

# **Communities dealing with change**

**An exploration of socio-cultural explanations of Glasgow's 'excess' mortality in comparison with Liverpool and Manchester**

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## **Executive summary**

### *Background*

The health of the population in Glasgow and the surrounding region is known to be poorer than the similar cities of Liverpool and Manchester. A key indication of this is Glasgow's higher (or 'excess') mortality in comparison with these two cities despite their similar histories, population profiles and levels of deprivation. One of a number of proposed explanations for this is the 'socio-cultural hypothesis' which suggests the differences in health outcomes can be explained at the level of culture. The research reported here responds to this hypothesis through a qualitative investigation of the lives, outlooks and aspirations of nine communities across the three cities of Liverpool, Manchester and Glasgow. It is not a stand-alone piece of work but sits within the wider 'three cities' programme which includes a wide-ranging survey of existing data to enable a quantitative assessment of candidate hypotheses for Glasgow's 'excess' mortality<sup>1</sup>. This work adds texture to the understanding of how life is lived in the three cities and in doing so reveals the dynamic processes of change and adaptation which affect all three cities and the communities within them.

'Excess mortality' is the term given to describe the portion of Glasgow's mortality not accounted for by economic circumstances and deprivation alone. This does not rule out socioeconomic inequalities as part of the explanation however. Indeed, we know that socioeconomic inequalities are a key driver of health inequalities in all places. However, given what we know about rates of deprivation and socioeconomic circumstances in the three cities, Glasgow's health profile is poorer than we would predict.

### *Research questions*

The socio-cultural dimensions we sought to explore in this project were:

- Psychological outlook. This is the idea that the mindset common in Glasgow may differ from that found in Liverpool and Manchester and in a manner which might explain why Glasgow experiences poorer health.

Lower aspirations, a lower sense of optimism and different 'time preferences' (whether there is a culture of immediate or delayed gratification; whether people live for today or plan for the future) have been hypothesised as key components of a Glasgow culture distinct from that found in Liverpool and Manchester.

- Boundlessness and alienation. That Glasgow may have a different culture in respect to processes of individualisation and greater feelings of alienation among its population. This hypothesis proposes that culturally, Glasgow may be a less cohesive city, that people feel more disconnected from their work, communities and each other and consequently are less bound by shared and established moral frameworks for action.
- Family life. That the experience of family life may be different in Glasgow. That family breakdown, acrimony between partners or dysfunctional parenting may be more prevalent than in Liverpool and Manchester.
- Social mobility. That there may be a culture of limited social mobility in Glasgow compared with the two English cities. That it may be easier to 'move up and on' in Liverpool and Manchester and that the culture and the economy of Glasgow prevent ambition and the ability to act upon aspiration.
- Social capital. That there are differences in the distribution and presence of different forms of network links and social connectedness. This can be understood through the academic concept of social capital. Different types of network link offer different forms of value such as belonging and support (bonding capital), linking people to new opportunities and perspectives (bridging capital) and allowing the concerns of groups to be heard by those with power and influence (linking capital).

Qualitative approaches are well placed to explore a multi-dimensional and dynamic phenomenon such as culture. They can highlight the connections between dimensions and show how the understandings of each are changing. As the answer to 'excess' mortality is unlikely to be down to one element, an approach which allows synthesis across elements is helpful to reflect on our current understanding and identify next steps.

### *Methodology*

Interviews were conducted with people who either lived and worked or had a professional interest in nine communities across the three cities. We call these our 'key informants' in this report. The interviews were led by the topic areas described in the hypotheses. We chose three types of area in each city: deprived, middle and affluent. In total 47 key informants contributed to the dataset. The data was then analysed through an iterative process of describing themes at area, city and between city levels. Such cross-comparison allowed the researchers to identify which findings were shared or distinct to the areas or cities.

### *Findings*

We found the three cities, and communities within them, to have different experiences and responses to three core dimensions of change to which people and communities have had to adapt. Changes affecting communities include **economic aspects, changes in the wider welfare landscape** and the project of austerity, and finally, **changes in how community and mutual support is understood, enacted and created**. That the three cities appear to be on different trajectories in relation to these dimensions of change is interesting because the idea of Glasgow's 'excess' mortality is premised on the idea that the three cities share similar histories and characteristics. These findings indicate their futures may be characterised more by difference than similarity.

These three dimensions of change had wide-ranging effects on the experience of life in the communities investigated. For example:

- In the deprived communities in all three cities, distance (both physical and cultural) from meaningful employment opportunities in the new economy had led to shorter time preferences (living day-to-day) as a response to needing to get by on limited resources.
- In 'middle' areas there was a perception that changes in the nature of the economy, the benefits system and state support undermined many of the assumptions on which community life was established.
- Processes of 'othering' (identifying and disassociating from groups of people seen to possess different values, outlooks and lifestyles) were in evidence across all communities. This was sometimes a strategy to maintain an identity of being 'respectable', hard-working and deserving in the face of a reality of economic hardship and fear of downward social mobility. Downward social mobility was understood to apply to areas as well as individuals.

However, experiences were not uniform across the three cities.

- For example, in Liverpool a strong sense of city-level social solidarity was described as a core component of city identity and culture. This may offer psychological and cultural protection from hardship stemming from economic change.
- There were differences in the understandings of which types of social network link were possible and offered most benefit to individuals and communities in changing circumstances. In more economically successful areas, respondents described understandings of community links which went beyond the geographical boundaries of the places they lived. In less affluent communities, network links were understood to be more embedded in place. However, this did not guarantee that strong community links would develop in less affluent areas. For example, in the deprived community in Manchester, strong local networks were described. In Glasgow's deprived, these struggled to emerge. In Liverpool, we heard evidence of competition for housing and resources from new-comers in the community. As such, some less affluent communities could be

disadvantaged in multiple ways: economically and also through having fragile and vulnerable senses of community and belonging.

### *Conclusions*

The findings offer an understanding of the processes that shape how people understand their relationships to others, both those they share their communities with and those they share their city with. In such a way, the findings relate to the original hypotheses of a socio-cultural explanation for Glasgow's 'excess' mortality in terms of increased individualisation, alienation and differences in social capital.

However, it can also be claimed that Glasgow's experience is not distinctive or unexpected but more that there are key differences in the experience of the other two cities which may offer protection. Liverpool's strong sense of social solidarity could mitigate the cultural effects of rapid change, while Manchester's experience is one of cultural adaptation to more mobile lifestyles well suited to the changing nature of employment opportunity in a post-industrial economy. This may produce future challenges around loneliness and social isolation in older generations and disconnection from labour markets for those experiencing poverty. The findings indicate the kinds of issues which will influence future population health concerns; around the changing nature of social connectedness within and between communities and the importance of maintaining social solidarity which can facilitate collective action to improve health.

The learning can be used to inform continued investment in place-based regeneration strategies, highlighting the different understandings of community in operation in different neighbourhoods and the importance of creating city-level solidarity as protection against economic hardship and rapid change. It also highlights how an understanding of different types of networks, place-based and other, need to be taken account in regeneration and place-based approaches and to take account of the character and nature of particular communities.





## **Introduction: Using culture to understand Glasgow's poorer health outcomes**

The poorer health profile of Glasgow in comparison with other cities of similar size, history and deprivation is well known and well documented<sup>1</sup>. The research reported here investigates community experience across the three cities of Liverpool, Manchester and Glasgow to explore the hypothesis that the causes of Glasgow's poorer health profile are located in the culture of the city. What the researchers have found is that culture is dynamic and ever-changing with residents of all three cities responding and adapting to changes in the economic and social underpinnings of their lives in particular places.

The analysis offers learning for how we understand 'community' and the different emphases and values attached to social networks (or 'social capital'). These differences can be located within the economic and social contexts of the geographical places in which communities are grounded. Not all people and places understand community to mean the same thing, either in what it looks like or the functions it is believed to serve. Further, community is shaped by social forces beyond the geographical site of particular interventions. These are important considerations to take into account when supporting continuing placed-based regeneration efforts.

The data here comes from the experiences of nine communities across three cities but is also applicable more broadly. Through these experiences we reveal how the creation and use of social connections are adaptations to the particular socioeconomic histories and current circumstances of communities.

