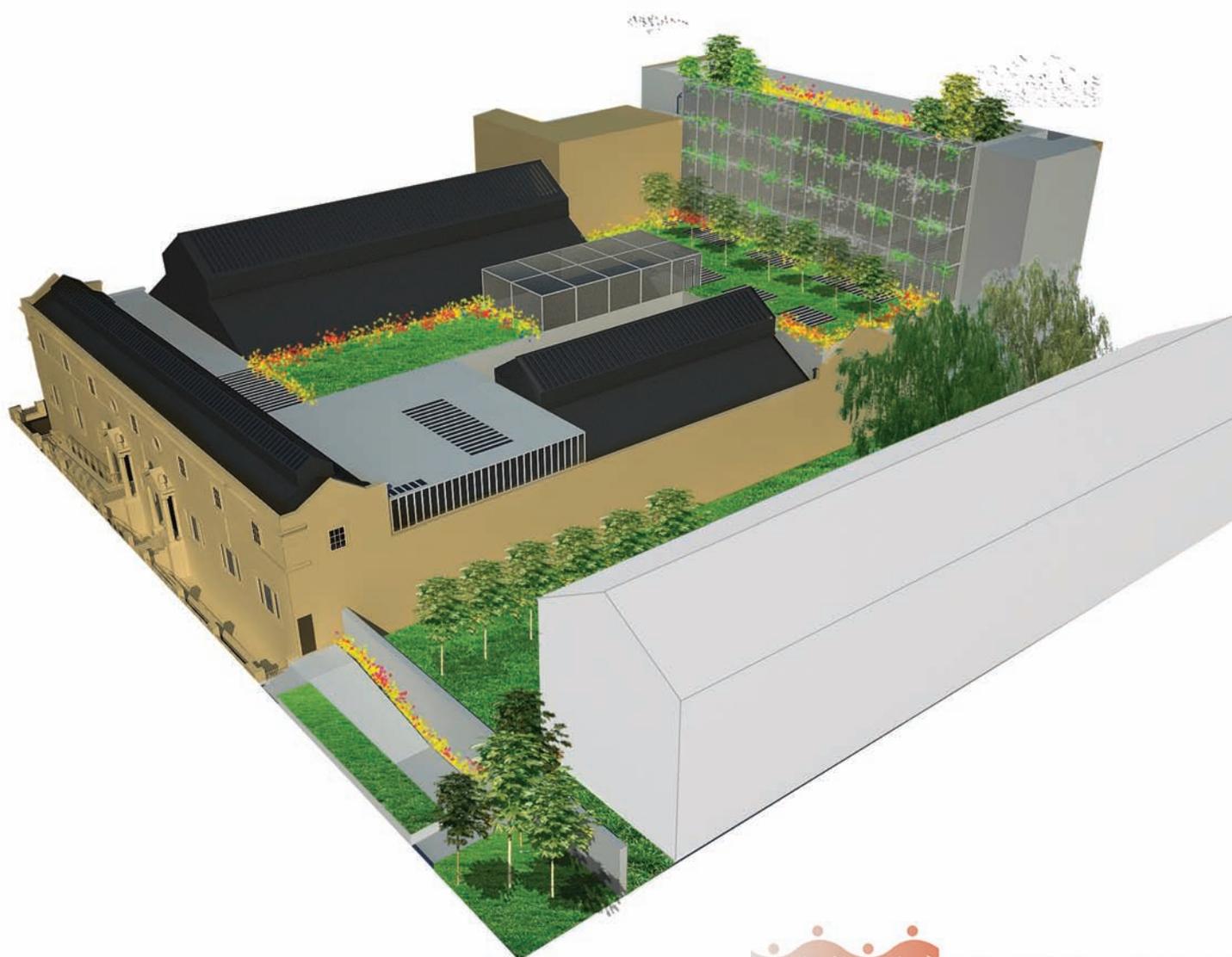


**EXECUTIVE SUMMARY, JANUARY 2009**



# **Healthy Living and the Impact of Closure:**

**Reaction to the closure of Govanhill Baths  
by the local Black and Minority Ethnic Community.**



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**Healthy Living and  
the Impact of Closure**



## EXECUTIVE SUMMARY REPORT

The Govanhill Baths Community Trust Ltd (GBCT) was established in December 2004 as a registered Charity in Scotland. It was born out of a community action group that had struggled to keep the local baths open since Glasgow City Council (GCC) closed them in March 2001.

### 1.1 THE GOVANHILL BATHS COMMUNITY TRUST

The main priority and overall aim of GBCT is the restoration of these Edwardian baths as a Wellbeing and Health Centre. It will be run by the community for the community. It is planned to open this Centre in 2011 and the Trust believes such a project will make a major contribution to the regeneration of Govanhill as a whole.

