Exploring neighbourhood change:
Life, history, policy and health inequality across Glasgow

Lisa Garnham

Glasgow Centre for Population Health
December 2018

Acknowledgements

Contact

Lisa Garnham
Public Health Research Specialist
Glasgow Centre for Population Health

Email: lisa.garnham@glasgow.ac.uk
Tel: 0141 330 1924
Web: www.gcph.co.uk
Twitter: @theGCPH

Contents

Executive summary

Glasgow's neighbourhoods have been undergoing a constant and evolving process of change, some of which is small and incremental and some of which involves extensive, planned renewal. It is important to understand what drives these processes of change and the ways in which they impact on the quality of life, health and wellbeing of citizens. This project set out to explore people's lived experiences of neighbourhood change, to complement the array of data currently collected on the measurable aspects of neighbourhood change in Glasgow.

We focused on four parts of the city: Drumchapel; Easterhouse; Anderston & Finnieston; and Bridgeton & Dalmarnock. We worked with peer researchers – people without a background in research, but with extensive knowledge of one or more of these four parts of the city. The peer researchers themselves decided on the focus of their investigations and the methods they would use. Presentations of their work were made to other residents and community development workers, and were followed by focus group discussions about the future of their neighbourhoods. Alongside this, interviews were conducted with people who lived, worked or had a degree of decision-making power in these four parts of the city, in which we focused on the areas' past and present. These were conducted by a researcher from Glasgow Centre for Population Health. In total, over 100 individuals contributed their perspectives to this project, which were pulled together into four narratives of neighbourhood change – one for each part of the city we looked at. These narratives can be found in the Findings section of this report.

We identified five aspects of neighbourhood change that appeared important in shaping its impact on quality of life, health and wellbeing. These were:

- The quality of the built environment, particularly housing.
- The pace and scale of change, in that a gradual, gentle change was felt to be more beneficial.
- Suitable and sufficient new housing for community maintenance and growth.
- Financial support, venues and expertise for community-based activities.
- Resident control over the neighbourhood, in what amenities are provided, how they are run and who can access them.

Different neighbourhoods exhibited different strengths and weaknesses across each of these five aspects of neighbourhood change. However, residents in all four parts of the city identified *resident control over the neighbourhood* as offering the most scope for improvement. Developing this aspect of neighbourhood change was seen as integral to the further development of the other four aspects.

The five aspects of neighbourhood change were understood to have a significant impact on the development of a neighbourhood's social and community environment. This environment provided residents with a source of resilience against difficult economic circumstances, which helped to protect against the damaging impacts of poverty and inequality on health and wellbeing. Participants saw many of the root

causes of poverty and inequality as originating outside of the neighbourhood, driven by processes and decisions made at the international, national and regional levels. As such, they understood planned neighbourhood regeneration as a potential contributor to improving their ability to negotiate a difficult economic environment, but not as a primary means to improve the economic environment itself.

These findings have implications for the ways in which we design, plan and carry out neighbourhood change, as well as the impacts we might expect from the process of change and how we might monitor them. Certainly, greater resident involvement in the decision-making processes that underpin neighbourhood change will be required, particularly if neighbourhood improvements are to benefit those most in need of support. This is likely to involve changes to the procedures and infrastructures that underpin Glasgow's planning processes to increase opportunities for genuine participation by a broad range of residents. It is also likely to require greater commitment to the planning process from residents themselves, in terms of time, energy and capacity building, which will, in turn, require the ongoing support of local community-based organisations.

Background

The city of Glasgow is constantly changing, in its population, its built environment and the experiences it offers its citizens and visitors. Most of the time, this change is happening in small, *ad hoc,* incidental ways, such as the opening of a new local business, the alteration of a bus route, or the start of a community garden. In some parts of the city, this change is happening in larger-scale, more comprehensive ways, through the construction of new major roads, large-scale housing renewal, or the construction of events arenas. Understanding how these changes impact upon quality of life, health and wellbeing will improve decision-making about how best to invest or intervene in the city's changing environment to improve the health of its inhabitants and reduce inequalities.

One of the ways in which we can improve our understanding is to monitor city-wide and neighbourhood-specific trends across a variety of measures of place and health. trends illustrate change throughout the city including: an increasing population; its ethnic diversity; a rising proportion of households privately renting their homes; a falling proportion of adults claiming out-of-work benefits; a rise in part-time working; falling rates of (place-based) deprivation; and improving life expectancy[1]. However, these trends do not play out in the same ways across each of Glasgow's neighbourhoods. While some neighbourhoods are experiencing substantial change across some indicators, others have changed very little. Moreover, the relationships between trends within an area are not always clear or straightforward. For example, in some neighbourhoods, health outcomes are improving while markers of deprivation remain static, while in other, similarly deprived neighbourhoods, health outcomes are worsening[1].

These issues raise a number of questions about what drives change in different parts of the city, and these questions cannot be answered by observing trends alone. This is because there are many aspects of our lives and the places in which we live that are difficult to observe, identify or measure. This includes the range of feelings that people have about where they live and how this influences people's perceptions about themselves. These perceptions of place and self can be shaped by the social relationships between those living within and outwith a neighbourhood or city. There is a growing body of research that shows the importance of these less tangible aspects of life and place for health and wellbeing[2], including how they might contribute to complex concepts such as assets[3], vulnerabilities[4] and resilience[5].

Despite this, much of the research on the impacts neighbourhood and city-level change on health remains quantitative. This means that much of the evidence base upon which decisions are made about the lived environment is focused on outcomes that can be measured[6]. This creates gaps in both knowledge and practice, in how changes in the subjective, less measurable or slower-to-reveal indicators might be impacting on health and wellbeing.

This report seeks to address this gap by exploring people's experiences of neighbourhood change in four parts of Glasgow: Drumchapel; Easterhouse; Bridgeton & Dalmarnock; and Anderston & Finnieston. Drumchapel and Easterhouse both sit on the edge of the city, to the north-west and north-east respectively, and were built in the 1950s and 1960s to house the city's decanted inner city residents. Bridgeton & Dalmarnock and Anderston & Finnieston are both inner city areas and sit to the east and west of the city centre, respectively. All four have undergone multiple programmes of renewal and regeneration over the past six decades and remain, to a greater or lesser extent, relatively deprived parts of the city.

Figure 1: Map showing the location of the four study areas in the city of Glasgow.
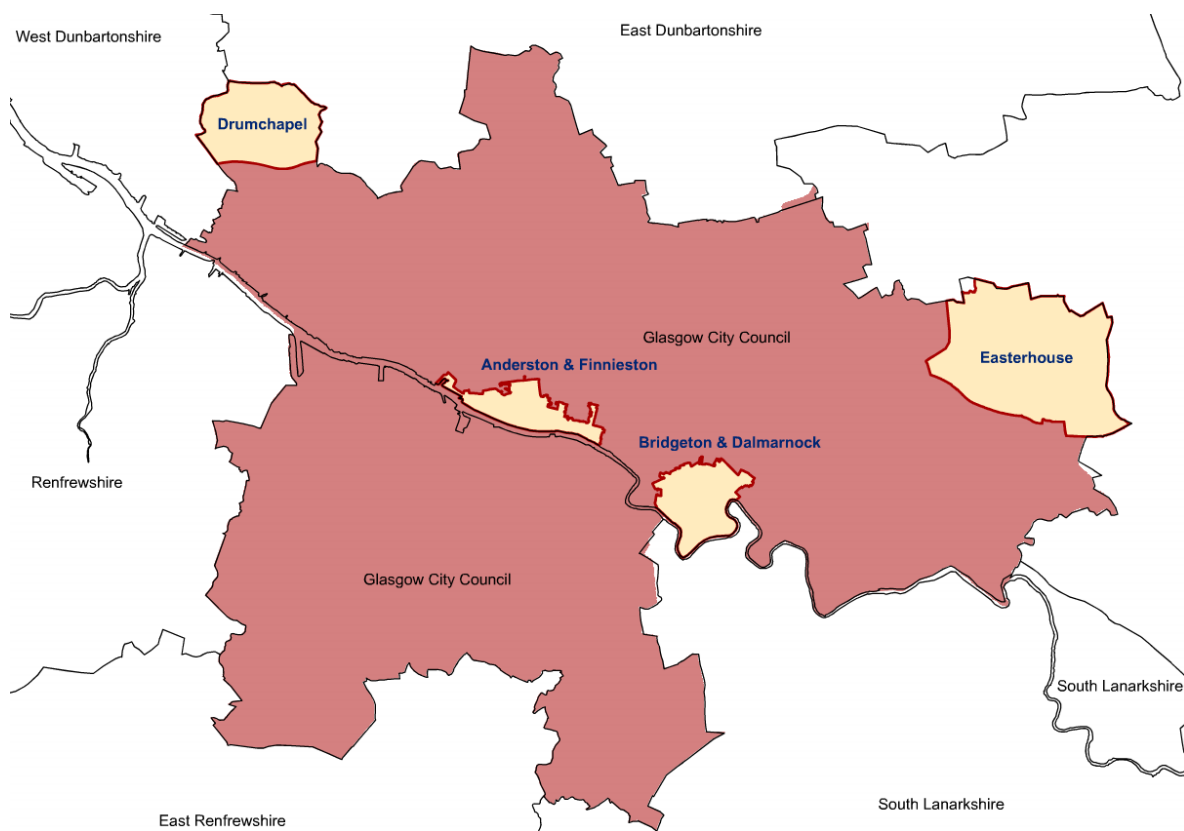
Rationale and objectives

The four parts of the city were chosen because they have shown trends in either their health outcomes or measures of deprivation over the past 15-20 years that differed from trends for the city as a whole. In Easterhouse, female life expectancy has been improving at a much faster rate than across Glasgow, while in Drumchapel it did not improve at all between 1997 and 2010. In both areas, improvements in male expectancy have been in line with city trends. As these two parts of the city share similar histories and measures of deprivation, they provide settings in which to explore a range of less tangible and harder to measure influences on quality of life.

Similarly, Anderston & Finnieston has seen dramatic improvements in quantitative markers of deprivation over the past 15 years, far beyond improvements seen across the city. However, life expectancy has continued to improve at a rate similar to the city as a whole. In Bridgeton & Dalmarnock, life expectancy improvements have also kept pace with those across Glasgow, while measures of deprivation have only seen marginal improvements. These two parts of the city have both undergone recent, large-scale programmes of renewal, the implications of which for measures of deprivation and health outcomes are not yet clear. Because of this they provide useful settings in which to explore the influence of the process of neighbourhood change on quality of life and health.

This research project aimed to explore residents' and community workers' perspectives on the past, present and future of these four parts of the city of Glasgow, in order to meet three objectives:

- To improve our understanding of the less easily measured aspects of:
  - the processes of change that have taken place within the four study areas
  - the influence that these processes have had on residents' quality of life, health and wellbeing.
- To support positive future trajectories in these four parts of the city, by working with residents and local organisations on developing their plans, hopes and expectations for the future.
- To provide insights for future research into:
  - how to work co-productively with residents and community organisations in public health research
  - emerging issues that influence quality of life and health in these four parts of Glasgow, as well as across the city as a whole.

Approach

The approach taken in this research is exploratory and qualitative and is based upon Wilber's four quadrants model (Table 1). This ensures a range of perspectives are taken into account when carrying out research. Typically in public health research, focus is mainly placed on the right-hand side of Figure 1, leaving the left-hand side generally neglected. This is one of the reasons why there is often a focus on objective, quantifiable, measurable outcomes, over participants' experiences and perspectives on the processes that influence their lives. However, as have Hanlon *et al.*[6] argued, a deeper understanding of the underlying drivers of health and wellbeing is best served by addressing all four of these quadrants at the same time.

Table 1. A public health version of Wilber's four quadrant model.

	Subjective-Interior	Objective-Exterior
Individual	**I** The inner world of the individual: how I think and understand myself; my values; my ethical stance.	**It** The physical body and the brain; the results of empirical, objective study of human experience and the physical world that produce scientific evidence.
Collective	**We** Our inter-subjective or cultural world of learned, shared beliefs and values; our collective, negotiated and symbolic system of meanings; the basis for our ethics.	**Its** Economies; social structures and hierarchies; organisations; government policies; the world of business, production; eco-systems.

Adapted from Hanlon *et al.*, 2012, p.79, Figure 5.1: Interacting Dimensions of human experience.

The tendency to favour the right hand side of Table 1 also extends to much of the research focused on place and health. This leads to an over-emphasis on the role of the tangible aspects of the neighbourhood and individuals' physical activities within them. It also prioritises the influence of extra-local organisations, governments, policies, economic structures and funding flows. Often overlooked are the role of individuals' feelings about and identification with places and the people around them and the relationships between people living within and outwith the locality, as well as the values and cultural practices those social groups share. Even where these latter aspects are the focus of place-based health research, they are often considered in isolation, and not within the context of the other quadrants.

While studies that are concerned with the objective aspects of places sometimes make reference to the impact of the local 'community' on health, in real terms their focus is restricted to aspects of the physical neighbourhood. In this sense, the terms 'community' and 'neighbourhood' are often conflated. Studies that focus on the subjective aspects of places have a greater tendency to use the terms 'neighbourhood' and 'community' interchangeably, using both to refer to the set relationships among those living in the same locality as one another and the common (place) identities they might share. This can create an undue focus on those relationships and identities held *within* the neighbourhood, at the expense of those held with those living in other parts of the city, region, country or globe, despite the fact that both are important in shaping health outcomes.

Understanding how the neighbourhood-based and community-based determinants of health interact and accumulate differently within different localities is key to unpacking the ways in which the places we inhabit influence our health. In so doing, it is important to recognise that not all of the collective, community-related aspects of our lives (the 'We' in Table 2, below) take place within the neighbourhood, although they are likely to be shaped by it. Similarly, the collective aspects of the neighbourhood (the 'Its' in Table 2) are heavily shaped by economic, political and

social processes taking place at a variety of scales, from the regional to the international. Table 2 proposes definitions of 'community' and of 'neighbourhood' that align with Wilber's original model and Hanlon *et al.*'s (2012) adaptation for a public health context.

Table 2. Four-quadrant approach to place-based public health research.

	'Community': social & cultural assets	'Neighbourhood': physical assets
Individual	**I** Values; beliefs; ethics; identity. Understanding of and feelings about the self.	**It** Health outcomes; individual access to and use of public spaces and facilities; pathways through and activities in space; private physical assets.
Collective	**We** Membership of social networks; social interactions; shared cultural practices and beliefs; symbols and shared meanings, including place- and cultural-identities.	**Its** The provision and maintenance of public spaces and facilities; flows of money and funding; economic infrastructures; political and legal infrastructures and processes.