## **Background: Explaining Glasgow's 'excess' mortality**

Although there is a well-established link between socioeconomic circumstances, deprivation and health, these explanations do not appear to sufficiently explain the particularly poor health of Glasgow and its surrounding post-industrial region<sup>1</sup>. Numerous hypotheses have been identified which

might explain this 'excess' of poor health and these have been explored in a previous publication by the Glasgow Centre for Population Health<sup>2</sup>.

The research reported here responds to one potential explanation; the 'socio-cultural hypothesis'. This is the hypothesis that elements of socio-cultural difference such as *psychological outlook*, *family life*, *social mobility* and the expression and enactment of *social capital* are candidate explanations for explaining the 'excess' mortality of Glasgow and the wider region.

We designed this study to explore cultural aspects of life within and between the three cities. Five socio-cultural components, or dimensions, were used to stimulate discussion based on pre-existing hypotheses for how Glasgow's culture may be distinct from similar cities. These themes were:

- *Psychological outlook*, stemming from the hypothesis that communities in Glasgow differ from their English counterparts in terms of key components of their orientation to past, present and future. This also encompasses the possibility of lower aspirations in Glasgow than elsewhere, lower optimism and different 'time preferences', a term that refers to the degree to which people plan for the future or live 'day-to-day'.
- That Glasgow might have a distinct difference in relation to the concepts of *boundlessness and alienation* among its population. This refers to the possibility that culture in Glasgow has become more atomised, individualised, and, compared with the other two cities, has less of a shared outlook or a collective sense of shared fate. With this, it becomes harder for people to judge standards of behaviour and expectations they have of others and others have for themselves. It can undermine a sense of commonality and the mutual support that this brings.
- That *family life* has a characteristically different expression in Glasgow, with greater acrimony between partners and dysfunctional parenting more prevalent than in the other two cities.

That there is a limited culture of *social mobility* in Glasgow compared with the English cities. That it is not only harder to move onwards and upwards but

that there is a lower expectation of this happening for oneself or others. Indeed, it may be seen as antithetical to collective norms and obligations to do so, as has been discussed previously elsewhere in relation to an allegedly Scottish cultural trope of not 'having ideas above one's station' or Scottish communities demonstrating the 'tall poppy syndrome'<sup>a</sup>.

- That there are characteristic differences in how *social capital* is understood and valued, enacted and accessed in Glasgow, in a manner which contributes to its poorer health and wellbeing outcomes. Although social capital itself is conceptualised differently through different theoretical lenses with various definitions and elements<sup>3</sup>, here it is argued that the manner in which the advantages conferred by social network connectedness and interconnectedness operates differently in Glasgow's communities than elsewhere.

It is suggested that psychological outlook influences health outcomes through providing key structuring schema through which life events are interpreted to give them apparent regularity and consistency. Antonovsky's theory of a 'sense of coherence' for example, is a construct that enables individuals to maintain wellbeing in the face of stress and change. Its three components of comprehensibility, manageability and meaningfulness have been shown to be independently associated with health outcomes and have been hypothesised as an element of Glasgow's distinctive health profile<sup>4</sup>. In this research, we enter psychological outlook through the frame of 'time preferences' (whether people think of the future in long or short time frames or 'living for today' against 'planning for the future') which are understood to have implications for the adoption of preventative health behaviours<sup>5</sup>, but perhaps more fundamentally say something of the resilience of people and populations in anticipating change and adapting to new strategies to take advantage of new circumstances<sup>6</sup>.

Family life is another lens through which we can explore broader cultural understandings. The hypothesis relating to Glasgow's 'excess mortality' is that

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<sup>a</sup> *The Scot's Confidence of Crisis* by Carol Craig (2003) is one place where this familiar criticism of Scottish and Glaswegian culture, of collective sanction against people who rise above collective expectations, has been rehearsed and explored

Glasgow finds a different expression of parenting and more dysfunctional relationships. Parenting styles have long been associated with differential outcomes with 'authoritative' parenting (warm, expressive and allowing children insight into the behavioural standards they are expected to maintain) and are linked to more successful outcomes for children<sup>7</sup>. The notion of dysfunctional families is politically problematic given that a diversity of family forms (diverging from a normative, yet historically specific, nuclear family) have emerged since the late twentieth century with the evidence for the superiority of particular family forms over others being inconclusive. Conflict in families is associated with negative outcomes for children but it should also be noted poverty can contribute to parental stress, depression and irritability leading to disrupted parenting<sup>8</sup>.

For social capital, there is a well established evidence-base indicating a positive association between social capital and better health at an individual level<sup>9</sup>. Glasgow has been found to be lower on some key dimensions of social capital but not all, and with the greatest difference evidenced among the most affluent areas<sup>10</sup>.

We designed our research to allow investigation and comparison of these dimensions of culture across the three cities of Liverpool, Manchester and Glasgow. Qualitative methods are well placed to explore culture. We approached the work understanding culture as a shared resource providing the collective beliefs, values, expectations and norms that encode forms of survival and problem-solving that are useful for coping, adaptation and survival<sup>11</sup>. The interpersonal nature of culture, of being grounded in meanings which are shared and negotiated through social interaction, means we require research tools which can explore culture in its complex, fluid and ultimately 'live' state. The categories by which we understand culture in this report were originally provided by the statistical component of the wider 'three cities' programme. 'Excess' mortality is ultimately a statistical framing of the problem of Glasgow's poorer health yet when approaching a phenomenon as all-encompassing as culture we require a starting point to identify the scope of attention. The team, led by an existing survey of candidate hypotheses<sup>2</sup>,

chose the dimensions of psychological outlook, the enactment of family life, attitudes and beliefs around social mobility and the characteristic forms of social capital in communities as our starting point. These dimensions also offered the potential of complementing data coming from the ongoing three cities survey work<sup>1</sup> so the findings could contribute to a broader synthesis of different forms of data.

In this qualitative component the dimensions are not understood as variables to be measured and evaluated for their contribution to 'excess' mortality but as entry points to explore, describe and analyse descriptions of local cultures with people situated in the everyday practices of community. The analysis that follows asks of the data collected whether there are characteristic differences in the ways in which social worlds are understood and enacted between the three cities and whether these differences indicate processes which may protect or undermine health in a manner that can contribute to a developing understanding of the observed differences in mortality.

This was the second tranche of qualitative research within the three cities programme. The previous unpublished work produced potentially important insights into similarities and differences between communities in Glasgow, Liverpool and Manchester. However, concern had been expressed that some of the highlighted differences between the areas may have been influenced by the selection methodology employed. This was based on the selection of socioeconomically matched *small areas* where mortality rates were significantly higher in Glasgow: a concern of this approach is that at this scale this may have resulted in a 'skewed' selection of Glasgow areas with extreme health outcomes, not typical of other parts of the city with similar levels of deprivation or affluence. This additional qualitative research has been undertaken to explore the same 'themes' as the first phase, but with a more representative sample of communities.

## Methodological approach

Given that Glasgow's poorer health is seen across the entire spectrum of deprivation (i.e. not just in deprived communities but affluent areas too) it was important our study design allowed an assessment of socio-cultural understanding across the socioeconomic spectrum of the three cities. To achieve this, perspectives from nine areas were sought encompassing views from deprived, middle and affluent areas. Nine areas (three in each city) were selected using existing deprivation indices and checked with a public health analyst in each city to ensure we had not chosen atypical or unusual areas.

We recruited key informants (KIs) in each area to provide data through interview. These were people who had various types of engaged knowledge of the communities under investigation and could offer perspective on the shared experiences, motivations and understandings of people living in each neighbourhood. We sampled our KIs to represent the different ways it is possible to know a community. The perspectives we sought included:

- Abstract, professional knowledge. This category of KI included academics and public health analysts in each of the cities, who could yield insights into the range and extent of issues particular to an area and what were considered the area's priorities in terms of problems and resource allocation.
- Action-orientated knowledge. Those who knew the areas through their professional practice and engagement with the area. This included people such as health practitioners and professions allied to social work, their knowledge more grounded in the day-to-day lived reality of areas than the previous category of abstracted, high-level knowledge.
- Lived knowledge. This category included those who knew an area through living their lives there, growing up in the area or raising children. These could often be individuals who engaged in their communities through grassroots activity offering some degree of overlap with the *Action* category. However, their community engagement was on a non-

professional basis with less separation between their occupational and personal identities.

