish up until trouble yourself don't you?"

Feelings of disenchantment arose as residents believed that their integrity and trust, as active members of the community were not being accommodated by service providers. Participants felt that their views and comments were not listened to at the service level, leading to feelings of frustration and disillusionment. This disenchantment extended beyond the regeneration to include council services, the police and housing providers.

Participant (FG1): "The problem with these ones and the police in this area, the same people that do complain and do let them know what is going on. We have had the police out and they go oh it's you again and it's like well what do you want us to do about it. Do you not want us to tell you what is going on? Cos you don't seem to know yourselves and Eastlands is exactly the same."

Participant (FG3): "Well. We'll still keep on having these meetings with the police but if they are going to walk out when you say its not happening... you see we're running trying to stay still if you know what I mean, we just want things how they always have been."

Improvements to Resident's Well-being

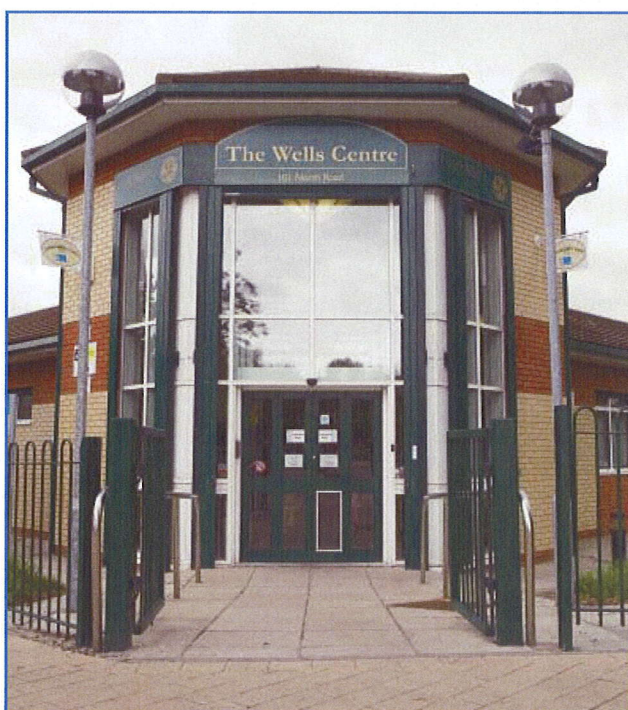
Participants were asked what improvements could be made to the local area, which would subsequently enhance their perceived well-being and quality of life. In addition to local facilities and amenities, residents also felt that activities for young people and anti-social behaviour measures and improvements to transport links would improve the area. These comments mirrored the findings from the 2006 MORI Household Survey and the 2005 Perceptions Survey, which identified local facilities, transport links and youth facilities as requiring improvement.

- 1 Improved transport links enable residents to travel across and through East Manchester. Transport is primarily focussed on the main arterial routes and does not link up different areas

of East Manchester. Improved transport would encourage community participation and the usage of local amenities and services.

Participant (FG1): "You phone this Link thing that is supposed to be for pensioners. You try and get it. You try and get it, there is no chance of getting it... I've tried getting it. We can't get it."

- 2 The provision of a community centre, which serves that local area and can be used by local residents to arrange meetings and stage events. There is evidence of community centres within the local area which have been built as a result of the regeneration funding. Furthermore, the focus groups acted as community centres acted as locations for the three focus groups. These communities have function rooms available, a programme of courses and a number of community events are staged there. However, residents were either ill-informed or unaware of the facilities that they could provide which may mask an information and awareness issue rather than a lack of community centre provision.



The Wells Centre, Clayton, East Manchester.

Participant (FG3): "Well they have done all the houses up, they've got the new centre there, they seem to be building big centres in Clayton. We want a centre like that or something similar to it. We need it so that people from our street can use it. There is no point building it too far so that nobody from our area can use it. At the moment the centre was too far for everybody. That's why it wasn't getting used proper."

Participant (FG1): "To have a place where people, I mean we have got this place here, you couldn't say you could make it into a youth club or a community hall or somewhere you could hold functions. The whole idea of getting people together."

Participant (FG1): "The people that don't mix... I mean when I came into the area I wouldn't say boo to anybody, it was like head down, kept myself to myself. A lot of people don't want to mix, but the people that do there is nothing for them."

- 3 Increased police/warden vigilance/presence and improved lighting in the local area. It is perceived that this would contribute to reducing anti-social behaviour, and improve residents' personal well-being by reducing fear and isolation, increasing the inclination for residents to engage effectively within the community.

Participant (FG3): "So you are watching yourself all the way up the hill. I go to the (inaudible pub name) and I'm walking up that dark field and there are no lights on the place. There should be a light on the place."

Participant (FG1): "A securer area to make things safer... once you were in yer house you felt safe."

Participant (FG1): "We have been coming in at 11 o'clock at night and as we have walked past, like you say the lights are not working and people have been stood waiting to go into the block next door and scared the living daylight out of us."

- 4 Youth prevention strategies, which focus on providing services for younger people. The provision of courses or training schemes would encourage younger people to have increased confidence, aspiration and self-esteem.

Participant (FG1): "There is nowhere for them. There is nowhere for them to go. They end up on the end of Dale Street forming little groups on corners because there is nothing for them to do."

Participant (FG2): "I think something like that when there are several different courses that are available for people to try and make something of themselves, somewhere where they can feel the appreciation and not get shoved down and out down for everything that they do."

- 5 Improved availability of local amenities and services, such as shops, pubs and restaurants that are close to them, even a local church to attend. These are seen as common areas where members of the community can meet together, forge social relationships and collectively come together.

Participant (FG2): "I would like to see different amenities going up for people. Places where we can go out and have a meal or... there is very little of that, pubs, restaurants."

Participant (FG3): "Why they can't build another little chapel or something up afterwards I don't know."

Participant (FG3): "Easy access to shops and more facilities for shopping."

Participant (FG3): "It is a comfort to go to church. I like going to church, I go to St Barnabus but they are talking about pulling that down. So, we're not even gonna have a church."

Conclusion

The results from the focus groups revealed a number of common themes, regarding life in East Manchester, important parameters of perceived well-being for local residents and areas for future improvements:

- 1 Residents value regeneration initiatives which address the 'softer' urban environment. Improved gardens, hanging baskets and alleygating were seen to be more effective in improving residents sense of well-being and quality of life than 'hard' urban developments, including new housing, civic squares and other infrastructure. Residents commented on the overwhelming positives with the environmental programme, including the investment in local parks, the euphoria surrounding the Commonwealth Games and the alleygating scheme. This supported the findings from the statistical analysis in chapter 4 which identified the importance of the general environment and parks and green areas to residents' perceived quality of life.
- 2 Participants believed that there was a need to ensure that there was sustainability with all regeneration projects across the whole of East Manchester. Residents commented on the coverage of regeneration initiatives, where some participants felt 'left out' or had the feeling that 'nothing was being done'. This could evoke perceptions of jealousy, scepticism and mistrust, accentuated by the feeling that many residents felt they were unaware of regeneration activity and not kept fully informed about the latest regeneration developments.
- 3 Residents felt that their community well-being was being affected by negative perceptions over crime and safety. Despite recent improvements in neighbourhood nuisance, participants still felt fear and isolation, which prevented them leaving their home in the evening. These perceptions need to be broken down and de-mystified if improvements are to be made to aspects of personal well-being (fear and worry) and social well-being (interaction and inclusion). This supports the findings from the analysis of the data in chapter 4, which revealed that there is a strong association between perceptions of crime and safety and quality of life.
- 4 Residents commented on the importance of key aspects of the regeneration which are important to their perceptions of well-being. These include transport links, youth facilities and local shops and amenities. Such comments were supported by the findings of the MORI Household Survey and the analysis of the data from chapter 4, when residents identified these areas as key to their well-being.
- 5 Residents reported a strong sense of community spirit, and the importance of collectively coming together to make decisions and influence change. However, this was seen to be negatively affected by (i) the transiency of the East Manchester population and (ii) the perceived lack of engagement from service providers (Manchester City Council, Police/Wardens, Eastlands) (iii) the closure of local amenities (shops, pubs, grocers) which act as 'common' areas for the community to interact.
- 6 Residents' well-being is significantly affected by aspects of community empowerment and engagement. Disillusionment and disenchantment results from residents' perceptions that community consultation is disembodied from the needs and wants of local people. Consultation has negative effects on residents' well-being if they feel that they are not 'listened to' or that their comments are not 'acted upon'. This supports comments made in chapter 4, whereby community participation and well-being were seen as integral to quality of life and well-being.



7 Evaluating Regeneration Projects

Introduction

A diversity of projects and initiatives have been established as a result of the regeneration investment in East Manchester. As evidenced in interviews with regeneration professionals, these are perceived to be having an overwhelmingly positive effect on local people's well-being, addressing the preventative, holistic approach to service delivery to meet the quality of life needs of local people. The Generation Project and The Outlook Project, from a number of others, were chosen as case studies for investigation. The reason for this was that (i) they were put forward by regeneration professionals as achieving improvements to well-being and quality of life and (ii) independent evaluations had been conducted and therefore the case material, interview/focus group transcripts and other raw material was made available. The results are presented here to demonstrate the impact of regeneration projects on the overall well-being of its participants across a number of key well-being areas: economic, personal, social, community and physical well-being parameters.

A number of regeneration projects could have been chosen for case study analysis across the key thematic areas of the regeneration, including well-being, the environment, education, employment, crime and safety etc. which represent the breadth and depth of the regeneration activity across East Manchester. A list of those related to health and well-being can be found in Appendix 9. As is evidenced from this list a large proportion of the regeneration activity does not operate within its own silo or thematic area, rather they are closely inter-linked across all key thematic areas and contribute to the objectives of the regeneration framework as a whole.

Generation Project

The aim of The Generation Project is to provide an information and advocacy service to older people (over 55 years) both individually and collectively. The service is free, confidential and impartial, the results of which demonstrate the effectiveness of a person-centred approach to addressing the well-being needs of older people. The Generation Project has a number of perceived benefits, namely through the provision of practical and emotional support to improve the quality of life of older people. Analysis of evaluation project reports and key documentation (including committee minutes, casework and promotional literature) reveal that the humanistic approach of The Generation Project has impacted positively on older people's well-being in a number of ways:

Economic Well-being

The Generation Project has improved the direct financial position of a number of clients through increased access to benefits and other entitlements (e.g. free bus travel). It is believed that older people have often been prevented from accessing services and participating in activities through poverty and poor financial status (Department of Health, 2001), emphasised by the evidence of the low take-up of benefits amongst pensioners (National Energy Action, 2006). By increasing awareness and de-mystifying the application process, The Generation Project has improved access to such benefits as Pension Credit, Housing Benefit and Council Tax Benefit.

Client: "Assisting in gaining the correct amount of benefits, helping with advocacy between the resident and firms, who can be demanding and who use long and difficult language when communicating with their clients."

This has directly improved the financial status of its clients, which is perceived by its clients as having a direct association with quality of life.

Client: "(The Generation project is about) giving a high quality of life by securing the best possible funding from benefits."

The financial betterment that The Generation Project has provided, can contribute to ensuring older people have more choice and the disposable income to pursue leisure activities and other recreational activity which has been evidenced as having a positive effect on well-being (Headey and Waring (1992), Lu and Argyle (1994), Argyle, 2002)).

Personal Well-being

Personal well-being concerns aspects personal development, couched within the need to retain a degree of hedonic well-being (enjoyment and life satisfaction) (Ryan and Deci (2001), Diener (2000)). The information and advocacy given as a direct result of The Generation Project has improved clients' perceptions of their personal well-being, by generating higher perceived quality of life, contentment and happiness. Personal well-being was seen as important to the quality of life of local residents and clients within the context of the regeneration:

Client: "It is important (that the regeneration) is assessing people individually... what can be done for them (residents) and how they can be made to be happy in themselves."

The provision of information and advocacy has enabled older people to have independence, control and choice over their life domains. This has led many residents to indicate that they enjoy a more satisfactory and comfortable life as a result, with clients indicating that their life is now 'easier' and that they feel more secure and safe as a result of their relationship with The Generation Project.

Client: "It (the Generation Project) has made life easier, accessing information and advocacy services, and directing to other agencies."

Client: "They (Generation Project) do helpful jobs... and I've always found them very caring and helpful... I feel safe with them (Generation Project staff) in the house."

Social Well-being

Historically, older people have been known to suffer from many of the symptoms of social exclusion, suffering feelings of disengagement, disempowerment and isolation, which are indicative of poor levels of well-being (Rankin and Regan, 2004).

This was identified by clients through The Generation Project.

"I prefer to stay at home... that's where my loneliness comes in... because I've nowhere to go."

Client: "I prefer to stay at home... that's where my loneliness comes in... because I've nowhere to go."

Client: "You see that (loneliness) kills people... the old, they don't die of old age, they die of loneliness, it is the biggest killer of old people."

The Generation Project has helped build up trust and reliability between the project and local residents by providing a voice for older people to ensure that they are heard and responded to. It has been evidenced that feelings of inclusion and the generation of social capital ensures that older people have the confidence to access mainstream services (ODPM, 2005). This is Integral to one of the core aims of The Generation Project, which identifies the need to establish a relationship with the client and build up a client rapport in order to build up trust and reciprocity.

Generation project worker: "Actually people are very isolated and starting that relationship with the project is helping them to feel less isolated."

"It has provided people who will listen when the tendency is for no one to listen or care."

Moreover, The Generation Project has enabled older people to achieve higher levels of social inclusion, by improving access to social networks, activities and services which has got older people feeling involved, participating and engaging, alleviating feelings of 'loneliness' and exclusion.

Generation project worker: "An unintended outcome of the project... is to reduce social isolation... putting people in contact with one another."

Client: "(The Generation Project is about) making a better life for old and invalid people, making them feel safer and not alone."

The Generation Project has also built up a rapport and relationship with local residents by giving them a voice, ensuring that they are listened to, in an environment where historically they have felt ignored, isolated and 'put aside'.

Client: "But being one to one he (the Generation Project staff) goes out of his way to listen to your problems, not a lot of people would listen to you, because don't forget a lot of people see it (needs) as old age and lonely, right I mean you just walk in and you can see that I sit here on my own, nobody is here with me, but you know I've got grievances and I've got problems and I've got this, (staff) will come here and spend a couple of hours with me, listen to my problems, how to go about everything. Not everybody would do it. So it is very, very good, it's a very good service and he has good time to everybody and everybody has that time."

