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Will Glasgow Flourish?

Learning from the past, analysing the present and planning for the future

Fiona Crawford, Glasgow Centre for Population Health
Sheila Beck, NHS Health Scotland
Phil Hanlon, University of Glasgow

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The GoWell research team consists of:

Sheila Beck (*Ecological Monitoring Team*)
Alison Burlison (*Ecological Monitoring Team*)
Fiona Crawford (*Ecological Monitoring Team*)
Matt Egan (*Researcher*)
Elizabeth Fenwick (*Health Economist*)
Phil Hanlon (*Principal Investigator*)
Ade Kearns (*Principal Investigator*)
Louise Lawson (*Researcher*)
Rebecca Lenagh-Snow (*Administrator*)
Phil Mason (*Researcher*)
Mark Petticrew (*Principal Investigator*)
Jennie Richardson (*Communications Manager*)
Carol Tannahill (*Principal Investigator*)
Hilary Thomson (*Neighbourhood Audits*)
David Walsh (*Ecological Monitoring Team*)

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Preface

This report provides an analysis of regeneration and health in Glasgow. It seeks to learn from the past (Section 1), analyse the present (Sections 2, 3 and 4) and, through the discussions that will flow from the report (Section 5), plan for the future.

One way of thinking about regeneration in Glasgow over the years is to consider it as a 'continuous improvement programme.' Conceptualised in this way, we can ask what we have learned from the past and assess how near we are to making a more profound impact today. The account provided in this report begins with Glasgow as a key centre in the industrial revolution. At that time, the early medical officers of health identified the link between the poor health of the population that flooded into the city, their housing and their environment. These public health pioneers argued for improvements, both in housing and in the environment, and their holistic understanding of how health was created and destroyed informed their arguments. However, as social and economic outcomes were seen to be more important than health, the type of regeneration that would have been needed to radically improve the health of Glasgow's population during the industrial revolution did not take place. The imperatives of economic development took precedence. At that stage, Glasgow was a key centre within the most developed industrial economy in the world – the 'Second City of the Empire.'

One of the arguments made in this report is that regeneration has often been a response to adverse events. Glasgow's comparative economic advantage probably began to wane as early as the end of the 19th Century and, as the city moved into the 20th Century, this loss of competitiveness created further adverse effects on Glaswegians. A key event - the First World War - precipitated action. So began the first of the 'cycles of learning' in the continuous improvement programme of regeneration. Building in neighbourhoods such as Mosspark and Knightswood was undertaken under the auspices of an Act of Parliament that provided for more space and resource to be made available than previously; this approach to housing policy and neighbourhoods was not generally repeated in later cycles of regeneration. The continued health of these communities is testament to the appropriateness of the resources and vision that went into them.

The next major event that provoked a response was a nationwide economic recession (the 'great depression') that took its toll on all the industrial areas, including Glasgow. This was also the era of the general strike and political unrest. The regeneration process, operating with scarcer resources, moved more towards crisis intervention. It became less holistic and less concerned with the broader health and wellbeing of the population to be served. The result was a series of housing led regeneration efforts that, in retrospect, served their populations much less well than had been the case in the previous interventions.

The end of the Second World War and the birth of the welfare state were accompanied by a series of arguments for comprehensive regeneration of the city but it was not until Scotland experienced an economic upturn in the late 1950s and early 1960s, that projects began to get underway with any serious intent. Once again, these were bedeviled by political struggles, crisis intervention and lack of funds. The result was that they lacked a holistic perspective and were widely recognised to have failed their populations with respect to the wider social infrastructure that would have been necessary to sustain flourishing communities. Also, the lack of funds caused houses to be built that were difficult to heat, prone to dampness and in need of frequent repair.

During this period, another historical trend from which we can learn became manifest – 'fashion.' Glasgow adopted the fashion of building high rise buildings for reasons that seemed logical in that context but have not stood the test of time. Indeed, Glasgow once had more people housed in high rise housing than any equivalent sized city in Europe. Poor decisions like these resulted in further crises as evidenced by the findings of the Grieve report on damp housing in Glasgow. These crises were accompanied by general concern about rising inequalities and poor health amongst the most disadvantaged section of the population. The economic down turn and loss of manufacturing jobs in the 1980s increased inequalities and led to many calls for a more imaginative approach to regeneration.

The catalyst for change was provided by the creation of a Scottish Parliament from which a new model for regeneration emerged. This can be seen as the most recent cycle of learning in our continuous improvement programme and is described in detail in Section 3 of this report. The current approach is best summarised by Figure 3.1 on page 69, entitled 'Regeneration drivers, processes and outcomes.' It is now widely recognised that the problems that give rise to the need for regeneration are many and varied. They include poverty, the deprived natures of many communities, the standard of housing, the blighted nature of some landscapes, the lack of opportunity (particularly employment) and the quality of local services. Therefore, the regeneration response is never going to succeed if it concentrates on any single issue in isolation. In particular, simply rebuilding or improving the quality of houses (in isolation from other measures) is now widely recognised as an insufficient response. Rather, it is recognised that housing regeneration needs to be allied to environmental, economic, social and cultural regeneration. The intended outcome is to enable people to become more resilient individuals who live in more cohesive communities, housed in better accommodation with high quality services and access to good jobs. It is believed that, when these improvements are brought together, a sense of confidence and wellbeing will be fostered and health will improve.

Although this is the theory of regeneration that attracts widespread support, Section 4 describes the spectrum of regeneration activity that is actually underway in Glasgow. This paints a more complex, even ambiguous, picture. Glasgow is, indeed, a city that is investing unprecedented sums in housing regeneration in its poorest areas but it is also a conurbation where ever greater sums are being spent on accommodation for the wealthier section of the population in developments like the Glasgow Waterfront. Glasgow's greatest areas of growth are in its burgeoning retail and service sector, the wealth from which seldom seems to trickle down to those parts of Glasgow that are the targets of regeneration policy.

In short, we may have learned from the past but analysis of current activity raises questions about our future trajectory. Indeed, this report raises a series of questions about which we hope to create a constructive debate. These are:

1. Have we learned the lesson of holism?

The early medical officers of health had a holistic understanding of housing, the environment and health yet vested interests hampered the implementation of their reforms. Section 3 outlines a genuinely holistic, complex and interconnected model of regeneration in Glasgow. However, an examination of the actual regeneration activity reveals that more resources and clearer outcomes exist for housing regeneration compared with what is called 'wider action' or 'social regeneration'. In short, we know what we want in theory but there are questions to be asked about how able we are to deliver in practice.

2. Have we moved beyond political infighting?

Political differences are a legitimate and often necessary part of decision making processes. Nonetheless, this report clearly shows that, in the past, the people of Glasgow suffered from the consequences of damaging political arguments or struggles being played out in the policy arena. An obvious example is the debate between Bruce and Abercrombie in the 1940s, described in Section 1. It is more difficult to identify equivalent political conflicts today as we do not yet have the benefit of hindsight. The decision to proceed with the M74 extension, despite the findings of the public local inquiry, provides a more recent example of a political debate whose outcome is at variance with policies to promote social inclusion and environmental justice.

3. Have we learned that money and quality matter?

The lesson that regeneration requires adequate resources is clear from the historical analysis. The proposed financial investment in social housing is higher now than in recent history. Nonetheless, are we confident that new social housing developments will stand the test of time in the way that Mosspark and Knightswood seem to have done in contrast to the visible decline that took place in many of the more cheaply built post war estates?

4. Are current actions going to reduce inequalities?

It is clear from Section 4 that, however generous the funding is for the regeneration of Glasgow's poorest areas, the investment in Glasgow's affluent areas is such that inequalities will increase. This links to our approach to economic development. Glasgow has prioritised activities such as the building of large city centre and out of town shopping complexes. Health researchers are beginning to recognise the adverse effects of consumerism, materialism and the loss of work life balance. Do we need to re-examine assumptions about the importance of continuing economic growth and our commitment to consumerism – two tenets that seem to lie at the heart of our model of regeneration?

5. Are we still the victims of fashion?

The lesson from history is that we are prone to follow fashions and only realise our mistakes in retrospect. We now recognise the limitations of high rise buildings but, at the time, policy makers followed the fashion of the day in response to the need to house a large number of people within a relatively small geographic area. Today's fashion recognises the need for more than just housing led regeneration: but, time will tell whether this is a rhetorical commitment which lacks substance; just another fashion.

6. How well does Glasgow respond to external forces?

The lesson from history is that events like the great depression and the two World Wars created great hardship. How well prepared will Glasgow be for the 21st Century's equivalent shocks? We can be sure that challenges will come. In the past few years, the population has become acutely aware of the threat of global warming. We are perhaps less aware of the potential impact of what is called 'peak oil' - as we pass the peak of global oil

production the price of energy will rise with severe economic impacts. In the 19th Century, entrepreneurs in Glasgow took advantage of natural resources, Glasgow's strategic position and the access to large markets provided by the British Empire. In the 20th Century, these advantages declined and Glasgow was slow to react to these changes. The consequences were that when, for example, the decline in manufacturing hit the UK in the 1980's, Glasgow was more severely affected than some broadly equivalent areas in England. Some comfort can be taken from the fact that Glasgow has now built a strong retail and service sector. While the jobs these sectors provide are welcome and their importance to the current city economy is obvious, we should consider whether Glasgow would be able to weather a storm of rising energy prices, increased global warming or whatever surprise the 21st Century has to throw at us. Will our current economy be resilient in the face of these threats? How will these threats impact on current aspirations regarding more equitably distributed resources, improved quality of life and economic stability? Current policy documents provide no reference to the building of resilience in our citizens and the ability to anticipate future pressures.

7. Is Glasgow different from other cities with a similar economic and social history?

This question is being investigated by examining trends in health and its determinants in a variety of cities and regions in the UK and Europe.* All these regions/cities have experienced industrialisation followed by rapid de-industrialisation. Early findings suggest that whilst these regions have much in common, there are important differences. Regions with a similar industrial history to Scotland saw their health improve at a faster rate over the last 20-25 years.

What is clear from looking back in time and from a more contemporary viewpoint is that the task of successful regeneration is profoundly difficult. Much has been learned in the past and today's policies and programmes reflect that learning. These questions have been formulated in order to stimulate reflection and debate. We hope that the process of continuous improvement can be taken further through discussion of these issues.

*Glasgow Centre for Population Health/NHS Health Scotland. Regional European Mortality Analysis. Ongoing analysis – in press.

Section 1: The Story of Glasgow

An overview of housing regeneration, public health and key social and political events from the Victorian era until the present

1.1 Introduction

The aim of this report is to provide an analysis of regeneration and health in Glasgow in order to place current regeneration activity into a wider context.

The purpose of the report is not to provide definitive answers to the vexed issue of the impact of housing led regeneration on health. Rather, it provides an insight into the interaction between housing and regeneration and health in the past and a realistic assessment of the likelihood of improved health outcomes emanating from current interventions. The briefest possible summary of our intention is to demonstrate how health arises out of the whole 'ecology' (physical, social, environmental, economic, and cultural) in which people live and to ask searching questions about current approaches in the light of the lessons available from history.

How this report was produced

This report has been produced as part of the GoWell research and learning programme. This programme is a multi-dimensional longitudinal evaluation of the impacts of housing led regeneration on health and wellbeing. The programme aims to establish the nature and extent of these impacts, to learn about the relative effectiveness of different approaches, and to inform policy and practice in Scotland and beyond. The 'ecological' component of GoWell sets out to provide an added dimension to the main study by monitoring wider changes in the city and the surrounding area that could also influence the health of Glasgow's population and to embed and understand these changes within their historical and policy context. Thus, the overall aim of the ecological arm is to monitor city wide changes from a socio-ecological perspective and to provide a contextual backdrop to the main study. The ecological team is addressing this in a variety of ways and this report provides one important component.

The ecological team made a decision to explore, and to try to gain an understanding of, two key areas which form the basis of this report:

- a) The historical context of regeneration in the city.
- b) The philosophy and current policy context of regeneration.

Our work was informed by a socio-ecological approach to public health,¹ and the 'Let Glasgow Flourish' report which was published in 2006 and which provides a comprehensive review of data on health and its determinants.² At a practical level, we used the socio-ecological model of health to inform the creation of a number of databases which we used to collate and characterise historical and ongoing events, contemporary issues and policy change within Glasgow. We also took account of national and regional strategy and policy where we considered it might have an impact on Glasgow City. In addition, we reviewed a range of literature in diverse topic areas such as urban planning, housing and economic regeneration, social and public health history. We met with a number of professionals and experts with a role in or knowledge of housing led regeneration to gain advice on useful historical and contemporary sources of information.

We generated a 'Story of Glasgow,' described in Section 1, by examining a number of key texts which dealt with housing, regeneration, politics, social and public health issues and trends, and extracted a timeline of activity from which the report draws a number of tentative conclusions. We also examined a number of key statistical trends using the methodology outlined in Appendix 1 and presented these graphically.

In Section 2, we provided a short summary of some of the main emerging challenges to health and wellbeing at the beginning of the 21st Century. In Section 3, we examined relevant policy documents for health, regeneration and social justice and explored how these envisaged the links between regeneration and health. Section 4 provides a snapshot of Glasgow today, highlighting major regeneration initiatives. Our concluding Section 5 reflects on what lessons from history have taught us and how best we might make use of these lessons today.

Graphs and other figures are provided throughout the report in order to illustrate some of the issues explored in the text. Detailed notes on the data behind the graphs, where applicable, are provided in Appendix 1.

1.2 Politics, economics and the built environment

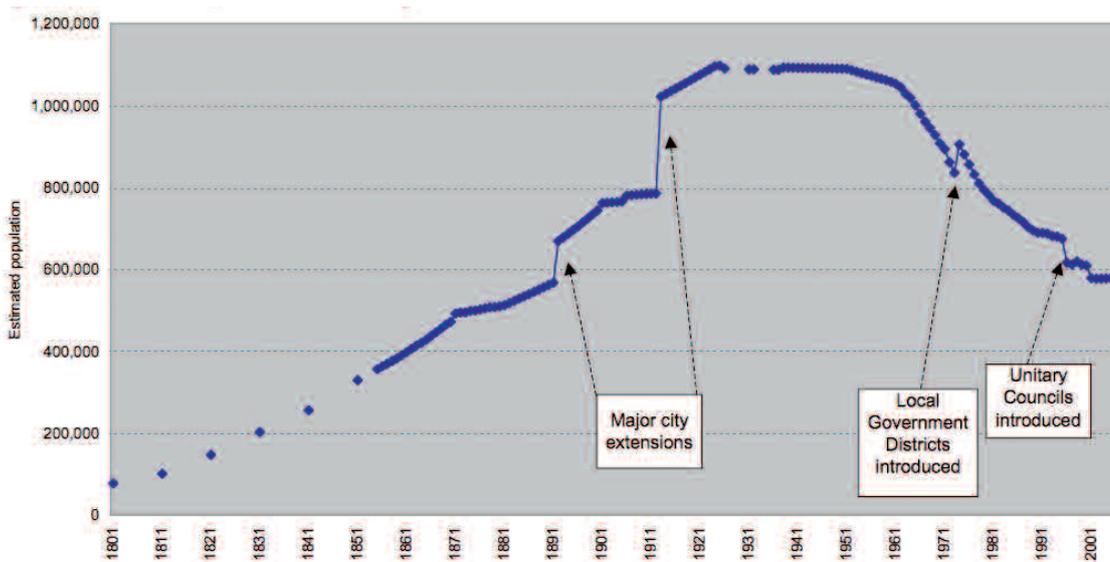
This section describes the peaks and troughs of Glasgow's political, economic and physical environment from the late Victorian era until the present day (early 21st Century). It highlights key events and influences that helped to shape Glasgow's changing economy, infrastructure and housing.

The economy and employment in the early 20th Century

During the late 19th Century, Glasgow industrialised very rapidly, becoming a world leader in ship building as well as developing substantial industries in engineering and metal works. This industrial success accompanied by burgeoning commerce led to the city being christened 'Second City of the Empire' and it was said to have an identity that "blended masculine skill, cosmopolitanism and entrepreneurial flair."³ The rapid industrialisation led to an equally rapid surge in population which, by the early 20th Century, had reached over a million. The chart below illustrates the rapid population growth during this period.² The next section (People, welfare and public health) discusses changes in population structure over the 20th Century in more detail.

Glasgow – the Shanghai of the Victorian era?

Figure 1.1: Population of Glasgow, 1801 to 2006



Sources: Reports of Medical Officer of Health, Glasgow (1898, 1925, 1926, 1972); Registrar General for Scotland's Annual Reports and Vital Events Reference Tables (1973-2006).

As well as being known as the 'Second City of the Empire,' Glasgow had the less impressive distinction of being branded the most congested city in the United Kingdom. Living conditions for city centre residents had deteriorated drastically as the population had increased, particularly in the Glasgow Cross area. The resultant overcrowding and degraded urban environments became a cause for concern amongst city leaders who instituted a number of local measures to clear slums and improve housing conditions.

Glasgow's commercial and industrial global pre-eminence endured for several decades but the onset of the First World War triggered a sharp downturn in Glasgow's economy. The rest of this section describes the ebb and flow of political and economic events during the 20th Century that influenced housing, planning and employment policies.

Scotland experienced political and economic turbulence during the early part of the 20th Century. The First and Second World Wars contributed to this instability but the economy in the Clyde Valley came close to collapse during the interwar period between 1919 and 1939.⁴ Coal production and prices plummeted due to the availability of cheaper alternatives. Falling extraction of iron threatened ship building. In 1929, international trade came to a virtual halt and unemployment rates rose sharply.

Irene Maver's history of Glasgow provides an account of prominent issues and events in relation to Glasgow's changing environment and economy during this era.³ The nationwide general strike of 1926, which lasted for nine days, signalled an all time low in British employer/employee relationships. The transport sector in Glasgow was involved, resulting in major disruption to train and tram services. During the strike, violence erupted outside East End tramway depots when a mass picket of 500 Lanarkshire miners and transport workers tried to stop cars getting through. A general undercurrent to the strike was the tension between old and new forms of technology, at a time when there was considerable uncertainty among workers about future prospects. The general strike and the prolonged miners' strike which followed seriously disrupted fuel supplies and destabilised Glasgow's economy. By May 1933, over 121,000 Glaswegians were registered for public assistance.

The bubble bursts – war, economic recession and strikes



Although manufacturing industries were the main source of employment in Glasgow in the early 20th Century, other important outlets for employment did exist. In 1933, Glasgow Corporation had almost 34,000 full time staff including chief officials, teachers, the police force, clerks and manual workers. A large proportion of these public sector workers dealt with public assistance. Transport was also important, employing a relatively high proportion of the male labour force. Maver points out that the 1931 census showed that metal based industries, including ship building, remained the single most important sector for men, but commercial and administrative employment were growth areas, even then.³

The pattern of employment also changed following the First World War and there were increased opportunities for women. There was a 50% increase in the number of female domestic servants in Glasgow between 1921 and 1931. A similar increase took place in numbers of women working in shops to provide staff for the thriving 19th Century department stores and a new generation of elegant and expensive retail outlets. This flourishing retail environment contrasted starkly with Glasgow's depressed economic image and emphasised the contrasting lifestyles of Glasgow residents – a feature of Glasgow that is still prominent at the beginning of the 21st Century.

In addition to the existence of poor employer/employee relations in the early 20th Century, an industrial survey of the south west of Scotland conducted in 1932 highlighted the fact that industries in the Clyde Valley were slow to respond to technical change and were relying on foreign technology, leading to major industrial decline in the area.⁵ Commentary indicated that then, and in subsequent years, this was one of the single most important economic weaknesses within industries in the Clyde Valley, and the 1946 Clyde Valley Regional Plan failed to recognise and respond to this issue.⁶

Glasgow's housing in the early 20th Century

Housing conditions in Glasgow in the early 20th Century were grim, partly due to the rapid population expansion that had recently taken place with the onset of industrialisation in the late 19th Century. By 1914, it was estimated that there were 700,000 people living within three square miles, creating the most heavily populated central area in Europe.⁷ The report of the Royal Commission on Housing in Scotland concluded that the majority of Glaswegians were compelled to live under conditions of extreme deprivation and that it would be difficult to over exaggerate the misery caused by the overcrowding and congestion.⁸ This was an overt recognition of the fact that the very high density of people in houses was associated with an increased death rate and infant mortality rate. The terms 'health and housing' became associated during this period.⁹

The growth of the city and the resultant housing problems led to the initiation of a huge house building programme in neighbouring counties over the city boundary – these new houses were sited in attractive open surroundings in burghs such as Scotstoun, Partick, Pollokshaws and in

Grim housing and the 'great trek'

suburban county districts such as Cathcart and Tollcross. The years between 1903 and 1910 were known as the 'Years of the Great Trek'.⁹ Over 80,000 people migrated into adjacent county districts due to the demand for better housing amongst the growing numbers of artisans and skilled workers needed for burgeoning industry in Glasgow. This exodus resulted in population loss from Glasgow, and the municipality responded by making various boundary changes to incorporate surrounding areas. This was often an unpopular measure with the communities involved.



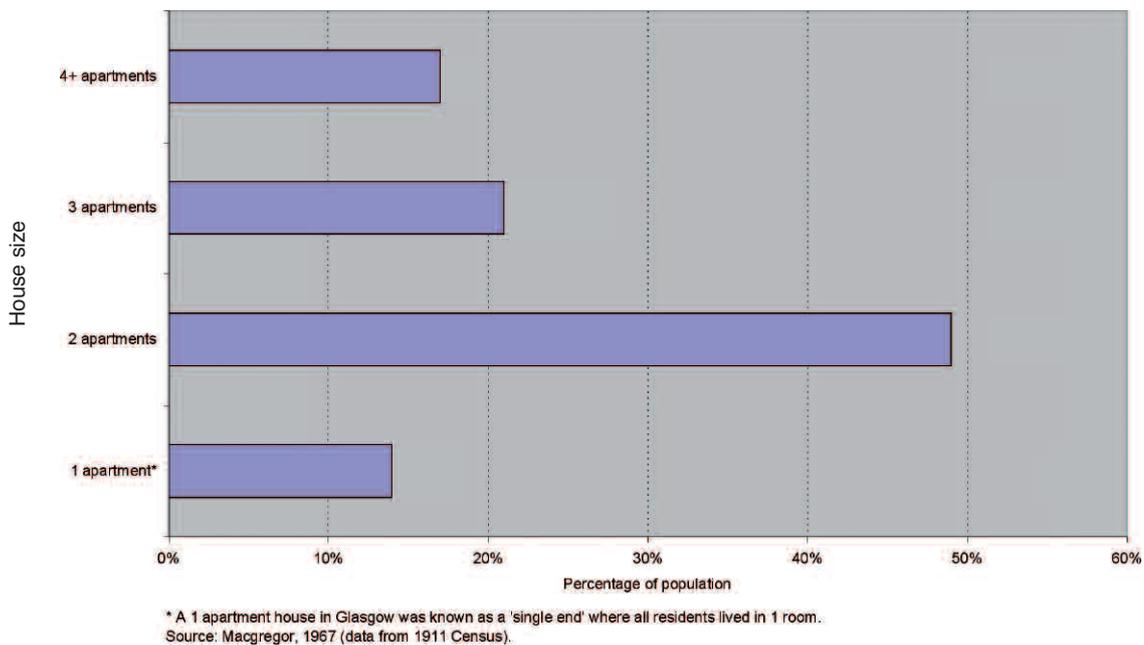
The municipal tramways were also converted to run electrically in 1902, thereby improving travel links between the city centre and its outskirts.

As Macgregor, a former Medical Officer for Health, commented in his account of public health in Glasgow during the first half of the 20th Century:⁹

"The general picture was one of rapid expansion of the city and of the villages on its fringe. The villages grew into townships which were incorporated, one by one, into the city, the intervening spaces being given over to industry and houses for workers."

Macgregor’s account of public health in Glasgow between 1905 and 1946 also included data from the 1911 Census showing that, at that time, nearly 50% of Glasgow’s population was housed in two apartment houses known as a ‘room and kitchen.’ (see below):⁹

Figure 1.2 House size in Glasgow in 1911

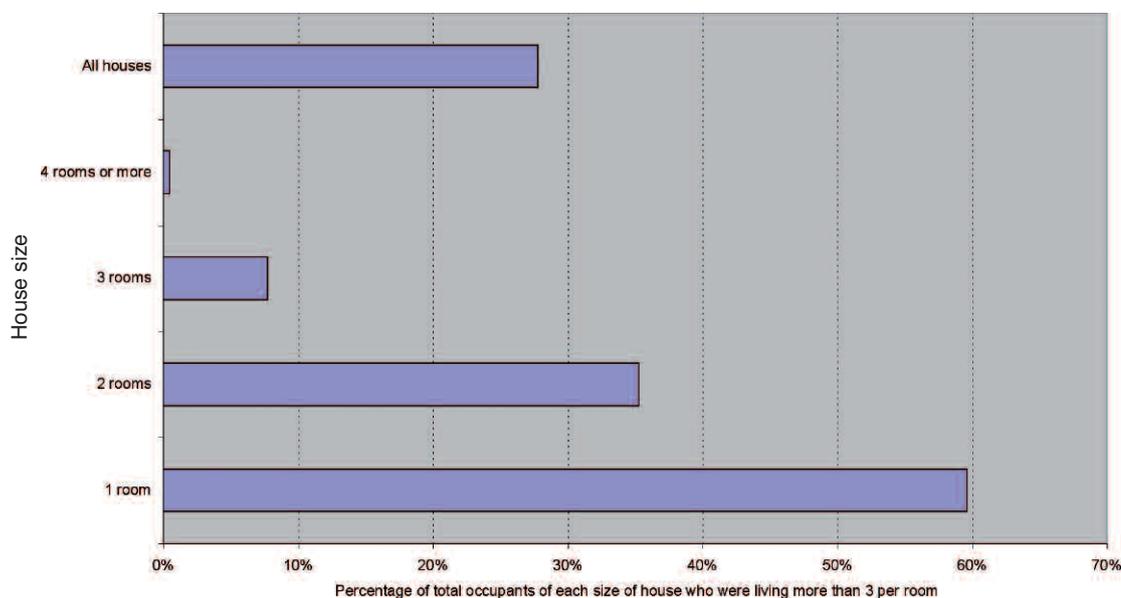


The First World War created a secondary housing crisis as extra workers employed in munitions factories in Glasgow created more demand for accommodation. Private landlords capitalised on this by charging increased rents, which sparked vigorous community campaigns including that of the Glasgow Women’s Housing Association, which canvassed for rent freezes and fair rents courts. The women adopted emotive slogans such as ‘Fight the Huns at Home’ to transmit the exploitative nature of unscrupulous landlords, and attracted widespread public support for action against war profiteers.³ Lloyd George, the Minister of Munitions, who was sensitive to public opinion and the importance of the war effort, reacted by proposing a Rent and Mortgage Restrictions Act. The Act was passed in 1915 and removed the power of landlords to make arbitrary changes, forcing them to restore rents to pre-war levels. This legislation undermined the status of private landlords and sowed the seeds of a Government approach to a reconstruction programme based on municipal housing.³

Housing built after the First World War mainly consisted of three to four apartment houses providing more space for families than earlier housing. These were planned on the ‘living room’ principle – a three apartment house had a living room and two bedrooms, a four apartment house a living room and three bedrooms, or, in some types, a living room, a parlour, and two bedrooms. Each house usually also included a scullery (used as a kitchen), a bathroom, a larder, a coal-store and cupboards. These standards for space and facilities were a marked improvement on the older, pre-war housing.¹⁰

However, the issue of overcrowding was still a major concern in 1921, with over 270,000 people, 28% of the city’s population, living in accommodation where there were more than three occupants per room.

Figure 1.3: Overcrowding in Glasgow in 1921



Source: Report of the Medical Officer of Health, Glasgow, 1925 (p 190) (data from 1921 Census).

In 1923, 2,433 houses unfit for habitation were demolished and a similar number were built elsewhere at a cost of £750,000. This appeared to be the beginning of a co-ordinated attempt to rid the city of uninhabitable houses. Further schemes followed year on year. By the beginning of the Second World War, nearly 18,000 unfit houses had been emptied of inhabitants or demolished. Houses were built on over 50 sites in various parts of the city, mostly within or near industrial districts where people worked. There was some anxiety amongst city officials that residents in the newly built houses would reproduce slum conditions wherever they went but this did not occur as most people took great pride in their new houses.⁹

A series of Housing Acts in 1919, 1923, 1924, 1930 and 1935 spearheaded major involvement of the state in the provision of housing in Glasgow, in contrast to previous privately led provision at the beginning of the Century.¹¹

The Housing Commission report of 1917 and the 1919 Housing and Town Planning (Scotland) Act, commonly referred to as the Addison Act, led to the building of low density local authority estates on the periphery of Glasgow in the 1920s. Careful vetting of tenants ensured that only the 'better type' of working class families were transferred to these new housing areas. Certain commentators, such as Smith, suggest that this approach discriminated against poorer tenants from the worst housing areas.⁸ The received wisdom of the time was that an ideal housing scheme would contain semi-detached houses at a density of 12 houses to the acre. The schemes were also provided with libraries, parks and shops.¹¹

Mosspark and Knightwood – regeneration that stood the test of time



You get what you pay for?

This type of housing was built during the early and mid 1920s in Mosspark and Knightswood and was the most desirable of municipal housing stock, although imposed rents were higher than in other less desirable housing schemes rendering these houses inaccessible to tenants who were on a lower wage.

The 1924 Housing Act, which resulted in the construction of a second, 'intermediate,' category of housing scheme, was less generous in its definition of internal and external dimensions and layout. These schemes were intended for the 'respectable poor' and schemes such as West Drumoyne, built in 1933, catered largely for tenants from shipbuilding and engineering districts such as Govan, Kinning Park, Whiteinch and Partick which were areas of structurally sound but, by then, overcrowded tenement housing.

The third type of interwar scheme was initiated by the 1930 (Greenwood) and 1935 Housing Acts which were designed to rehouse the population displaced by slum clearance. By this time, local authorities were bearing a higher percentage of the costs and this, in conjunction with the poverty of the intended residents, resulted in the construction of poorer quality, three storey tenements built from reconstituted stone with lower housing standards. Provision of shopping facilities, community facilities and landscaping was minimal as these were seen as expensive luxuries which were dispensable in the face of the more pressing problem of providing housing. Schemes varied in size from a few tenements on a gap site to large schemes of several thousand houses on peripheral sites

such as Possil, Carntyne South and Blackhill. Blackhill consisted of around 1,000 houses in three storey tenements with no community facilities. It was situated next to a canal, a railway line, a gas works and a sulphur works (which was situated upwind of the estate). Low rents in this scheme did allow poorer families to live there but those who could, moved out. The remaining tenants included a disproportionate number of dysfunctional families creating a reputation of Blackhill as an anti-social estate.¹¹

Despite the scant regard paid to the social and physical environment, a positive measure cited during this period was the employment of special housing nurses who were responsible for supervising the health, cleanliness and welfare of children. These nurses maintained friendly contact with rehoused families, helping them to settle into their new surroundings. The nurses also kept a watchful eye on families experiencing problems as well as undertaking more routine tasks such as checking for bug infestation.

The industrial depression and unemployment of the 1930s handicapped the rehousing programme. Some tenants left the new schemes for lower priced rented housing. Impacts of the economic recession were marginally offset by welfare measures such as free school meals and clothing for underprivileged children (through the education system), and free milk for expectant and nursing mothers, infants and children, (through the maternal child welfare service). There was also a useful corporation scheme providing access to the purchase of beds and bedding through monthly payments - effectively an early interest free credit scheme.

The state of housing in Glasgow was so notorious that King Edward VIII paid an unofficial visit to inspect slum districts in 1936. Dr Alexander Macgregor, the Medical Officer for Health for that period, observed that the general death rate in rehoused schemes was substantially less than that of the clearance schemes. Obviously, poor housing was only one determinant of health but it was considered by public health medical experts of the day to be an important one.⁹

Politics and legislation during and after the Second World War

During the Second World War, a coalition government was in power. The Secretary of State for Scotland successfully negotiated devolvement of power for Scotland in a number of areas as part of a new 'welfare state.' These areas included education, social security, health and employment. The Housing Acts of 1944 and 1946 allowed local authorities to use government money to build houses for all kinds of tenants. However the housing shortage was enormous and there were also severe shortages of building materials and labour. This was a significant election issue in the 1945 election.¹⁰

General elections in 1950, 1951 and 1955 resulted in eight Labour and seven Unionist (Conservative) MPs in Glasgow constituencies. However, constituency boundary changes in 1950 and 1955, implemented to reflect the city's shifting population base, influenced a transfer of power from Conservative to Labour.³ These boundary changes were a result of the development of new peripheral land for council housing, creating 'township' communities and resulting in the dispersal of Labour voters throughout the city, thereby weakening Labour support. However, Glasgow corporation rehousing strategy throughout the 1950s had a significant impact on the electoral balance and in the 1959 general election, Labour acquired two more seats, bringing its representation up to ten MPs. Labour victory in the Scotstoun constituency was thought to be due to the influx of voters to the new Drumchapel housing scheme.³ Pollok constituency was also directly affected by rehousing and was controlled by Conservatives, although Labour won the seat back in 1964. The general advance of Labour over the Conservatives was mirrored through the return of a Labour government in the 1964 general election.³

In terms of neighbourhood design and housing following the Second World War, there were examples of holistic thinking.¹² An English study conducted in 1944 by the Central Housing Advisory Committee (the Dudley report) talked of the need for complete communities rather than residential estates for a single social class, and proposed that public and private sector collaboration was the best way to build successful communities. The principles it outlined were that:

- Surrounding development should be taken into account;
- Density should be considered over wide areas;
- Redevelopment should be over as wide an area as possible at the same time, or at least adhere to a comprehensive plan;
- Promotion of all types of housing advocated by short term housing programmes which might give rise to continuous growth without a proper plan were not to be encouraged.

The Dudley report also prioritised neighbourhood planning, identifying a 'neighbourhood unit' as a useful geography. A neighbourhood unit was defined as consisting of: a population of not more than 10,000; each house within a ten minute walk of a neighbourhood centre; and densities never so high as to exclude houses for families with young children. Open spaces and a range of community facilities were seen as integral.¹²

A Scottish study produced in 1944 by the Scottish Housing Advisory Committee on the distribution of new houses covered many of the same topics as the English report but came to different conclusions. This study included the journey to work as an important factor and concluded that the creation of a healthy community was dependent on many things besides housing, including full employment, freedom from want, and adequate educational and recreational provision.¹²

The 'Bruce Plan' and the 1946 Clyde Valley Regional Plan (the 'Abercrombie Plan')

In the late 1940s, Glasgow Corporation produced the 'Bruce Plan' which aimed to rehouse the city population within the confines of the city itself. This plan was rejected by the Scottish Office, whose counter plan, presented in the 1946 Clyde Valley Regional Plan, prepared by Abercrombie, was to move residents out into new towns surrounding the city, and to surround the city with a ring of "green belt", effectively limiting the level of development area which was available within the city. The 'Abercrombie Plan' would have resulted in a reduction in the Glasgow city population and was met with resistance by Glasgow Corporation which tried to block the Scottish Office's plans for the first new town in East Kilbride. The 'Abercrombie Plan' also proposed a regional authority for the Glasgow conurbation with a lower tier of existing local authorities, including the city of Glasgow. This was an unappealing proposition for Glasgow and other local authorities who did not want to lose their planning power.⁴

Arguments over rival plans continued well into the 1950s and, in the end, elements of both plans were employed as houses were not being built fast enough and demand was increasing all the time. Some new towns were built, and there was a reduction in the levels of green belt round the city. Much of the planning and structural change in Glasgow over the following decades came about as a result of the twin desires to move residents out of overcrowded and slum tenements in the centre of the city while maintaining the population of Glasgow to ensure adequate revenue and retain power for local Government.¹⁰

Despite Glasgow Corporation's criticisms, the 'Abercrombie Plan' did acknowledge the need to see the whole region as an economic unit and to replace declining traditional industries with newer light industries. However, what actually took place locally was the establishment of industrial estates in parallel with a comprehensive programme for the rehabilitation of derelict areas. New industry was steered away from congested urban centres into the new towns.¹³ A review of the 1946 plan observed that the Clyde Valley's continued orientation towards heavy industry was not fully justified, and that, until the 1970s, industrial planning and policy remained committed to supporting and preserving local industrial 'dinosaurs' whose day had long passed.⁵

'City versus State': 'Bruce versus Abercrombie'
Vested interests conflict

Post war housing in Glasgow

Michael Pacione, in his account of the socio-spatial development of Glasgow, highlighted a number of serious housing-related shortcomings in the 1951 census:¹¹

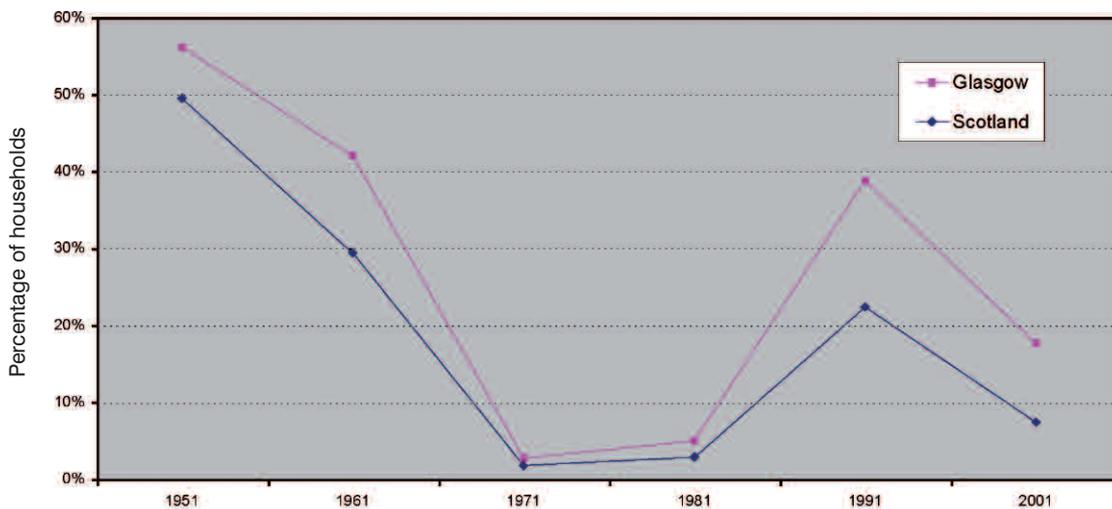
- 90,000 families were on the waiting list for a Council house in 1949;
- Overcrowding was a serious problem in 44% of the city's stock;
- One seventh of the Scottish population resided in three square miles of central Glasgow;
- In 19 of the city's 37 wards more than half of the houses were of one or two rooms, with proportions as high as 89% in Hutchesontown and 83% in Dalmarnock.

Pacione went on to comment that the majority of dwellings were soot stained 19th Century tenements, characterised by a widespread lack of basic amenities. Over 50% of all houses had no bath and 38% had only shared toilet facilities.¹¹



The graph below shows that, in 1951, the proportion of Glasgow households lacking basic amenities was substantially higher than that of Scotland as a whole. Definitions of what constituted a lack of basic amenities varied from one census to the next but indicated a lack of access to what was considered adequate bathroom and kitchen facilities for that era. During the following decades, this lack of basic amenities decreased sharply as slum clearance and rehousing programmes were implemented, although even by 2001, the proportion of households in Glasgow lacking basic amenities was still over double that of Scotland as a whole. In 1991, the criterion of central heating in some or all rooms was added to the definition and accounted for the sharp rise in the proportion of households classified as lacking basic amenities.

Figure 1.4: Households lacking basic amenities in Glasgow and Scotland, 1951 to 2001



Sources: Census, 1951 to 2001.

In 1953, the first skyscrapers were built in Moss Heights near Hillington. An excerpt from the ‘Evening Citizen’ quoted David Gibson, the chairman of Glasgow’s Housing Committee, who was one of the main proponents for high rise flats: ¹⁰

“Let the planners check that all available city land is being built on. Let them push the frontier upwards instead of outwards. Where 10 floors are planned let them build 20 instead.”