Quotes from each group are labelled as ‘abstract’, ‘action’ and ‘lived’ throughout the remainder of the report. The numbers are to distinguish different respondents within each grouping.

**Table 1. Key Informant coverage across the nine communities.**

	‘Deprived’	‘Middle’	‘Affluent’	Total interviews (participants)
<b>Glasgow interviews</b>	6	6	6	18 (18)
<b>Liverpool interviews</b>	4	4	3	11 (12)
<b>Manchester interviews</b>	5	5	5	15 (17)
<b>Total interviews (participants)</b>	15 (15)	15 (17)	14 (15)	44 (47)*

\*Some interviews included more than one participant.

An interview *aide memoire* was developed which translated the hypothetical dimensions into operational questions that would be more likely to make sense to our KIs (see Appendix). In the actual discussions, there was considerable overlap between the categories. For example, discussions of family life often reflected and uncovered time preferences, and data around social capital was rarely far beneath the surface of talk around individualisation and community. This reflects the ‘lived’ and interconnected nature of how the categories were experienced. The interview process therefore benefitted when more free-flowing and gently steered by the researchers rather than being a series of disconnected questions. The question “*What’s life like for people living here?*” would open interviews followed with questions around perceived trust, crime, hopes for future and planning, family life and the possibility of movement in and out of the area.

The researchers were live to new directions emerging from our respondents' perspectives and experiences and adjusted the questioning accordingly.

## **Analysis**

To analyse the data we firstly needed to identify and categorise when and where respondents' talk was relevant to the dimensions of culture we were interested in. We also needed to capture emergent themes of interest we had not anticipated. After this process of initial coding, we needed to reconstitute the data into a coherent narrative of how culture was lived and experienced. This second stage is the challenge of qualitative approaches, of proceeding from a collection of numerous and *particular* perspectives, experiences and insights to a unifying *general* set of processes which have theoretical value.

For the practical task of coding and documenting emergent themes and theories, the *Atlas ti* (version 5) software was used to contain transcripts and record coding decisions and histories. Two researchers drew up initial coding frameworks from separate readings of early interview transcripts. Reports were then written for each interview addressing the topics we were originally interested in and emerging topics and processes were documented.

We then synthesised the interview reports to form neighbourhood-level reports by producing a summary of each community. These allowed comparison of 'similar' areas between cities (e.g. comparing the deprived, middle and affluent accounts). A city-level report was also produced by condensing the three neighbourhood-level reports from each city. This cross-comparison process allowed the researchers to identify which findings were shared or distinct to areas or cities.



*Box 1. Condensed version of interview schedule.*

**Opening**

- Can you start by telling me about how long you have lived / worked in the area?
- What's it like to live here?

**Local culture**

- What is important to people?
  - Is there a sense of 'community' in the area? (i.e. togetherness; support and helping each other)
- Is there much for young people / old people to do?
  - What is trust like in the area?
- Do people trust each other
- Views on politicians? Is there engagement in local issues/voting?
- Is there much crime around here? What kind?
  - Is there a greater acceptance of crime here than in other areas?

**Outlook**

- What hopes do people living here have for their futures? How much control do people feel they have over their futures?
- Do people live for the moment or plan for the future? Short term/long term focus? Pensions?

**Family life**

- What is family life like in the area?
  - lots of relatives/extended family; With/without children?; Single parents common?
- Is family/being a parent important to people here?

**Social mobility**

- What aspirations do young people have for the future/parents for their children/themselves?
- Is there much movement in and out of this area?
  - Do they have a choice, either way?
- Do people tend to know only other people living locally or do they know people living in other areas?
- What about at the city level, do people tend to stay in the city or move out?

Data around social capital was captured without asking directly but by guiding topics stemming from the local culture and social mobility sections.

## **Findings: Dealing with change across the nine communities**

The data reveal the nine communities to be dynamic entities experiencing and responding to change on a number of fronts. We identified three types of change that those working and living in communities believed were shaping the character of local cultures and community life:

- Economic change and the experience of a continued economic downturn.
- Change in the welfare landscape. Austerity and welfare reform were leading to a reduction in financial support for individuals, families and services.
- Changes in what 'community' means, how it is understood and enacted and the extent to which communities are grounded within a particular geographical place.

These aspects of change were present in accounts across all of the areas we investigated. However, the implications for outlooks and understandings differed in different places and these will be explored in the remainder of this report. How communities responded and adapted to these changes is in no small part a key finding of this research. This is because the experience and adaptations to change shaped how the initial analytical categories (psychological outlook, boundlessness, family life, social mobility and social capital) were enacted. Culture, therefore is not a static entity and any account of local cultures would be incomplete without reflecting this sense of change and dynamism.

### *Economic change*

The data was collected across autumn and winter of 2012. Although the recession that followed the financial crash of 2007/08 was officially over, a continued sense of financial hardship and insecurity was apparent with futures anticipated as less certain and knowable. In some communities this translated in identifiable decreases in the material standards of living, displayed most obviously by the presence of food banks. In more affluent communities change translated into psychological insecurity as labour markets tightened and housing and educational resources became more scarce. The effects of

austerity and economic downturn did not significantly impact on the material aspects of life in affluent areas. In such areas, social networks continued to provide access to employment opportunities and geographic mobility meant lives felt more secure. Interestingly, perhaps the greatest sense of insecurity was being felt in the middle areas where the questioning of existing life strategies and outlooks were undergoing the most fundamental challenge and revision. This was revealed in uncertainty around whether resources once considered accessible and provided by the state; higher education, social housing and security, would be there in future and for their children.

### *The effects of austerity*

The fieldwork was conducted in a period of contracting local government spend following the Comprehensive Spending Review of 2010. The reductions in grant allocations to local authorities were delayed in Scotland meaning the policies of austerity were more advanced in the English cities. As an analysis by the Joseph Rowntree Foundation highlighted<sup>12</sup>, local government cuts led to reductions in services that hit the most deprived parts of the country hardest. For Liverpool and Manchester's local authorities, the cuts translated into 11.3 and 10.9% reductions in spending on services respectively, the greatest reductions found anywhere in the UK<sup>12</sup>.

As well as on-the-ground cuts to services and support, the policy of austerity was leading to fundamental revision of the principles underpinning the provision of social security. As well as affecting people in communities materially, this was also undermining assumptions which had previously been taken for granted about the relationship between individuals and the state and solidarity with others. Once again, this element of change was as challenging to the middle areas as it was the deprived.

### *Changes in the understanding and enactment of 'community'*

A third dimension of change refers to the processes by which 'community' as an entity was understood, how it is enacted and the degree to which it creates and allows access to social capital and network support. The key to understanding this change is in the degree to which 'communities' and the

resources which flow from them are understood as belonging to particular geographical places. For example, that where you live will provide a job, the services you need and social networks you can belong to. This process can also be understood with reference to the idea of a transition to 'liquid' from 'solid' community (see box below) that<sup>13</sup> profoundly altered outlooks in the communities, particularly around how people understood the future and what types of activity and life strategies would produce the best odds of achieving a good life. Challenges can be summarised across the communities as:

- In the deprived areas, adapting to a continued and deepening absence of choices.
- In the middle areas, dealing with uncertainty around the continued value of established outlooks and worldviews in the face of change.
- In the affluent areas, handling, taking advantage of and sustaining a multiplicity of possible choices in changing circumstances.

## Box 2. 'Solid' and 'liquid' communities.

A key idea we applied to the data was Zygmunt Bauman's notion of liquid modern society. A useful introduction to Bauman's idea of liquid modern society can be found in Tony Blackshaw's *Key Concepts in Community Studies*<sup>14</sup>. Here, Blackshaw describes Bauman's identification of a new experience of life in contemporary society as shaped by processes such as the progression from a *producer* to a *consumer* society, a prominence of *individualism* and *individualisation* and increased *mobility* leading to a sense of rootlessness of both capital (for the purposes of our study, jobs) and people.

Other processes that contribute to a more 'liquid' experience are technological developments which support new ways of living, more efficient travel, communications and the growth of digital resources, migrations that bring together different perspectives on how life should be lived. Paradoxically, it is only as the existence of shared community comes under threat that 'community' as an idea gains prominence in policy and public discourse as during the later half of the twentieth century, it was made more obvious by its absence.

