

Health in a changing city: Glasgow 2021

A study of changes in health, demographic,
socioeconomic and environmental factors in
Glasgow over the last 20 years

Bruce Whyte, Mairi Young, Katharine Timpson

Glasgow Centre for Population Health

August 2021



Acknowledgements

We would like to thank the following people who provided us with data and/or helped with preparation of the report:

Alan MacGregor (Glasgow City Council (GCC)) who provided data on housing tenure, completions, and demolitions.

Rania Sermpezi (GCC) who supplied information on open space in Glasgow and created the interactive map of open space in Glasgow we have presented. We are grateful also to Sue Hilder (GCC) for her advice on Glasgow's core paths network.

David Walsh (GCPH) who provided comparative analysis of suicide trends in Glasgow and other cities and commented on one section of the report.

Jennie Coyle and Gregor Yates (both GCPH) who provided detailed comments on the draft report. Val McNeice, Pete Seaman and Shruti Jain who also commented on aspects of the report. Ricky Fleming (GCPH) who designed the front cover, and Kelda McLean and Rebecca Lenagh-Snow (GCPH) who helped with formatting, referencing and accessibility. Sheena Fletcher (GCPH) who created infographics for the report.

This report should be cited as: Whyte B, Young M, Timpson K. *Health in a changing city: Glasgow 2021. A study of changes in health, demographic, socioeconomic and environmental factors in Glasgow over the last 20 years.* Glasgow; GCPH: 2021.

Contacts:

Bruce Whyte, Public Health Programme Manager, Glasgow Centre for Population Health

Email: bruce.whyte@glasgow.ac.uk

Mairi Young, Public Health Research Specialist, Glasgow Centre for Population Health

Email: Mairi.Young@glasgow.ac.uk

Katharine Timpson, Public Health Research Specialist, Glasgow Centre for Population Health

Email: Katharine.Timpson@glasgow.ac.uk

Web: www.gcph.co.uk

Twitter: @theGCPH

Executive summary

A range of health and social problems continue to affect Glasgow's residents, but this is not a static situation. As we have experienced in the last 15 months, population health can be directly impacted by the global shock of a pandemic, but government policy and economic forces prior to the pandemic have also shaped health in Glasgow. In a continually changing context it is important that trends in health, health inequalities, and related socioeconomic factors within a city are monitored, interpreted, published, and discussed.

This report is primarily concerned with documenting trends in demographic, socioeconomic, environmental, and health indicators within Glasgow, and in comparison to other places. The report also summarises the emerging evidence on the impact of Covid-19 in the city and makes policy recommendations for how we should 'build back better, greener and fairer'. The main messages are about addressing health and social inequality, tackling gender-based and ethnic and racial inequalities, prioritising mental health especially of children and young people and accelerating action on climate change in order to create a fairer, more inclusive, and sustainable society for everyone.

Demography

Glasgow's population has grown substantially in the last 15 years, but with the strongest population growth in the least deprived parts of the city. The city has become more ethnically diverse; for example, almost a quarter of pupils in Glasgow schools are now from a minority ethnic community. Existing projections of future growth in population and households are fraught with uncertainty given the uncertain future impacts of Brexit and the current pandemic.

Good quality data on ethnicity is often missing or incomplete in many administrative systems, which hampers routine analysis of data by ethnicity, comparisons across ethnic groups, research of ethnic inequalities, and assessment of potential racial discrimination. Yet categorisation by ethnicity alone can dilute and disguise disparities between ethnic groups. Racial discrimination is a recognised social determinant of physical and mental health and a driver of ethnic inequalities in health at a structural and individual level, however, there remains limited information about experiences of racial discrimination in the United Kingdom. The absence of systematic data on racial discrimination in research serves to dismiss the lived experience of people from a non-White or minority population and inhibits further understanding of the drivers of health inequalities. Nevertheless, collection of better and good quality data is only one aspect and action is required across the systems to dismantle systemic racism and drive the development of equitable policy and services. Minority ethnic people and communities should be closely involved in any initiatives for improving ethnicity and racial discrimination recording and in the re-design of services.

