GCSE MARKING SCHEME

SUMMER 2025

HISTORY
COMPONENT 2: THEMATIC STUDY
2F. CHANGES IN HEALTH AND MEDICINE IN BRITAIN, c.500 TO THE PRESENT DAY
C100U60-1

About this marking scheme

The purpose of this marking scheme is to provide teachers, learners, and other interested parties, with an understanding of the assessment criteria used to assess this specific assessment.

This marking scheme reflects the criteria by which this assessment was marked in a live series and was finalised following detailed discussion at an examiners' conference. A team of qualified examiners were trained specifically in the application of this marking scheme. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners. It may not be possible, or appropriate, to capture every variation that a candidate may present in their responses within this marking scheme. However, during the training conference, examiners were guided in using their professional judgement to credit alternative valid responses as instructed by the document, and through reviewing exemplar responses.

Without the benefit of participation in the examiners' conference, teachers, learners and other users, may have different views on certain matters of detail or interpretation. Therefore, it is strongly recommended that this marking scheme is used alongside other guidance, such as published exemplar materials or Guidance for Teaching. This marking scheme is final and will not be changed, unless in the event that a clear error is identified, as it reflects the criteria used to assess candidate responses during the live series.

GCSE HISTORY – COMPONENT 2: THEMATIC STUDY

2F. CHANGES IN HEALTH AND MEDICINE IN BRITAIN, c.500 TO THE PRESENT DAY

SUMMER 2025 MARK SCHEME

Instructions for examiners of GCSE History when applying the mark scheme

Positive marking

It should be remembered that learners are writing under examination conditions and credit should be given for what the learner writes, rather than adopting the approach of penalising the candidate for any omissions. It should be possible for a very good response to achieve full marks and a very poor one to achieve zero marks. Marks should not be deducted for a less than perfect answer if it satisfies the criteria of the mark scheme.

GCSE History mark schemes are presented in a common format as shown below:

This section indicates the assessment objective(s) targeted in the question

Mark allocation:	*AO1(a)*	*AO2*	*AO3 (a)*	*AO4*
5	5			

Question: e.g. **Describe medieval methods of preventing disease.** **[5]**

This is the question and its mark tariff.

Band descriptors and mark allocations

	AO1(a) 5 marks	
BAND 3	**Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.**	**4-5**
BAND 2	**Demonstrates to partially describe the issue.**	**2-3**
BAND 1	**Demonstrates a weak, generalised description of the issue.**	**1**

Use 0 for incorrect or irrelevant answers.

This section contains the band descriptors which explain the principles that must be applied when marking each question. The examiner must apply this when applying the marking scheme to the response. The descriptor for the band provides a description of the performance level for that band. The band descriptor is aligned with the Assessment Objective(s) targeted in the question.

Indicative content

This content is not prescriptive, and candidates are not expected to refer to all the material identified below.

Some of the issues to consider are:

- *Belief in the imbalance of four humours causing disease led to people bleeding themselves, drinking vinegar or bathing in urine.*
- *The use of quarantine of travellers and the isolation of infected people, especially during the Black Death.*
- *The belief that miasma caused illness and disease led to the use of potions or the burning of strong-smelling wood to try and avoid catching diseases.*
- *The thought that illness was God given led to people praying for avoidance, bleeding, purging and flagellation to punish themselves before God punished them.*
- *The use of alchemy to create potions that were believed to prevent people from catching diseases.*
- *Many believed that bathing heled prevent disease as it opened pores and let dirt and disease get washed out. This belief led to the more practical efforts to prevent disease by Edward III`s proclamation that the streets and rivers of London be cleaned of filth.*
- *Wise women and soothsayers were believed to be able to help people avoid disease through their magical charms or prophesying of the future.*

This section contains indicative content (see below under banded mark schemes Stage 2). It may be that the indicative content will be amended at the examiner's conference after actual scripts have been read. The indicative content is not prescriptive and includes some of the points a candidate might include in their response.

Banded mark schemes

Banded mark schemes are divided so that each band has a relevant descriptor. The descriptor for the band provides a description of the performance level for that band. Each band contains marks. Examiners should first read and annotate a learner's answer to pick out the evidence that is being assessed in that question. Once the annotation is complete, the mark scheme can be applied. This is done as a two-stage process.