The consequences for community are summarised by Young<sup>14</sup> as a process of 'dis-embedding': "a concept of community less territorialised, less tethered to locality (where) the social and spatial, once soldered tightly together, begin to drift apart. Each step less moored to any specific place." (p195) Bauman highlights that people begin to seek security from networks rather than community with people with whom they self-identify rather than having them chosen by their physical proximity or shared history. Community often has to be imagined and re-imagined as it no longer has a taken-for-granted, self evident form. The use of the term 'community' to describe non-geographic networks, such as those enabled by the Internet or consumers of a particular brand, is illustrative of this process.

This 'liquid' experience of community sits in contrast to the 'solid' experience which went before it. The earlier version was tethered to places where common experiences and outlooks prevailed, particularly linked to forms of employment in industrial cities. From a shared experience of labour, other outlooks flowed, of political mission, of solidarity and of a common sense of regularity in the rhythm and expectations of life. This meant people felt confident they shared similar perspectives with the person they lived alongside, they could predict their concerns, their ways of life and knew there would be common ground between them.

The three cities in our study, as post-industrial cities, are journeying away from shared cultures and outlooks underpinned by the 'heavy' economy of the industrial era. Although we can surmise shared pasts, how the cities experience this later 'liquid' phase highlights different and divergent characteristics between places both within and between the cities.

## How change was shaping psychological outlook

In **deprived areas**, there was a pervading sense of the absence of meaningful opportunity in paid employment, particularly for younger people. In Glasgow, aspirations of the contemporary younger generation were described as "low" with little aspiration to take education to the "next level" in the sense of pursuing professional qualifications or degrees. Many members of the

community were reported to rely on benefits with the expectation that state support would be available when required. For our key informants, state support, through the provision of grants and projects, was also considered vital to the success of the area. As individuals, they also reflected on how they too would be reliant on a state pension when they were no longer able to work; the provision of a state pension was something people assumed would be available and was considered a necessity.

The time preferences described were shaped by day-to-day concerns of keeping things together in challenging financial circumstances. This day-to-day perspective was present in attitudes to education but also to personal debt.

*“A lot of people I know are quite deep in debt and instead of actually wanting to get out of it all they’re paying the minimum of everything so you’re sitting on 30, 40, 50 years’ worth of debt... but they’re happy with that, that is the way they want to live.”* (Lived 2, Glasgow deprived area)

In Manchester’s deprived community, there was a striking difference to Glasgow in that our KIs felt opportunity was more abundant (and it is worth noting that the Manchester area was centrally located as opposed to the peripheral housing scheme in Glasgow). In Manchester, therefore rather than blaming a poor economic climate, there was a tendency to highlight deficits in the capacity of those in deprived communities to access work through skills, capabilities or confidence. It was reported that in terms of confidence, working class Manchester had not fully recovered from *“having the stuffing knocked out of them”* after the economic restructuring of the 1970s and 1980s, and confidence *“takes a couple of generations to get back.”* (Action 3, Manchester deprived). This highlights two differences in the data between Manchester and Glasgow. First that Manchester was often described in more buoyant economic terms than Glasgow and secondly, that in Manchester there was a cultural distance between the KIs we spoke to and those who lived in the communities they served. Phrases such as *“a lack of vision”* (Action 2), *“a huge level of apathy”*, *“they’re just scared”*, (Lived 1), *“a reluctance to take risks”* (Action 2) and other deficit-orientated terminology was used.

The high skill and capability levels required to organise as a community were also cited as a problem with the need to “*build capacity*” for community activity highlighted; “*There’s loads of issues around leadership skills, lack of treasurers for organisations*” (Action1, Manchester deprived area). It was believed the skills that existed in the area struggled to emerge due to the increasingly fragmented nature of community more generally.

In Liverpool’s deprived community, respondents sought freedom from worry as a key aspiration. Anxieties around money, losing jobs and possibly their homes however, were key underpinnings of psychological outlook. Planning for futures was felt unrealistic and perceptions of powerlessness were identified as leading to fatalism:

*“I plan for my future. But what I see happening within the community and from my discussion with a lot of people in the community, they don’t plan for their future, they want to live in the now and whatever comes tomorrow, let it be.”* (Lived 3, Liverpool deprived area)

There was also an emergent theme that simply repeating the life strategies of previous generations would not guarantee the success it once brought given the changing nature of society and the employment market:

*“Young people that grow up here, I don’t see them having a bright future, because they still take the pattern of the older ones that are in the community. They are not serious with education, for you to say OK, because of education they will move, they will climb the social ladder. They don’t take education serious. And they feel that they are being neglected, so they’re not doing anything for themselves”* (Lived 3, Liverpool deprived area)

A culture of state dependence was identified as an understandable and realistic adaptation to limited opportunity bolstered by the idea that the area was unfairly treated by the current and previous governments.

*“This government has never won any votes in Liverpool, it’s my opinion that it is making Liverpool suffer, making Liverpool pay for never voting for that party at any time. Most of the cuts that is [sic] happening right now is affecting Liverpool a hundred percent more than anywhere else.”* (Lived 2, Liverpool deprived area)

The **middle areas** differed from their more deprived counterparts in the sense that the three-fold dimensions of change cited earlier (economic, welfare and community) were fundamentally shifting the bedrock of assumptions around life-course, expectation and community life. In addition to continuing and deepening challenges facing deprived communities, middle areas were experiencing unexpected and unprecedented change.

**Glasgow's middle area** was distinctive, as out of all nine geographic communities, it represented the area where the idea of community was most strongly grounded in place. The area was characterised by the modest aspiration of maintaining a standard of living across generations; of affordable housing, access to work, community and family life. It was generally not an area people moved to unless they had a prior connection there, but neither was it a place people chose to leave. Where in deprived areas stability in a population over generations was thought of as a problem, of people being 'trapped' by 'cultures of low achievement', in the middle areas intergenerational stability was seen as an area strength.

There was also, however, an emergent theme that the comfort previous generations had enjoyed might be less achievable for the current generation of young people. This was driven not just by harder economic times but also the changes to relationships between families and opportunity and the changing nature of the social contract established in the post-war years<sup>b,15</sup>.

*"I think there is concern over jobs. I think that is the prime thing. I suppose personally speaking my concern is that my son will not have access to a free education like I did. My strategy is I'm either going to harvest one of my kidneys or I'm going to sell my property to ensure that he will... I think there's an issue about debt burden, because poor people hate getting into debt in a way [that] middle class people do. I think there is a different attitude towards debt and particularly if people can't see people getting decent jobs at the end of it... And also the kids that are not going on to Uni, there's a lack of*

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<sup>b</sup> The three main ingredients of the post war 'Beveridge' formulation of the welfare state were, according to Charles Leadbeater: first, a system of social insurance to protect people against loss of earning through retirement, unemployment, disability and sickness. Second, tax-financed health and education systems 'free' at the point of access and third, full-employment policies to end idleness and create the flow of contributions to health and education through taxation.



*opportunities for them, the apprenticeship system has gone, so what do they do? A huge concern over housing for them, how are they – and I think again there's a perception of who is it that's actually getting housing? You need to be young, pregnant, possibly with drug and alcohol problems in order to get a flat. Which of course, is not the case, but that is how it appears to lots of people at the moment.”* (Lived 2, Glasgow middle area)

This change meant that a revision of time preferences, planning and orientation to the future would be required. Existing, culturally-ingrained ways of conceptualising the life-course and personal strategies within it were increasingly seen as inadequate.

*“My perception was (growing up) that a lot had no future plan, just kind of getting employment to keep your head afloat, to keep the money coming but there was no real plan for how that was going to develop. No ten year plan.”* (Lived 3, Glasgow middle area)

In **Manchester's middle area** there was concern around the perceived downward mobility of the area. This was linked not only to a harsher jobs market, lower pay and greater precariousness but also to an erosion of community infrastructure. New-build apartments and a large supermarket had replaced the local shops, the local police station had been amalgamated into a larger station based elsewhere. The local pub had also gone. In commenting on how the erosion of such services changed the character of community we heard; *“it just makes you wonder where people go now to have their little natter.”* (Action 1, Manchester middle area).

Economic hardship was undermining the modest aspirations residents had for life in the area and led to challenge of self-identity. In the past, living in the area was seen as a badge of pride and working class progression and respectability. Increasingly, residents were beginning to question identities under threat in a manner which undermined the area's historic social cohesion and shared sense of outlook.