Policy recommendation

To enable a better understanding of the experiences and needs of people from minority ethnic groups and to plan services equitably, we recommend the following:

1. Make ethnicity a mandatory field on public records with data quality monitoring at local and national levels to ensure good quality data.
2. Researchers, planners, and policy makers adopt measures of racial discrimination (such as the Everyday Discrimination Scale) to assess the impact of racism on physical and mental health.
3. Data linkage to the census would allow for long-term monitoring and research of ethnic inequalities in health. Caldicott Guardians should be supported to understand how racism and racialisation plays out in the systems of data collection and analysis to inform their responsibilities regarding the lawful and ethical processing of information.

The number of household dwellings in the city has grown. The neighbourhoods where housing has increased generally correspond to those where the population has grown also. Despite this growth, over one-quarter of properties need urgent repair. Homelessness has halved in the last two decades but in 2019/20, there were still over 5,200 homeless households in the city, a figure which had risen by over 10% from the previous year and which remained high in 2020/21. A disproportionately high percentage of people experiencing homelessness were children.

Policy recommendations

Provision of affordable housing and addressing homelessness are clear policy priorities for the Scottish Government and Glasgow City Council. Our recommendations build on the positive work that is already being undertaken.

1. Access to safe, affordable housing needs to be improved and made more equal. Work on housing building and on improving the quality of existing housing is required, but there is also a need to look at how the housing economy is structured and how housing costs are determined. This must work alongside changes to the wider economy that can give people better and more equal access to secure and good quality work, which pays enough to keep them out of poverty.
2. Housing and homelessness prevention policy needs to support people struggling financially in their tenancies beyond the end of the halt on evictions, and to use homelessness statistics to target prevention work where it is most needed.
3. Maintaining the reduction in rough sleeping seen during the pandemic and reducing time spent in temporary accommodation will require continued funding for prevention, rapid re-housing, and accelerating the availability of affordable homes.

Socioeconomic circumstances

Glasgow's population has become relatively less deprived in the last two decades compared to the rest of Scotland, although Glasgow remains the Scottish city with the highest concentration of people living in deprived circumstances. Deprivation and poverty are disproportionately experienced by various groups, including children, lone parents, minority ethnic groups, and

disabled people. For example, in March 2020 it was estimated by Glasgow City Council that over 36,000 children were living in poverty in the city and that over 16,000 of these children were from lone parent families.

A range of other poverty statistics are also a cause for concern. Before the pandemic national levels of in-work poverty had been rising with the latest figures showing that 63% of adults in poverty lived in a working household. In Glasgow, 25% of households were defined as in fuel poverty. It is likely that the pandemic will have caused these figures to rise further. There is good evidence that food insecurity, which was already high in Glasgow compared to other neighbouring local authorities, has risen during the pandemic.

Employment dropped in Scotland and in the UK during the pandemic, but it remained at the same level in the Glasgow City Region (GCR) and rose in Glasgow City. However, low levels pre-pandemic meant that Glasgow's employment rate was still below the Scottish and UK averages and was the second lowest within the region. Additionally, far more people were claiming benefits, suggesting higher levels of in-work poverty.

Covid-19 work, travel and economic restrictions have had an unequal and more detrimental impact on population groups that were already disadvantaged (e.g. those in low pay or precarious work, people who are self-employed, young people, women, minority ethnic groups, and people with disabilities). In Glasgow, where people have been under tighter restrictions for longer, the economic impacts are likely to have been worse.

Post-Covid-19 planning for the city and region has focused on the need for a just and sustainable economy, prioritising secure and Fair Work that can keep people out of poverty and is targeted at those groups who we know face additional barriers to employment. In some sectors of employment, such as care and the food economy, workers suffer low pay contributing to in-work poverty despite these sectors being identified as essential during the pandemic. A greener, more sustainable economy is needed, supported by the principles of Community Wealth Building.