Client: "It has provided people who will listen when the tendency is for no-one to listen or care."

Community Well-being

Aspects of the community are believed to be integral to feelings of well-being, including the development of social networks, community participation and inclusion (White and Pettit (2004), Kagan (2007)). This was identified by the following client, who felt that developing social networks within the community can engender feelings of happiness and well-being.

Client: "We (members of the community) talk and we joke for an hour... they (members of the community) say when they talk to me they feel happier, they feel they have talked to a human being."

In much the same way as social well-being, work carried out by The Generation Project is contributing to strengthening communities in East Manchester. Clients feel better equipped to participate in the community through practical support (repairs to the home) to promoting new interests and activities within the community that clients can take part in. This enables clients to stay healthy and active within stronger and more cohesive communities.

Generation project worker: "This project has always been about working towards enabling older people to go to do things for themselves."

Generation project worker: "It is quite clear that they (clients) gain a lot more out of it, around issues of feeling valued, around issues of feeling part of something that is going on in their community."

The Generation Project also stages a number of events in the community (such as 'hotpot' events) at local community centres, which act as consultation exercises, enabling regular feedback to be made back into the community. This, coupled with lobbying on behalf of local people and supporting the older people's forum, ensures that older people have their say, which in turn strengthens community capacity building. The 'hot pot' lunches and The Generation Project meetings within the community engender these feelings of being heard and getting things done.

Generation project worker: "We have put a lot of resources into that (community engagement)... a deliberate attempt to involve, to have good dialogue, you know not one-off contact with residents"

Client: "I think we can make it (the area of East Manchester) better... if we all go and say what everybody wants to say then they can hear... you can change what you want to change."

Physical Well-being

Older people typically suffer from a broad range of health problems, demonstrating levels of long-term illness and difficulty with everyday living (Rankin and Regan, 2004). The information and advocacy supplied by The

Generation Project has ensured that older people now have the information and ability to access these services, which has reduced health affecting problems and improved people's well-being. Older people have a wide range of needs and wants, which often go unnoticed or unmet, which The Generation Project has been instrumental in addressing:

"They are identifying people whose needs haven't been met."

Member of staff of partnership agency: "They (the Generation project) are identifying people whose needs haven't been met and presumably aren't (picked up) by mainstream agencies."

The Generation Project plays a pivotal role as a 'mediator' or a 'broker' between the statutory sector and the resident, ensuring that older people can be navigated between services and around the plethora of service providers that provide improvements to physical health. Importantly this has included brokering potentially stressful activities:

Generation Project worker: "The whole thing about changing house... we all know it presents the greatest risks for people, like older people who are not involved in the process, and you know, stuff about moving people from care homes and the rate of death."

The Outlook Project

The Outlook Project offers a range of activities, support and skills training to people with ongoing or previous drug and alcohol issues over the age of seventeen. The Outlook Project was originally set up in the area of East Manchester as a dedicated outreach service for problematic drug and alcohol users, its success ensuring that the service has been extended to include the rest of Manchester city centre. The Outlook Project takes a casework approach to the delivery of their service, believing that the problems drug and alcohol users suffer is interlinked to the holistic complexity of factors that contribute to people's general well-being and life satisfaction. One of the key aims of the project's delivery of service is:

“Whilst being with Outlook, I realised I needed to learn how to live again.”

“To treat the whole person and not any one particular of the problem that brought them into the service.” (Outlook Project, 2006)

This preventative approach has contributed to the success of The Outlook Project, prioritising quality of life as an important precursor to problems such as drugs and alcoholism.

Personal Well-being

A key aspect of personal well-being is human flourishing through personal development and other aspects of happiness and life satisfaction (Ryff and Singer, 2000). The Outlook Project has been extremely successful in contributing to clients' personal well-being, where the service has improved users' motivation, feelings of self esteem and enabled clients to maximise their potential by ameliorating their skills base and enabling access to opportunities. This 'person-centred' approach has enabled clients to establish 'where they are', 'where they want to go' and 'how best to get there' to achieve their aims.

Client: "Outlook really opened my eyes about life without drugs, I thought I only needed to end my methadone script and get on with it (life), but whilst being with Outlook, I realised I needed to learn how to live again, be motivated and have targets and Outlook have steered me in the right way."

Ensuring that clients achieve progress towards personal goals (key to human development), The Outlook Project provide a flexible and friendly service, where staff build up a rapport with clients engendering feelings of trust and the knowledge that they have a friend or ally in the service to help them through the 'client journey'. Ultimately, this person-centred approach enables clients to retain as much independence as possible, ensuring that clients establish a sense of identity and belonging by establishing confidence and ensuring that reciprocity is built up between the service provider and the user.

Outlook staff: "We'll hold the reigns and gradually we'll loosen them as you get your confidence back. No one asks about your condition per se. It's a case of 'okay, now lets get on with it and see what we can do together.'"

Economic Well-being

A key output of the work undertaken by The Outlook Project is an improvement in the economic position of its clients. It is widely believed, despite the stressors, that active employment (i) improves the financial position of the individual and thereby its relative benefits (ii) contributes to personal well-being through engagement, stimulation and inclusion.

Outlook staff: "The project addressed the key priority of worklessness by removing the barriers to work... offering opportunities to engage in training and self-development options within a structured work plan."

The Outlook Project ensures that working in partnership with employment agencies and training providers to improve the economic position of its clients through long-term access and full membership into mainstream education and employment. In trying to achieve this, The Outlook Project works towards the personal and social factors within a person's life which need be addressed so that they are in a position to engage in the pathway to life, regarding education, training and long-term employment.

Social Well-being

The Outlook Project contributes significantly to the social well-being of its clients. Social capital is a key aspect of quality of life, revolving around the importance of developing and maintaining social relationships which engenders meaningfulness and improves self esteem (Myers (1999), Donovan and Halpern (2002)).

The Outlook Project encourages its clients to develop the skills necessary to develop social contacts and networks, by encouraging the development of social contacts between staff and clients. This was recognised by clients as an important factor in both their social well-being and personal well-being.

Client: "I was unaware of mixing with straight people, non-drug users (prior to Outlook). Meeting friendly people who help me with my aims and goals. The staff team have been very welcoming and helpful. I've had much help that has bettered me. Long may it continue. Thanks."

The Outlook Project staff aim to provide greater feelings of 'inclusion', as valued members of the community and society, to ensure that they have access to and involvement in community life.

In addition to preparing clients for inclusion in society by removing many of the barriers preventing them from doing so, The Outlook project works closely in partnership with a number of community schemes to ensure that individuals can develop the social ties which improve their sense of happiness and well-being. These include activities at the Lowry Arts Centre, trips to the Exchange theatre and the Annual Festival in the Park which help individuals feel part of the wider social community. Additionally, the development that is made at the personal level through the one-to-one approach that The Outlook Project adopts, ensures that clients are psychologically and emotionally prepared to develop social relationships.

Community Well-being

Despite being strongly linked to social well-being and social inclusion, The Outlook Project has been proactively contributing to improvements in individuals' community well-being, by ensuring that they engage the individual and integrate them into the community. The Outlook Project has widened opportunities for involvement in community initiatives improving their integration into community life, engendering feelings of inclusion, acceptance and belonging.

"I've had much help that has bettered me. Long may it continue."

Client: "Outlook really opened my eyes about life without drugs, I thought I only needed to end my methadone script and get on with it (life), but whilst being with Outlook, I realised I needed to learn how to live again, be motivated and have targets and Outlook have steered me in the right way."

Moreover, improvements in clients' thinking and behaviour led to increased feelings of personal belief, enabling individuals to see themselves as a function in the community, increasing the likelihood that the individual will undertake full participation within their community. This is integral to the staff and operational ethos throughout The Outlook Project:

"Many people are attracted to Outlook by the free swimming and gym passes."

Outlook staff: "That they have the right to be a part of the community, to participate fully, to develop valued social roles, to be recognised and appreciated for their genuine contributions."

Physical Well-being

Improvements to physical well-being have been achieved through partnership and multi-agency working such as the Sport Action Zone, which has improved access to sporting opportunities and likely improved the overall physical fitness and health status of participants through the provision of sports facilities, free swimming/gymnasium passes and holistic therapies.

Outlook Project staff: "They (residents) can access Outlook based on the services and activities that are on offer. Many people are initially attracted to Outlook by the free swimming passes and gym passes."

The clients of The Outlook Project have a history of drug and alcohol dependency which not just has negative social influences, but more crudely impacts on the actual health of the client. It is well known that in addition to high blood pressure and weight gain, excessive alcohol consumption is closely related to high rates of liver disease, heart disease and respiratory failure (Imhof et al, 2001). Drug use can bring about the short-term effects of nausea, rapid heart rate, depression and disorientation and the long-term negative effects include paranoia and psychosis (Williamson et al, 1997). In these respects, The Outlook Project not just provides a preventative service but directly improves the acute needs of the client by ensuring that they do not relapse back into drug and alcohol problems by contributing to the various facets of well-being identified above.

Conclusion

There are a number of projects under the auspices of the East Manchester Regeneration that have made overwhelmingly positive contributions to the well-being of its clients. The Generation Project and The Outlook Project were two of the example projects chosen. Analysis of raw data, casework notes, and evaluation reports have concluded that projects which are preventative and holistic in their approach can make significant improvements to the lives of their residents, if appropriately practiced, managed and evaluated. Common to both projects was the success that they had in removing the economic and social problems, taking a person-centred approach to project delivery, so that the client was better prepared and able to participate and engage within the wider community.

The Generation Project and The Outlook Project were proven to positively affect people's lives across a range of well-being parameters - personal, social, economic, physical and community well-being. Despite the difficulties of finding a measurement for well-being, the use of qualitative data through effective casework monitoring, can provide a valuable tool to assess the impact of a project on the quality of life of its clients. This gives credence to the use of well-being as a parameter for evaluating projects which seek to improve the lives of its recipients.

Concluding Comments

This research sought to offer an understanding and articulation of well-being within current regeneration policy and practice. The area of East Manchester has received large amounts of investment, much of which has been used to establish projects and initiatives across a number of key thematic areas, namely: crime and community safety; community capacity and cohesion; sport and leisure; well-being; housing and the environment; employment and education. Central to the regeneration framework and the subsequent delivery plans was the need to provide improvements to the quality of life and well-being of local residents through the provision of resources, services and initiatives throughout East Manchester. As the regeneration enters a period of sustainability, it is the feasibility of these projects to make a difference to the economic, social and environmental components of residents' lives which will give them added efficacy.

In this project an understanding is developed of how well-being has been practiced by regeneration professionals, how intrinsic the concept of well-being is to regeneration policy and how resident's well-being or quality of life may have changed as a result of the regeneration thus far. A methodology was employed which incorporated both quantitative and qualitative data gathering techniques including statistical analysis, interviews with regeneration professionals, focus groups with local residents and case study analysis.

Subsequently, the study employed a 'person-centred' approach to well-being, which involved the use of direct health indicators (physical well-being), but importantly included the encapsulation of more subjective aspects of well-being including social, personal, spiritual, environmental and community components. There is the recognition in this study that the concept of well-being cannot be pre-defined, rather it is an open measure of human experience and satisfaction. It is this interaction between the (i) 'person' i.e. resident and (ii) the environment i.e. regeneration and the neighbourhood, which was integral to the study.

Findings

- 1 The concept of well-being encompasses a range of indicators which are important in people's lives including social, environmental, community and spiritual factors. These aspects can be couched within a conceptual model of well-being as determined by the literature. Well-being is defined here as a multi-faceted concept, containing many dimensions which inter-relate and have causal relationships. Central to the concept is personal well-being (aspects of life satisfaction, personal development and fulfilment) surrounding which are the domains which can contribute to an individual's well-being. It is not that any individual needs to experience all the facets of well-being at all times to experience a sense of fulfilment, rather the importance of the various different domains depend on an individual's situational background and social context.
- 2 Regeneration professionals reported that it was difficult to measure and evaluate the concept of well-being due to its complex and subjective nature. Professionals typically collect and analyse quantitative data and key performance indicators for project evaluation, much of which is defined and dictated through funding bodies. Despite the availability of survey data collected regularly across the region there are little resources factored in to individual regeneration initiatives that allow for the collection of qualitative data and the measurement of well-being or quality of life parameters. Exploration of the constraints that regeneration professionals work within (funding requirements and limited resources) identified the propensity towards the collection of primarily measurable, quantitative data.

- 3 Person-centred projects and initiatives such as 'The Generation Project' and 'The Outlook Project' supplied overwhelming evidence to suggest that the regeneration was contributing to improving the well-being and quality of life of local residents through holistic, person-centred initiatives. The casework approach practiced within each of these projects helped demonstrate that regeneration can and does have a positive impact on people's lives across a number of important domains, including economic well-being, personal well-being, social well-being, spiritual well-being, leisure and well-being, environmental well-being and community well-being.
- 4 Regeneration professionals conceived that it was difficult to measure and evaluate the concept of well-being due to its complex and subjective nature. Professionals typically undertake the collection of quantitative data and key performance indicators for project evaluation, which the funding bodies dictate. Despite the availability of survey data collected systematically across the region there are little resources factored-in to regeneration projects that allow for the collection of qualitative data, and importantly the measurement of well-being or quality of life parameters. An appreciation of the constraints that regeneration professionals work within as regards to funding and resources was explored.
- 5 Residents identified the importance of the 'softer' aspects of the regeneration to their quality of life. These include environmental programmes such as improvements to gardens, the provision of hanging baskets and alleygating rather than 'hard' changes to the urban environment which include new housing, civic squares and other infrastructure. Residents suggested that environmental improvements can provide overwhelming benefits to residents' quality of life by providing an aesthetically pleasing environment, which is spiritually uplifting and imbues residents with a sense of community pride and spirit. This was substantiated by the theoretical evidence and findings from the statistical analysis part of the project, which found that parks, green areas and rubbish collection are strongly associated with residents' well-being and life satisfaction.
- 6 Residents identified aspects of their life, which they felt were important to their well-being, the improvement of which would have substantial benefits to their quality of life. This included: (i) crime and safety - which necessitates breaking down the perceptions concerning perceived fear of crime and safety (ii) community participation and consultation which requires more innovative and effective means of community participation and consultation and (iii) local amenities can act as 'hubs' within the community and a place to network and meet. This was supported by the strong association identified in the statistical analysis phase, which identified crime and safety, community participation and local facilities and amenities as key aspects of residents' well-being.
- 7 Both regeneration professionals and residents identified the need to improve the information directed to, and the awareness of, local residents in the area. It was felt that positive aspects of the regeneration, including specific projects and initiatives, needed to be tailored to residents' individual needs by targeting local people, using more innovative methods. The need to address the information and awareness of local residents was substantiated by the statistical analysis phase of residents' perceptions.
- 8 It is important that the future sustainability and/or mainstreaming of the regeneration work is continued. Many of the regeneration projects which are addressing the well-being needs of local residents need to be maintained in the long-term. Despite sustainability being in-built into regeneration funding, it was a concern to both residents and regeneration professionals that many of the elements of the regeneration need effective partnership working and self-sustainability to be continued into the long-term.

