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Neighbourhood demolition, relocation and health. A qualitative longitudinal study of housing-led urban regeneration in Glasgow, UK

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ABSTRACT

We conducted a qualitative longitudinal study to explore how adult residents of disadvantaged urban neighbourhoods (Glasgow, UK) experienced neighbourhood demolition and relocation. Data from 23 households was collected in 2011 and 2012. Some participants described moves to new or improved homes in different neighbourhoods as beneficial to their and their families' wellbeing. Others suggested that longstanding illnesses and problems with the new home and/or neighbourhood led to more negative experiences. Individual-level contextual differences, home and neighbourhood-level factors and variations in intervention implementation influence the experiences of residents involved in relocation programmes.

1. Background

'Urban regeneration' describes the restoration and redevelopment of physical and social environments in urban areas that have experienced economic and environmental decline. It sometimes involves large scale housing clearance, demolition, relocation and home improvement programmes. This paper focuses on a housing-led programme of urban regeneration that includes these dimensions.

Systematic reviews have found that, with the exception of certain forms of housing improvement (notably heating improvement), housing-led urban regeneration is poorly evidenced in terms of impacts on health and its social determinants (Gibson et al., 2011b; Jacobs et al., 2010; Thomson et al., 2006b). Nonetheless, there is a commonly stated public health policy expectation that improvements to residential environment (homes and neighbourhoods) can help achieve public health goals of illness prevention and reductions in social inequalities in health by improving determinants of health for disadvantaged populations (Commission on Social Determinants of Health, 2008; Marmot et al., 2010). We have conducted a qualitative longitudinal study to explore how residents of disadvantaged urban neighbourhoods (Glasgow, UK) differentially experience housing clearance, demolition and relocation.

2. Theorising pathways from relocation to health improvement

Subsidised relocation to improved or newly built housing is assumed to help disadvantaged residents overcome material (including financial) barriers to obtaining better quality accommodation (Benzeval et al., 2014). Better housing can mean improvements to affordable warmth, ventilation and exposure to damp (Basham et al., 2004; Caldwell et al., 2001; Ellaway et al., 2000; Gibson et al., 2011b; Harrington et al., 2005; Rugkåsa et al., 2004, Thomson et al., 2013). Such improvements are theorised to reduce health risks from injury, biological agents and chemical pollutants (Jacobs et al., 2010; Thomson and Thomas, 2015).

Qualitative research exploring the mechanisms by which moves into better quality homes impacts on exposed populations have suggested that increased indoor and garden space (Bullen et al., 2008; Gibson et al., 2011a), reduced noise (Gibson et al., 2011a) and increased pride and satisfaction (Basham et al., 2004; Bullen et al., 2008; Gibson et al., 2011a; Gilbertson et al., 2006) may benefit health and wellbeing through psychosocial pathways. Health behaviours may in theory be affected by improved kitchens that encourage more time spent on home cooking, and more space – including garden space – for physical activities (Thomson and Thomas, 2015).

Relocation could also theoretically benefit health and wellbeing if the move leads to sufficient improvements in exposures to neighbourhood-level determinants of health (Benzeval et al., 2014). Such improvements may relate to the quality of local services, the presence of amenities that encourage physical activity and other

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'healthy' behaviours (Gibson et al., 2011a), reduced exposure to 'unhealthy' amenities (e.g. high density alcohol and fast food outlets) and improvements in the social environment (Benzeval et al., 2014). Relocations that provide residents with a perception of enhanced social status may lead to psychosocial health benefits (Kearns and Mason, 2013, Kearns et al., 2013).

Despite the numerous theories that explain how housing-led regeneration might improve health, evaluations have tended to provide equivocal results (Jacobs et al., 2010; Thomson et al., 2006a, 2013). An evaluation of a USA housing voucher scheme found that moving from a high-poverty to lower-poverty neighbourhoods improved adult physical and mental health and well-being, despite not affecting economic self-sufficiency (Ludwig et al., 2012). A systematic review of housing improvement and relocation found outcomes varied by study and intervention and were often modest (Thomson et al., 2013). Fullilove (2004) has emphasised the negative social impacts of neighbourhood demolition on local communities in the USA. However, the quantitative arm of the current study found that residents living in neighbourhoods undergoing demolition experienced little or no short term effects on self-rated physical and mental health (Egan et al., 2013).