Policy recommendations

Given the connection between health and the economy, we have included recommendations about the direction of economic policy in the health section. However, the discussion within this section has also highlighted these specific policy recommendations:

1. Policy needs to re-evaluate how to better compensate workers in the sectors of the economy that society deems to be essential (in particular in the care and food sectors) which do not currently offer people a wage they can live on.
2. Community Wealth Building and sustainable policies need to be put into practice more widely in economic planning, incorporating economic solutions that prioritise the common good and are not wholly reliant on growth.
3. Benefit increases and the pausing of benefit sanctions, which were instated during the pandemic (e.g. the Scottish Child Payment, increases to Universal Credit) need to be maintained, and to target groups we know are worst hit (e.g. lone parents); but economic policy also needs to take a longer-term, more structural approach to reducing and ending poverty, that encompasses work and housing.
4. To ensure that economic planning works as effectively as possible to reduce poverty, those with direct experience of poverty must be included in decision making.

Education

There are approximately 70,000 pupils attending Glasgow schools and almost a quarter come from a minority ethnic group. There have been expansions to pre-school education and by 2019 over 10,500 children in Glasgow were registered with an early learning or childcare centre. The percentage of school leavers in Glasgow leaving with good qualifications has increased steadily in the last decade; and in 2019/20, 92.8% of school leavers from the city had a positive destination including 71% going onto Higher or Further Education. Nevertheless, there is a widely recognised socioeconomic-related gap in educational attainment.

Covid-19 related disruptions to nurseries and schooling, including school closures, the requirement to learn on-line and not being able to mix with other pupils are likely to have affected many pupils' ability to learn, their educational performance, and their mental health in the short term; longer term impacts may become apparent over time.

We make two specific recommendations for national and local government aimed at supporting the creation of a fairer and more resilient learning and childcare environment for the future.

Policy recommendations

These recommendations are aimed at national and local government and are about creating a fairer and more resilient learning and childcare environment for the future. Additional actions will clearly be needed to tackle educational and work-related inequalities and to adapt to the increasing diversity of school populations.

1. The capacity of childcare services needs to increase, more flexible childcare options are needed for families and funded Early Learning and Childcare (ELC) should be extended to all children aged six months to five years. This will improve the affordability of ELC for low-income groups and to help increase women's participation in the workforce.
2. Steps should be taken to mitigate the impacts of digital exclusion in education for at risk families by ensuring affordable access to digital technology and by enhancing digital skills among those most in need.

Social capital

In addition to the lives lost and direct health impacts, the pandemic has had many negative impacts on people's lives but there have also been some positive effects. While many people have felt cut off, socially isolated and lonely, there is evidence that this period has also brought some people and communities together and many people have chosen to help others through formal and informal volunteering. Rises in voter turnout at recent elections, even most recently during the pandemic, suggest that levels of political engagement have increased. There have also been strong demonstrations of community solidarity and engagement on specific issues during the pandemic. We make two recommendations for government related to social inclusion and volunteering.

Policy recommendations

1. There is an opportunity to harness and build on these examples of solidarity and community cohesion during the pandemic to enhance and build greater cohesion and trust within communities.
2. Similarly, to tackling digital exclusion in education, Government needs to tackle the digital deficit across society to ensure that there is comprehensive and affordable access to digital technology and that there are alternative ways of providing services and information for those people who face difficulties using digital media.

Community safety

There has been relatively little analysis of crime trends in Glasgow during the period of the pandemic, but preliminary evidence suggests that there have been fewer reports of shop lifting, burglaries and vandalism, which correlates with recorded crime trends in England and Wales. These reductions largely coincided with periods of the national lockdown. Meanwhile, gender-based violence in Scotland is increasing. The number of sexual offences against women in Scotland has more than doubled in the last ten years, with the highest numbers occurring in Glasgow. The number of reported domestic abuse charges (of which victims are predominantly female and perpetrators male) and the proportion which result in court proceedings have also increased across Scotland. For women working in prostitution, violence and sexual victimisation are common occurrences yet rates of reported crimes remain low due to stigma, fears of criminalisation, and the assumption that complaints will not be taken seriously by the police. Gender-based violence and issues concerning female safety in Scotland all share two common themes: gender inequalities and under-reporting.