This approach involves exploring, in an integrated way, the aspects of neighbourhoods and of communities that contribute to health in each of the four localities under study, by considering the elements situated in each of the four quadrants in Table 2 above. Given the tendency for public health research to focus on the 'objective' aspects of place and health, this research will focus predominantly on the 'subjective' lived experience of these four neighbourhoods, alongside recognition of their wider, 'objective' contexts.

Methods

In order to prioritise the subjective aspects of the four study areas, the data collected as part of this research project was primarily qualitative, although this was complemented by a review of routinely collected quantitative data. In summary, data for this research included:

- seven research projects designed and conducted by 25 peer researchers in groups of 3-5, using data sources and methods of their choosing, on any aspect of their local area that they felt had an impact on quality of life
- a half-day workshop that brought together 68 residents and community development workers into five focus groups to discuss the quality of life that their local area offered and how this could be improved
- focus groups with 29 residents that discussed the histories of their neighbourhood, the assets and vulnerabilities it had, the quality of life and

future possibilities it offered and actions that had been taken to improve quality of life there
- interviews with 36 residents, community workers and people in positions of decision-making power across the four study areas, which covered the history of the area, the quality of life it offered and its future development
- existing written histories, reports, pamphlets and documents held by Glasgow Libraries and the University of Glasgow library pertaining to any of the four study areas
- routinely gathered quantitative data on the four study areas, including census data from 1971-2011 and Scottish Neighbourhood Statistics from 2001-2013.

It should be noted that some individuals took part in more than one aspect of qualitative data collection, so that although there were 158 contributions across all of the methods, this amounted to 107 individuals taking part in one or more aspects of the project. The remainder of this section describes how these methods were organised, how they related to one another and who took part, before outlining the process of data analysis.

Peer research
The principal method of data collection for this research was conducted by peer researchers: people without a research background who lived, worked or had some other connection to one or more of the four study areas. Peer researchers were recruited with the help of community and third sector organisations across Glasgow and were offered a place on one of two 12-week introductory courses in community development (see Box 1).

Box 1. Activate community development course.

The Activate course is provided by the University of Glasgow and tutored by practicing community development workers across the city. It is typically run in a community setting and paid for by community and voluntary sector organisations who want to develop the capacity of their (potential) staff, volunteers and service users. The course is designed to be accessible and timetables are flexible, involving around 50 hours of learning, typically spread across 12 weeks.

Much of the learning is discussion-based, with a focus on learning from the experience of the other course participants. Topics include community development, popular education, discrimination, globalisation, power, participation, democracy and social policy, with scope for organisations to add their own, additional or alternative topics. The course involves three tasks, which participants must complete to succeed on the course. The first is a short essay on a personal experience of discrimination. The second is a group exercise on listening. The third is a group-based community investigation, or research project, on a topic of choice.

The courses were paid for by the Glasgow Centre for Population Health and held at community venues in Calton and Drumchapel with catering, travel and childcare provided. Of a total of 50 people who signed up to attend either of the two courses, 39 attended at least one session and 25 (plus two GCPH staff members) successfully completed the course.

Although demographic data were not formally collected from course participants, many chose to discuss their backgrounds and life experiences during the 12 weeks spent working together. Most participants were in their 30s and 40s, with two over retirement age. Four who were in their teens and early 20s left the course fairly early on due to other education commitments. Around a third of participants had young children and the majority of them were single parents. Twelve participants were migrants to the UK, nine of whom completed the course; around half were economic migrants, while the other half were asylum seekers or refugees. They came from a wide variety of countries, including some from Eastern Europe, the Middle East and Africa. Five participants identified themselves as having struggled with addiction in the past and three identified themselves as survivors of domestic abuse and four identified as having been or currently being homeless. Almost half of those who completed the course noted that they had suffered from poor mental health at some point during their lives and four identified physical disabilities.

As part of the course, participants undertook three activities (the first three outlined in the summary above) that contributed to data collection:

- A group-based community investigation, which involved identifying a research question important to them, deciding where/who to gather data from and how, organising and analysing the data they gathered, and presenting their findings to other participants on the course (see Box 2).
- A half-day workshop, which involved showcasing their community investigation projects to community development workers and other residents, before taking part in a structured group discussion about what they wanted the future of their neighbourhoods to be, and what actions might be required to achieve this (a summary of the discussions that took place at this workshop can be found on the GCPH website[a]).
- A series of focus groups, as part of the course, which included discussion on the histories of their neighbourhoods, the assets and vulnerabilities of their neighbourhoods, and what they thought the past, present and future might look like for different kinds of people in their neighbourhood.

Box 2. Peer researchers' community investigations.

Each of the groups of peer researchers focused on different aspects of their neighbourhoods. Their project titles included:

- How can relationships between residents be built?
- What regeneration has happened and what have been the effects?
- How does having a job or not having a job affect quality of life?
- What social and community activities are on offer and how do people find out about them?
- How can access to the social and community activities on offer be improved?
- How can the balance of power be restored for homeless people?
- Who holds power and how do we get access to them?

A summary of the methods and findings of each of these individual projects can be found in the Appendix.

As part of the community development course, a GCPH researcher worked with the peer researchers over a period of weeks, to support the development of their community investigation projects. Extensive notes were taken during the final presentation of their projects and copies of any visual aids they used were collected (including photographs, diagrams, drawings, slides and other media). These were

---

[a] Glasgow Centre for Population Health. *Exploring neighbourhood change*.
http://www.gcph.co.uk/work_themes/theme_4_assets_and_resilience/resilience_and_public_health/exploring_neighbourhood_chang

typed up in full (and subsequently edited to form the summary available in Appendix A).

Each of the focus group sessions was facilitated and scribed by a GCPH member of staff, although participants were encouraged to contribute to the recording process, by adding to flip charts that offered a visual means of noting key aspects of the conversation, including diagrams, drawings and maps (see Figure 2 for an example). The facilitators' notes, along with the contributions to the flipcharts, were typed up before analysis.

Figure 2: Flip charts from the focus groups with community development course participants, which explored (a) the history of the area and (b) the quality of life and future it offered.

The peer researchers' projects and the focus groups were rich sources of information on quality of life in each of the four study areas. The community investigations, in particular, allowed participants to completely shape the information they gathered. They were also involved in the analysis of this data, including thinking about the actions required to improve quality of life, health and wellbeing. The focus groups provided opportunities for participants to unpack the community investigations and examine differing perspectives on the same issues. The half-day workshop in particular focused on how and why points of view and priorities might differ from person to person, or neighbourhood to neighbourhood. Throughout each of these methods of data collection and analysis, there was an emphasis on the plurality of people's experiences of their local area. There was also an attempt to bring together these diverse views and experiences, through dialogue, towards a common position on each area's priorities and the actions required for positive future trajectories.

Feedback was sought from participants after both the community development course and the half-day workshop in a variety of interactive ways, including designing adverts for the course, creating feedback walls with 'Post-it' notes and

sending greetings cards with their thoughts inside. One group of participants wrote a blog about their experiences of the community development course for the GCPH website. Those who completed the course felt they had picked up a range of skills in communicating with others, described feeling more confident about a variety of aspects of their lives and many wanted to take action on issues that had been discussed throughout the course sessions and in their community investigations. They described taking part in the research as fun, interesting and providing them with food for thought in their own lives. Participants in the half-day workshop echoed this final sentiment, with many commenting that the session made them think about existing issues or old problems from new points of view.

Interviews

A total of 36 individuals, who were either residents, community workers or people in positions of decision-making power in at least one of the four study areas, were interviewed. Community workers included people who volunteered or engaged in paid work for a local organisation or had been otherwise active in their communities, either in the present or the past. People in positions of decision-making power included local Councillors, senior Housing Association staff and managers of area-based health or social care services. Interviewees were recruited through community organisations, as well as structures of local government, health and social care delivery and planning. Table 3 shows the number of interviewees of each type and from each part of the city.

Table 3. Number of each type of interviewee from the four study areas.

	Easterhouse	Drumchapel	Bridgeton & Dalmarnock	Anderston & Finnieston	Total
Resident	1	0	2	4	**7**
Community worker	5	2	1	2	**10**
Decision-maker	8	3	3	5	**19**
Total	**14**	**5**	**6**	**11**	**36**

As can be seen from Table 3, an emphasis was placed on recruiting decision-makers as interviewees, given the already significant involvement of residents and community workers in the peer research part of the research project. Table 3 also demonstrates the difficulty of recruiting participants from certain parts of the city, particularly Drumchapel.

Semi-structured interview schedules were tailored to the experience and expertise of each individual interviewee, but included questions on the history of the area, the assets and vulnerabilities of the local area for residents, the improvements currently being undertaken in the area (and by whom), as well as plans and hopes for the future. Where interviewees were familiar with more than one of the four study areas, they were asked how these areas compared with one another. Some interviews were audio recorded and transcribed, with permission from the interviewee.

However, in many cases, due the informal nature of the setting and conversation it was not considered appropriate to audio record interviews and extensive notes were taken instead, which were later typed up for analysis. These interviews were particularly useful in providing the perspectives of various decision-makers in each of these four parts of the city, as well as enhancing the historical narratives of the study areas.

Secondary sources

A range of qualitative and quantitative secondary sources were consulted to provide further background information on the histories of these four parts of the city. Searches were made of the Glasgow Libraries catalogue and the University of Glasgow library catalogue for the following key words: Anderston; Finnieston; Bridgeton; Dalmarnock; Easterhouse; and Drumchapel. This yielded over 60 hard copy books, booklets and other bundles of assorted documents, as well as over ten electronic documents, across all of the libraries searched. These included published historical accounts, local survey and planning documents, annual and special reports of local organisations and information leaflets. A further search was made of Scottish newspapers for the same key words, which yielded over 40 relevant articles. Each of these sources were reviewed and notes taken.

This was followed by a descriptive analysis of census data (1971-2011) and Scottish Neighbourhood Statistics (2001-2013) for each of the four study areas. Data concerning population levels, deprivation, family type, transport, tenure, overcrowding, employment, income, dwelling vacancy, housing type, new house building and housing demolition were collated. Scottish Neighbourhood Statistics were downloaded from the Scottish Neighbourhood Statistics website, where datazones were chosen to match the study neighbourhoods by 'best fit'. This permitted an analysis of the areas a whole, as well as the smaller datazones within them. Census data were downloaded from the Casweb website, cleaned and compiled by Lauren Schofield at the NHS Information Services Division. This provided data for consistent, customised geographies that covered the four study areas, for the period 1971-2011, allowing a comparison across four decades.

Together, this qualitative and quantitative secondary source data provided useful background information on the four study areas at the outset of this research. It also provided references points, such as dates and figures, for many of the experiences described by participants during primary data collection.

Analysis

Analysis was undertaken in three stages:

Secondary sources

Firstly, the secondary sources described above were identified and consulted. The notes from these sources were used to construct a draft timeline of each of the four study areas to provide a preliminary understanding of the areas' histories. These timelines, particularly in what they were lacking, were used to develop the questions asked in the interviews and the peer researchers' focus group sessions.

Primary data

Secondly, once primary data collection was complete, the information in the notes and transcripts from each of these methods was reviewed and used to develop the timelines to reflect the experiences and priorities of participants. These timelines were then used to construct narratives of the past and present of these four study areas, as well as participants' hopes and expectations for the future. These narratives are presented in the next section under 'Findings'.

Synthesis

Thirdly, the timelines and narratives were reviewed and compared in order to identify common themes and experiences across the four study areas, as well as to look for differences in participants' experiences. This led to the identification of five aspects of the neighbourhood, described by participants' across the four study areas, that appear to have a significant influence over whether an area provides a good or poor quality of life. All of the data (transcripts and notes) were reviewed a second time, in order to develop our understanding of how these five aspects of the lived environment contribute to quality of life, and to gather examples for use within this report. These five aspects of the neighbourhood are outlined in the penultimate section of this report under 'Discussion'.

Findings: Study areas' pasts, presents and futures

This section outlines the narratives of the past and present of the four study areas, drawing on the information gathered from all of the methods outlined in the previous section. It aims to provide background information for readers unfamiliar with these four parts of the city, as well as lay out the information, ideas and perspectives gathered on the experience of living there during the course of this research. While efforts were made to gather as wide a range of views and detailed a picture as possible, it should be noted that these narratives do not describe every perspective and are therefore not the only ways in which these neighbourhoods can be described or understood; they simply represent the points of view of the sources we consulted during the course of this research.

Drumchapel

Drumchapel was designed to provide housing, all owned and managed by local government, for those being decanted from Glasgow's overcrowded, bomb-damaged inner city areas, much of which were scheduled for demolition. Its first homes were completed in 1951, although there were initially no pavements, street lighting, telephone boxes, schools, shops, parks, public houses or health services. It was not until 1956 that the first primary school opened, before which time children had to be bussed to their old schools in the inner cities[7]. In the decade that followed, a further 14 primary schools and two secondary schools (the first of which did not open until 1958) were built to serve the area's young population profile[8]. In 1971, there were almost 12,000 under-15s living in Drumchapel, making up over a third of the population[9], as households with children were prioritised for new housing in out-of-town estates.