Banded mark schemes Stage 1 – Deciding on the band

When deciding on a band, the answer should be viewed holistically. Beginning at the lowest band, examiners should look at the learner's answer and check whether it matches the descriptor for that band. Examiners should look at the descriptor for that band and see if it matches the qualities shown in the learner's answer. If the descriptor at the lowest band is satisfied, examiners should move up to the next band and repeat this process for each band until the descriptor matches the answer.

If an answer covers different aspects of different bands within the mark scheme, a 'best fit' approach should be adopted to decide on the band and then the learner's response should be used to decide on the mark within the band. For instance, if a response is mainly in band 2 but with a limited amount of band 3 content, the answer would be placed in band 2, but the mark awarded would be close to the top of band 2 as a result of the band 3 content.
Examiners should not seek to mark learners down as a result of small omissions in minor areas of an answer.

Banded mark schemes Stage 2 – Deciding on the mark

Once the band has been decided, examiners can then assign a mark. During the examiner training meeting immediately prior to the commencement of marking, detailed advice from the Principal Examiner on the qualities of each mark band will be given along with examples of pre-marked work. When marking, examiners can use these examples to decide whether a learner's response is of a superior, inferior or comparable standard to the example. Examiners are reminded of the need to revisit the answer as they apply the mark scheme in order to confirm that the band and the mark allocated is appropriate to the response provided.

Indicative content is also provided for banded mark schemes. Indicative content is not exhaustive, and any other valid points must be credited. In order to reach the highest bands of the mark scheme a learner need not cover all of the points mentioned in the indicative content but must meet the requirements of the highest mark band.

Where a response is not creditworthy, either because it contains nothing of any significance to the mark scheme or no response has been provided, no marks should be awarded.

Question 1

Mark allocation:	*AO1*	*AO2*	*AO3(a)*	*AO4*
4		**2**	**2**	

Question: **Use Sources A, B and C to identify *one* similarity and *one* difference in public health and housing over time. [4]**

Band descriptors and mark allocations

	AO2 2 marks		**AO3(a) 2 marks**	
BAND 2	**Identifies clearly one similarity and one difference.**	**2**	**Uses the sources to identify both similarity and difference.**	**2**
BAND 1	**Identifies either one similarity or one difference.**	**1**	**Uses the sources to identify either similarity or difference.**	**1**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive, and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

Similarities –
- *There are houses arranged along streets in all three sources.*
- *There are lots of houses in on place in all three sources.*
- *Green spaces can be seen in Sources A and C.*

Differences –
- *The houses in Source A are by a river, but not in Sources B and C.*
- *The houses in Source B are close together but in Source C they are not.*
- *There are no green spaces in Source B compared to A and C.*

Question 2

Mark allocation:	*AO1 (b)*	*AO2*	*AO3 (a+b)*	*AO4*
6	**2**		**4**	

Question: **Which of the two sources is the more reliable to an historian studying the causes of illness and disease over time? [6]**

Band descriptors and mark allocations

	AO1(b) 2 marks		**AO3 (a+b) 4 marks**	
			Fully analyses and evaluates the reliability of both sources. There will be analysis of the content and authorship of both sources, producing a clear, well substantiated judgement set within the appropriate historical context.	**3–4**
BAND 2	**Demonstrates detailed understanding of the key feature in the question.**	**2**	**Partial attempt to analyse and evaluate the reliability of both sources. There will be some consideration of the content and authorship of both sources with an attempt to reach a judgement set within the appropriate historical context.**	**2**
BAND 1	**Demonstrates some understanding of the key feature in the question.**	**1**	**Generalised answer which largely paraphrases the sources with little attempt at analysis and evaluation.**	**1**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive, and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *Source D is reliable to a degree as it is from an eyewitness to the illness and disease that people were suffering from in medieval times, although this is geographically limited to the area where he was living.*
- *To assess the reliability of the authorship there should be reference to how a prior would assume for God in the explanation for events as it was his job to teach others about this. He has no scientific expertise and is explaining events in terms of his own experience rather than from a technical understanding.*
- *While there is clear bias here this book was written not long after the events it describes and may accurately reflect the views and feelings of many people from this time.*
- *Source E is reliable to a degree as it is from a campaigner for public health reforms.*
- *Chadwick is an expert on public health and should have an understanding of the causes of public health problems as a result, although his findings may be biased towards his personal opinions rather than a reflection of how everyone thought about this at this time.*
- *To assess the reliability of the authorship there should be reference to how Chadwick's desire for change might make him biased in how he has presented his findings.*

There should be reference to the time and circumstances in which the sources were produced.