Policy recommendations

1. The Scottish Government should lead a national inquiry into sexual harassment in all aspects of females lives in Scotland (including those who identify as female), like that carried out in Australia in 2020¹. This should capture the lived experience of females and offer strategies in tackling this issue in the long-term such as confidential reporting mechanisms within the workplace, schools, public spaces etc that give people the confidence that reporting would prevent it happening again. In the interim, preventative educational measures which frame sexual harassment as gender-based violence should be introduced into the curriculum for excellence. It is not only necessary that educational measures change the attitudes and behaviours which drive sexual harassment but that these measures also *shape* the attitudes and behaviours of future generations.
2. A greater focus on gendered perspectives and lived experience is necessary when planning public spaces, transport systems, services etc, and can be achieved via place-based participatory planning with females from the local community. This same approach should be adopted when planning services and any future legislative change for people working in prostitution. Excluding the very people whom the law is designed to protect or excluding those who use the services or public spaces, contributes to defining them as the problem and the key issues in their lives become overlooked.

Environment

Transport trends pre-Covid-19 showed limited signs of a shift toward less travel and more sustainable modes of transport: car use continued to rise, numbers of bus passengers were declining, and levels of walking and cycling remained low. Despite more positive transitory changes during the early phases of the pandemic, including reductions in motor vehicle traffic and more cycling, car use has almost returned to pre-Covid-19 levels and public transport use remains depressed, in part due to concerns over the risk of virus transmission on buses and trains.

The pandemic has shown the importance of local neighbourhood environments for health and wellbeing. Access to green space and the outdoors has become more valued. Many people want to spend more time outdoors for leisure and exercise, and to walk and cycle more. However, inequalities in access and use of green space are apparent: socially disadvantaged people and older people were even less likely than before the pandemic to access green spaces during the Covid-19 restrictions, and nearly a fifth of Scottish adults with long term health conditions or disabilities felt prevented from enjoying nature due to not feeling physically safe/safe from harm.

Issues of safety in relation to active travel also remain, particularly in cycling. In recent years, rates of reported cycling casualties have increased across Scotland and in Glasgow. The new Road Safety Framework has an ambitious vision for reducing transport-related casualties, but strong policies are needed for this to be achieved. Despite progressive and coordinated policies linking climate change, sustainable travel, air quality, health, and placemaking, the pace of change – for example in building new active travel infrastructure – remains slow.

Current policy is focussed on a just and green recovery from Covid-19, recognising that climate change is a human rights issue and that the transition to net zero is an opportunity to tackle inequalities. Elsewhere in this report, we have noted the importance of creating a greener, more sustainable economy and local food system. The following recommendations focus on providing better access to greenspace and making the shift to a safer, more sustainable transport system.

Policy recommendations

1. Equitable access to good quality greenspace is needed in every community.
2. An equitable geographic distribution of new facilities and infrastructure for active travel, supported by meaningful community engagement and additional support for 'behaviour change', is required to enable people from all communities to shift to more sustainable transport modes.
3. In order to increase safety in travel we need make progress in a number of areas, including: better designed, safe and accessible cycle routes and paths; reduced speed limits on roads; and, comprehensive safety awareness training for all road users.
4. Improved information on transport users and their equalities characteristics is required to enable a better understanding of transport inequalities, to monitor increased investment in active travel and to gain a better understanding of the risks associated with different modes of transport.
5. Progress needs to be accelerated on changing our transport systems, including building active travel infrastructure, and on the repurposing of vacant and derelict land for more socially productive and sustainable purposes.
6. Post-Covid-19, concerted efforts will be needed to encourage people back onto public transport and to drive less, if we are to meet our targets for reducing climate change

Health

In Scotland, mental ill health is at its highest level since 2008-09. Suicide has become the leading cause of death among 15-34-year-olds and the number of adults who have ever self-harmed is increasing. In Glasgow, the rate of prescriptions and psychiatric hospitalisations associated with mental ill health is higher than the national rate. There are also extensive inequalities in the experience of mental ill health and mental health outcomes associated with gender, age, socioeconomic status, and ethnicity. Mental health services have long been recognised as being underfunded and overstretched and there is evidence of a growing inequality in service provision between children and young people and adults. The impact of the pandemic on mental ill health and service provision has been profound and may take years before it is fully understood.