Figure 3: Map showing the location and extent of Drumchapel as part of this project.
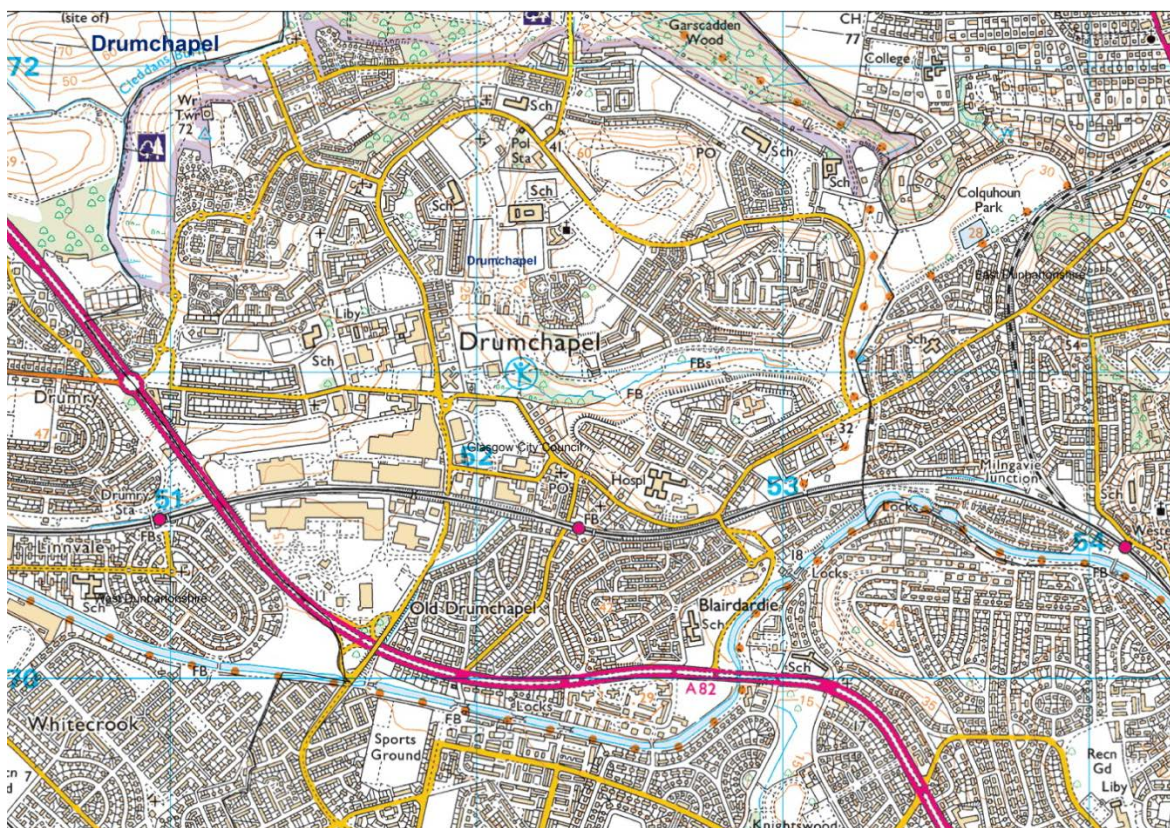
Early problems with the built environment
Residents came together to launch the 'Drumchapel Tenant' voluntary newsletter in 1956[7] and the University of Glasgow Settlement programme moved into the area to help those most in need of stability to settle in 1959[10]. This support was much needed, given that the first substantial scheme of amenity buildings in Drumchapel,

the Arndale Shopping Centre, was not completed until 1964[7], more than ten years after the first tenants had moved in. By the mid-1960s, then, Drumchapel's residents relied upon one community centre and 11 churches for all of their community-organised activities. Between them, 45 community-run youth groups served young people. However, there were still no landscaped green spaces; aside from school playgrounds, outside spaces consisted only of open countryside on the edges of Drumchapel, as well as disused and derelict sites within it. There were also still no cafés, cinemas, snooker halls or public houses in the area, which meant that there were virtually no informal meeting places for adults[8]. Residents described how most socialising took place in the street and dances were one of the only informal events at which a wider section of the community could socialise together.

Figure 4: Drumchapel in the 1960s[8].

By 1967 there were 8,700 homes in Drumchapel[8] and residents predominantly travelled outside of the area for employment. The shopping centre housed only 40 shops, with four smaller neighbourhood arcades housing between eight and ten shops each. Other than this, there were a handful of larger employers around the outside of the estate, but most workers were faced with a journey into Clydebank or Glasgow. In the late 1960s, then, employment was still relatively high, but so was the cost (in both money and time) of travelling to work – only 1-in-10 people walked to work. Although public transport was expensive, almost three quarters of workers

relied on it, because only 1-in-5 households had access to a car[9]. This cost was especially heavy for those who worked part-time (predominantly women)[8].

Implications for social and community life

Because of the distance to employment and amenities, by the late 1960s Drumchapel was beginning to be seen as an undesirable area in which to live. A lack of choice in housing size and type, as well as vandalism (reportedly by young people with little else to occupy them) and the prevalence of gangs and associated violence also began to be identified as a problem. However, contemporary accounts describe these latter two issues as on a par with other, less desirable parts of the city and not as a Drumchapel-specific problem *per se*[8]. A related issue was that many new residents to the area had left their family support networks and had difficulty establishing new relationships in Drumchapel[10]. School leavers were especially isolated, as many of the local activities for young people took place in school buildings, which significantly reduced their appeal, and informal meeting places were still lacking[8].

As a result, those who were entitled to housing transfers or were able to afford private rents were moving away to other parts of the city, sometimes back to their original inner city neighbourhoods. Others moved out of Glasgow, Scotland or the UK altogether. By 1972, a quarter of the area's households had requested a housing transfer out of Drumchapel[11]. Despite the completion of the Arndale Centre's extension and Garscadden high-rise flats in 1971[7], Drumchapel's population had declined from its peak of over 40,000[12] in the mid-1960s to under 35,000 in 1971[9] and conditions, at least in terms of employment, were set to get worse. Between 1971 and 1978 it is estimated that the unemployment rate in Drumchapel trebled, to around 20%, due to loss of jobs through deindustrialisation. In some neighbourhoods, such as Kingsridge and Cleddens, unemployment among tenants was as high as 30% in 1978[13]. The closure of the Goodyear tyre factory in 1979 and the Singer sewing machine factory in 1981 generated further significant local job losses[14] and in 1981, 29% of the working-age residents of Drumchapel were unemployed[9].

The need for investment

During the 1970s Drumchapel Credit Union, the Unemployed Action Group[7] and Drumchapel Resident's Executive[14] were all founded to help residents cope with some of the issues they were facing. Despite this, by 1980 housing vacancy rates in Drumchapel had increased dramatically. Even in the most popular neighbourhoods, rates were around 29%, while in others they were as high as 43%. For those in neighbourhoods furthest from Drumchapel town centre (at its southern edge) access to either amenities or employment remained a significant problem, particularly due to persistently poor public transport[14]. By the mid-1980s the population of Drumchapel had declined to an estimated 25,000 people and some of the area's least desirable (and most vacant) housing in Kingsridge and Cleddens had begun to be demolished, less than 30 years after being built.

Figure 5: Meeting of the Clydebank and Drumchapel Unemployed Action Group in 1972.

In 1984 it was estimated that some four-fifths of Drumchapel's housing required renovation and rewiring, and parts of the area became the subject of a Special Initiative aimed at bringing housing up to standard. This prompted the decision to designate Drumchapel as a whole a Priority Development Area, given that the town centre buildings were also in need of significant upgrading and adaptation. Derelict sites on the periphery of Drumchapel, where large employers such as the Goodyear tyre factory had once stood, were also identified as a target for economic development[15]. However, funding for much of this development work was scarce. In some areas, such as housing renovation, initial plans had to be scaled back due to a lack of funds. In others, such as the economic development of the former Goodyear site into a retail park, work did not begin for almost a decade. And others still, such as green space development, relied heavily upon the organisation, skills and resources of local residents[15].

Community involvement in regeneration
In an attempt to involve residents in Drumchapel's redevelopment process, Glasgow District Council launched the Drumchapel Joint Initiative in 1986, which had an Area Management Group (AMG) that included representatives of Drumchapel residents[12,14]. The AMG allocated funds to the Community Organisations Council (COC), which was made up entirely of elected community members. In 1988 they

22

founded Drumchapel Opportunities Ltd to carry out economic development activities[14], which by 1990 had opened a money advice centre, Furnish Aid, a food co-operative and a learning centre in a declining portion of the Drumchapel shopping centre[7]. There were plans to convert the disused Hills Hotel into a theatre and health centre and other vacant parts of the shopping centre into a new social work office[16]. By 1992 the COC had grown to employ 60 paid staff[7], with 75% of its funding coming through the Urban Programme (i.e. from the District and Regional Councils)[14].

Despite this success, in 1994 the COC entered into receivership after the Urban Programme was terminated, which resulted in the closure of many of the services and social businesses it had founded[7,14]. Only four years later, Drumchapel became part of a Social Inclusion Partnership, whose stated aims were to stimulate community involvement in regeneration. The key means through which this involvement was designed to take place was through the Drumchapel Community Forum, founded in 2000, although residents criticised the scheme for giving them far too little time to have any meaningful input into the priorities for the Drumchapel Community Plan[7,17]. That same year the Drumchapel Community Centre burned down and, just two years later, Mercat House, one of the key achievements of the former COC, closed due to a lack of funds[7].

Long-term economic problems
Alongside a lack of amenities and meaningful involvement in regeneration, employment remained an issue for residents throughout the 1990s. By 1991 only 30% of working-age females and 40% of working-age males in Drumchapel were in employment, with one-in-six women and one-in-three men actively looking for work. The population had declined to under 20,000, with larger families being replaced with single adults and single parent families[9]. By 1996 male unemployment was three times the national average, with just under half of unemployed men experiencing long-term unemployment. Three-quarters of households were in receipt of Housing Benefit and one-in-five young people were unemployed[12].

The population of Drumchapel continued to fall to just over 13,000 people by 2001[9], which has stayed relatively stable over the past 15 years or so[9]. Just under half of working-age men and women were in work in 2011, although one-in-six women and one-in-five men were actively seeking work[9]. Perhaps unsurprisingly, given Drumchapel's history and deprivation statistics, residents described a lack of good quality employment opportunities, poverty and associated violence and addictions as the key challenges they faced to their quality of life today.

Investment in the built environment
In terms of housing, only 1.6% of Drumchapel's homes had been purchased through Right to Buy legislation by the early 1990s, leading the Council to recommend extensive stock transfer to social housing providers[14]. It was not until the 2000s and 2010s, however, that Drumchapel underwent significant housing redevelopment. While the southern and western parts of the area kept a relatively stable population,

the central, northern and eastern parts saw significant change. For some neighbourhoods, this meant rapid population and dwelling loss (predominantly flats) in the early 2000s, followed by house construction and modest population recovery. In others, however, only the first half of this story bears true, and residents cited the prevalence of vacant brownfield sites as something that had a strong negative impact on their quality of life.

Nevertheless, two neighbourhoods that appear to have benefited most from housing development are by far the poorest parts of Drumchapel, with consistently high benefit claims rates (e.g. 70-80% for males)[18]. Residents describe new housing as being much better quality than in the past, although there was considered to be a shortage of social housing for those wishing to move out of their family home but stay in the area. Moreover, participants described housing development alone as only part of what is needed to build a community, with (indoor and outdoor) public spaces and organisations also important. Today, three-quarters of households rent their home from a Housing Association and the vast majority of the remaining quarter own their homes.

Figure 6: An example of Cernach Housing Association properties in Drumchapel, 2017.

Community needs today

Those who took part in surveys and interviews carried out by peer researchers stated that they felt powerless to effect change in their community. Many residents did not know where to start to improve employment opportunities, amenities and public transport within their neighbourhoods. For them, this raised a host of questions about who is responsible for driving improvements in these aspects of place and quality of life, and why. The need for a greater degree of social connection within neighbourhoods, as well as power and confidence and the sense of responsibility this would bring, was also highlighted as important for the future of the area by participants in the workshop. The interviewee below was asked how much involvement residents in Drumchapel have had in policy-making:

> *"Very, very, very, very little, I mean really very. Oddly, much less than, in my experience, they would have had 30 years ago, much less. […] I actually think that people just got sick of not seeing all that action that actually makes a difference in their lives and they just stopped."*
>
> 'K', community activist

The key issue that residents wanted to change was the lack of good quality public space and amenities. There was also a feeling that there was underuse of those community spaces that did exist because people were not engaged with their community or did not identify with the buildings and amenities that had been provided. This issue links back to residents' lack of a sense of power and control over their neighbourhoods. Community organisations were seen to be operating in competition, instead of in partnership, because of funding structures and a general lack of funding. The area as a whole was felt to be socially and geographically isolated from the rest of the city, with poor transport links and an unnecessarily negative reputation. Although people had strong family or immediate neighbour connections within the area, which were important for quality of life, there was seen to be a lack of wider community connectedness or social life, either within or outwith Drumchapel.

Easterhouse

The construction of Easterhouse began slightly later than Drumchapel, in 1954, and by 1958 the first residents had begun to move in[19]. Within a decade the number of homes built had reached 13,000[20]. Like Drumchapel (and Glasgow's other peripheral estates), these early years were marked by a lack of amenities and a lack of transport to other parts of the city. Churches were the only public buildings, at least until the first school opened in 1961, and there was still no police station in Easterhouse in 1965. Town centre amenities did not open, even in part, until 1971[19], by which time the population was over 25,000 people.

Figure 7: Map showing the location and extent of Easterhouse in this project.

Because of this, and the fact that the housing was beginning to show signs of dampness as early as 1960, many of Easterhouse's residents sought to move back to the inner city during the 1960s[19]. By 1969 a third of the area's residents wanted to transfer out of the scheme, and three-fifths stipulated a preference for the east end's inner neighbourhoods from which they had originally come. A wish to be nearer to family, friends and amenities, alongside complaints of crime, vandalism and violence were among the main reasons given[20]. Almost two-thirds of homes in Easterhouse were overcrowded in 1971[9] and church records suggest that, in 1972, almost a third of Easterhouse's new residents moved on within a year of coming to the scheme[19].

Early community action

There were a number of attempts to improve life in Easterhouse by its residents, as this participant describes:

> *"There was lots and lots of things that people had to fight really hard for to get, whether that was, you know, affordable bus services or, you know, appropriate places for people to go to and stuff like that. Things didn't come easy, we had to fight for them. And we had to deal with it ourselves."*
>
> 'H', resident and community activist

A number of residents set up mobile van shops, in order to serve the basic needs of their neighbours, including bread, milk and fruit/vegetable provision. In 1966 the Good Neighbours campaign[20] and the Easterhouse Street Football League were started[19]. The following year an Action Group to improve the area's poor media image began[20] and the Easterhouse Development Committee was founded as a pilot scheme by Glasgow's Lord Provost. The Committee held summer festivals and campaigned for the construction of the shopping centre and other services[19]. In 1968 Easthall Residents Association was founded and celebrity Frankie Vaughn launched a youth initiative designed to develop young people's activities[20]. Within two years the project had established a wide range of activities in disused wartime Nissen huts using public donations[21].

Early issues facing residents

This youth initiative was a vital service for young people in Easterhouse because the second phase of the town centre, which was to have included leisure facilities (including a cinema, restaurant and ballroom), was axed due to economic concerns over demand[20]. The construction of Auchinlea Park did not begin until 1974[11] and, as a result, there was very little for young people (or, indeed, adults) to do for leisure in Easterhouse throughout the 1960s and 1970s. By this time, Easterhouse had gained a notorious reputation for gang violence and delinquency, although it should be emphasised that much of this was driven by the media. Although these were issues, they were not a problem in Easterhouse to a greater extent than in other, less wealthy parts of the city[20]. In an attempt to combat the problem of Easterhouse's reputation, in 1972 'The Voice' newspaper was launched by residents, funded by Strathclyde Regional Council[19]. Meanwhile, the Council considered formally abandoning the name 'Easterhouse' in favour of the names of the individual neighbourhoods that made up Greater Easterhouse instead[20].