Question 3

Mark allocation:	*AO1 (a)*	*AO2*	*AO3*	*AO4*
5	**5**			

Question: **Describe medieval methods of preventing disease.** **[5]**

Band descriptors and mark allocations

	AO1(a) 5 marks	
BAND 3	**Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.**	**4–5**
BAND 2	**Demonstrates knowledge to partially describes the issue.**	**2–3**
BAND 1	**Demonstrates limited knowledge to describe the issue.**	**1**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive, and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *Belief in the imbalance of four humours causing disease led to people bleeding themselves, drinking vinegar or bathing in urine.*
- *The use of quarantine of travellers and the isolation of infected people, especially during the Black Death.*
- *The belief that miasma caused illness and disease led to the use of potions or the burning of strong-smelling wood to try and avoid catching diseases.*
- *The thought that illness was God given led to people praying for avoidance, bleeding, purging and flagellation to punish themselves before God punished them.*
- *The use of alchemy to create potions that were believed to prevent people from catching diseases.*
- *Many believed that bathing helped prevent disease as it opened pores and let dirt and disease get washed out. This belief led to the more practical efforts to prevent disease by Edward III`s proclamation that the streets and rivers of London be cleaned of filth.*
- *Wise women and soothsayers were believed to be able to help people avoid disease through their magical charms or prophesying of the future.*

Question 4

Mark allocation:	*AO1 (a+b)*	*AO2*	*AO3*	*AO4*
9	**2**	**7**		

Question: **Explain why surgery improved in the nineteenth century. [9]**

Band descriptors and mark allocations

	AO1(a+b) 2 marks			**AO2 7 marks**	
			BAND 3	**Fully explains the issue with clear focus set within the appropriate historical context.**	**5–7**
BAND 2	**Demonstrates detailed knowledge and understanding of the key features in the question.**	**2**	**BAND 2**	**Partially explains the issue within the appropriate historical context.**	**3–4**
BAND 1	**Demonstrates some knowledge and understanding of the key features in the question.**	**1**	**BAND 1**	**Mostly descriptive response with limited explanation of the issue.**	**1–2**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive, and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *The development of anaesthesia meant that operations could take longer which allowed for more sophisticated surgery to take place.*
- *This began with the work of Sir Humphrey Davy on the use of nitrous oxide to control pain during an operation, although it was difficult to administer the right dose.*
- *In 1847 James Simpson developed the use of chloroform as an anaesthetic; an early use of this was Queen Victoria during the birth of one of her children; gas-based anaesthesia was used until the development of cocaine towards the end of the century.*
- *Now that operations lasted longer more and more patients were dying from infections caught during these procedures so more needed to be done to prevent the spread of infection.*
- *Ignaz Semmelweis, an Austrian doctor, pioneered the use of calcium chloride solution to wash surgeons' hands which was the first recognised modern antiseptic.*
- *Pasteur's Germ Theory of disease led British surgeon Joseph Lister to develop the use of carbolic acid as an antiseptic to sterilise his instruments and dressings; in the early 1870s Lister invented a machine that could spray carbolic acid into the air to reduce airborne infection.*
- *Building on the studies of Robert Koch, German and Swiss surgeons advanced the field by developing aseptic surgical practices which led to the development of the steam steriliser in 1881 and the invention of rubber gloves in 1889.*
- *Aseptic surgery and more effective anaesthetics hugely improved the success rate of nineteenth century surgery.*

Question 5

Mark allocation:	*AO1 (a+b)*	*AO2*	*AO3*	*AO4*	*SPaG*
20	**6**	**10**			**4**

Question: **Outline how patient care has changed from c.500 to the present day.[16+4]**