### 1.2 THE CONTEXT OF THE STUDY

This study should be seen in the context of the Trust's immediate presentation of a second stage Business Plan for the new Centre which is planned to open in 2011. It is estimated that the cost of the whole project will be in the region of £12.5M with a first Phase of £8.5M. The Project Team comprises a range of local and national agencies and sub-groups including the GCC itself that has provided a senior officer as convenor.

### 1.3 THE FUNDERS - THE SCOTTISH COMMUNITY ACTION RESEARCH FUND (SCARF)

SCARF funding amounted to some £10,000. It makes clear that its funded research should bring new life to disadvantaged areas and help them to take a more active part in decision making processes that affect them so as to make sure that investment in regeneration is well spent.

It should provide information to help improve the delivery of services or policies, or help people participate in the life of their communities.

### 1.4 RATIONALE FOR THE STUDY

Given the criteria for funding set out by SCARF and fundamental objectives of the GBCT the rationale for the study became to;

- ensure that the BME community is fully consulted about, involved with and aware of the plans the Trust is developing for this new Centre ([www.govanhillbaths.com](http://www.govanhillbaths.com)).
- enhance the capacity of the BME community to do research in this as well as other areas of social regeneration.

- explore key aspects of community, regeneration and social health, sports, swimming, recreation and fitness development at grassroots, individual and institutional level with BME people who live in the area and not just with those who operate professionally.
- bring an experiential and “emancipatory” voice to the data and its collection and thereby empower local BME people to the extent that their voices might influence policy decisions affecting the future development of the baths.

## 1.5 RESEARCH QUESTIONS AND METHODOLOGY

### 1.5.1 Emancipatory Research

The study argues that there is a necessary distinction to be made in research between what can be seen as giving some sort of experiential voice to “participants” in an “action”, “participatory”, “transformational” or “empowering” framework and actually bringing about change for the participants themselves. We argue that communities themselves should develop research that must be shared with those researched so that they can use it as they think fit.

### 1.5.2 Research Questions

The researchers discussed the issue of re-opening the baths with a range BME community members in a variety of informal and formal situations over time. Took account of the Trust Board’s experience and knowledge. They were

- what has been the impact of the closure on the BME community?
- what is the estimated BME community usage of the proposed Sports and Wellbeing Centre?
- in the context of the foregoing and the rationale (2.4), what are the physical activity, health, social and recreational needs and interests of the local BME community?

### 1.5.3 The Research Team

- A team of 3 Key Researchers and a Project.
- A team of 4 Community Outreach workers associated with already existing community groups.
- 11 BME Community Researchers who received ongoing training and development as the programme unfolded.

### 1.5.4 Methods

A questionnaire was individually administered to 155 local people by the Community and Key Researchers together with four focus groups. The sample was gauged according age, ethnicity, gender and disability together with ensuring that at least 60% of the sample had used the baths when they were open. Interviews around the research questions were held with service providers of GCC Directors were invited to participate.

We employed a “triangulation” methodology which is to engage in multiple methods of data collection as indicated above.

We held to the view that ‘Learning Partnerships’ should become an essential ingredient of planning for change. These should derive from Research Coalitions that would ensure that an avenue of communication is established between those who have most to gain from transformative action also have the knowledge to act.

## 1.6 RESULTS

**1.6.1** The research questions were converted into three propositions and data collected was used to “test” them. They were;

- the closure of the baths has had a deleterious impact on the Black and Minority Ethnic community,
- there is a sound estimation of the BME community’s usage of the proposed Sports and Well-being Centre,
- there is a clear indication of the physical activity, health and recreational needs of the local BME community.

In total, 155 questionnaires were completed - 45% by males and 55% by females. Four focus groups (involving a total of 30 people (equally divided by gender) were held with the elderly, youth, disabled and residents of the Govanhill Housing Association. 89% of the interviewees fell in the 16 to 55-age range and the remainder above 55. The data collected was analysed and discussed alongside a wide range of relevant literature and relevant reports, policies and political strategies.

It became clear that the substantial youth population did not have significant space in which to express its energy either physically or socially; this fact contributes a level of frustration for local youth. Given, as Berkowitz This was confirmed unanimously by all respondents as well as by community police officer.

### 1.6.2 Health Issues

Apart from the data collected from our respondents the study considered a range of other research and Scottish Government strategy and policy positions. Significant amongst which was the research from the Joseph Rowntree Foundation, the Glasgow Centre for Population Studies, the NHS and REACH. The Joseph Rowntree Foundation (2007) reported that 60% of children were living "in poverty" and that the playing area available to them was presently less than the size of the average kitchen table!