By 1957,²⁹ ‘comprehensive development areas (CDAs)’ had been identified as part of Glasgow’s strategy to address its overcrowded and substandard housing. According to Pacione, during this period 97,000 dwellings were identified as uninhabitable or likely to become so in the near future and plans were made to demolish houses at a rate of 4,500 per annum until 1980. In reality, demolition proceeded much more slowly due to delays in redevelopment proposals and planning permission.¹¹

From the mid 1950s to mid 1960s, approximately 32,000 homes in Glasgow were demolished or deemed unfit for human habitation.¹⁰ The Housing (Repairs and Rents) (Scotland) Act 1954 paved the way for slum clearance. Despite these extensive housing programmes, Glasgow housing remained in a very poor condition. A local survey report of Gorbals/Laurieston as one of the CDAs found that 60% of houses in the area were in an unacceptable sanitary condition and beyond improvement to a habitable standard. The structural condition of these houses was also generally very poor.¹⁰

Nearly half of Glasgow City Council’s stock was built between 1954 and 1964 during an era when fuel was cheap and energy efficiency in design was not a priority. In subsequent years, higher fuel prices and houses with poor energy efficiency and faulty design resulted in high levels of condensation in much public sector housing.

In 1960, a quinquennial review of the Glasgow and Clyde Valley Structure Plan forecast that 60,000 houses would be needed in overspill areas over the following 20 years. The review predicted that East Kilbride and Cumbernauld would not be able to cope.¹⁰ By 1964, Glasgow had signed 57 overspill agreements (including one with Glenrothes in Fife) but these agreements were all terminated by 1978 after a reappraisal of priorities by Glasgow Corporation.⁸ In 1976, plans for a new town in Stonehouse were shelved, and the funding was redirected to the Glasgow East Area Renewal programme (GEAR). GEAR is discussed in more detail in Section 1.4.

“Deserts wi’ windaes”?

By the 1960s, plans for ‘garden suburbs’ had been dropped in favour of higher density tenement developments in Drumchapel, Easterhouse and Castlemilk. These peripheral townships were constructed with little thought to social infrastructure – they were isolated from the city centre with very few basic amenities. During this period, Glasgow City Council also built a series of high rise flats – partially in response to a lack of available building land within the city boundaries. These developments included Royston (1959 to 1961), Springburn, Maryhill, Ibrox, and Sighthill (1964 to 1969) and the Red Road flats (1962 to 1979). New communities were also created during the 1960s by the comprehensive development of Townhead, Cowcaddens and Anderston.

Pacione estimates that by 1975, through comprehensive redevelopment and other clearance schemes, 95,000 houses had been demolished, with large swathes of Glasgow cleared of housing, shops, industries and people. Extensive areas in Springburn and Govan had been razed and although this policy successfully removed slum housing, it had a devastating effect on social networks and on the communities that were moved out to bleak peripheral housing estates.¹¹ The clearance schemes also left large areas of derelict and vacant land.

Transport and the redevelopment of Glasgow



Transport infrastructure was an important component of urban development. The 1960s heralded the development of a transport plan for Glasgow, with an inner ring motorway fed by a series of radial motorways and expressways, involving demolition of areas of Glasgow. The plan was only partially completed, resulting in planning blight for a period of time in those areas where there were unrealised plans for road development.

However, there was a clear shift towards road-based transport rather than alternative forms: Glasgow trams stopped running in 1962; in 1966, Buchanan Street and St Enoch railway stations closed; and daily steamers from Bridge Warf ceased in 1969. The M8 motorway and the Kingston Bridge opened in 1970. These changes, particularly the withdrawal of the tram system, had a negative effect on Glasgow's public transport infrastructure. Earlier in the Century the city had enjoyed the reputation of having one of the best public transport systems in the world.³

During the 1970s there was a growing realisation of the importance of Glasgow's architectural and structural heritage, with the repositioning of the city centre as a competitive investment location. The entire central zone of Glasgow was designated as a conservation area and architectural heritage became a key element in the promotion of Glasgow.

'The car is king'?



Buchanan Street was pedestrianised in 1978. In the 1980s and 1990s the Merchant City began to be developed as an upmarket retail and residential area.

A series of city centre shopping malls were developed including the St Enoch Centre, Princes Square, and Buchanan Galleries (opened in 1999). A number of out of town retail centres, such as Braehead, were also developed during this period. There was a move away from wholesale demolition of old tenement buildings to rehabilitation and refurbishment. Local housing associations oversaw the rehabilitation of these buildings – by enlargement of the traditional two room dwellings, provision of indoor toilet and bath facilities, roof replacement, etc.

There was reclamation of the Clyde, with piecemeal developments on the waterfront. The Clyde walkway was constructed in 1975. The Scottish Exhibition and Conference Centre opened in 1985. In the 1990s, offices were constructed at Atlantic Quay; houses were built at Lancefield Quay; the Clyde Auditorium, and the Science Centre were also built. The 2003 Glasgow City Plan outlined more comprehensive plans for the Clyde to reconnect it with the city through improved infrastructure, transport and design. In this plan, there was an undertaking that the City Council would undertake a detailed examination of a number of designated areas lying on each side of the Clyde.¹⁴

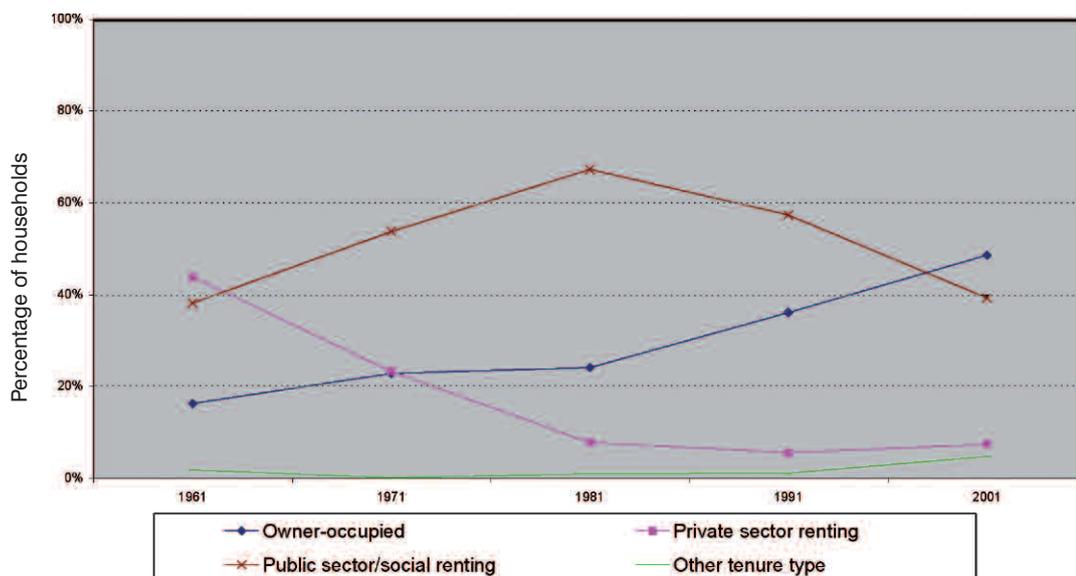
'Right to buy'

Glasgow housing in the late 20th Century

During the 1980s and 1990s, legislation encouraged the 'right to buy' sale of council housing to tenants as part of the drive towards owner occupied housing. As the chart below illustrates, levels of owner-occupied housing rose steadily between 1981 and 2001 in Glasgow, although levels were still lower than for Scotland as a whole. Levels of social renting rose sharply in Glasgow between 1961 and 1981 but then declined between 1981 and 2001, although levels still remained higher in Glasgow than Scotland. The rise in social rented housing in the 1970s and 1980s was largely the result of activity by newly formed community-based housing associations (also known as Registered Social Landlords (RSLs)), following the recommendations of the Grieve Report.¹⁵

Levels of private sector renting in Glasgow were almost double that of Scotland as a whole in 1961 but then declined sharply between 1961 and 1981, remaining constant at just under 10% of all households between 1981 and 2001.

Figure 1.5: Housing tenure in Glasgow, 1961 to 2001



Sources: Census, 1961 to 2001.

Grieve's damning indictment

The number of council houses sold in different areas of Glasgow varied, with highest sales in Anniesland, Baillieston and Mosspark (schemes built in the 1920s and 1930s) and lowest sales in Castlemilk, Easterhouse and Drumchapel (tenement schemes built in the 1950s).

Even by the later part of the 20th Century, much housing in Glasgow was still damp, cold, overcrowded and depressing. Some quotes regarding housing in Glasgow from the Grieve Inquiry into housing in Glasgow in 1986 illustrate views on this from various sources: ¹⁵

"In Glasgow, as you must be aware, cold and damp houses are perhaps the biggest single housing misery. It is on a scale and degree which makes it a public scandal."

Professor Markus (Dept of Architecture & Building science, University of Strathclyde)

"Almost as soon as families moved into the houses the fungus went all round the houses and it goes everywhere; into your cupboards, into your cloakrooms and into your life! You take a broly to go to the toilet!"

Mrs Bilisland (Darnley Dampness Action Group)

"We in this city know that we are on the threshold of the worst housing crisis this century."

Bailie Jim McLean (GDC Convenor of Housing Committee)

"You are talking about families who have maybe 5 kids in a 3 apartment. It was not wall to wall carpets, it was wall to wall beds! You have got to live there to know what it is like!"

Sheila Gilmartin (Dunagoil Care Group).

The Grieve Report concluded that if a major slum clearance programme was to be avoided, urgent action was required. It highlighted limited tenure choice in the city, with council housing and owner occupation predominant and few alternatives for groups such as single person households. It also identified relative immobility within council stock as a problem, with a success rate of only 5% in applications from tenants to move out of Easterhouse. Other problems identified included serious overcrowding in certain estates, poor design and layout, and limited provision of services, facilities and employment opportunities. To address Glasgow's housing problems, the Grieve report recommended an approach: ¹⁵

"...based upon the introduction of many and diverse initiatives and projects sponsored by a partnership of central government, the Council and others, with a strong emphasis on direct community involvement in establishing policies and programmes. These initiatives should be carried out by a wide range of agencies including local housing associations, housing cooperatives, the Scottish Special Housing Association (SSHA), the Council, tenants' organisations themselves, and the private sector."

As Grieve had highlighted, the large peripheral housing schemes established in the 1950s had not worked out well – schemes were high density, isolated, and drab, leading to stress on people and the local environment. Houses were now over 30 years old and, due to lack of investment, the houses themselves and the surrounding environment were in very poor condition. The quality of the housing was substandard with poor thermal and sound insulation, condensation problems, lack of security and poor quality internal fixtures and fittings. In addition, the schemes had high unemployment rates, high levels of crime, vandalism and drug misuse, and tenants were largely dependent on state benefits.



The range of new house types being built in Glasgow changed during the 1990s, with a lower proportion of flats and greater numbers of larger properties being constructed. New policies and development proposals in the shape of urban regeneration schemes were also tried out throughout the 1980s and 1990s.

A housing choice survey in 2002 suggested that family households left Glasgow for neighbouring settlements partly in response to a shortage of houses in the middle market sector. The survey identified a need to provide opportunities for middle market owner occupied housing on brownfield sites, including those in developing market areas previously dominated by public rented stock such as Drumchapel and Ruchill.¹⁶



In general, during the latter decades of the 20th Century, there was a shift towards owner occupation, driven by private sector construction and right to buy sales. The refurbishment of the city's Victorian private sector tenement stock contributed to improved housing quality and choice in this type of housing but the quality and attractiveness of public sector housing continued to be substandard.



Housing stock transfer in Glasgow

In 2003, all 81,400 council houses in Glasgow were transferred to Glasgow Housing Association – a not-for-profit organisation which now acts as the landlord. On 7th March 2003, as the handover was finalised, Margaret Curran, Social Justice Minister, said:¹⁷

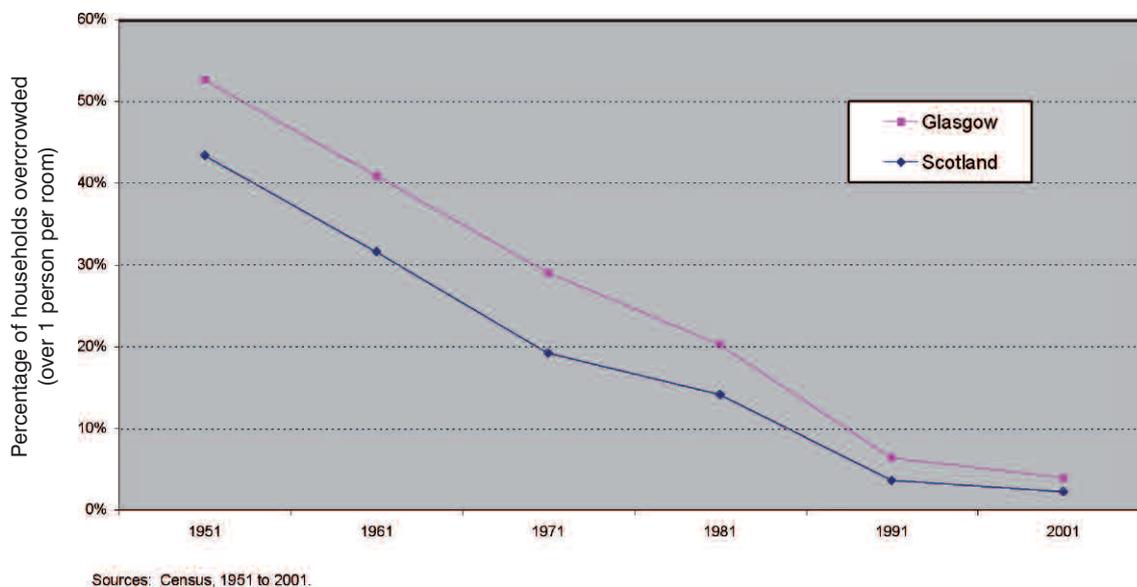
“This transfer – likely the largest public sector modernisation project in Europe – will unlock massive investment for Glasgow’s most deprived communities. This is social justice in action.”

The Scottish Executive’s rationale for housing stock transfer was that it would increase investment and tenant control, improve living conditions, promote better services and more effective housing management and, ultimately, foster community regeneration.¹⁸ Others proposed that Government commitment to stock transfer was in line with other favoured policy drivers such as demunicipalisation and use of private finance which were regarded as viable tools to address the sustainability and management of council housing.¹⁹ These authors also argued that both Conservative and successive Labour Governments regarded council housing as a long-standing social ‘problem’ that required radical government intervention.¹⁹ Stock transfer of council housing stock to not-for-profit landlords such as Glasgow Housing Association (GHA), was seen as the solution. Community based housing associations and co-operatives, a distinctive feature of housing provision in Glasgow, were supportive of the stock transfer and played a large part in the preparations for the first stage transfer. A second stage stock transfer from GHA to community based housing associations is planned. Section 3 of this report discusses the policy context and vision of GHA in more detail.

Current housing issues in Glasgow

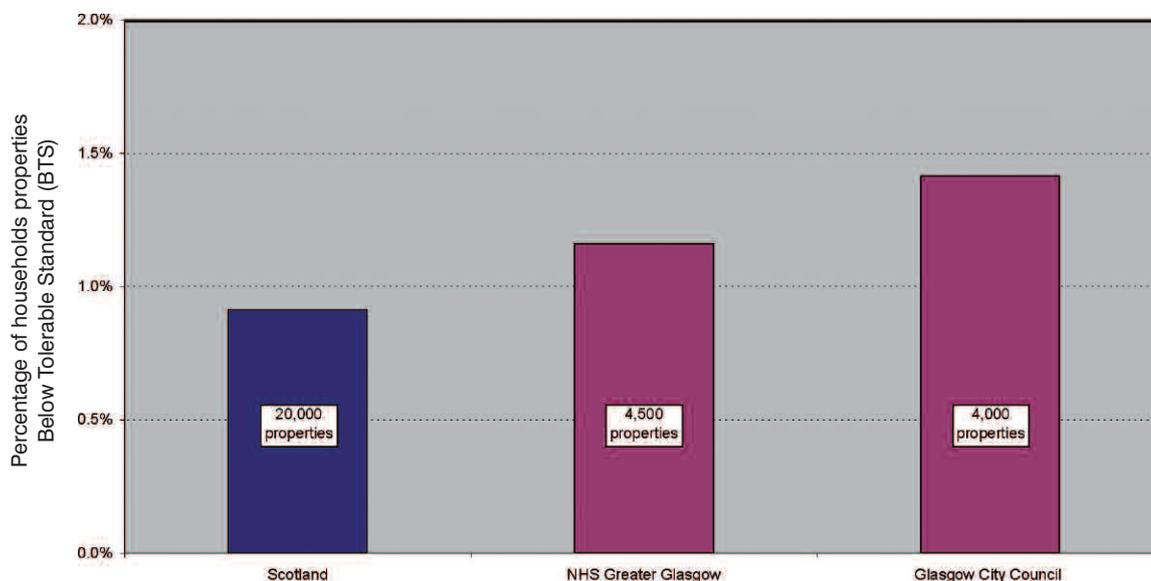
In contrast to 50 years ago, only a very small percentage of households in Glasgow were overcrowded in 2001. As the graph below illustrates, there has been a steady decline in overcrowding in Glasgow from 53% in 1951 to 4% in 2001. However, the percentage of overcrowded households in Glasgow was still higher than that of Scotland as a whole in 2001.

Figure 1.6: Overcrowding in Glasgow and Scotland, 1951 to 2001



Quality of housing is still an issue in both the private and public sectors. The 2003 Glasgow City Plan Development Strategy (known as Glasgow City Plan 1) stated that, in 1999, 7.7% of all dwellings in Glasgow were estimated to be below the tolerable standard – twice the Scottish average of 3.8%.¹⁴ More recent data, published by the Scottish House Condition Survey (SHCS) in 2002, (shown below) illustrate that an estimated 20,000 properties in Scotland (nearly 1% of the total number) were classified as below tolerable standard. Of these, 4,000 properties were located within Glasgow City Council area.²

Figure 1.7: Poor quality housing in Glasgow and Scotland in 2002



Source: Scottish House Condition Survey, 2002.

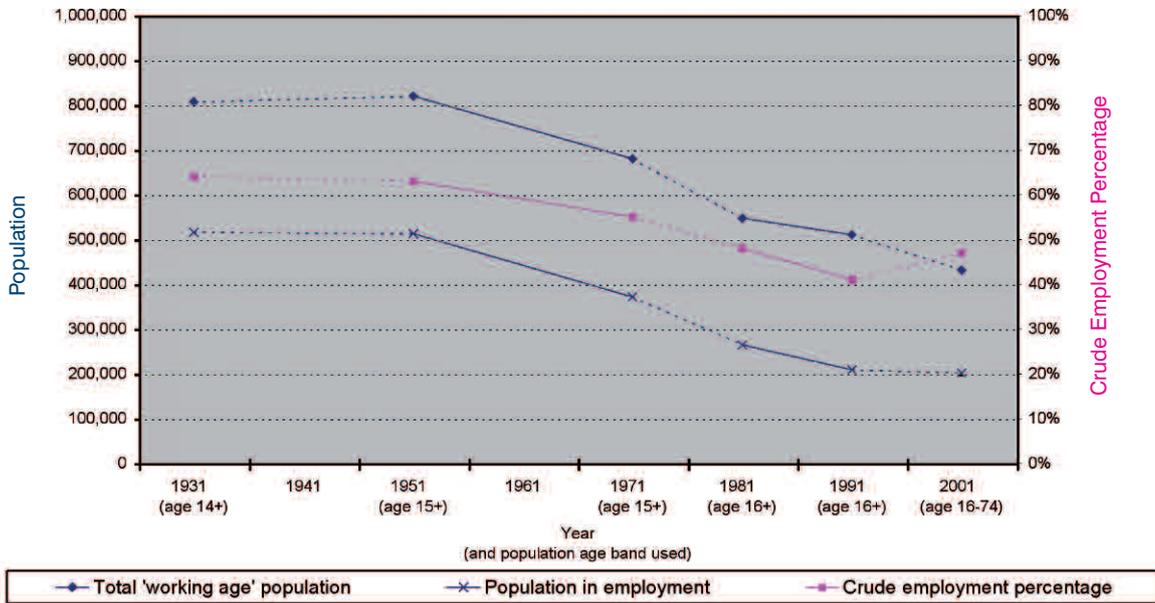
SHCS data for 2002 also indicated that over one in ten properties in Scotland, the West of Scotland and Greater Glasgow had mould in at least one room.² In Glasgow, this represented over 30,000 properties. Furthermore, an estimated 27,000 properties in Greater Glasgow had poor heating energy efficiency. This number included 13% of the total GHA stock.²

Attracting and retaining a working population

The 2003 Glasgow City Plan Development Strategy ('Glasgow City Plan 1') acknowledged that the fall in Glasgow's population in the second half of the 20th Century reflected not only birth and death rates but also the loss of employment opportunities and consequent outward migration. The strategy proposed that this fall in population reflected the fact that Glasgow's housing stock did not meet the lifelong needs of all its residents.¹⁴

The pattern of employment levels in the city over the 20th Century showed a steady decline from 1951 onwards, as Figure 1.8 illustrates. The highest crude employment percentages in Glasgow were in 1931 and 1951, corresponding to a period when there was a serious shortfall in availability and quality of housing, as discussed earlier in this chapter.

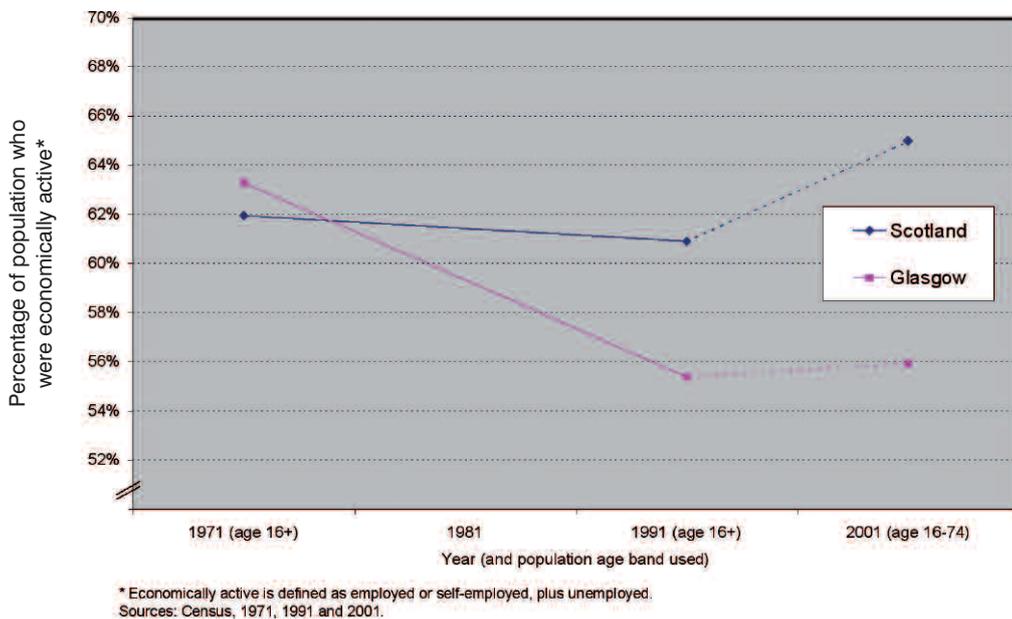
Figure 1.8: Employment in Glasgow, 1931 to 2001



Source: 'A Vision of Britain Through Time' website (data from Census 1931, 1951, 1971, 1981, 1991 and 2001).

Figure 1.9 shows that, between 1991 and 2001, the gap widened between Glasgow and Scotland in relation to the proportion of the adult population who were classified as economically active.

Figure 1.9: Adult economic activity in Glasgow and Scotland, 1971 to 2001



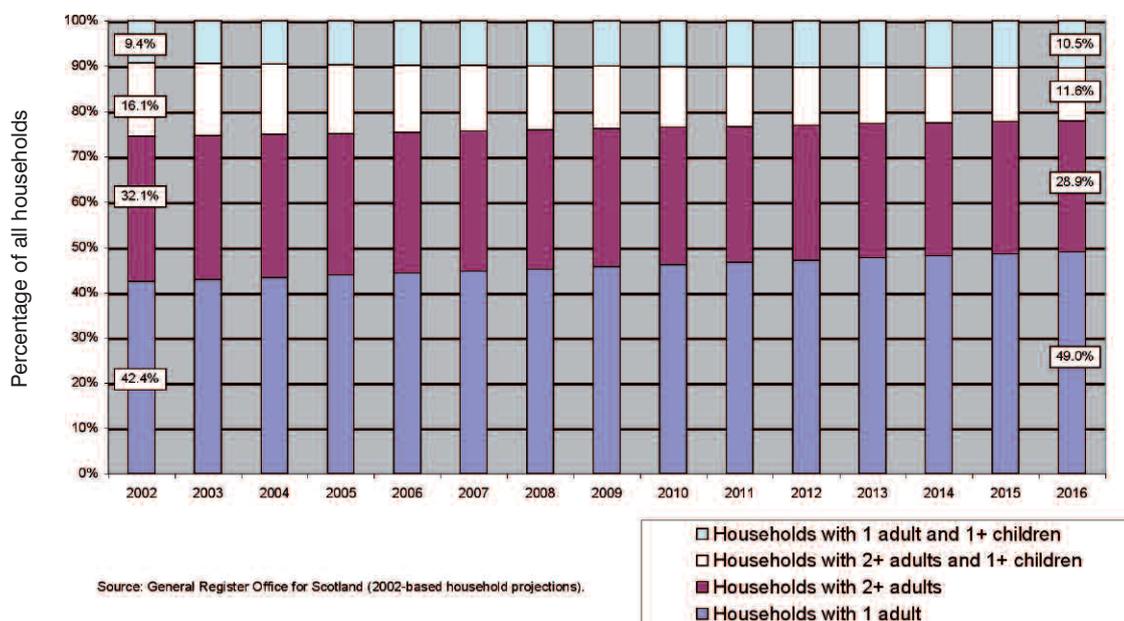
Recent analyses also provide evidence that there were significant changes in employment patterns in Glasgow during this period.²¹ Between 1981 and 2001, the proportion of residents in employment in social class I and II rose sharply from 18% to 38%. As has already been discussed, there was also a dramatic reduction in manufacturing, from 34% of all jobs in 1971 to 6% in 2004, matched by a threefold increase in the finance and business sector. These changes in employment were accompanied by a change in population structure: the 25-44 age group increased from 23% in 1981, to 32%, in 2001. Furthermore, in 2005, almost half of Glasgow's jobs were taken by residents living outside the city boundary in comparison to one quarter in 1981.

Glasgow City Plan 1 aimed to achieve population growth, help retain families in the city and deliver a choice of residential development opportunities to meet the demands of all sectors of the housing market. Its strategy for people involved the delivery of the brownfield housing programme and the development of new neighbourhoods, and selective greenfield land release for family housing. Exceptions to this were upper-market family housing, where it was thought to be necessary to establish lower housing densities on sites capable of supporting this type of development, for example greenfield sites or certain suburban locations.¹⁴

Glasgow City Plan 1 proposed that cities work best when built to high densities and that the overall feel of development should be urban. It maintained that relatively high population densities in appropriate locations create a sense of place, help sustain local facilities, provide security and support for local public transport services. The Plan aimed to encourage higher densities for sites close to public transport corridors, stations or key intersections. It remains to be seen what impacts the City Plan will have, particularly given the changes in household structure that have already taken place in Glasgow and that are projected for the future. According to 'Let Glasgow Flourish', one adult households (with no children), as a proportion of all households, are predicted to rise from 42% of all households in 2002 to 49% (nearly half) in 2016.² In 2016, this would equate to 142,000 households with one adult out of a total of 290,000 households. In contrast, the percentage of households with two or more adults and child(ren) is projected to decrease from 16.1% in 2002 to 11.6% by 2016.



Figure 1.10: Projected household structure in Glasgow, 2002 to 2016



While the percentage of lone parent households as a percentage of all households in Glasgow was 9.4% in 2002, lone parent households as a percentage of all households with children stood at 37% (14% higher than the national figure). 'Let Glasgow Flourish' reports that, according to the GROS household projections, this percentage will rise to 48% by 2016. The corresponding Scottish figure is predicted to rise from 23% in 2002 to 33% by 2016. These demographic changes have clear implications for housing and for education, health and social services.

The establishment of a devolved Scottish Parliament in May 1999 provided further impetus towards a more holistic, integrated approach to regeneration. The 1999 White Paper on Health, 'Towards a Healthier Scotland,' stated:

"Area regeneration has a key contribution to make to improving health. It tackles the social, economic and environmental problems of multiple deprivation. And it embodies the concerted approach the Government seeks to foster."

A new beginning?

The Scottish Government's view of the potential of regeneration, eight years later, is consistent with this holistic approach.²²

"Successful regeneration - the lasting transformation for the better of places and communities - is central to achieving the Government's main goal of sustainable economic growth. It lies at the heart of the programme to build a better Scotland. By generating growth and employment, it has a real contribution to make to tackling the poverty and disadvantage that blight the most deprived communities and close the opportunity gap."

Other policy developments have influenced the physical, social and economic environment in Glasgow at a national, regional and local level. These policies are discussed in more depth in Section 3: Current Regeneration Policy.

1.3 People, welfare and public health

This section explores some of the social and public health trends that shaped Glasgow people's experience and quality of life over the course of the 20th Century. As in the first section, this is not intended to be a comprehensive account but highlights key influences and events which impacted on health and the social fabric of Glasgow life.

Policy and legislation

As has been discussed in the preceding section, the beginning of the 20th Century witnessed a sharp decline in Glasgow's economic prosperity. There was also growing concern about the prevalence of squalid, overcrowded housing accompanied by alarmingly poor health in Glasgow citizens.²³ Glasgow could certainly no longer call itself the 'Second City of the Empire' on economic, housing or health grounds. In fact, the city was renamed by some as 'Cancer of Empire'.²⁴ Recruitment for the Boer War exposed a shockingly low standard of health amongst potential recruits. A committee was set up to explore the causes of poor health and took note of a previous Royal Commission which had recommended the establishment of games and physical education in schools as well as school medical inspections and school meals for children.

The Poor Law was the legal mechanism in operation at the time to help the poor and was regarded by many as antiquated, punitive and prejudiced against the delivery of real help. In 1905, the Royal Commission on Poor Laws and Relief of Distress recommended that:

"The Scottish Poor Law be abolished, and in its stead an entirely different method of provision for those needing public aid be inaugurated so as to get rid of pauperism, both the name and the thing."²³

A new title for Glasgow: 'Cancer of Empire'?

Between 1909 and 1948, increasing pressure was brought to bear on the Government to provide for the poor. Lloyd George introduced an old age pension for the first time in 1908 providing five shillings per week for people over 70 years of age. A strong lobby from the left wing of politics in Glasgow also demanded better support for the underprivileged. Housing improvement became a priority (as has already been discussed) and council housing construction began in the 1920s. In 1933, the Labour party took control of Glasgow Council and positively discriminated in favour of the building of council housing to the exclusion of private builders.²³

With regard to health care, hospital provision for the sick at the time consisted of three types of hospital:

- Voluntary – the most prestigious institutions, particularly if they were attached to a University;
- Municipal – still fairly wealthy, focusing on infectious diseases and laboratory services;
- Poor Law – for those unable to pay.

The Green Ladies

Maternal and child welfare

Glasgow's population in the early 20th Century contained a much higher proportion of children than other comparable cities, such as Edinburgh, although the provision of health services for both cities was broadly similar.²⁵ In 1915, the Notification of Births (Extension) Act initiated a requirement to register births within 36 hours of delivery. It also led to financial government support for maternal and child welfare schemes involving care of infants and children as well as a home visiting scheme for expectant and nursing mothers and children under five years old. Infant and child welfare clinics were established in poorer districts. Further developments took place in 1929, when the Local Government (Scotland) Act transferred the school medical service to the Glasgow Corporation which established multi-purpose centres catering for school and pre-school children in medical, educational and social terms. Medical officers and health visitors (known as Green Ladies) staffed these centres. People appreciated this service and the Green Ladies

brought a friendly, human dimension. The centres provided cod liver oil and Vitamin D. Diseases like rickets disappeared. Other helpful legislation such as the Milk Act of 1934 provided school children with one third of a pint of milk daily at low cost or for free. However, infant mortality rates remained high and the health of women poor. Women often deprived themselves to cater for children and husbands.²⁵ Figure 1.11 shows trends in infant death rates over the course of the late 19th and 20th Century, illustrating that infant deaths remained high until the mid 20th Century. Figure 1.12 shows that infant death rates varied markedly between different districts of Glasgow. This was also the case for overall death rates.

Figure 1.11: Infant death rates in Glasgow, 1855 to 2006

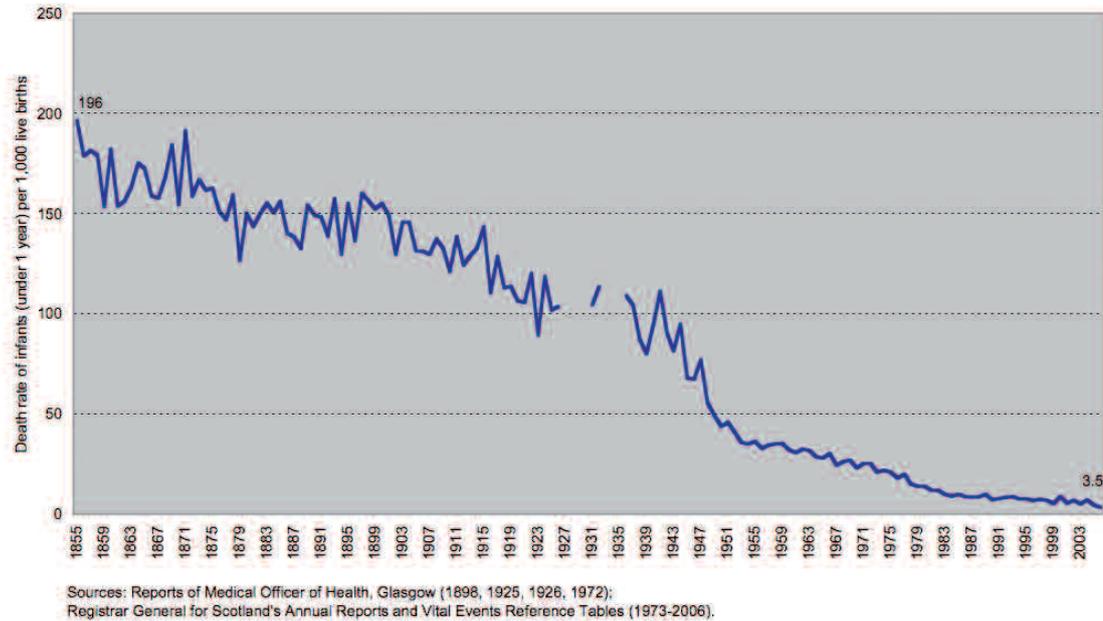
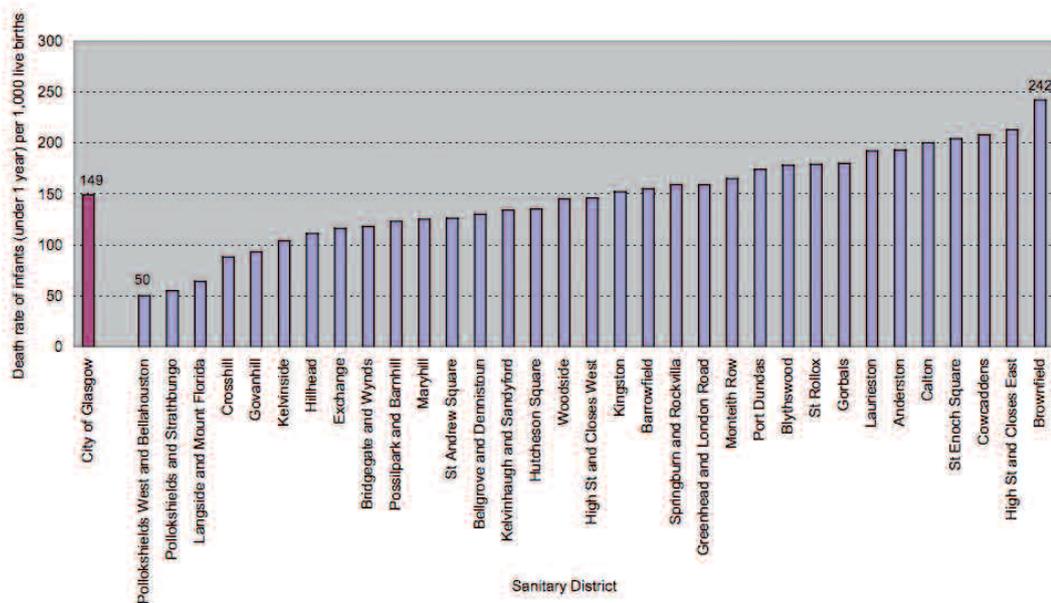


Figure 1.12: Infant death rates in Glasgow's sanitary districts in 1901

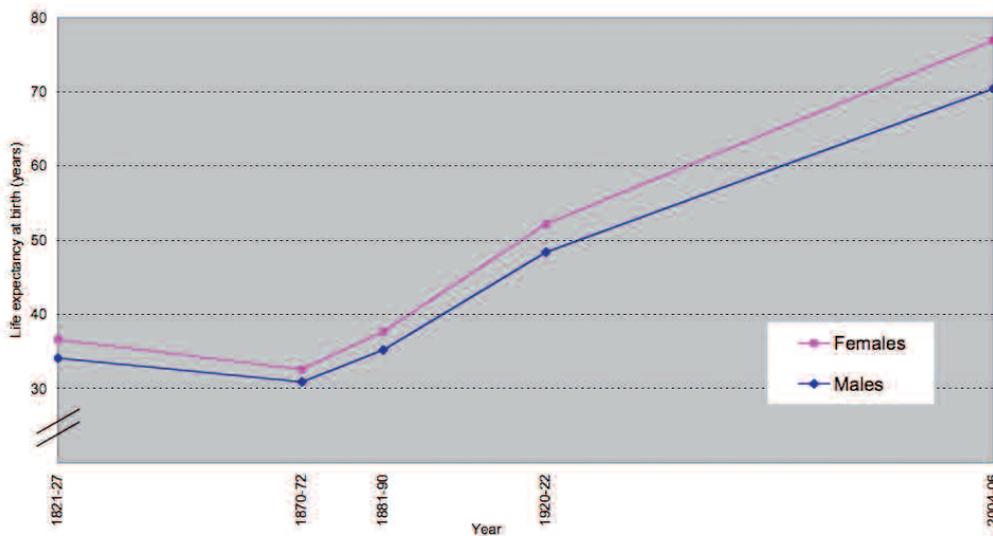


Source: Report of the Medical Officer of Health, Glasgow, 1901.

The birth of the welfare state

When the Second World War started, a State of Emergency was declared. The Ministry of Food was responsible for rationing throughout the UK and in a progressive gesture, singled out pregnant women, babies and young children for free orange juice and cod liver oil as well as for priority supplies of other food. There was a concurrent improvement in maternal and infant health and welfare, and these measures were retained by the National Health Service (NHS) when it was established in 1948. Figure 1.11 shows that, by the mid 1950s, infant death rates had fallen dramatically in comparison to rates at the beginning of the 20th Century. Life expectancy also increased significantly from the late 19th Century onwards, as Figure 1.13 shows.

Figure 1.13: Life expectancy in Glasgow, 1821-27 to 2004-06



Sources: Report of the Medical Officer of Health, Glasgow, 1925; and General Register Office for Scotland website, 2007.