Band descriptors and mark allocations

	AO1(a+b) 6 marks		**AO2 10 marks**	
BAND 4	**Demonstrates very detailed knowledge and understanding of the key issue in the question.**	**5–6**	**Provides a fully detailed, logically structured and well organised narrative account. Demonstrates a secure chronological grasp and clear awareness of the process of change.**	**8–10**
BAND 3	**Demonstrates detailed knowledge and understanding of the key issue in the question.**	**3–4**	**Provides a detailed and structured narrative account. Demonstrates chronological grasp and awareness of the process of change.**	**5–7**
BAND 2	**Demonstrates some knowledge and understanding of the key issue in the question.**	**2**	**Provides a partial narrative account. Demonstrates some chronological grasp and some awareness of the process of change.**	**3–4**
BAND 1	**Generalised answer displaying basic knowledge and understanding of the key issue in the question.**	**1**	**Provides a basic narrative account. Demonstrates limited chronological grasp and limited awareness of the process of change.**	**1–2**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive, and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *In the medieval era monasteries were important in caring for the sick. The monastic infirmary was a place for treating sick patients, separate from the rest of the monastery to avoid the spread of infection. Hospitals were set up for monks and nuns to provide hospitality, to look after travellers, the elderly and the sick. Monks might use herbs to treat some illness, but most treatment was not performed by doctors as the monks would pray for the health of their patients instead.*
- *In the early modern era, Henry VIII dissolved monasteries in the 1530s, closing their hospitals as well. Some hospitals were taken on by voluntary charities in the sixteenth century, while others were paid for by royal funds like St. Bartholomew's Hospital serving the poor of the area of West Smithfield and St. Mary Bethlehem which concentrated upon looking after the mentally insane.*
- *The number of hospitals increased in the eighteenth century as wealthy industrialists and philanthropists like Thomas Guy paid for hospitals to be built. Eleven new hospitals were founded in London during this period and a further 46 across the country in the growing industrial towns and cities, including Westminster Hospital in London, Addenbrooke's Hospital in Cambridge and the Royal Infirmary Hospitals in Edinburgh and Manchester. Endowed hospitals marked a turning point in the development of the hospital. They now evolved from being a place to provide basic care of the sick to becoming a centre in which to treat illness and conditions that required surgery. Patients were looked after by nursing helpers who ensured that the patients were washed, kept warm and fed regularly. Nursing sisters were able to treat ill patients with herbal remedies. Simple surgery such as the removal of bladder stones and the setting of broken bones was carried out by physicians. Another function of the hospital was the dispensing of medicines. Treatment was normally free.*
- *At the beginning of the modern era the quality of nursing in hospitals was generally poor as they lacked training or medical knowledge. Florence Nightingale pioneered in the way she improved standards in hospitals and patient care. In the Crimean War she used her experience in Scutari Hospital to develop new routines that improved cleanliness and prevented the spread of disease, as well as monitoring survival and infection rates. In 1859, Nightingale published her Notes on Nursing and her training schools for nurses at St Thomas's Hospital and at King's College Hospital in London were based on her principles of patient care. New hospitals like the Royal Liverpool Infirmary were built to her designs. By 1900, nursing had become recognised as a profession.*
- *By the twentieth century governments had started to become more involved in health and welfare. The Liberal Governments of 1906–14 broke with the past and introduced a series of welfare reforms designed to help people who fell into difficulty through sickness, old age or unemployment. The reforms covered a number of aspects of patient care including the medical inspection of school pupils as well as medical care for people who paid National Insurance. Medical inspections were introduced in 1907, but poor families could not afford to pay for necessary treatment. The National Insurance scheme only applied if you paid regular contributions.*
- *The Beveridge Report of 1942 identified 'disease' as one of the 'Five Evil Giants' facing British society and suggested that it could be addressed through a free national health service. From 28 July 1948 the NHS offered a range of services and care such as prescriptions, hospital treatment, dentists, opticians, vaccinations, maternity care, district nurses, health visitors and ambulances. The demand for health care under the new NHS went well beyond original predictions. For the first time poorer people now had free access to doctors and medical treatment which previously they could not afford. The NHS has played an important part in prevention as well as cure; it has launched health campaigns to warn of the dangers of smoking, drinking alcohol and the lack of a healthy diet. The NHS has had a huge impact on improving the nation's health.*
- *Demand for NHS services has increased as the UK population has become older, at the same time as new treatments and techniques have become more expensive. As a result, the service has become increasingly overstretched in the twenty-first century.*

After awarding a band and a mark for the response, apply the performance descriptors for spelling, punctuation and the accurate use of grammar (SPaG) and specialist terms that follow.