It is hoped that the work undertaken in this study has been a useful experience in generating these findings, but more importantly in terms of developing understandings of the working practices of regeneration professionals and its implications on the well-being of local residents in East Manchester.

Recommendations

A number of recommendations emerged from the final report, which are put forward with the intention of improving the understanding and articulation of well-being within the context of regeneration policy and practice. These include:

Measurement and Evaluation

- To work towards, in collaboration with regeneration professionals, residents and stakeholders, an agreed methodology for qualitatively measuring and evaluating well-being within regeneration projects and initiatives. This will provide further supportive evidence for the positive contribution that the regeneration is making to the well-being of local residents. To avoid duplication of existing effort, any methodology must build upon the existing data, evidenced in local and national surveys. The methodology also needs to be flexible (to account for disparate regeneration projects), and reflect the working practices/constraints (funding targets and resources) of regeneration professionals.
- To explore the possibility of regeneration projects acquiring additional resources (labour and evaluation tools) to facilitate the more extensive collection and evaluation of qualitative well-being data which will add value to the quantitative data that is already collected. This needs to be balanced against existing budgets and timescales. Independent evaluations conducted by organisations, such as that undertaken on The Generation Project and The Outlook Project can make a significant contribution to project efficacy and should be used where appropriate.
- To identify and share elements of 'best practice' from projects such as 'The Generation Project' and 'The Outlook Project', which provide compelling evidence for the effectiveness of 'person-centred' services on the well-being of local residents. This primarily includes methods for effective project delivery, including effective user involvement and partnership-working which have helped 'The Generation Project' and 'The Outlook Project' to become mainstreamed and sustained in the long-term.

Information and Awareness

- Residents and regeneration professionals identified information and awareness as a key area for improvement. There was the feeling that information can be better targeted to residents and hard-to-reach groups to ensure that the positive work of the regeneration reaches local residents in a form which is tailored and specific to the individual. Innovative targeting is already taking place within the regeneration, yet this tends to be isolated within individual themes and requires actively sharing across the regeneration and between professionals to improve the information and awareness of local residents.

Community Well-being and Social Sites

- More active engagement needs to take to challenge residents' perceptions concerning aspects of crime and safety. Local residents' perceptions concerning fear of crime are pervasive, yet levels of actual reported crime have significantly dropped or levelled off. Active engagement to challenge these perceptions should be undertaken within the regeneration, in partnership with other service providers, to encourage local residents to more readily engage within the 'safer' community. It is envisaged that this will have substantial benefits achieved through social inclusion, community participation and more cohesive communities.
- Further work needs to be undertaken with local residents to explore the impact of societal and economic change on perceptions of the community. Aspects of the neighbourhood, including the marketplace, local shops and parks/green areas, were identified by residents as important sites of social interaction, which through decline and the subsequent need for renewal have

diminished. Further work needs to be done to evaluate the importance of community 'hubs' in maintaining the social fabric of the community and how these 'hubs' can be best preserved within the context of the regeneration.

Community Engagement and Consultation

- Regeneration professionals, in collaboration with residents, need to provide greater clarity and transparency concerning the most effective forms of resident engagement. The understanding and articulation of engagement from the perspectives of regeneration professionals and residents needs to be explored, including a model of existing practice. This needs to include an appreciation of engagement and participation as understood by key stakeholders, set out in the Manchester Community Engagement Toolkit (MCC, 2006) couched within the principles of effective community engagement (information, consultation, deciding/acting together, support.) Further work should seek to establish the level of engagement and participation which is desirable for local residents. This is dependent upon individual circumstances and levels of accountability.
- Close working relationships need to be engendered between regeneration professionals and service providers (Manchester City Council, Eastlands and the Police) to share and raise the common concerns of local residents. Ward coordination and the Public Agencies Forum need to ensure that effective lines of communication are extended across all agencies within existing regeneration practice to ensure that the views of local residents' are taken forward in partnership so that the positive work of the regeneration can continue. It is important that local residents are given active empowerment and involvement within this decision-making process.

The study enabled the concept of well-being to be understood from the perspectives of local residents and regeneration professionals in the context of regeneration policy and practice. The results revealed that well-being encompasses a number of important domains which impact on people's lives and lend themselves to more subjective, qualitative data collection. Principally, focus groups and interviews have been conducted in this study to elicit and explore the impact of the regeneration on various aspects of residents' well-being. However, focus groups and interviews are only one aspect of the data capture process and more innovative means of collecting qualitative data (video capture, diaries, storybooks) need to be initiated to establish a richer, more comprehensive picture of what well-being means to local communities. This will enable an experiential understanding of how local residents articulate well-being within their local community. Importantly, it will focus on the wider appreciation of what local people understand by the concepts of 'community', and 'well-being' within the context of regeneration.

Communities provide an opportunity for well-being to be addressed within the settings where typically people 'work, live and play', where preventative measures can be specifically targeted towards housing, the environment, transport, shops and recreational facilities. In order to define well-being within the community setting it is necessary to understand the environs within which people live, focussing on individual's behaviour within 'place and space' and the role of the community as a network of social interaction and support. This will determine how local people can engage within community 'hubs' and their immediate environment to propagate and sustain well-being improvements. Ultimately, defining the role of the community is a focal part of the wider policy agenda for cohesive communities to include social capital, community participation and effective engagement. Moreover, it is here that the impact of regeneration projects and area-based initiatives will have an important part to play in shaping the community through initiatives which are more targeted towards community development and focus more directly on capacity building within communities.



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10 Appendices

Appendix 1 - Baseline Data

Field	Source	Level	Latest	Frequency	Details
Population					
Age and Gender	2001 Census	Lower SOA	2001	10-years	Demographic populations
Age and Gender	ONS Mid-year Estimates	City/PCT	2004	Annual	Population resident as at 31 July
Household and communal populations	2001 Census	Lower SOA	2001	10-years	Residents in households and residents in communal establishments
Ethnicity	2001 Census	Lower SOA	2001	10-years	Ethnicity make-up
Determinants of health					
Unemployment Rates	ONS and Policy Unit	Ward	March 2005	Monthly	Adult and youth unemployment rates. Incorporates rates unemployment rate; long-term unemployment and youth unemployment
Education rates	Research and Stats team, Manchester Education Department	Ward	Summer 2004	Annual	Primary and secondary school attainment. Refers to children living in the wards and educated in LEA schools only
IMD 2004: Barriers to housing and services indicator	NWPFO Small Area Dataset 2004	Middle Tier SOA	2004	Irregular	A measure of the barriers to housing an key local services either geographic or wider barriers

IMD 2004: Health Deprivation and Disability	NWPHO Small Area Dataset 2004	Lower SOA	2004	Irregular	A measure of the areas with relatively high rates of people who die prematurely or whose quality of life is impaired by poor health or who are disabled, across the whole population
IMD 2004: Comparative Illness and Disability	ONS/ Neighbourhood statistics	Lower SOA	2004	Irregular	Comparative illness and disability indicator of multiple deprivation (2004). Although IMD 2004 - data was collected between 1997-2001
IMD 2004: Emergency admission to hospital	ONS/ Neighbourhood statistics	Lower SOA	2004	Irregular	Admissions to hospital indicator of multiple deprivation (2004). Although IMD 2004 - data was collected between 1999-2002
IMD 2004: Mental Health indicator	ONS/ Neighbourhood statistics	Lower SOA	2004	Irregular	Mental health indicator of multiple deprivation. Although IMD 2004 - data was collected between 1997-2002
IMD 2004: Years of potential life lost	ONS/ Neighbourhood statistics	Lower SOA	2004	Irregular	Years of potential life lost indicator of multiple deprivation (IMD). Although IMD 2004 - data was collected between 1997-2001
IMD 2004: Combined Employment Domain Indicator (Benefits)	ONS/ Neighbourhood statistics	Lower SOA	2004	Irregular	Combined employment domain indicator (benefits): Incapacity Benefit (IB) and Severe Disablement Allowance (SDA) claimants. Although IMD 2004 - data was collected in 2000/2001
IMD 2004: Combined Employment Domain Indicator (Illness)	ONS/ Neighbourhood statistics	Lower SOA	2004	Irregular	Combined employment domain indicator (illness). Although IMD 2004 - data was collected in 2001
IMD 2004: Percentage of population living in the most deprived quartile indicator	NWPHO Small Area Dataset 2004	Middle Tier SOA	2004	Irregular	Population living in most deprived quartile indicator. Based on IMD 2004 national quartiles of Lower Super Output Areas
IMD 2004: Income deprivation affecting older people indicator	NWPHO Small Area Dataset 2004	Middle Tier SOA	2004	Irregular	Income Deprivation Affecting Older People Index (IDAOPI) is a subset of the Income Deprivation Domain. This comprises the percentage of an SOAs population aged 60 or over who are Income Support, Jobseekers Allowance or Incapacity Benefit Claimants aged 60 or over and their partners

Fertility and births

Birth rate/general fertility rate	Districts Birth Extracts; Vital Statistics Tables VS1; 2001 Census	Lower SOA	1998-2002	Annual	Birth rate per 1000 women aged 15-44. Calculation dependent on availability of population estimates at SOA level broken down by 5-year age group and gender
Stillbirth rates	ONS Vital Statistics Table VS1 2004	PCT	2004	Annual	Live and stillbirth rates. Incorporates maternities; crude birth rate; general fertility rate; proportion not in marriage; stillbirth rate
Abortions	Department of Health	PCT	2004	Annual	Legal abortions by ageTaken from Department of Health Statistical Bulletin: Abortion Statistics, England and Wales: 2004' (July 2005)
Low birthweight babies	ONS Annual Birth Extracts; ONS Vital Statistics Table VS1 2004	Ward; Beacons	2002-2004	Annual	Low birthweight babies and births to lone mothers. Incorporates total number of births; low-weight births; births to single mothers
Births to lone mothers	ONS Annual Birth Extracts; ONS Vital Statistics Table VS1 2004	SOA	2002-2004	Annual	Births to lone mothers

Immunisation, screening and prevention

Immunisation rates	Child Health System, Central Manchester PCT (April 2005)	Ward	April 2005	Continuous	Immunisation uptake in 1 and 2 year old children
Breast screening coverage	KC63 Return, Department of Health Statistical Bulletin	PCT	2004/5	Annual	Proportion of eligible women aged 53-64 years resident in the area who have had a test with a recorded result at least once in the past 3 years

Cervical screening coverage	KC53, Department of Health Statistical Bulletin	City	2004/5	Annual	Women aged 25-64, 2001-2 to 2003-4, proportion of eligible women who have had a test with a result at least once in the last 5 years
Smoking quit rates	Department of Health Monitoring Returns	PCT	2004-05	Annual	Client considered as having successfully quit smoking at the 4 week follow up if he/she has not smoked at all since 2 weeks after the quit date
Stop smoking services	NHS Social Care and Information Centre; DoH	PCT	2004-05	Annual	NHS: Stop Smoking Services: number of people who attended Stop Smoking Services (SSS)
Drug treatment	National Drug Treatment Monitoring System; NW Public Health Observatory 2005	City	2003/04	Annual	Clients in contact with drug treatment services by age
Mental illness discharge	Finished Consultant Episodes (FCEs) and discharges, for patients who are admitted to NHS hospitals	PCT	2003	Annual	Those discharged from NHS hospitals with a mental illness

Health-related behaviour, illness and disability

Smoking prevalence	Commission for Health Improvement (CHI) PCT Survey	PCT	2005	Annual	Estimated smoking status. Incorporates current smokers, ex-smokers and never smoked. Response rates varied across PCT and therefore estimates may be affected by response bias
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Hospitalised prevalence for alcohol related conditions maybe data	Hospital Episode Statistics (HES); ONS Mid-year estimates	Middle Tier SOA	1998/99-2002/3	Periodically updated using annual HES data	Alcohol related hospital episodes for selected causes by gender. Incorporated a set of attributable fractions (AF) set out by Department of Health Strategy Unit. However, based on maximum AF and therefore an over-estimate of alcohol-related deaths. See record for prevalence below
HIV/AIDS cases (new and total)	Centre for Public Health, LJM U	PCT	2004	Annual	Number of new cases of HIV/AIDS (incidence) and total cases (prevalence) by age, sex and ethnicity
Long-term illness and 'not good' health	2001 Census	Lower SOA	1998-2002	10-years	Standardised Illness Ratios 16-74. Local permanent sickness counts
Road accident casualties	Manchester City Council Transport Policy Unit	Ward; Beacons	2004-05	Annual	Road accident casualties. Based on information collected by GMP at location of accident (Stats 19 form)
Percentage obese	Synthetic Estimate based on Health Survey for England 2000-02	Middle tier SOA; PCT	2000-02	Unknown	Percentage of adults with a BMI greater than 30
Percentage binge drinking	Synthetic Estimate based on Health Survey for England 2000-02	Middle tier SOA; PCT	2000-02	Unknown	Percentage of adults drinking 8 or more units of alcohol for men or 6 or more units of alcohol for women on at least one day in the previous week
Percentage smoking	Synthetic Estimate based on Health Survey for England 2000-02	Middle tier SOA; PCT	2000-02	Unknown	Percentage of adults who are current smokers