A survey of 1975 showed that the real issues for residents revolved around the continued lack of amenities in the area, particularly green and play spaces, as well as a lack of social workers, healthcare and police officers, and poor maintenance of housing and back courts. A lack of opportunities for employment was also a growing problem, as in many other parts of deindustrialising Glasgow, and by 1975 the Queenslie Industrial estate (the main locus of employment for the residents of

Easterhouse) had seen significant declines in economic activity[11]. The undesirability of the area due to these factors was resulting in high rates of tenancy turnover, causing high rates of vacancy and social disruption[11]; by 1981 one-in-eight homes in Easterhouse were empty[9].

Continued community involvement
In 1975 a Citizens Advice Bureau opened in the new shopping centre after residents campaigned for it over a bingo hall[19] and the Easterhouse Festival Society was founded in 1977, funded by the Arts Council and Urban Aid[20]. Lochend also had its own neighbourhood project and the YMCA in Easterhouse was going strong at the end of the 1970s[22]. Further, the resident-organised Easterhouse Employment Initiative created the Easterhouse Development Trust and Provanhall Holdings Ltd (whose shareholders consisted of local community group members) in 1979[23]. Residents describe the 1970s and 1980s as a time of strong community activity in Easterhouse, and together these organisations set about developing and rejuvenating old, vacant and disused buildings. Disused flats in Inverlochy Street were converted into commercial premises in 1981, Garthamlock Primary's vacant annex was converted to workshops the following year[24] and in 1983 vacant housing at Lochend was converted into a community centre[24].

Long-term issues with the built environment
Despite this community-driven development work, by 1980 the shopping and community space facilities available at Easterhouse town centre were still significantly smaller than required to serve an area of its size. Many neighbourhoods in Easterhouse were not within reach of a shop and Lochend and Commonhead lacked even basic local amenities. Moreover, Easterhouse had no commercial entertainment facilities, sports centre or children's outdoor play areas and motorway works were having a detrimental impact on green space at its southern edge. Public transport remained a significant problem, with bus services that were expensive, unreliable and irregular[23].

As in Drumchapel, the quality of housing also remained a problem. Demolitions of housing in the least desirable areas, such as Lochend, had begun and by 1981 Easterhouse had become a Special Housing Initiative Area[25]. As it was not expected that there would be any significant take up of the new 'Right to Buy' rules in Easterhouse, the plan was to replace some of the demolished housing with private developments, in order to diversify the tenure base in the area[23], although the removal of over 1,000 vacant homes in 1981 generated little interest among private developers[25].

Figure 8: Original Easterhouse housing, prior to demolition.

Turnover across greater Easterhouse was still 15%, but in the least desirable areas it was as high as 20%[20] and the practice of housing those designated 'problem' tenants in areas of lowest demand was seen by residents as a factor contributing to the issue of vacancies and undesirability of certain neighbourhoods[25]. In the mid-1980s residents in Easthall started a powerful campaign to have the quality of their housing improved, after living with problems of dampness for decades. However, by 1991 vacancy rates had not improved, despite demolitions[22], and in some neighbourhoods, such as Easthall, as many as 40% of homes were empty.

Economic challenges
Employment also remained an issue for the residents of Easterhouse throughout the 1980s. Between 1971 and 1981, the proportion of working-age men looking for work doubled, from 1-in-6 to 1-in-3, and this had not reduced by 1991[9]. By 1982 three of Easterhouse's largest employers had closed in the previous four years, causing vacant industrial floorspace in the Queenslie estates to treble; over half of the industrial premises there were vacant in 1983[24]. That year unemployment in greater Easterhouse was the highest in Strathclyde at 38% among males, half of whom had been unemployed for over a year[25]. For women, the loss of local employment was especially damaging as the cost of transport out of Easterhouse was often prohibitive for part-time working[24]; by 1981 1-in-4 working-age women were looking for work, up

from just 4% in 1971[9]. In an attempt to regenerate the local economy, in 1986 the Greater Easterhouse Partnership opened the new Greater Easterhouse Business Centre, which offered 50 small office and factory units, while the Queenslie estate was renovated[25]. The Partnership also offered business counselling and training to local people in an attempt to increase self-employment[26].

Despite this, the fall in Easterhouse's population in the ten years to 1991 was 44%[9], the fastest and greatest of Glasgow's peripheral estates. The area continued to experience population decline throughout the 1990s and unemployment among males in the mid-1990s was still as high as 28%, half of whom had been unemployed for more than a year[22]. It wasn't until 2001 that consent was granted for a retail development at Auchinlea Park (which opened as the Fort shopping centre in 2004) that was expected to provide 1,200 jobs[27]. Today, residents describe this development as providing limited opportunities for work and those that do exist are considered to be of poor quality.

Regeneration and community involvement
In order to combat the range of problems the area was facing, the Greater Easterhouse Joint Social and Economic Initiative was launched in 1985, with one representative from the local Council, the Regional Council and the area's residents for each of the three districts of greater Easterhouse[22]. There were initial concerns from residents around how the post of Director for the Area Management Group of the Initiative had been advertised (nationally but not locally) and difficulties agreeing on an appropriate person. These problems persisted to generate a degree of distrust between the organisation and local people throughout its lifetime[26]. Issues around community involvement in planning surfaced again in 1999, when greater Easterhouse became a Social Inclusion Partnership area, and there was disagreement about how to involve the community and the voluntary sector in the scheme[28]. Residents and activists describe these Partnership schemes, as well as later incarnations of community planning, as lacking genuine resident involvement and resisting residents' views, owing to a perceived unwillingness to share power. A number of community-controlled activist and support organisations suffered funding cuts during the 1990s and into the 2000s, which in turn reduced the supports and power available to residents.

Nevertheless, in 1989 Family Action in Rogerfield and Easterhouse (FARE) was founded by concerned local residents[29] and, three years later, five new housing associations and co-operatives gave residents greater control over and involvement in their housing[30]. By the late 1990s these housing organisations had contributed significantly to housing improvements in Easterhouse[22] and FARE was running a plethora of services tailored to local needs. These included sports classes, friendship groups, breakfast clubs, crèches and leisure sessions[29]. Residents describe these developments as a turning point in the physical condition of Easterhouse, particularly where community-based Housing Associations carried out extensive, long-term regeneration of housing. Many Housing Associations also began to contribute

considerably to social regeneration, by providing tenants with non-housing related support, from this period onwards.

Figure 9: An example of new housing in Ruchazie, contributed by peer researchers from Housing Association archives.

Developments in the built environment

Throughout the 2000s and into the 2010s a number of complex demographic and housing changes took place in Easterhouse. Greenfield sites around the edge of Easterhouse saw a quadrupling of population between 2001 and 2013, driven by significant private housing development. The benefit claim rate here has fallen steeply to under a quarter of men and women in 2013, from highs of 50% and 70% in 2003/04 respectively, likely reflecting the significant influx of a wealthier population. Conversely, those areas on the edge of the original Easterhouse estate have seen the least change during this time. Their populations have tended to be stable or have shown small losses, with little or no change in housing volume or type or rates of benefit claims. Moving further inwards, the centre of Easterhouse has shown more dramatic losses of population during this period (over a quarter of its total population between 2001 and 2013), accompanied by significant housing change that has involved the loss of flats and growth in the number of houses. Benefit claim rates show very little reduction, however, and across Easterhouse residents still describe vacant and derelict land as a significant problem.

Today, residents describe Easterhouse as a place where there are strong community organisations and spirit, despite the challenges of a lack of good employment opportunities and the poverty this has created. However, a lack of amenities at the neighbourhood level, especially public spaces and affordable shops,

and affordable, appropriate public transport are problems in some neighbourhoods, as this participant described:

> *"There's a wee bus that goes through at certain times of the day to take you down to Parkhead. But in the evening, walking up there is quite a distance if you're a wee bit older. Local shops, nope. If you want to go to a supermarket you need a car to be able to go to Morrisons up at the Fort."*
> *'A', community worker*

Although many described addiction, territoriality and violence as issues within their communities, these are understood to have declined significantly since the 1980s and 1990s. Also in contrast to the past, the quality of housing is held up as many neighbourhoods' greatest asset, as well as the degree of control that residents have through community-based Housing Associations. There is great hope and determination among many residents that the neighbourhoods' physical environments and community-run support systems and activities can continue to be developed to improve life in Easterhouse. However, residents feel that, for this to happen, there needs to be even greater community confidence and involvement in decision-making across a range of sectors, including a focus on what residents do have the capacity to do, instead of the problems they face.

The future of social and community life

Both residents and community-based Housing Associations have particular concerns around the proposed development of housing between the Glasgow City boundary and the current built-up extent of greater Easterhouse, as well as the development of smaller sites throughout Easterhouse, as summarised by this participant:

> *"There has been a wee bit of regeneration about here. And I think, up to a point, it's okay. But I know that they're talking about developing the [derelict] school sites and I'm thinking, 'please include the community in that'. So it doesn't just get houses built on it."*
> *'A', community worker*

Residents are keen to influence the infrastructure and amenities, including public transport, schools, childcare and shopping facilities, that could be provided alongside any housing development. Moreover, existing community-based Housing Associations feel that they have, over the past two decades, been able to cultivate stable, happy communities, the social fabric of which may come under threat in the face of a large influx of population. There is a desire to ensure that those moving into new housing developments in Easterhouse contribute to community life and concerns that large-scale housing development, particularly where it is not owned or managed by existing community-based Housing Associations, will not be conducive to this.

Bridgeton & Dalmarnock

Bridgeton and Dalmarnock are located in the east inner city of Glasgow. Their first industries were focused on textiles, but in the late 19th century this gave way to shipbuilding, heavy engineering and manufacturing. Until the 1950s, housing was almost all privately rented tenement flats, most of which were only one or two rooms with a kitchenette, a shared outdoor toilet and no hot running water. A substantial proportion were also built back-to-back, so that they were poorly ventilated, and back courts were used for waste disposal and workshop-sized industry, as well as being where the shared lavatories and wash houses were located. Poor maintenance and the overcrowding of large families into very small accommodation, lead much of the housing to fall into an unsanitary and, all too often, structurally unsafe condition[31].

Figure 10: Map showing the location and extent of Bridgeton and Dalmarnock as part of this project.
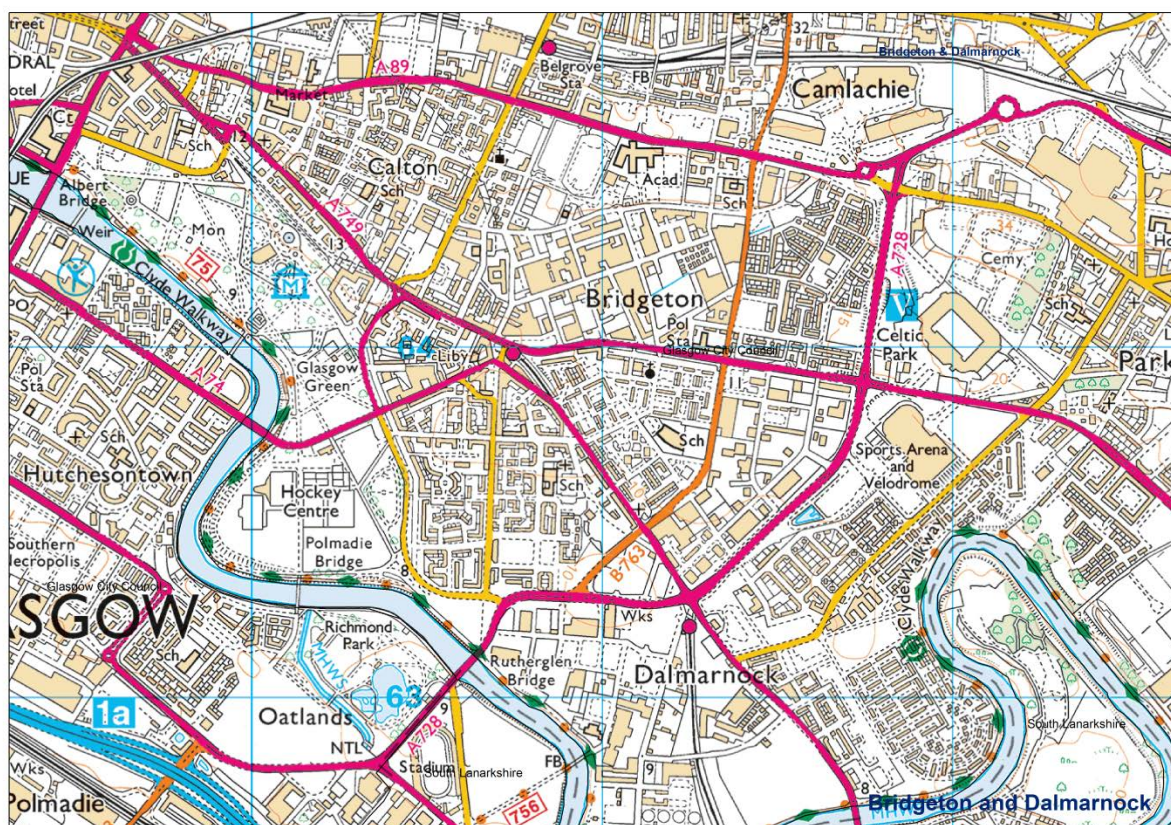
Early urban renewal
Because of this, in 1957 Bridgeton became a Comprehensive Development Area[32], resulting in the demolition of many old tenement buildings and the construction of modern three-storey tenement flats as well as, in the late 1960s, a small number of high-rise tower blocks, all owned and managed by the local authority. By 1971 there were almost three-and-a-half thousand social rented properties in Bridgeton/Dalmarnock, making up just under 40% of the housing stock[9].

During the 1970s demolition in the area picked up pace, especially in Dalmarnock, under the auspices of the Glasgow East Area Renewal programme. Huge tracts of housing and industrial buildings were cleared, including some to make way for a major new road, (the Hamilton Road Route), the construction of which was eventually abandoned[33]. Almost all of the area's remaining privately rented and owner occupied tenemental stock was demolished and this led to substantial reductions in population, which fell from over 26,000 in 1971 to just 11,000 in 1981[9].

This threatened the viability of local organisations that had once thrived in Bridgeton and Dalmarnock, including churches, schools and interest-based clubs. It also removed many of the shops and local-level amenities provided on the ground floors of tenement buildings and, by 1977, three-quarters of Dalmarnock's shops had been demolished in just seven years[33]. The loss of much of the area's original character impacted heavily on the identity of the area for those who remained, and in 1980 the modernisation of hundreds of houses in Dalmarnock, as well as the construction of a new leisure centre for the area, were postponed due to Council funding cuts[34].

Figure 11: Demolition at Bernard Street, Bridgeton in the 1970s[32].