In 1942, the Beveridge report on Social Insurance and Allied Services was well received by a British people weary with war and enthusiastic about the prospect of:²⁶

“.....a free national health service, policies of full employment, family allowances for second and further children and the abolition of poverty by a comprehensive system of social insurance.”

Aneurin Bevin introduced the NHS in 1948. The early NHS consisted of a tripartite organisation of services:²⁶

1. Hospital Boards responsible for hospitals.
2. Executive councils responsible for general practitioners (GPs), dental, pharmaceutical and ophthalmic services. Executive councils administered the services of GPs along parallel lines to the geographic administration of local health boards although tensions existed as GPs adamantly resisted any suggestion that they become salaried employees of the local authorities.
3. The local authority, which maintained its duties under current public health legislation but also continued to provide maternal and child care services, health visiting and district nursing.

Progress in primary prevention

Epidemics were a feature of life in the late 19th Century and early 20th Century and were major killers. The first nationwide vaccination programme for smallpox had been conducted in Scotland in 1863. Diphtheria was a significant danger. Other epidemics of smallpox, plague and meningitis were common. A smallpox epidemic during 1900-1902 resulted in 2250 cases and 276 deaths – it was the most serious epidemic in Glasgow for 25 years.⁹ Dr Chalmers, the Medical Officer of Health, initiated a comprehensive vaccination programme in Glasgow in 1941. The following figures, produced from tables presented in Alexander MacGregor’s account of public health in Glasgow in the early 20th Century, chart the changing incidence of epidemics and mortality from measles, whooping cough, scarlet fever and diphtheria between 1905 and 1954.⁹

Figure 1.14: Infectious diseases (cases) in Glasgow, 1905 to 1954

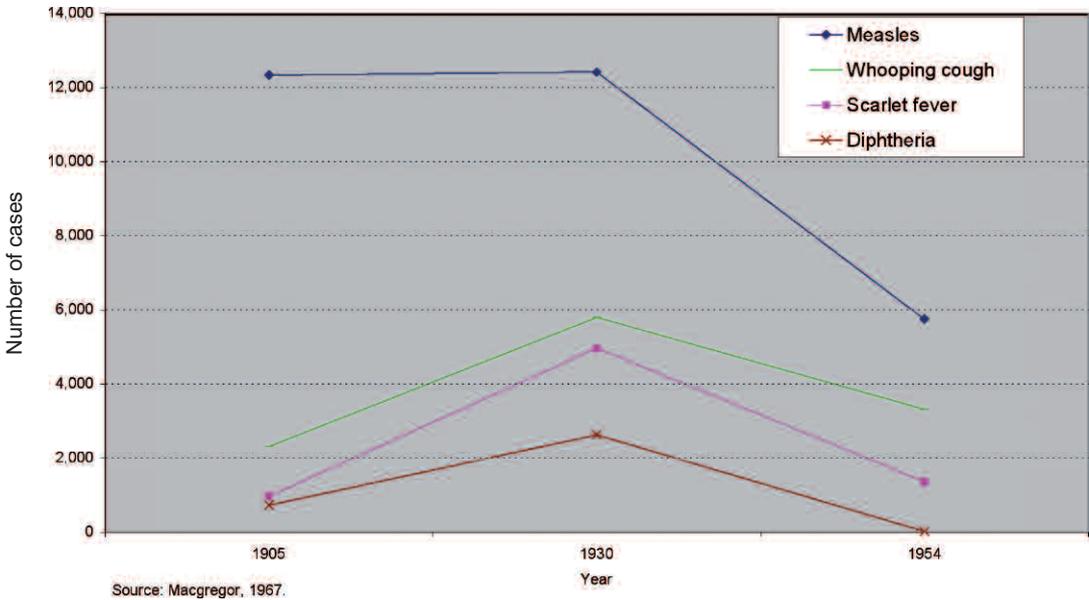
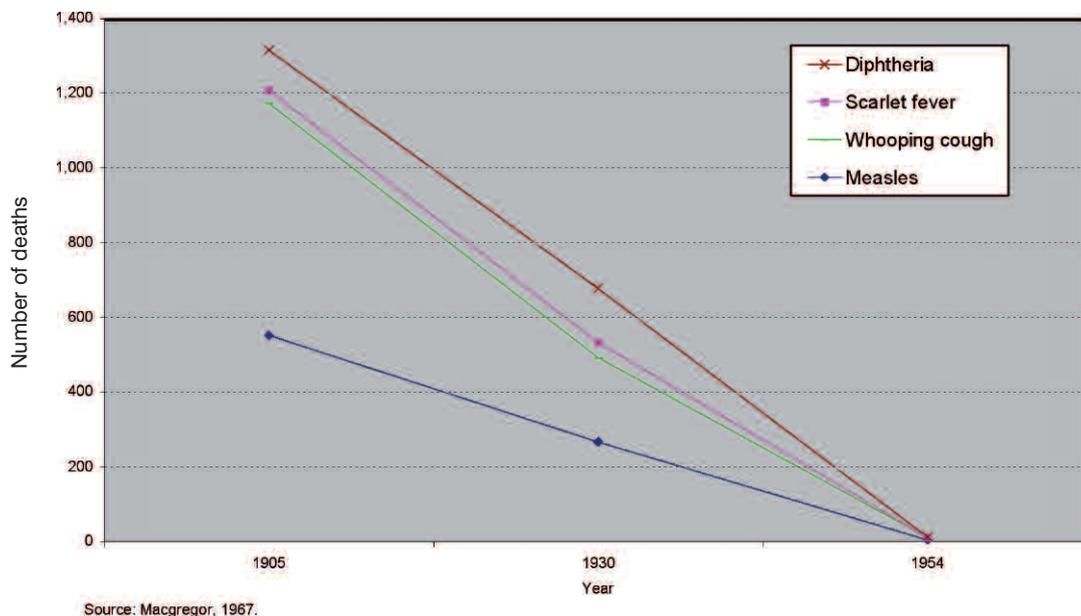


Figure 1.15: Infectious diseases (deaths) in Glasgow, 1905 to 1954



Chalmers also took a holistic approach to public health emphasising the importance of walking about one’s district to get a feel for the health issues of individual areas (shoe leather epidemiology) rather than relying on census data alone. His approach echoed that of Glasgow’s first Medical Officer of Health, Dr James Burn Russell, who even in the late 19th Century, was convinced of the relationship between people’s physical/social environment and their health. A quote from Russell’s writing captures this view well:

*“If grapes grew and ripened in the slums of Glasgow or the orange and myrtle were luxurious and plentiful as daisies and thistles in the fields, people would say ‘it is a miracle’ and yet we go confidently in search of delicacy, refinement and high toned morality amid physical circumstances which are equally inimical to those fine growths and efflorescences of the moral nature of man.”*²⁷

Medical Officer of Health champions reform

Houses were almost impossible to keep clean and bed-bugs were endemic. Tenants were obliged to take their turn at washing the common stairs and landings – those who refused were taken to court and sometimes sent to prison. At around the same time, a report on the diet of the labouring classes of Glasgow remarked on the scrupulous budgeting of families that had to manage on four or five pence per person per day, commenting: “One cannot fail to be struck by the self-denial represented by the figures.” Families as poor as this were also given help by the Church, charitable bodies, relatives and neighbours. In a large family with a very small wage the staple diet consisted of tea, bread, butter and jam three times a day.²⁷

Social policy and its impact on health

Prominent Glasgow citizens supported Chalmers' analysis of the link between poverty and quality of life and ill health and contributed to a powerful nationwide movement in favour of better health and social reform. Professor Henry Jones, the Professor of Moral Philosophy in Glasgow University, in a lecture to Glasgow businessmen in 1905, commented:

"We desire with great unanimity many reforms which we know not how to bring about. So that in many respects the legislative enactments lag behind the moral convictions and purposes of the times."²⁷

Three separate Acts of Parliament influenced the establishment of significant preventive health services at the beginning of the 20th Century: the Notification of Births Act in 1907 promoted infant welfare and led to the establishment of a maternal and child welfare service;²⁸ the Education (Scotland) Act in 1908 established the medical inspection of school children and led to the creation of Glasgow Education Authority; and the Local Government (Scotland) Act of 1929 transferred the Education Authority to Glasgow Corporation.²⁹

The catalyst for the medical inspection of school children was a report published in 1904 on the physical health of school children by a 'Committee on Physical Deterioration.' The report cited high levels of ear and eye problems, rickets, dental decay, undernutrition and infestation. The Committee recommended that free school meals should be provided to school children and that more time and resources should be given to physical exercise – this resulted in an increase in the number of gymnasia and playing fields. A similar recommendation had previously been made by James Burn Russell, who canvassed for an increase in the number of public parks in Glasgow in the belief that ill health and anti-social behaviour resulted from confining children too closely.³

Tuberculosis (TB) became a notifiable disease in all its forms in 1914. This legislation reinforced the importance of scrutiny of the impact of overcrowding and poor living conditions. Chalmers was ahead of current thinking about issues such as this, as evidenced by a statement he made at the time with regard to TB:⁹

A more holistic approach?

"True work of prevention lies in obtaining a higher standard of home living than we have yet realised."

Sanitaria and hospitals were established in various sites around Glasgow such as in Robroyston and Mearnskirck to provide a suitable therapeutic environment for TB patients.

Medical advances during this time included the discovery of insulin for diabetes, which became available in 1924. Legislation was passed to allow local authorities to issue insulin free of charge to diabetics. Various anti-bacterial drugs were discovered and had a huge impact on survival rates and recovery from infections. The use of anti-tuberculosis drugs after the Second World War contributed to a more rapid decline in TB. The growing recognition of the importance of cod liver oil and other vitamins in the diet and the impact of sunlight helped to improve nutrition and reduced rickets. The discovery and use of efficient pasteurisation techniques reduced transmission of TB, scarlet fever, typhoid and diphtheria.

Food and public health became a more prominent issue during the early 20th Century. In 1907, the Public Health (Regulations as to Food) Act introduced regulation and inspection of imported food which improved food safety.³⁰ This Act came into force particularly after the First World War. Preservatives and chemicals were also introduced although regulations since have controlled over-usage.

As has been discussed earlier, the National Health Service (Scotland) Act of 1947 established the principle of comprehensive health care, free at the point of access.²⁶ The Secretary of State for Scotland and the Scottish Office had overall responsibility for the National Health Service (NHS). Hospitals were managed by Regional Hospital Boards. Local authorities were key players in the protection and promotion of public health as they supervised maternity and child welfare, domiciliary midwifery, health visiting, home helps, immunisation and other activities concerned with public health and health education. Local authorities were also in charge of health centres.²⁶

The Glasgow experiment

Despite interest in, and enthusiasm for, the establishment of local health centres in the 1940s and 1950s, very few were built until the 1960s. The vision for these health centres was that they would provide general medical and dental practitioner services, as well as pharmacy, child welfare, maternity services and health visitors from the local authority. However in the 1950s, the Treasury objected to any subsidy of rents for GPs in these centres and would not agree to a continuing programme. Priority was given to building up the hospital service instead. By the 1960s, there was a resurgence of interest in health centres led by GPs and supported by the Scottish Office which acted as a catalyst for a new programme.³¹

In 1964, the secretary of the local medical committee responsible for the administration of general practice in Glasgow wrote a memorandum entitled 'An Opportunity to Experiment in Glasgow.' The memorandum argued that instead of using financial incentives to encourage individual practitioners to provide group premises as was the current policy, there should be a central plan to build a number of health centres in Glasgow in alignment with the huge urban redevelopment programme underway. The vision for this initiative was that doctors would be able to

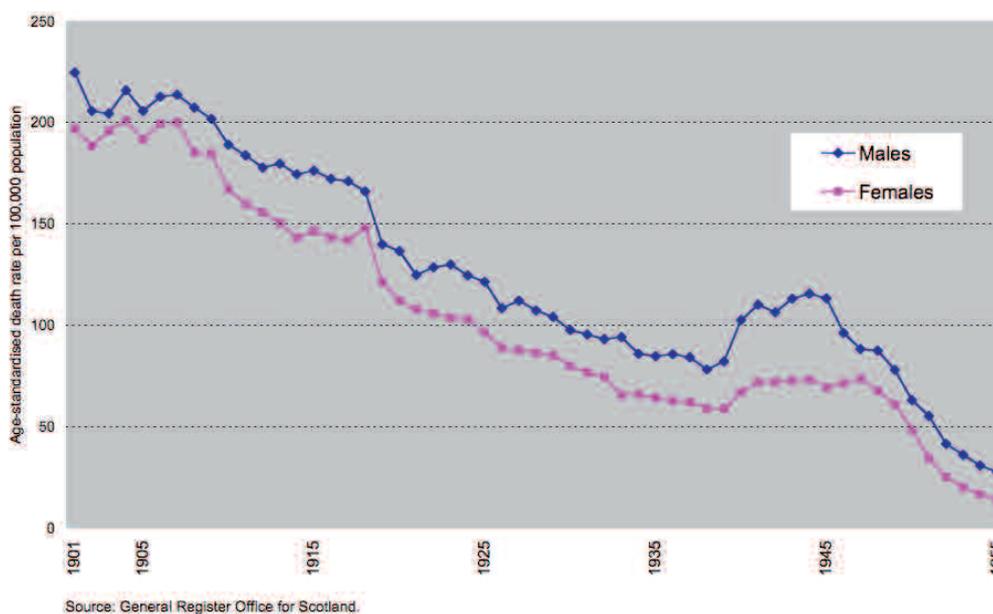
provide a better and more personal service for their patients over a wide range of clinical and social aspects of their health. The Scottish Office reacted favourably to this proposal and a joint committee was set up representing GPs, local authority, hospital services and the University of Glasgow to plan future provision of health centres in Glasgow. Eighteen health centres were built as part of this programme despite problems obtaining sites. A Glasgow GP commented on some of the ingredients of success of this initiative as follows:³¹

"We were so often the first to be organised in Scotland. It is a small country and we knew and trusted each other well enough to get agreement. We did not need long-drawn out negotiations as was so often the case in the South... We hardly needed formal liaison Committees in these days."

The campaign against TB

The prevalence of TB and TB deaths decreased steadily in the UK and in Scotland during the first half of the 20th Century but increased slightly at the beginning of the Second World War. Figure 1.16, using data from GROS, shows the steady decline in death rates between 1901 and 1955 albeit with a slight increase in the early 1940s.

Figure 1.16: Tuberculosis death rates in Scotland, 1901 to 1955



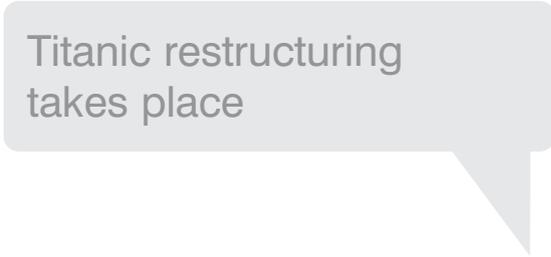
A number of government measures in the mid to late 1940s, reduced prevalence rates in England but not in Scotland where numbers of cases continued to increase, especially in Clydeside. There was recognition at the time that this continued increase was linked to the deplorable state of Glasgow's severely overcrowded housing accompanied by poor sanitation. As a consequence of this, Glasgow received a higher allocation for postwar housing schemes than other cities in Scotland, nursing staff were given enhanced allowances to counteract a decline in their numbers due to fear of contracting TB, and available beds in Swiss sanatoria were used to treat Scottish patients. Despite these measures, the waiting list for treatment continued to grow, reaching 1,500 in March 1949. In addition, the death rate in Glasgow was higher than that of England.³²

James Stuart, the Scottish Secretary of State at the time, acknowledged that the problem was not the NHS's fault in treating diagnosed cases, "but the failure to find all the undetected cases and thus stop the infection spreading at source." This failure reflected on the Government's ability to eradicate a disease directly associated with mass industrialisation, overcrowding and poor housing standards. A mass campaign to detect and treat people with pulmonary TB using miniature mass radiography was initiated in 1957 in Scotland. A five week campaign took place in Glasgow which resulted in 76% of the adult population of the city being tested. Two thousand people with active TB were discovered and treated.

This campaign was one of the largest, sustained, public health campaigns ever conducted in the UK. There was considerable advance publicity at parliamentary level, billboard advertising, special film screenings in cinemas and radio and television coverage. Every household in Glasgow received a letter inviting adults to attend a miniature mass radiography unit for a chest x ray and a large army of volunteers were recruited to make house to house visits. Two campaign songs were written, aeroplanes flew over the city with banners and various other publicity stunts were staged. Lastly, every participant was entered into a prize draw – prizes were almost all donated by 'well wishers' and included an Austin car, holidays and household equipment.³²

Officials were evasive about the financial cost of this campaign and there was speculation about the motivation behind such an elaborate approach to tackle a disease which was already in decline due to modern treatments, drugs and immunisation. A possible interpretation identified by Levitt was that Glasgow had been dogged for too long as the TB capital of the UK, and something had to be done to change its image and make it attractive to new industry.³² The Government was also sensitive to the fact that many Glaswegians lived in squalid housing conditions and were long term unemployed. Perhaps the Government felt it was important to support a high profile, widely publicised campaign to belie any accusations that poor people had been abandoned by the welfare state. Arguably, the press coverage and the public response to the campaign provided reassurance that Glasgow citizens still had confidence in the NHS.

Restructuring of the NHS and local government



Titanic restructuring takes place

The birth of the NHS coincided with the dawn of an age of technological advancement in medicine and during the 1950s, there was a rapid build up of specialist services, particularly in hospitals. A burgeoning economy also led to an extensive building programme creating large housing developments and new towns. This expansion emphasised the urgent need for new hospitals and health centres to provide accessible services for the local population but, due to the enormous capital expenditure required, new hospital facilities and health centres only became a common feature in the mid 1960s.³³

Glasgow's health: old problems, new opportunities?

Significant organisational changes in the structure of the health and local government services took place in the 1970s. Following the publication of the NHS (Scotland) Act 1972, under the auspices of providing a more integrated health service, the previous three-tiered system of administration was abolished. Regional Hospital Boards and Executive Councils were disbanded and responsibility for Community Health Services (welfare, preventative medicine and public health) was removed from Local Authorities. Boards of Management, which had been responsible for the day-to-day management of hospitals, were also abolished under the new system. Instead, 15 health boards acting on behalf of the Secretary of State for Scotland were established, one of which was Greater Glasgow. These changes to the health service, implemented in 1974 and accompanied by local government reorganisation in 1975, had a profound impact on the delivery of public services, including those related to health. Significantly, the post of Medical Officer of Health in local authorities was abolished, removing a prominent figurehead from this area. During this period, the focus for health improvement shifted from the environment to the individual with the onus on healthier behaviours as the key to better health, despite recommendations of seminal reports such as the Black report which called for changes to public policy, including reorientation of services to better address the needs of vulnerable groups in the population such as the unemployed, pregnant women, children and the elderly.³⁴

Even more radical changes took place during the 1980s and 1990s when the Conservative Government, led by Margaret Thatcher, instituted sweeping NHS reforms and introduced an internal market to the provision of health and social care services. According to Allyson Pollock, this approach effectively 'privatised' the National Health Service although Scotland did not pursue this approach to the same extent.³⁵ Her analysis of the situation in England is that during this period: non-clinical senior managers were appointed in hospitals to introduce a 'business culture' and make efficiency savings; many services that were not defined as 'core' hospital services were contracted out to private agencies; routine optical and dentistry services were cut and the provision of longterm care was reduced and transferred to local authorities. Pollock argues that these changes eroded NHS staff morale and caused greater staff turnover, as well as resulting in longer waiting lists for primary and secondary care.³⁵

A more holistic approach to health and wellbeing was championed through the Glasgow Healthy City Project, established in 1988 as part of the WHO Healthy Cities movement.³⁶ The Healthy City Project had five main tasks:

- To produce a City Health Plan for Glasgow.
- To identify and support models of work that illustrate the principles of "Health for All".
- To initiate a wide ranging debate on health in the city.
- To develop research and education programmes.
- To develop close working links with other participating projects.

Following the establishment of the Glasgow Healthy City Project, Dr George Forwell, the Director of Public Health in Greater Glasgow Health Board published a report in 1993 titled 'Glasgow's Health: Old Problems, New Opportunities.' This report provided an overview, analysis and call to action regarding public health in Glasgow.³⁷ George Forwell's principal message was that the poor health record of the population of Greater Glasgow was almost entirely due to the predominance of material and social disadvantage, which many residents experienced early in life, with serious consequences for their health throughout the rest of their lives. The report emphasised that it was unacceptable that the health of the population of Greater Glasgow should be considerably worse than the average for Scotland (which was itself poor in comparison to other European countries). Furthermore, the authors made it clear that Greater Glasgow Health Board could not reverse this position without the active support of central and local government and non-statutory agencies. A number of actions were proposed for the Health Board, Regional/City Council, Central Government and the local Healthy Cities Working Group concerning a number of dimensions including proper health needs assessment and planning, with input from voluntary organisations representing

marginalised groups; effective programmes for the prevention of disease and promotion of good health; effective joint working; targeted initiatives to improve health and provide employment in areas of disadvantage; improvements in housing and reduced accidents; and a review of priorities for health service allocation.

Public health policy in Glasgow was also influenced by an increasing recognition of the importance of broader determinants of health and of the impact of social/economic inequalities. 'Working Together for a Healthier Scotland,' the Scottish Office's consultation document on public health, issued in February 1998, provided further legitimisation of the importance of life circumstances in determination of health and wellbeing.³⁸ The analysis of influences on health presented by this consultation paper was in direct contrast to the previous health policy statement, 'Scotland's Health A Challenge To Us All,' published in 1992 which placed a good deal of emphasis on individual behaviour as the key to improving health.³⁹

The Glasgow City Health Plan, published in 1995, proposed that the solution to better and more equitable health was through 'integrated social, economic and environmental policy'.⁴⁰

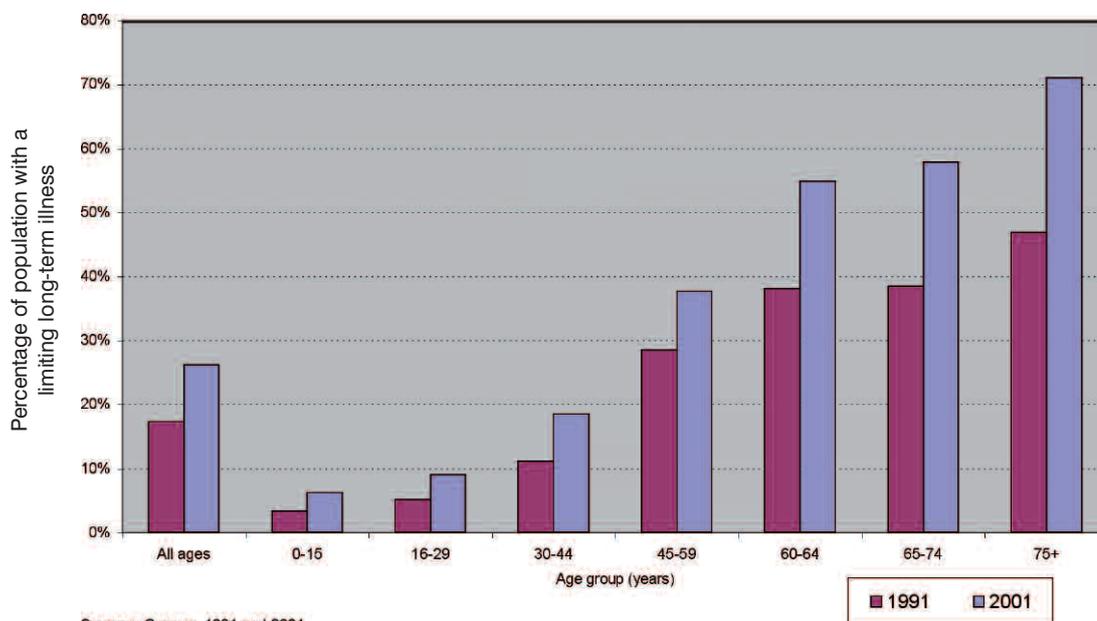
In addition, there were signs of a returning recognition of the role of local authorities in determining the health of communities. Dr Harry Burns, the Director of Public Health in Greater Glasgow Health Board, was quoted in the Glasgow Herald as saying:

"Local authorities are probably more important in determining the health of communities than health authorities."⁴¹

The administrative structure of the local authority changed in 1996, when Strathclyde Regional Council was abolished. Strathclyde Regional Council was one of nine regional councils created by the Local Government (Scotland) Act 1973 which came into operation in May 1975. Between 1975 and 1996, Strathclyde covered the whole of the former counties of Ayrshire, Bute, Dunbartonshire, Lanarkshire and Renfrewshire, almost all of Argyllshire, part of Stirlingshire and the whole of Glasgow city. Strathclyde Regional Council inherited the powers and duties of the former county councils and Glasgow Corporation including responsibility for schools and police. Regional Councils were abolished in 1996 and Glasgow City Council was established to administer the wide range of services for the city population.

However, despite the best efforts of the Glasgow Healthy City Project, Greater Glasgow Health Board, Glasgow City Council and other stakeholders, Glasgow's health continued to lag behind that of other Scottish cities and inequalities in health continued to grow.^{37,42} Figure 1.17 shows that levels of limiting long term illness in Glasgow grew in all age groups between 1991 and 2001. While levels in Scotland also rose during the same period, those in Glasgow remained higher.

Figure 1.17: Limiting long-term illness in Glasgow, 1991 and 2001



Historians and other commentators have observed that social relations changed markedly in the 20th Century in Glasgow and across Scotland. In a chapter entitled 'We're A' Jock Tamson's Bairns: Social Class in twentieth-century Scotland,' Mc Crone proposed that social relations in the 19th Century largely involved personalised hierarchical interactions between unequal status groups. This contrasts those of the 20th Century which involved

'...impersonal economic transactions between those who have unequal power in the market place'.⁴³

Another commentator highlighted the decline of the 'mandarism' of the great age of Glasgow prosperity with a change in the power base between managers and their workforces.⁷

The physical and social symmetry and distinctness of Glasgow also changed during the 1950s and 1960s. Innovations such as television broadened awareness of and access to many social and political issues and the increasing use of the car made people more mobile. The rebuilding and reshaping of Glasgow's physical environment also resulted in people travelling to work through a greater diversity of areas. Nonetheless, the gulf between working-class and middle-class families in terms of employment, housing and income remained large.⁷

Rebranding of Glasgow

Glasgow did its best to reinvent itself during the late 20th Century. Charles Rennie Mackintosh was 'rediscovered' and his architecture and design attracted a large number of visitors to the city. City centre regeneration and the creation of the 'Merchant City' contributed to the establishment of a much more upbeat, cosmopolitan atmosphere, at least in the city centre. The Garden Festival, which took place on the banks of the Clyde in 1988, and the award of European City of Culture in 1990 also bolstered Glasgow's reputation although there was some cynicism articulated by the media as to whether this was really just window dressing to camouflage intractable, overarching problems of deindustrialisation and depression.³ Liz Lochhead wasn't convinced either: ⁴⁴

*"Well, jolly japes
Like cutting hedges inty fancy shapes
And trying to make some kina Eighth Wonder
Oot o' plantin' oot the coat o'arms in floribunda
Are making Scotland just a theme park,
A dream park,
A Disneyland where work disnae exist."*

The accolade of United Kingdom City of Architecture and Design in 1999 prompted the Guardian newspaper to call Glasgow the 'New York of the North'.⁴⁵ But, five years later, in 2004, Glasgow had the dubious distinction of being branded the murder capital of Western Europe by the Observer newspaper.⁴⁶ The article stated that the murder rate in Glasgow, at the time, was twice as high as London and greater than that of Manchester, Belfast or New York. During the same period, Glasgow was in the process of promoting its image through a £2 million marketing campaign aiming to re-brand the city as a cool, cosmopolitan metropolis.^{22,47} Martin concluded his Observer article by suggesting that 'city of fear' would be a more appropriate brand to use than the 'city of style' brand proposed by the marketing campaign.

More recent data from 'Let Glasgow Flourish' showed that levels of serious violent crime in Glasgow rose by 20% between 1997 and 2003 and that Glasgow had the highest serious violent crime rate in Scotland.² The report also highlighted that, in 2003, almost a third of Glasgow residents stated that they did not feel safe walking in their neighbourhood alone after dark.

In 2006, Glasgow published a Cultural Strategy with four main priorities and themes in order to:

- Encourage cultural and sporting participation;
- Encourage learning, training, volunteering and pathways to employment through culture and sport;
- Enhance Glasgow's cultural infrastructure and events programme to support the city in competing in the global economy;
- Develop a vibrant and distinctive city which is attractive to citizens and visitors alike.

Meanwhile, as part of marketing Glasgow as an attractive, vibrant 21st Century city for both visitors and residents, Glasgow City Marketing Bureau launched the 'Glasgow: Scotland with style' brand in late 2006. In its promotional brochure, the Marketing Bureau claimed that the brand "works on both the rational and emotional level, conveying a unique sense of place".⁴⁷ It went on to cite physical attributes including the legacy of Charles Rennie Mackintosh, and the history and legacy of the River Clyde. Many Glasgow residents, particularly those living in the

East End of Glasgow and peripheral estates, would have struggled to recognise this gleaming image as the city in which they lived. In addition, 'Let Glasgow Flourish' data conjured up a very different image of both rational and emotional attributes of Glasgow.²

Leisure and recreation

Changes in the way Glasgow inhabitants spent their recreation time in the early 20th Century had some impact on public health. The innovation of the cinema was introduced in Glasgow in 1910; by 1929 there were nearly 100 cinemas in the city and these quickly became popular and well attended. Unfortunately, fire safety precautions were often inadequate as illustrated by the tragic death of 69 children in a Hogmanay cinema fire in Paisley in 1929.⁴⁸ The new passion for cinema going had a powerful influence on fashion. Women stopped wearing shawls with long dresses underneath which could be dirty and unhygienic, and adopted shorter skirts. They bobbed their hair and wore footwear rather than going bare foot as had been the previous custom.

Joining the cinema as the place for the great night out in the early 20th Century was the dance hall. Glasgow had 159 registered dance halls in 1934 and although their number declined throughout the 40s and 50s, total capacity remained fairly constant.⁴⁹ Other outlets for leisure and recreation developed with the opening of the King's and Pavilion Theatres in 1904 and the Theatre Royal the following year.⁴⁸

Football quickly evolved into a national (and male oriented) obsession in Glasgow. The Scotland England football match at Hampden Park in 1937 attracted 150,000 fans.⁴⁹ Catholic and Protestant sectarian loyalties were articulated through support for Glasgow Celtic and Rangers, respectively. These divisions presented a regular threat of violence at matches, and sectarian tensions were sustained throughout the 20th Century until the present day. As one commentator noted:

*'The Scottish football crowd, with both its fixed and periodic loyalties, was a public-order problem throughout the century, capable at its most passionate moments (as in the economic recessions of the 1930s and 1980s) of producing unsurpassed social breakdown.'*¹⁴⁹

Demography and immigration

Glasgow has long been host to Irish, Jewish, Italian, Asian and refugee/asylum seeking populations. Even at the beginning of the 20th Century, Glasgow's population was ethnically diverse. Immigration from Ireland and other parts of Scotland had already been a feature of the 19th Century, with many people leaving conditions of severe poverty to come to Glasgow in search of work. The bulk of Scots immigrants to Glasgow came from nearby counties such as Lanarkshire, Renfrewshire and Ayrshire. The Irish potato famine resulted in an influx of Irish citizens and in 1848 there were an estimated 1,000 Irish per week arriving in Glasgow (although not all intended to remain).³ People from urban areas of Ireland were also attracted to Glasgow with the prospect of stable employment in work such as weaving. By 1851, the Irish-born presence in Glasgow constituted over 18% of the population.³ The Glasgow subway was constructed largely by Irish immigrant labour in the 1890s. The 1921 census showed 65,688 people of Irish birth in Glasgow.²⁴ Following the First World War, when jobs were scarce during the post war recession, animosity towards Irish immigrants grew and a report to the Church of Scotland published in 1923 bore the title: 'The Menace of the Irish Race to our Scottish Nationality.' The report identified the problem as a growing population who possessed the twin evil of being Irish and Catholic. It articulated a fear that Irish Catholics would become dominant in society due to emigration by other groups in Scotland to America or other countries because of poor conditions at home.²⁴

Despite racism and discrimination, people of Irish descent did gain prominence in Glasgow life. For example, Sir Thomas Lipton, born in 1850, was the son of Irish immigrants.⁵⁰ He opened his first grocer's shop in Anderston on his 21st birthday and was a millionaire by the age of 30. Lipton revolutionised the retail grocery trade, developing many of the marketing techniques which are used by supermarkets today. He owned a printing works and tea plantations in Ceylon as well as a chain of shops in Glasgow and elsewhere. Lipton also organised what is sometimes referred to as the 'first World Cup' in football (soccer) in 1909. He left a substantial financial legacy to the City of Glasgow on his death in 1931 and is buried in Glasgow's Southern Necropolis.⁵⁰

Sectarianism has remained an important influence in Glasgow and the West of Scotland through its continued cultural presence (e.g. football), arguably, through the education system, and through less easily detected impacts on employment and health.⁵¹ Academic commentators have proposed that institutionalised sectarianism still operates in Glasgow. A paper, published in 2004, considered the ways in which accounts from Glasgow Catholics diverged from those of Protestants in relation to employment and health, identifying continuing, subtle but persistent discrimination in employment practices which they argued placed Catholics at a disadvantage and negatively impacted on their health.⁵²

Jewish emigration from Europe during the late 19th Century led to the establishment of a Jewish community, initially in Garnethill and subsequently in the Gorbals. A traditional feature of Jewish society was to help less fortunate members and various Jewish philanthropic societies provided financial and material help to families who were struggling. Few Jews ever had to rely on the Parish Poor Relief distributed to native inhabitants of the city or to Irish people. However, there were widespread accusations that Jewish immigrants were a financial burden on the State, and this led to a campaign and subsequent legislation to control immigration from Eastern Europe. The Aliens Order of 1905 affected all people who did not have British citizenship already living in Britain or of immigrant status. This policy continued throughout the early 20th Century. By 1914, at the onset of the First World War, all 'aliens' in Glasgow had to register with the police and were at risk of internment or deportation if they were regarded as coming from enemy countries.²⁴

The years immediately following the First World War were years of relative stability for the Jewish population in Glasgow. Resentment and racism towards Jews did rear its head again during the 1920s and 30s during the economic recession. The onset of World War Two brought the Nazi holocaust and the associated influx of refugees to Britain and other countries. The Jewish community in Glasgow responded by setting up orphanages, foster homes and hostels for refugees and orphaned children. Fortunately, although there were some racist incidents, these were relatively uncommon. Following the war, the state of Israel was established in 1948, resulting in a steady trickle of Glasgow Jews (particularly young people) emigrating to live there. Glasgow Jews were sometimes sufficiently Glaswegian to get involved in local politics.

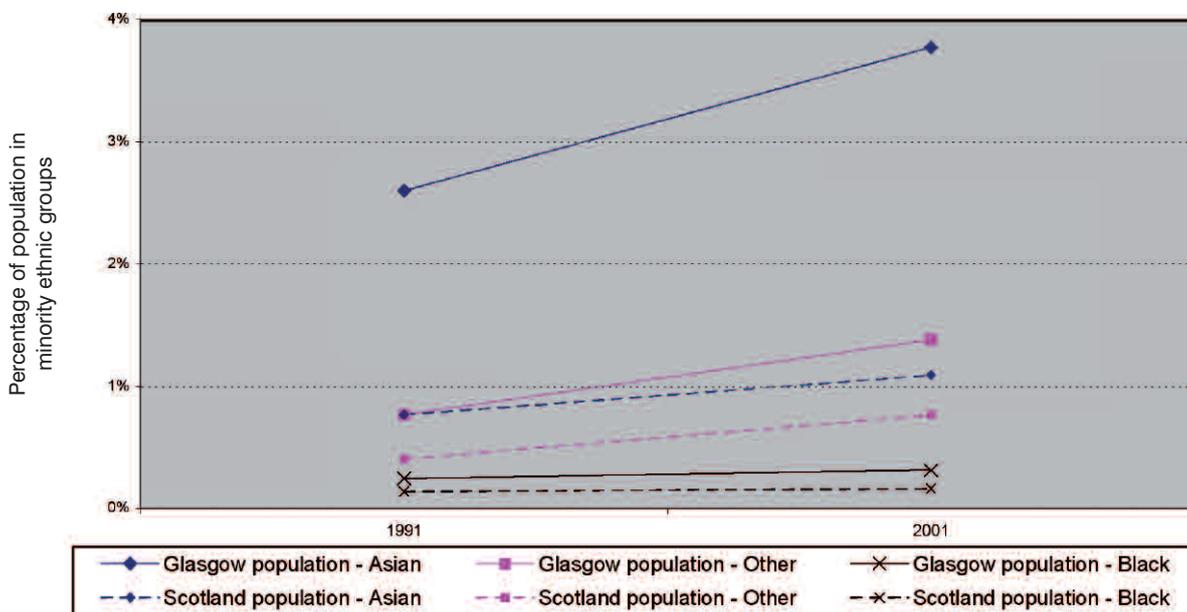
A well known Red Clydesider, Emmanuel Shinwell, known as 'Manny', was involved in Labour politics for most of his life.²⁴

Another relatively well established community in Glasgow was the Italian community which grew in Scotland from around 750 to 4,500 between 1890 and 1914, with many of its immigrants settling in Glasgow. The main focus of trade for this community was food: initially ice-cream; and subsequently, fish and chips.²⁴

By the mid 20th Century, immigration to Glasgow from other parts of Scotland, Ireland and Europe had tailed off markedly. However, the collapse of the British Empire in India coincided with a period of postwar labour shortage in Britain and many Asians were encouraged to come to Britain in order to help plug this gap. The British Nationality Act of 1948 reinforced this policy as it granted UK citizenship to citizens of Britain's colonies or former colonies. A Westminster MP at the time made a statement

stressing the need for "an addition to our population which only immigration can provide."²⁴ Many Asian immigrants who came to Glasgow worked for Glasgow Corporation Transport which had a shortage of labour due to the unpopularity of the shifts. By 1960, there were about 3,000 Asians in Glasgow (most of whom were men). This number had grown to approximately 12,000 by 1971, largely due to the arrival of families and dependents of those men who had arrived prior to the Immigration Act of 1962 which restricted further immigration.²⁴ Subsequent legislation further reduced immigration from the Indian Sub-Continent with the result that the Asian population had only increased by a further 4,000 to just over 16,000, by 1991. However, the percentage of the total population who were Asian was still higher in Glasgow in 1991, than in Scotland as a whole as Figure 1.18 illustrates. By 2001, the percentage of the Glasgow population who were Asian stood at nearly 4% in comparison to just over 1% in Scotland as a whole.