*“And I think there's a split between people who say ‘we're not like that, we work, got my family, doing quite well thank you. My house is nice, I've got it how I want it and I'm not one of those dossers on the dole’. I think there's a split there. But we're under a lot of stress now aren't we? We're under stress.”* (Lived 1, Manchester middle area)

Community was also seen as under threat in **Liverpool's middle area**. Here, there was a strong association with community and place, and cohesion was felt to be strengthened when people lived alongside each other for a long time. There was increasing transience seeping into community life due to a rise in private social landlords and people moving out of the area to seek opportunity elsewhere:

*"If you've got a transient population, [people] don't have ownership of the area in quite the same way"* (Action 2, Liverpool middle area).

Fear of crime and the consequences of high rates of criminality on community life were also features of accounts: *"there's a lot of fear around and of people talking about it. Fear of being called a grass. People won't come up and talk about these issues or pull together because they are scared."* (Action 2).

The **affluent areas** were characterised by a greater availability of choices strengthened the advantage provided by their stronger material circumstances. The way life was structured in affluent areas prioritised keeping as many options as possible open for themselves and their children. The **affluent neighbourhood in Manchester** was most characteristic of a highly mobile community in which younger, professional couples moved to take advantage of the city's economic, housing and leisure opportunities. The high value of housing meant private renting or first time ownership (a first rung of a ladder) characterised the area, suppressing the laying down of roots in the long term. This created a problem for the resident older generation who moved to the area in less fluid times and were today isolated and felt to be increasingly vulnerable. Local voluntary services often filled the gaps in social support which stemmed from service cuts associated with local authority budget cuts.

For younger generations, our respondents described their outlook as displaying a high value attached to achievement without the sense of having to downgrade ambitions in the face of economic hardship, as experienced in the middle areas. Residents were understood to be optimistic planners.

*“I think they plan for the future. I know that you can’t always plan but you can have ambition and you can have a plan, an agenda or even some kind of philosophy of where you would like to be in ten years. I think for the majority of people it would involve a good job, a nice house, family and strong links with your friends.”* (Lived 1, Manchester affluent area)

**Glasgow’s affluent neighbourhood** was also experiencing a transition to community life that was less embedded in place. People’s social networks here were described as small and based on family, churches or schools. Individuals complemented this with links over broader geographical areas across regional and national boundaries. Respect for privacy was cited as a priority and occupation was important in establishing identity.

A key finding from Glasgow’s affluent community was the degree of cultural ‘boundary maintenance’ described, whereby neighbourhoods close by or sharing a boundary were seen as culturally different and were kept at a distance. A nearby, less affluent, community was described as the area’s cultural ‘other’ and key informants told of how parents in the area had concerns about the shared intake of students at the local Secondary school. This mirrors some of the attitudes developing Manchester’s middle area where a fear of downward mobility was hastening the need to identify oneself as ‘respectable’. In Glasgow’s affluent area however, downward mobility did not appear such a present danger for those maintaining the cultural boundaries.

### **Family life as an adaptation to the three dimensions of change**

People wanting the best for their children was a common value across all communities in the study. However, there were important differences in the opportunities available to enact this outlook. In particular, the belief that community was in decline and being replaced by more individualised outlooks was a key contextual factor shaping family life and parenting.

This played out in **Glasgow’s deprived area** as a situation of *“families standing alone”*. A characteristic challenge described by key informants was of single parent households experiencing isolation despite the presence of family members nearby. Life in general was becoming more atomised

although many remained in the area near to extended family members. Despite proximity, mutual support was not understood to be readily available. One respondent highlighted the difference between when she grew up and the present. Once *“Thirty kids lived in the close”* (Action 1) suggesting a strong sense of collectivity around child rearing and a set of shared values and expectations. Today, as Lived 3, Glasgow deprived, put it:

*“There is a strong sense of family but whether it’s a right sense or a wrong sense who knows. I mean (parents) will stick up for their kids no matter what they do. They won’t look at the other side, there’s some elements of families that’ll not look at the other side and just weigh in and stick up for their kids no matter what.”*

Respondents identified a trend of women having children younger and against a changing backdrop of challenge and stress; problems of addiction and an emerging problem of gambling led to an assumed absence of fathers from child-rearing. There was also the identification of third or fourth generations going through local schools, creating a means by which individuals and families could make their mark and leave an impression on the community. The fact of this stability across generations jarred with the experienced decline in a sense of place-based community and cooperation.

A strong value attached to family was also evident in Liverpool and was felt to contribute to people remaining in the city despite economic challenge. People’s ability to parent, particularly in **the deprived and middle areas**, was, however, under threat from austerity and associated financial stress.

Liverpool’s deprived area experienced limited opportunity and poverty, and arguments around welfare dependence were shaping the understanding of pressures on families. Although there was great sympathy for the plight of families struggling with financial hardship (*“There’s lots of good people in this community who are battling against the odds, who are bringing up their kids decent against the odds and the system”* – Action 1, Liverpool deprived) the culture of dependence discourse would also be invoked by key informants as

a threat to family and community. This referred to a belief whereby state support was seen to undermine the presence of male role models in the community (i.e. reducing the involvement and engagement of fathers) which in turn increased antisocial behaviour. Action 1 (Liverpool deprived), a single parent herself, explains how she has come to understand the dual forces of strain and dependence as undermining traditional households:

*“I never intended to be a single parent. I was married for 24 years. But the system broke us in the end and I do believe that... [when struggling] if you are not careful, you get into that apathy of thinking, ‘why should we bother?’ You know, if we’d lived in another country where there were no benefits, then you’d say well, you’d have to work, you’d have to be driven... we have a culture where it is easier to have kids because you get everything you want.”*

An American policy specialist had recently visited the area and Action 1 used her conversation with him to highlight the points of departure with his thesis on the culture of dependence against her own understanding of the role of structural factors.

*“At one point he was going on about single mums: ‘we need to get single mums into work’. I’m going ‘hang on a minute, what’s this about single mums?’ because they’re like single mums, we’ll label them and get them back to work. I said ‘what about the responsibility of fathers?’ He said, ‘well if women can’t get jobs, they should move.’ And I said, ‘well that’s all well and good saying they should move and get a job but who supports their family, if they’re in work all day... then what you have is a culture of latch key kids... then you have a culture of antisocial behaviour because the kids aren’t managed or supported, so they’re off doing whatever they want to with no parental support.’”*

**Manchester’s deprived area** was described as having a number of embedded family networks. This was supported by the fact that historically, the area had been unpopular thus avoiding pressure on housing supply. Families were described by our key informants as a source of support and

help for their extended members. However, the value placed on family was ambivalently expressed, in being both a means of support but also as a conduit of what were considered cultures of lowered aspiration and ambition:

*“That’s a good thing and a bad thing. If what is being passed on is care for one another and mutual support, then that’s the good side of it. But what’s also being passed on are desperately low aspirations and an assumption that you’re not going to amount to anything.”* (Action 3, Manchester deprived)

Other negative perceptions of family life related to a perceived deficit in parenting skills (*“a massive need to teach skills”* – Action 1, Manchester deprived) and of chaotic family lives characterised by parental substance misuse and absent fathers. There was a positive element to the description of family life however, particularly when set against the isolation experienced by elders in the more ‘affluent’ Manchester community; grandparents (particularly grandmothers) were felt to be well integrated into family and community life (and *“do a fantastic job.”* Action 1).

Across **all three middle areas**, there was a recurring theme of families looking for maintenance of the status quo in terms of quality of life and standard of living. For example in **Liverpool**:

*“You want your kids to grow up in a similar way to what you turned out to be.”* (Action 2, Liverpool middle area)

The harsher economic climate was believed to be increasing pressure on families. Poverty and associated problems of alcohol and substance misuse, domestic abuse, and financial struggles were all mentioned. Family life was presented as *“increasingly at risk”* (Lived, Liverpool middle) and reference was made to a *“missing generation”* (Action 2) through substance misuse of parents in some families.