The Scottish Government (2008) published a report that states:

*"health inequalities remain a significant challenge in Scotland; the poorest in our society die earlier and have higher rates of disease, including mental illness; that individual factors such as age and race interact with socio-economic status and low income to create health inequalities; and radical action is needed to address these inequalities".*

The need among women for privacy and single sex sessions is also supported by a focus group for elderly Asian men where one said,

*"For women it is a closed building ... very few women go to Gorbals. Women don't have easy access due to language and culture ... while another man made plain, ... "my wife used to go four times a week. It was very handy for Asian people, particularly ladies and children 87.*

Significantly the Scottish Government's national diet and physical activity action plan for 2008-2011 states that one of the objectives of the current physical activity and diet strategies is to:

*"Create, improve and maintain the supply of natural and built environments encouraging more active lifestyles (this includes ... swimming pools).*

Recent research carried out on behalf of the Scottish Government (REACH) has shown in particular that the BME community has lower than average levels of physical activity. It found that many BME people face practical and social barriers to participating in mainstream physical activity provision, including language barriers, cultural requirements, religious beliefs, poverty, and racism. One of the study recommendations is that:

*"The Scottish Government along with other stakeholders should seriously consider looking into how accessible government run health and wellbeing initiatives are to BME communities, i.e. leisure centres etc. Furthermore they should consider encouraging BME communities with high health risks i.e. Pakistani and Bangladeshi to take part in physical activities".*

### 1.6.3 Employment Status

56% of the participants said that they were working. 18% were in full-time education and 16% were retired the rest (20%) were unemployed and/or home carers including single mothers. one of whom said that,

*“As a single mum with limited income I can’t see friends as often as I would like to.” While another mother said, “I have a daughter with ‘special needs’ she loves to use activities provided for her needs but I cannot take her to distant places because of travel expenses*

### 1.6.4 What people said

In respect of the three propositions set out above we identified significant areas of comment – a small selection is presented below. (Numbers equate to respondents).

Young people and children were affected as they “have nowhere to swim,” **49**; “no place to play with others,” **50**; “have less activities and nowhere to go,” **51**; “hang around streets more,” **63**. They have “no place to spend their spare time, ... maybe they are involved in gang crime,” **66** (numbers equate to respondents)

**Older people were affected as** *“...for older people they need a place for their physical and mental well being but they can’t travel far,”* **99**. *“Quite obviously, closing the baths and expecting people particularly older and younger people to travel to the Gorbals if they wanted to swim was very unfair. Unfair because first of all the buses do not stop near Gorbals and there is a long walk to get there. Secondly it costs to travel that far and many simply cannot afford that and finally because of gang issues and safety many are just frightened to go that far. I know that my daughter will not allow her children to go because she is frightened for their safety”* **120**

**Women were affected** as **76** says that *“ladies nights’ are not widely available elsewhere,”* while **102** says, *“...single women often talk about having a place to go locally. We all tend to meet up at each other’s homes .... not always convenient and there are limits to what you can do at home.”*

**Men were affected, as** *“people who are working full time or part time need a place where they can relax.”* **129**, for older people said they *“need a place for their physical and mental well being but they can’t travel far.”*

**The baths building itself was affected** as it has become: a *“ghost house”* **140**; *“sad and derelict”* **95** and in a state of *“disrepair and vandalised”* **92**. Yet **135** can see it’s ... *“a beautiful building. I would love to see that open and busy again!”*. This point was echoed repeatedly by visitors during our recent Open Day activities.

**Pride and sense of community were affected, as** **101** reports that people are, *“generally angry and disappointed that the council choose to deny them a basic facility ... also feel forced and manipulated into going outwith the area.”*

### Effect on the various BME communities

Some spoke specifically about sections of the various communities which were badly affected and mentioned people living in poverty, young people, children, women and elderly people. Communities which have religious or cultural restrictions around free mixing of men and women (such as Islam) were also seen to be disproportionately affected.

*“people like me who have very little money have suffered the most. It has made people frustrated. Most people I know don’t go anywhere for social activities. Poor people are always suffering around here”* **27** *“more crime, antisocial behaviour, people angry, poor health”* **83**

**A local youth view** *“I remember the baths when I used to go to the Kingston Club twice or three times a week. It was always packed and many kids from our community used to go and I swam in races against other clubs all over west of Scotland. Lots of us used to go as well as to the club particularly in the summer. It was just about all there was to do in the area and I and my mates have barely gone swimming since. The council said Kingston had to go to which was ridiculous because it is just too far away and there was no way my mum would let me go that far on a bus”. (Focus Group Session)*