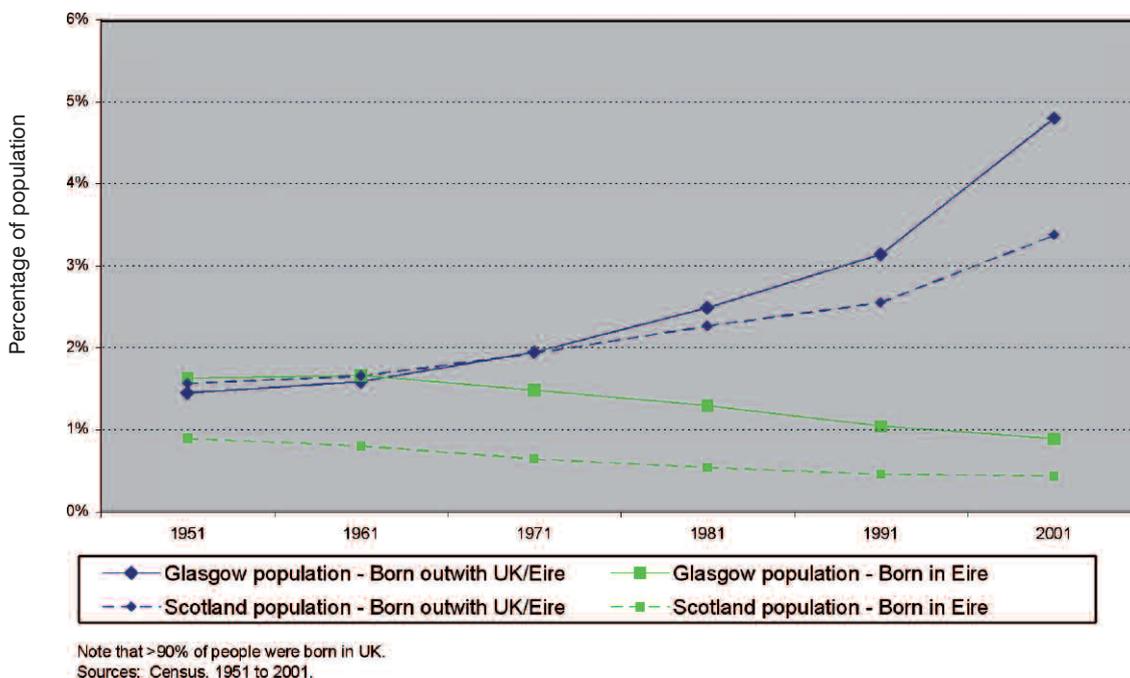
Figure 1.18: Minority ethnic groups in Glasgow and Scotland, 1991 and 2001



Note that >90% of people were white.
Sources: Census, 1991 and 2001.

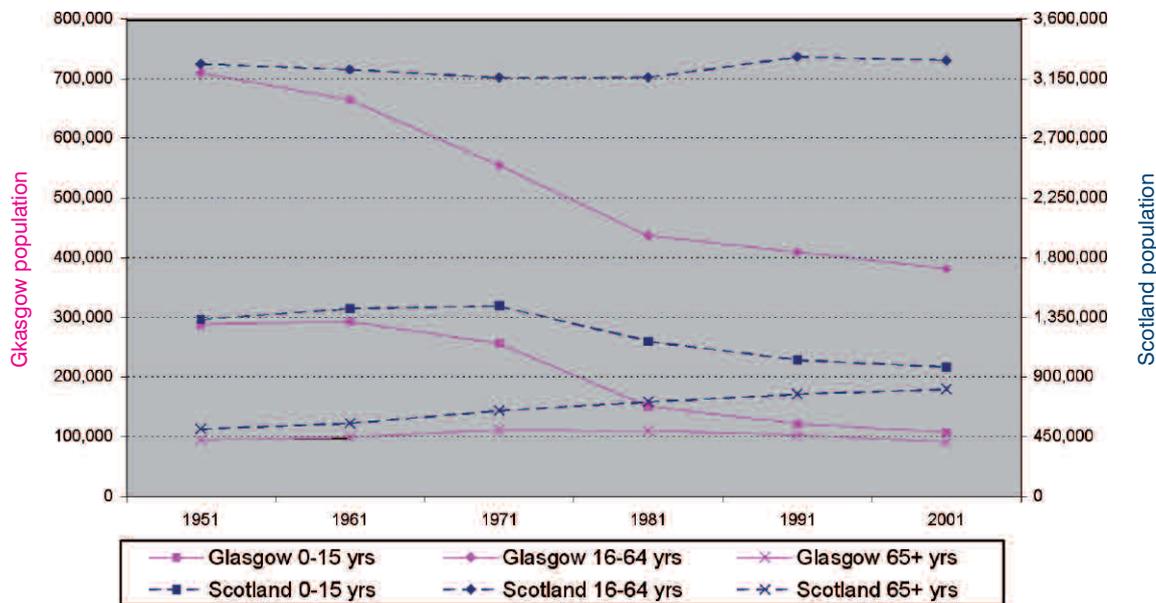
Figure 1.19 provides a further illustration of the continuing diversity of Glasgow's population towards the end of the 20th Century. It shows that the percentage of the Glasgow population born outwith the UK or Republic of Ireland increased sharply between 1981 and 2001, remaining higher than in Scotland as a whole. The percentage of the population born in the Republic of Ireland decreased slightly over the latter half of the 20th Century in both Glasgow and Scotland, although levels remained slightly higher in Glasgow.

Figure 1.19: Population of Glasgow and Scotland born in Eire or outwith the UK/Eire, 1951 to 2001



During the second half of the 20th Century, as Figure 1.20 illustrates, the overall population of Glasgow fell considerably, particularly amongst working age adults. This decline was in direct contrast to the situation in Scotland as a whole, where the adult population remained fairly stable. Although the population aged 65 years and over increased steadily in Scotland during this period, it did not show an overall increase in Glasgow.

Figure 1.20: Population age distribution of Glasgow and Scotland, 1951 to 2001



Sources: Census, 1951 to 2001.

'Let Glasgow Flourish' provided further data and commentary on Glasgow's changing demography over the course of the 20th Century.² From a population of over a million in the mid 20th Century, the number of Glasgow residents fell to 577,000 by 2004.

Two thirds of this drop can be explained by outward migration and the rest by a death rate which exceeded the birth rate. Future predictions regarding changes to population structure between 2004 and 2024 are:

- Numbers of children under 16 will decrease by approximately 13%;
- Numbers in the 16-49 year old age bands will decrease;
- The 50-64 year old population will grow by 24%;
- The population in older age groups will remain relatively stable reflecting the poorer life expectancy in areas of Glasgow.

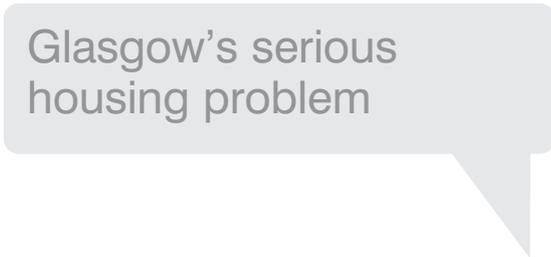
So, by the end of the 21st Century Glasgow's population structure may have changed as radically as it did during the course of the 20th Century.

1.4 Waves of Regeneration in Glasgow over the 20th Century

This section will present commentary by several authors on the philosophy behind, and the characteristics and impacts of, the successive waves of urban regeneration which took place in Glasgow under a number of political administrations and through different funding schemes during the second half of the 20th Century as an attempt to address the ongoing disparities in health, wealth and quality of life between different communities. This is not a comprehensive account of all urban regeneration activity that took place in Glasgow but highlights influences, themes and tensions that featured during successive regeneration attempts.

Immediate post war Glasgow

As has been described earlier in this report, issues of inadequate, poor quality housing and a degraded physical environment persisted in Glasgow over the course of the 20th Century and beyond, despite almost continuous regional and local regeneration programmes. After the Second World War, Glasgow's mainly Victorian housing stock was considered to constitute a serious 'housing problem' in terms of density, sanitation and poor structural conditions. The concentrated war effort had utilised centralised planning, and it was widely assumed that this model could be replicated in housing redesign and that it would also inject new life into the city. Several plans were proposed to clear Glasgow of slum tenements, rehouse sections of the population in rationalised, modernist blocks, and 'overspill' the remainder into modern peripheral 'schemes' and satellite new towns.⁵³ The Bruce and Abercrombie Plans and their impacts have already been discussed (see page 14).



Glasgow's serious housing problem

During this post war period, the Scottish Office set the general framework policy for Glasgow and other cities in Scotland but many other Scottish and European bodies were also involved in the planning of Glasgow.¹¹ The Scottish Development Department was influential in the Government's decision to switch support from the new town programme to the inner cities and in particular to redirect resources from the proposed Stonehouse New Town into GEAR (see page 45).

Glasgow in the mid 20th Century

In the late 1950s, an assessment by Glasgow City Council planning department and its Medical Officer of Health concluded that almost 90,000 houses needed to be demolished in 29 separate inner city areas as well as thousands of others in poor condition in other areas.⁵⁴

Twenty-nine comprehensive development areas (CDAs) were established to facilitate slum clearance as well as to improve the general urban environment. Two new towns, East Kilbride and Cumbernauld, were built, as well as expansive modern schemes on the outskirts of the city in Easterhouse, Drumchapel, Castlemilk and Pollok. Difficulties arose in this unprecedented programme of urban renewal as inner city houses were cleared much more quickly than they were replaced; new builds were confined to remote suburban fields; and legal and purchasing procedures were cumbersome and complex, impacting on local owners and firms. CDAs were intended to provide a comprehensive approach but their implementation was both fragmented and painstaking and the Scottish Office was not always supportive.

During the 1960s, city centre demolitions increased with the building of the Inner Ring Road. This motorway cut through areas such as Townhead and Charing Cross, effectively isolating the city centre. Not only was the old city being broken up, and the remnants isolated, but the plans and actions for its repair also began to lose coherence. As the population decreased with dispersal to schemes and new towns, senior Council officials became concerned about loss of political power and "big city" prestige. As a result, from around 1961 onwards, Housing Committees began to build on gap sites as and when they appeared, rather than following a long term overall planning policy for cleared areas.⁵³ The construction of multi-storey flats on various sites featured as part of this policy, culminating in the construction of the so-called 'highest flats in Europe' at Red Road in the Springburn area of Glasgow.

By the 1970s, the political, social and economic climate had changed and there was less faith in wholesale modernist planning solutions for the problems of the city as it had become obvious that this approach had been unsuccessful: housing on the peripheral schemes which had been built quickly and cheaply had degenerated rapidly; few amenities had been provided for the

Demolition, new towns and high rise flats

population there; and there was recognition that "community spirit" had been eroded. Checkland in his historical account of Glasgow, 'The Upas Tree,' commented:⁷

"Such peripheral housing schemes were thus a kind of parody of the traditional tenement life of Glasgow: they consisted of tenements indeed but they were far removed from the urban context in which that mode of life had developed, and incapable of generating their own community life. In spite of the literature of planning, already vast, and containing so many hard earned lessons, these new units were not only devoid of facilities themselves, but were miles from the traditional centre of Glasgow life."

During the 1970s, there was a growing realisation that there were possibilities for rehabilitation rather than demolition of the stock of Victorian tenements. This recognition was illustrated in planning decisions such as the rerouting of the Inner Ring Road in 1974 to avoid Charles Rennie Mackintosh's Martyrs School (1895) which had been scheduled for demolition.

Academic commentators proposed that subsequent generations of area approaches over the 1970s were characterised by a move from a strategic long term redistributive and community based approach to a tactical, short-term, market and business-orientated approach.⁵⁵ The financial environment became increasingly hostile and there were dramatic changes in the ideological outlook from both Government and other powerful decision makers. Enterprise Trusts were seen as very important in fulfilling Government's vision of a rebirth of entrepreneurial spirit in Scotland. The decline of a comprehensive approach during this period meant that social and community objectives were downgraded in importance. Areas suffering from serious urban and social problems but with little perceived economic potential were conspicuously ignored, despite being identified as a priority by local authorities. The allocation of resources

was directed more towards inner areas than peripheral estates. Even then, commentary indicated that public policy and private action needed to be both integrated and comprehensive if urban projects were not to become totally inadequate to address such a large-scale problem.⁵⁶

Four main criticisms of the management of area renewal programmes during the mid 20th Century were proposed by Wannop:⁵⁴

- i. "By the 1970s local authorities had allowed clearance to precede rebuilding by many years, wreaking social havoc and wasting resources on a colossal scale.*
- ii. The quality of design of the new house and their environment often lacked the basic domestic humanity of the buildings that were demolished.*
- iii. Comprehensive development areas developed under planning legislation from the 1950s onwards were brutally insensitive, not only in their impact on mature communities but also in destroying the local economy, and the social and economic value of much of the housing and surrounding urban structure.*
- iv. Area renewal often made little impact on the care which families gave to their new environment, or in their new landlord's willingness to involve them in planning or managing this environment."*

Damer, in his account of the rise and the fall of a Glasgow housing scheme in Govan during the 1970s, highlighted the importance of recognising the role that social networks and relationships play in communities.⁵⁷ He considered that the local authority response to rehousing 'problem' families failed to recognise the importance of the closely knit structure of traditional working class communities.⁵⁷ This structure, with its high levels of 'bonding' social capital, lessened the impact of stresses and strains imposed from external sources. Rehousing families from these communities to peripheral estates placed them in an isolated social situation where their response was to resort to 'difficult' or 'problem' behaviour. Glasgow was not the only city where this happened - during the 1960s and 70s many British cities contained housing estates which were regarded as 'abominations of desolation'. In 1962, the Toothill report on the Scottish economy described new estates as "bleak areas of concrete boxes".⁵⁸ The report also expressed concern regarding possible discouragement of industries considering establishing themselves and workers being attracted to these estates.

Glasgow Eastern Area Renewal (GEAR)

GEAR and what it achieved

GEAR was described as a 'unique exercise' in urban renewal in Britain aiming to secure the comprehensive regeneration of an area through co-ordinating the activities of a number of statutory public agencies.⁵⁵ Wannop outlined events that led to the establishment of GEAR.⁵⁴ In 1972, a Scottish Office memorandum expressed concern regarding Glasgow's approach which was considered not to take account of the structure of the population – particularly the increasing numbers of dependants and reducing numbers of people of working age. The memo stated "...too much of the city appears bleak and has a look of present or imminent dereliction."

The social as well as the physical environment was identified as needing urgent attention. There had been significant population loss between 1961 and 1978 and nearly two thirds of remaining residents were classified as dependent. Male adult unemployment in the area exceeded 20% reflecting a lack of relevant indigenous skills and the weak competitive position of many of the local residents in the labour market. The Scottish Office called for immediate suspension of development in the city that, in its opinion, was making this situation worse. Ministers of both Labour and Conservative Governments appeared to share concerns particularly when they compared the deterioration in Glasgow with what they regarded as successful planning policies in the new towns for which they held responsibility. Glasgow District Council responded by presenting its own calculation of a city-wide deficiency of recreational space and social facilities to which it attached an assessment of massive financial needs based upon a collection of its own targets and standards.

In May 1976, the Secretary of State for Scotland announced GEAR which aimed to achieve “the comprehensive rehabilitation of a major sector of the city.” The Scottish Special Housing Association (SSHA) was tasked with the bulk of the house building with emphasis on owner occupation and renovation. This was a clear change in direction for housing policy as, at that time, the East End of Glasgow was regarded by many as evolving into a huge council estate. The Scottish Development Agency (SDA) took the lead in GEAR instead of Glasgow District Council who also had to adjust to the fact that, since the creation of Strathclyde Regional Council, it was a minority shareholder in its own city’s local government. A hiatus ensued as different players established their roles and learned to work together. Wannop argued that an early handicap was that the GEAR team was relatively inexperienced and could have been more assertive in their review of planning strategy in the East End.⁵⁴

GEAR was characterised by others as a ‘consensus’ project relying on the development of personal and political commitment of all parties. Its longer term strategy emerged from a series of inter-agency working groups covering the key policy areas addressed by the project. This provided space to reflect and analyse problems and garner the commitment of senior officials within participating agencies. Six basic objectives were agreed:⁵⁵

- To increase residents’ competitiveness in securing employment;
- To arrest economic decline and realise the potential of GEAR as a major centre for employment;
- To overcome social disadvantages experienced by residents;
- To improve and maintain the environment;
- To stem population decline and engender a better balanced age and social structure;
- To foster residents’ commitment and confidence.

Early stages focused on physical development and environmental improvement but economic growth was also recognised as pivotal to success. Two sets of programmes were established:

- a) Social regeneration (individuals or community) involving individual support to enter the labour market; improved quality of housing; a better physical environment and improved levels of, and access to, community services.
- b) Local economic regeneration through maintaining and creating jobs and attracting new investment.

Over £300 million of capital expenditure was spent over the life of the project, through a series of separate commitments by individual agencies. It is difficult to quantify the extra public investment that went into GEAR specifically, because individual agencies working in the area had already allocated budgets as part of existing programmes. And even if substantial new investment did take place, it is possible that this was achieved at the expense of other equally disadvantaged areas.

The SDA commissioned an evaluation of GEAR in 1982 which broadly endorsed the approach that had been used but commented that the success of GEAR in economic competitiveness and jobs depended as much on the wider regional and national economy as on local initiatives.⁵⁵ Also, it was proposed that a major unintended impact of the project was to focus attention on localised solutions at the expense of a city-wide, regional and national policy approach. Its success in achieving its six original objectives was variable: there were improvements in the physical environment; the level of public services and community facilities; and in private housing investment; but there were continuing economic problems and high unemployment.

David Donnison and colleagues highlighted several broader issues drawn from their analysis of the GEAR project.⁵⁹ They agreed that GEAR went some way towards creating a system that was issue orientated rather than narrow in its approach, in contrast to previous, more traditional urban regeneration schemes which favoured a centralised, bureaucratic style. However, they concluded that many local services still retained a centralised, functional style of working making fruitful collaboration with other services very difficult and the transfer of power to people in communities impossible. They called for closer collaboration between the public and private sector, greater attention to be paid to the local economy and the establishment of a system that was more community based to foster local control and autonomy.

'Self help' in urban regeneration

During the 1980s, the concept of regeneration became refocused on an economic model as the key driving force. 'Self help' initiatives constituted a different approach that attempted to address area regeneration through economic development. These initiatives were led by the private sector and local authorities with the SDA in a supporting role. They followed on from area based projects but little of the initial social and community elements survived – the emphasis was on supporting new and established businesses. The primary agency of self help was the Enterprise Trust (ET) developed with active support from SDA. These provided local advice to small firms or potential entrepreneurs by utilising the resources of established companies. Glasgow Opportunities was one example of an ET, launched by several major companies in 1983 with over £300,000 of private sector support. The SDA contributed £225,000. Senior managers were seconded from various successful firms to manage Glasgow Opportunities, which provided a range of support services for small to medium-sized firms ranging from informal advice to financial planning and market research. Glasgow Opportunities also administered a youth enterprise fund. ETs represented the principal model of self help at this time but others existed such as 'Workwise' in Glasgow's East End which provided training for disadvantaged young people. An essential feature of this approach was the active participation of the

Self help and enterprise – a market solution?

private sector although projects all involved a partnership of the private and public sectors with significant contributions from public agencies.

Several issues were problematic in these 'self help' initiatives: their quality and capacity varied but expectations were uniformly high so there was a tendency to engage in a job 'numbers game' in order to satisfy sponsors; it was also unclear how sustainable some of these agencies were or how far the private sector was prepared to go in continuing its support for initiatives. Agencies often found themselves 'between a rock and a hard place' - if they focused on becoming self supporting, sponsorship would be reduced and this could force a further move in focus towards business development and thereby further play down social and community goals. Finally it was seen as unlikely that ETs could, in themselves, address the problems of the most deprived communities or the most disadvantaged people.

Regeneration in late 20th Century Glasgow

Throughout the 1980s, there was a move towards pluralism in housing policy and the term 'housing led regeneration' was born. Diversification in both tenure and management arrangements became a key feature of the city's housing agenda. In accepting this strategy, Glasgow District Council was forced to face the fact that its days of exercising complete control over housing policy were over. Limits to public expenditure, the success of community based housing associations and the subsequent Thatcher Government's free market based philosophy reinforced this diversification. Also, research which illustrated that public investment in poorest quality, tenemental stock reinvigorated the surrounding local housing market was used as an argument to persuade Central Government to continue to support Glasgow's tenement improvement programme. Central Government did support diversification but to housing associations and cooperatives rather than for outright privatisation.

A partnership approach to urban regeneration was launched by the Scottish Office in 1988 in the form of the 'The New Life for Urban Scotland Initiative' which established new urban regeneration partnerships in Castlemilk in Glasgow, Ferguslie Park in Paisley, Wester Hailes in Edinburgh and Whitfield in Dundee.⁶⁰ The aim of the initiative, which ran over ten years, was to pioneer a new Scottish model for partnership working in regeneration and to provide valuable lessons for the future. Over £485 million of public expenditure was spent on the initiative with an additional £75 million of private sector funding. Housing (new and rehabilitated) comprised the biggest slice of public expenditure although £55 million was spent on enterprise, employment and training of residents. Local authority housing stock reduced from 96% to 56% over the ten year period. An evaluation commissioned by the Scottish Office assessed the initiatives as a whole, concluding that although significant inroads were made, problems of disadvantage on the estates remained.⁶⁰ The evaluation emphasised that out-migration from the four areas militated against regeneration efforts stating: "As job ready and employed people leave the areas they have tended to be replaced with workless households. Problems of poverty and disadvantage remain firmly rooted in neighbourhoods within each area." The authors cited some key lessons:⁶⁰

A more 'joined up' approach?

- "The value and benefit of regeneration resources can only be fully realised by concentrating effort on a stabilised population
- Residents' image of their estate is based on the reality of living there. Therefore action to improve the quality of life for them will strengthen the sense of well-being and community and increase residents' desire to stay.
- However, actions that seek to remove the barriers to social inclusion for existing residents were not given sufficient priority. Damage caused to the image of the estates by, for example, visible substance abuse, intrusive behaviour in public places, graffiti and litter, homelessness and fear of crime increases the desire to leave."

Other important influences during this period included changes in planning and abandonment of indiscriminate clearance of old tenemental stock. The emergence of building societies rather than local authorities as lenders and the withdrawal of public investment from council housing made owner-occupation more attractive. Demographic changes also occurred as the older generation of private tenants died and were replaced by new, young, upwardly mobile households keen to get onto the home ownership ladder. Private landlords were also keen to sell. Real achievements in the quality of Glasgow's housing stock and in the diversification of tenure base were illustrated by: the transformation of older tenemental neighbourhoods; diversity of social landlords operating within the city; growth in home ownership through introduction of cheaper homes, and through 'right to buy'.

Despite these changes, by the late 1990s, Glasgow housing was still dominated by the council sector, and financial pressure on the management of housing stock was increasing. Council rents were only sustainable through housing benefit payments made to tenants and therefore were unaffordable and economically inefficient. As has been discussed previously, levels of disrepair and dampness were still unacceptably high.

Partnership, new life and social inclusion

Capital programmes involving less public and more private investment ensured that new rents rose at a rate well above inflation. The rising cost of social housing was also regarded as placing more and more of the city's population within the 'poverty trap', unable to work as wages were insufficient to cover the full costs of rent. The view was taken at this time that there was a need for planning that linked housing and the economy, or regeneration would always be partial and eventually unsustainable.

Towards the end of the 20th Century, as in the immediate post war period in Glasgow, there were many powerful stakeholders involved in planning and regeneration efforts in the city. From 1975 until 1996, local government operating at the level of Glasgow was represented by Glasgow District Council and Strathclyde Regional Council.¹¹ In 1996, local government reorganisation abolished regional authorities in favour of all-purpose unitary authorities. At that time, Glasgow District Council was responsible for housing and for the preparation of local plans within the framework of the structure plan document. Other influential organisations and agencies included the Scottish Development Agency (which subsequently became Scottish Enterprise), Greater Glasgow Health Board, the Scottish Special Housing Association, GEAR and the Housing Corporation. Business interests were represented by the Glasgow Chamber of Commerce, New Glasgow Society and a number of community and residents' organisations also sought to bring their constituencies' agendas to the table.

The New Life for Urban Scotland programme was followed by Scottish Office led approaches that focussed on 'Priority Partnership Areas' and 'Regeneration Programme Areas.' These were then superseded by the establishment of 'Social Inclusion Partnerships,' (SIPs) in 1998. As the Scottish Secretary of State at the time, Donald Dewar, said:⁶¹

"We need a comprehensive and coherent strategy for tackling social exclusion. Put simply, this means that all the authorities and agencies with responsibility for promoting inclusion must work much more directly together to make sure each of their efforts contributes to a common purpose."

The SIP programme came to an end between 2003 and 2006, following the establishment of Community Planning Partnerships created through the enactment of the Local Government in Scotland Act of 2003. An evaluation of the SIP programme was commissioned and published in 2006.

In the final evaluation report, the consultants commented that it had been difficult to measure regeneration outcomes in SIPs and to identify whether any changes were brought about by the activities of the SIP, by its partners, or through wider economic change.⁶² Furthermore, despite their aspirations, most SIPs had focussed on individual projects with less attention paid to 'cross-cutting' approaches. The consultant team concluded that:⁶²

"...given their short life; the strength of the partners whose cultures they were trying to change; the changing political scene in Scotland and the (relatively) modest resources which they had at their disposal, it was unrealistic to expect that they would transform regeneration activity in Scotland. Any future programmes should expect their achievements to be (at least) proportionate to the resources used."

In consideration of other factors that influenced the outcome of repeated waves of regeneration, Robertson, in his discussion of the failure of post war planning to regenerate Glasgow, proposed that Glasgow City leaders and politicians had a propensity to portray Glasgow as a helpless victim of external forces.⁶³ Robertson acknowledged that broader influences did have an important role to play but emphasised that public policy was also significant. He proposed that there was timidity in political thinking in the creation and promotion of a properly considered strategy for the revival of the city, stating:⁶³

"Neither the City Council, nor the Scottish Office, nor its various agencies, are able to articulate what role and function Glasgow should play in the next millennium."

In conclusion, successive waves of area based urban regeneration in Glasgow throughout the 20th Century were deemed to be largely unsuccessful in achieving sustained improvements in physical, social and economic terms for their residents. Section 2 revisits key data from 'Let Glasgow Flourish' and elsewhere that provide evidence of widening disparities in health, income and quality of life between different population groups and evidence that new trends and challenges are emerging.

Reference list

1. Evans R, Stoddart G. Producing health, consuming health care. In: Evans R, Barer M, Marmor T, (editors). *Why are Some People Healthy and Others Not*. New York: Walter de Gruyter; 1994.
2. Hanlon P, Walsh D, and Whyte B. *Let Glasgow Flourish*. Glasgow: GCPH, 2006.
3. Maver I. *Glasgow*. Edinburgh: Edinburgh University Press Ltd; 2000.
4. Smith R. The Industrialisation of the Clyde Valley. In: Smith R&WU, editor. *Strategic planning in action: the impact of the Clyde Valley Regional Plan 1946-1982*. Aldershot: Gower; 1985.
5. Firn J. Industry. In: Smith R&WU, editor. *Strategic planning in action: the impact of the Clyde Valley Regional Plan 1946 - 1982*. Aldershot: Gower; 1985.
6. Smith R&WU. Robustness in Regional Planning: An Evaluation of the Clyde Valley Regional Plan. In: Smith R&WU, editor. *Strategic Planning in Action; The impact of the Clyde Valley Regional Plan 1946-1982*. Aldershot: Gower; 1985.
7. Checkland S. *The Upas Treeand after*. Glasgow: University of Glasgow Press; 1981.
8. Smith R&FE. Housing, Population and Decentralisation. In: Smith R&WU, editor. *Strategic Planning in Action: The impact of the Clyde Valley Regional Plan 1946-1982*. Aldershot: Gower; 1985.
9. Macgregor A. *Public Health in Glasgow 1905-1946*. Edinburgh: E & J Livingstone Ltd; 1967.
10. Glasgow City Council. *Housing in 20th Century Glasgow a collection of source material*. 2000. Glasgow, Produced for the Department of Libraries and Archives, Mitchell Library, North Street, Glasgow G3 7DN.
11. Pacione M. *Glasgow The Socio-spatial Development of the City*. Chichester: John Wiley & Sons Ltd; 1995.
12. McDonald S. Community Planning and Regional Architecture. In: Smith R&WU, editor. *Strategic Planning in Action: The impact of the Clyde Valley Regional Plan 1946 - 1982*. Aldershot: Gower; 1985.
13. Smith R&WU. *Strategic planning in action: the impact of the Clyde Valley Regional Plan 1946 - 1982*. Aldershot: Gower; 1985.
14. Glasgow City Council. *Glasgow City Plan Part One: Development Strategy*. Glasgow: Glasgow City Council, 2003.
15. Grieve R. *Inquiry into Housing in Glasgow*. Glasgow: Glasgow District Council, 1986.
16. Freeke J. *Glasgow City Plan Monitoring. Research Report. Housing Choice Survey 2002. Main Results*. 2005.
17. Scottish Executive Press Release. *Glasgow housing stock transfer finalised*. <http://www.scotland.gov.uk/News/Releases/2003/03/3256> [2003].
18. Audit Scotland. *Council housing transfers*. Edinburgh: Audit Scotland, 2006.
19. Daly G, Mooney G, Poole L, Davis H. Housing Stock Transfer in Birmingham and Glasgow: The Contrasting Experiences of Two UK Cities. *European Journal of Housing Policy* 2005; 5(3):327-341.
20. Great Britain Historical GIS Project. *A vision of Britain through time. A vision of Britain through time website*. http://www.visionofbritain.org.uk/data_cube_table_page.jsp?data_theme=T_IND&data_cube=N_IND_TOT_redist&u_id=10217751&c_id=10090283&add=Y [2007].
21. Arnott J. *Socio-economic change in the Glasgow conurbation. What are the implications for health?* Glasgow: Glasgow Centre for Population Health, 2007.

22. Scottish Executive. Regeneration. The Scottish Government Housing and Regeneration Website: <http://www.scotland.gov.uk/Topics/Housing/regeneration> [2007].
23. Checkland O. Local government and the health environment. In: Checkland O, Lamb M, editors. Health Care as Social History: The Glasgow Case. Aberdeen: Aberdeen University Press; 1982.
24. Edwards M. Who Belongs to Glasgow? 200 Years of Migration. Glasgow: Strathclyde Regional Council; 1993.
25. Checkland O. Maternal and Child Welfare. In: Checkland O, Lamb M, editors. Health Care as Social History: The Glasgow Case. Aberdeen: Aberdeen University Press; 1982.
26. Wilson T. The NHS 1948 - 1980. In: Checkland O, Lamb M, editors. Health Care as Social History: The Glasgow Case. Aberdeen: Aberdeen University Press; 1982.
27. Robertson E. Glasgow's Doctor James Burn Russell 1837-1904. East Linton: Tuckwell Press; 1998.
28. UK Parliament. Notification of Births Act 1907. The UK Statute Law Database <http://www.statutelaw.gov.uk/content.aspx?LegType=All+Primary&PageNumber=86&NavFrom=2&parentActiveTextDocId=1068356&activetextdocid=1068359> [2007].
29. Frizell JB. Education in Scotland-II: The Unit of Administration. Public Administration 1939; 17(3):307-321.
30. The Food Standards Agency. A Force for Change. Appendix 1 - Primary legislation affecting food. London: The Stationery Office, 1998.
31. Dupree M. Medicine in the Community: Integration, Health Centres and the NHS in Scotland 1948-74. Paper presented at Colloquium on 'Scottish Health History: International Contexts, Contemporary Perspectives.' Friday, 20 June 2003, University of Glasgow.
32. Levitt I. TB, Glasgow and the Mass Radiography Campaign in the Nineteen Fifties A Democratic Health Service in Action. Paper presented at Colloquium on 'Scottish Health History: International Contexts, Contemporary Perspectives.' Friday, 20 June 2003, University of Glasgow.
33. Webster C. The National Health Service. A Political History. Oxford: Oxford University Press; 2002.
34. Townsend P, Whitehead M, Davidson N. Inequalities in Health: The Black Report and The Health Divide. London: Penguin Books; 1992.
35. Pollock AM. NHS plc. The Privatisation of Our Health Care. London: Verso; 2004.
36. Glasgow Healthy City Project. Glasgow Healthy City Project 4 years on. The Health of the City: a shared concern. Glasgow: Central Design, 1992.
37. Forwell G. Glasgow's health: old problems, new opportunities. Glasgow: Glasgow: Health Information Unit, 1993.
38. Scottish Office. Working Together for a Healthier Scotland. Edinburgh: HMSO, 1998.
39. Scottish Office. Scotland's Health A Challenge To Us All. Edinburgh: HMSO, 1992.
40. Glasgow Healthy City Project. Working Together for Glasgow's Health: Glasgow City Health Plan. Glasgow: Glasgow Healthy City Project, 1995.
41. The Herald 1995 Jun 6th.
42. Watt G. Differences in Expectation of Life Between Glasgow and Edinburgh. Health Bulletin 1993; 51:407-417.

43. McCrone D. We're A' Jock Tamson's Bairns: Social Class in Twentieth-Century Scotland. In: Devine T, Finlay R, (editors). *Scotland in the 20th Century*. Edinburgh: Edinburgh University Press; 1996. 102-121.
44. Lochhead L. *Bagpipe Muzak*. Harmondsworth: Penguin Books; 1991.
45. Glancey J. New York of the north. *The Guardian* 1999 Jan 18.
46. Martin L. Murder capital paints itself the wrong shade of black. *Observer* 2004 Apr 11.
47. Glasgow City Marketing Bureau. *Glasgow: Scotland with style*. Glasgow: Glasgow City Marketing Bureau, 2006.
48. Wikipedia Inc. Wikipedia: the free encyclopedia. http://en.wikipedia.org/wiki/Main_Page [2006].
49. Brown C. Popular culture and the continuing struggle for rational recreation. In: Devine T, Finlay R, (editors). *Scotland in the 20th Century*. Edinburgh: Edinburgh University Press; 1996. 210-229.
50. Gittings B, Munro D. *Gazetteer for Scotland*. <http://www.geo.ed.ac.uk/scotgaz> [2005]
51. Maver I. The Catholic Community. In: Devine T, Finlay R, (editors). *Scotland in the 20th Century*. Edinburgh: Edinburgh University Press; 1996.
52. Walls P, Williams R. Accounting for Irish Catholic ill health in Scotland: a qualitative exploration of some links between 'religion', class and health. *Sociology of Health & Illness* 2004; 26(5):527-556.
53. The Glasgow Story. Internet. www.theglasgowstory.com. [2005].
54. Wannop U, Leclerc R. Urban Renewal and the Origins of GEAR. In: Donnison D, Middleton A, (editors). *Regenerating the Inner City: Glasgow's Experience*. 1st ed. London: Routledge & Kegan Paul Ltd; 1987.
55. Moore C, Booth S. From Comprehensive Regeneration to Privatisation: the Search for Effective Area Strategies. In: Lever W, Moore C, (editors). *The City in Transition. Policies and Agencies for the Economic Regeneration of Clydeside*. Oxford: Clarendon Press; 1986.
56. Lever W, Moore C. Future Directions for Urban Policy. In: Lever W, Moore C, (editors). *The City in Transition. Policies and Agencies for the Economic Regeneration of Clydeside*. Oxford: Clarendon Press; 1986.
57. Damer S. *From Moorpark to 'Wine Alley.' The rise and fall of a Glasgow housing scheme*. Edinburgh: Edinburgh University Press; 1989.
58. Johnston T, Buxton N. *Structure and growth of the Scottish economy*. London: Collins, 1971.
59. Donnison D. Conclusions. In: Donnison D, Middleton A, (editors). *Regenerating the Inner City: Glasgow's Experience*. 1st ed. London: Routledge & Kegan Paul Ltd; 1987. 272-291.
60. Tarling R, Hirst A, Rowland B, Rhodes J, and Tyler P. Development Department Research Programme Research Findings No 70. *An Evaluation of the New Life for Urban Scotland Initiative*. Edinburgh: Scottish Executive Central Research Unit, 1999.
61. Scottish Office. Scottish Office Press Release. Donald Dewar announces new partnerships to promote social inclusion. http://www.scotland.gov.uk/news/releas98_1/pr0931.htm [1998].
62. ODS Consulting. *An overview of the social inclusion partnership (SIP) programme: a report to Communities Scotland*. Edinburgh: Communities Scotland, 2006.
63. Robertson D. Pulling in opposite directions: the failure of post war planning to regenerate Glasgow. *Planning Perspectives* 1998; 13:53-67.

Section 2: Health Challenges of the 21st Century

The changing face of threats to public health and wellbeing at the beginning of the 21st Century

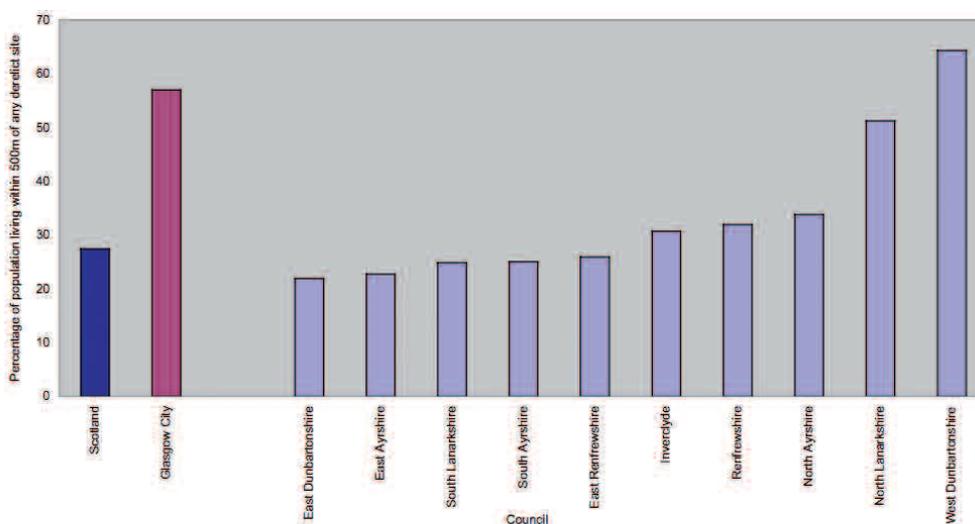
2.1 Introduction

The purpose of this chapter is to take stock of Glasgow's situation at the beginning of the 21st Century. Data will be revisited from the 'Let Glasgow Flourish' report, published in 2006, which painted a vivid picture of Glasgow against a spectrum of indicators.¹ Other sources of evidence will also be drawn upon to assess Glasgow's progress towards its regeneration and health goals such as a good quality physical and social environment; a healthy, well-educated, working population; and a flourishing, cohesive economy.

2.2 Physical environment

Despite almost continuous efforts to regenerate and renew Glasgow's physical environment, many aspects of it still compare poorly with the rest of Scotland and there is marked variation within Glasgow itself. Figure 2.1 shows that, in 2004/2005, over half of Glasgow's population was living within 500 metres of a derelict site. In relation to housing quality, 41,000 properties were estimated to have mould, according to the Scottish House Condition Survey in 2002 and, as discussed earlier, in 2001, the proportion of households in Glasgow lacking basic amenities was over double that of Scotland as a whole.¹

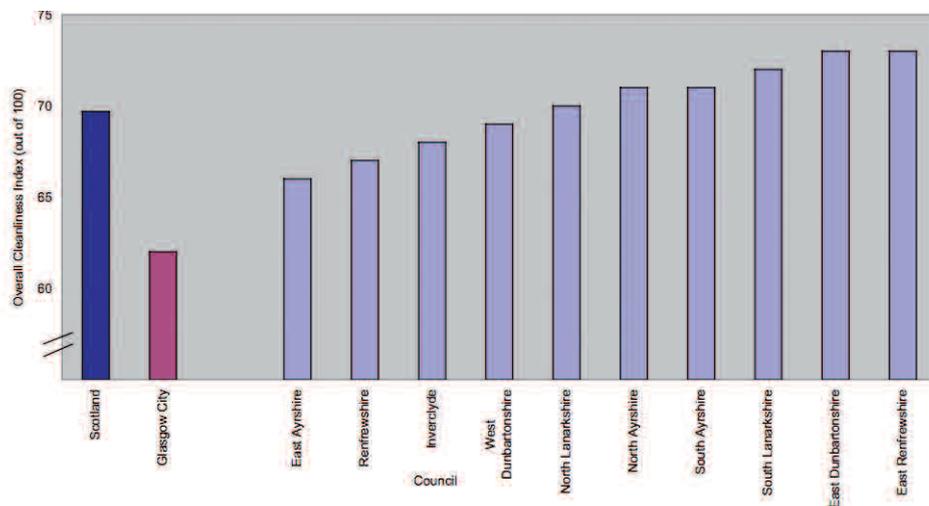
**Figure 2.1: Proximity to derelict sites in 2004
Glasgow, Scotland and West of
Scotland council areas**



Source: Scottish Neighbourhood Statistics (data from Scottish Vacant and Derelict Land Survey).

