



**An exploration of  
underlying influences on  
mortality in West Central  
Scotland compared with  
other post-industrial regions  
of Europe**

SUMMARY

This briefing paper summarises the results of a recently completed PhD research project which examined the underlying historical, political and economic influences on mortality in West Central Scotland (WCS) and four other post-industrial regions across Europe (in Germany, France, Poland and the Czech Republic).

The project followed on from analyses published in 2008 which showed that mortality rates were higher, and improving more slowly, in WCS compared with a large number of comparably deindustrialised European regions. Deindustrialisation is recognised as an underlying cause of poor population health, and therefore it was important to understand the reasons for this disparity across similar post-industrial regions. The project findings suggest that a number of factors were potentially important in making deindustrialisation relatively more damaging in WCS compared with the other regions analysed. In particular:

- Indications of the need for deindustrialisation were evident at a much earlier time period in WCS, but the region appeared to be continuing to experience industrial success (for example by responding to the needs of wartime production), even as its competitiveness was being eroded.
- Heavy industry was sustained for longer than economic logic might have suggested, and a lack of coordination and stable sources of investment meant work practices and technologies were often inferior. Moving forward, this inhibited diversification into new and related technologies and industries.
- The other regions appear to have been more successful in maintaining efficient subcomponents of manufacturing and developing alternative, but also highly skilled, economic activities.
- Social protection – an important factor in maintaining and improving population health – was more generous in the other regions during the period of deindustrialisation and remains more generous to this day.
- Compared with WCS, the other regional authorities were given greater autonomy and resources to develop effective regional policies to soften the effects of deindustrialisation.
- Local institutions and aspects of civil society played more positive roles in the other regions.
- Economic policy in the UK has placed WCS (and other UK regions) at a disadvantage in both economic and health terms compared with other post-industrial regions.

The research has, therefore, generated a greater understanding of why population health in WCS has fallen behind comparably deindustrialised mainland European regions. However, it has not yet provided an explanation as to why health in WCS has also fallen behind similar post-industrial regions of the UK. That work continues though comparative analyses of WCS's largest city, Glasgow, with other post-industrial cities in the UK.

 INTRODUCTION

The link between the effects of deindustrialisation (for example unemployment, poverty, de-skilling and role redefinition) and population health is well understood, and many post-industrial areas are characterised by adverse social, economic and health outcomes. Post-industrial decline has, therefore, been cited as an important underlying cause of high mortality in West Central Scotland (WCS), Scotland's most deindustrialised region.

Research published in 2008 by the Glasgow Centre for Population Health (GCPH) and NHS Health Scotland compared mortality trends in WCS with those of other regions of Europe that had experienced comparable levels of deindustrialisation. The results of those analyses were surprising: mortality rates were generally lower in the other regions compared with WCS, and were improving faster. That finding was complicated by the fact that data also suggested that WCS's socioeconomic profile was *superior* to that of the majority of those regions.

The results led to two further large pieces of research: comparative analyses of health determinants data (based on existing survey and other routine statistical sources) for WCS and eleven other post-industrial regions of Europe, the results of which were published in 2012; and a PhD research project exploring the underlying historical, political and economic influences on mortality in WCS compared with four other regions in Western and Eastern Europe. This briefing paper summarises the results of this latter research which was undertaken by Gordon Daniels at the University of Glasgow.

## AIMS & PURPOSE

The main aim of the research was to determine what aspects of the political and socioeconomic context in WCS differ (and have differed historically) from comparable post-industrial regions of Europe, and to consider whether these differences might form the basis of potential explanations for West Central Scotland's poor health record.

The four comparator regions were: Nord-Pas-de-Calais (France); the Ruhr area (Germany); Katowice/Silesia (Poland); Northern Moravia. These were the mainland European regions (two in the West, two in the East) that the previous (2008) research had identified as having experienced the most comparable levels of deindustrialisation (measured as the decrease in industrial employment levels) as WCS in recent decades<sup>a</sup>.

This broad overall aim incorporated six more specific objectives, each relating both to the five regions and their parent countries:

1. To describe the political and socioeconomic changes that have affected each region and country since the end of the second world war.
2. To describe changes in life expectancy in this period and identify, and assess, hypotheses that explain links between political and socioeconomic change and life expectancy.
3. To describe the pattern (timing, rate and nature) of deindustrialisation/privatisation, and identify important differences.
4. To define the typologies of policy response to deindustrialisation/privatisation.
5. To define the level of social support, including welfare provision and broader social support, available to those affected by deindustrialisation/privatisation.
6. To summarise the factors that emerge as being most important in alleviating the health and social impacts of deindustrialisation/privatisation.