In the only published qualitative longitudinal study of housing relocations that we know of, the personal circumstances of four households were described in detail to demonstrate how multiple factors and events in each householders' life interacted to produce widely varying experiences of what was ostensibly the same intervention (Goetz, 2013). This suggests that a simple model of environmental health impacts on exposed populations could not do justice to the complex interactions between individuals, communities and their environment over time, a point that has been made in other qualitative research of relocation interventions (Pinder et al., 2009). The findings also echo Hawe et al. (2009)'s depiction of social interventions as disruptions to complex systems with outcomes that are context-dependent, non-linear and unpredictable.

There remains a question as to whether substantial improvements to health can be realistically achieved in deprived urban neighbourhoods without first, or at least concurrently, engaging in what we have termed 'social regeneration': i.e. addressing the fundamental characteristics of deprivation (low income, low employment, etc.). We have reported elsewhere our view that housing-related outputs may appear to policy-makers and planners to be more deliverable in disadvantaged areas than tackling the socio-structural causes of inequalities and disadvantage. Hence, 'social regeneration' may at times be deprioritised in favour of physical improvements to residential environments (Kearns et al., 2013).

3. Aims

The current study focuses on residents at the crucial period of a clearance and demolition programme when relocation to new or improved properties occurred as part of a city-wide housing-led regeneration programme in Glasgow, UK. Our aim was to explore in depth the experiences of residents during this period in order to identify mechanisms by which neighbourhood demolition involving large scale resident clearance and relocation may differentially impact upon health and wellbeing.

4. Methods

4.1. Study background

The Lived Realities study is a qualitative longitudinal component of a wider research programme called [name removed], evaluating the effects of urban regeneration on residents in disadvantaged neighbourhoods of Glasgow, UK (Egan et al., 2010).

4.2. Settings

Three inner-city mass-housing estates undergoing large scale clearance and demolition were selected for the study. Over 90% of homes were socially rented: i.e. homes that are let by public or third sector organisations (e.g. Housing Associations) at below-market rents to people in housing need. The estates were comprised predominantly of high-rise blocks, each met the Scottish Government's definition of disadvantaged areas (Walsh, 2008), and each contained a mixture of UK-born residents and first generation migrants (mainly asylum-seekers and refugees). In 2011, Areas A, B and C contained approximately 1300, 700, and 800 occupied dwellings respectively.

4.3. Intervention

Between 2006 and 2011, over 60% of the homes in each neighbourhood were cleared and either prepared for demolition or actually demolished. Those who still remained in the areas were awaiting relocation: a process that involved interviews with local housing officers, viewing usually up to three social rented properties in other areas for suitability, and receiving a modest relocation payment to help with expenses (Kearns and Darling, 2013). Residents tended to relocate to nearby neighbourhoods in homes that were newly built or had been recently refurbished to meet new national standards. At a future point the original neighbourhoods will be rebuilt but this is not the focus of the current paper, as completion is not due for at least another decade. Here, we focus on residents obliged to relocate from neighbourhoods being demolished.

4.4. Data collection

Interviews were conducted with adult householders and/or partners. Participants were recruited via local housing associations, church/community groups, snowballing and the [name of study] survey. The interviews were loosely structured around themes including the participants' background, everyday activities, home and neighbourhood, wellbeing and aspirations. Twenty-three households participated at Wave 1 (W1). A year later (W2), we re-interviewed participants from 12 of these households (see Table 2). Participants did not all participate in both waves. Due to the staggered and complex nature of the rehousing programme, participants were in different stages of the process and not all were relocated during the course of data collection—further details can be seen in Table 1. Whilst we had originally prioritised family households, we also decided to interview three participants who each lived alone to gain an insight into their experiences of relocation. The participants therefore included a wide range of the kinds of household structures, age groups, nationalities and employment types that occurred in each of these neighbourhoods (see Table 2).

The University of Glasgow's ethics committee approved the study and its procedures for informed consent, data protection and confidentiality. Digital audio recordings of the interviews were transcribed by a specialist transcription company. Participants received £20 in shopping vouchers to thank them for their time. Each participant was given a pseudonym.

4.5. Data analysis procedures

The analytical approach was inductive and 'bottom-up', drawing on aspects of thematic analysis and phenomenological analysis (Benner, 1985). The analysis aimed to develop insightful interpretation