In applying these performance descriptors:
- learners may only receive SPaG marks for responses that are in the context of the demands of the question; that is, where learners have made a genuine attempt to answer the question
- the allocation of SPaG marks should take into account the level of the qualification.

Band	Marks	Performance descriptions
High	**4**	• Learners spell and punctuate with consistent accuracy • Learners use rules of grammar with effective control of meaning overall • Learners use a wide range of specialist terms as appropriate
Intermediate	**2–3**	• Learners spell and punctuate with considerable accuracy • Learners use rules of grammar with general control of meaning overall • Learners use a good range of specialist terms as appropriate
Threshold	**1**	• Learners spell and punctuate with reasonable accuracy • Learners use rules of grammar with some control of meaning and any errors do not significantly hinder meaning overall • Learners use a limited range of specialist terms as appropriate
	0	• The learner writes nothing • The learner's response does not relate to the question • The learner's achievement in SPaG does not reach the threshold performance level, for example errors in spelling, punctuation and grammar severely hinder meaning

Question 6 (a)

Mark allocation:	*AO1 (a)*	*AO2*	*AO3*	*AO4*
8	**8**			

Question: **(a) Describe *two* problems that resulted in poor living conditions in the Ancoats district of Manchester in the first half of the nineteenth century.[8]**

Band descriptors and mark allocations

	AO1(a) 8 marks	
BAND 3	**Offers relevant and accurate knowledge to describe features of the historic site set within its appropriate historical context.**	**6–8**
BAND 2	**Offers some relevant and accurate knowledge to describe features of the historic site set within its historical context.**	**3–5**
BAND 1	**Offers a generalised description with limited knowledge of features of the historic site.**	**1–2**

Indicative content

This content is not prescriptive, and candidates are not expected to refer to all the material identified below. Any two of the following features could be described:

- *Poor quality housing and poor sanitation were two of the most serious issues with living conditions in the Ancoats district of Manchester in the early nineteenth century.*
- *Poor quality housing was a feature of Ancoats from the beginning of nineteenth century as every last bit of available land, however unsuitable it was, had housing built on it. As there were no rules determining what this housing should be like they tried to fit as much on this land as they possibly could.*
- *Poor quality back-to-back houses or courtyards of terraced houses had been quickly and cheaply built. Most commonly, these were two- or three-story brick terraced houses, one room deep, built back-to-back along narrow cobbled streets or around a small central courtyard. Walls were often no more than one brick thick. Each row of houses or courtyard would have its own tap for water and a few privies.*
- *There were also some bigger houses whose fourth floor was used as a workshop, with the basements often becoming the most overcrowded and filthiest accommodation as they were so cheap to rent.*
- *Some builders added more and more extensions on to their existing properties making them more overcrowded, as well as becoming more unsafe. Cheap cellar dwellings became the worst of the slums as they were built quickly and rented out to as many people as possible.*
- *Disease was much more prevalent in Ancoats than in other districts as a result of poor sanitation. Half of the houses in Ancoats had no plumbing and many of the streets were never cleaned. The streets filled with poorly built houses had no proper drains or sewers. The most common form of toilet was the privy midden – a wooden seat over a pit that needed to be emptied out. Sometimes these privies could be shared by up to thirty families. These privies overflowed and flooded people's houses during times of heavy rain.*
- *Piles of rotting vegetables and human waste filled the streets, surrounded by puddles of stale urine. Any toilets that were plumbed dumped sewage directly into the local rivers.*
- *In 1847 only 11,000 of the 47,000 houses in Manchester had a piped water supply, the rest used shared taps in the street. The water in these taps that people drank was often taken from polluted watercourses, as was the water in the wells that everyone else had to use. The Manchester Board of Health found that 55% of houses in Ancoats had no plumbing and 56% of its streets were never cleaned.*
- *Ancoats became the perfect breeding ground for waterborne diseases like cholera and dysentery. Some people who sold goods on the street and at market were still sharing their houses with the horses, ponies and donkeys they used to pull their carts around with.*