The aspiration of generational continuity in **Glasgow’s middle area** was supported by the availability of good housing and high quality community

facilities, such as shops and transport links. The area was believed to be family-orientated with parenting a key occupation by which people could present themselves as successful adults or “proper” people. Being a good parent was *“how I think people in the area would like themselves to be seen.”* (Action 2)

*“It gives you a sense of responsibility and I suppose it changes your perspective on life.”* (Action 1)

This prioritisation of family life shaped time preferences in Glasgow’s middle area. Wanting the best for their children led to a day-to-day focus but not in the survival focus, as in less affluent areas, but as a cadence set by the routines of family life. Material circumstances shaped time preferences, however. In affluent areas, planning for the future went somewhat beyond planning for broken washing machines, as seen below:

*“It’s almost day-to-day, get them up, get them ready, get them out to school, get their homework done, go to their clubs. Sometimes life can be hectic and doesn’t allow. There’s birthdays coming up, there’s friends’ parties, there’s stuff going on at school, there’s stuff going on with the football team. So, I wouldn’t say I’ve got evidence of people planning for the future, it’s saving for a rainy day... this is one of the things we encourage about the future is the use of the local credit unions. It’s think about your future, if your washing machine was to break down.”* (Lived 1)

In the middle area of Manchester, family connections were highly valued and historically, families had lived close by one another to produce connections over the generations.

*“What do I need? What do I own? I don’t owe any bills out. The thing I value most is my family. My family comes first before anything else. The only thing I need is my family around.”* (Lived 1)

*“People have lived here a long time. They’ve brought up their families here. They’re happy to be here and want to stay here.”*

(Action 2)

Prioritising family life and community allowed households to operate successfully on modest or reduced means. It could also, however, offer a positive identity against the stigma of poverty and living in an increasingly deprived area. Maintaining the enactment of family life publicly allowed identities to remain untarnished by the wider cultural assumptions around the individual causes of poverty; allowing ‘respectability’ to be consistent with poverty.

In **affluent areas, notably Manchester and Glasgow**, setting-up home was less a reflection of histories of family presence in particular places but a result of a preference for personal choice and mobility. For those who could afford to buy family-sized homes in the area, family life was organised to give young people the best possible start in life. This underpinned a deep understanding of the strategies and resources required to enable children to compete in education and future labour markets.

*“If you grow up in a household in (Manchester’s affluent area) with children what you’ll see is parents that want the best for their children and that they have the means to try and give them the best opportunities.”* (Mediated 1)

Despite these advantages, the idea that the area was not considered to be a family-orientated area was repeated by others. Life in a cosmopolitan neighbourhood offered advantages through networks of professional and friendship groups and less in the way of networks that supported child-rearing.

*“I suppose because of the fact that there’s not loads of families around here, I don’t know how much they’d be able to integrate with other families. You know like if you had a town where all the families get together and I don’t know how much that would happen here.”* (Lived 3, Manchester affluent area)



A problem came in the form of the isolation of older generations in the area. Social mobility, competition for housing and a preference for taking advantage of job opportunities beyond the local area meant extended networks would be geographically dispersed. An absence of extended networks in the community was something services often had to respond to. The isolation and loneliness of the older generation was seen as a problem caused by lifestyles well adapted for geographic mobility, which could lead to extended family networks being dispersed over wide areas.

*“What we notice is that with our older people they might have a good relationship with their families, their children and grandchildren but they are away... So there is a lot of telephoning and then ‘how are you nana?’ ‘I’m alright.’ They are always ‘alright’ aren’t they? So I think they feel quite unsupported in some ways by the families but they can’t ask the families for help unless they are very close and some are. So I would say that’s the biggest thing. Families will come over and visit two Sundays a month and bring their children over, maybe take Gran out for a nice lunch or something. And they are attentive, they are caring, but they are not local.”*

(Action 1, Manchester affluent area)

As there was a greater commitment to individualisation and choice in affluent areas, particularly in Glasgow and Manchester, single-parent households were understood differently. Family breakdown was not uncommon in the area but was not seen as dysfunctional or indicative of hardship but about having choices.

*“I’m a single parent but I have choices and I can afford childcare and we can still afford to go on holiday. So we’re not trapped by single parenthood the way some people are.”* (Lived 1, Glasgow affluent area)

### **Implications of the changing nature of communities for understandings, enactment and access to social capital**

Social capital, the links that provide support and access to resources and influence, has been hypothesised as a factor in accounting for Glasgow’s

'excess' mortality. The GCPH's three-city survey<sup>1</sup> found this hypothesis to be 'plausible'. Social participation (volunteering), reciprocity (people 'helping each other out') and trust were all found to be lower in Glasgow than the English cities<sup>1</sup>. Strikingly, social participation was 2.6 and 2.5 times greater in Liverpool and Manchester respectively. Manchester however was lower in social support and civil participation (engagement of any kind to solve a local problem). Manchester also had a significantly higher percentage of the population who had lived in their neighbourhood for less than six months, illustrating this city as a more fluid and mobile place as identified above. Liverpool had a much stronger social capital profile than its deprivation profile might predict.

The qualitative data contextualises the development of social capital within the dynamic processes affecting community life between the three cities and the neighbourhoods within them. As the three headline dimensions of change affected the nine communities in different ways, the way social capital was understood, enacted and accessed also showed difference.

Tables 1-3 summarise the differences in understandings and the creation of social capital within the nine communities. Here we focus on three dimensions of social capital: bonding capital – which are links with people in similar circumstances and with similar outlooks and is considered good for social support; bridging capital – links with people in different circumstances and with different values and is good for mobility and adaptability and; linking capital, connections to power structures and influence.

Table 1 summarises the data we collected around understandings and enactments of social capital in the deprived areas. The **Glasgow** data highlights 'declining' social capital reflecting the community's geographic isolation from new employment opportunities compounded by a wider culture of individualism. An increased sense of isolation and atomisation is described through the idea of "*families standing alone*" and a perception of lowered trust and decline in collectively held values. Our 'lived' key informant illustrated the decline of reduced bonding capital with the contemporary experience of child-

rearing in the area, contrasting it with her experience of growing up when *“thirty kids lived and played together in a street”*.

**Liverpool and Manchester’s** deprived communities are also both experiencing increased transience associated with higher mobility yet the Liverpool community appeared to retain value in preserving the bonds of neighbourhood and place; *“I think what comes across in the local culture here is local people supporting local people. No one likes to see anyone down on their knees.”* (Action 1). In Manchester, a decline in linking capital was discernible as key informants often spoke in terms of a separation of culture and outlooks between themselves and those they provided services for characterised by lowered confidence and aspiration; *“this problem of low aspiration defeats them”* (Action 1, Manchester deprived).

**Table 1. Social capital in the deprived communities.**

Area	Bonding capital	Bridging capital	Linking capital
<b>Glasgow deprived</b> <i>Characterised by transition from solid to liquid* community in reduced material circumstances</i>	<i>“Families standing alone”</i> . Atomised experiences.	Poor connections to geographically distant employment opportunities.	Reduced: Once <i>“fought for everything it got”</i> . Now alienation from politics and decision-makers.
<b>Manchester deprived</b> <i>Characterised by highly liquid experience in absence of network links or opportunity</i>	Tight, hyperlocal networks.	Poor connections to geographically close employment opportunities.	Cultural distance between service providers and users.
<b>Liverpool deprived</b> <i>Characterised by maintaining solid community in deprived circumstances and absence of opportunity</i>	Strong sense of local social solidarity (city-level).	Concerns about growing transience (private landlords and difficulty integrating newcomers).	Reluctant cultural distance between service providers and clients. Mistrust of mainstream politics: preference for local action.

\* See page 19 for definition

The middle areas (Table 2) showed greater change than the other neighbourhoods suggesting that ‘middles’, far from being unremarkable, are areas of transitioning and becoming. Although their material challenges were not greater than those found in deprived communities, reduced material circumstances and uncertainty were new facts of life to which they had to adapt and respond. In **Manchester**, the once cohesive ‘middle’ of respectable working class progress was fragmenting and a gap was emerging between those keeping afloat and those struggling. A symptom of this reduction in community togetherness was an ‘othering’<sup>c</sup> of people previously seen as similar in outlook and values. ‘Othering’ was used to maintain a sense of ‘respectability’ in the face of evident downward mobility and had the consequence of undermining potential new connections in communities. It could mean advantage becomes stockpiled in more advantaged enclaves and prevents the flow of network opportunity to those already marginalised.