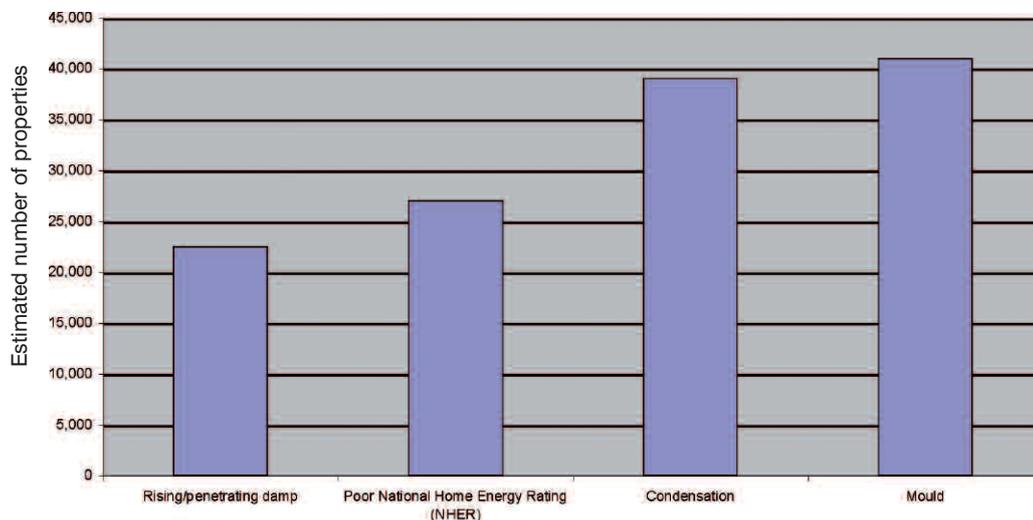
'Keep Scotland Beautiful' created an index of levels of 'cleanliness' of different areas in Scotland in order to monitor progress on environmental quality, cleanliness and litter. According to this index, and as shown in Figure 2.2 below, Glasgow had the lowest overall 'cleanliness' index of all West of Scotland council areas and, according to 'Let Glasgow Flourish' it had the lowest score of all 32 council areas in Scotland.

**Figure 2.2: Cleanliness in 2004/05
Glasgow, Scotland and West of Scotland council areas**



Source: Audit Scotland Performance Indicators (data from Keep Scotland Beautiful).

**Figure 2.3: Dwellings with damp, condensation, mould, and poor energy rating in Greater Glasgow in 2002
NHS Greater Glasgow Area**



Source: Scottish House Condition Survey.

2.3 Social environment

At a city level, perception of safety is an issue for Glasgow residents: in 2003/2004, Glasgow City Council residents were more likely to say that they did not feel safe walking in their neighbourhood alone after dark than residents from other West of Scotland council areas. Figure 2.4 shows that the crime rate in Glasgow as a whole was over a third higher than that for Scotland in 2003. Other research published in Glasgow in 2006 found that the murder rate in Glasgow was nearly three times that of the rest of Scotland.² Overall, more than half of all male murders involved injuries from stabbing and the research team leader commented that knife crime in Scotland was becoming a “public health hazard.”

There are also inequalities in experience of crime: in 2003/2004, residents in more deprived areas of Glasgow were much more at risk of being the victims of violent crime than those from affluent areas.¹ Social and family networks also appear to be weaker in deprived areas of Glasgow. In 2002, Glasgow residents who lived in more deprived areas of the city were three times more likely to say they felt isolated from family and friends.¹

**Figure 2.4: Fear of crime in 2003/04
Glasgow, Scotland and West of
Scotland council areas**

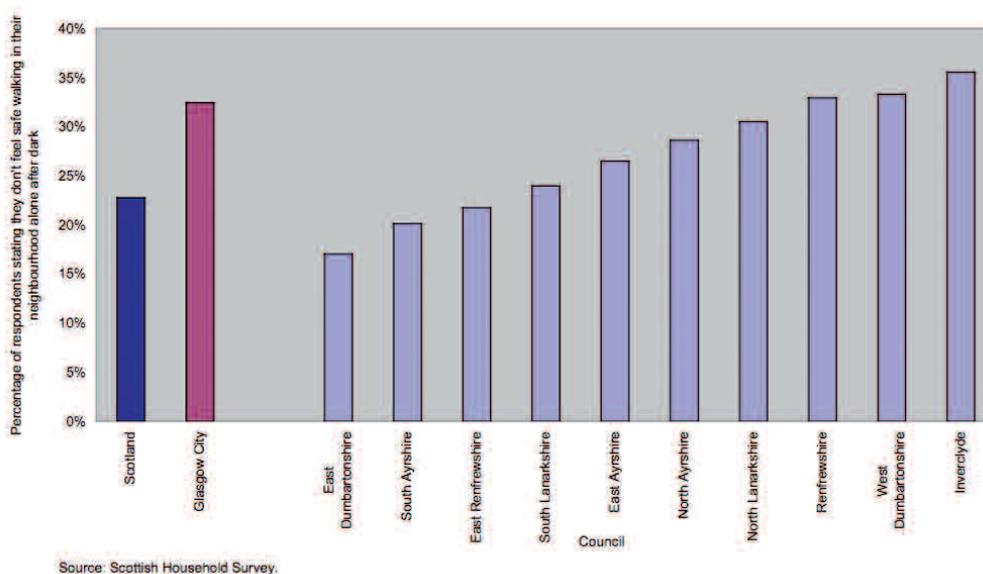


Figure 2.5: Crime rates, 1997 to 2003, Glasgow and Scotland

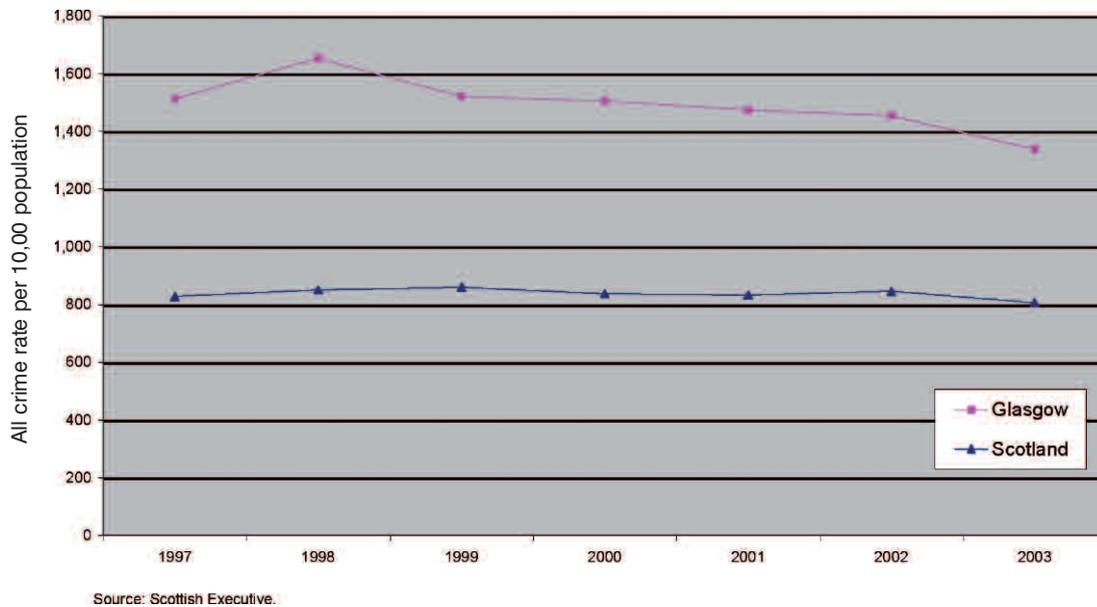
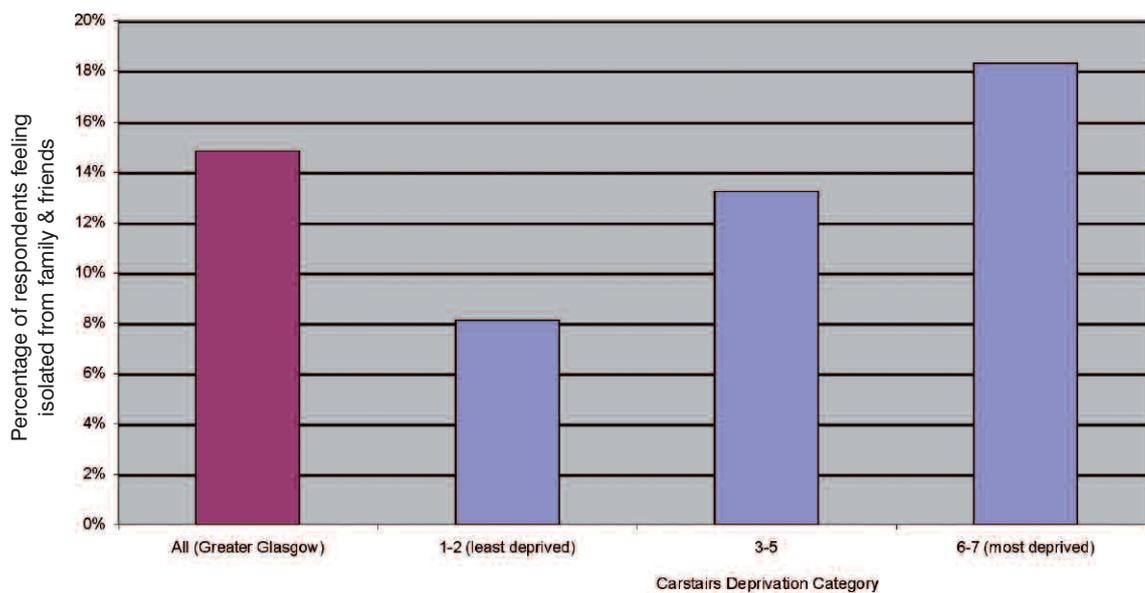


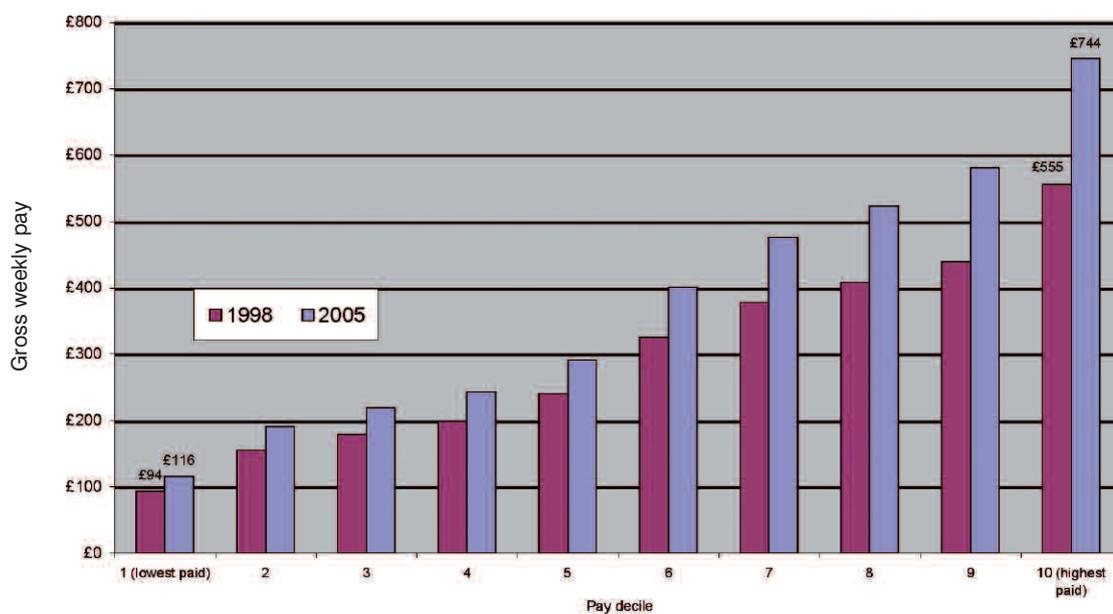
Figure 2.6: Social isolation in Greater Glasgow, 2002, NHS Greater Glasgow Area



2.4 Economic environment

There is no doubt that, as a city, Glasgow has experienced significant economic and employment growth over recent years, particularly in service and retail sectors.³ However, not everyone has benefited. Figure 2.7 shows that the increase in weekly pay for the highest paid employees in Glasgow between 1998 and 2005, (£189), exceeded the weekly wage of the lowest paid employees in 2005, (£116). Employees' wages in the lowest decile increased by only £22 – a stark illustration of the increasing economic divide in Glasgow.

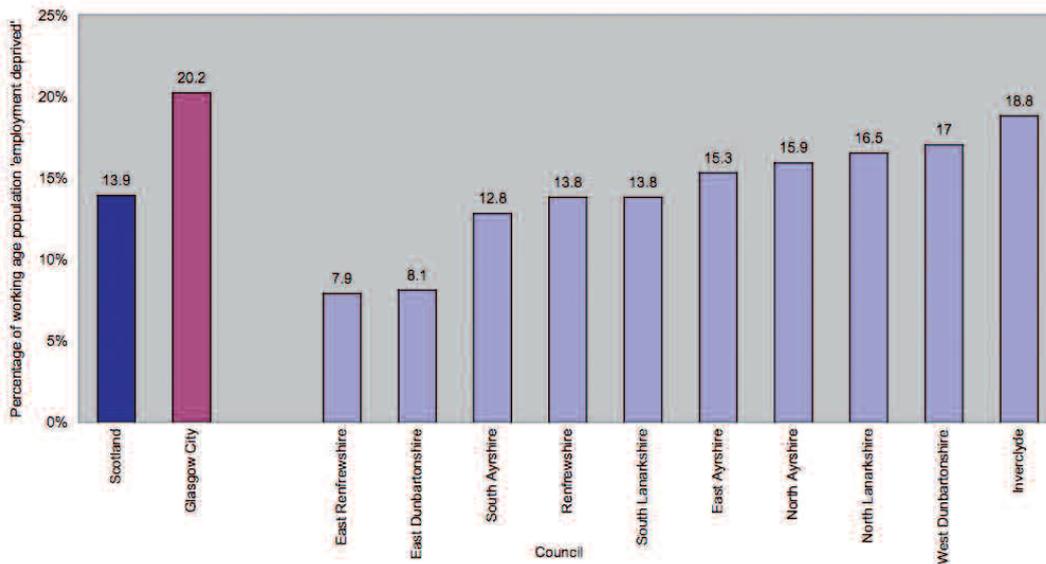
Figure 2.7: Employees' weekly pay in Glasgow, 1998 and 2005



Source: Office for National Statistics (data from Annual Survey of Hours and Earnings).

In 2002, one fifth of the working age population in Glasgow City Council area was classified as 'employment deprived' (not in work due to unemployment, illness or disability), nearly three times the proportion in East Renfrewshire and East Dunbartonshire. Furthermore, by 2004, unemployment rates in Glasgow were still 35% above the Scottish average (although rates had fallen during the previous decade in Glasgow and other West of Scotland council areas).¹

**Figure 2.8: 'Employment deprivation' in 2005
Glasgow, Scotland and West of
Scotland council areas**



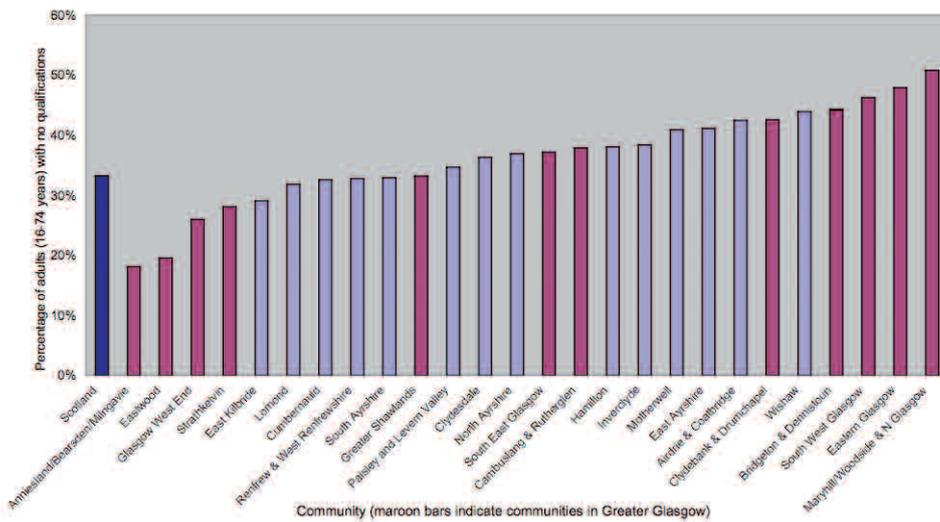
Source: Scottish Neighbourhood Statistics (data from Scottish Index of Multiple Deprivation (SIMD) 2006).

More recent research, published in September 2007, found that nearly one fifth of Glasgow's working age population were claiming incapacity benefit (a sickness related benefit). This proportion was much higher than in any other city in Britain. Mental health problems accounted for 50% of incapacity benefit claims and the majority of claimants had been receiving incapacity benefit for over five years.⁴

2.5 Educational environment

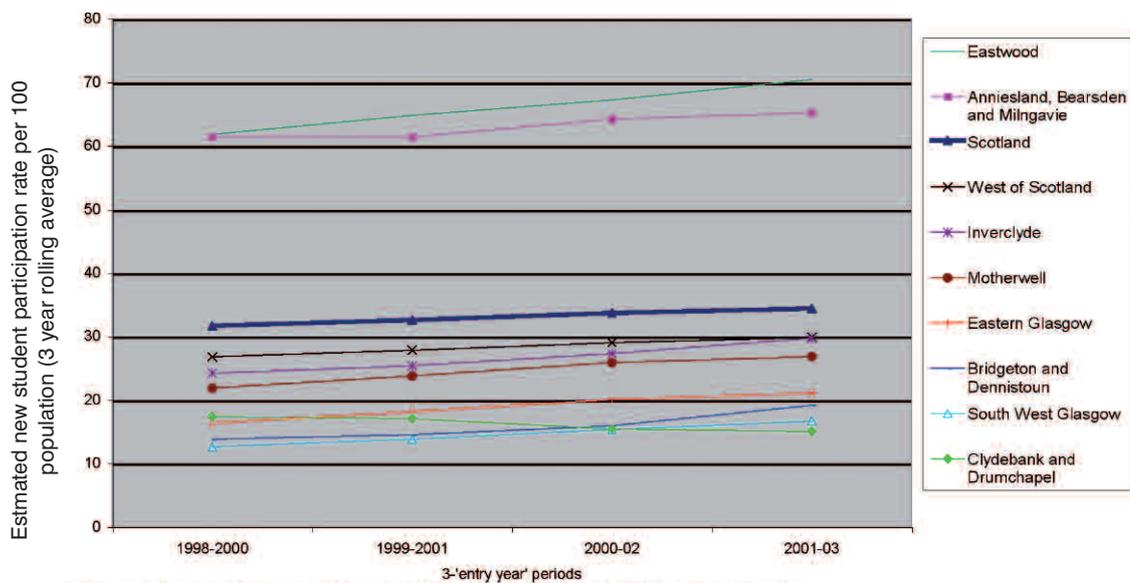
In 2001, in some communities in Glasgow, up to 50% of adults had no qualifications and as little as 15% of young people were engaged in higher education. The gap in new student participation rates between affluent and deprived communities actually widened between 1998 and 2003 (see Figure 2.10 below).

**Figure 2.9: Adults with no qualifications in 2001
Scotland, NHS Greater Glasgow and
West of Scotland communities**



Source: NHS Community Health Profiles (data from 2001 Census).

Figure 2.10: Participation in higher education, 1998-2000 to 2001-03
Scotland and selected NHS Greater Glasgow and
West of Scotland communities

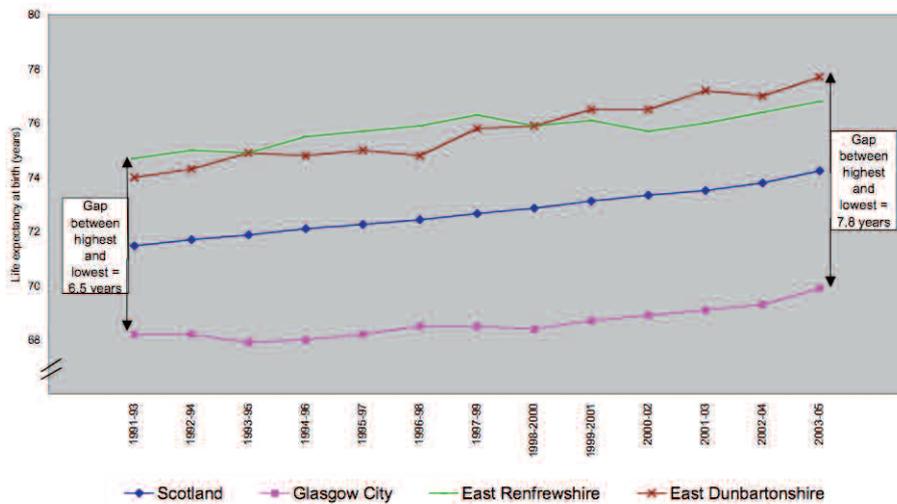


Source: NHSHS (from student data for 17-20 year olds from the Higher Education Statistics Agency (HESA)).
HESA does not accept responsibility for any inferences or conclusions derived from the data by third parties.

2.6 Health and wellbeing

Although there have been improvements in overall life expectancy, and death rates from major diseases like heart disease and cancer have fallen, Glasgow's health is not improving as quickly as in other comparable cities and inequalities in health have been widening. Figure 2.11 shows that between 1991-1993 and 2001-2003, the gap between male life expectancy in Glasgow City Council area and the West of Scotland Council area with the highest life expectancy grew by nearly two years.

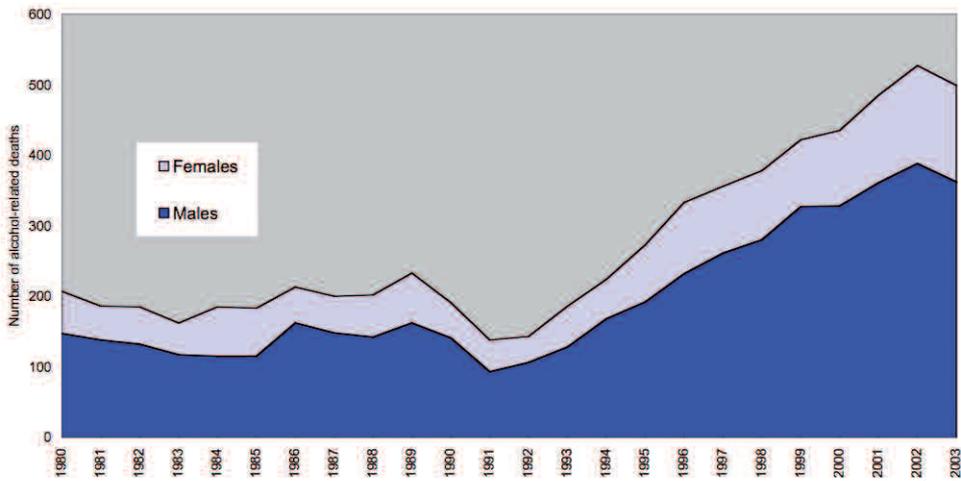
Figure 2.11: Life expectancy in men in Glasgow compared to Scotland and the highest West of Scotland council area, 1991-1993 to 2003-2005



Source: Office for National Statistics (up to 2001-03) and General Register Office for Scotland (from 2002-04 onwards).

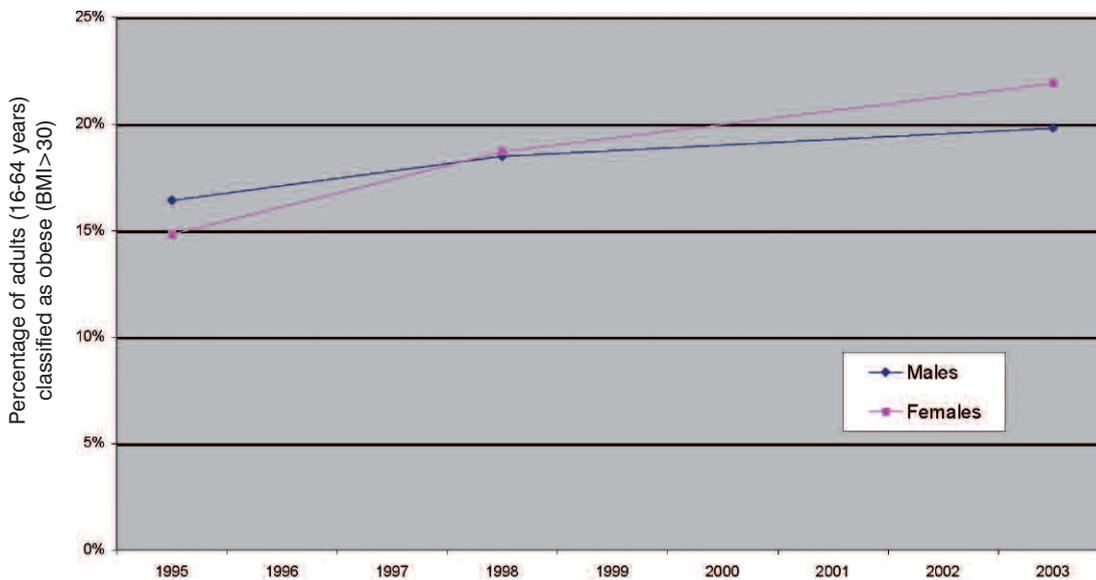
Illness and deaths from epidemics due to infectious diseases in the early 20th Century have been replaced by illness and deaths due to other causes including suicide, obesity, diabetes and alcohol abuse. Inequalities in mental health are evident in Glasgow. Rates of first admission to psychiatric hospital in deprived areas of Glasgow were three times that for affluent areas in 1999-2001.¹ Figure 2.12 shows the stark increase in alcohol related deaths in Glasgow. Figure 2.13 shows that the prevalence of obesity is rising steadily in Glasgow – one fifth of adults were classified as obese by 2003, a 7% increase in women from 1995. Diabetes, a chronic illness associated with obesity has risen sharply in deprived areas of Glasgow, as Figure 2.14 shows.

Figure 2.12: Alcohol-related deaths in Greater Glasgow, 1980 to 2003, NHS Greater Glasgow area



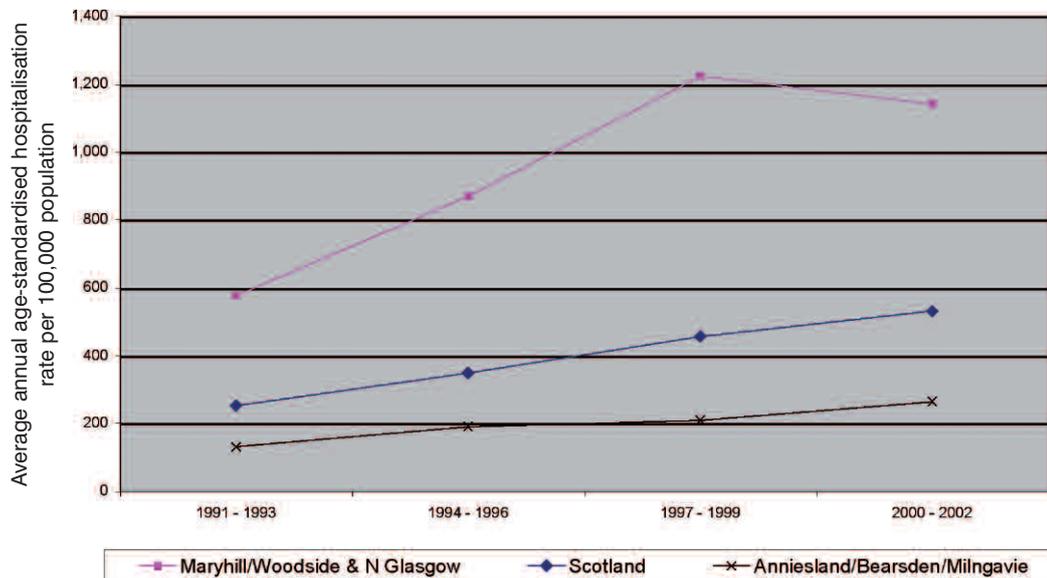
Source: General Register Office for Scotland (alcohol-related deaths defined using principal and 3 secondary causes of death).

Figure 2.13: Prevalence of adult obesity in Greater Glasgow, 1995 to 2003, NHS Greater Glasgow area



Source: Scottish Health Surveys, 1995, 1998 and 2003.

**Figure 2.14: Hospitalisation rates for diabetes, 1991-93 to 2000-02
Scotland and the highest and lowest NHS Greater
Glasgow communities**



Source: NHSHS Community Profiles (SMR01 data from ISD Scotland).

Further analyses carried out by the MRC Social and Public Health Sciences Unit has provided new insights into the relationship between the Glasgow population's poor health profile and poverty.⁵ The research team came to the conclusion that if Glasgow had the same socioeconomic profile as the rest of Scotland, a lot of its excess health problems would disappear. However, they also pointed out that higher rates of acute sickness and mental illness in men in West Central Scotland, Greater Glasgow, and Glasgow City compared with the rest of Scotland were not explained by socioeconomic circumstances. Furthermore, elevated rates of excessive alcohol consumption and binge drinking were features of deprived and non-deprived areas and might be contributing to higher rates of illness and death in men. Finally, the higher rates of long standing illness in West Central Scotland remained after adjustment for socioeconomic factors.

2.7 Conclusion

These data show that many aspects of health and quality of life in Glasgow and its surrounding area compare poorly with the rest of Scotland. There is good evidence that poverty and deprivation still play an important part in determining health outcomes and quality of life for Glasgow residents although not all differences can be explained in this way. Given that one of the tenets cutting through Scottish Governmental strategies and policies is to reduce inequalities, it seems that there is still a long way to go in achieving better and more equitable experience of health and quality of life for all of Glasgow's population. Regeneration and health are issues which cut across many different policies and strategies. Section 3: Current Regeneration Policy maps out the linkages between regeneration and health policy in Scotland at the beginning of the 21st Century.

Reference List

1. Hanlon P, Walsh D, and Whyte B. Let Glasgow Flourish. Glasgow: GCPH, 2006.
2. Leyland AH. Homicides involving knives and other sharp objects in Scotland, 1981-2003. *Journal of Public Health* 2006; 28(2):145-147.
3. Glasgow Economic Forum. A Step Change for Glasgow. Glasgow's Ten-Year Economic Development Strategy. Glasgow: Scottish Enterprise Glasgow & Glasgow City Council, 2006.
4. Brown J, Hanlon P, Webster D, Turok I, Arnott J, and Macdonald E. Turning the tap off! Incapacity benefit in Glasgow and Scotland - trends over the past five years. Glasgow: Glasgow Centre for Population Health, 2007.
5. Gray L. Comparisons of Health-Related Behaviours and Health Measures Between Glasgow and the Rest of Scotland. Glasgow: Glasgow Centre for Population Health, 2007.

Section 3: Current Regeneration Policy

3.1 Introduction

Current policy is driven by concerns about social exclusion. Sections of our population still live in degraded physical environments and are not able to participate fully in the range of employment and social activities available to the majority, despite over one hundred years of regeneration policy. Some of the reasons for this continuing and profound level of social exclusion have been explored in Section 1. This section provides an overview of policy and planning initiatives which were underway at the time of the GoWell baseline surveys in 2006 and how these saw the links between regeneration and population health. Such policies, strategies and plans sought to address complex, interacting problems through a number of routes and policy areas. They were translated to varying extents through the work of practitioners in this area. This section thus provides a high level description of the policies, strategies and plans which influence current regeneration activity in the city, summarised into a series of diagrams (Figures 3.1 to 3.6).

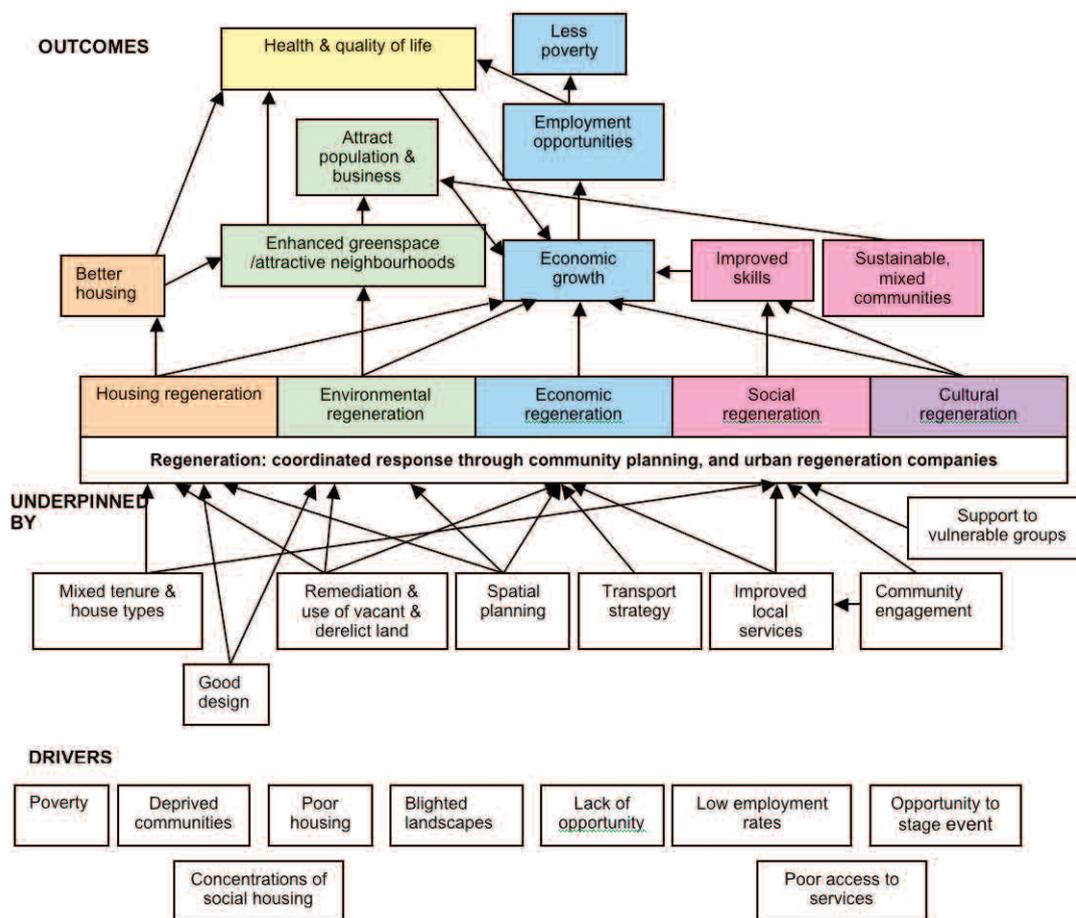
3.2 Policy, strategy and planning context for regeneration at the time the GoWell study was initiated

Regeneration policy and strategy was defined nationally and regionally through the Scottish Executive, Communities Scotland, local authority and regional plans and strategies, and through the plans and strategies of the registered social landlords themselves.

The rhetoric and drive to a more holistic approach towards regeneration and an emphasis on community participation described below reflect learning from previous phases of regeneration, and constitute another cycle in the continuous improvement process. However, as described in the previous section of this report, the success or failure of regeneration is also dependent on economic events which are outwith local control. Whether the policies described below will translate into changes in practice at an operational level, and whether they will result in effective regeneration remains to be seen.

A number of Scottish policies, regional and local plans and strategies of relevance were identified and analysed with respect to the drivers of regeneration, the process of regeneration, and the projected outcomes of regeneration activity in Scotland. In these documents, regeneration was identified as a cross-cutting issue which required a holistic approach on a broad range of fronts. A number of themes were identified in the policies reviewed – these included economic, social, cultural, environmental and housing regeneration and their interlinking drivers and projected outcomes, illustrated in Figure 3.1. In each of the Figures in this section, drivers described the issues listed in the relevant documents as the reasons that regeneration activity was required; underpinnings describe the ways in which such policies, strategies etc seek to influence the regeneration activity; and outcomes describe diagrammatically the stated intentions of such activity. Figure 1 provides a high level summary and subsequent Figures (3.2 to 3.6) provide more detail for each of the elements of regeneration.

Figure 3.1 Regeneration drivers, processes and outcomes



Tackling poverty and disadvantage was identified as a priority early in the life of the devolved Scottish Executive, which was established in 1999. Indeed, the social justice strategy of 1999 identified targets and milestones to address poverty and disadvantage in Scotland. There was a commitment for action at each stage of life, and at the level of communities. The strategy included action to reduce inequalities between communities, and to increase residents' satisfaction with their neighbourhoods and communities.¹ There was a pledge to tackle problems in those communities facing the greatest levels of disadvantage – through (amongst other things) an

integrated approach to strategic planning; community involvement; addressing unemployment and housing problems; and reducing crime rates.¹ These are all themes which were considered and built upon in subsequent policies which addressed regeneration. A cross-ministerial group was established in Scotland with the aims of preventing individuals and families falling into poverty; providing routes out of poverty; and sustaining people and families in a lifestyle free from poverty. These are issues which are tackled in a number of ways in regeneration policy and guidance.

Area regeneration was based on the observation that there were a number of geographically based communities with high levels of deprivation (currently identified as the 15% most deprived datazones in Scotland), where unemployment and economic inactivity levels were high, where people had a higher dependence on public sector services, and where there were barriers to employment and inequalities in opportunity (the “opportunity gap”).³⁻⁵ Such areas also had a higher than the Scottish average level of social rented housing, and poorer residential environments and neighbourhoods.^{4,6}

A number of elements of regeneration were identified in the policy documents included in this review. These included: economic regeneration;^{4,6-13} housing-led regeneration;^{6,7,9,11,13} regeneration of the physical environment;^{4,9,11,13} and regeneration of the social environment (community regeneration).^{4,6,7,9,10,13} Some documents also included cultural regeneration, although this appeared more often in regional and local plans and strategies.^{14,15} Concern with action on, and the interaction between, the social, physical and economic environments mirrors the socio-ecological model of health which identifies health as an outcome of the interaction of these environments with humans.¹⁶

The 2006 Scottish regeneration policy statement⁴ identified regeneration as being about:

- Creating vibrant, safe communities where individuals and families want to live and businesses want to invest and grow;
- Communities which are well planned and well designed;
- Communities with a diverse and attractive environment;
- Communities which provide opportunities for culture and sport;
- Communities with a sense of identity and pride.

The policy, strategic and planning direction for each of the various elements of regeneration: economic, physical, housing, social and cultural are described in turn below.

3.3 Economic regeneration addressing poverty: economic growth and improved opportunity

Sustainable economic growth was identified in a number of policies as the primary priority for the Scottish Executive.^{2,4,12,13,17,18} Economic growth was seen as a mechanism for generating employment opportunities and thereby addressing social deprivation,⁶ and improving quality of life.² It was argued that such development would in turn contribute to national growth,¹² and attract population.⁴ Conversely, economic inactivity was identified as contributing to social exclusion and acting as a barrier to growth.¹³ A strong economy and strong community was described in policy as two sides of the same coin.³ Regeneration was identified as a crucial part of growing the economy.⁴

It was argued that regeneration could drive growth by allowing areas to realise their economic potential through increased business activity, higher employment rates and incomes and a reduction in unemployment rates.¹³ There was also a recognition that there were areas where there was deep rooted social exclusion, characterised by low skills and aspirations, which were largely disconnected from the growth areas within a single city.⁶ These areas were targeted for specific regeneration activity.