Economic challenges

Relocation of industrial buildings, against a background of nationwide deindustrialisation, also saw significant increases in unemployment in the area during the 1970s and 1980s. The proportion of working-age men that were in work almost halved between 1971 and 1991, falling from just under three-quarters to

under two-fifths[9]. Despite the rising incidence of drug use, addiction, crime and vandalism, residents recall a strong and persistent community spirit during this period. Nevertheless, by 1981, the housing vacancy rate was almost 20%.

For the next two decades or so, (re)development in Bridgeton and Dalmarnock was very limited, and nationwide cuts to funding for public sector housing meant that the stock that had been built as part of earlier waves of redevelopment began to fall into disrepair. Residents describe the 1990s as a time when much of the life that remained in the area began to fall away, with shops closing and people moving away. Indeed, Bridgeton and Dalmarnock's population fell by over a quarter during the 1990s[9].

Recent renewal

During the 2000s and into the 2010s, the overall population of Bridgeton and Dalmarnock remained stable at around 7,500 people[9], but this disguises the fact that many individual neighbourhoods underwent significant changes. Eastern Bridgeton and Dalmarnock saw considerable demolition and then construction of housing, resulting in huge swings in population[18]. Much of this is related to the comprehensive redevelopment of the area for the 2014 Commonwealth Games, the impacts and implications of which are described in more detail below.

In the rest of Bridgeton the pace of change appears to have been more gentle. In some neighbourhoods, populations have remained steady until the building of new housing stock stimulated population growth. In others there appears to have been very little change in either population or the indicators of very deep and persistent poverty. Overall, benefit claim rates in Bridgeton and Dalmarnock declined by around 10 percentage points among men and women (to 50% and 45% respectively) across 2001-2013, although those neighbourhoods with the highest rates (70%-80%) show negligible declines, and the gap between the most and least deprived neighbourhoods widens during this period[18].

Despite this, residents described strong community organisations and spirit, as well as a degree of social connectedness. They were encouraged by Clyde Gateway's recent reinstatement of Bridgeton Cross as the physical centre of the neighbourhood, including the work to improve pavements, the redevelopment of the Olympia Building into a public library and office space, and their input into the decision-making process. Residents also felt that there were good transport links and reasonable access to shops and other amenities in most parts of Bridgeton and that the quality of housing was generally good, although some areas still required renovation.

Unemployment, poverty, territorialism and addiction were described as problems throughout the area which, for some residents, led to concerns about safety (although not for others). A lack of opportunities to learn new skills, funding for

community and third sector organisations, the poor reputation of the area and the high prevalence of vacant and derelict land were all identified as things that residents wanted to change. A greater voice and more control over planning decisions, and more involvement by residents and existing community organisations, were important areas for development for residents.

Commonwealth Games development

Dalmarnock's regeneration has primarily been focused on the provision of amenities for the Commonwealth Games in 2014. It aimed to deal with the 40% of land in the regeneration area that was derelict or vacant, much of which was also contaminated. Delivered through Clyde Gateway in conjunction with private developers, the regeneration scheme set out in 2008 to provide 10,000 new homes and over 20,000 new jobs by 2028, as well as a range of sports amenities and built environment 'legacies' more directly related to the Commonwealth Games. As part of the initial phase, large areas of Dalmarnock's post-war housing, including the neighbourhood's high rises, shops and community centre, were demolished to make way for the Emirates Arena, the Sir Chris Hoy velodrome and the Athletes' Village, a scheme of 700 homes, 400 of which were designated for the social rented sector. Today, one-in-five households in Bridgeton/Dalmarnock own their home, a further one-in-five privately rent and the remaining three-in-five socially rent[9].

Figure 12: Housing development at the Athletes' Village, Dalmarnock.

Future developments in Dalmarnock include a further 125 homes, a new primary school, nursery and community centre. However, at present it is felt that there are very few amenities for residents of the area, as there were no shops or public buildings constructed alongside the original 700 homes, other than the 'Legacy Hub' (the area's only new public building). Residents have raised concerns over the extent

to which local people had influence or control over the regeneration, including the programme of demolition and the extent to which the amenities funded as part of the Commonwealth Games legacy actually reach local people. Residents are also concerned that new employers moving into regenerated buildings are not providing new roles for local people, but bringing in staff already in work from elsewhere in the city. There are also concerns that new social housing has been allocated to those from outside the community, instead of being allocated to long-standing residents of the neighbourhood.

Residents of the Athletes' Village described a divide within the area, between those who own their homes, those who rent from a social landlord and those who are long-standing residents of Dalmarnock. Opinions, attitudes and assumptions about residents on each side of this divide are largely negative. Some of this stems from the fact that the Athletes' Village housing was aimed at families, so that not all of those who were decanted from Dalmarnock's old housing were rehoused in the area. Further, some 700 families moved into the development over the course of a few months and the community requires time to build connections and grow; the lack of a common nursery or school for the area, and the fact that the owner occupied and socially rented homes are physically separate from one another within the development, have exacerbated this problem. Further, the lack of an appropriate, affordable and accessible public space in which residents might meet and get to know one another was identified as a key issue. Residents hope that a fresh and more community-orientated approach to the management of the area's Legacy Hub may provide such a venue in future, as well as the further development of the Village Residents' Group.

Anderston/Finnieston

Figure 13: Map showing the location and extent of Anderston and Finnieston as part of this project.
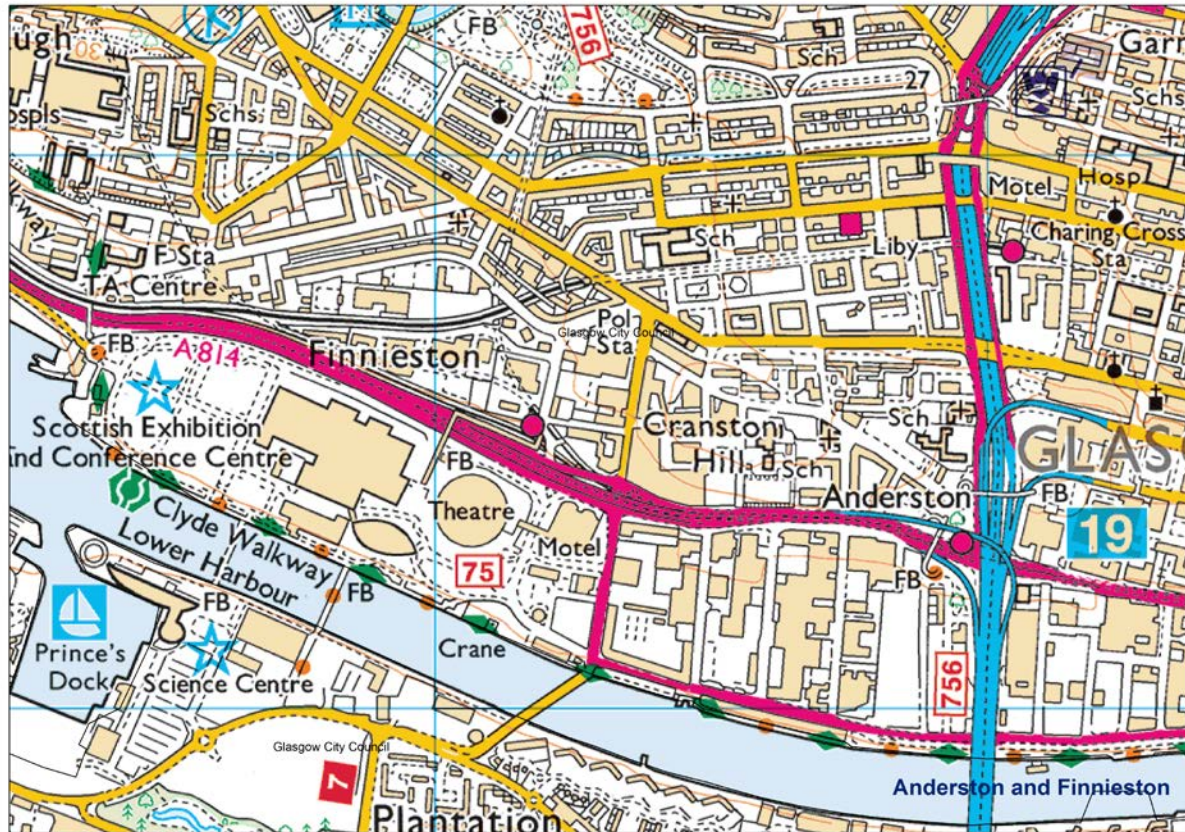
Anderston and Finnieston played a significant part in Glasgow's shipbuilding and heavy industries. Like Bridgeton and Dalmarnock, however, by the 20th century the area's housing was predominantly one- and two-roomed tenement flats, many of them built back-to-back. As a result, local government began to demolish some of the area's poorest housing during the 1920s and 1930s and tenants were relocated to Blackhill in the north east of the city. Despite this inter-war demolition, however, in 1951 only 9% of houses in Anderston were considered to be habitable and conditions were particularly poor in the east of the neighbourhood, where most of its housing was concentrated[35].

Early comprehensive redevelopment
As a result, the 1950s saw a Comprehensive Development Plan launched for Anderston. The intention was to separate Anderston's heavily intermixed housing, industry and commercial land uses into three distinct areas, in a layout that would complement Finnieston's ship building activities on the banks of the river Clyde[36]. As part of this plan, almost 3,400 homes in Anderston would be reduced to under 1,200[37] and the area's 300 industrial and 340 commercial interests all faced relocation[37].

Residents objected to the Development Plan. In addition to the drastic population decline it would entail, they were also concerned about the construction of the M8 ring road through the middle of their neighbourhood, as well as the fact that local government had decided against replacing any of the 46 pubs in Anderston that faced demolition. Despite a public inquiry, the Plan was approved in 1961[36]. Residents were moved to other parts of Glasgow, including Drumchapel, and by the early the 1970s the south of Anderston had the appearance that it had been demolished almost in its entirety[38].

The first of the new houses in Anderston were able to take tenants as early as the mid-1960s, but significant demolition and construction continued until the mid-1970s[39]. In the main, Anderston's new housing consisted of a complex of four- and ten-storey blocks of flats and a single 16-storey high rise surrounded by concrete landscaping. In the ten years to 1981 the proportion of Anderston's residents living in social housing more than doubled, from just under a quarter to over half[9]. Unfortunately, as early as the mid-1980s the scheme was being condemned by planners as providing a "bleak and cheerless" environment as well as being "brutal" in scale[40]. The removal of most of the area's local shops along with the tenements and their replacement with inadequate and undesirable shopping arcades, as well as a lack of maintenance for the whole scheme from the 1980s onwards, added to the negative aspects of this post-war housing development[39].

Figure 14: Clydeway Industrial Centre, 1969.

The redevelopment of the industrial parts of Anderston and Finnieston also faced significant challenges. Although the new Clydeway Industrial Centre was completed in 1968[39], the decline of shipbuilding and heavy industry during the 1970s, which made up much of Finnieston's economic activity, meant that by the 1980s four hectares of land, taking in most of Finnieston and the south-western part of Anderston, consisted of derelict tracts of disused industrial land, criss-crossed by the area's newly built motorways[40]. As a result, Anderston/Finnieston became part of an Area of Priority Treatment and an Area of Urban Renewal during the 1980s[40]. Following Glasgow's Garden Festival in 1988, a significant focus of this second wave of redevelopment was the infilling of Finnieston's docks and the construction of the Scottish Exhibition and Conference Centre (SECC). Despite this development, much of the land between the SECC and the M8 motorway remained disused until the 2000s. Although significant private housing developments were undertaken in the

west of Finnieston during the 2000s and 2010s, much of eastern Finnieston still remains vacant.

The part of Anderston designated 'commercial' by post-war planners, which was cut off from the original neighbourhood by the M8 motorway construction, also fared poorly during the first decades of Comprehensive Development. Despite the completion of the Anderston Cross Commercial Centre in the early 1970s, the rest of this area remained undeveloped throughout the 1970s and 1980s owing to a reliance on private investment, which was not forthcoming[36]. The demolition that had taken place in anticipation of this investment, however, meant that the area could no longer house its resident population. It was not until the 1990s that any substantial development in this area began to take shape, although by this time it was considered more a part of Glasgow's city centre than Anderson[40]. As the 1990s gave way to the 2000s, developers were already focused on renovating and partially demolishing what had become a rather disused and degraded Anderston Cross Commercial Centre. Residents describe the businesses and, therefore, the jobs located in this area as serving a city-wide or regional population, with little benefit to local residents.

Figure 15: Proposed development of Anderston's commercial zone, most of which was never built.
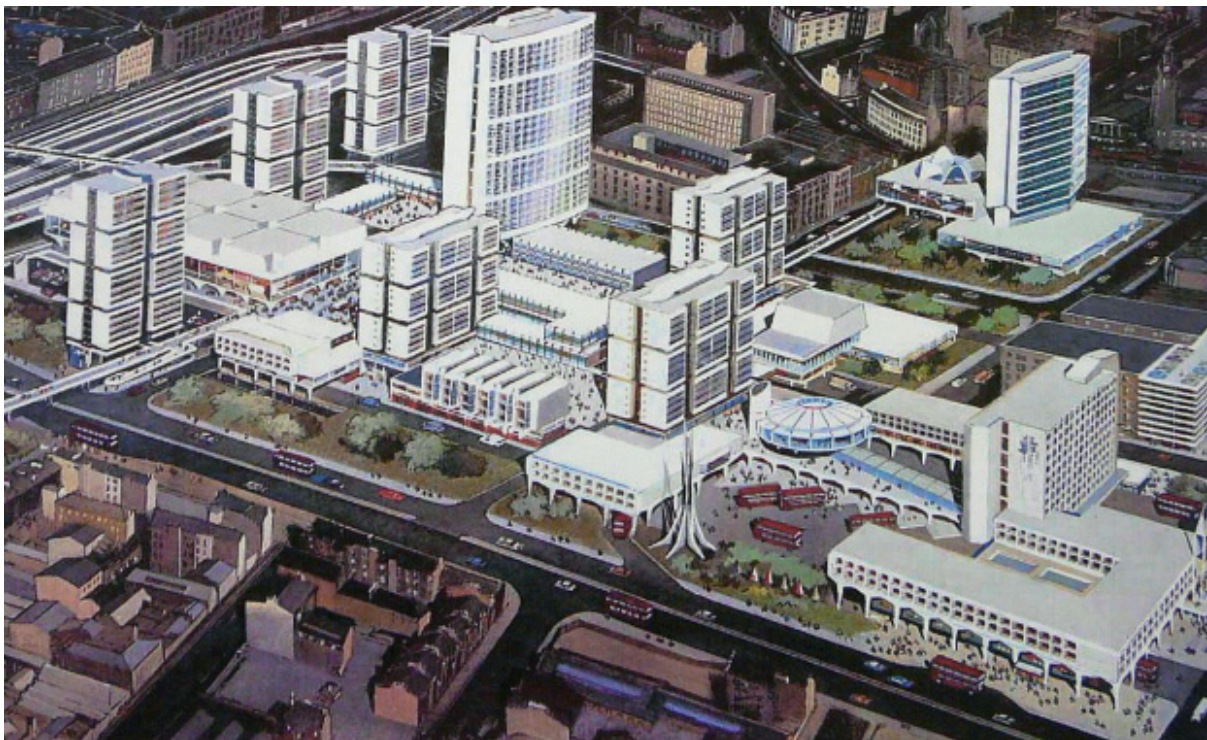
Market-driven housing development
In terms of population, housing and demographic change, Anderston/Finnieston as a whole saw significant change during the 2000s and 2010s. Neighbourhoods in the north of Anderston have seen an increase in both the number of dwellings (15%) and, more substantially, their populations (25%). The area's other neighbourhoods

have seen dramatic increases in population (almost doubling 2001-13), which outstripped increases in dwellings (60% increase, all flats), as well as rapidly falling benefit claims rates[18]. This is likely to have been driven by the construction of a large number of private flatted developments in Finnieston along the Clyde, as well as similar redevelopments in the south-eastern part of the city centre (historically part of Anderston). Over the area as whole, while the number of socially rented households remained stable across 2001 to 2011, the number of owner occupied households increased by 25% and the number of those privately renting almost trebled over the same period[9]. Ethnic diversity has also increased – while 1-in-6 residents described themselves as non-White in 2001, this had risen to just under 1-in-4 by 2011[9].