In **Glasgow’s** middle, change had not yet been fully recognised or understood. Ways of life seen in previous generations still felt possible which made aspirations vulnerable to reduced provision from the state in relation to housing, education and work. In **Liverpool**, city-level solidarity allowed social capital to remain valued in the face of material challenge and cultural change.

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<sup>c</sup> The process of conscious distancing and disassociation from groups of people seen to possess different values, outlooks and lifestyles, to see these as ‘other’.

**Table 2. Social capital in the middle communities.**

Area	Bonding capital	Bridging capital	Linking capital
<b>Glasgow middle</b> <i>Characterised by maintaining faith in 'solid' community</i>	High intergenerational stability.	New values from incoming migrant population but difficulty around integration.  Housing market change brings transience.	Challenge of the continued usefulness of existing stocks of social capital established in period of post-war 'settlement'.
<b>Manchester Middle</b> <i>Characterised by downward mobility and individualisation challenging community bonds</i>	Twin speed experience of "struggling" and "getting by" undermines social solidarity.  Physical spaces of community disappearing.	Separation of networks and values according to the twin speed trajectories.	Services which produce linking capital under threat from austerity policies.
<b>Liverpool Middle</b> <i>Characterised by social solidarity ameliorates rapid social change</i>	High value of social solidarity; <i>"the local people is local people supporting local people".</i>	Increasing fear of crime.	High value of local organisations and voluntary activity.

As Table 3 shows, liquid, more individualised enactments of family and community had become characteristic of life in the **affluent area of Glasgow**. Across the city more generally, those in the deprived and middle areas were seen to identify more readily with each other, as having outlooks in common, than with those in the affluent area. This suggests that the flows of social capital and a shared sense for social solidarity between the affluent and less affluent areas was difficult to accomplish, a maintaining of privilege indicated in practice through the cultural 'othering' implicit in decisions around schooling mentioned earlier. Liverpool's experience, again, indicated a continued commitment to solidarity at a city level, whereas Manchester, perhaps as a consequence of its role as a larger regional centre, has adapted to a more 'advanced' degree; more liquid and more geographically dis-embedded

circumstances. This is also indicated in the area's emergent problem of the isolation of elders.

**Table 3. Social capital in the affluent communities.**

<b>Area</b>	<b>Bonding capital</b>	<b>Bridging capital</b>	<b>Linking capital</b>
<b>Glasgow affluent</b> <i>Characterised by highly liquid with small local networks and boundary maintenance with 'others' in adjacent areas</i>	Small local networks established around child-rearing or professional identities.	High degree of boundary maintenance with local areas.	Investment in children's futures over collective improvement.
<b>Manchester affluent</b> <i>Characterised by highly liquid transient population.</i>  Grassroots community projects mitigate loss of social fabric and services	Highly mobile population. Concerns about isolation of elders.	Transient but skilled population Lifestyle and identity driven projects.	Transient but skilled population Lifestyle and identity driven projects.
<b>Liverpool affluent</b> <i>Characterised by being the least liquid of affluent areas and commitment to city level solidarity</i>	Two parents out at work means bonding links tend to be within families.	Community activity thought more likely during retirement. City-level solidarity.	Concerns about diminishing returns on higher education.

**Summary: How 'community' means different things in different contexts**

Some communities remain strongly wedded to an idea of geographic community. Although this idea is also alive in how policy-makers understand community (through strategies of place-based physical regeneration and community development), taking advantage of economic opportunity at an individual level often means building alternative networks of support that are

not anchored to geographical space. Economic activity is increasingly less tethered to geographic space and locality. Deprived communities were still trying to recover from the consequences of this, as the key informants' belief in the once full employment of Manchester's deprived community attests.

The affluent communities not only had more financial resource with which to buffer the dual effects of capital's mobile nature and the dismantling of welfare provision but their non-financial resources were also calibrated to respond to geographic withdrawals of capital and employment. The tendency for 'liquid' communities to emerge, founded on transience and geographic mobility was allied to this and created places such as Manchester's affluent area as a typical expression. Glasgow's affluent area represented this to a lesser extent. Such movement and responses to economic stimuli create very different understandings of 'community' than those with a more solid identity, where in the latter case generations *remain* after the withdrawal of jobs and investment and become vulnerable to failures of externally-led economic regeneration.

Once differences have been established so as to determine what type of community (solid or liquid) is in operation, the ways in which social capital is understood and maintained also change. The types of voluntarism and community activity evident in affluent, liquid areas would not necessarily thrive in less affluent, solid communities. For example, the social capital required to lobby for employment, training, housing or services investment or to maintain mental wellbeing in the face of multiple deprivation, is different from that required to maintain rewarding network links in a geographically mobile community. In more affluent areas the role of grassroots organisations is to create a sense of membership and belonging and recognise that users have a variety of needs rather than pursuing a shared vision of collective improvement<sup>d</sup> Furthermore, community groups in affluent areas can aim to protect and maintain advantage for their members.

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<sup>d</sup> For example, see earlier GCPH work exploring new forms of spiritual participation. Glasgow Centre for Population Health. Briefing Paper Findings Series 3: *New forms of spiritual capital and social capital generation*. Glasgow: GCPH; 2007.

The perseverance and endurance of people and communities' connection to place, as a means of social capital development as well as meeting the existential need to understand who you are and how to make sense of the world, may be one of the most hopeful indications that life lived in the less affluent (i.e. deprived and middle) areas can offer ways forward for all. In Glasgow's deprived community, participants struggled with the idea of place-based social capital as its once impressive stocks of linking capital began to subside. This was understood within a discourse of disengagement with politics more generally and a widely-felt absence of identification with mainstream politics, politicians and their ideas<sup>e</sup>. In Liverpool however, across all its areas, there were references to collectivity and shared identification, related to understandings of the city *as a place*. This was a different form of social capital. Not just the social capital of community structures and organisations (though they did exist) but a narrative of what the city is and how those who live in the city relate to one another. Responses to shocks in Glasgow after the period of fieldwork such as the Clutha pub helicopter crash (in November 2013) and the George Square bin lorry incident (in December 2014) highlight how narratives about people and places can develop to frame a positive sense of social cohesion. Whether this is enough to frame positive action around access to the city's economic and social resources going forward remains an open question.

### **Conclusion: using the socio-cultural hypothesis to explain Glasgow's 'excess' mortality**

The three cities, and the communities within them, should be understood as dynamic entities. These qualitative findings provide insight into the possible futures of each as much as the causes of present differences. The hypothesis that Liverpool is protected by strong levels of political identification and social cohesion is supported. A process of social solidarity gained through a sense of shared place (in light of the decline of class-based allegiances) may indicate how political participation for collective improvement is being re-

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<sup>e</sup> The fieldwork was undertaken before the run-up to the Scottish Referendum which has been interpreted as a re-ignition of such engagement, although on newer, more grassroots terms



imagined and invigorated in changed times. Manchester appears to have a culture adapted to its success as a regional centre reflected in its more cosmopolitan character. A widening cultural gap is identified here in which those whose skills and outlooks are suited to the global economy continue to improve although these same beneficiaries worry about family fragmentation and sustaining ties across generations. Those whose skills are not well suited on the other hand, feel permanently isolated from opportunity.

Glasgow is presented as city which keeps both understandings of solid and liquid life alive. Interestingly, the deprived neighbourhood seems to have adopted the outlooks of liquid society in the absence of their tangible economic benefits; of fragmentation and isolation but in a position of social immobility. The affluent area has adopted individualised and mobile practices while holding onto a nostalgic vision of solid community. In the middle area of Glasgow, practical understandings of life remain entrenched in the post-war settlement<sup>7</sup>. Whereas this particular worldview made sense for early generations it may not hold for future ones. The middle areas perhaps carry the burden of changing socioeconomic structuring and political change most visibly with the reality of their continuing downward mobility being incorporated within the way life is lived.

The researchers therefore make two related conclusions to aid the ongoing understanding and synthesis of existing work to explore Glasgow's 'excess' mortality in a manner which goes beyond material dimensions of the problem:

- Firstly, that the different ways in which community is enacted should be understood by researchers and policy-makers as a key dimension of the context in which current and future health inequalities will be played-out in the three cities. In Glasgow, the relationship between the affluent area and the less affluent (the 'middle' and 'deprived') is one of obvious cultural distance. This is not found in Liverpool supporting the assertion that the latter's greater social cohesion may protect against its social deprivation profile in a manner which is not found in Glasgow.