Male lost life through smoking	2001 Census; Mid-2003 ONS estimates	LA	2001-03	Periodically updated using annual mortality data	Estimate of the average number of months life lost by male smokers
Female lost life through smoking	2001 Census; Mid-2003 ONS estimates	LA	2001-03	Periodically updated using annual mortality data	Estimate of the average number of months life lost by male smokers
Male lost life through alcohol consumption	2001 Census; Mid-2003 ONS estimates	LA	2001-03	Periodically updated using annual mortality data	Estimate of the average number of months life lost by male smokers
Female lost life through alcohol consumption	2001 Census; Mid-2003 ONS estimates	LA	2001-03	Periodically updated using annual mortality data	Estimate of the average number of months life lost by male smokers
Mortality					
Infant and perinatal mortality rate	ONS VS1 Tables 1991-2003	City; PCT	2004	Annual	Includes perinatal mortality rate; neonatal mortality rate; post-neonatal mortality rate; infant mortality rate
SMR all causes	District Death Extracts; ONS Mortality Statistics; 2001 Census data	Lower SOA; Ward	1998-2002	Periodically updated using annual mortality data	Deaths from all causes. SMRs based on 5-yr deaths data applied to population counts from 2001 Census

SMR cancer	District Death Extracts; ONS Mortality Statistics; 2001 Census data	Lower SOA; Ward	1998-2002	Periodically updated using annual mortality data	Deaths from all neoplasms. SMRs based on 5-yr deaths data applied to population counts from 2001 Census
SMR circulatory diseases	District Death Extracts; ONS Mortality Statistics; 2001 Census data	Lower SOA; Ward	1998-2002	Periodically updated using annual mortality data	Deaths from all circulatory diseases. SMRs based on 5-yr deaths data applied to population counts from 2001 Census
Smoking attributable causes mortality	District Death Extracts; ONS Mid-year estimates	Middle Tier SOA	1999-2003	Periodically updated using annual mortality data	Mortality caused through smoking. 5 year population based on ONS Mid Year Estimates apportioned to Middle SOA by 2001 Census Proportions
Alcohol attributable causes mortality	District Death Extracts; ONS Mid-year estimates	Middle Tier SOA	1999-2003	Periodically updated using annual mortality data	Mortality caused through alcohol. Based on ONS Mid Year Estimates apportioned to Middle SOA by 2001 Census Proportions
Suicide rates	ONS/DoH	LAD; PCT	2002-04	Annual	Suicide rates
Mortality by age and gender	ONS Mortality	LAD	2004	Annual updated using annual mortality data	Trends in all-cause mortality by age and gender available back to 1991

Choosing health targets

Life expectancy by gender	ONS, 2004	LAD; PCT	2002-04; 2001-03 (PCT)	Annual	Trends in life expectancy at birth by gender. Data presented as 3-year rolling averages for 1991-2004
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Comparative data

Health status in 'core' cities	Compendium of Clinical and Health Indicators	Core cities	2004	Updated on an ongoing basis as data becomes available	Comparison of key indicators of health status in 'core' cities. Incorporates life expectancy at birth; under 18 conception rate; infant mortality rate; low birthweight births; age-standardised illness ratios; mortality rates (see www.nchod.nhs.uk)
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Care

Provision of unpaid care	2001 Census	Lower SOA	2001	10-year	Persons providing care
Percentage living in communal establishments	2001 Census; ONS Neighbourhood Statistics	Lower SOA	2001	10-year	Census % of persons >75 living in communal establishments
Adults with physical disabilities helped to live at home	Department of Health	Unitary Authority/County	2004/05	Annual	Adults with physical disabilities helped to live at home

Hospital admission data

Treatment	Hospital Episode Statistics (HES); ONS mid-year estimates	Middle Tier SOA	1998/99-2002/03	Periodically updated using annual HES data	Hospitalised treatment. Elective operations and investigations only. 5 Year populations based on ONS mid-year estimates apportioned to Middle SOA by 2001 Census Proportions
Prevalence	Hospital Episode Statistics (HES); ONS mid-year estimates	Middle Tier SOA	1998/99-2002/03	Periodically updated using annual HES data	Hospitalised incidence. Individuals who have been admitted as emergency only. 5 year population based on ONS mid-year estimates apportioned to Middle SOA by 2001 Census Proportions
Admission	Hospital Episode Statistics (HES); ONS mid-year	Middle Tier SOA	1998/99-2002/03	Periodically updated using annual HES data	Hospitalised admission rates. Individuals who have been admitted as emergency only. 5 year population based on ONS mid-year estimates apportioned to Middle SOA by 2001 Census Proportions
Mental illness admission rate	Health and Social Care Information Centre	PCT	2002/3	Annual	Mental Illness Admission rate. Mental Illness Admission Rate to NHS hospitality by age/gender
Economy					
Attendance allowance claimant ratio	NWPHO Small Area Dataset 2004	Middle Tier SOA	August 2004	Irregular	People who are severely disabled, physically or mentally
Disability living allowance claimant ratio	NWPHO Small Area Dataset 2004	Lower SOA	August 2004	Irregular	People who become disabled by the age of 65

Income support claimant ratio	NWPHO Small Area Dataset 2004	Middle Tier SOA	August 2004	Irregular	Income support claimants
Incapacity benefit and severe disablement allowance claimant ratio	NWPHO Small Area Dataset 2004	Middle Tier SOA	August 2004	Irregular	Capacity to do their job
Job seekers allowance claimant ratio	NWPHO Small Area Dataset 2004	Middle Tier SOA	August 2004	Irregular	Formerly unemployment benefit



AN INDEPENDENT AND CONFIDENTIAL SURVEY 2005 OF RESIDENTS IN THE EAST MANCHESTER AREA

F

Question names &
coding appear in
red font

G

Please spare 30 minutes of your time to answer these confidential questions.

Kwest is talking to a large number of households in your area. The feedback we receive will allow Kwest to advise the NEM and its partners on how to improve your area and the services you receive.

Please don't miss this chance to give your views and enter the prize draw!

All those taking part will be entered into a prize draw with a chance to win up to £100!

YOU AND YOUR HOUSEHOLD

- 1 I would like to start by asking you some questions about the people in your household. This will allow New East Manchester, the Council and its partners to understand who lives in the area, what their needs are and what services would be of most use.

Could you firstly please tell me how many people live in your household (including yourself)?

1 2 3 4 5 6 7 8 or more

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

a5501

- 2 And now could you tell me about all the people who live in your household? (interviewer, for ethnicity and work status, please refer to the showcards (last page of this questionnaire) and write the appropriate number in the box for each person)

	Male H905	Female gender		Under 4 years	4-15 years	16-24 years	25-59 years	60-64 years	65-74 years	75+ years	Ethnicity (write no in)	Work Status
	1	2		1	2	3	4	5	6	7	H909 (a107)	a55502
Interviewee	a <input type="checkbox"/>	<input type="checkbox"/>	age h907 ^a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a <input type="checkbox"/>	a <input type="checkbox"/>
Person 2	b <input type="checkbox"/>	<input type="checkbox"/>		b <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b <input type="checkbox"/>	b <input type="checkbox"/>
Person 3	c <input type="checkbox"/>	<input type="checkbox"/>		c <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c <input type="checkbox"/>	c <input type="checkbox"/>
Person 4	d <input type="checkbox"/>	<input type="checkbox"/>		d <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d <input type="checkbox"/>	d <input type="checkbox"/>
Person 5	e <input type="checkbox"/>	<input type="checkbox"/>		e <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e <input type="checkbox"/>	e <input type="checkbox"/>
Person 6	f <input type="checkbox"/>	<input type="checkbox"/>		f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f <input type="checkbox"/>	f <input type="checkbox"/>
Person 7	g <input type="checkbox"/>	<input type="checkbox"/>		g <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g <input type="checkbox"/>	g <input type="checkbox"/>
Person 8	h <input type="checkbox"/>	<input type="checkbox"/>		h <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h <input type="checkbox"/>	h <input type="checkbox"/>
Person 9	i <input type="checkbox"/>	<input type="checkbox"/>		i <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i <input type="checkbox"/>	i <input type="checkbox"/>

- 3 How many members of the household go out to work (full or part time)?

None (1) One (2) Two or more (3)

☐
☐
☐

- 4 Is anyone in your household out of work and looking for paid employment?

Yes ☐ (1) No ☐ (2)

- 5 Interviewer, please record date of birth of person interviewed. DOB1

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

A P1

Reference Number:

6 Do you, or does anyone in your household have a disability? V

Yes ☐ (1) No ☐ (2) h845

7 If yes, please say how many disabled people live in your household.

One Two Three Four or more

☐ (1) ☐ (2) ☐ (3) ☐ (4) s995

8 How many cars and vans does your household have in total?

None One Two Three or more h832

☐ (1) ☐ (2) ☐ (3) ☐ (4)

9 If you have a car or van, approximately how old is/are the vehicle(s) you have? A55503

		Less than 1 year (1)	1-2 years (2)	3-5 years (3)	6-10 years (4)	11-15 years (5)	More than 15 years old (6)
Car/van number 1	a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car/van number 2	b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car/van number 3	c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car/van number 4	d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A

10 Is English your first/main language? (h835)

Yes ☐ (1) No ☐ (2)

11 If no, please say what is. Langua

Ask if English is not their main language. Interviewer can make judgement on response to this question.

12 How well would you say you speak English? (a34823)

Very well Fairly well Not very well Not at all

☐ (1) ☐ (2) ☐ (3) ☐ (4)

Ask if English is not their main language

13 Can I just check, have you ever applied for refugee status in this country? *(as with the rest of your answers, these will be treated in the strictest confidence. Your individual answers will not be divulged to anyone else).* A34824

Yes ☐ (1) No ☐ (2)

14 If you have applied for refugee status, which of these categories on the list best describes your current situation? Aj5504 (with d/k) – becomes a55504 without d/k

<u>Showcard</u>	✓ <u>one only</u>
A Indefinite leave to remain	1 <input type="checkbox"/>
B Full refugee status	2 <input type="checkbox"/>
C Humanitarian Protection	3 <input type="checkbox"/>
D Discretionary Leave	4 <input type="checkbox"/>
E Temporary admission/awaiting initial decision	5 <input type="checkbox"/>
F Initial refusal, appeal/judicial review pending	6 <input type="checkbox"/>
G Final refusal	7 <input type="checkbox"/>
H Other (please say)	8 <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	
I Don't know	9 <input type="checkbox"/>
J No answer	10 <input type="checkbox"/>

5

D

P2

A LIVING IN YOUR AREA

I would now like to ask you some questions about what it is like to live in this area, what you feel is good and bad, and how you would like to see things improved.

15 How long have you/your household lived in this area (to the nearest year)? **Ag5505** (with "don't know" option) – becomes **a55505** (without "don't know" option)

Under 1 year	1-2 years	3-5 years	6-10 years	11-20 years	21+ years	Don't know/can't remember
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (6)	<input type="checkbox"/> (7)

16 Why do you choose to live in this area, rather than any other area? **1= select, 99=absent value f684**

Showcard

✓ any which apply

- I like the area **f684a** ☐
- It is the only area I could afford **f684h** ☐
- It is near my family/friends **f684b** ☐
- I didn't have a choice - I was rehoused here **a55506** ☐
- I like the property **f684c** ☐
- Good public transport **f684j** ☐
- It is near work **f684d** ☐
- I was born here **f684k** ☐
- New relationship/marriage **f684e** ☐
- Good facilities **f684i** ☐
- It's a safe place **f684m** ☐
- It's close to schools **f684g** ☐
- It's an up and coming area **a55507** ☐
- It is affordable **a55508** ☐
- It is a good area to live in **a55509** ☐
- Other (please specify) **f684n** ☐

17 How do you feel the following have changed in your area in the past three years? **Ad5510** (with "don't know") becomes **a55510** (without "don't know" option)

	Got better (1)	Stayed the same (2)	Got worse (3)	Don't know (4)
General appearance of area a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The reputation of the area b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local shops and facilities c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport links d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OF LIFE AND AREA B

18 Now I would like to ask you about your general impressions of living in this area. Overall, how satisfied are you with this area as a place to live? **f605**

Showcard

Very satisfied	satisfied	Neither satisfied nor dissatisfied	dissatisfied	Very dissatisfied
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)

19 If we were to define "quality of life" as how you feel overall about your life, including your standard of living, your surroundings, friendships and how you feel on a day to day basis, how would you rate your quality of life? **ff01** (with "don't know") – becomes **f701** without "don't know"

Showcard

Very good	Fairly good	Neither good nor bad	Fairly bad	Very bad	Don't know
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (6)

20 Overall, would you say your area is changing for the better or for the worse? **F606**

Getting better	Staying the same	Getting worse
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

Ask if they think the area is getting better or worse

21 Why do you think this is? **F606xc**

7

9

Z

P3

X

22 Could you tell me how good or bad you think your area is for the following things: **ff70 (with "don't know") – becomes f670 (without "don't know")**

Showcard

Please answer each question

	Very good	Fairly good	Just OK	Fairly bad	Very bad	Don't know
	1	2	3	4	5	6
A. Parks ff70 f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Other open spaces ff98d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Street Lighting* ff98c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Rubbish collection* ff98e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. General appearance of the area* ff70r	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>						
F. Public transport* ff70a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Good quality housing ff98f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Condition of footpaths/ ff98g pavements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Social/leisure activities ff98j for people like yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Facilities for young ff70b people aged up to 12 (excluding schools)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>						
Y						
K. Facilities for teenagers ff70y (aged 13 to 17) (excluding schools)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Local police service ff98h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Local health facilities af5511- (a55511)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Sports and leisure facilities ff70d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Shops ff70e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Quality of schools ff70i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Being a safe place (e.g. safe from crime) ff70g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A

K

P4

F

G

23 What three or four things most need improving in this area, to improve the quality of your life? (Once the key issues have been identified, i.e. the bold headings, probe fully what the main issues are from the list below each heading)

Showcard **f702 - 1=select, 99=absent value**

✓ any **three or four** that apply

Crime and Safety

- 1. General level of crime ☐ **f702a**
- 2. Fear of crime ☐ **f702b**
- 3. Car crime ☐ **f702c**
- 4. Burglary ☐ **f702d**
- 5. Physical attacks/muggings ☐ **f702e**
- 6. Drug dealing ☐ **a55512**
- 7. Drug use ☐ **a55513**
- 8. Anti-social behaviour ☐ **a55514**

Housing

- 24. Choice of housing ☐ **f702w**
- 25. Affordability of housing ☐ **f702x**
- 26. Housing services provided by landlord ☐ **f702y**
- 27. Upkeep/quality of housing ☐ **f702z**
- 28. Feelings of community/ knowing people ☐ **f703a**
- 29. Reduction in number of empty properties ☐ **f703b**
- 30. Youth nuisance ☐ **f702g**

Environment

- 9. General appearance of the area ☐ **f702h**
- 10. Litter/rubbish ☐ **f702i**
- 11. Graffiti/vandalism ☐ **f702j**
- 12. Abandoned cars ☐ **f702k**
- 13. Dogs/dog mess ☐ **f702l**
- 14. Run down/boarded up properties ☐ **f702m**
- 15. Parks/open spaces ☐ **f702n**

Children/Young People

- 31. Childcare provision ☐ **f703c**
- 32. Play areas ☐ **f703d**
- ✓ 33. Facilities for young people ☐ **f703e**

Education/Training

- 34. Primary schools ☐ **f703f**
- 35. Secondary schools ☐ **f703g**
- 36. Adult education/training ☐ **f703h**

Transport/Roads/Pavements

- 16. Speed and volume of traffic ☐ **f702o**
- 17. Parking provision ☐ **f702p**
- 18. Pavements/footpaths ☐ **f702q**
- 19. Public Transport ☐ **f702r**

Employment/local economy/Job opportunities

- 37. Availability of jobs ☐ **a55515**
- 38. Advice about jobs ☐ **a55516**
- 39. Type of jobs ☐ **a55517**
- 40. Quality of jobs ☐ **a55518**

Local Facilities

- 20. Sports/leisure facilities ☐ **f702s**
- 21. Community centres/facilities ☐ **f702t**
- 22. GPs/health centres/ hospitals ☐ **f702u**
- 23. Local shops/supermarkets ☐ **f702v**

- 41. Don't Know ☐ **f703j**
- 42. None of these ☐ **f703k**
- 43. Other (write in) ☐ **f703l**

C

C P5

Z 24 How easy or difficult is it for you to get to the following places?