These developments have left Anderston/Finnieston with a rather divided and unequal population. By the 2010s, Finnieston, those parts of Anderston now considered to be in Glasgow city centre and the areas around the SECC all housed a relatively affluent population. Just under half of the city centre population were students, with the remainder made up predominantly of single males working full-time. Finnieston showed a similar demographic and tenure make-up, with slightly higher owner occupation (40%), fewer students (20% of the population) and a slightly more gender-balanced population. The areas around the SECC showed a much more mixed population, a quarter of whom were students, one sixth of whom were social housing tenants and one third of whom were homeowners[18].

The population of Anderston's residual post-war residential core, however, showed very different characteristics from these neighbourhoods. Seventy percent of homes were socially rented (with owner occupation and private renting making up equal portions of the remainder), almost half of households had no adult working, half of households with children were headed by a lone parent and only a third of men were working full-time. Over two-fifths of the population had a limiting long-term illness. There was also a residual area of Anderston's social housing in the south-eastern-most part of Glasgow city centre, which showed even higher levels of a number of markers of deprivation. The population here could be considered particularly vulnerable, being made up of high proportions of older single males with long-term health conditions and younger single women, some with young children[18].

Implications for social and community life
Today, residents describe the core of Anderston's social housing as having good transport links and, in recent years, much better quality housing. However, some residents feel that the process of social housing renewal has created divisions within the community, both because around a quarter of existing social housing residents decided to move on to other parts of the city during the process of decantation and demolition and because this has brought in new residents. In addition, development around the SECC and the new Hydro arena in Finnieston, as well as the granting of new alcohol licenses, has driven the establishment of a thriving night-time economy in both Finnieston and Anderston, which residents felt, had a negative impact on quality of life.

Not only are the area's new services not accessible or affordable to most residents, but they have also, over the course of the past decade or so, replaced many essential amenities, including shops. Moreover, the influx of large numbers of visitors has had an impact on residents' sense of safety, as well as creating noise, litter and traffic pollution. Finally, for those unable to gain access to social rented housing, private rents have risen out of the reach of many residents since the regeneration of the area took off. Residents felt this process of development has been uncontrolled, of very little benefit and, in fact, of some detriment to their quality of life. As one resident put it, it feels as though "they've forgotten about the people who live here". This highlights the sense of disempowerment many residents feel over the process of change, as it is perceived as being driven by outside forces, not residents.

Despite being generally more wealthy, residents in other parts of Anderston/Finnieston also identified huge changes and a number of emerging challenges over the past 20 years. In the mid-1990s there had been a high number of very longstanding residents and neighbours' backgrounds and situations were well known. Today there is a lack of knowledge of the identity of immediate neighbours, creating issues such as those described by this participant:

> *"You do not have a lot of people who, like me, have lived there a long time. You have a lot of people who come and go at a quick pace, and that makes it extremely difficult. And they don't have any real feeling of connection with that area, because there's nothing there that grabs them, pulls them in […] it weakens community. There is no community here, no established community of any strength at all."*
>
> 'G', resident

Absentee landlords and the impact they have had on the physical quality of housing, particularly in the north of Anderston where Victorian tenements still dominate, were also identified as a major issue. This poorer housing quality, alongside high rates of private renting, in combination with the neighbourhood's proximity to the University of Glasgow and the Glasgow School of Art, tends to attract short-term student tenants, leading to high population turnover. This, in turn, has created a sense of social dislocation for longer-term residents.

Finally, residents of both social and private housing identified the rise in the area's ethnic diversity as an emerging challenge. For some, the increasing mixture of cultures, languages and backgrounds of the area's residents added to a growing sense of rapid and uncontrolled social change, with which they were uncomfortable. Others recognised that a significant proportion of new migrants living in Anderston/Finnieston were themselves socially isolated and often faced language and cultural barriers to integration. This had led to the establishment of a number of groups to support migrants from all walks in life to gain language skills and cultural knowledge to improve their quality of life in Glasgow, and has, in turn, begun the formation of social connections and networks. Finding out about and engaging with

the groups and support services that are available was recognised as one of the key challenges in supporting the area's residents in whatever difficulties they face. Although the area houses a number of public buildings, including the Mitchell Library, these were often not seen as accessible by residents. This may be because of religious, ethnic or affordability boundaries, or because they were seen as serving a city-wide community of interest, instead of a broader spectrum of the local community.

In summary, these narratives demonstrate the diversity of residents' experiences in each of these four parts of the city. Not only do these areas differ markedly from one another, in spite of the fact that they measure up as being very similar in a number of respects, but they also offer different opportunities and experiences to different people. The ways in which they have developed over the past 50 years or so demonstrate a complexity and diversity that is not apparent when considering quantitative data alone.

Discussion: Regeneration and resilience

When taken together, the narratives of the four areas studied as part of this research provide insight into the kinds of neighbourhood change that might positively or negatively influence the trajectories of residents' lives. Given the histories of successive waves of development and renewal that each of these areas have experienced, a number of questions arise about the potential for programmes of regeneration to improve quality of life and reduce inequality. In particular, there are important questions about what may have been missing from previously unsuccessful attempts at regeneration, given the ongoing need for support and intervention within these parts of the city.

A core aspect of the answers to these questions revolves around the role of the economic environment and the structural determinants of inequality and poor health. The primary issues that residents identified as negatively affecting their quality of life were poverty, poor quality work and unemployment. These issues were underpinned by a lack of access to qualifications that could secure well-paid, meaningful work, both for adults and young people, a lack of affordable, reliable care services, a high prevalence of physical and mental health problems, and challenging welfare reforms.

These were understood to be structural issues that were not place-specific, but affecting residents across the whole of the city of Glasgow (and beyond). However, they were seen to be at their deepest and most prevalent in relatively socioeconomically deprived areas, such as those selected for this study. That is, residents felt that these structural issues were not caused by the characteristics of the places in which they lived, *per se*, but that many of the people who lived in their neighbourhood were affected by them[41,42,43]. What, then, can the role of locally-based, place-focused regeneration be in tackling or ameliorating these wider, structural issues, given that the fundamental causes of poverty and inequality are not, therefore, local?

Social and community resources
Participants identified a plethora of place-based social and community resources that helped people to cope with the stress that these structural issues place on their quality of life and health. In the main, these resources stemmed from the social connections people could make and maintain with others, particularly those living in their local area, and the sense of place and community they had there, as this participant describes:

> *"There is a real pulling together in times of crisis. People do support each other. I know how often my door gets chapped with somebody asking me to help somebody else. Or somebody wanting to tell me how hard somebody else is having it. […] If somebody can do something to help someone, they will overlook the fact that they don't like that person, because their kids need help or because of this, or*

that. So they overlook that and do something.
I just think that's wonderful."
'A', community worker

In this light, the role of regeneration is perhaps not a means of fixing issues with the global or national economic context, but a means of building locally-based protection from economic challenges that stem from outside the local area. We might call these resources a source of resilience. Resilience is a complex concept, but in a public health context essentially describes our ability to resist the negative impacts of stressors, like poverty, to bounce back after a negative shock, like a bereavement, and to adapt to new circumstances, like moving to a new part of the city.

Resilience could be considered to be made up of what is 'within us', the relationships 'between us' and the connections we have to those 'beyond us'[5]. These different aspects of resilience and how they relate to participants' descriptions of life in the four study areas are described in Table 4 below.

Table 4. Aspects of resilience.

Aspect of resilience	Description
Within us	Someone's recognition of and confidence in their own capabilities and capacities, for example, a sense of identity and self-esteem.
Between us	People within the neighbourhood having strong relationships with each other and supporting one another to cope with and recover from hardship, in whatever way they need.
Beyond us	People having relationships with people from outside the neighbourhood, which are strong enough to provide influence over decisions, even where decisions are made elsewhere.

The ways in which participants described these three aspects of resilience within their local neighbourhoods suggest that what is 'within us' is vital to being able to use resources 'between' and 'beyond us'. That is, people's confidence in their own abilities and capacities are important for making connections and building relationships with those within and outside their communities. This appears to be reciprocal, so that the relationships 'between' and 'beyond us' are, in turn, needed to support the development of self-confidence and capacity. Together, these aspects of resilience made up the social and community resources on offer within the neighbourhood.

How strong these resources were varied from place to place, at much smaller geographies than the study areas chosen here. In some places, participants talked about how they varied from street to street. They also varied according to people's

personal circumstances. For those who were new to an area and, in particular, those who had recently arrived in Glasgow, Scotland or the UK, getting access to and becoming a part of these social and community resources could be more challenging than for long-standing residents. On the whole, there were not areas with high levels of these resources and areas without, but a very complex picture of different resources in different places at different times, reaching different residents. However, participants from all of the study areas identified ways in which these resources could be improved or enhanced in their local neighbourhood.

Aspects of neighbourhood change

Importantly, access to these resources appeared to depend as much upon what was changing in the neighbourhood as it did on how that change had come about and what was taking place. That is, the *process* of neighbourhood change was at least as important in generating these resources as were the *outcomes* of change. This applied to *ad hoc*, small-scale changes and to more comprehensive, designed, larger-scale change, such as regeneration. Looking across the narratives of the four study areas, five key aspects of the neighbourhood and its process of change emerged. These were aspects that participants described as important in shaping the social and community resources available to residents and, in turn, quality of life. These were:

- The quality of the built environment.
- The pace and scale of neighbourhood change.
- Community growth.
- Support for community-based activities.
- Resident control over the neighbourhood.

The remainder of this section describes each of these aspects of the neighbourhood in turn and provides examples from the four study neighbourhoods.

The quality of the built environment

A good quality built environment and, in particular, good quality housing that is well maintained, was understood by participants to contribute significantly to social and community life within the neighbourhood. Although existing quantitative evidence around the impact of housing improvements on physical and mental health outcomes demonstrates either modest or unclear impacts on health outcomes[44], there is much clearer evidence of the impacts of good quality amenities on positive health behaviours (particularly diet and walking) and of neighbourhood attractiveness and the subsequent impact on residents' mental health[2].

Participants in this research described high quality built environments as having an impact far beyond these more direct influences on health. They saw them as creating places in which people want to live, in which they want to stay, which they value, and in which they are comfortable connecting with those who live around

them. That is, they provided a positive environment for relationships to form and strengthen at the neighbourhood level. They were also understood by participants to create a strong sense of self-worth and identity. Together this could be understood to contribute to the 'within us' and 'between us' aspects of resilience outlined in Table 4 and, therefore, health and wellbeing.

Neighbourhoods in each of the four study areas have seen social housing redevelopment that has greatly enhanced the quality of housing, as well as the wider built environment, over the past 20 years or so. However, in some areas (particularly Dalmarnock) residents were concerned about the extent to which new or renewed housing was accessible to long-standing residents of the area, in terms of tenure, size, affordability (of rent and maintenance), and prioritisation in the social housing allocation process. In others, (particularly Anderston) residents felt that the quality of private rented housing was below an acceptable standard. Also important were the presence or absence of: suitable buildings and appropriate licenses for affordable shops selling day-to-day necessities; of accessible, attractive and affordable indoor and outdoor public spaces; and of affordable public transport. Some areas were much more highly regarded than others in these respects. Finally, across all areas, the prevalence and condition of vacant and derelict land had a significant and negative impact on residents' sense of place and identity.

The pace and scale of neighbourhood change
A steady process of change at a human scale allows the inhabitants of a place to understand it, see their place within it and, if necessary, adapt to it. This helps to maintain a sense of place identity and the social relationships people have within a place, again contributing to the 'within us' and, particularly, the 'between us' aspects of resilience. Rapid periods of change, for example where large areas of housing are demolished and a significant proportion of residents are moved, or where industries rapidly shed large proportions of their workforces, do not support a stable social environment. They result in significant turnover of population, or substantial change in the day-to-day lives of residents, including who they have the opportunity to spend time with and build relationships with. This process disrupts the building and maintenance of relationships and the maintenance of place identity.

This is not to say that neighbourhoods need to be preserved, unchanging or static, or that the pace of change cannot always be successfully controlled. Indeed, it is important to accept that people and places are in a state of constant change and remaking and this process of change is especially important when places and their residents have been stuck in long-standing socioeconomic deprivation, as was the case for many participants in this research. What is important is that the process of change is gentle and inclusive enough to allow residents time to adapt in ways that benefit their quality of life and health.

Community growth

The third, and related, aspect of the neighbourhood is sufficient housing development for community growth, where there is demand. This includes making sure that any housing development is of the appropriate tenure, cost and type to serve those who want to be or remain part of a neighbourhood as its community grows, which has implications for the 'between us' aspect of resilience especially. There is a particular issue around the supply of housing for adults who currently live with their families but wish to move into their own homes. In some study areas, as is the case across Glasgow as a whole, there is an undersupply of housing to serve this population. This results in a combination of overcrowding, when these residents decide to stay in their family home, and the weakening of their support networks, when they decide to move into their own homes in other parts of the city.