**The baths as a place to socialize** People clearly see the building as offering a place in which socialise with their neighbours as well as to take part in sporting and recreational activities. The majority of the respondents/interviewees (77%) felt that anti-social behaviour (defined as for example; nuisance neighbours, yobbish behaviour and intimidating groups taking over public spaces, vandalism and graffiti) had increased. The main reasons given for this increase was the lack of activities and facilities, especially for young people and children. Comments typically saying:

*“children have nothing else to do”,  
“so many children hang around in their holidays”, “gangs are beating, stealing, vandalising and Govanhill has a bad name”*

**The baths - a local police officer’s perspective** *“The people from GBCT struggling to re-open the baths should be congratulated and thanked for what they are doing. From the police perspective it is very clear how much the baths have been missed since they closed and how important such a facility would be to help the local community and in particular local youth. They have nothing to do so no wonder from our end we see the results in anti-social and often illegal behaviours. The best thing that could be done is to see these baths re-opened!”*

### 1.6.5 City service providers

**engaging individuals, families and communities most at risk of poor health in services and decisions relevant to their health**

Interviews with officers from four departments revealed clearly that there had not been an holistic departmental approach to health and well being in relation to the closure of the baths and in fact they had not been given the opportunity to talk to each other on the issues involved. After seven years it was suggested by one officer that;

*“that now would be the time to see everything synchronised and for the project to re-open the baths to successfully capitalise on the present business arrangements. Whilst finance was a fundamental issue there was a note of optimism amongst the participating agencies.....”*

There is a need for ‘Learning Partnerships’ between the BME communities and the Local Authority as an aid to planning for change within community “Equality Action Plans”. Such Plans take account of the fact that merely informing marginalised groups of inequalities will be insufficient. Action needs to be planned and implemented for changing structures at political and related levels on a collaborative basis. For these reasons we engaged the community researchers in a process that would allow them to understand their actual role within such a “Learning Partnership” with the Trust that we hope will extend to collaboration with the Local Authority.

### 1.6.6 The research propositions

We concluded overall that the data produced bore out the propositions we set out to test. That is to say, there is considerable evidence from this sample to say that the impact of the closure has been deleterious in respect of the BME population’s health and with regard to accessing healthy living, sports, fitness, social and recreational activities that promote necessary community interaction.

There is clear evidence that the community would use such a facility and, along with national and local strategies and policies, members of the BME community are clearly able to identify their needs and interests in relation to the proposed new Healthy Living Centre.

### **1.7 RECOMMENDATIONS OF THE STUDY**

**1.7.1** The study confirms the Local Authority, voluntary sector and Scottish Government concerns in respect of people's health in urban contexts with regard to access to healthy living, sports, fitness, social and recreational activities that promote necessary community interaction.

It calls for both the Government and the Local Authority to provide financial means whereby it can support the Govanhill Baths capital project to re-open the baths as a Healthy Living Centre.

**1.7.2** Local Authority, government and local initiatives should demonstrate on an evidence basis how they have taken and are taking full and effective account of the Commission for Racial Equality's (now Commission for Equality and Human Rights) Formal Report on Regeneration and the Race Equality Duty (2007) and its recommendations.

**1.7.3** There is an essential need in the context of the above, for the Local Authority to provide facilities that take account of the needs of local and all Glasgow people according to their religious and cultural heritages.

**1.7.4** The Local Authority in association with partner agencies of Govanhill Baths Community Trust should take steps to further develop a Learning Partnership and "Equality Plan" in Govanhill that builds the capacity of the local BME and wider community to conduct its own research whose conclusions, as of right, should be fed into the policy making and strategic process.

**1.7.5** The conclusions, recommendations and data collected for this study will be made available to the BME individuals/groups/agencies who took part in the study so that they will be able to take action thought as they think appropriate

**1.7.6** The issues raised in this study are not simply those related to "Sport and Culture" or "Development and Regenerational" Services. All relevant local authority departments should take full account of the function and significance of the provision of healthy living, sports, fitness, social interaction and recreational facilities in their mission statements. Not only for BME but for all members of the community.

**1.7.7** At all stages the staff of the Scottish Action Research Fund (SCARF) and its mentoring staff have been generously helpful, particularly at inevitable and occasional difficult phases. Community based research of this sort depends considerably on advice from its funders and it is abundantly clear that SCARF's staff are highly experienced and skilled in this area of work. If community voices are to be heard and acted upon via bona fide research then it seems to our Board that such funding streams must be further developed by the Scottish Government.





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Andrew Johnson  
Govanhill Baths Community Trust Ltd  
Suite 312  
149 Claymore House  
Glasgow  
G41 3JA

**M.** 07779995483  
**T.** 0141 427 7783

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