Question 6 (b)

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
12		**12**		

Question: **(b) Explain why the Ancoats district of Manchester is important in showing how living conditions have changed over time. [12]**

Band descriptors and mark allocations

	AO2 12 marks	
BAND 4	**Offers a sophisticated and reasoned explanation and analysis of the historic site and its relationship with historic events and developments. The answer fully addresses the position of the historic site in showing changes in health and medicine set within the appropriate historical context.**	**10–12**
BAND 3	**Offers a reasoned explanation and analysis of the historic site in showing changes in health and medicine set within the appropriate historical context.**	**7–9**
BAND 2	**Offers some explanation and analysis of the historic site in showing changes in health and medicine set within the appropriate historical context.**	**4–6**
BAND 1	**Offers a generalised explanation and analysis of the historic site with limited reference to changes in health and medicine.**	**1–3**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive, and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *The rapid urban growth of the Ancoats district of Manchester from 1790 onwards led to a rapid decline in living conditions for those who lived or moved there – overcrowding, poor sanitation and disease, especially cholera from 1832.*
- *James Phillips Kay was a doctor who worked at the Ancoats Dispensary. He was one of the originators of concerns about the health of the poor that became referred to as "The Condition of England Question" and an important influence on the 1848 Public Health Act.*
- *Social reformer Owen Chadwick grew up in Manchester. His 1842 report "The Sanitary Conditions of the Labouring Population" which soon led to the passing of the 1848 Public Health Act and the beginning of local authorities dealing with these issues.*
- *In 1845 social commentator Friedrich Engels published his observations about the terrible living conditions in Ancoats in his book "The Condition of the Working Class in England". Manchester town council reacted immediately to his criticisms, sending in 100 night soil men to clear out Ancoats.*
- *Once Manchester city council was created after the 1835 Municipal Corporations Act there was a more co-ordinated plan to deal with public health issues. New local laws banned back-to-back housing and cellar dwellings before national laws did so. Streets were finally paved and sewers installed.*
- *New reservoirs like the chain of reservoirs in Longdendale were built to supply fresh water. A report in 1889 by Doctor John Thresh showed that Ancoats had the second highest rate of infant mortality in the city which he blamed on poor housing conditions. This led to houses in Ancoats each being provided with fresh water via a tap in the house and a flushing toilet in the back yard.*
- *Manchester council formed the Unhealthy Dwellings Committee in 1885 and used the powers granted to it under the 1875 Artisan Dwellings Act to tear down the worst of the slum housing. Municipal housing was first built in Victoria Square in the Ancoats district in the 1890s using the powers granted to the city council by the 1890 Housing Act. By 1914 nearly all of the old courtyards and back-to-back houses had been demolished, years before the same was achieved in other cities.*
- *After the 1919 Addison Act, land was bought at the edge of the city in areas like Gorton and Wythenshawe to begin the building of new housing estates to move people into from the slums. Although the council had tried to upgrade existing properties between the wars, the oldest housing could not realistically be upgraded so much of the slum housing in Ancoats survived until the 1960s.*
- *The 1956 Clean Air Act did a lot to improve air quality in the city as it did elsewhere, but factories and houses became derelict as people and businesses moved to better accommodation being built on the edge of the city. The area was depopulated by 1960s slum clearances. Attempts to build new estates here in the 1970s and 1980s but the Smithfield Gardens Estate can still be seen next to the clubs and bars of Ancoats newly regenerated Northern Quarter and the New Islington Marina.*
- *In 1989, Manchester City Council designated the Ancoats district to be a conservation area, giving special heritage listing to protect the surviving old buildings. In 2000, the government approved a scheme to redevelop the land along the Rochdale Canal in Ancoats, and this £250 million scheme kick-started the regeneration of the area that is still on-going today. This redevelopment has shown how an area that was so terrible to live in in the nineteenth century had become a desirable place to live by the early twenty-first century*