The 2006 Scottish regeneration policy statement described regeneration as being about the transformation of places for the better, achieving outcomes for business, people and communities. It was described as taking an approach which ensured that the outcomes of regeneration worked together and reinforced each other to generate economic growth and improve the quality of life within communities.⁴ The outcomes listed included: improved business confidence; increased economic activity and employment and less unemployment; and higher land and housing values. The view of regeneration provided by that policy statement was informed by the UK Treasury’s analysis of the drivers of economic growth and productivity at regional level.⁴

Urban regeneration companies had been proposed and were being piloted in Scotland as innovative delivery vehicles at the start of the GoWell study. These were planned to provide strategic coordination of physical, social and economic regeneration.⁶ None of the first phase of companies covered the Glasgow area. An urban regeneration company was subsequently formed in 2007 to cover the Clyde Gateway area which included areas in the East of Glasgow. In addition, a number of economic development companies were formed with the aim of supporting economic regeneration in specific areas.

Underpinning the drive for economic regeneration was reform of the planning law to speed up investment decisions;⁷ make urban areas more investor-ready,⁴ and unlock the economic potential of existing assets.⁴

A number of policies made clear links between the planning system and regeneration. The 2004 Framework for Economic Development in Scotland acknowledged the planning system as having the ability to facilitate or constrain enterprise and business development and quality of life,¹² and listed encouraging and supporting regeneration as one of the objectives of the planning system. The 2004 National Planning Framework for Scotland identified the enabling of the most disadvantaged communities to benefit from growth and opportunity as one of the key elements of the spatial strategy to 2025.¹¹ The 2006 regeneration policy statement noted land use planning issues which could inhibit regeneration, such as out of date development plans and delayed timing of decisions about major developments.

Local plans and strategies give more operational descriptions of how economic regeneration was to be encouraged in specific areas. As the GoWell study is based within Glasgow, only plans and strategies relating to this area are discussed below. The Glasgow and Clyde Valley Joint Structure Plan published in the year 2000^{15,19} indicated that the management of social, economic and environmental change should be complementary, ensuring that (amongst other things) areas of new economic development were accessible to priority areas of social need and that environmental enhancement was supported for its own sake and also in aid of economic growth and community regeneration.¹⁹ In order to improve access to employment for residents in priority areas, it encouraged additional new industrial and business development at

appropriate locations and improved access to peripheral strategic industrial and business locations. It also described plans for the development of the Clyde waterfront and the Clyde Gateway initiatives,¹⁹ and these have also been identified as priority areas for regeneration nationally,^{4,20} and have been described in more detail in Section 1 of this report. The development strategy of the Glasgow City Plan published in 2003²¹ described specific areas in which it would seek to secure greater industrial and business development: this again aimed to create jobs by planning new development linked to areas of employment need.²¹ It also identified the preparation of local development strategies in consultation with local communities (community engagement) to deliver detailed planning solutions to mobilise the private and public sectors in 'areas of focus'.²¹ Areas of focus for Glasgow included: Drumchapel, Glasgow North, East End, M8 East, South Central, Greater Govan, Greater Pollok and Castlemilk. The objectives within these areas were described as removing constraints to development and creating opportunities for new investment, and facilitating area regeneration in order that areas might become competitive and sustainable.²¹ The City Plan²¹ also identified flagship retail and leisure developments as contributing to regeneration areas.

The 2005 Regeneration Outcome Agreement for Glasgow (ROA)¹⁵ linked its objectives clearly with those of the community plan for Glasgow.²² The latter²² had a "working Glasgow" as an objective, and the ROA had "creating a working Glasgow"¹⁵ - linking this clearly with the national 'Closing the Opportunity Gap' objective of increasing the chances of sustained employment for vulnerable and disadvantaged groups in order to lift them permanently out of poverty. The ROA¹⁵ described a range of strategies to tackle Glasgow's economic regeneration, including:

- A network of local development companies;
- The business gateway providing services to strengthen the business base in Glasgow;
- A welfare to work forum promoting partnerships between initiatives to help individuals into sustainable employment.

Glasgow's ROA targets related to the 15% most deprived datazones in Scotland. For these datazones, Glasgow aimed to: increase the number of people of working age who had a job; increase the employment rate of the working age population; and reduce the proportion of working age residents claiming benefits related to worklessness.¹⁵

The investment planned by the Glasgow Housing Association (GHA) was also identified as an opportunity for economic regeneration within the city.^{23,24} GHA outlined initiatives to create and support employment and training opportunities for Glasgow residents arising from its plans to regenerate social housing within the city. These will be discussed in more detail under both housing-led regeneration, and physical regeneration below.

Transport provides links between deprived communities and employment and other opportunities. The role of transport in economic growth and regeneration was recognised in national policy documents.^{2,12,18,25,26} The 2006 transport strategy for Scotland¹⁸ stated that transport could help unlock the economic and regeneration potential of particular places by connecting people with economic opportunities.

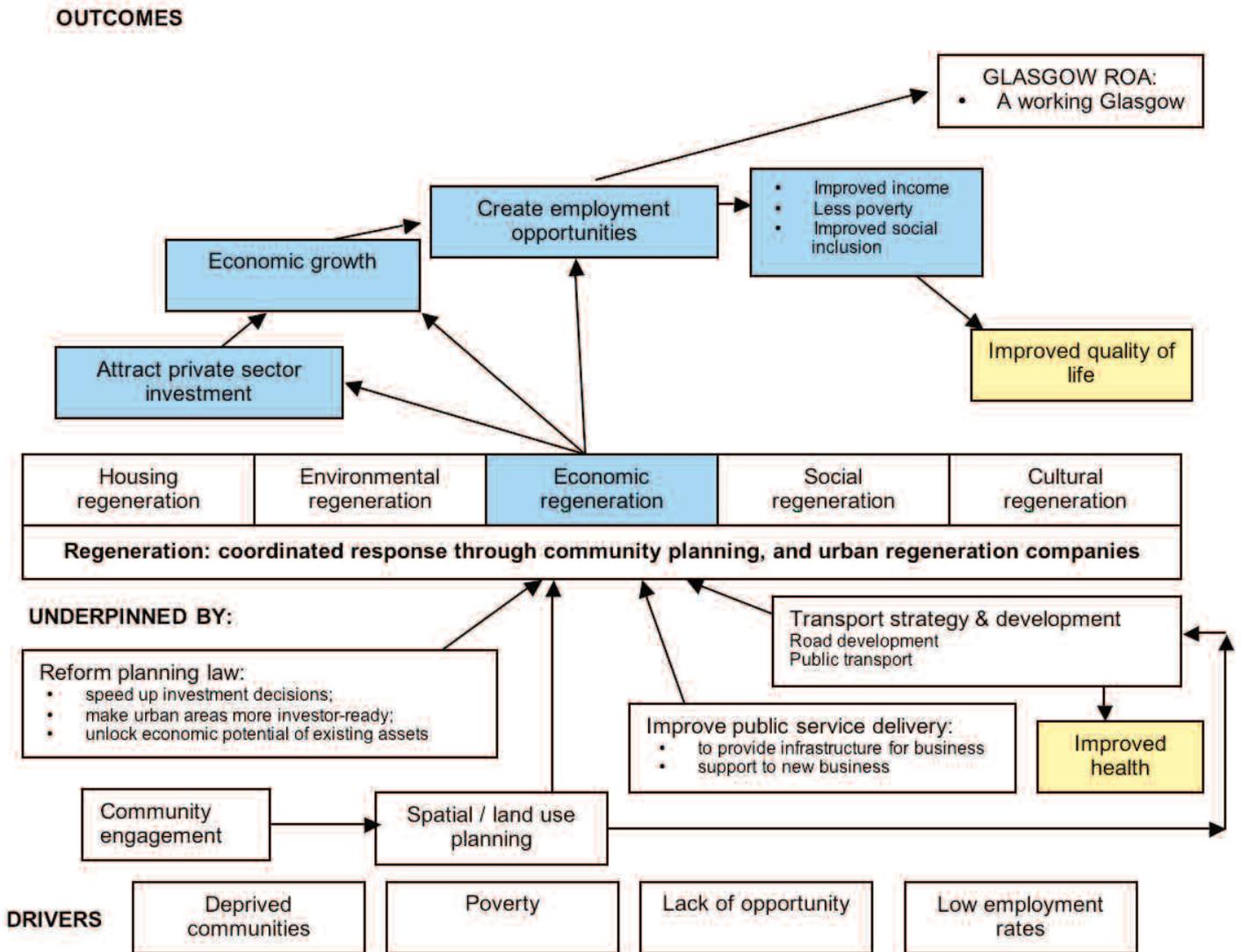
Health improvement was identified as a wider benefit in the 2006 national transport strategy¹⁸ – both as a result of reduced congestion (and thus improved air quality) and by encouraging active travel.

Transport and spatial planning are closely associated. Public investment in transport infrastructure was seen as one of the ways in which the public sector could encourage economic regeneration.⁴ Indeed the Clyde Gateway regeneration project sought to exploit the economic development potential of the new M74 northern extension and East End regeneration road routes.⁴ Locally, these two roads and the Glasgow airport rail link were identified as vital to effective regeneration.^{21,27} Access to public transport was also seen as an important regeneration issue for Glasgow. The ROA¹⁵ included an outcome of increasing access to amenities through better transport services. Its indicators for the 15% most deprived Scottish datazones situated in Glasgow were an increasing proportion of residents within specified distances of bus stops, train and underground stations.¹⁵

In summary (see Figure 3.2), economic growth was one of the main aims of regeneration, as this was seen as a primary method of addressing poverty. Economic regeneration was identified as creating employment opportunities for people living in deprived areas. It was underpinned by spatial planning, and reforms to the planning system, improved public service delivery, and transport strategy and development.

Other elements of regeneration (environment, social, cultural and housing) were also planned to contribute to economic regeneration and economic growth. These are described below.

Figure 3.2 Economic regeneration



3.4 Regeneration of the physical environment addressing blighted landscapes: more attractive and accessible neighbourhoods

Blighted landscapes have been identified as an environmental justice issue for local communities,⁶ and tackling the legacy of dereliction and vacant land was one of the drivers identified within the regeneration policy documents – both to address social injustice⁶ and as an opportunity for economic^{4,6,11} and housing regeneration.⁶ Indeed, the geographic prioritisation of areas (which include the Clyde Waterfront and Clyde Gateway initiatives) for large scale regeneration was based in part on the extent to which concentrations of deprived neighbourhoods and vacant and derelict land could be linked to economic opportunity.⁴

While there was a clear statement that physical development would not on its own revive communities, land and property were seen as central to effective regeneration nationally, and regeneration was seen as being partly about the creation of communities with a diverse and attractive environment.⁴ Scotland's 2006 regeneration policy statement⁴ identified an enhanced natural environment and access to greenspace as outcomes of regeneration activity.

At both national and local levels, one of the major underpinnings of environmental and physical regeneration was the remediation of vacant and derelict land^{8,13,19} to stimulate economic growth and job creation, promote environmental justice and improve quality of life.^{19,26} A vacant and derelict land fund was created nationally to promote remediation.²⁶ The regeneration policy statement made clear links between dealing with contaminated land and addressing health risks associated with the contamination.⁴ As well as the development of housing and business on brownfield sites, greening of vacant and derelict land was also proposed where the supply of such land outstripped demand for housing and business.⁶

Making neighbourhoods more attractive to encourage inward migration of residents³ and businesses^{3,13} was also identified as an important attribute of physical regeneration. Attracting and retaining shops within neighbourhoods was seen as improving the facilities available to residents,³ and an important means of attracting people to live in an area.¹⁴ It was argued that encouraging business development might attract investment to an area and improve employment opportunities. In addition, regeneration initiatives, underpinned by good design and architecture, could provide and maintain a high quality public realm that would attract workforce,⁴ and deliver environmental improvement at a local level. The Executive promoted the greater use of neighbourhood management to deliver particular local services and make neighbourhoods more attractive places to live.³

At the regional level, one of the aims of the Glasgow and Clyde Valley Structure Plan¹⁹ was to sustain and enhance the natural and built environment by the reuse of vacant, derelict and underused land and buildings. It sought to promote the enhancement of the environment, at least in part, in support of economic growth and community regeneration.¹⁹ The greening of the urban area was seen as a way of transforming the image of the area as a place to live, work and visit.

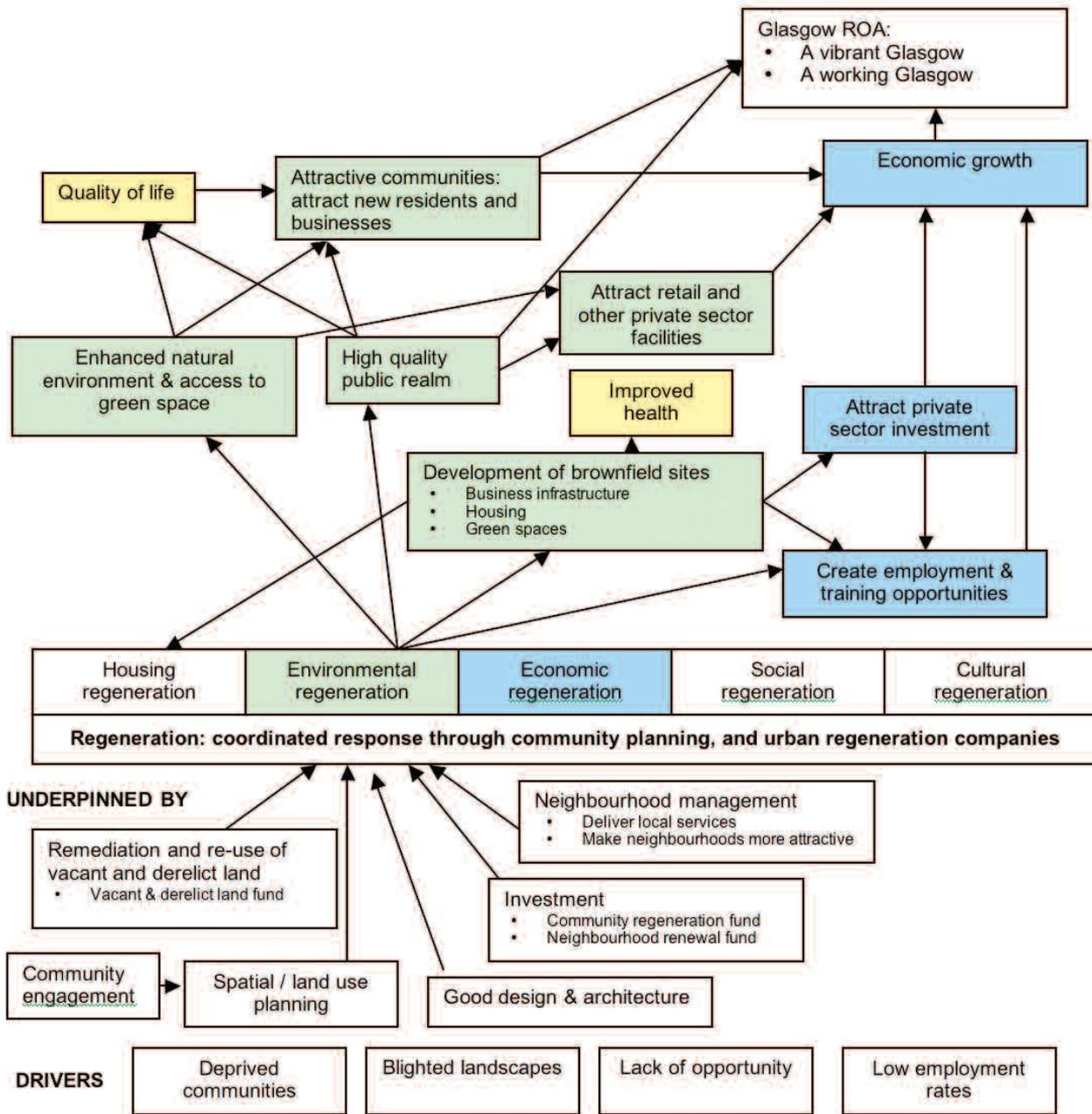
At a local level, strategy also considered the environment around dwellings as an issue for regeneration.¹⁴ Glasgow's ROA,¹⁵ reflecting the community plan,²² aimed to create a vibrant city where people chose to live, work, visit, study and invest.¹⁵ The desired outcome was an increase in the number of residents living in the 15% most deprived Scottish datazones in the city who were happy with the quality of their neighbourhoods.¹⁵

GHA earmarked funding through its neighbourhood renewal fund to resource environmental improvement.²³ Its neighbourhood renewal strategy²⁴ included a theme on attractive environments, with the aim of helping to create more attractive, well maintained and desirable places to live. Actions under this theme included: the design and maintenance of greenspaces and the built environment; the availability of safe play areas; and the availability of community facilities. GHA have established a Neighbourhood Quality Improvement Fund to provide capital resources to address poor quality physical neighbourhoods. The 2006/07 action plan outlined an intention to explore with partners an opportunity to exploit the employment and training opportunities relating to the environmental improvement programme for Glasgow residents.²⁸ The Partnership Environmental Employment Programme led by GHA is being evaluated as a nested study within the GoWell programme.

In summary (see Figure 3.3), regeneration of the physical environment was seen as an important element of the overall regeneration of disadvantaged communities. Such regeneration was seen as:

- Releasing vacant and derelict land for development (industrial, housing, or greenspace);
- Providing training and employment opportunities for residents;
- Improving the quality of life and health of residents and thus retaining population and business activity;
- Making neighbourhoods more vibrant and attractive and thus encouraging inward migration of residents and business;
- Thus contributing to economic regeneration and growth.

Figure 3.3: Regeneration of the physical environment



3.5 Housing-led regeneration addressing poor housing: more mixed, attractive and vibrant neighbourhoods

Historically, addressing poor housing has been one of the drivers of regeneration activity. In the policy documents reviewed, poor housing was identified as one reason that neighbourhoods declined and suffered disadvantage.^{9,10,13} An inadequate or poorly functioning housing market was identified as a constraint to economic growth – through a lack of construction activity and an inability of the labour force to locate to the most appropriate places.¹² Conversely, affordable housing and attractive competitive places were seen as crucial to retaining and attracting people and investment to Scotland.¹³

Housing-led regeneration was based on the observation that many of Scotland's deprived communities lived in neighbourhoods with high levels of poor housing and social housing.⁹ Such neighbourhoods were characterised by low demand and a consequently high rate of empty properties,⁹ which was considered to add further to the perception that they were unattractive places to live. In addition, poor housing often had poor insulation and a lack of affordable heating, which was identified as contributing to fuel poverty. One of the 2003 'Closing the Opportunity Gap' objectives⁹ was the delivery of good quality, sustainable and affordable housing for everyone. Its targets included: improving the supply and quality of the housing stock by providing new and improved dwellings for social rent and low cost ownership; and reducing the number of houses with poor energy efficiency.

Housing investment was identified as an important element of successful overall regeneration.¹¹ The 2005 Scottish housing policy statement⁹ made a clear commitment to ensuring that housing investment was linked with regeneration priorities. It also introduced the concept of housing renewal areas as a way of encouraging a more comprehensive approach in areas of poor or declining housing. The approach identified was a

combination of investment in existing stock to bring it up to reasonable standards, whilst remaining affordable, and demolition and rebuild where appropriate.⁹ The 2004 National Planning Framework for Scotland identified Communities Scotland's development programme for affordable housing as one source of funding to refurbish and replace housing in areas requiring regeneration.¹¹ The transfer of housing stock from council ownership to social landlords was also identified as an important method of increasing the funding available for investment in housing stock.^{2,7-9,29} It was this policy which resulted in the 2003 transfer of housing stock from Glasgow City Council to the GHA following a tenant vote, and the plans for the secondary stock transfer which are discussed in more detail in Section 1 of this report.

Housing-led regeneration also considered the 'wider role' of Registered Social Landlords. This was described as one which went beyond housing and aimed to improve the economic, social and environmental circumstances of their residents.¹⁰ Wider role activities are discussed in the appropriate parts of this section. The current part focuses on housing activity.

Good housing has been identified as a right, not an aspiration for tenants.⁹ The Scottish Housing Quality Standard was introduced in 2004 to drive up the quality of housing generally and to improve housing in regeneration areas.³⁰ At the time of introduction, there was a requirement that all socially rented housing would meet this standard by 2015.³⁰ Compliance with this standard required that dwellings were:³⁰

- Compliant with the tolerable standard;
- Free from serious disrepair;
- Energy efficient;
- Provided with modern facilities and services;
- Healthy, safe and secure.

This standard was also identified as one of the methods by which the Scottish Executive was addressing the issue of fuel poverty in relation to dwellings,⁹ along with funding for insulation and the installation of central heating systems (“Warm Deal” which began in 1999, and the ‘Central Heating Programme’ which began in 2001^{26,31}). There were links between this and the climate change programme for Scotland.³¹

The observations that many of the most deprived communities were situated in neighbourhoods with a very high level of social rented housing, and that neighbourhoods with higher levels of owner occupied housing tended to be more successful and attractive to residents, led to the policy of mixed tenure underpinning housing-led regeneration.^{4,9} The 2005 Homes for Scotland’s People strategy⁹ identified one of the needs for ‘strong safe communities’ as a ‘vibrant mixed tenure housing system’. This view of the importance of mixed tenure was not shared with the Citizens’ Panel of Glasgow – only 10% of panellists rated a mix of housing tenures as an essential criterion in deciding whether to live in an area.¹⁴ However, in policy documents, the provision of mixed housing and tenure was seen as a way of allowing people to move up the property ladder within their home neighbourhood as their income improved, thus contributing to social regeneration.⁴

Spatial planning and re-use of vacant land have both been identified as underpinning housing-led regeneration. These are discussed under economic regeneration, above.

There was a recognition in national policy that investment in the quality and quantity of housing was not enough to ensure sustainable communities and bring lasting improvements to neighbourhoods, and a need for a more coordinated approach through community planning partnerships was identified.⁹ The contribution of housing investment was recognised as having an important role in

community regeneration and there was a commitment to develop guidance for landlords wishing to implement choice based lettings, and in order to identify the key role played by effective housing management in supporting sustainable communities.⁹

Good design and architecture were identified as underpinning regeneration to deliver the overall goal of ‘better places’.⁴

At a regional level, the Glasgow and Clyde Valley Structure Plan¹⁹ reported that it supported all communities, particularly those in priority areas, by focusing strategic action towards improving living standards in terms of housing, access to facilities, environment and health. It also identified the importance of new housing in promoting the overall development and growth of an area. Plans for the Clyde Gateway regeneration initiative included creating up to 4,000 new homes.¹⁹

Within Glasgow, promoting regeneration was one of the aims of the city’s 2003 housing strategy,²⁷ with specific objectives which included:

- Retaining and attracting population, particularly families by ensuring that a full range of housing types, sizes and tenure types was available within the city;
- Pursuing comprehensive development, relating housing to economic, environmental and social improvement;
- Ensuring sustainable housing development; and
- Effective monitoring of demand for social housing (present and future).²⁷

The other aims of this strategy included: raising housing to satisfactory standards at affordable costs; meeting changing housing needs; alleviating homelessness; and ensuring equality of access to housing.²⁷

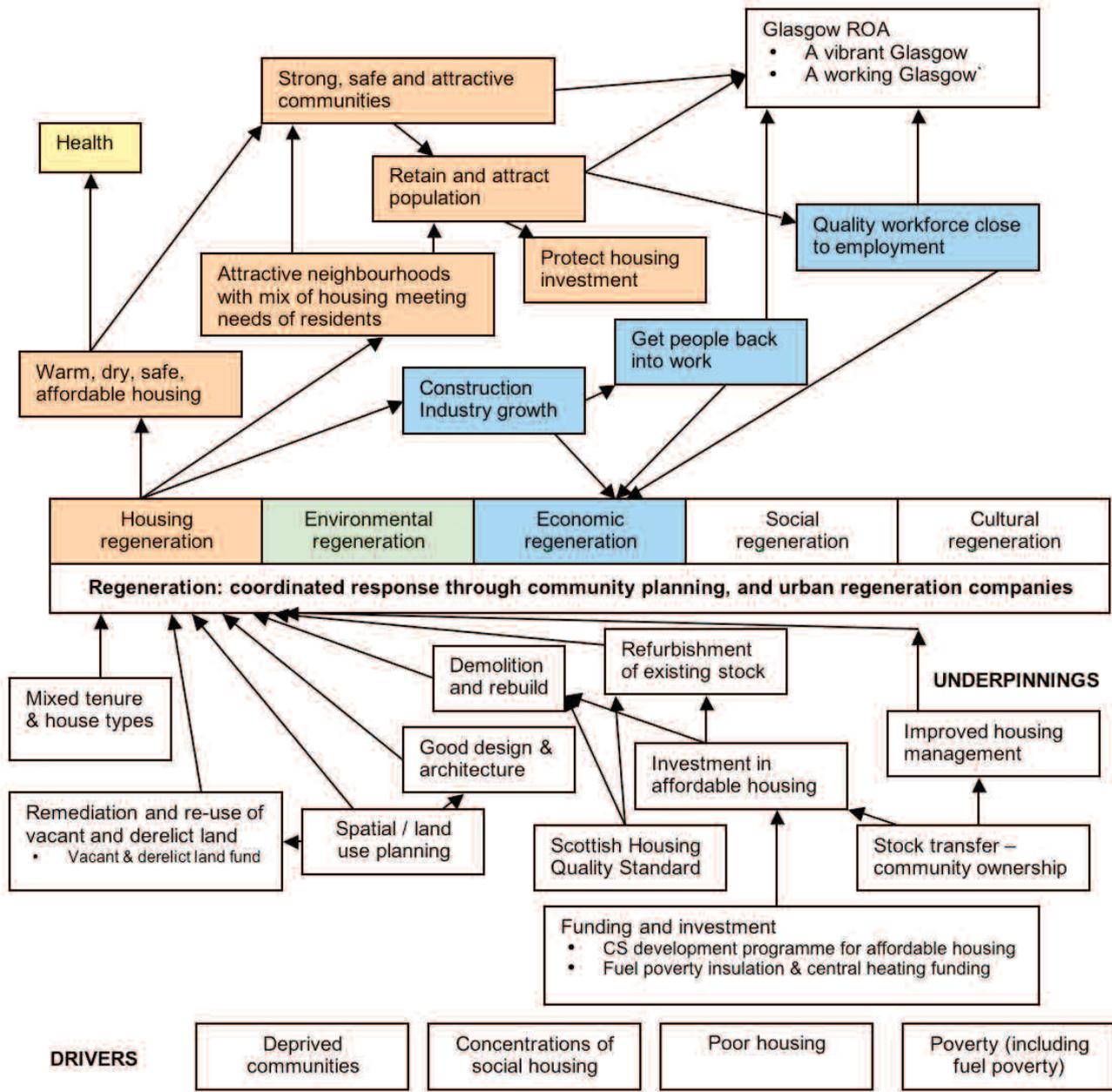
GHA's 2005/06 business plan²³ echoed national strategy in its aspirations for housing-led regeneration and its proposed methods of regeneration, putting forward a strategy of refurbishment or demolition and rebuild as appropriate. This was linked with a major investment programme in housing and wider role activities to support the wider regeneration of areas. The housing association was keen to build on the employment and training opportunities in the construction industry which it saw as resulting from its investment programme.²³ It identified regeneration and neighbourhood renewal activity as a method of attracting and retaining residents and ensuring return on its investment in housing stock.²³ There was recognition that while there was evidence linking poor housing with poor health, there was less clarity about the health impacts of the planned wider improvements to housing, as a result of which the GHA supported the GoWell study. GHA also planned to address health by improving home safety through a combination of design solutions (e.g. thermostatic mixing valves on hot water supplies) and advice to residents.²⁸

In summary (see Figure 3.4), while identifying that housing investment could not in itself bring about community regeneration, it was seen as an important component of overall regeneration activity. The drivers for housing-led regeneration were the observation that areas of high levels of multiple deprivation often had high levels of poor housing and high levels of social housing. Housing regeneration was underpinned by:

- Action to improve housing more widely (action on fuel poverty and on a housing quality standard);
- Stock transfer to community ownership to improve funding where this was agreed by a majority of tenants;
- A combination of housing refurbishment and demolition with rebuild as appropriate;
- Mixed tenure and mixed housing types;
- Release of land and remediation of brownfield sites for housing developments.

The envisaged outcomes of housing regeneration in Scotland were more attractive neighbourhoods which would attract and retain population and therefore a workforce, generating employment opportunities which would lift residents out of poverty. Housing regeneration activity in itself was also seen as an opportunity to create employment and training initiatives that might engage local populations. Attracting and retaining population, allowing residents to move up the property ladder locally as their income increased, was also seen as a means of encouraging social regeneration.

Figure 3.4: Housing regeneration



3.6 Social regeneration: stronger, safer, more attractive communities

A number of policy documents listed social regeneration as part of the holistic response to deprived communities, which were perceived to experience more poverty and social exclusion, and less opportunity than more advantaged areas.^{3-6,11,26} Social regeneration focused on the communities living in such areas rather than the physical structure of housing and neighbourhood, while drawing clear links with these and the economic environment. In 2003, the stated aims of Scottish Executive policy on regeneration were described as: tackling poverty; building strong safe communities; and helping people back into work.¹⁰

Social regeneration focused on: allowing and encouraging community influence on decision making; reconnecting communities with wider opportunities; improving local services; improving the sustainability of communities by enabling people to stay within neighbourhoods as they aged and providing support for vulnerable populations; and addressing lifestyles and behaviours which impact on community and self such as anti-social behaviour, drug use and lifestyle issues which affect health. Many of these issues came under the definition of the wider role of Registered Social Landlords.¹⁰ Each is described in greater detail below.

Community involvement in decision making

Effective community involvement was seen as being an important element of regeneration.^{4,9,11,13,26} Previous cycles of regeneration were considered not to have involved communities in decision making in a genuine way.³ It was reasoned that people were more likely to care about their communities if they had an opportunity to participate in how they were shaped,⁹ and that imposed change was rarely successful beyond the short term.⁴ In the 2002 'Better Communities in Scotland' policy document³ and Regeneration Action Plan,³² the promotion of greater use of neighbourhood management to deliver local services was seen as a key method of ensuring community engagement. There was also a commitment to integrating regeneration and community involvement into the community planning process.³² On a practical level, involving communities in service delivery was seen as

having the advantages of a better local knowledge of needs, greater potential for joined-up solutions and greater motivation of frontline staff, leading to innovation and improved service delivery.⁴

This impetus for community engagement and involvement was taken up in local plans and strategies. For instance, the 2003 Glasgow City Plan²¹ clearly underlined a need for full community and partner consultation in the production of local development strategies. GHA's neighbourhood renewal strategy²⁴ was clear on the need to 'place people at the heart of decision making about regeneration'; their 2005 business plan was also strongly based on the ideal of community involvement in decision making,²³ with a tenant participation strategy providing further detail of how this was to be achieved.³³ Indeed, the GHA identified housing as a catalyst for community engagement.²³

Glasgow's ROA identified three outcomes and indicators associated with community involvement:¹⁵

- Increased community engagement;
- Increased involvement in local community groups;
- Increased proportion of local residents involved in volunteering activities.

Reconnecting communities with wider opportunities

One of the drivers for area regeneration was the identification of areas with deep rooted social exclusion which were characterised by communities with low skills and aspirations and which were disconnected from the opportunities associated with economic growth.⁶ The need to provide education, lifelong learning and training opportunities to people living in these communities to improve skills and access to employment was an ongoing element of economic and regeneration policy and strategy at national^{2-6,8,10,12,13,32} and local levels.^{15,22-24,28,34} The activity described was seen as reconnecting people with the employment market, and improving skills and confidence to allow them to participate more fully in their communities.

Improving local services

Deprived neighbourhoods were identified as having poorer access to services.^{3,18} This was compounded by the observation that people living in deprived communities were seen as being more dependent on public services than other communities.³ Improving and joining up services were seen as important ways of closing the opportunity gap⁸ and contributing to the regeneration of communities.^{3,5,9,11,26} They were also identified as the most direct way to influence the quality of the residents' lives within these areas,^{2,32} thus contributing to the goal of 'stronger safer communities'.² The priorities in 2003 were improvements to the effectiveness of health, housing, transport, justice and employment services.³² In 2005, the services listed included education, health and neighbourhood services such as street cleaning, roads and lighting and policing.²⁶

Community planning, neighbourhood management, partnership working,⁴ and urban regeneration companies have variously been identified as ways of improving local service provision.

At a local level, the GHA published plans for improving housing services which included community participation. It aimed to improve housing quality by investment in stock and cyclical maintenance; to improve services to residents; and to improve neighbourhood standards and management.²³ Local services associated with the organisation's 'wider role' will be discussed in more detail below.

Enabling people to stay in communities and providing support for vulnerable populations

Providing neighbourhoods which offered a mixture of housing and tenure types^{4,9} has been identified as a method of improving the attractiveness of neighbourhoods and thus retaining and attracting population. This was seen as contributing to overall goals of building communities where people wanted to live and where they could grow up, bring up their children and retire,³ thereby offering them a better quality of life and improved

standards of health (amongst other things).³ Creating more mixed, stable and sustainable communities, generating renewed community confidence, and promoting equality were all seen as outcomes of regeneration.⁴ Locally, Glasgow's plans and strategies at this time sought to provide mixed housing and tenure types.^{21,23,27}

In addition, as part of its wider role initiatives, GHA²⁴ outlined a number of services to support more vulnerable populations, and allow them to stay within communities as they aged. GHA argued that these services would improve quality of life, maintain health and wellbeing of their residents; and assist in tackling the problem of rent arrears. The areas outlined included for elderly (and in some cases vulnerable) tenants, the provision of:

- A targeted home safety and security package;
- A free handyperson service to undertake small jobs in the home;
- Promotion of benefit uptake.

There were also plans to develop appropriate support packages for young tenants to help them maintain their tenancies and therefore reduce the risks of homelessness.²⁴

GHA identified tackling exclusion from mainstream financial services as an important theme in its wider action role.²⁸ This included working with partners (including mainstream banks and credit unions) to provide basic banking services and finance and credit advice to tenants, in order to address rent arrears and reduce the risk of eviction and homelessness.²⁸ It also identified actions to address fuel poverty, both by changes to the fabric of the dwelling and by providing advice to tenants on the efficient and effective use of heating systems.²⁸

Addressing lifestyles and behaviours

Levels of crime and fear of crime within communities were perceived to influence the reputation of a neighbourhood and its success in attracting population. Anti-social behaviours such as littering, graffiti and noise affected the physical environment of neighbourhoods. In 2002, one of the aspirations for better communities was to create communities where people feel safe in their homes and their neighbourhoods.³ Indeed, one of the 'Building a Better Scotland' objectives was building stronger, safer communities through regeneration and tackling anti-social behaviour.² This was to be achieved through a combination of an improved justice system and anti-social behaviour legislation and action.

At a local level, the ROA for Glasgow¹⁵ identified 'creating a safe Glasgow' as one of its key objectives. This was derived from the Community Plan goal of creating a safe Glasgow by reducing crime, the fear of crime and substantially improving accident prevention.²² The ROA argued that creating a safe Glasgow would go some way to creating the 'feel good' factor required in a vibrant city.¹⁵ The specific outcomes for the target areas (15% most deprived data zones in Scotland) included reductions in:

- Anti-social behaviour;
- The number of crimes, in particular those associated with substance misuse;
- Levels of discrimination and victimisation among those living in Glasgow.

GHA identified improving the contribution of home security and enhancing community safety to a better quality of life within their neighbourhoods.²⁴ It also saw this as a key issue for the financial health of the organisation. This was because safety concerns were seen as one of the contributing factors to low demand from some segments of the population for housing from the GHA; anti-social behaviour could result in the creation of environmental nuisance which could in turn lead to reduced housing demand; the time and resources used in tackling litter, graffiti, and vandalism (some of the end results of anti-social behaviour).²⁴ Actions to address anti-social behaviour included:

- Creating a dedicated GHA neighbour relations team;
- Contribution to Glasgow's anti-social behaviour task force;²⁴
- Working towards creating more secure homes for tenants;^{24;28}
- Designing neighbourhoods to reduce levels of crime and opportunities of crime;^{24;28}
- Youth diversion – supporting activity aimed at reducing youth disorder in neighbourhoods.²⁸

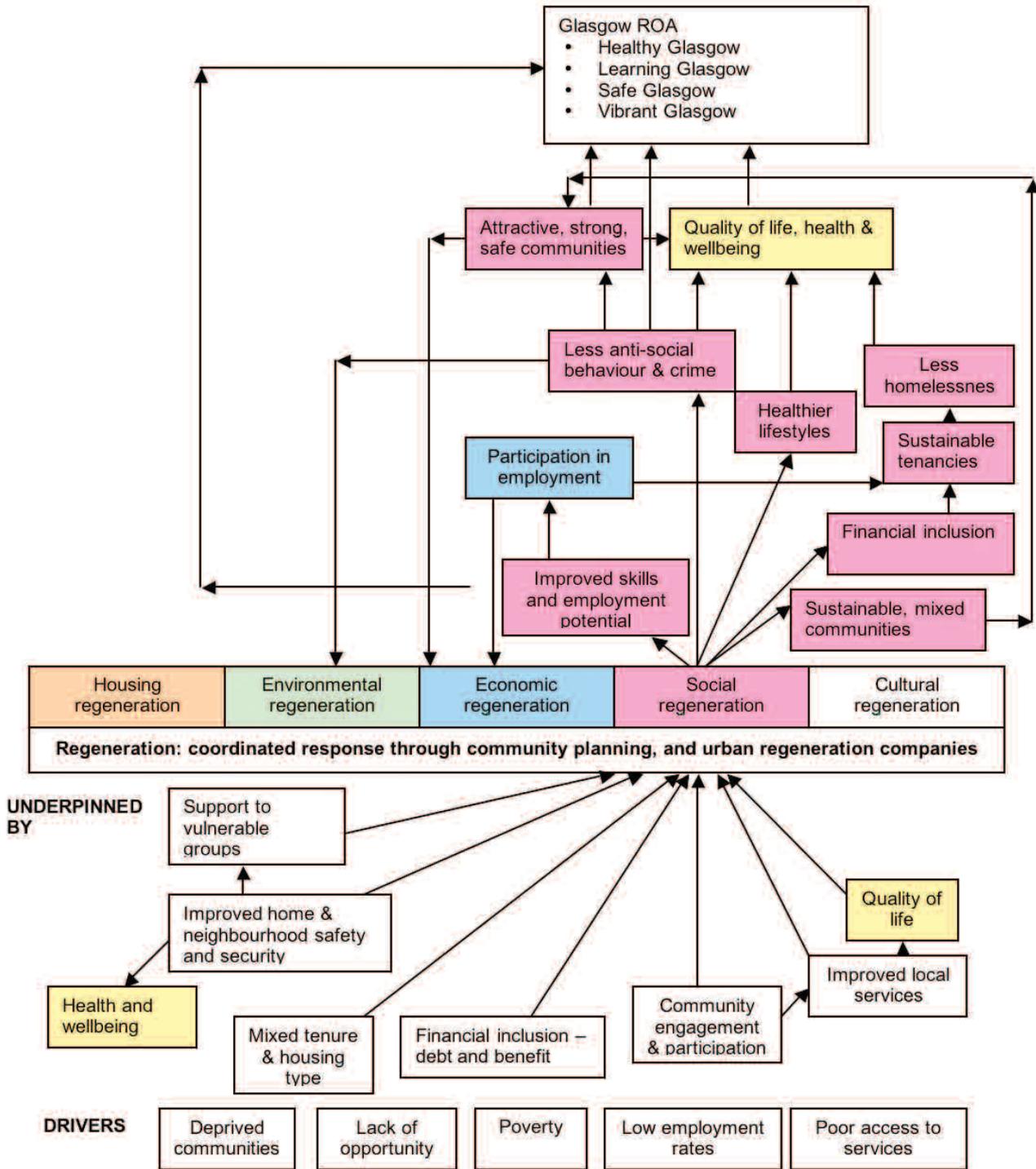
The health focus for Glasgow's ROA¹⁵ was on lifestyles and health behaviours. The identified outcomes were reduction in the number of people with health problems, particularly as a result of drug or alcohol misuse; an increase in the opportunities for people to engage in active and healthy lifestyles; and a reduction in the number of people whose lives were affected on a long term basis by mental illness.