With respect to mental health services:

Policy recommendations

1. Increased investment in community-led groups and organisations, including the youth work sector, to support positive mental health and support people before they hit crisis point.
2. A national mental health training programme should be made available to support organisations. This should be modularised from low-level general mental health awareness training to high level crisis management and suicide prevention. This ought to be renewed regularly and given the same status as First Aid training.
3. There needs to be greater and sustained investment in community mental health care to cope with rising cases of mental ill health across the population and alleviate the pressure on existing mental health services. This should include criteria free community-based therapies for all, including family therapy for children and young people and their families.
4. It is vital that the number of regional CAMHS inpatient facilities is increased to ensure children and young people are not living far from home, isolated from friends and family, when receiving mental health treatment.
5. The 18-week wait for mental health treatment ought to be reassessed, particularly the inequalities in waiting times for treatment between children and young people and adults. In the interim the following should be introduced:
 - a. Protocols for community health monitoring by primary and secondary care providers during the waiting period to ensure individuals' mental health does not deteriorate further.
 - b. More immediate monitoring of rates of anxiety, depression, self-harm and other mental health issues at local and national level to better understand the mechanisms and inform interventions, particularly for minority groups and those worst affected by Covid-19.

Life expectancy is considered “the most important social statistic that any country produces about itself” and so any reduction in life expectancy is often a marker of wider societal problems². Stalling improvements in life expectancy have been evident in Glasgow, across the city region, in other Scottish and UK Cities, and in the different countries of the UK since 2011. In Glasgow female life expectancy has reduced in recent years, and male and female life expectancy have reduced in the most deprived areas of the city. As a result, in Glasgow, the gap in life expectancy at birth between the least and most deprived deciles has widened to a 15-year gap for males and a 12-year gap for females. These trends, which pre-date Covid-19, have been causally associated with the effects of UK Government austerity policies.

Since the beginning of the pandemic, over 10,300 deaths have been recorded in Scotland with a Covid-19 diagnosis and the pandemic has exacerbated existing health inequalities. The impacts of austerity policies linked to stalling life expectancy have led to a greater vulnerability to the direct and indirect impacts of the pandemic. As society emerges from the pandemic, the impact of recurrent deaths due to inequality will quickly surpass those due to Covid-19.

An economic recovery that focuses on reducing inequality-related ill-health and deaths, which had grown worse pre-Covid-19 due to austerity policies, will be vital for population health in the future. This requires progressive policies to tackle poverty, exclusion and inequality in society, which Covid-19 has exacerbated.

Policy recommendations

These recommendations for *population health* focus on addressing structural inequalities in society and mark a shift away from austerity policies that have contributed to widening health inequalities toward policies that commit to the common good for all in society.

1. Progressive fiscal and welfare policies and more radical action from the Scottish and UK governments are needed to reduce educational, income and wealth inequalities.
2. A range of local policies built upon the principles of social inclusion, poverty reduction and sustainability need to be enacted, including support for living wage employment, income maximisation initiatives, poverty-proofing policy, proportional targeting of services and investment, inclusive housing and regeneration strategies, improvements to the built and natural environment and accelerated investment in active and sustainable travel for all communities.