- Second and related, that social capital remains key to understanding Glasgow's 'excess' mortality; this is not necessarily in terms of its quantities but in how its understanding and enactment is suited and adapted to economies where opportunity is grounded less in place and more in networks. The geographically peripheral nature of our deprived community in Glasgow may account for why opportunity and place seem disconnected, however the Manchester example shows how proximity to opportunity without network links to such opportunity is insufficient to ensure advantage. This highlights that alongside focusing on poverty, deprivation and stimulating employment growth, there is also a need to explore how we link communities to opportunity when it arises. As previous work at the level of social networks in relation to employability has shown<sup>16</sup>, the availability of work does not lead to its take-up by marginalised groups. As well as addressing social connectedness to opportunity, it is also important to consider what types of work are likely to be seen as *valuable* to communities as well as attainable.

Creating social cohesion not only within but *across* different neighbourhoods at a city level should become priority for policy-makers. This requires attention to the processes underpinning the creation of a more socially cohesive city through awareness of the ways that advantage tends to agglomerate within affluent networks in both material and non-material forms. This approach will require action across the social spectrum of the city, to create a sense of shared outlook, fate and ownership of progress alongside area-based interventions designed to ameliorate the material dimensions of hardship. This is not a question of making poorer areas look more like affluent areas in terms of their social capital and culture but to recognise how areas have adapted to their particular circumstances and are shaped by inequality of access to resources at a city or regional level. Community development efforts which work with the forms of resilience that communities already display will yield better results when allied with city-wide efforts to create a common narrative of shared fate and ownership of collective challenges.



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## Appendix. Long version of interview schedule

- Can you start by telling me about the work you do/your connection with [area]? Live there as well?
- From what you know of the area, what is life like for the people living there?
  - How would you describe their quality of life?

### Local culture (anomie; boundlessness, alienation hopelessness)

- Is there a sense of 'community'? (i.e. togetherness; support and help each other)
  - Do people know their neighbours? Do people get on with one another /trust each other?
  - What do you think holds people together here?
  - Is there much in the way of community groups for residents? Who tends to make use of these groups?
  - Is there much for young people / old people to do in the area? Do they engage with it?
  - Are people interested in local issues/political parties/trade unions?
  - Trust (politicians/council/media) What is voter turnout like?
- Is there much crime around here? What kind?
  - Would you say there's a greater acceptance of crime here than in other areas?

### Outlook - lower aspirations, lower optimism or different 'time preferences'

- What hopes do people living here have for their futures?
  - How easy is it to make those hopes a reality? How much control do people have over their futures?
  - What does the future hold for young people growing up here?
- Do people live for the moment or plan for the future? Short term/long term focus?
  - Do people make plans/arrangements for old age? Pensions? – state / job / private schemes?

### Family life - Family breakdown, acrimony between partners and/or dysfunctional parenting

- Is family important to people here?
- What types of families tend to live here?
  - lots of relatives/extended family; With/without children? Single parents common?
- Do parents tend to stay together?
- What role do parents play in children's lives? What do parents want/do for their children?
- Has family life changed at all?

### Social mobility - culture of limited social mobility in Glasgow?

- Is there much movement in and out of this area? Do people born here tend to stay? Why do you think that is?

- What types of aspirations do people have for their own/ children's employment?
- Are these realistic aspirations? Likely to be fulfilled?
- Do people want to move out of this neighbourhood or would they rather stay?
  - what would be the reasons for staying, or leaving?
- How easy is it for people to move or stay, depending on what they want? Do they have a choice, either way?
  - housing/options available?
  - Work?
  - Costs of moving/staying? (financial and social)
  - (e.g. job – marriage – education)
- Do people tend to know only other people living locally or do they know people living in other areas? (social capital)
- Is it possible for people to fulfil their ambitions living in this area?
- Education/job opportunities?
- What about at the city level, do people tend to stay in the {name of city} or move out?
  - How easy is it for them to do what they want, do they have a choice?

Comparisons w/in cities (where appropriate)

We are also researching [2 different areas in the same city]. Do you know much about them? If yes, thinking about what we talked about so far, comparisons between them?

Culture – Outlook – Family life – social mobility – alcohol?

## References

- <sup>1</sup> Walsh D, McCartney G, McCullough S, van der Pol M, Buchanan D, Jones R. *Exploring potential reasons for Glasgow's 'excess' mortality: results from a three-city survey of Glasgow, Liverpool and Manchester*. Glasgow: GCPH; 2013. Available at: [http://www.gcph.co.uk/publications/440\\_exploring\\_potential\\_reasons\\_for\\_glasgows\\_excess\\_mortality](http://www.gcph.co.uk/publications/440_exploring_potential_reasons_for_glasgows_excess_mortality) (accessed April 2015)
- <sup>2</sup> McCartney G, Collins C, Walsh D, Batty D. *Accounting for Scotland's Excess Mortality: Towards a Synthesis*. Glasgow: GCPH; 2011. Available at: [http://www.gcph.co.uk/publications/238\\_accounting\\_for\\_scotlands\\_excess\\_mortality\\_towards\\_a\\_synthesis?&&aq=Towards+a+Synthesis](http://www.gcph.co.uk/publications/238_accounting_for_scotlands_excess_mortality_towards_a_synthesis?&&aq=Towards+a+Synthesis) (accessed April 2015)
- <sup>3</sup> Song L. Social Capital and Health. In: Cockerham WC (ed.) *Medical Sociology on the Move. New Directions in Theory*. New York: Springer; 2013.
- <sup>4</sup> Scottish Government. *Health in Scotland 2008 – Annual Report of the Chief Medical Officer*. Edinburgh: Scottish Government; 2009.
- <sup>5</sup> Chapman, Gretchen B, Elliot J. Time Preferences and Preventive Health Behavior Acceptance of the Influenza Vaccine. *Medical Decision Making* 1999;19(3):307-314.
- <sup>6</sup> Glasgow Centre for Population Health. Briefing Paper Concepts Series 12: Resilience for Public Health. Glasgow: GCPH; 2014. Available at: [http://www.gcph.co.uk/publications/479\\_concepts\\_series\\_12-resilience\\_for\\_public\\_health](http://www.gcph.co.uk/publications/479_concepts_series_12-resilience_for_public_health) (accessed March 2015)
- <sup>7</sup> Maccoby E, Martin J. Socialization in the context of the family: parent-child interactions. In: Mussen P, Hetherington EM (eds.) *Handbook of Child Psychology: vol. 4. Socialization, personality and social development*. New York: John Wiley; 1983. p1-101.
- <sup>8</sup> Utting D. *Parenting and the different ways it can affect children's lives: research evidence*. York: Joseph Rowntree Foundation; 2007.
- <sup>9</sup> Islam M, Kamrul JM, Kawachi I, Lindström M, Gerdtham UG. Social capital and health: Does egalitarianism matter? A literature review. *International Journal for Equity in Health* 2006;5(1):3.
- <sup>10</sup> Walsh D, McCartney G, McCullough S, van der Pol M, Buchanan D, Jones R. Comparing levels of social capital in three northern post-industrial UK cities. *Public Health* 2015 (*in press*)
- <sup>11</sup> Thompson L. *The Secret of Culture: The Nine Communities Study*. New York: Random House; 1969.
- <sup>12</sup> Hastings A, Bramley G, Bailey N, Watkins D. *Serving deprived communities in a recession*. York: Joseph Rowntree Foundation; 2012.
- <sup>13</sup> Young J. *The Vertigo of Late Modernity*. New York: Sage; 2007.
- <sup>14</sup> Blackshaw, T. *Key Concepts in Community Studies*. Thousand Oaks; Sage
- <sup>15</sup> Leadbeater C. *The rise of social entrepreneur*. London: Demos; 1997.
- <sup>16</sup> Quinn P, Seaman P. *Social networks and employability*. A report by the Full Employment Areas Initiative and the Glasgow Centre for Population Health. Glasgow: GCPH; 2008. Available at: [http://www.gcph.co.uk/publications/145\\_social\\_networks\\_and\\_employability](http://www.gcph.co.uk/publications/145_social_networks_and_employability) (accessed March 2015)