		Very easy (1)	Fairly easy (2)	Just OK (3)	Fairly difficult (4)	Very difficult (5)	Don't know (6)
Showcard ff86 (with "don't know") f686 without							
Local shops	a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium or large supermarket	b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Office	c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bank	d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manchester city centre	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your place of work	s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free cash points af5519 – (a55519)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Doctor/GP/other health provider	e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A hospital	f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemist/pharmacist	g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crèches and nurseries	h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentist ff87c – (f687c)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nearest train station	k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The bus stop you use most	j	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports & leisure facilities	l	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary schools	m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary schools	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A community centre	o	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police stations ff87b – f687b		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y							
Parks	p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing fields	q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice/info services (CAB, jobs, housing)	r	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinema	t	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub/bar	u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant	v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	w	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art gallery/museum	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social club	y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth club	z	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your place of worship ff87a – f687a		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H

I

P6

L

A COMMUNITY LIFE

I would now like to ask you about your involvement in the local community.

25 Overall, to what extent do you agree that you feel part of the local community? (f094(with "don't know") – f704 without)

Showcard

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (6)

26 If you do not feel part of the local community, looking at this card, why is this? (f690 1=select, 99=absent value)

Showcard ✓ any that apply

A I only have time for my family	a <input type="checkbox"/>
B I am too busy	b <input type="checkbox"/>
C I want to leave this area	c <input type="checkbox"/>
D I didn't want to live in this area	d <input type="checkbox"/>
E Don't know what to do/how to get involved	e <input type="checkbox"/>
F Would not/do not feel welcome	f <input type="checkbox"/>
G Have not been asked to become involved	g <input type="checkbox"/>
H I am not interested in getting involved	h <input type="checkbox"/>
I I am new to the area	i <input type="checkbox"/>
J No particular reason	j <input type="checkbox"/>
K Other reason (please specify)	k <input type="checkbox"/>

L Don't know ☐ o

27 Would you say there is a lot of community spirit in this area? (fc05 (with "don't know") – f705 without)

Yes (1)	No (2)	✓ one only Don't know (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28 How friendly are the people who live in your area? QC04)

f706 Very (1) friendly	<u>Showcard</u> fairly (2) friendly	not very (3) friendly	✓ one only not at all (4) friendly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29 How many people do you know in your neighbourhood? GHS Social capital module) f707

Showcard ✓ one only

Most of the people in your neighbourhood	1 <input type="checkbox"/>
Many of the people in your neighbourhood	2 <input type="checkbox"/>
A few of the people in your neighbourhood	3 <input type="checkbox"/>
Or that you do not know any people in your neighbourhood	4 <input type="checkbox"/>

M

30 Would you say this neighbourhood is a place where neighbours look out for each other? (fc08(with "don't know") – f708 without)

Yes (1)	No (2)	✓ one only Don't know (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31 Do you feel you can influence decisions that affect your area? (fc09(with "don't know") – f709 without)

✓ one only Yes (1)	No (2)	Don't know (3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32 Have you been involved in any local organisation over the last three years? (for example, schools/colleges, charities, voluntary/community groups, religious organisations, residents' groups, other local groups/organisations)

a34826

Yes <input type="checkbox"/> (1)	No <input type="checkbox"/> (2)	✓ one only
----------------------------------	---------------------------------	------------

33 In the last three years, have you had any responsibilities in any organisations (such as being a committee member, raising funds, organising events or doing administrative or clerical work?) (Not including paid employment)

a34827

Yes <input type="checkbox"/> (1)	No <input type="checkbox"/> (2)	✓ one only
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X

N

P7

O AWARENESS OF REGENERATION AND LOCAL SERVICES

34 Did you know that regeneration work and improvements are being carried out across the East Manchester area?

A55521

✓ one only

Yes ☐ (1)

No ☐ (2)

35 Have you heard of the following: ac428 (with "don't know") – a34828 without)

Interviewers Showcard - show logos)

Please answer each question

Yes (1) No (2) Don't know (3)

New East Manchester?	a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhood Planning? A55522	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Deals/Beacons?	e <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SureStart?	f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Action Zone?	g <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Action Zone?	h <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEM Education Team? A55524	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East Manchester Neighbour Nuisance team?	j <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhood Wardens?	k <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastserve.com?	l <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36 And have you been involved in any activities organised by any of the following organisations: (ac4829 (with "don't know") – a34829 without)

Showcard - show logos

G

Please answer each question

Yes (1) No (2) Don't know (3)

New East Manchester?	a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhood Planning? A55525	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Deals/Beacons?	e <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SureStart?	f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Action Zone?	g <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Action Zone?	h <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEM Education Team? A55527	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbour Nuisance team? A55528	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhood Wardens? A55529	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastserve.com?	j <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37 And how have the activities of these organisations changed this area as a place to live? (ad4830 (with "don't know") – a34830 without)

Showcard

Improved it (1) Made no (2) Made it (3) Don't know (4)
change worse

☐
☐
☐
☐

38 How supportive do you feel each of the following are of the local community? (In terms of help, assistance, peace of mind, advice etc.) (ae4831 (with "don't know") – a34831 without)

Showcard

Please answer each question

Very (1) Fairly (2) not very (3) all (4) don't (5)
supportive supportive supportive supportive know

The Local Council

Social Services	a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental on call	<input type="checkbox"/>	a55530 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Service	c <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Adult Education d (MAES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Years & Play	e <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries a55531	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manchester Housing	f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Housing Providers

Mosscares Housing Association	g <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Housing Association	h <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northern Counties	i <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adactus Housing a55532	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastlands Homes a55533	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harvest Housing a55534	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
William Sutton a55535	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manchester Methodist	a55536 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Criminal Justice System

The Police	j <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manchester Probation Services	k <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbour Nuisance Team	m <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhood Wardens	n <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment & Learning

Job Centre Plus	r <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary schools	s <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary schools	t <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground work (Manchester)	u <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SureStart	v <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANCAT	w <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East Manchester Credit Union	x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East Serve	y <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New East Manchester	z <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beacons Partnership/ New Deal For Communities	a34832a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports Action Zone	a34832b <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Action Zone	a34832c <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P

Q
P8

39 During the past 3 years, how often have you or a member of your household suffered each of the following types of crime where you live? Sophie, are we still waiting to hear about any changes to this question?

F646 – f667

	Never (1)	Once (2)	Twice (3)	3-5 times (4)	More than 5 times (5)
A burglary (where the burglar entered your home)	a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An attempted burglary (where the burglar failed to break into your home)	b <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft from garden/shed	i <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism to your home	f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything stolen off your vehicle, or out of it, or had your vehicle tampered with or damaged by vandals or people out to steal	h <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An attempted theft of your motor vehicle (where the thief failed to drive the car away)	g <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your motor vehicle stolen	e <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any kind of assault (including mugging)	d <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unreasonable noise	l <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abusive language	m <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats of violence	n <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial harassment	j <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other harassment in the street	o <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) <input type="text"/>	p <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H

40 Thinking about this area, would you say that it is more safe or less safe than 2 years ago?

Showcard
f695 without)

f695 (with "don't know" –

More safe (1)	About as safe as before (2)	Less safe (3)	Lived here less than two years/ don't know (4)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41 If you feel the area has become less safe, is this because of any of the following?

F710 1=select, 99=absent value

✓ any that apply

I/family member has recently been a victim of crime a ☐

A friend/neighbour has recently been a victim of crime b ☐

Other reason (please specify) c ☐

F710xc

D

42 Overall, how safe do you feel/would you feel when you are walking alone in or around the area after dark?

F658

Showcard

very safe (1)	fairly safe (2)	a bit unsafe (3)	very unsafe (4)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F

P9

43 Could you tell me how worried you are about personally experiencing the following types of crimes in your local area?

M

X

ad6823 (with "not applicable") a26823 without

Showcard

	Very worried (1)	Fairly worried (2)	Hardly/not at all worried (3)	Not applicable (4)
a Having your property broken into?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Having your shed or garage broken into?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Having your vehicle stolen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Having your vehicle broken into?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Having your vehicle damaged by vandals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Being physically assaulted or wounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Being mugged/robbed in the street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Having your property damaged by vandals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Being verbally abused or assaulted because of your religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j Being verbally abused or assaulted because of your Ethnic origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Being verbally abused or assaulted because of your sexual orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSING

Z

44 How long have you been living in your present home (to the nearest year)? **1550**

Less than 1 year (1)	1-2 years (2)	3-4 years (3)	5-9 years (4)	10 years or more (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45 Which of the following best describes your household?

A55537

Showcard

✓

Council tenant (1)	Housing Association tenant (2)	Private tenant (3)	Shared owner (4)	Owner (5)	Homebuy owner (6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS FOR HOMEOWNERS ONLY

46 If a homeowner, when did you buy your home? **1053**

Within the last 12 months (1)	1-5 years ago (2)	5-10 years ago (3)	10-15 years ago (4)	More than 15 years ago (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47 Do you have a mortgage? **H863**

Yes ☐ No ☐

48 What do you think is the current value of your home?

Ag5538 (with "don't know") a55538 without

✓ one only

£20,000 - £40,000 (1)	£100,001 - £120,000 (5)
£40,001 - £60,000 (2)	£120,000 + (6)
£60,001 - £80,000 (3)	Don't know (7)
£80,001 - £100,000 (4)	

49 Is your home currently for sale? **1054**

Yes ☐ No ☐

50 Do you think that your home is worth more or less now than it was five years ago? **1d3 (with "don't know") - i63**

More (1)	The same (2)	Less (3)	Don't know (4)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51 If you feel the value is more, by how much is it worth more?

Aj5539 (with "don't know") - a55539 without

✓ one only

Up to £1,000 (1)	£25,001 - £30,000 (6)
£1,001 - £5,000 (2)	£30,001 - £35,000 (7)
£5,001 - £10,000 (3)	£35,001 - £40,000 (8)
£10,001 - £20,000 (4)	More than £40,000 (9)
£20,000 - £25,000 (5)	Don't know (10)

52 If you feel the value is less, by how much is it worth less?

Aj5540 (with "don't know") - a55540 without ✓ one only

Up to £1,000 (1)	£25,001 - £30,000 (6)
£1,001 - £5,000 (2)	£30,001 - £35,000 (7)
£5,001 - £10,000 (3)	£35,001 - £40,000 (8)
£10,001 - £20,000 (4)	More than £40,000 (9)
£20,000 - £25,000 (5)	Don't know (10)

QUESTIONS FOR TENANTS ONLY

53 If you are a tenant, do you know the name of your landlord?

H894 Yes ☐ (1) No ☐ (2)

If yes, please give your landlord's name. **H894xc**

P10

54 And taking everything into account, how satisfied or dissatisfied are you with your landlord? (Interviewer, for Subtenants, "landlord" refers to the immediate, rather than overall landlord). S111 Showcard

very satisfied(1)	fairly satisfied(2)	neither(3) satisfied nor dissatisfied	fairly(4) dissatisfied	very(5) dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55 Are you planning to buy a home? A55541

Yes ☐ (1) No ☐ (2)

QUESTIONS FOR ALL REGARDING HOUSING

56 And taking everything into account, how satisfied or dissatisfied are you with this accommodation? S113 Showcard

very satisfied(1)	fairly satisfied(2)	neither(3) satisfied nor dissatisfied	fairly(4) dissatisfied	very(5) dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57 And could you tell me how satisfied or dissatisfied you are with the state of repair of your home? A34836 Showcard ✓

very satisfied(1)	fairly satisfied(2)	neither(3) satisfied nor dissatisfied	fairly(4) dissatisfied	very(5) dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOVING

58 Do you want to move from this property? B203

Yes ☐ (1) No ☐ (2)

If no, please move to the next section

59 If yes, when do you think you will move?

Af4837 (with "don't know") - a34837 without ✓ one only

Within the next 3 months	1 <input type="checkbox"/>
Between 3 and 6 months from now	2 <input type="checkbox"/>
Between 6 and 12 months from now	3 <input type="checkbox"/>
Between 12 and 24 months from now	4 <input type="checkbox"/>
After 24 months from now	5 <input type="checkbox"/>
Don't know	6 <input type="checkbox"/>

60 If you want to move but will not do so within the next two years, what is stopping you from moving? a34837xc

61 If you are planning to move in the next two years, where do you think you will move to? Af4838 (with "don't know") - a34838 without ✓ one only

Stay in the area	1 <input type="checkbox"/>
A neighbouring area	2 <input type="checkbox"/>
Elsewhere in this city/town	3 <input type="checkbox"/>
Elsewhere in the UK	4 <input type="checkbox"/>
Outside the UK	5 <input type="checkbox"/>
Don't know	6 <input type="checkbox"/>

62 What type of property do you hope to move to? A55542 Showcard ✓ one only

Semi-detached house	1 <input type="checkbox"/>
Detached house	2 <input type="checkbox"/>
Terraced house	3 <input type="checkbox"/>
Apartment/flat	4 <input type="checkbox"/>
Bungalow	5 <input type="checkbox"/>
No preference	6 <input type="checkbox"/>

63 And would you like your new home to be? A55543 Showcard ✓ one only

Newly built	1 <input type="checkbox"/>
An older property	2 <input type="checkbox"/>
No preference	3 <input type="checkbox"/>

64 When you move are you planning to: ✓ one only

a55544 Buy ☐ (1) rent ☐ (2)

A65 If you are planning to buy a home when you move, how much can you afford to pay?