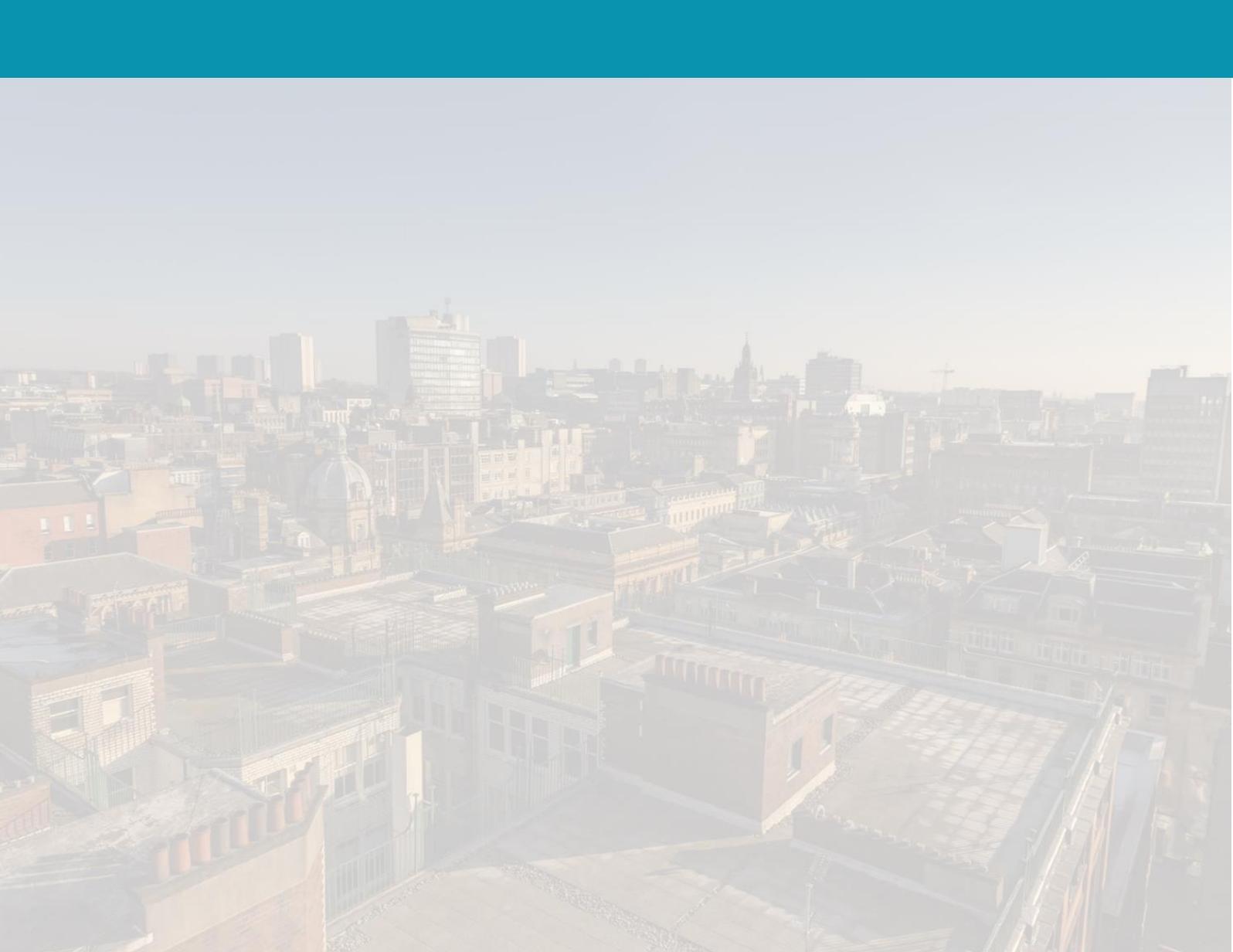
This report describes how Glasgow has changed in the last two decades, highlighting existing health and social inequalities, many of which have widened. Living through a pandemic has further highlighted the problems that need to be addressed. Despite this, the pandemic period has also shown some positive examples of what can be achieved when policy prioritises health above all else and focusses on the most vulnerable, such as in the actions taken to protect people at risk of homelessness.

We hope this report can be used to inform post-pandemic policy. It is even clearer now than prior to the pandemic, that concerted action at the local, national and UK level is needed to address the underlying structural inequalities in society that have led to ingrained poverty and widening health inequalities. In making decisions about how we progress, it is important that a broad range of perspectives are heard and that those people who are most marginalised and most affected by inequalities and the pandemic are involved in setting and designing recovery agendas to ensure just, equitable and sustainable recovery.

We have to move beyond policy rhetoric – beyond what some have called the ‘implementation gap’ – to ensure that those policies we require to address inequalities are properly resourced and enacted. We need to act swiftly to shift *‘from word to deed’*.

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