A number of community-based Housing Associations raised concerns about the extent to which (vacant and/or derelict) land prices and Scottish Government funding for social housing inhibit the small-scale expansion of their housing stock to meet this demand. The building of housing for sale was acknowledged as a complex issue, with the need to balance the desires of some existing residents to own their own home but remain within the neighbourhood, with financial and ethical realities of building for sale. There are a number of complex issues around who controls the quality, type and price of housing for sale and if any control could or should be exercised over who owns and occupies such homes. Further, the emerging growth of the private rented sector in Glasgow, including the introduction of the new mid-market rent tenure by the Scottish Government, was seen as adding greater complexity and, in many cases, greater risks to established communities. In the main, concerns revolved around how housing growth might be managed and how new residents might be supported by the parallel development of amenities and infrastructure, including schools, shops, transport and public buildings.

Support for community-based activities

The fourth aspect of the neighbourhood is involvement in and support for organised community activities. Community-based activities rely, at least in part, on residents to devise, design or deliver them. This might include groups that provide practical support, such as childcare or counselling, develop skills, such as cooking or growing food, or provide relaxation and respite from day-to-day stresses, for example walking groups and lunch clubs. However, these activities often require a combination of physical space in which to operate and funding and expertise to run, which are not always under the control or ownership of residents. It is therefore difficult to develop or sustain activities without the support of existing structures and organisations, which may be locally, regionally or nationally managed, as these participants describe:

> *"…if you don't have a place, a common place to meet, then you don't have even the start of making those kind of [social] connections."*
>
> 'G', resident

"[The community centre building] is quite a hub of the community. So we have children and youth work going on, funded by Children in Need, we have two part-time youth workers. So there's clubs on every day. But because of that we've got to know the families and so built up good relationships. Since I've been here you get to know folk, so therefore they come to you for help, support, guidance. […] It's a quiet place but it's really important to have a place just for folk to come."

'A', community worker

Stable, reliable and approachable organisations are therefore required to support resident-driven community activities. Where such organisations have a detailed knowledge of and strong relationships with residents in the neighbourhood, they are more likely to be effective and responsive to their needs. Trust was understood to be especially important. This has implications for all three of the aspects of resilience outlined in Table 4; these activities support the development of what is 'within us' and 'between us' at the neighbourhood level, but rely on relationships 'between us' and 'beyond us' in order to operate.

In many of the neighbourhoods involved in the study, these organisations were the Housing Association or faith-based organisations, some of which were, in turn, supported by larger community development structures and nationwide charities. In some neighbourhoods, however, such anchor organisations were lacking and, in others, these organisations were involved with the community in more or less meaningful ways. For example, in Anderston, Sanctuary Housing Association is involved with the local community through public art programmes, as well as making financial contributions to community-based organisations. In Easterhouse, a number of Housing Associations are managed by a committee of residents, who fund and manage neighbourhood community centres and a programme of community activities and support services. By doing this, they are able to provide local groups with a venue, with support in applying for any funding they might need, or with expertise to get their project off the ground.

Finally, the importance of anchor organisations working together, instead of in competition with one another, was raised as an important but complex issue. In many neighbourhoods it was felt that funding for community-based organisations and activities over the past two decades or so had created an environment that encouraged them to work in isolation from one another. Organisations had often become entrenched in defending their services against funding cuts, which in turn had made it difficult and complex to share resources and expertise, or work together to produce joint outcomes in their communities.

"The getting together of organisations to talk to each other and discuss things that are relevant in this area has diminished enormously in the last ten years, let alone then talk to local people and involve local people. So that's, a lot of that's gone."

'K', community worker

Funders' focus on measurable outcomes, at the expense of longer-term, less tangible improvements in quality of life, including relationships built up with and between residents of the community, was also considered unhelpful in this regard. In short, many participants felt that more could be done to support community activity at the local level, but that funding structures were not necessarily conducive to providing this kind of support. It was hoped that the roll out and continued development of the Thriving Places approach[b] in Drumchapel, Dalmarnock and Easterhouse would contribute towards strengthening these aspects of community support in these areas.

Resident control over the neighbourhood
The fifth and final aspect of the neighbourhood, which in many ways encompasses the other four, is that of resident control and ownership over the neighbourhood. Where residents have a high degree of involvement in and power over *what* is provided, *how* it is provided and how it is *maintained*, it is more likely to be useful to and valued by them. For example, community-controlled development of derelict land might involve the use and development of local people's skills to create a space that is free for residents to use. They can then use this space to provide activities or facilities needed by those living in the local area. Community centres that offer opportunities for local workers and volunteers provide skills development, work experience and income to local residents, as well as creating a familiar and welcoming atmosphere for visitors and a tailored, intuitive service. As such, greater control over a wide range of aspects of community life has the potential to support residents in adapting to change. This ensures that the most valued aspects of the neighbourhood are of high enough quality, as well as making it more likely that residents will have the power to marshal support (of whatever nature) for community activities.

Residents recognised the high degree of personal commitment required from individuals involved in shaping their community's future. Of the five aspects of the neighbourhood, this was considered by participants to be the weakest across all of the study areas and there were few examples of neighbourhoods in which this aspect was felt to be especially strong today. While many neighbourhoods had strong and active community influences during the 1970s and 1980s, this was felt to have died down from the 1990s onwards. In some areas, for example Easterhouse, it was felt that activism was slowly and successfully being revived. However, across

---

[b] Thriving Places is a long-term initiative that forms part of Glasgow's Community Planning Partnership Single Outcome Agreement. It works with and through local organisations, such as Housing Associations, in local communities.

all four of the study areas, this was considered to be one of the most important aspects of the neighbourhood to develop, particularly with respect to supporting the other four.

Many participants and locally-run community organisations saw the current structures and approaches of a range of external community development and regeneration programmes as unhelpful in fostering genuine resident control and ownership. There was a sense that, despite regular consultations and events at which they might voice their views, their ability to engage with and influence planning, development and spending decisions was severely limited. In some cases, repeated processes of consultation, without any meaningful action being perceived as having been taken on the views and perspectives gathered, had led to a degree of disillusionment among residents. This was felt to have been the case for a many years, leading to eventual disengagement, as this participant describes:

> *"I don't see it as individuals being lazy or opting out or whatever, but I think the way the government intervenes at times and makes decisions and takes decisions […] has disempowered people."*
> 'A', community worker

Moreover, peer researchers on the Activate course were especially concerned that the personal capacity for residents to be meaningfully involved in shaping their communities was often lacking. It was felt that people needed time and space to develop their confidence and identity first. That is, the 'within us' aspect of resilience was not considered to be strong enough to enable people to build resources 'between us' and, especially, 'beyond us' that were needed to take control of the neighbourhood. There was particular concern about the lack of young people involved in community activism and what this may mean for residents' capacity to collectively gain and maintain control and ownership over their neighbourhoods in the future.

Summary

Looking across the four study areas, Table 5 summarises the extent to which participants in this research felt that each of these five aspects of the neighbourhood were present in their local area. However, it should be noted that impacts of neighbourhood change on quality of life often depend on residents' individual circumstances and resources. For example, a resident with a high disposable income, no care responsibilities and full-time employment, may experience the same process of change very differently from a resident who is seeking employment, with child and adult caring responsibilities and a very low disposable income. They are each likely to glean different benefits from the impacts of that change, which might include housing renewal, new employment opportunities, improved public transport and new public spaces. The form these benefits take, particularly whether or not they are accessible to those on low incomes or those with more complex lives, will shape

whether and how quality of life is improved through the process of change for the population of the neighbourhood as a whole.

A number of participants identified residents with particular circumstances or characteristics that left them vulnerable to some of the detrimental aspects of the process of neighbourhood change summarised in Table 5. This included those on very low incomes, those with poor mental or physical health and those who were newly arrived in the neighbourhood, city or country. The challenge for these residents was often around gaining access to the benefits offered by the neighbourhood's social and community environment, in order to build their resilience to life's challenges. Given the potential impact that inequitable access to these resources can have on inequalities within the neighbourhood, this is an important facet of the process of neighbourhood change. Whether a neighbourhood is able to offer its residents a source of resilience, through the social and community environment it provides, is therefore likely to depend as much on the equity of access to such resources as it does on their presence within the neighbourhood.

**Table 5. Summary of change across the four study areas.**

	Quality of the built environment	Pace and scale of neighbourhood change	Community growth	Supporting community-based activities	Resident control over the neighbourhood
Anderston/ Finnieston	Significant improvements in social housing over the past decade. Declines in quality of private rented housing. Displacement of affordable shops and services with those aimed at visitors to the Hydro/SECC development.	Rapid and significant population growth over the past 10-15 years. Circumstances and lifestyles of incomers very different from long-standing population.	Limited access to social housing, even for long-term residents. Private rents are high and rising. Little scope for established community growth.	Housing Association provides funding to local organisations. Limited accessible public spaces, owing to cost or other barriers. Few non-market social activities, especially for young people.	Very little sense of control over housing development, infrastructure development or regeneration.
Bridgeton/ Dalmarnock	Total redevelopment of the built environment in Dalmarnock, with less comprehensive but highly valued improvements in Bridgeton. Concerns over the accessibility of new housing in Dalmarnock for existing residents.	Rapid change in Dalmarnock that requires the establishment of a new community. Much slower and more manageable pace of change in Bridgeton.	Diversity of tenure, property type and size offers a range of options for staying in the local area. However, social housing waiting lists are lengthy.	Active and diverse community organisations in Bridgeton, although funding is limited. Very little community activity or public space in Dalmarnock at present.	Active community infrastructure, members of which value input into improvements to the built environment in Bridgeton. Little sense of control over Commonwealth Games-related regeneration in Dalmarnock.
Easterhouse	Vast improvements in housing and built environment quality over the past two decades. Persistent concerns over the lack of neighbourhood-level amenities and transport.	Comprehensive redevelopment of housing has generally been managed with limited disruption. Some concerns over the potential for future large-scale housing development to disrupt existing social fabric.	Long social housing waiting lists and limited scope to develop new social housing. Little diversity of tenure in most neighbourhoods.	Local organisations support a range of services and amenities tailored to the local neighbourhood. Public spaces are present, but could be improved/diversified.	Community-based Housing Associations provide some control at the local level. Residents would like greater influence over wider planning and development decisions.
Drumchapel	Vast improvements in housing and built environment quality over the past two decades in most neighbourhoods. Persistent concerns over the lack of neighbourhood-level amenities and transport.	Change in some neighbourhoods has been more manageable than in those in which comprehensive redevelopment has taken place.	Little diversity of tenure in most neighbourhoods.	A wide and diverse range of local organisations that could be better supported to work in complementary instead of competitive ways. More public spaces needed.	A sense of disempowerment and disillusionment among many residents with regards to influencing neighbourhood change.

On the whole, these findings align with the overarching findings of the GoWell study, which showed that the quality of the built environment, adequate supply of housing, support for community activities and resident control were all important to residents of regeneration areas[45]. However, participants in that study felt that the pace of improvement in their built environment could have been faster, not slower and steadier, as was the case for participants in this research. This is why the fifth aspect, resident control and ownership, is key, because only a sensitive, tailored approach to residents' needs and desires can ensure that the pace (and type) of change is right for them. It is therefore important to recognise that these five aspects of the neighbourhood are heavily interrelated and changes that improve (or damage) any one of them are likely to have effects on the other four.

Many participants described housing providers as having a clear and important role in supporting these five aspects, because of the influence they have over so many physical and social elements of the neighbourhood. Schools and nurseries were also described as key players, because they have so much contact with children and families and potential to provide spaces and social networks to enable social and community life to flourish. Finally, local and national governments' planning and regeneration activities were also repeatedly identified as having the potential to have a significant influence on these five aspects from outside of the neighbourhood.

In summary, these five aspects of the neighbourhood were identified as key conduits through which the process of neighbourhood change, including regeneration, impacts on the local social and community environment. The influence of local residents, housing providers, education providers and planning and community development infrastructure, come together in unique ways across the city to shape these five aspects of the neighbourhood. This creates a local environment with the potential to provide inhabitants with resources that can improve resilience – that is, the ability to cope and adapt – to challenging circumstances and life events that typically have a negative effect on quality of life, health and wellbeing. This includes the difficult economic circumstances that many participants described as stemming from outside the local area but affecting individuals living within it. Figure 16 summarises these relationships.

Figure 16: Relationship between five aspects of the neighbourhood, resilience, health and wellbeing.
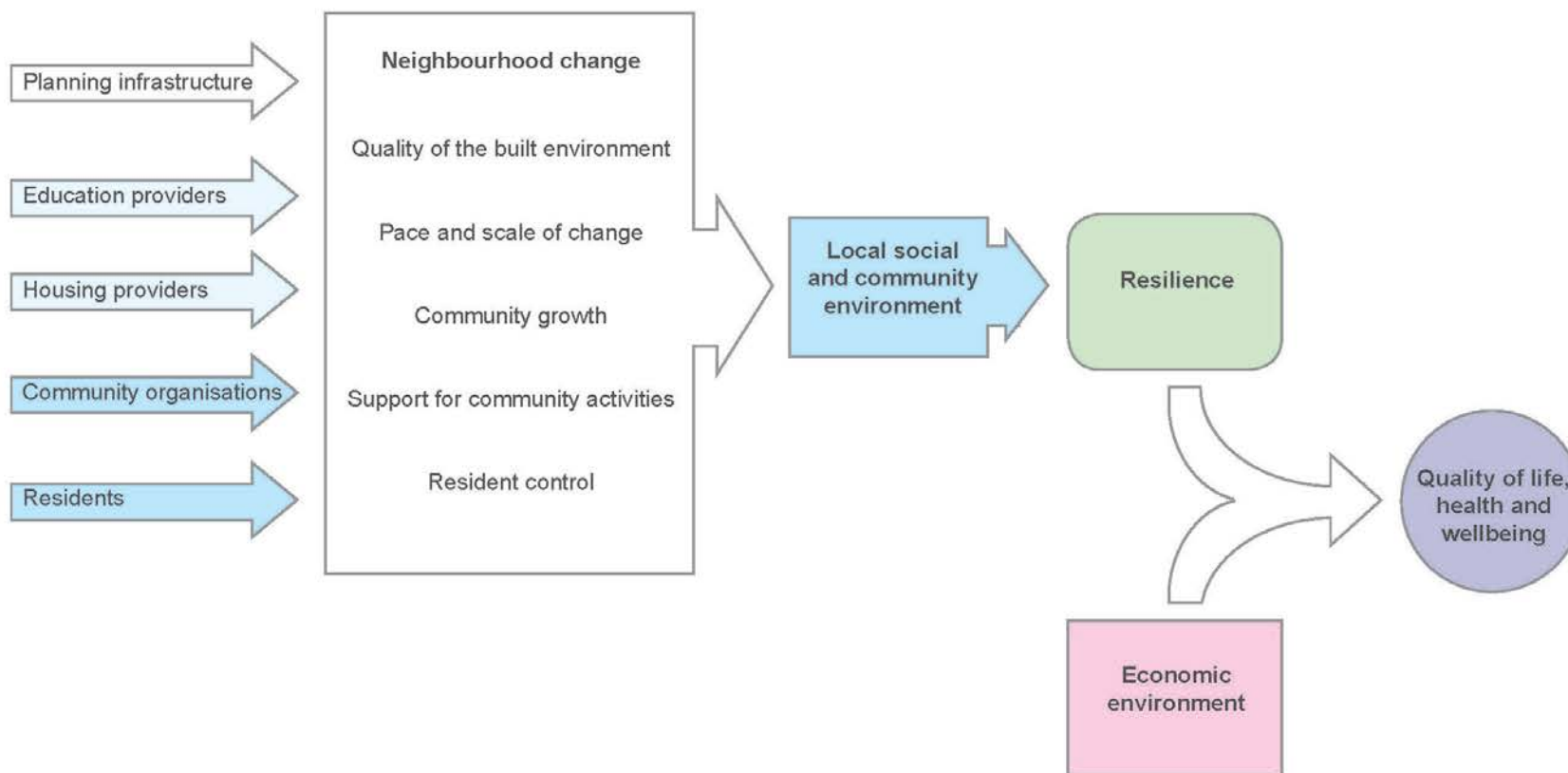
Conclusions

This research has shown that the tangible outcomes of place-based improvements – new and renewed homes, transport infrastructure, employment opportunities and amenities – are not the only aspects of neighbourhood change that have the potential to impact upon health and inequality. The impacts of the process of change on the five aspects of the neighbourhood outlined in this report, which support social and community life, have also been shown to be important. Improvements in the physical aspects of the neighbourhood can impact on less tangible social and community resources (like a sense of place or the strength of local social networks) in positive and negative ways, and individuals' access to these resources may depend on their personal circumstances.