Aj5545 (with "don't know") - a55545 without

<u>Showcard</u>	✓ one only
£20,000 - £40,000 <input type="checkbox"/> 1	£120,001 - £140,000 <input type="checkbox"/> 6
£40,001 - £60,000 <input type="checkbox"/> 2	£141,001 - £150,000 <input type="checkbox"/> 7
£60,001 - £80,000 <input type="checkbox"/> 3	More than £150,000 <input type="checkbox"/> 8
£80,001 - £100,000 <input type="checkbox"/> 4	Don't know <input type="checkbox"/> 9
£100,001 - £120,000 <input type="checkbox"/> 5	OR Not planning to buy <input type="checkbox"/> 10

66 How are you planning to pay for your home? A55546 Showcard ✓ one only

100% mortgage <input type="checkbox"/> 1	Cash purchase <input type="checkbox"/> 3
Part cash & part mortgage <input type="checkbox"/> 2	Other (please say) <input type="checkbox"/> 4

Z Interviewer, prompt using showcard with bold headings and then probe further.

67 Why do you plan to move? B217

Showcard ✓ any that apply

Property Related

Need a larger property b ☐

Want a larger garden b235v ☐

Want a smaller property a ☐

Want a smaller garden b235w ☐

Accommodation on a single floor a55547 ☐

Want garage/parking b235y ☐

Want a house b235q ☐

Want a garden b235g ☐

Neighbourhood Related

Don't like this area b217x ☐

Want a better neighbourhood/area b217e ☐

Crime levels in this area b235c ☐

Problems with neighbours in area b217r ☐

Problems with children/young people in area b235z ☐

Have no choice - area is being redeveloped so I have to a55548 ☐

Appearance of area/quality of physical environment b270a ☐

Personal Reasons ✓

Addition to the household b270b ☐

Children left home b270c ☐

Children's school/want better school b270d ☐

Death of family member b270e ☐

New relationship/marriage b270f ☐

Relationship breakdown/divorce/separation b270s ☐

Nearer to friends/relatives/birthplace b217g ☐

Health/disability b235b ☐

Want sheltered home/warden/more support b217f ☐

Work Reasons

Change of job b270g ☐

To be nearer work/study place b217e ☐

More job opportunities b270b ☐

Better paid job b270i ☐

Retirement b270j ☐

Financial Reasons

To buy own home b217h ☐

To increase housing investment b270k ☐

To move up the housing market b270l ☐

To reduce housing costs b235t ☐

Other reason (please say) b217j ☐

PREVIOUS HOUSING C

68 Can I just check again, have you lived at this address for less than five years?

A34839 Yes ☐ 1 No ☐ 2

If resident has lived at current address for more than five years, please go to next section. Otherwise ask other questions in this section.

69 If yes. Can I take the postcode of your previous address? (enter full postcode) OLDPCODE

OR Don't know A34840 ☐

Refused ☐

70 Can I just check, is your previous home within around 5-10 minutes walk of your current home, or is it further away?

A34841 ✓ one only

Within 5-10 minutes walk 1 ☐

Further away 2 ☐

Don't know 3 ☐

71 How many times have you moved in the last 5 years? A34842

Have not moved ☐ 1 Once ☐ 2 Twice ☐ 3 Three or more ☐ 4

INSURING YOUR HOME

72 Do you have home contents insurance for your home?

AE483 (A34843 without "refused") ✓ one only

A. Yes 1 ☐

B. No (don't want insurance) 2 ☐

C. No (can't afford insurance) 3 ☐

D. No for another reason (please specify) 4 ☐

Refused 5 ☐

YOUR HEALTH

73 Overall, how good would you say your health has been during the last 12 months? J005

Good health 1 ☐ Fairly good health 2 ☐ Not good health 3 ☐

74 Compared with one year ago, how would you rate your health in general now? J011 ✓ one only

Much better than one year ago 1 ☐

Slightly better than one year ago 2 ☐

About the same 3 ☐

Slightly worse than one year ago 4 ☐

Much worse than one year ago 5 ☐

75 Do you have any long-term illness, disability or infirmity? By long-standing, we mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time. (s108)

Yes ☐ 1 No ☐ 2

76 If yes, does this illness, disability or infirmity limit your activities in any way? (j007)

Yes ☐ 1 No ☐ 2

77 And which of the phrases on this card best describes your general well-being nowadays? (please read out the letter that applies) (a34844)

Showcard ☒ one only

A I am not anxious or depressed 1 ☐

B I am moderately anxious or depressed 2 ☐

C I am extremely anxious or depressed 3 ☐

78 On average, how much alcohol do you consume per week? J012

(1 unit=1 shot in a pub, 1/2 pint of 3.8% beer/lager, or 1 small glass (125ml) of 10% wine) Showcard

Don't drink 1-5 6-10 11-20 21-30 More than
alcohol1 units units units units 30 units
a week2 a week3 a week4 a week5 a week6

☐ ☐ ☐ ☐ ☐ ☐

79 If you do not drink alcohol now, did you used to drink alcohol? A55549

Yes ☐ 1 No ☐ 2

Ask everyone who drinks alcohol or who used to drink

80 Compared to five years ago, would you say that on the whole you drink more, the same or less nowadays?

J013 ☒ one only

More 1 ☐

About the same 2 ☐

Less 3 ☐

81 Looking at this card, can you tell me how often, on average, you eat a portion of fruit (including fresh, tinned or frozen)? (j014)

Showcard

6 or more 3-5 1-2 Less than Rarely or
times a times a times a once a never5
week1 week2 week3 week4

☐ ☐ ☐ ☐ ☐

82 And can you tell me how often, on average, you eat a portion of fresh vegetables (raw or cooked)?

Showcard j015

6 or more 3-5 1-2 Less than Rarely or
times a times a times a once a never5
week1 week2 week3 week4

☐ ☐ ☐ ☐ ☐

83 Have you ever regularly smoked? J016 W

Yes ☐ 1 No ☐ 2

84 Do you smoke now? J017

Yes ☐ 1 No ☐ 2

85 How many cigarettes a day do you usually smoke?

J018 ☒ one only

Less than 5 1 ☐

5-10 2 ☐

11-20 3 ☐

21-30 4 ☐

31-40 5 ☐

More than 40 6 ☐

86 Would you like to give up smoking all together?

J019 Yes ☐ 1 No ☐ 2

87 Have you ever tried to stop smoking?

J20 Yes ☐ 1 No ☐ 2

88 If you have tried to give up smoking, did you have professional support (e.g. from a doctor, health worker)?

A55550 Yes ☐ 1 No ☐ 2

✓

Q

89 Do you ever do any of these types of physical activity nowadays?

J021

Showcard

✓ any that apply

- A Housework a ☐
 B Gardening b ☐
 C DIY or building work c ☐
 D Walking- as part of planned exercise d ☐
 E Swimming e ☐
 F Cycling f ☐
 G Workout at the gym/exercise bike/weight training g ☐
 H Aerobics/keep fit/gymnastics/dance for fitness h ☐
 I Any other type of dancing i ☐
 J Running/jogging j ☐
 K Football/rugby k ☐
 L Badminton/tennis l ☐
 M Squash m ☐
 N Exercises (press ups, sit ups, etc.) n ☐
 O Other (please say) o ☐

OR -none of these

p ☐

O

90 On average, how many times per month do you do the following physical activities for 20 minutes or more? (Ask respondent to estimate frequency if unsure.)

J022

Showcard

✓ any that apply

	Never ¹	Less than once a month ²	1-3 times/ month ³	1-2/week ⁴	3-4/week ⁵	5+/week ⁶
A. Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIY or building work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Walking- as part of planned exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Workout at the gym/exercise bike/weight training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Aerobics/keep fit/gymnastics/dance for fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Any other type of dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Running/jogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Football/rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Badminton/tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Exercises (press ups, sit ups, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Z

W

P14

91 Can I just check, do you look after any sick, disabled, elderly or frail people living in this or another household?

jc08 (with d/k) j008 without

Yes ☐ 1 No ☐ 2 Don't know ☐ 3

92 Are you registered with a doctor/GP? J009

Yes ☐ 1 No ☐ 2

FINANCE

93 Do you receive income from any of the following?

A34845 Showcard ✓ any that apply

- A Earnings from self employment a ☐
- B Earnings from main job, as an employee b ☐
- C Earnings from government scheme (including employment training, YTS and Enterprise Allowance Scheme) c ☐
- D Earnings from other work d ☐
- E Occupational pension (from former employer/job) e ☐
- F Private pension or annuities f ☐
- G State Benefits or allowances (including all benefits) g ☐
- H State Pension h ☐
- I Student Grant/loan/maintenance i ☐
- J Maintenance Allowance j ☐
- K Rent from a property or sub-letting k ☐
- L Payments from a trust fund/income from investment l ☐
- M Child Support payments a55551 ☐
- N Any other sources of income m ☐
- O Don't know o ☐
- Refused p ☐

94 Can I just check, do you receive any of these state benefits or allowances? A34846

Showcard ✓ any that apply

- A Income Support a ☐
- B Job Seekers Allowance b ☐
- C NI retirement pension/over 80/old person pension or pension credit c ☐
- D Incapacity Benefit (previously sickness/invalidity) d ☐
- E Working Families' Tax Credit e ☐
- F Disabled person's Tax Credit f ☐
- G Child Benefit g ☐
- H Housing Benefit h ☐
- I Council Tax Benefit i ☐
- J Free School Meals j ☐
- K Child Tax Credit a55552 ☐
- L Disability Living Allowance a55553 ☐
- M Attendance Allowance a55554 ☐
- No, none of these k ☐

95 IF RESPONDENT RECEIVES INCAPACITY BENEFIT. How long have you been receiving Incapacity Benefit? (give years and months) a34863

Years Months

--	--	--	--

96 From this card, could you tell me which band your household's total annual gross income from all sources falls into? That is income from work and any other sources, such as benefits and pensions, before deductions, income tax, National Insurance, etc..

an5555 (a55555)

Showcard

WEEKLY or ANNUAL ✓ one box only

- A Under £60 Less than £3,120 1 ☐
- B £60-£99 £3,120-£5,148 2 ☐
- C £100-£199 £5,200-£10,348 3 ☐
- D £200-£299 £10,400-£15,548 4 ☐
- E £300-£399 £15,600-£20,748 5 ☐
- F £400-£499 £20,800-£25,948 6 ☐
- G £500-£599 £26,000-£31,148 7 ☐
- H £600-£699 £31,200-£36,348 8 ☐
- I £700-£799 £36,400-£41,548 9 ☐
- J £800-£899 £41,600-£46,748 10 ☐
- K £900-£999 £46,800-£51,948 11 ☐
- L £1000 or more £52,000 or more 12 ☐

Or Don't Know 13 ☐

Or Refused 14 ☐

97 Does your household have any savings? H900

Yes ☐ 1 No ☐ 2

B

S P15

98 And using this card, which of these amounts comes closest to the amount of savings your household has?

An5556 - a55556 Showcard

✓ one only

- A Less than £100 ☐ 1
- B £100- £500 ☐ 2
- C £501 - £1,000 ☐ 3
- D £1,001-£1,500 ☐ 4
- E £1,501-£3,000 ☐ 5
- F £3,001-£8,000 ☐ 6
- G £8,001-£10,000 ☐ 7
- H £10,001-£15,000 ☐ 8
- I £15,001- £20,000 ☐ 9
- J £20,001- £25,000 ☐ 10
- K £25,001- £30,000 ☐ 11
- L More than £30,000 ☐ 12
- M *I Don't Know* ☐ 13
- N *Refused* ☐ 14

Z

99 Do you have any of the following...? (h902)

1=select, 99=absent value

✓ any that apply

- A Savings account? ☐ a
- B Current Account with either cash machine card, cheque book, or debit card (Switch, Visa Delta, Connect)? ☐ b
- C National Savings (with the Post Office)? ☐ c
- D Credit Union Membership? ☐ d
- E Credit Card? ☐ e
- F Other? ☐ f
- G *Yes, but refuse to say which one* ☐ g
- H *No, none of these* ☐ h

100 Do you have any outstanding loans/credit or owe money to any of the following? (Please do not include any mortgages which are up to date with payments).S omnibus (f SRB evaluation)

h887 Showcard

✓ any that apply

- A Friend or relative ☐ g
- B Bank overdraft ☐ i
- C Credit/store charge card ☐ d
- D Personal loan from a bank or building society ☐ a
- E HP or instalment purchase (including mail order) ☐ e
- F Loan from a money lender ☐ f
- G Loan from pawnbroker or cheque company ☐ h
- H Loan from DSS/DWP social fund ☐ n
- I Rent arrears ☐ j
- J Mortgage arrears ☐ k
- K Loan from a finance company ☐ o
- L Loan from a Credit Union ☐ p
- M Utility company (electricity, gas or water) ☐ l
- N Other person or organisation ☐ m
- O Owe money, but refuse to say which ones ☐ q
- No, none of these ☐ r
- Refused ☐ s

101 Do you pay interest on the money you owe? **H903**

- Yes ☐ 1 No ☐ 2 Don't know ☐ 3

102 Can I just check, are you having difficulties repaying what you owe? **H904**

- Yes ☐ 1 No ☐ 2 Refused ☐ 3

Ask if yes

103 Is that some difficulty or severe difficulty?

H905

- Yes, severe difficulty ☐ 1 Yes, some difficulty ☐ 2 Refused ☐ 3

V

✓

N

H P16

INFORMATION ON PLANNED IMPROVEMENTS

104 Every Friday you should receive a free newspaper through your letterbox. Do you receive a copy of the following? **A55557**