In summary (see Figure 3.5) social regeneration focused on:

- Allowing and encouraging community influence on decision making;
- Reconnecting communities with wider opportunities, particularly for employment, by providing education and training;
- Improving local services to provide support for residents;
- Enabling people to stay within neighbourhoods to create more sustainable mixed communities; and,
- Tackling anti-social behaviour, crime and other behaviours which affect individual health and wellbeing.

These actions were thought to strengthen communities, imparting improved social capital and quality of life and a population with improved readiness for employment. They were also seen as improving community sustainability by creating more mixed communities and improving tenant sustainability, thus proactively addressing the issue of homelessness.

Figure 3.5 Social regeneration



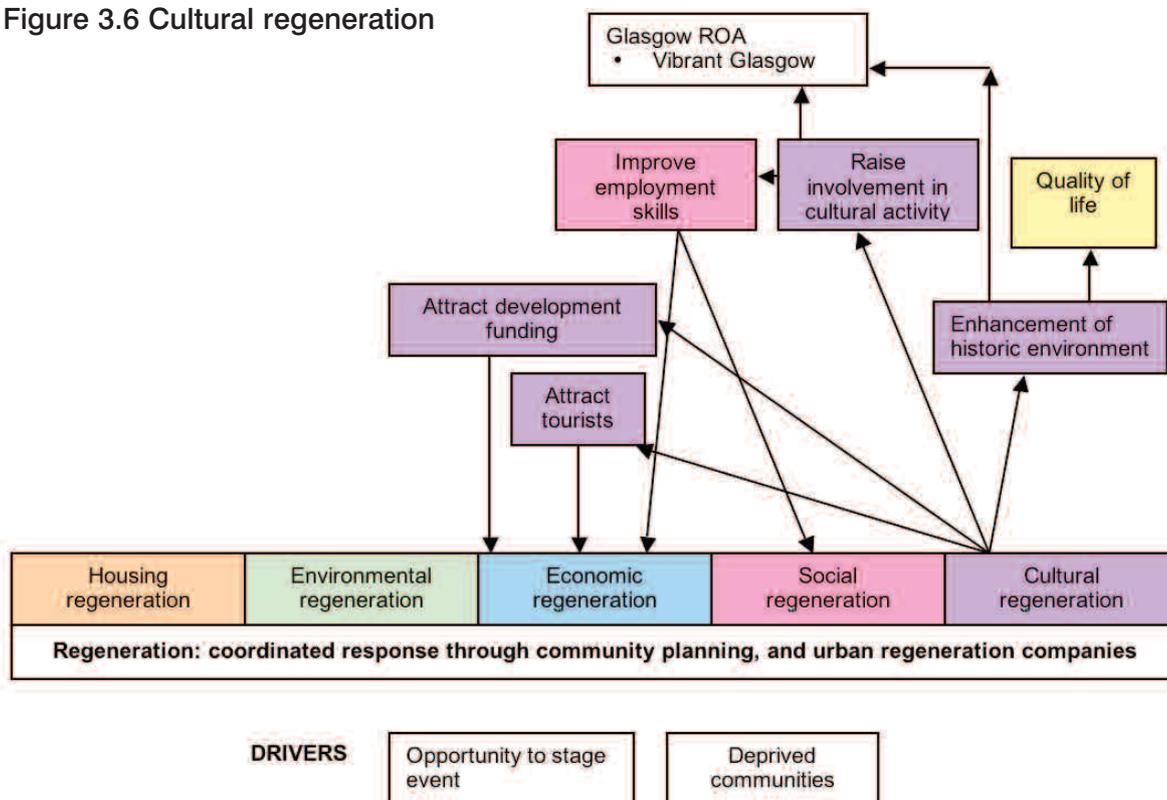
3.7 Cultural regeneration

Cultural regeneration was not a phrase used in any of the national documents reviewed, although a number did outline the economic importance of culture,^{2,4,6,12} and its importance in creating a 'city buzz' or vibrancy and thereby attracting tourists.⁶ The framework for economic development also identified cultural activity as helping young people to develop a range of important skills which would equip them for employment.¹² The 2006 regeneration policy statement⁴ identified culture and sport as important drivers of regeneration and also argued that they could be used to enliven regeneration plans and projects and involve communities. National support for Glasgow's 2014 Commonwealth Games bid was cited as an example of culture and sport driving regeneration.

Cultural regeneration was identified in Glasgow's ROA,¹⁵ and the housing strategy update of 2005¹⁴ referred to its presence in the city plan of December 2003. Conservation-led regeneration and the enhancement of the historic environment were identified in the Glasgow and Clyde Valley Joint Structure Plan as contributing to the improvement of the quality of life of communities.¹⁹ The Community Plan²² had a target of increasing the proportion of residents who participated in sport by 4% each year.

In summary, cultural regeneration was seen as an opportunity to drive other regeneration activity. Participation in cultural activity (which included sport) was seen as a way of developing skills which could be used in the workplace. It was also seen as a means of involving communities in regeneration activity and a way of enlivening regeneration plans and projects (see Figure 3.6).

Figure 3.6 Cultural regeneration



3.8 Regeneration outcomes

Regeneration was seen as contributing to economic growth.^{4,13} Strong communities (one of the intended outcomes of social regeneration) were seen as a means of ensuring that the economy was able to exploit the widest range of talent across the population.^{6,13,26} Good quality housing was also seen as lying at the heart of improving quality of life and supporting policies on health, regeneration and economic growth.⁹

An accelerated and sustainable rate of economic growth would, it was reasoned, improve the health^{12,18} and quality of life of the population,² by allowing people to take advantage of job opportunities,^{2,5,17} and would thus also address poverty. Delivering improved quality of life was in turn seen as a method of boosting population.⁴

Improved health was identified as an outcome of regeneration.^{3,5} Good health was in turn seen as a way of improving the performance of the Scottish workforce,^{12,35} while ill health would impose significant costs in terms of lost working time, lost output and less productive working time.¹²

3.9 Conclusion

The policy context at the time that the GoWell study commenced was based on a more integrated approach to the economic, social, environmental, housing, and cultural regeneration of areas of deprivation, underpinned by effective community engagement. These moves show development from previous cycles of regeneration, but the effectiveness of such a holistic approach had still to be evaluated. Studies on policy makers' and practitioners' views of current regeneration activity and links to health; and on governance and community engagement and participation are both being undertaken as part of the GoWell programme, and results from these will be reported separately.

Reference list

1. Scottish Executive. Social justice - a Scotland where everyone matters. <http://www.scotland.gov.uk/Publications/1999/11/4174/File-1> [1999].
2. Scottish Executive. Building a better Scotland: spending proposals for 2005-2008: enterprise, opportunity, fairness. <http://www.scotland.gov.uk/library5/enterprise/babs-00.asp> [2004].
3. Scottish Executive. Better communities in Scotland: closing the gap. <http://www.scotland.gov.uk/library5/social/bcis-00.asp> [2002].
4. Scottish Executive. People and place: regeneration policy statement. <http://www.scotland.gov.uk/Publications/2006/06/01145839/0> [2006].
5. Scottish Executive. People and society: closing the opportunity gap. <http://www.scotland.gov.uk/topics/people/social-inclusion/17415/opportunity/Q/ViewArchived/On> [2005]
6. Scottish Executive. Building better cities. Delivering growth and opportunities. <http://www.scotland.gov.uk/Publications/2003/01/16094/16171> [2003].
7. Scottish Executive. A partnership for a better Scotland. <http://www.scotland.gov.uk/library5/government/pfbs-00.asp> [2003].
8. Scottish Executive. Closing the opportunity gap: Scottish budget for 2003 to 2006. <http://www.scotland.gov.uk/library5/finance/ctog-00.asp> [2003].
9. Scottish Executive. Homes for Scotland's people. A Scottish housing policy statement. <http://www.scotland.gov.uk/library5/development/hfsphp-00.asp> [2005].
10. Communities Scotland. Regenerating Communities: The role of registered social landlords. http://www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/cs_006096.doc [2003].
11. Scottish Executive. National Planning Framework for Scotland. <http://www.scotland.gov.uk/Publications/2004/04/19170/35317> [2004].
12. Scottish Executive. The framework for economic development in Scotland. <http://www.scotland.gov.uk/Publications/2004/09/19872/42430> [2004].
13. Scottish Executive. A Smart, Successful Scotland: Strategic direction to the Enterprise Networks and an enterprise strategy for Scotland. <http://www.scotland.gov.uk/Publications/2004/11/20246/46568> [2004].
14. Glasgow City Council. Glasgow's local housing strategy 2003-2008. Update 2005: Achieving better homes, better communities, better lives. http://www.localhousingstrategy.glasgow.gov.uk/LHS_update.pdf [2005].
15. Glasgow Community Planning Partnership. Regeneration outcome agreement 2006-2008. http://www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/otcs_011399.pdf [2005].
16. Evans R, Stoddart G. Producing health, consuming health care. *Social Science and Medicine* 1990; 31(12):1347-1363.
17. Scottish Executive. Choosing Our Future: Scotland's Sustainable Development Strategy. <http://www.scotland.gov.uk/Publications/2005/12/1493902/39032> [2005].
18. Scottish Executive. Scotland's National Transport Strategy. <http://www.scotland.gov.uk/Publications/2006/12/04104414/11> [2006].

19. Structure plan joint committee. Glasgow and the Clyde Valley joint structure plan. Collaborating for success 2000. 2000.
20. Scottish Executive. Regeneration: Priority areas (printout of website page). <http://www.scotland.gov.uk/Topics/Housing/regeneration-/priority-areas> [2006].
21. Glasgow City Council. Glasgow City Plan Part 1 Development Strategy. 2003. Glasgow, Glasgow City Council.
22. Glasgow Community Planning Partnership. Our vision for Glasgow. Community Plan 2005-2010. <http://www.glasgowcommunityplanningpartnership.org.uk/index.cfm/page/99/> [2006].
23. Glasgow Housing Association. Better homes, better lives. GHA business plan 2005/06. <http://www.gha.org.uk/content/mediaassets/doc/GHABusinessPlan0506.pdf> [2005].
24. Glasgow Housing Association. Neighbourhood renewal strategy 2005-2007. http://www.gha.org.uk/content/default.asp?page=s1_7_1 [2005].
25. Scottish Executive. Scotland's transport future. <http://www.scotland.gov.uk/library5/transport/stfwp-00.asp> [2004].
26. Scottish Executive. Building a better Scotland: infrastructure investment plan: investing in the future of Scotland. <http://www.scotland.gov.uk/Publications/2005/02/20756/53553> [2005].
27. Glasgow City Council. Glasgow's local housing strategy 2003-2008. http://www.localhousingstrategyglasgow.gov.uk/pdf/lhs_23-04-04.pdf [2003].
28. Glasgow Housing Association. Wider action: action plan 2006/07. <http://www.gha.org.uk/content/mediaassets/doc/actionplan0607.pdf> [2006].
29. Scottish Executive. Building a better Scotland. Spending proposals 2003-2006: What the money buys. <http://www.scotland.gov.uk/library5/government/babs-00.asp> [2003].
30. Communities Scotland. The Scottish Housing Quality Standard: delivery plan guidance and assessment criteria. http://www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/cs_007224.pdf [2004].
31. Scottish Executive. Changing our ways. Scotland's climate change programme. <http://www.scotland.gov.uk/Publications/2006/03/30091039/0> [2006].
32. Scottish Executive. Community Regeneration Statement: Implementation of Action Plan. <http://www.scotland.gov.uk/Publications/2003/01/16087/16090> [2003].
33. Glasgow Housing Association. Tenant participation strategy 2005/07. http://www.gha.org.uk/content/mediaassets/doc/GHA_TPS2005.pdf [2005] [cited 2006 Jan. 11];
34. Glasgow City Council. Education services Service Plan 2004/2007. http://www.glasgow.gov.uk/en/YourCouncil/PolicyPlanning_Strategy/ServiceDepartments/Education/ [2004].
35. Scottish Executive. Improving health in Scotland: The challenge. <http://www.scotland.gov.uk/library5/health/lhis-00.asp> [2003].

Section 4: Regenerating Glasgow Today?

Glasgow in 2006/07, highlighting major regeneration initiatives

4.1 Introduction

The previous section explored the national, regional and local policy context at the time of the baseline studies for GoWell, and the ways in which these envisaged links between regeneration in all its forms and health. At this point, it is important to reflect on whether the policy set out in Section 3 is likely to deliver improved health and wellbeing and reduced inequalities for the people of Glasgow. This section describes the major regeneration activities on the ground that were actually in place or planned for the city during this period. This description is not exhaustive but gives a sense of the comparative scale and place of the Glasgow Housing Association (GHA) plans compared with other major developments.

The areas defined by particular regeneration plans appeared fluid. For instance, the Clyde Waterfront plans included areas identified in other documents as being located in the city centre.¹ In addition, GHA plans were visible within the integrated plans of other regeneration initiatives. This chapter provides a description of some of these major regeneration initiatives running alongside and, in some cases, including the regeneration and housing renewal activity of GHA in the early 21st Century.

4.2 GHA's regeneration and housing renewal activity

GHA came into existence in 2003 with a major stock transfer of social rented housing from Glasgow City Council. Its plans for its housing stock were influenced by contracting demand for social rented housing and an expansion in home ownership and the private rented market.^{2,3} The 2005 update of Glasgow's Local Housing Strategy projected an 11% fall in the levels of social rented housing between 2004 and 2010 (from approximately 121,000) and an 18% rise in private sector housing (from approximately 168,000) between 2004 and 2011.³

In its 2005 plan, GHA stated it would demolish 22% of its opening stock (16,237 dwellings) and projected a loss of a further 7% through right to buy.⁴ GHA planned to build 3,000 new dwellings over the same period, thus replacing 14% of its projected losses.



In terms of investment, in 2007, GHA identified that it had access to £814 million of public money, and a further £725 million from private borrowing at transfer.⁵ Of this, it had allocated £114 million to demolitions, £113 million to new homes; £21 million to central heating; and £100 million to capital works for owner occupiers.

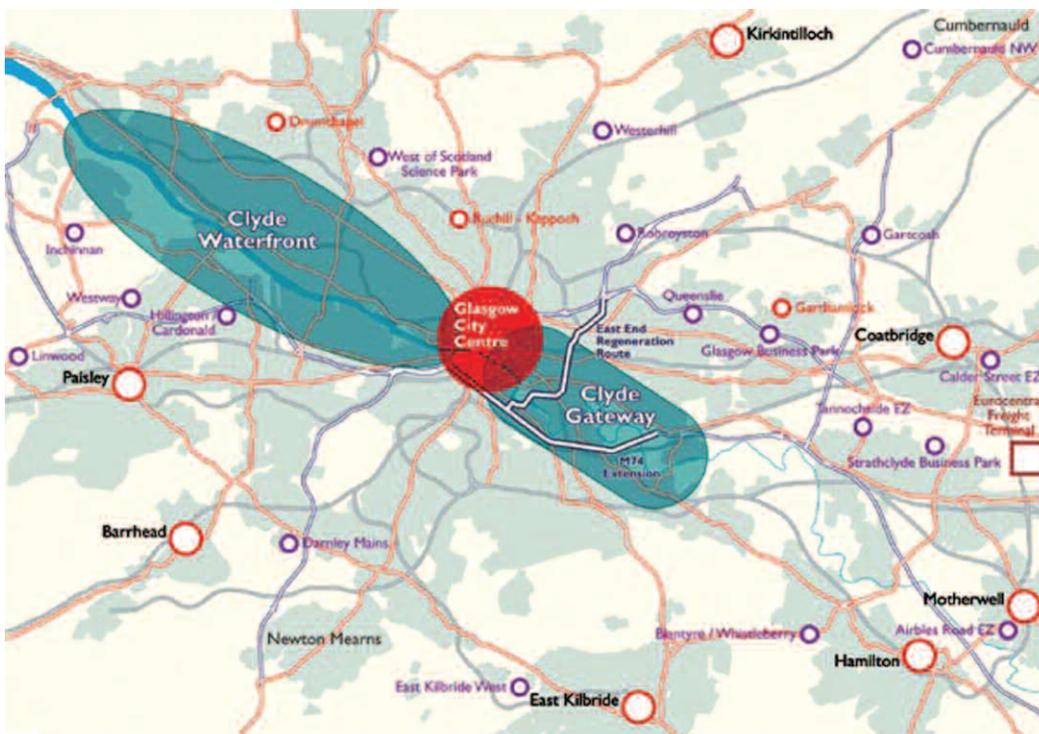
4.3 Regional and local strategy and investment

National, regional and local strategies and plans influenced the development of Glasgow and its surrounding area at the beginning of the 21st Century. In contrast to conflicting agendas articulated in the Bruce and Abercrombie plans, these strategies displayed synergy and joined up thinking rather than dissonance. Nationally, the Clyde Corridor area, encompassing the Clyde Waterfront and the Clyde Gateway initiatives, had been identified as the regeneration priority.⁶ Glasgow was regarded as being situated at the heart of this regional development as shown by the map below.⁷

Regional spatial plans for the Glasgow and Clyde Valley area, which were published in consultation draft in 2005, included:⁸

- A 20 year industrial and business land supply with capacity for 100,000 new jobs;
- The construction of over 110,000 new houses by 2017;
- The restructuring of thousands of social rented houses;
- Investment in 53 town centres;
- A 20 year transport investment programme;
- £60 million 5 year rolling programme for the treatment of vacant and derelict land;
- £50 million programme to improve the environment and create a 'green network' by 2020.

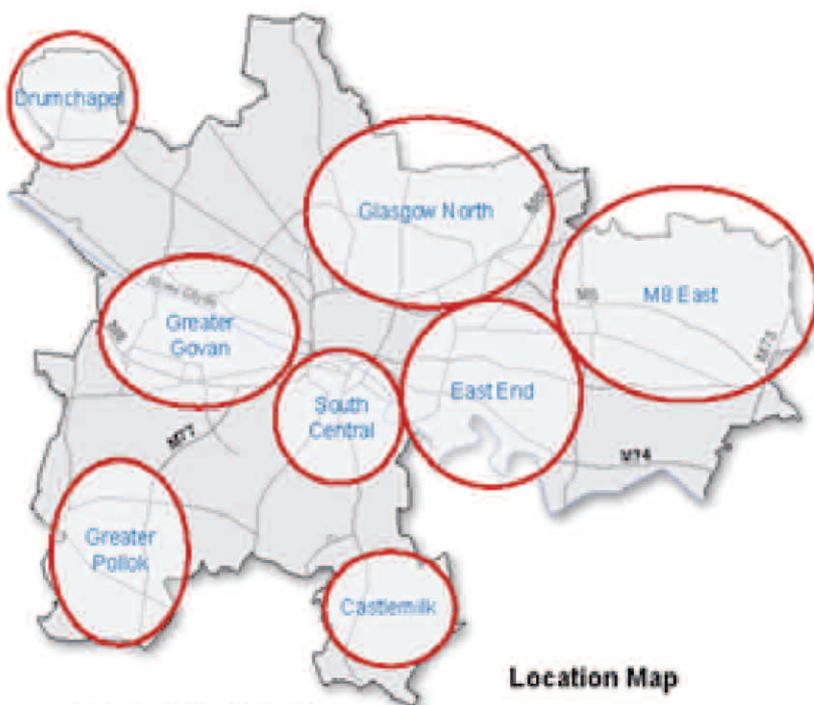
Figure 4.1: Map of Glasgow’s regeneration priority areas from a national perspective



Map reproduced from the National Planning Framework for Scotland. Edinburgh: Scottish Executive, 2004. Spatial Perspectives (paragraph 152) <http://www.scotland.gov.uk/Publications/2004/04/19170/35346>

In Glasgow itself, during the early years of the 21st Century, regeneration activity moved from being centred on Social Inclusion Partnerships (SIPs) to a number of areas prioritised for regeneration. The Glasgow City Plan 2000 (City Plan 1) took a thematic approach.⁹ It identified eight 'areas of focus:' Castlemilk; Drumchapel; East End; M8 East; South Central (which included the Gorbals), Greater Govan, Greater Pollok, and North Glasgow with the city centre as the heart of economic development for the city. The map below, taken from the Glasgow City Plan development strategy (adopted in 2003) provided an indication of geographical location of these areas.

Figure 4.2: Map of “areas of focus” from City Plan 2000⁹

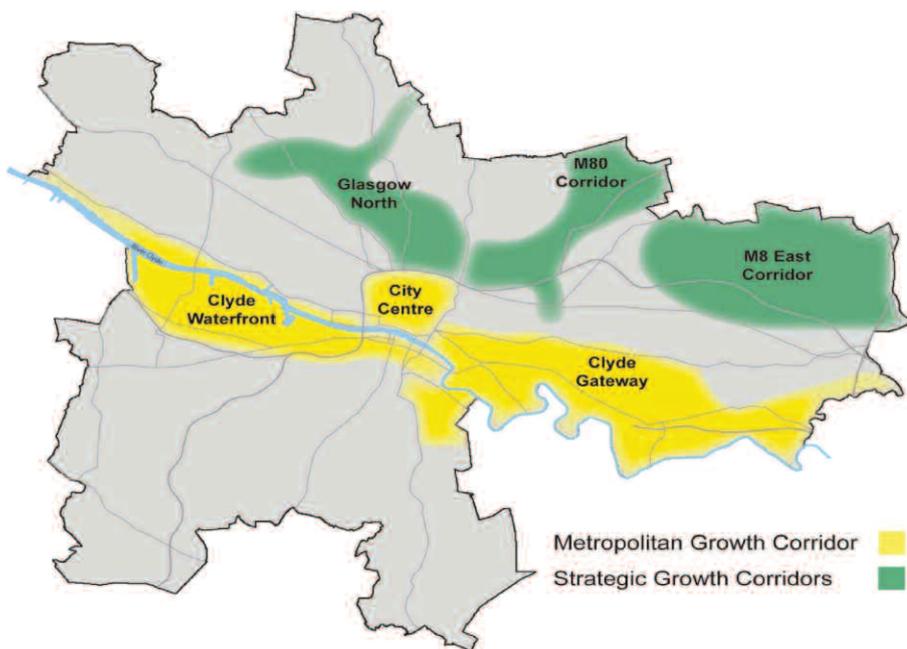


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The inner areas of focus (Greater Govan, South Central and the East End) overlapped with the flagship Clyde Corridor regeneration project areas.¹⁰ These were considered by Scottish Enterprise Glasgow (SEG) to have a high employment potential, with the ability to attract business investment as city centre rents rose, and to be likely to experience major transformation by 2016 in terms of employment, environment and business location.¹⁰ In contrast, the outer areas of focus (Greater Easterhouse, Castlemilk, Drumchapel, and North Glasgow) had seen declining economic performance in the period 1991 to 2001 and it was thought that these areas would struggle to attract new business.¹⁰

The consultative draft of the City Plan², published in 2007, identified six key regeneration areas which covered the areas of Glasgow most expected to undergo economic development (see diagram below taken from East End Local Development Strategy).¹¹ Three of these areas were in a central 'Metropolitan Growth Corridor' – which maps to the 'Clyde Corridor Area' described by the national regeneration strategy. The other three areas were in 'Strategic Growth Corridors' further from the centre.

Figure 4.3: Map of Key Regeneration Areas¹¹



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4.4 Metropolitan Growth Corridor

This area consisted of three regeneration areas: the Clyde Waterfront, City Centre and Clyde Gateway. The Clyde Waterfront Progress Report to 2006 covered much of the Clyde Corridor area (including areas outwith the city boundaries) and provided information on investment and development plans for these areas. Within Glasgow the areas on the north bank of the Clyde stretched from the city boundary on the west to Glasgow Green in the east, and on the south bank of the river from the city boundary in the west to the Gorbals in the East.

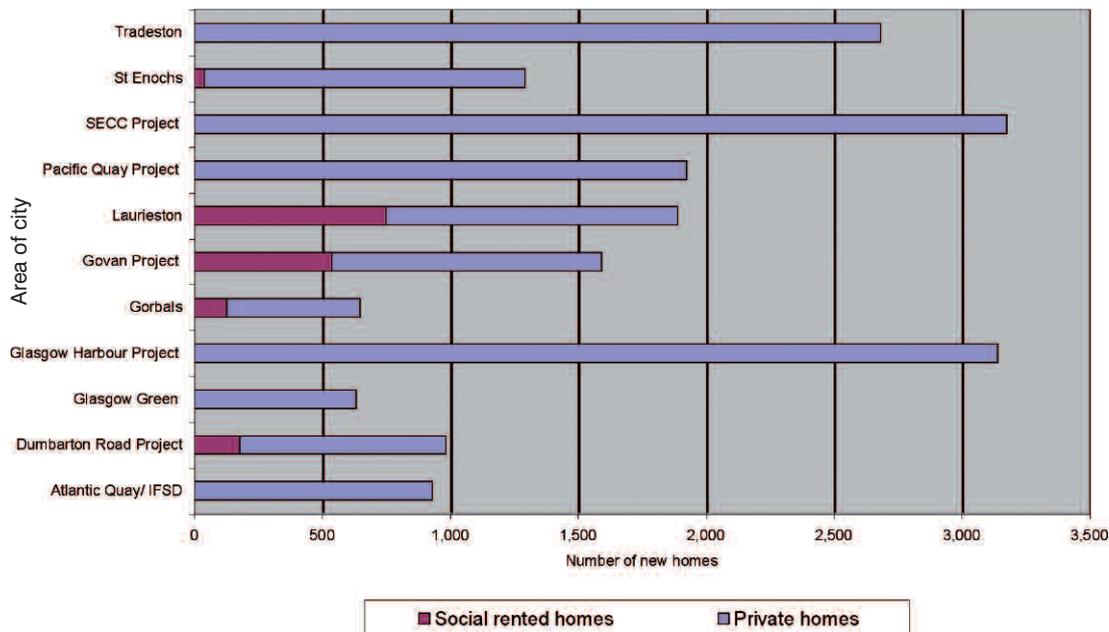
The Clyde Waterfront progress report to March 2006 reported a spend of £1,938,000,000 on projects where plans were in place, in progress, or complete at that time (including Clydebank, Renfrew and Erskine which are outwith the Glasgow City boundary).¹² £271,000,000 of this was public sector investment (14% of total investment).

Within Glasgow City, investment in such projects was identified as £1,549,000,000, including both private and public sector investment. Projected figures for investment in yet to be agreed projects in the Glasgow City areas amounted to £2,677,000,000. The development which had been completed at the time of the report was estimated to have provided 3,867 spaces for jobs within the city.

In May 2007, Clyde Waterfront provided a breakdown of the plans for housing development specific to each area in the form of a spreadsheet.¹³ The plans for social and private housing development in these have been summarised in Figure 4.4. GHA was listed as one of the partners for some of the development areas listed. Social rented housing made up less than 9% of the total development listed, and only 6% of development which was complete or in progress in March 2006.



Figure 4.4: Planned and completed new housing in the Clyde Waterfront Regeneration area, May 2007¹³



Clyde Waterfront

Within the boundaries of the Clyde Waterfront described by the City Council, the City Plan² consultation draft committed to seeking “an appropriate mix of house types and tenures and a mix of uses in new residential developments in the Clyde Waterfront area and promote attractive and effective linkages to facilitate integration with existing communities and the waterfront.”¹¹ SEG predicted that:¹⁰

“...new river crossings will open up new potential south of the river, the ‘Fastlink’ transport system will link the city centre to SECC, and probably to Renfrew and Clydebank, and a new Transport Museum, SECC Arena, new hotels and possibly a new large casino will establish the Waterfront as an attraction for culture and leisure, shopping and living. New development areas will support and encourage further business and tourism growth within the city centre, and will do so in an attractive river setting which competes with other European cities.”



The City Centre

The City Centre was regarded in both City Plans as an important and protected area. SEG¹⁰ speculated that continuing investment and an inflow of jobs and visitors to the city centre could result in pressures on space. It proposed that this might result in rising rental values and an initial expansion of the core business/leisure/retail area westward along the Clyde Waterfront and across the river to Pacific Quay. It also projected expansion towards the East End in response to developments expected in the Merchant City. The Merchant City was identified as having the capacity to accommodate additional retail and commercial space and 1,300 new homes within the next ten years, attracting an estimated £200 million of public investment and several thousand new jobs to the city.

Clyde Gateway

The Clyde Gateway project spans areas of Glasgow City and Lanarkshire. The 2004 National Planning Framework described the area as follows:⁷

“The East side of Glasgow, together with adjoining parts of Lanarkshire contain some of Scotland's poorest communities and a concentration of vacant and derelict land... ..To realise the full potential of the area, it will be important to ensure that major transport, drainage infrastructure and land and neighbourhood renewal projects are taken forward in a co-ordinated way, with an eye to improving connectivity and environmental quality across Central Scotland as a whole”

The Clyde Gateway linked the Metropolitan Growth Corridor with the M80 and M8 East corridors (which are strategic growth corridors and are described more fully below). Glasgow's bid to host the 2014 Commonwealth Games (which was presented in 2005) was an important element of plans for this area and included a commitment to provide an extensive athletes village which would subsequently be available for sale and social rented housing.¹⁴

In June 2006, SEG, Glasgow City Council and South Lanarkshire Council signed a partnership agreement under which a dedicated Urban Regeneration Company was to be set up to take forward the Clyde Gateway project in order to:¹⁵

- Create sustainable place transformation;
- Increase economic activity;
- Develop community capacity.

£1.6 billion was to be invested over the following 20 years to regenerate 856 hectares of derelict and contaminated land close to the extension to the M74 motorway; to create 22,000 jobs; and to increase the population by 10,000.



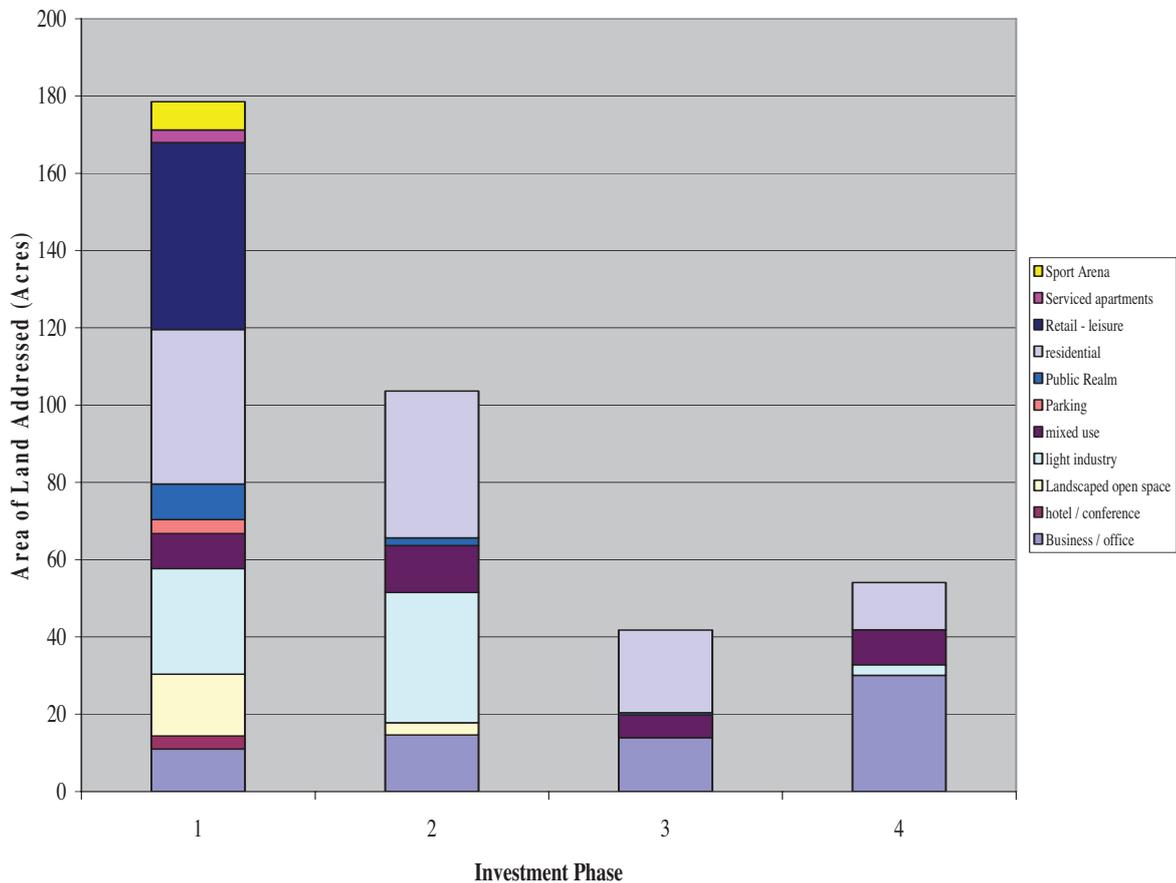
Planned individual developments included:

- A 5,000 seat sports arena and a 1,500 seat velodrome.
- SportScotland, relocating from Edinburgh to a brownfield site at Dalmarnock.
- Construction of the East End Regeneration Route to provide a transport route from the M74 completion at Polmadie through the East End of Glasgow to the M80/M8 junction. It aimed to facilitate the regeneration of derelict land, improve pedestrian routes, improve vehicular access to and parking in the Forge shopping centre and retail park and Celtic Park, improve road safety and reduce road accidents.¹⁶
- Construction of the M74 northern extension.
- Regeneration of part of Dalmarnock as a new centre for business.
- Modernising infrastructure particularly water management.

The projected effects of the M74 extension had been hotly debated and questioned at the time of writing this report. It was viewed by planners as an important contributor to regeneration of the area,¹⁷ although the public local inquiry, conducted to examine objections, concluded that it would be at variance with policies to promote social inclusion and environmental justice.¹⁸

Figure 4.5, reproduced from the 2005 Clyde Gateway Business Plan shows the actual breakdown of proposed land use and investment during the four phases of development of the Clyde Gateway area.¹⁵

Figure 4.5: Investment programme for different land use in the Clyde Gateway area



During the first investment phase, one third of land to be developed will be for retail and leisure purposes. The use of land for light industry is a feature of the first and second phases while the provision of housing features throughout all four phases but less so in the third and fourth phase.

According to SEG, most of the main projects within the Clyde Gateway will be at a preparatory stage between 2006-2011, with the only major completions being the M74 extension, the East End Regeneration Route and the National Indoor Arena. Most of the public sector investment will take place between 2006 and 2011.¹⁰

Project completions in Dalmarnock (the games village) Bridgeton/Milend, Farme Cross, London Road and Toryglen are expected to peak between 2011 and 2016, driven partly by the prospect of hosting the Commonwealth Games in 2014. Some of the largest business space developments are only expected to reach completion after 2016, particularly in Shawfield and London Road.

The East End of Glasgow is an important area within this regeneration zone. The local development strategy for this area set out the following strategic objectives:¹⁹

- Offer choice in relation to employment and housing;
- Create environments offering a sense of place, vibrancy and local identity;
- Make the East End a competitive place for investment in commercial, residential and business projects;
- Modernise infrastructure to support sustainable development;
- Develop and maintain a quality greenspace network offering safe, stimulating, healthy environments;
- Ensure accessibility to local services; and
- Invest in fully integrated transport networks.

The East Glasgow Community Health and Care Partnership (CHCP) development plan for 2007-2010 described plans for housing development within the area, estimating that GHA planned to demolish 2,392 properties (mostly tenements for which there was low demand) and build 550 dwellings.²⁰ It described the Clyde Gateway as building 10,000 new homes by 2029 and increasing the population by around 20,000 people.

The vehicles for economic regeneration included:

- The development of the Glasgow Fort Retail Park;
- The re-development of the Glasgow Business Park and Queenslie Industrial Estate;
- The East End regeneration route;
- The National Stadium

The CHCP development plan also identified a number of challenges and opportunities arising from this activity over the subsequent ten to fifteen years. This included:

- Migration and increases in population which will raise the demand for health services;
- Changing demography and socioeconomic profiles within the local population;
- Health impacts (positive and negative) of wide scale construction activity;
- The need to ensure that the local population benefits from employment, housing and leisure opportunities that accrue from developments.

4.5 Strategic Growth Corridors

These corridors contained the three key regeneration areas – the M8 east corridor, the M80 corridor, and Glasgow North as shown in Figure 4.3. They were regarded by Glasgow City Council (GCC) as offering the potential for co-ordinated planning to stimulate and deliver sustainable regeneration.¹¹ They contained Community Growth Areas, New Neighbourhoods at Garthamlock and Ruchill/ Keppoch (see further detail under 'Housing' below), Green Network Priorities and the Millennium Link (Forth and Clyde Canal).

GCC was using its land portfolio to help establish a market for private housing in the New Neighbourhoods and to promote major restructuring in areas of social rented housing in partnership with GHA. Sighthill and Red Road were key target neighbourhoods (both of these were also GoWell study areas). Core Economic Development (CED) areas were also identified. These were traditional industrial/business areas which had historically suffered loss of employment but which could supply much of the land required for industrial and business development. There were four CEDs – Govan, North Glasgow, East End and North Clyde. City Plan 1 had also identified 44 hectares at Robroyston and Darnley Mains as Single User High Amenity sites.⁹

The M8 East Growth Corridor

The 'M8 East' area identified in the City Plan 2 was effectively Greater Easterhouse.¹¹ It consisted mainly of residential areas, with the Fort shopping centre, and three major business locations (Queenslie Estate, Glasgow Business Park and Cardowan). The City Plan envisioned this part of Glasgow being transformed from a mainly local /self-contained residential/business community into a dynamic suburb which was more integrated with the city. Proposed new and improved roads were to improve physical links with the M73 and the Gartcosh area, and major private investment in the shopping centre and high quality housing was planned. These developments were expected to transform the local area and improve its contribution to the city's overall economy, but were not expected to be a key driver of economic change at city level over the following ten years.

The M80 Growth Corridor

The M80 corridor extended north along the M80 from its junction with the M8 and included three major sites for future development, only one of which ("Novotec Park") was expected to be attracting investment and jobs in the period up to 2016.

Glasgow North

North Glasgow was identified as an 'Area of Focus' in the City Plan 1 and was also carried forward as a growth corridor in City Plan 2 because of the scale of economic need and underperformance, and the scale of economic opportunity in the form of vacant and derelict land.¹¹ However, in their spatial analysis paper, SEG speculated that economic initiatives in this area were likely to be of local rather than city wide significance.¹⁰ Initiatives were mainly focused on regeneration of the canal and land/property adjacent to it, and the redevelopment of Ruchill Hospital linked to the development of a 'new neighbourhood' at Ruchill/Keppochill.

SEG considered that, economically, North Glasgow faced multiple challenges - distance and separation from the centre, environmental decay and high levels of social exclusion.