<sup>a</sup> The region that had experienced the most similar (indeed, virtually identical) level of deindustrialisation to that of WCS was Merseyside in England. However, much was already known about the historical, political and economic context of that region (indeed the region had obviously been a recipient of the same national (UK) economic policies as WCS), and thus it was not included within this research. A separate programme of work includes related research into Liverpool compared with Glasgow and Manchester.

## APPROACHES &amp; METHODS

The research was based on two principal methodologies. First, a detailed narrative literature review was undertaken to examine political and socioeconomic change in the post-war period at the national level, with a particular focus on policy responses to deindustrialisation. Second, separate case studies were developed for each of the five regions (including WCS). These examined the history of political and socioeconomic changes using published data and a variety of literatures as source materials. In this way, there emerged a rich and diverse picture of economic restructuring as a response to deindustrialisation. Insights from the literature review and case studies were then brought together to formulate potential explanations for the adverse health trends seen in WCS compared with the other regions of interest.

## FINDINGS &amp; CONCLUSIONS

The principal findings can be summarised as follows:

- The research confirmed the broad correspondence between life expectancy and the socioeconomic/political success of states in Central and Eastern Europe (CEE) and Western Europe during the 20th century. In CEE, for example, life expectancy in the 20th century mirrored the fortunes of the party state: as material circumstances improved and the state acquired increasing legitimacy in the eyes of the population, health improved also. When the region moved into a period of stagnation and stasis, improvements in life expectancy reached a plateau and then began to decline, reflecting not only a failure to meet the population's material needs but also a psychosocial process which involved increasing disenfranchisement from the state. This overall finding is important as it suggests that the explanations for the relatively slow growth in life expectancy in WCS compared with the other regions are likely to have economic, social and political dimensions.
- The research also confirmed that in all the countries and regions analysed, deindustrialisation damaged health and slowed improvements in life expectancy. Deindustrialisation was shown in the research to have impacted on the social fabric of countries, regions and communities and to have contributed to territorial and social inequality.
- More specifically, the research highlighted a number of areas in which arguably, compared with the other regions of interest, WCS can be judged as having been disadvantaged
  - ◆ **The post-war (1945-1980) economic models:** a key conclusion of the research is that the particular economic models (the 'co-ordinated economies'<sup>b</sup>) of Germany and France better managed the course of deindustrialisation compared with those in place in the UK and were concerned *ex ante* about the potential social costs; this, ultimately, had a beneficial impact on life expectancy.

<sup>b</sup> A 'co-ordinated market economy' is one of the 'varieties of capitalism' identified by, among others, the political economists Peter Hall and David Soskice in their book of the same title. They are characterised as less market-driven, and based on non-market co-operative long-term relations between firms and other economic 'actors' (employees, customers, suppliers and so on).

- ◆ **Regional industrial development:** WCS lost its competitiveness earlier than the other selected regions because the large industrial enterprises found themselves ‘locked-in’ to an increasingly outmoded model. The state was reluctant to invest in modernisation or accept the social costs of closures.
- ◆ **Timing and speed of deindustrialisation:** although levels of industrial employment had been declining in the UK and WCS since the 1930s (temporarily masked by the needs of wartime production), from the 1970s onwards deindustrialisation was quick and severe in the UK, particularly in WCS, compared with elsewhere in Europe. At the same time, the government response (in terms of softening or slowing the impact of deindustrialisation) was less effective than it was in other countries.
- ◆ **Social protection during the period of deindustrialisation:** typically, the income replacement rates in the UK did not match those of Germany or France and the proportion of the workforce likely to receive redundancy payments was comparatively low. Many workers, particularly men from the manufacturing industrial sector, entered into long periods of unemployment and inactivity.
- ◆ **Regional responses to deindustrialisation:** the degree of autonomy/decentralisation experienced by WCS relative to all the other selected regions was limited. Although local government was a relatively strong player in the post-war era, reforms by the UK Conservative government in the early 1980s weakened local government and arguably disadvantaged the region. More protective economic policies were implemented in other regions such as the Ruhr and Nord-Pas-de-Calais. Furthermore, these same regions more successfully restructured their economies in the aftermath of deindustrialisation<sup>c</sup>.
- ◆ **Current economic models:** the UK’s ‘variety of capitalism’, a liberal market economy, contrasts with the coordinated market economies of Germany and France, and the dependent market economies of Poland and the Czech Republic. As part of this, the ‘neo-liberal’ policies in place since the 1980s UK Conservative government have resulted in much wider income inequalities across the UK. Furthermore, characteristics of such liberal market economies (compared with other models) include less emphasis on the importance of vocational training within institutions, and less mutual cooperation within and between organisations and firms. The research argues that as a consequence of this, local institutions and aspects of civil society played more positive roles in the other regions (which were subject to different economic models).