This has implications for the ways in which we assess and understand the influence of neighbourhood change and regeneration on deprivation, quality of life and health and wellbeing. These findings should be taken into account when designing comprehensive neighbourhood change projects, including regeneration, redevelopment and renewal programmes, as well as in the management of and intervention in more *ad hoc* processes of neighbourhood change. This should help to better support the development of, and access to, a positive social and community environment. Moreover, these findings raise a number of questions around who gains from the various processes of neighbourhood change, including how the process of change might be better designed or managed to benefit those already most marginalised.

Throughout the processes of change described in this study, there appears to be a relationship between the extent to which developments are more city-orientated or more locally-orientated, and the benefits for those struggling to cope most with the effects of inequality. City-orientated developments might include the construction of an events venue that attracts national and international visitors, the widening of a major road or a large-scale housing development designed to substantially increase the city's stock of affordable homes. Locally-orientated developments might include the provision of a new advice service or lunch club, improvements to the quality of pavements, or a small-scale development of homes designed to meet the needs of residents on a Housing Associations' waiting list. There are, of course, a range of scales in between. On the whole, it appears as though those developments most orientated towards to city's needs are unlikely to promote the five core aspects of the neighbourhood that underpin social and community life, while those most orientated to local needs tend to have a greater potential to enhance them.

It is important to be clear that the conclusions of this research are not that city-orientated developments should be avoided. If we accept that they are necessary for the growth and development of the city as a whole, the issue becomes where and how they are developed so that they reduce (instead of widen) inequalities. However, the tendency to rely on objective measures of places and development

projects as evidence of their success makes addressing this issue difficult. Many of the aspects of places we are able to measure, such as the number of jobs created or proportion of residents in employment, or the number of new homes constructed or improved, can be increased without improving (or, indeed, being of detriment to) the social and community environment. This type of measurement also often tells us very little about who has access to any improved aspects of the neighbourhood.

This focus on the objective, measurable aspects of places and the impacts of change, that is, the right-hand side of Table 1 that we considered on page 9, encourages us to de-prioritise the subjective, less tangible aspects of life described by participants in this research. In particular, it leaves us blind to the potential impacts of the changes we make to these physical, tangible aspects of places on the social and psychological aspects of places. Not only does this make it difficult to assess the full impacts of neighbourhood change on health, but it also creates challenges in knowing what impacts can be reasonably anticipated or expected from a comprehensive project of renewal or regeneration, and who may benefit from it. This means that we risk investing in built environment projects that have little or no positive impact on quality of life and health, particularly for those already most vulnerable, because we fail to take account of the complex interplay between the physical, social and economic environments.

Nevertheless, we recognise that there are a number of challenges in incorporating the findings of this research into planning and regeneration policy and practice. Firstly, the five aspects of the neighbourhood outlined in this report do not always or necessarily sit comfortably with one another. For example, in a neighbourhood where the quality of the housing and built environment is especially poor, the most effective and efficient way to improve quality may be to demolish the housing and rebuild and, in so doing, decant the whole population. However, this is clearly not a steady pace of change at a human scale. As such, there is a compromise to be made, between how quickly and effectively the quality of the built environment can be improved and how disruptive the process of improvement is to established social networks. This is where the particular needs and desires of local residents become important, because the compromise reached in one neighbourhood may not be appropriate for another. Where residents have a greater degree of control over these aspects of the neighbourhood, the compromise is more likely to be suited to their particular needs.

Secondly, in addition to residents, there are a wide variety of stakeholders involved in the development and management of the built environment, including various local and national government departments and an array of private interests. These stakeholders are likely to hold a wide range of differing priorities, which require to be balanced in ensuring that those already at greatest disadvantage are able to benefit from the process of neighbourhood change. Where local and national government priorities revolve around meeting objectives focused on tangible, measurable outcomes, at the expense of processes that contribute to less visible aspects of the

neighbourhood, such as social and community life, it may be difficult for residents (and others) to push these priorities onto the agenda. This may be particularly challenging when neighbourhood change is driven by priorities occurring at much larger scales than the neighbourhood, for example the Scottish Government's target to provide large numbers of new homes to meet growing housing demand. Balancing needs such as this with the needs of local residents in areas where such developments are planned is key to ensuring that the local social and community environment can thrive.

Finally, and perhaps most importantly, there are the challenges inherent in improving resident control over the neighbourhood. These include the issue identified by participants in this research, of a lack of personal capacity, confidence and engagement among many residents and the consequent need for a degree of personal capacity building to precede engagement in decision-making. They also include many residents' distrust of, disillusionment with and disengagement from formal structures of (community) planning, which require trust to be rebuilt. Much of this stems from past experiences of involvement in decision-making in which residents were consulted but their views not acted upon, in which they did not understand or were not involved in the final decision-making process, or in which plans and decisions were changed without their input.

In order for residents to become more meaningfully involved in local decision-making processes, there needs to be a genuine extension of decision-making power, which is likely to require those who currently hold power sacrificing a degree of influence and control. Moreover, greater involvement in decision-making is likely to require residents to become more effective in sharing power equitably among themselves. This may be particularly challenging in neighbourhoods where residents hold diverse views on the best ways forward for their community and where a potentially long and difficult process of dialogue and deliberation is required. The skills and infrastructure required to support such a process are still very much under development in many neighbourhoods but options may include: participatory budgeting; planning and design 'Charrettes'; Citizens' Juries; and co-production of Local Plans between residents, developers and councils.

Overcoming these challenges is important if we are to improve quality of life, health and wellbeing and reduce inequalities. This research has highlighted the importance of social and community resources and shown that they are not separate from the physical aspects of the places in which we live; they have a reciprocal relationship. Residents need accessible, affordable and welcoming public spaces in which to meet, bond with and support one another. A high-quality built environment enhances residents' sense of place and identity within their local neighbourhood. These social and community aspects cannot be developed in isolation, but are intimately connected to physical aspects of the built environment. It is therefore important that these less tangible aspects feature in the planning and development of the physical landscape. This raises a number of questions around how planning and

development activities might best support the development of the five aspects of the neighbourhood that influence social and community life identified by this research. What is clear, is that although much of this development needs to be driven and directed by local communities to ensure a locally appropriate response, this is not something that communities can do without the support of structures and organisations with resources, power and expertise.

References

[1] Whyte B. Glasgow: health in a changing city. *A descriptive study of changes in health, demography, housing, socioeconomic circumstances and environmental factors in Glasgow over the last 20 years.* Glasgow: GCPH; 2016. Available at:
http://www.gcph.co.uk/publications/621_glasgow_health_in_a_changing_city

[2] Egan M, Tannahill C, Bond L, Kearns A, Mason P. *The links between regeneration and health: a GoWell research synthesis.* Glasgow: GoWell; 2014. Available at:
http://www.gowellonline.com/publications/92_the_links_between_regeneration_and_health_a_gowell_research_synthesis

[3] McLean J, McNeice V. *Assets in Action: Illustrating asset based approaches for health improvement.* Glasgow: GCPH; 2012. Available at:
http://www.gcph.co.uk/publications/374_assets_in_action_illustrating_asset_based_approaches_for_health_improvement

[4] Galea S, Ahern J, Karpati A. A model of underlying socioeconomic vulnerability in human populations: evidence from variability in population health and implications for public health. *Social Science & Medicine* 2005;60(11);2417-2430.

[5] Seaman P, McNeice V, Yates G, McLean J. *Resilience for Public Health: supporting transformation in people and communities.* Glasgow: GCPH; 2014. Available at:
http://www.gcph.co.uk/publications/480_resilience_for_public_health_full_report

[6] Hanlon P, Carlisle S, Hannah M, Lyon, A. *The Future of Public Health.* Open University Press; 2012.

[7] Craig A. The Story of Drumchapel. Drumchapel: Allan Craig; 2003.

[8] Jephcott P. *Time of one's own.* Edinburgh: Oliver and Boyd; 1967.

[9] General Register Office for Scotland, 1971; 1981; 1991; 2001 Census: Aggregate data (Scotland) [computer file]. UK Data Service Census Support. Downloaded from: http://casweb.mimas.ac.uk. This information is licensed under the terms of the Open Government Licence [http://www.nationalarchives.gov.uk/doc/open-government-licence/version/2].

[10] Downie A. Keeping up with the problem of unsettled families. *The Herald.* November 10 1967: 25.

[11] Fergusson R. *Community Action: A working handbook for groups in Easterhouse, Barlanark and Garthamlock.* Easterhouse; R. Fergusson; 1975.

[12] Fitzpatrick S. *Pathways to Independence: the experience of young homeless people.* PhD thesis. University of Glasgow; 1997.

[13] Glasgow District Council. *Drumchapel Local Plan*; 1980.

[14] Hastings A, McArthur A, McGregor A. *Local government decentralisation and community involvement: a case study of the Drumchapel Initiative.* Glasgow: Glasgow Centre for Housing Research & Urban Studies; 1994.

[15] Glasgow District Council. *Drumchapel Local Plan Consultative Draft*; 1984.

[16] Glasgow District Council. *Drumchapel Consultative Draft Plan*; 1991.

[17] Macpherson S. *Comparing area based and thematic social inclusion partnerships: a focus on young people.* PhD thesis. University of Glasgow; 2003.

[18] The Scottish Government. *Scottish Neighbourhood Statistics [computer file].* Scottish Neighbourhood Statistics website. Downloaded from: http://www.sns.gov.uk.

[19] Ferguson R. *The writing on the wall: new images of Easterhouse.* Glasgow: R. Ferguson; 1977.

[20] Keating M, Mitchell J. *Easterhouse: an urban crisis.* Glasgow: University of Strathclyde; 1986.

[21] Kemp D. Easterhouse leader accuses Councillors of cynicism. *Glasgow Herald.* February 6 1969: 10.

[22] Glasgow District Council. *Easterhouse Local Plan Survey*; 1980.

[23] Centre for Environmental Studies. *Outer estates in Britain: Easterhouse. Paper 24.* London: CES; 1985.

[24] Glasgow District Council. *Easterhouse local plan discussion document (draft).* Glasgow: GDC; 1984.

[25] Cunningham J. One Jump Ahead. *Glasgow Herald.* March 4 1988.

[26] Greater Easterhouse Partnership. *Greater Easterhouse Partnership annual report*. Glasgow: GEP; 1989.

[27] Greater Easterhouse Partnership. *Greater Easterhouse Partnership annual report*. Glasgow: GEP; 2001.

[28] Greater Easterhouse Partnership. *Greater Easterhouse Partnership annual report*. Glasgow: GEP; 2000.

[29] Donaldson J. *Fare's fair*. Glasgow: Family Action in Rogerfield and Easterhouse; 1999.

[30] Greater Easterhouse Initiative. *A Renewal Plan for Greater Easterhouse*. Glasgow: GEI; 1992.

[31] Adams G. *A history of Bridgeton and Dalmarnock*. Glasgow: Hill and Hay; 1990.

[32] Bridgeton Library Local History Group. *Bridgeton: recollections from a time of change*. Glasgow: BLLHG; 2014.

[33] Dalmarnock Action Group. *Dalmarnock Local Plan*. Glasgow District Council; 1978.

[34] McGregor S. Cuts in East End scheme. *Glasgow Herald*. May 30 1980: 4.

[35] Dow DA, Moss MS. *Glasgow's Gain: the Anderston Story*. London: Parthenon; 1987.

[36] Glasgow Corporation. *Anderston Cross: Comprehensive Redevelopment Area survey report*. Glasgow: The Corporation of the City of Glasgow; 1958.

[37] Glasgow Corporation. *Anderston Cross: Comprehensive Redevelopment Area written statement*. Glasgow: The Corporation of the City of Glasgow; 1959.

[38] Cooper J. *Simply Anderston*. Glasgow: Vista of Glasgow; 1979.

[39] Rae JH. *Park/Anderston local plan: a draft survey report*. Glasgow: Glasgow District Council; 1984.

[40] Glenday D. *Anderston as it was*. Glasgow: Glasgow City Libraries; 1992.

[41] Cummins S, Curtis S, Diez-Roux AV, Macintyre S. Understanding and representing 'place' in health research: A relational approach. *Social Science & Medicine* 2007;65(9):1825-1838.

[42] MacIntyre S, Ellaway A, Cummins S. Place effects on health: how can we conceptualise, operationalise and measure them? *Social Science & Medicine* 2002;55(1):125-139.

[43] Smith SJ, Easterlow D. The strange geography of health inequalities. *Transactions of the Institute of British Geographers* 2005;30(2):173-190.

[44] GoWell. *GoWell Briefing Paper 24: Health effects of housing improvements.* Glasgow: GoWell; 2015. Available at: http://www.gowellonline.com/publications/392_briefing_paper_24_health_effects_of_housing_improvements

[45] Mason P, Kearns A. *Health and the wider determinants of health over time in Glasgow's deprived communities: findings from the GoWell household survey.* Glasgow: GoWell; 2017. Available at: http://www.gowellonline.com/publications/447_health_and_the_wider_determinants_of_health_over_time