North Glasgow was distant from the Clyde Waterfront and Clyde Gateway projects, and would find it most difficult to benefit from them. Taking these factors together, SEG considered that North Glasgow was especially at risk of continuing poor economic performance in the ten years to 2016.¹⁰

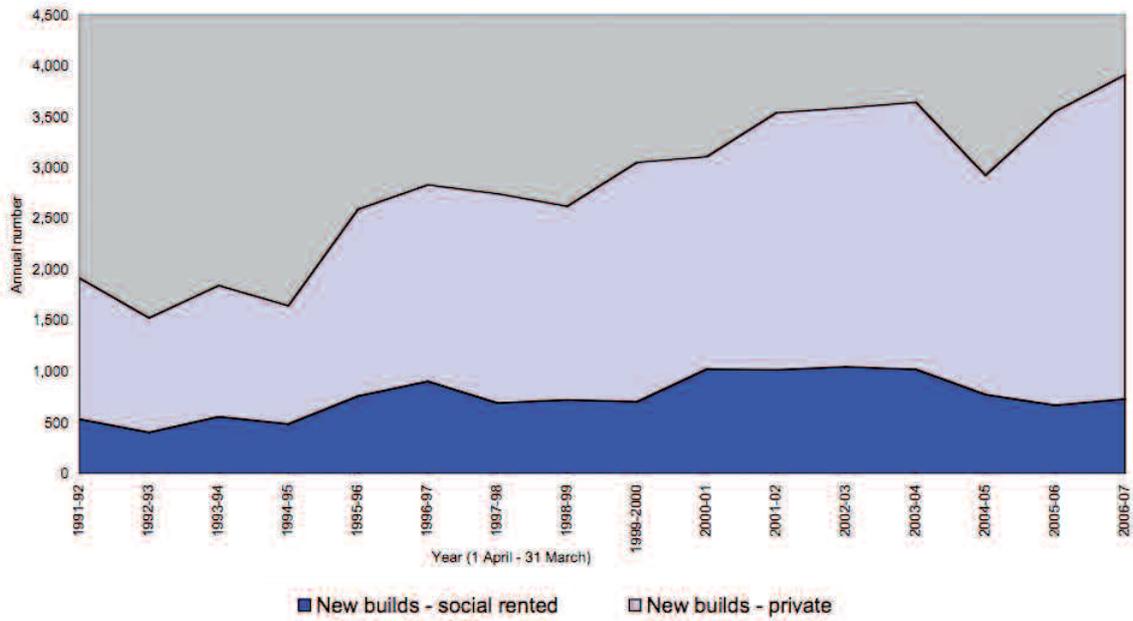
4.6 Glasgow's Housing

There has been a trend of considerably higher levels of house building for the private sector than for the social rented sector (see Figure 4.6 below). There were significant changes in the type of housing built over this ten year period with a trend towards the construction of flats as the predominant house type.



According to the City Plan 2, between 2001 and 2006, flats constituted 70% of new private housing built, compared to 49% during the period between 1996 and 2001.¹¹ The greatest decline was in the construction of semi detached houses. Tenure change was also marked - between 1996 and 2001, private sector stock grew by over 50% (approx 60,000 houses) while the social rented sector fell by a similar amount (approx 57,000 houses). The private rented sector doubled in size between 1991 and 2006 when it accounted for 11% of Glasgow's housing stock.

Figure 4.6: House building for the private and social rented sector in Glasgow, 1991-92 to 2006-07



Source: Glasgow City Council (data from Housing Land Database).

The City Plan 2 anticipated a shortfall of 4,000 homes by 2011 and 15,000 by 2018 in the wider Glasgow area. It also expressed concerns regarding the choice and range of private housing available in Glasgow, particularly for families. In order to attempt to address the loss of families from the city, four 'new neighbourhoods' were identified—Drumchapel, Ruchill/Keppoch, Oatlands and Garthamlock.

The aspiration for these areas was to supply middle-market family housing through private house building. Garthamlock was envisaged as containing a suburban mix of detached and semi detached houses, Oatlands as having a focus on higher density housing, while Drumchapel and Ruchill/Keppoch would consist of a wide range of house types.



Demand in the social rented sector was projected to continue to fall from 114,000 houses in 2004 to 103,000 houses in 2012 and 99,000 houses by 2016. GCC estimated that 21,000 dwellings would be demolished between 2004 and 2016 and 13,500 new dwellings provided.

4.7 Economic regeneration led by the retail sector

Leisure and retail developments were identified in City Plan 1 as contributing to economic regeneration in SIP areas which were situated close to large developments, by providing employment opportunities for the local population in such areas.¹¹ This matches a recent report on the changing socioeconomic profile of the Glasgow population which described a move away from employment in manufacturing industries (from 33.9% of jobs in 1971 to 5.8% in 2005) to a service based economy. During the same period there was a trebling of employment in the finance and business sectors.²¹

Glasgow City Plan 2 identified a number of retail and leisure developments as being within town centres or extended town centres.¹¹ Two such developments are described below.

Glasgow Fort, Easterhouse

Glasgow Fort Shopping Park is a 450,000 sq ft retail park which opened in late 2004, situated near junction 10 of the M8 motorway. It includes chains such as Boots, Next and Argos who have established retail outlets in the £100 million development. The City Plan 2 described this as situated within the extended town centre of Easterhouse. It was described as having played “an important part in the wider regeneration objectives of the Council to address long term social and economic challenges in the Greater Easterhouse area” by providing employment opportunities to residents.¹¹

Pollok Town Centre

The Silverburn Shopping Centre is a large covered shopping area and leisure facility which was planned to replace a run-down, 1970's shopping centre in Pollok. The City Plan 2 described Silverburn as offering a “considerable uplift in the quantity and quality of the comparison offer within the south western sector of Glasgow. This development, when operational, will have a significant influence on trading patterns and expenditure flows over a wide area.”¹¹

Building work on this project was underway at the time that this report was being written and completion was planned for early in 2008. One of the developers (Bovis Lend Lease) indicated that it would “revive the civic and community heart of Pollok by the inclusion of an upgraded transport interchange, park and ride facility and links to the community health and leisure village on the periphery of the site”. Plans for the 75 acre site included 95 stores with restaurants and cafes, and over 4,500 car parking spaces. Bovis Lend Lease estimated that this would bring 2,500 additional jobs to the area. The value of the development was estimated as £120 million.

Attempts were being made to ensure that the local population benefited from this development in terms of employment opportunities. In response to the Silverburn development, the Greater Pollok Working Partnership was developed in 2004. This partnership had four main objectives:²²

- To increase sustained employment levels in the local population;
- To create employment and training opportunities for local people;
- To create and support opportunities for local business;
- To promote construction and retail as career opportunities.

One of the partners (the Glasgow South West Regeneration Agency – formed by the merger of EQUIP and the Govan Initiative) was taking the lead in liaising with all employers at Silverburn to maximise the employment opportunities for local residents, and providing training and guidance to local residents to improve their employability.

However the benefits of such developments were being disputed at the time Silverburn was being built. A representative of the New Economic Foundation was quoted in the Scotsman as saying that studies had shown that just as many jobs were lost through closures, particularly to small traders, as would be gained through the opening of new developments. The representative was quoted as saying “every time a small trader goes out of business we are losing the social glue that holds communities together”.²³ These concerns highlight the importance of monitoring the impacts of such developments and learning from the findings.

4.8 Conclusion

This section of the report has described the rationale behind and characteristics of some of the flagship initiatives underway in Glasgow at the beginning of the 21st Century. There is, clearly, a resonance across strategies, policies and programmes in their aspirations. There is evidence here that the lessons of the past have been learned. Glasgow does have a comprehensive and integrated strategy. The question remains though, as to whether these developments will help to address the legacy of Glasgow's poor health and inequality. Will this approach create a physical, social, economic and cultural environment that helps to generate solutions to newly emerging threats to health such as depression, obesity and rising levels of alcohol related harm? Time will tell and there are reasons to be optimistic. There are, nonetheless, concerns that should be raised now so that they can be reflected upon and addressed.

First, the scale of investment in public sector initiatives is dwarfed by private/commercial projects. Without good regulation and comprehensive strategic planning to make the best use of such investment, the result could be a further widening in inequalities. Second, the growth in jobs depends, crucially, on retail and other service sector activity. That may not be a problem provided the economy progresses along a trajectory that is a linear projection of more recent trends. If, however, unexpected pressures arise, this strategy will render Glasgow vulnerable and less resilient than cities that have diversified to a greater extent. In particular, global economic pressures arising from continuing rises in energy costs as the world passes the peak in oil production may hit retail and the service sector very hard. Third, it is now clear that climate change could have potentially devastating effects on population health and wellbeing. Will Glasgow's approach to development and regeneration provide it with the infrastructure it needs to mitigate the effects of climate change and help it to become a 'sustainable' city of the future?

For these reasons, a debate about Glasgow's regeneration strategy is clearly needed. The final section of this report sets out some questions for consideration.

Reference list

1. Clyde Waterfront. The Clyde Waterfront regeneration plan: a river reborn. Glasgow: Clyde Waterfront, 2004.
2. Glasgow City Council. Glasgow's local housing strategy 2003-2008. Glasgow: Glasgow City Council, 2003.
3. Glasgow City Council. Glasgow City Council. Glasgow's local housing strategy 2003-2008. Update 2005: Achieving better homes, better communities, better lives. Glasgow: Glasgow City Council, 2005.
4. Glasgow Housing Association. Better homes, better lives. GHA Business Plan 2005/06. 2005.
5. Glasgow Housing Association. Better homes, better lives. 30 year Business Plan 2007/08. Glasgow: GHA, 2007.
6. Scottish Executive. People and place: regeneration policy statement. Edinburgh: Scottish Executive, 2006.
7. Scottish Executive. National Planning Framework for Scotland. Scottish Executive Website. <http://www.scotland.gov.uk/Publications/2004/04/19170/35317> [2004].
8. Glasgow and the Clyde Valley Structure Plan Joint Committee. Glasgow and the Clyde Valley 2025: Consultative Draft Structure Plan. Glasgow: Glasgow and the Clyde Valley Structure Plan Joint Committee, 2005.
9. Glasgow City Council. Glasgow City Plan Part One: Development Strategy. Glasgow: Glasgow City Council, 2003.
10. Scottish Enterprise Glasgow. Discussion Paper - Spatial Priorities. 2007. Unpublished report.
11. Glasgow City Council. Glasgow City Plan 2: Finalised Draft Plan. Glasgow: Glasgow City Council, 2007.
12. Beith S. Clyde Waterfront Progress Report to March 06. Glasgow: Clyde Waterfront Partnership, 2006.
13. Beith S. Planned and completed new housing in the Clyde Waterfront Regeneration area May 2007. Glasgow: Clyde Waterfront Partnership, 2006.
14. Glasgow 2014 Bid Team. People Place Passion. Glasgow 2014 Commonwealth Games Candidate City File. Summary Document. http://www.glasgow2014.com/uploads/Summary_Document_Spreads.pdf-2007-5-4.0.pdf [2007].
15. Ernst & Young. A Dynamic City Location. Clyde Gateway Business Plan. Glasgow: Clyde Gateway Partnership, 2005.
16. Glasgow City Council. Clyde Waterfront Regeneration Annual Report. http://www.glasgow.gov.uk/NR/rdonlyres/9BD77955-2E5E-42F4-971A-F9E5C0F4B270/0/CWRAR2005_lowres3.pdf [2005].
17. Scottish Executive, Glasgow City Council, North Lanarkshire Council, Renfrewshire Council. M74 Completion: Makes complete sense. http://www.m74completion.com/M74_Homepage.html [2007].
18. Hickman R, Watt D. Roads (Scotland) Act 1984; Acquisition of Land (Authorisation Procedure (Scotland) Act 1947 M74 Special Road (Fullarton Road to West of Kingston Bridge) Orders. Report of Public Local Inquiry into Objections. Edinburgh: Scottish Executive, 2005. <http://www.scotland.gov.uk/Publications/2005/03/20752/53462>
19. Glasgow City Council. Changing Places: Changing Lives. East End Local Development Strategy: Consultative Draft. Glasgow: Development and Regeneration Services, Glasgow City Council, 2007.
20. East Glasgow CHCP. East Glasgow CHCP. Development Plan 2007-2010. Glasgow: NHSGGC, 2007.

21. Arnott J. Socio-economic change in the Glasgow conurbation. What are the implications for health? Glasgow: Glasgow Centre for Population Health, 2007.
22. Glasgow South West Regeneration Agency. About Silverburn. Glasgow South West Regeneration Agency (GSWRA) <http://www.silverburnjobs.com/silverburn/welcome.aspx?section=EQUIP> [2007].
23. Jamieson A. In battle of the giants, the hunters are now the hunted. The Scotsman 2007, May 21.

Section 5: What will make Glasgow Flourish in the Future?

A reflection on what lessons from history teach us and how best we can make use of these lessons today

Reflections

This report has charted the story of a city that has had a chequered history over the course of the 20th Century.

After enjoying the accolade of 'Second City of the Empire' at the beginning of the 20th Century, Glasgow had to face many challenges and threats to its physical, social and economic infrastructure in the following decades. Almost continuous physical regeneration efforts and attempts to revitalise Glasgow's economy were a striking feature.

What is even more striking about this period is the 'slippage' that took place in life expectancy and other indicators of health and well-being for Scotland's population, (mirrored more acutely in Glasgow), relative to other comparable European countries during the second half of the 20th Century*. Data from 'Let Glasgow Flourish' and other sources, presented in Section 2, show that Glasgow is currently at the bottom of Scotland's league table for many indicators of health and well-being and that inequalities are growing. Section 3 provides good evidence that policy and strategy do now have a holistic view of regeneration, articulated across and between many different strands. Section 4, however, provides less reassurance that this aspiration is being realised in the delivery of major regeneration initiatives on the ground.

Whether or not Glasgow will be able to turn around this ongoing legacy of inequalities in health, well-being and quality of life could be the benchmark against which future generations will judge whether regeneration and renewal efforts, in their widest sense, have been successful or not.

Our main purpose in producing this report is to stimulate feedback and a wider debate. Therefore, we propose a number of questions:

1. **Do you think that there are lessons still to be fully learned from history?** For example, the lesson that regeneration requires adequate resources is clear from the historical analysis. Money and quality matter. **Have we applied these lessons? Where, if anywhere, are the gaps?**
2. In the past, the people of Glasgow suffered from the consequences of damaging political arguments. **Do we now have a sufficiently strong consensus to secure the action needed?**

3. While we now recognise the limitations of high-rise buildings, at the time policy makers were carried away with the fashion of the day. **Are we still the victims of fashion? Can you think of examples that should be focused upon?**
4. **What do you think are the health challenges of the 21st Century?** Section 2 highlighted several trends that are of concern – alcohol related harm, obesity, violent crime, depression and addictions. **Should we link these problems with the regeneration challenge, and if so, how?**
5. **What do you think of the current model of regeneration?** Section 3 set out the current model of regeneration. It seems to us to be a more holistic, complex and interconnected model of regeneration than has been used in the past. However, an examination of regeneration activity might suggest that more resources and clearer outcomes exist for housing regeneration compared with what is called 'wider action' or 'social regeneration'. **Are we applying the lesson that regeneration is about more than 'bricks and mortar'? If not, what would help?**
6. **What outcomes can we expect from current regeneration activities?** It is clear from Section 4 that, however generous the funding is for the regeneration of Glasgow's poorest areas, the investment in Glasgow's affluent areas is greater. **Are current actions going to reduce inequalities?**
7. How well prepared will Glasgow be for the 21st Century's surprises? We can be sure that challenges will come. **How well will Glasgow respond to new external forces?**

The need for feedback and a wider debate. It is not our intention, neither would it be appropriate, for us to draw conclusions and make recommendations. We hope that readers will reflect upon the contents of this report and the questions we pose. We look forward to future discussion and debate on these issues.

If you would like to contact us with any comment or feedback please do so by contacting us directly at gowell@drs.glasgow.gov.uk.

* Leon DA, Morton S, Cannegieter S, McKee M. *Understanding the Health of Scotland's Population in an International Context. A review of current approaches, knowledge and recommendations for new research directions.* London: London School of Hygiene and Tropical Medicine, 2003.

Appendices

Appendix 1: Definitions and sources used in the figures

This Appendix comprises:

- Notes on the geography used in the figures
- Table with definitions, notes and sources of figures presented in the report
- Supplementary table with additional notes on Census analyses using the Linking Censuses Through Time website.

Notes on the geography used in the figures

Glasgow means Glasgow City council area (except in a few figures where the data are very old).

West of Scotland council areas: the 11 local authority (council) areas in West Central Scotland: East Ayrshire, East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, North Ayrshire, North Lanarkshire, Renfrewshire, South Ayrshire, South Lanarkshire, and West Dunbartonshire.

Communities: primary care-based localities (mainly the old Local Healthcare Cooperative (LHCC) areas or, in some cases, the new Community Health Partnerships (CHPs)) with populations of 20,000-140,000 people. There are 26 **West of Scotland communities**, including 12 **NHS Greater Glasgow communities** lying within the area covered by NHS Greater Glasgow.

Table with definitions, notes and sources for each figure presented in the report

Figure No.	Description/Notes	Source
Section 1		
1.1	Population of Glasgow, 1801 to 2006 Note that the boundaries of Glasgow were extended on numerous occasions over the period covered. From 1996 onward, the population figures are for Glasgow City Council area.	Reports of Medical Officer of Health, Glasgow (1898, 1925, 1926, 1972); Registrar General for Scotland's Annual Reports and Vital Events Reference Tables (1973-2006)
1.2	House size in Glasgow in 1911 Percentage of population living in 1, 2, 3 or 4+ apartments.	Macgregor, 1967 (data from 1911 Census)
1.3	Overcrowding in Glasgow in 1921 Percentage of total occupants of each size of house who were living more than 3 per room.	Report of the Medical Officer of Health, Glasgow, 1925 (p190) (data from 1921 Census)
1.4	Households lacking basic amenities in Glasgow and Scotland, 1951 to 2001 Analyses using the Linking Censuses Through Time website - please see additional notes in supplementary table below. Also note: (a) Definition of 'lacking basic amenities'. In the following years it refers to households without exclusive use of: 1951: All conveniences ie piped water supply within house, cooking stove or range [with an oven], kitchen sink [with drain], wc, fixed bath [with waste pipe, +/- piped water supply]	Census, 1951, 1961, 1971, 1981, 1991 and 2001

Figure No.	Description/Notes	Source
	1961: Cold water tap, hot water tap, fixed bath and wc 1971: Hot water, bath and inside wc (in permanent buildings) 1981: Bath and inside wc 1991: Bath/shower and inside wc, and/or without central heating in some or all rooms 2001: Bath/shower and toilet, and/or without central heating in some or all rooms.	
1.5	<p>Housing tenure in Glasgow, 1961 to 2001 Analyses using the Linking Censuses Through Time website - please see additional notes in supplementary table below. Also note: (a) There was no Census question on tenure type in 1951. (b) Treatment of non-permanent dwellings:</p> 1961: Each tenure type includes non-permanent dwellings 1971) 1981) Non-permanent accommodation all under 'other tenure types' 1991) 2001: Each tenure type includes 'caravan or other mobile or temporary structure'. (c) Definition of owner-occupier: 1961: Own their own accommodation 1971) 1981) Owner-occupiers 1991: Owner-occupiers (own outright and buying) 2001: Own outright + own with mortgage or loan + shared ownership (part rent, part mortgage). (d) Private sector renting: (always includes furnished plus unfurnished accommodation). Definition: 1961: Rented from a private person/company 1971: Rented from a private landlord or company 1981: Other rented 1991: Rented privately 2001: Private rented from private landlord/letting agency, or relative/friend of household member. (e) Public sector/social renting: definition: 1961: Rented from a local authority etc 1971: Rented from a council, new town or Scottish Special Housing Association 1981: Renting from a council etc or housing association 1991: Rented from housing association, local authority, new town or Scottish Homes 2001: Rented from council/local authority/Scottish Homes/registered social landlord/housing association/housing cooperative/charitable trust. (f) Other tenure types definition: 1961: Households renting accommodation together with a farm or business premises + households holding their accommodation by virtue of employment 1971: Non-permanent accommodation and not stated 1981: Tenure in permanent buildings = rented with business+ by virtue of employment; plus households in non-permanent accommodation 1991: Households with residents in permanent buildings rented with a job or business; plus non-permanent accommodation 2001: Private rented from employer of household member, or other. Also 'living rent free' (which may include households not private rented. Some may be households on housing benefit.)	Census, 1961, 1971, 1981, 1991 and 2001

Figure No.	Description/Notes	Source
1.6	Overcrowding in Glasgow and Scotland, 1951 to 2001 Analyses using the Linking Censuses Through Time website - please see additional notes in supplementary table below. Also note: (a) Over 1 person per room:	Census, 1951, 1961, 1971, 1981, 1991 and 2001
	1951: Estimated from detailed occupancy table	
	1961: For households with at least 1 member present on Census night	
	1971: In private households present	
	1981: Private households with residents (incl non-permanent households)	
	1991: Total households with residents (incl non-permanent accommodation)	
	2001: All households - incl caravan/other mobile or temporary structure.	
1.7	Poor quality housing in Glasgow and Scotland in 2002 Estimated numbers and percentage of properties Below Tolerable Standard (BTS). The tolerable standard is a set of minimum criteria for housing as specified in the Housing (Scotland) Act 1987. BTS dwellings may be structurally unstable, suffer from significant rising or penetrating damp, and/or lack basic facilities such as hot and cold running water or cooking facilities.	Scottish House Condition Survey, 2002
1.8	Employment in Glasgow, 1931 to 2001 The crude employment percentage is calculated as the number of persons employed in all industries, expressed as a percentage of the 'working age' population. This population was aged 14+ years in 1931, 15+ in 1951 and 1971, 16+ in 1981 and 1991, and 16-74 in 2001. The geography selected on the Vision of Britain Through Time website http://www.visionofbritain.org.uk/index.jsp was Glasgow City ('District/Unitary Authority'), as used in the 2001 Census. Detailed information on boundaries and population distribution was used to redistrict the historical statistics to produce a broadly consistent area through time.	Source: A Vision of Britain Through Time website (data from Census, 1931, 1951, 1971, 1981, 1991 and 2001)
1.9	Adult economic activity in Glasgow and Scotland, 1971 to 2001 Analyses using the Linking Censuses Through Time website - please see additional notes in supplementary table below. Also note: (a) Economically active is defined as employed or self-employed, plus unemployed. (b) Economic activity could not be derived for 1981 due to the aggregation of the temporarily and permanently sick categories in the Linking Censuses Through Time website. (c) Age groups used:	Census, 1971, 1991 and 2001
	1971: 16+ years	
	1991) 16-74 years.	
	2001) 16-74 years.	
	(d) Definition of unemployed:	
	1971: No mention of training schemes	
	1991: Includes being on a Government employment or training scheme	
2001: Includes work on a Government sponsored training scheme.		
1.10	Projected household structure in Glasgow, 2002 to 2016 2002-based household structure projections for period 2002-2016, showing percentage of households with: 1 adult; 2 or more adults; 2 or more adults with one or more children; and 1 adult with one or more children. For further details of methodology, uses and limitations of the data, see GROS website: http://www.gro-scotland.gov.uk/statistics/publications-and-data/household-projections-statistics/2002-based-household-projections.html .	General Register Office for Scotland

Figure No.	Description/Notes	Source
1.11	Infant death rates in Glasgow, 1855-2006 Based on deaths within the first year of life per 1,000 live births.	Reports of Medical Officer of Health, Glasgow (1898, 1925, 1926, 1972); Registrar General for Scotland's Annual Reports and Vital Events Reference Tables (1973-2006)
1.12	Infant death rates in Glasgow's Sanitary Districts in 1901 Based on deaths within the first year of life per 1,000 live births.	Report of Medical Officer of Health, Glasgow, 1901
1.13	Life expectancy in Glasgow, 1821-27 to 2004-06 Male and female life expectancy (LE) at birth in years (figures for 1821-27 to 1920-22 calculated from published death and population data). Period LE at birth for a given time period and area is an estimate of the average number of years a newborn baby would survive if he/she experienced the particular area's age-specific mortality rates for that time period throughout his/her life. The figure reflects mortality among those living in the area in each period, rather than mortality among those born in each area. It is not the number of years a baby born in the area during the period is expected to live, both because death rates are likely to change in the future and because many of the newborns may live elsewhere for at least some part of their lives. LE was calculated using ONS methodology (Chiang (II)). For further details, see http://www.statistics.gov.uk/statbase/Product.asp?vlnk=10622 .	Report of the Medical Officer of Health, Glasgow, 1925; General Register Office for Scotland website, 2007.
1.14	Infectious diseases (cases) in Glasgow, 1905 to 1954 The number of cases of measles, whooping cough, scarlet fever and diphtheria.	Macgregor, 1967
1.15	Infectious diseases (deaths) in Glasgow, 1905 to 1954 The number of deaths from measles, whooping cough, scarlet fever and diphtheria.	Macgregor, 1967
1.16	Tuberculosis death rates in Scotland, 1901 to 1955 The male and female directly age-standardised death rate for tuberculosis per 100,000 population. Standardisation to the European standard population.	General Register Office for Scotland
1.17	Limiting long-term illness in Glasgow, 1991 and 2001 In 2001, the Census asked people if they had any long-term illness, health problem or disability which limited their daily activities or the work they could do (including problems due to old age). In 1991, the question was similar, but instead of 'disability' the word 'handicap' was used. Analyses using the Linking Censuses Through Time website - please see additional notes in supplementary table below. Also note that there was no Census question on limiting long-term illness before 1991.	Census, 1991 and 2001
1.18	Minority ethnic groups in Glasgow and Scotland, 1991 and 2001 Percentage of the Glasgow and Scotland population who were Asian, black and 'other'. The ethnicity categories offered in the two Censuses differed, but can be aggregated into these groups. 1991 analysis using the Linking Censuses Through Time website - please see additional notes in supplementary table below - but 2001 data supplied directly by the General Register Office for Scotland (with Chinese included under 'other'). Also note that ethnicity was not asked prior to the 1991 Census.	Census, 1991 and 2001

Figure No.	Description/Notes	Source	
1.19	<p>Population of Glasgow and Scotland born in Eire or outwith the UK/Eire, 1951 to 2001</p> <p>Percentage of the Glasgow and Scotland population who were born in (a) the Republic of Ireland (Eire), and (b) outwith the UK/Eire.</p> <p>Analyses using the Linking Censuses Through Time website - please see additional notes in supplementary table below. Also note:</p> <p>(a) Definitions used:</p>	Census, 1951, 1961, 1971, 1981, 1991 and 2001	
	1951:		Includes residents and visitors. Excludes 'birthplace not stated' and 'born at sea'. A small number of people were born in 'Ireland (part not stated)' so half were assumed to be born in Eire.
	1961:		Includes 'whole population'. Excludes 'birthplace not stated'. A small number of people were born in 'Ireland (part not stated)' so half were assumed to be born in Eire. 'Born at sea' is included in the category 'born outwith the UK/Eire'.
	1971)		
	1981)		No details available
	1991)		
2001:	Data supplied directly by the General Register Office for Scotland. The category 'born outwith the UK/Eire' includes 'UK (part not specified)' and 'Ireland (part not specified)'.		
1.20	<p>Population age distribution of Glasgow and Scotland, 1951 to 2001</p> <p>Analyses using the Linking Censuses Through Time website - please see additional notes in supplementary table below.</p>	Census, 1951, 1961, 1971, 1981, 1991 and 2001	
Section 2			
2.1	<p>Proximity to derelict sites in 2004</p> <p>Glasgow, Scotland and West of Scotland council areas</p> <p>Percentage of population living within 500m of any derelict site. Derelict land (and buildings) is defined as that 'which has been so damaged by development or use that it is incapable of being developed for beneficial use without rehabilitation, and which is not being used for either the purpose for which it is held, or for a use acceptable in a local plan'. Exceptions, caveats, and full definitions are available from the 'data guide' of the Scottish Neighbourhood Statistics website http://www.sns.gov.uk/ (select the topic 'Physical environment').</p>	Scottish Neighbourhood Statistics (data from Scottish Vacant and Derelict Land Survey)	

Figure No.	Description/Notes	Source
2.2	<p>Cleanliness in 2004/05 Glasgow, Scotland and West of Scotland council areas There are four levels of cleanliness within the Keep Scotland Beautiful recording system: A (no litter or refuse), B (predominantly free of litter and refuse – apart from small items), C (widespread distribution of litter and refuse with minor accumulations) and D (heavily littered with significant accumulations). The system grades areas of study (transects) within each council according to the Code of Practice on Litter and Refuse (1999), which relates to Part IV of the Environmental Protection Act 1990. The number of sites inspected in each council area varies slightly each year. It is a 2% random sample of streets but the actual number of sites varies slightly depending on length of street selected – the longer the street the more sites inspected. The results are collated annually. Under the grading system in use, sites graded ‘C’ or ‘D’ are unacceptable and must be cleaned. Grade A is the standard that a thorough conventional sweeping/litter-picking should achieve.</p> <p>The overall cleanliness index is calculated by awarding points, or weightings, to each cleanliness grade: A=3; B=2; C=3; D=0. These weightings are multiplied by the count of sites in each grade, summed to create an actual score, and then divided by the maximum possible score (total number of sites surveyed multiplied by 3). The resulting ratio is multiplied by 100 to give a Cleanliness Index of between 0 and 100.</p>	Audit Scotland Performance Indicators (data from Keep Scotland Beautiful)
2.3	<p>Dwellings with damp, condensation, mould, and poor energy rating in Greater Glasgow in 2002 NHS Greater Glasgow area Estimates of numbers of properties with (a) rising/penetrating damp; (b) poor National Home Energy Rating (NHER); (c) condensation; (d) mould in any room. Full details of all definitions are included within the report of the 2002 Scottish House Condition Survey available from Communities Scotland.</p>	Scottish House Condition Survey
2.4	<p>Fear of crime in 2003/04 Glasgow, Scotland and West of Scotland council areas Percentage of respondents stating that they do not feel safe walking in their neighbourhood alone after dark. For further details of the Scottish Household Survey, see http://www.scotland.gov.uk/Topics/Statistics/16002.</p>	Scottish Household Survey
2.5	<p>Crime rates, 1997 to 2003 Glasgow and Scotland The overall rate for all crimes, expressed per 10,000 population. For further details, please see Recorded Crime in Scotland, 2003 (Notes on statistics used in this bulletin) http://www.scotland.gov.uk/Publications/2004/06/19488/38703#1</p>	Scottish Executive
2.6	<p>Social isolation in Greater Glasgow, 2002 NHS Greater Glasgow area Percentage of survey respondents reporting feeling isolated from family and friends.</p>	NHS Greater Glasgow's Health & Well-Being Survey, 2002
2.7	<p>Employees' weekly pay in Glasgow, 1998 and 2005 Mean gross weekly pay for all employees, based on pay by employees' place of work. The Annual Survey of Hours and Earnings (ASHE) is a new survey which replaced the New Earnings Survey (NES) from 2004. ONS have suggested that, although small discontinuities in trends may occur because of the changeover between the surveys, overall trends are relatively robust. More information is available from ASHE: http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=13101&Pos=4&ColRank=1&Rank=160.</p>	Office for National Statistics (data from Annual Survey of Hours and Earnings)

Figure No.	Description/Notes	Source
2.8	<p>'Employment deprivation' in 2005 Glasgow, Scotland and West of Scotland council areas Defined as the percentage of the working age population (16-64 years for men and 16-59 years for women) who are 'employment deprived' i.e. on the unemployment claimant count, or in receipt of Incapacity Benefit or Severe Disablement Allowance, or are Compulsory New Deal participants (New Deal for the under 25s and New Deal for the 25+s not included in the unemployment claimant count). The benefits data are provided by the Department for Work and Pensions and the claimant count data are supplied by the Office for National Statistics. For more details, please refer to the Scottish Index of Multiple Deprivation (SIMD): http://www.scotland.gov.uk/Topics/Statistics/SIMD/Overview.</p>	Scottish Neighbourhood Statistics (data from Scottish Index of Multiple Deprivation (SIMD) 2006)
2.9	<p>Adults with no qualifications in 2001 Scotland, NHS Greater Glasgow and West of Scotland communities Percentage of people aged 16-74 years with no qualifications.</p>	NHS Health Scotland's Community Profiles (from 2001 Census data)
2.10	<p>Participation in higher education, 1998-2000 to 2001-03 Scotland and selected NHS Greater Glasgow and West of Scotland communities Estimated new student participation rates in Higher Education. From student data for 17-20 year old first-time entrants to full-time first degree courses, expressed per 100 population aged 17 years (denominator from 2001 Census). This is a relatively imprecise estimate, as the denominator differs from the numerator in terms of time period and age range.</p>	NHS Health Scotland (student data from Higher Education Statistics Agency (HESA)).
2.11	<p>Life expectancy in men in Glasgow compared to Scotland and the highest West of Scotland council area, 1991-1993 to 2003-2005 Male life expectancy (LE) at birth in years. Period LE at birth for a given time period and area is an estimate of the average number of years a newborn baby would survive if he/she experienced the particular area's age-specific mortality rates for that time period throughout his/her life. The figure reflects mortality among those living in the area in each period, rather than mortality among those born in each area. It is not the number of years a baby born in the area during the period is expected to live, both because death rates are likely to change in the future and because many of the newborns may live elsewhere for at least some part of their lives. The figure shows the difference in male LE between Glasgow City council area (which consistently has the lowest male LE of the 11 West of Scotland council areas) and the West of Scotland council area with the highest male LE (East Renfrewshire in 1991-93, and East Dunbartonshire in 2003-05). LE was calculated using ONS methodology (Chiang (II)). For further details, see http://www.statistics.gov.uk/statbase/Product.asp?vlnk=10622.</p>	Office for National Statistics (ONS)

Figure No.	Description/Notes	Source
2.12	<p>Alcohol-related deaths in Greater Glasgow, 1980 to 2003</p> <p>NHS Greater Glasgow area</p> <p>The number of alcohol-related deaths is based on:</p> <p><u>ICD9 codes (1980 - 1999)</u></p> <p>291 - Alcoholic psychoses 303 - Alcohol dependence syndrome 305.0 - Nondependent abuse of alcohol 357.5 - Alcoholic polyneuropathy 425.5 - Alcoholic cardiomyopathy 535.3 - Alcoholic gastritis 571.0, 571.1, 571.2, 571.3 - Alcoholic chronic liver disease and cirrhosis 790.3 - Excessive blood level of alcohol E860.0 - Accidental poisoning by alcohol NEC (alcoholic beverages) E860.9 - Accidental poisoning by alcohol NEC (unspecified).</p> <p><u>ICD10 codes (2000 - 2002)</u></p> <p>F10 - Mental and behavioural disorders due to the use of alcohol G31.2 - Degeneration of nervous system due to alcohol G62.1 - Alcoholic polyneuropathy I42.6 - Alcoholic cardiomyopathy K29.2 - Alcoholic gastritis K70 - Alcoholic liver disease K86.0 - Alcohol-induced chronic pancreatitis.</p> <p>The alcohol-related deaths are selected using principal ('underlying') and 3 secondary ('contributing') causes of death, but will underestimate the true number of alcohol-related deaths. This is due to:</p> <p>(a) only including 3 secondary causes of death (from 1996, up to 9 can be recorded on the GROS death record, and at a Scotland level limiting to 3 results in a 2% reduction in total numbers);</p> <p>(b) reliance on the accuracy of cause of death recording by doctors; and</p> <p>(c) the fact that this definition excludes conditions such as alcohol-attributable cancers.</p>	General Register Office for Scotland
2.13	<p>Prevalence of adult obesity in Greater Glasgow, 1995 to 2003</p> <p>NHS Greater Glasgow area</p> <p>Percentage of adults (16-64 years) classified as obese. Based on calculation of Body Mass Index (BMI) (weight (in kg) divided by height (in metres) squared), with obese classed as BMI greater than 30.</p> <p>Further details of the Scottish Health Survey are available at http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey.</p>	Scottish Health Survey
2.14	<p>Hospitalisation rates for diabetes, 1991-93 to 2000-02</p> <p>Scotland and the highest and lowest NHS Greater Glasgow communities</p> <p>Average annual directly age-standardised rates per 100,000 population for acute hospital continuous inpatient stays for diabetes (ICD9 250; ICD10 E10-E14 (all diagnostic positions)). Standardisation to WHO standard world population. The two communities shown have the highest and lowest rates of the 12 communities in NHS Greater Glasgow area.</p>	NHS Health Scotland's Community Profiles (from ISD Scotland SMR1/01 data)
Section 3		
	Not applicable	

Figure No.	Description/Notes	Source
Section 4		
4.4	Planned and completed new housing in the Clyde Waterfront Regeneration Area, May 2007	Data supplied by Clyde Waterfront, 16/05/07.
4.5	Investment programme for different land use in the Clyde Gateway area, published in 2005	Clyde Gateway Business Plan Final May 2005,
4.6	House building for the private and social rented sector in Glasgow, 1991-92 to 2006-07 Annual number of new builds in the private and social rented sector.	Graph 6.2 Glasgow City Council (data from Housing Land Database)

Footnote: in some cases 'source' indicates the source of original raw data sets, which were then manipulated to provide required measures (e.g. rates).

Supplementary table with additional notes on Census analyses using the Linking Censuses Through Time website

1. GENERAL		
Census sources and boundary of Glasgow:		
1951 1961	}	Numbers from paper Census Reports, for Glasgow City or Glasgow County of City (the old Glasgow Corporation boundary).
1971 1981 1991	}	Numbers from Linking Censuses Through Time (LCTT) website at http://census.ac.uk/cdu/software/lct/ . For Glasgow, the geography selected was Glasgow City Unitary Authority, based on Local Authorities in 2001 (la2001). The package uses 1981 ward-based census boundaries, with 1971 and 1991 enumeration districts
2001	:	(EDs) each aggregated to the ward of its nearest 1981 ED. The '1991 corrected' data are used in this report (in preference to the uncorrected data), as these are adjusted to take account of the people missed by the census that year. Numbers from SCROL (Scotland's Census Results Online) website at http://www.scrol.gov.uk/scroll/common/home.jsp or Census books. For Glasgow, the geography selected was Glasgow City Council Area .
<p>The above geographies were selected to minimise the city boundary changes over time. The only real geographical boundary difference remaining is between 1961 and 1971. To test this, the 1971 total population was compared using 2 different boundaries for Glasgow in LCTT. The population based on Local Authorities in 2001 (which was used in the analyses) (920,589) was 20,145, or 2.2%, higher than the population for the same year for Glasgow City, based on Local Government Districts (Glasgow Corporation) in 1971 (900,444).</p> <p>In the trend results for Glasgow, this population increase of around 2.2% between 1961 and 1971 due to boundary changes was considered too small to be a major issue. Other changes, such as the real fall in the Glasgow population, were of far greater magnitude.</p>		

2. POPULATION

(a) Type of population counted:

1951:	Enumerated (excludes a few people with age not stated)
1961:	Enumerated
1971:	Present
1981:	Resident
1991:	Resident
2001:	Usual residents (in households or communal establishments).

(b) Estimation:

In 1971, 1981 and 1991, the 15-year-old population was estimated (from 1/5 the population estimate for 15-19 yrs).

(c) Where students were counted:

1951:	At term-time address
1961)	
1971)	At home address
1981)	
1991)	
2001:	At term-time address.

3. HOUSEHOLDS

Definition of a household:

1951:	Total private households
1961:	Households with at least one member present on Census night
1971:	Present private households
1981:	Total private households with residents
1991:	Total households with residents
2001:	All households.

Appendix 2: Abbreviations used in this report

ASHE	Annual Survey of Hours and Earnings
BMI	Body mass index
CDA	Comprehensive Development Area
CED	Core Economic Development (area)
ED	Enumeration District
ET	Enterprise Trust
GCC	Glasgow City Council
GCPH	Glasgow Centre for Population Health
GEAR	Glasgow Eastern Area Renewal
GHA	Glasgow Housing Association
GP	General Practitioner
GROS	General Register Office for Scotland
ICD9	Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death. Ninth revision, WHO, Geneva 1978.
ICD10	International Statistical Classification of Diseases and Related Health Problems. Tenth revision, WHO, Geneva 1992.
ISD Scotland	Information Services Division of NHS National Services Scotland
LCTT	Linking Censuses Through Time (website)
LE	Life expectancy
MRC	Medical Research Council
NEC	Not elsewhere classified (used in ICD9 and ICD10 coding; see above)
NES	New Earnings Survey
NHER	National Home Energy Rating
NHS	National Health Service
NHSGG	NHS Greater Glasgow
NHSGGC	NHS Greater Glasgow and Clyde
NHSHS	NHS Health Scotland
ONS	Office for National Statistics
ROA	Regeneration Outcome Agreement
SCROL	Scotland's Census Results Online
SDA	Scottish Development Agency
SECC	Scottish Exhibition and Conference Centre
SEG	Scottish Enterprise Glasgow
SHCS	Scottish House Condition Survey
SIMD	Scottish Index of Multiple Deprivation
SIP	Social Inclusion Partnership
SSHA	Scottish Special Housing Association
TB	Tuberculosis
UK	United Kingdom
WHO	World Health Organization



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