<sup>c</sup> For example, in Nord-Pas-de-Calais the development of new industries (in the 1980s and 1990s) such as glass, automobiles and printing created the foundations for a new industrial culture in the region. Another particular success was the development (again in the 1980s/1990s) of a new mail order industry around the towns of Roubaix and Tourcoing, which resulted from the diversification and restructuring of the previous local textile industry.

- ◆ **Current levels of social protection:** despite public perception, current levels of social protection are lower in WCS and the rest of the UK than in the other regions and countries. Given the wealth of evidence about the importance of social protection for population health, this ultimately places WCS (and other parts of the UK) at a considerable disadvantage.
- From this research it is important to note that it was not the case that *all* the other regions had economic, political and social contexts more favourable to health than WCS in *all* aspects examined in the research. Moreover, no single common factor seemed to emerge as an explanation for WCS's relative poor trends. The countries and regions that were analysed in the research all took a different path. Thus, a complex picture emerged which can only be interpreted through applying judgement. The research proposes that there have been a series of national and regional factors at work in WCS which collectively have made the 'aftershock' of deindustrialisation particularly severe in this region.

CONCLUSION

In conclusion, the research emphasised the following:

- There is a relationship between prosperity and political legitimacy in a state/region on the one hand and life expectancy on the other, and thus there is a broad correspondence between life expectancy and the economic/political and social success of states in CEE and Western Europe during the 20th century.
- The nature of deindustrialisation in WCS (its emergence, duration, speed and so on) can be attributed in large part to the industrial mono-structure of heavy industry and the failure to diversify into new and related technologies or lighter consumer-based industries successfully.
- In the short- to medium-term, deindustrialisation is bad for health – this is true in all countries and regions examined.
- The relatively slow increase in life expectancy in WCS since the middle of the 20th century may in part suggest that the transformation to a post-industrial society has progressed less well than in other, comparable, regions.
- The five countries and regions have each taken a different approach to deindustrialisation, and have varied in the levels of social protection provided by the state. Each also manifests a very different context. Therefore, variable impacts on health are to be expected.
- Policy priority in WCS (and the UK) has been placed primarily on economic growth, emphasising employment and physical regeneration, and less strongly on social outcomes such as community cohesion and sustainability.
- The levels of deprivation and inequality present in many areas of WCS have resulted from social and economic policy, be it intentionally or unintentionally. The structure of WCS's economy over the second half of the 20th century has perpetuated inequality.
- Policy-makers can make a difference to health outcomes. The relative successes of each country and region indicate that policies have a potential health dividend (positive or negative). Furthermore, policy-makers can make a difference not so much by focusing on health *per se*, but by creating a successful society with a strong, diverse economy.

These insights, taken together with the results of other recently-published, more data-driven, research, have allowed a greater understanding to develop as to why WCS has been falling behind comparably deindustrialised mainland European regions in terms of population health – a finding which was highlighted in the 2008 GCPH/NHS Health Scotland report, and the reasons for which were not easily understood at that time. However, this research has not explained why the health of WCS has also fallen behind similar post-industrial regions of the UK – such as Merseyside or the South Wales coalfields – areas that were generally subject to the same disadvantages in terms of national economic policy. That work continues through comparative analyses of WCS's largest city, Glasgow, with other post-industrial cities in the UK.

## RESEARCH TEAM

Gordon Daniels, University of Glasgow, with support from Phil Hanlon (also University of Glasgow), Carol Tannahill (GCPH) and David Walsh (GCPH).

## FURTHER READING

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