Please answer each question Yes 1 No 2

The Advertiser	a	<input type="checkbox"/>	<input type="checkbox"/>
The Metro	b	<input type="checkbox"/>	<input type="checkbox"/>
The South Manchester Reporter	c	<input type="checkbox"/>	<input type="checkbox"/>

105 How often do you receive a copy of the following?

A55558

Please answer each question	Every week 1	Most- weeks 2	Hardly ever/ Never 3
The Advertiser	a <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Metro	b <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The South Manchester Reporter	c <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

106 How much do you feel you know about plans to improve the East Manchester area at the moment? **A14403**

A great Deal 1	A moderate amount 2	Little or nothing 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107 Where in your local area, do you get information about what is going on? 1= select, 9=absent value

A34850 Showcard ☒ any that apply

- | | | | |
|-----------------------------|---------------------------------|--------------------------------|---------------------------------|
| 1) Library | a <input type="checkbox"/> | 12) Pubs | k <input type="checkbox"/> |
| 2) Newsagents | b <input type="checkbox"/> | 13) Post Office | l <input type="checkbox"/> |
| 3) Supermarkets/local shops | c <input type="checkbox"/> | 14) Youth Centres | m <input type="checkbox"/> |
| 4) Leisure centres | d <input type="checkbox"/> | 15) Internet/eastserve.com | n <input type="checkbox"/> |
| 5) Community centres | e <input type="checkbox"/> | 16) Word of mouth | o <input type="checkbox"/> |
| 6) Health centres | f <input type="checkbox"/> | 17) Tenants'/residents' groups | p <input type="checkbox"/> |
| 7) GP surgeries | g <input type="checkbox"/> | 18) The Council | q <input type="checkbox"/> |
| 8) Mini cab offices | h <input type="checkbox"/> | 19) The NDC Office | r <input type="checkbox"/> |
| 9) Schools | i <input type="checkbox"/> | 20) The Advertiser | s <input type="checkbox"/> |
| 10) Cafes | j <input type="checkbox"/> | 21) Wardens | a55560 <input type="checkbox"/> |
| 11) Newsletters | a55559 <input type="checkbox"/> | 22) Other (please say) | t <input type="checkbox"/> |

108 Which of the above are your 3 main sources of local information?

First a34851a	Second a34851b	Third a34851c
<input type="text"/>	<input type="text"/>	<input type="text"/>

INFORMATION TECHNOLOGY

109 Do you have a PC (personal computer) in your home?

H899 Yes ☐ 1 No ☐ 2

110 If yes, is the PC provided through Eastserve?

A34855 Yes ☐ 1 No ☐ 2

111 Does anyone in your household access email and/or the internet with the PC at home?

A34856 Yes ☐ 1 No ☐ 2 Y

112 Does anyone in your household have access to any of the following at home or at work?

A55561 /a55562

Please answer each question Home Work

Dial up internet access	a	<input type="checkbox"/>	<input type="checkbox"/>	a
Broadband through Eastserve	b	<input type="checkbox"/>	<input type="checkbox"/>	b
Broadband through Cable	c	<input type="checkbox"/>	<input type="checkbox"/>	c
Broadband through a telephone line	d	<input type="checkbox"/>	<input type="checkbox"/>	d
Other Broadband service	e	<input type="checkbox"/>	<input type="checkbox"/>	e

Or no access to any of these at home or at work **a55564**

☐

113 Would you be interested in High Speed internet access (10 times faster than dial up speed) at a low cost? (Interviewer, please tell participant that if they are interested, their name and address will be sent to Eastserve)

a34857 Yes ☐ 1 No ☐ 2

AND FINALLY

114 How has life changed for you and your household as a result of funding and regeneration in the area?

A34859

Changed for the better	Stayed the same	Got worse
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

THANK YOU FOR YOUR HELP.

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Appendix 3 – Interviewee List

Regeneration Personnel

Participant 1: Regeneration development officer for the health and well-being theme of the regeneration. Experience of delivering projects, working on initiatives within the community and promoting health and well-being. Participant is responsible for developing a whole health program and identifying health issues through open meetings and the Health and Well-being Network.

Participant 2: Regeneration programme manager responsible for the environmental programme within Beacons regeneration. The participant has works strategically and on the ground to deliver projects which influence the environment - community gardens, alleygating, parks and green areas.

Participant 3: Social regeneration officer. Assists in the delivery of the East Manchester Social and Community Programme by developing, managing, monitoring and evaluating discrete projects. Participant works with initiatives including young people, new arrivals to the area, drugs and alcohol, community engagement, capacity building and mainstreaming. Also coordinates the Social and Economic Programme.

Participant 4: Cultural regeneration officer who develops the entire arts and culture programme. Arts and culture includes dance, drama, visual arts, media heritage and a number of initiatives and projects have been set up by the participant throughout East Manchester.

Participant 5: Regeneration manager, responsible for sports, leisure and physical activity. Participant manages the Sport Action Zone, which is part funded by the lottery and is active in developing the sustainability of the Commonwealth Games.

Participant 6 and 7: Resident liaison officers as part of the regeneration responsible for ensuring the inclusion of tenants groups and friends groups within the regeneration process. This includes active engagement with local residents to ensure that local people are aware of the change brought about through the regeneration.

Participant 8: Economic programmes manager for the regeneration. Responsible for ensuring the delivery of economic projects and training programmes which intends to improve the numbers of those not in education or employment. Delivers a numbers of initiatives across the area.

Participant 9, 10 and 11: Participants work as financial inclusion officers for the Finance Team within the regeneration. Responsible for improving the financial status of local residents by encouraging them with information and advice.

Health and Well-being Personnel

Participant 12: Participant is a project coordinator funded partly by the regeneration and partly by JobCentre Plus. Participants role is based primarily on improving people's finances and economic well-being. Ultimately, the participant measures success on the numbers of people of benefits and into employment.

Participant 13: Participant is the public health development manager, responsible for coordinating initiatives across North Manchester that address both mental and physical health. These include smoking cessation, health in skills, sexual health, alcohol, workplaces, heart disease. Participant works in partnership with other agencies in the local authority and voluntary sector.

Participant 14 and 15: Participants are both principal managers for adult social care. Adult Social Care addresses people of working age. . Adult Social Care entails - learning; physical disability; HIV-AIDS; drug users; mental health; equipment and adaptations; Housing Support; Manchester Advice. The participants work in partnership with Learning Disabilities, Manchester City Council, the NHS and the Health and Social Care Trust.

Participant 16: Participant is the manager of an older people's respite centre within East Manchester. Responsible for ensuring the participation and inclusivity of older people who come to the centre, with a specific focus on older people's behaviour and mental state as a result of participatory work conducted within the centre.

Participant 17: Participant is a development manager for older people. Acts as an area manager for older people and works within the remit of Adult Social Care.

Participant 18: Project housing manager for two main housing projects which have been set up within East Manchester. Responsible for coordinating the development of new property and the transition of existing residents into alternative accommodation or the new housing.

Appendix 4 – Interview Agenda

Interview Agenda – Health and Well-being

What is your job title?

What is your role within NEM/NDC?

What are the major projects/initiatives that you have worked on whilst you have worked at NEM/NDC? What have been the successes of these? (v. succinct/brief responses - one or two major initiatives)

How has regeneration had a positive impact on local residents (in your line of work)?

Have you experienced any negative aspects of regeneration (in or outside your sphere of work)?

How are your projects typically evaluated? (attendance numbers, feedback, other or none, evaluation not seen as desirable)

What will be the legacy of the regeneration funding in your area of work? When NDC funding ceases what is the future for the projects that you have worked on?

What do you understand by the term 'well-being'?

How does the term 'well-being' impact on your line of work? Is it seen as important/relevant? Integrated into evaluation? Is it known by other terms - 'quality of life' or 'life satisfaction'?

Are you aware of the term well-being being included in any local/national policy? Are you aware of its implementation, if any, into NEM/NDC strategy?

Aside from area of work, what does the term 'well-being' mean to you on a personal level?

Lastly, are there any other comments that you wish to add as part of this interview?



Health and Well-being in East Manchester Information Sheet

The Health and Well-being Project is a research study that is being undertaken to assess the impact of the regeneration on people's lives in East Manchester. The area has received large amounts of investment in recent years with the intention of improving the quality of life of local residents and this project intends to explore the positive and negative aspects that regeneration has brought.

As part of the study, you have been asked to participate in a focus group discussion. The discussion will take approximately one hour of your time and will be tape recorded so that the information you give can be used in the study. The focus group will be conducted by the MMU research team who will be asking about your experiences of life in East Manchester.

Once the discussion has finished, the tape recording will be typed out, your information will be analysed and will form part of the final report of the study. This may mean that some of your words will be included in the report, but your identity will NOT be revealed. If you would like further information about any aspect of the evaluation, or about the focus group discussion, then please get in touch with Ryan Woolrych (contact details below).

The research team hope that you will enjoy taking part in the evaluation and want to take this opportunity to thank you for your help.

Ryan Woolrych
Division of Psychology and Social Change
Elizabeth Gaskell Campus
Manchester Metropolitan University
Hathersage road
Manchester
M13 0JA

r.woolrych@mmu.ac.uk
Telephone 0161 247 6716



Health and Well-being in East Manchester

Focus Group Consent Form

I understand that my agreement to participate in the focus group is voluntary and that I am free to withdraw at any time, without giving any reason.

I understand that I will take part in a focus group discussion as part of this project, that my anonymity will be protected and that the discussion will be tape recorded.

I agree to take part in the study on the 29th November, 2006

Participants Signature:

Ryan Woolrych
Division of Psychology and Social Change
Elizabeth Gaskell Campus
Manchester Metropolitan University
Hathersage road
Manchester
M13 0JA

r.woolrych@mmu.ac.uk
Telephone 0161 247 6716

Appendix 6 – Focus Group Agenda

Focus Group Schedule November/December 2006

Time	Aim	Approach
6.00pm	Tea and coffee	
6.05pm	Introduction to project	Purpose of research. Street based approach. Held focus groups as part of a project that has been done before (Tamara McNeil).
6:10pm	Brief description of what is expected from them	Focus group revolves around a discussion. I'll be posing some general questions and I'll talk from time to time to ensure that the discussion moves in the right direction and that the main themes are covered. There is very little time and a lot to cover, so I apologise in advance if I interrupt to change the flow of the conversation. It is also important that everyone has a say, and I know some people are more talkative than others, but if you think it is worth saying it will be relevant. For those who are more talkative, be aware of others in the group – ensure that you all get your say.
	Gain consent for recording	Another thing I need to run past you is the need to make sure that we record every valuable comment that people have to say. Although I have a scribe with me today, introduce Richard/Joy, I will need to record the conversation. Can I just remind that none of the comments made today will in any way be attributed to the names of individuals. Consent forms to be given out and signed.
6.15pm	Ice breaking and Introduction to each other	Labels, say names for the tape, how long lived on the street/when they moved in.
6.20pm	Effect of Regeneration	How has regeneration affected the area? How has regeneration affected your life?
6:30pm	Data on those who are likely to move out of the area in the near future?	(To residents likely to move out of the area) Can I ask what the reasons for each of you wishing to move out of the area? Where are you moving to? What will the new area provide that this does not?

6:40pm	Data on those who are not likely to move out of the area in the near future?	(To residents not likely to move out of the area) Can I ask what the reasons for each of you wishing to stay in the area? Is it because you like your area or would have problems selling the property?
6:50pm	Satisfaction with the area/ local services	What things do you like about living here? What things do you dislike about living here? Prompt: Neighbours/community? Services and facilities (schools, parks, youth facilities, shops, leisure facilities) Housing/accommodation
7:00pm	Well-being priorities	Some of you may have come across the term well-being, life satisfaction or quality of life. I want you to think of well-being in terms of how you feel about your overall life, including your standard of living, your surroundings, friendships and how you feel on a day to day basis. With this in mind can I ask you what you feel is important to your life? Repeat definition of quality of life and prompt: What makes you happy? Social relationships (neighbours, friends, marriage, family) Surroundings and the environment (parks) Perceptions of health
7:10pm	Identification of effective interventions/impacts Changes brought about regeneration?	What do you think could be improved in the local area to make your life better? Can you tell me what changes have been made to your local area since that you have seen? How have these positively/negatively affected your life? Prompt: Try to think how your life and surroundings were pre-regeneration and how these circumstances are now.
7:20pm	Civic engagement and community capacity	Do you think you can make a difference to what happens in your area - to what your area is like? What difference do you think you can make? Would you like to take a more active role in the community? How can you make a difference? What do you think is the best way for people to make a difference to local issues?

7:30pm

Conclude and summarise

Has anyone wanted to get a problem in their area dealt with, or wanted to try and change something about their area and not known how to go about it?

What could be done in the future to attempt to give local people a better say?

Ask residents if there is anything they would like to add that they have not had chance to say.

Just quickly, before we have to finish, I'd like to ask you all about what you think this area is going to be like in the future? How you think it's going to change, or if you think it's going to change at all?

Summarise some of the key points and general themes of the conversation

Where next for the research? Tell them what you are going to do with their comments.

7.45pm

Close

Thank you very much for taking part, your comments were invaluable to the research. I'll let you all know how the research progresses and where next from here. An ASDA voucher will be given to you on the way out. If you've got any questions about this research do not hesitate to contact me on 0161-230 2100. Thanks again.

Appendix 7 – Demographics of Participants

Focus Group 1

Gender	Age	Employment Status	Tenure	Time at Address
F	73	R	HA	Less than 1 year
F	65	R	HA	3
F	60	R	HA	10
F	71	R	HA	10
F	72	R	HA	5
M	68	R	HA	7
F	29	E	HA	4
F	32	E	HA	4
F	50	E	HA	Less than 1 year

Focus Group 2

Gender	Age	Employment Status	Tenure	Time at Address
F	29	E	O	1-2
M	35	E	O	2-4
F	40	U	O	Over 10
M	38	E	O	Over 10

Focus Group 3

Gender	Age	Employment Status	Tenure	Time at Address
F	63	U	HA	11
F	78	R	HA	30
F	78	R	HA	15
F	72	R	HA	30
M	42	U	HA	30
F	63	R	HA	30
F	70	R	HA	30

Gender	Employment Status	Tenure
M = Male	U = Unemployed	HA = Housing Association
F = Female	E = Employed	O = Owner
	R = Retired	

Appendix 8 – Table from Interviews with Professionals

Self-rated well-being		Evidence	Residents well-being	Evidence
Social well-being	Relationships with friends and family	"It is the whole thing. I eat crap, drink and smoke but I have a lovely home, a good husband, a lovely son...."	Importance of social networks	"Residents want to be near their friends and family... they look after each other ...they act as a function of support for people."
Physical well-being	Health status of self and family	"I think about things in general quality of life. I do not just view it from a medical point of view, I think of state of mind and general health." "My understanding of well-being is the attainment of positive mental and physical health which gives you a sense of happiness."	Detachment of Health and Well-Being	"Well-being for residents is about developing social contacts and building social networks." "Health and well-being should not be together... you might not be hugely healthy but you might be feeling fantastic... its implying that people with a disability or disease cannot be happy.. there is that able-bodies perception."
Personal well-being	Self-actualisation, development, autonomy, control	"Quality of life is about autonomy and control." "I perceive well-being as more cerebral rather than physical... in terms of personal reward... if you look at Maslow's hierarchy of needs, self-actualisation and realising that potential is only achieved when you move up the ladder."	Happiness, enjoyment, confidence	"Need residents to enjoy life more... so that people will not be depressed or anxious." "For a lot of older people it is about confidence and feeling good... so people do not think of themselves as invisible."
Community well-being	Participation and involvement in community life	"That I could participate in community life, get involved in things that I was interested in... having a say."	Participation, engagement and interaction	"It is about being respected, being listened to, being valued within the community." "Well-being for residents is about social interaction and community cohesion."

Economic well-being	Income and financial status	<p>"Need disposable income which gives you choices and an ability to be in control of your life. The less in control you feel, the less choices that you have, the increased likelihood you have of having poor health."</p> <p>"I look at well-being in terms of isolation and debt."</p>	Employment and financial status	<p>"Well-being for my clients is wealth, employment, finance... having the means to get on."</p> <p>"Debt from housing can have negative consequences on people's lives and this can have a cyclical effect, as people turn to depression and drugs."</p>
Leisure and well-being	Work-life balance	"Work and non-work balance. That I was stimulated and challenged and well-paid in work but it did not intrude on my life too much. That I had plenty of time for other interests, leisure, family and stuff."		
Environmental well-being			<p>Safer, desirable environment</p>	<p>"Older people will say safety and being in a safe environment. Being in a safe area reduces stress."</p> <p>"If you are talking about young people and families you want a nice environment to bring kids up in, so you do not come into contact with drug users."</p>
Spiritual well-being			<p>Spiritual contentment, positive and emotive feeling</p>	<p>"Society is not as structured as it used to be, so religion and spiritual well-being, norms and values can be got elsewhere... tv, music... other activities like yoga, reflexivity and physiology."</p>

Appendix 9 – Health and Well-Being Regeneration Projects

The following are areas of health and well-being that have received investment within NEM area:

Older People's Well-being

Beacons health programme spending specifically on older people:

- Generation Project. Independent information and advocacy project. Key agencies involved to ensure older people's views are heard. Its impartial, managed by an independent voluntary organisation. Worked closely with the new Housing Market Renewal scheme. Project helped set up the new East Manchester over 50s forum
- Funded DARTS trips and holidays for isolated older people i.e. trips to the theatre, tea shops, community events etc.
- East Manchester over 50s physical activity via Manchester Leisure

Other health programme funded activities

Relatively high rates of participation by older people in:

- Activity Bus transports people to physical activity opportunities e.g. over 50s swim session
- Social inclusion project for adults with mental health problems - Feel Good Factor
- Stepping Out walking groups and other PACE activity

Other regeneration activity affecting and potentially benefiting older people

- Anti-crime measures (wardens, extra policing) 1999-2010
- Housing interventions: clearances and Housing market renewal 1999-2010
- Resident Liaison Team support for resident associations 1999-2010
- Resident Liaison Team campaign to include and involve isolated older people 2005-6?

Family Support

Beacons health programme spending specifically:

- Partnership work with NACRO locally led to the Discus Youth Inclusion Project, which identified risk factors for young people within families and began to work with whole families rather than with young people in isolation. Discus also built up relationships with relevant agencies to refer young people and families in and on to
- The Family Support Project funded 2002-?
- Surestart funded 2000-2006 Complementing core Surestart funding to create complete coverage of the Beacons area
- East Manchester Dads Awareness Group participation in anger management sessions
- Support for annual Very Important Parents Day 2000-6 and other family-oriented one-off events

Other regeneration activity affecting/potentially benefiting families

- Anti-crime measures (wardens, extra policing) 1999-2010
- Housing interventions: clearances and Housing market renewal 1999-2010
- Youth programme

Drugs and alcohol

Beacons health programme spending specifically:

- Synchra - focus group designed to identify motivational and lifestyle factors behind substance misuse
- Outlook East Manchester established as a result. Objective is to move people involved in substance misuse from their lives being focussed around getting and taking drugs. Works in partnership to introduce work related skills and activities (swimming, music and basic skills)
- Health events, fun days and campaigning work
- Training package on drugs awareness and referrals developed and delivered 2000/1
- Training package on alcohol awareness and referrals developed and delivered to housing and other non-specialist frontline agencies advising on most appropriate treatment and support service
- Established focus groups of children and young people with Lifeline to look at who drinks what, why and when
- Support for statutory and voluntary sector youth practitioners training and project work on range of health issues including drugs and alcohol and engagement with appropriate city-wide organisation e.g. Eclipse
- Support for 2 large scale youth health days and other events covering range of health issues
- Purchase extra posters and leaflets on alcohol awareness from MPHDS
- MCFC in the Community Kick it project £900 in 2004/5

Complementary activity by partners

- Manchester Public Health Development Service's alcohol specialist advisor giving talks, distributing fact files, health promotion materials, working with health and crime programmes.

Other regeneration activity

Affecting/potentially reducing local impact of substance abuse

- Crime programme (targeting of prolific offenders = Embrace project; support for East Manchester Off Licensees Forum, other contact with retail trade; youth intervention officer activity in curbing under-age sales)
- Youth programme - e.g. detached youth work project 2002-6
- Environment programme clean ups and asserting public use of space
- Street Environment Managers - clean ups, identifying sharps

Physical Activity

Beacons health programme spending specifically:

- Stepping Out project to promote community walking in Medlock Valley
- Activity Bus - transports local people to amenities where they can take part in physical activity
- PACE (Physical Activity and Community Exercise)
- Indoor bowls at Grange
- East Manchester Dads Awareness Group: participation in football league (£400, spring 2006)
- Support for 2 large-scale youth health days and other events covering range of health issues.
- Joint investment with SAZ in Bike Right cycling projects for all ages 2003-5
- DARTS (see 'older people' section)

Other regeneration activity

Affecting/potentially reducing local impact of substance abuse:

- Crime programme in partnership with general policing
- Youth programme - e.g. detached youth work project 2002-6
- Environment programme clean ups and asserting greater use of public green space; e.g. Medlock valley programme

Adults Mental Health

- The Feel Good Factor. Mental health inclusion and activity project to bring leisure, learning and activity services
- Neighbourhood events and activities - including 'No Fears No Tears' in libraries
- Support Manchester Advocacy Service to roll out developed training package for community mental health advocates
- Mental health awareness training to agencies like Job Centre Plus, libraries (2001-3 and planned for 2006-10)
- Purchase additional copies run on of 400 x 11 mental health self help guides from MPHDS
- Support world mental health day activities and just promoted it in other years)
- East Manchester induction day for primary care mental health staff

Other regeneration activity affecting adults' mental health

- Anti-crime measures
- Physical activity projects
- Neighbourhood planning
- Environmental improvements
- New Intensive Employment Support

Young people's Mental Health

- Mental Health Support Project/Youth Access Team to identify creative ways of engaging young people in looking at their emotional and behavioural needs
- Co-investment with Arts and Culture programme in arts and mental health work with 42nd Street project
- Initiatives with the Full Service District School Strategy via NEM/NEMET
- Support for statutory and voluntary sector youth practitioners training and project work on range of health issues including drugs and alcohol and engagement with appropriate citywide organisation e.g. Eclipse.
- Support for 2 large-scale youth health days, the annual Very Important Parents Day and other events covering range of health issues.

Other regeneration activity affecting young people's mental health

- Anti-crime measures
- Physical activity projects
- Neighbourhood planning
- Environmental improvements

Teenage pregnancy and sexual health

- East Manchester Teenage Pregnancy Action Plan. Gives advice, information and access to contraception; improvements in sex and relationships education for young people in and out of school

- Olivia Lodge - additional community and security facilities at supported housing project for teenage mums and babies
- Support for statutory and voluntary sector youth practitioners training and project work on range of health issues including drugs and alcohol and engagement with appropriate city-wide organisation e.g. Brook, NMPCT/JHU advisors
- Don't scratch that, scratch this cards info on STIs and services
- Support for 2 large scale youth health days, the annual Very Important Parents Day and other events covering range of health issues

Other regeneration activity affecting sexual health

- Anti-crime measures
- Physical activity projects
- NEM and NEMET improving attainment and specific PSHE material, work on self esteem, confidence, assertiveness, improving access to information

Participation

- BWBN meeting every 6-7 weeks since 2000
- East Manchester Health Roadshow - exhibition and additional material developed
- Event promoting local awareness of new LIFT surgery scheme

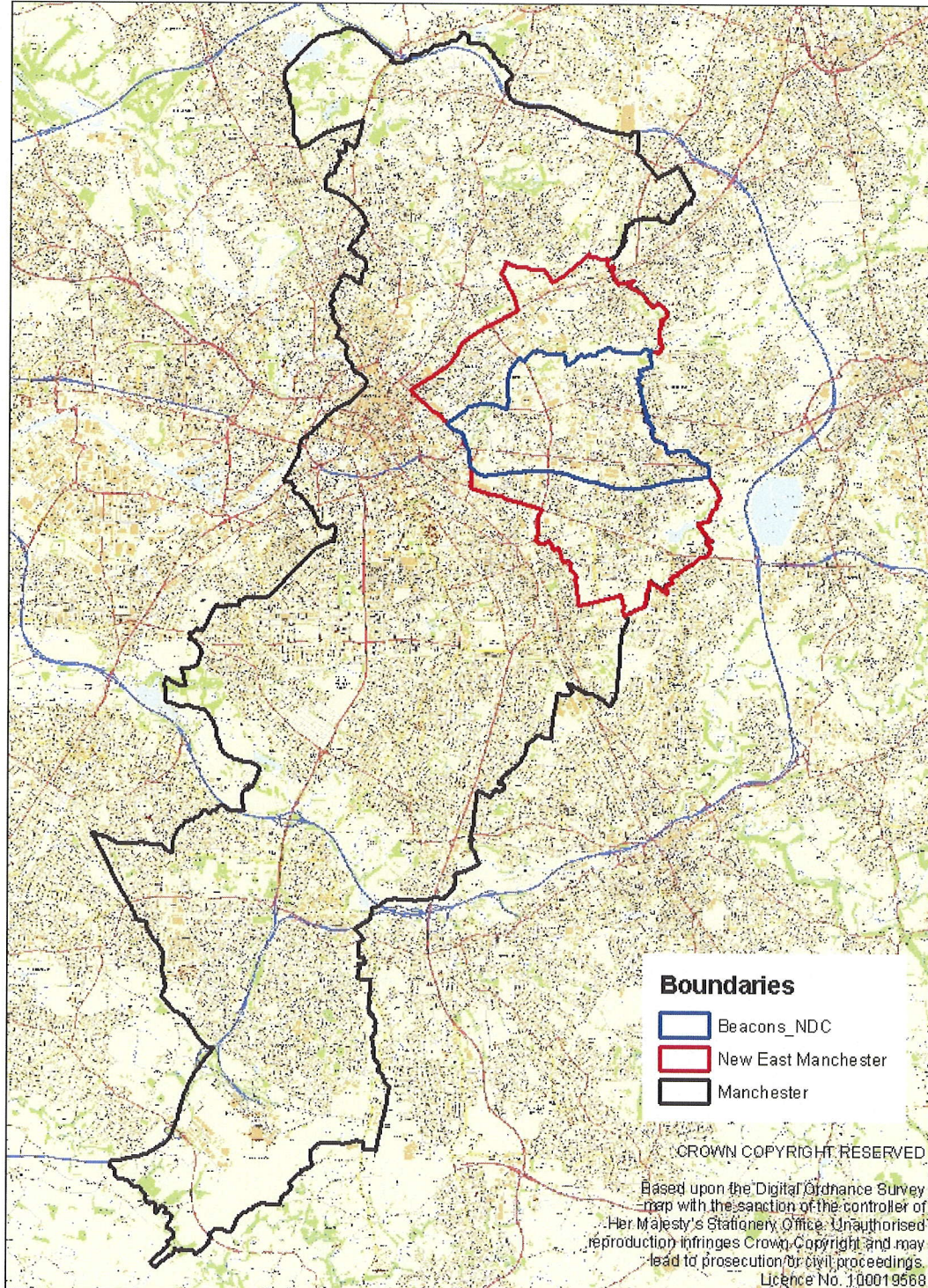
Other

Beacons health programme spending specifically:

- Co-investment with Arts and Culture programme in East Manchester Food and Drink Festival fringe 2003-6 comprising schools involvement in cooking competitions, food taster sessions with poetry, growing opportunities at community venues
- Lifeline study on young people's risks and responses
- 8 grants to different community groups through East Manchester Grants panel for well being related projects
- Co-investment with Arts and Culture programme in Choices and Chances (c/o Settlement) excluded pupils' education project work with near-qualified MANCAT chefs on budgeting, menu planning, shopping, food preparation, hygiene and servicing skills
- Delivery of peer education/mentoring project by Discus' Young People's Development Programme on health issues with Ravensbury primary school pupils
- Complementary therapy sessions at one-off events and at regular weekly sessions e.g. Grange winter 04/5
- Pilot drop in for asylum seekers/refugees, 2003/4 trial different approaches through 2 weekly sessions in different locations
- Weekly immigration advice sessions from North Manchester Law centre at Rainbow
- Unwanted Xmas presents - range of health issues and drop in for asylum seekers/refugees
- Men's health week events
- Distribution of CAB handbooks to community and voluntary groups
- MMU Research Associate well being study 2005/7
- Women's health sessions (Time for You) 2000/1
- Ladies night out (promotes Beacons Women's Network)
- East Manchester Over 50s physical activity via Manchester Leisure
- Smoking cessation advice at Five Oaks surgery 2000/1



East Manchester Boundaries





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