

CLAHRC BITE BRIEFING

Brokering Innovation Through Evidence

A summary of CLAHRC NWC research

JANUARY 2019

Area reputation and health inequalities – scoping the evidence

What is area reputation?

Area reputation refers to beliefs held about, and portrayals of particular geographical localities (towns, wards, estates, neighbourhoods) and residents living in these areas.

- Internal reputation concerns how residents of a particular neighbourhood view where they live.
- External reputation relates to the perceptions of people and organisations outside an area.

Negative area reputation is predominantly experienced or anticipated by residents living in socio-economically deprived areas (Soonan and Macintyre, 1995). A defining characteristic is that these portrayals are exaggerated or inaccurate yet deep rooted and hard to shift. The consequence is the creation of stigmatising images that compound socio-economic inequalities and undermines the strengths of an area and the people that live there. Stigmatisation can manifest in different ways:

- Public and political narratives that circulate about particular localities as disordered, notorious or no-go areas (Wacquant, 2007)
- The volume and nature of negative and sensationalised coverage in newspapers or other media (Kearns et al, 2013^a)
- Prejudicial assumptions held by service providers about areas and residents (Stevenson et al, 2014)
- Where public health reaffirms negative stereotyping through research and communications activities (Halliday et al, forthcoming).

Other related terms include spatial and territorial (place) stigma as well as neighbourhood image. For further discussion and clarification of these terms, see Kearns and colleagues (2013^a).

What we did?

This briefing reports on the first phase of review work to consider the evidence in relation to area reputation. Searches were conducted in Web of Science using area reputation and related terms. The searches aimed to identify:

- (i) studies testing an empirical relationship between area reputation and health/social outcomes;
- (ii) qualitative studies of lay accounts of living in areas that are stigmatised;
- (iii) evaluations of programmes that aimed to improve area reputation or challenge place stigma.

The review work was supported by public and practitioner involvement and engagement activities linked to the NIHR funded Communities in Control study.

The second stage of this work aims to conduct a more in-depth systematic review using qualitative and

Health and wellbeing impacts of area reputation

While research testing the relationship between place stigma/area reputation and health inequalities is accumulating, attention to this issue remains underrepresented in public health research, policy and practice (Halliday et al, 2018; Pearce 2012, Keene and Padilla 2014). Studies assessing psychosocial and social impacts of area reputation have found:

- Place stigma is associated with poorer mental and physical health outcomes (Wutich et al, 2014) and likely to influence lower levels of neighbourhood wellbeing and social trust (Kullberg et al, 2010).
- A study by Tabuchi and colleagues (2012) found perceived stigma to be significantly associated with depression and diagnosis of mental illness.
- In one study, place stigma was suggested to undermine relations between residents and public service providers (Stevenson et al, 2014)
- Kearns and colleagues (2013^b) identified that internal area reputation was positively associated with self-reported wellbeing, but found no similar association with external reputation.

Health may also be affected indirectly, via social and economic pathways.

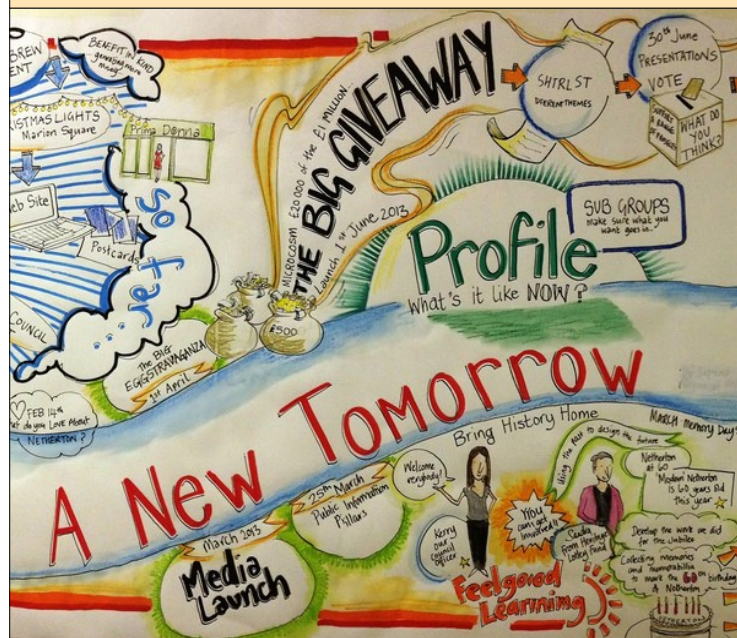
- Studies of economic impacts have found mixed results. In one study, there was no evidence that employers treated applicants differently based on where they lived (Tunstall and colleagues, 2014). In a different study, residents trying to leave behind an area with a poor reputation found this constrained their attempt to secure employment even after they moved out (Keene et al, 2010).
- Disinvestment into an area as a result of public funding cuts may result in a neighbourhood's decline and the area becoming further stigmatised (Pearce, 2012).
- Residents may also distance themselves from neighbours, and/or blame others in the area to cope with an area's stigma (Garthwaite and Bamba, 2018).

Risk factors

- In one of the earliest public health study of area reputation, Soonan and Macintyre (1995) identified a gradient in the extent that residents reported negative portrayal of their area to be problematic, which increased with deprivation.
- Place stigma is also likely to be present alongside other negative and judgemental attitudes that people encounter related to inequalities (e.g. being in receipt of welfare payments or using foodbanks (Garthwaite and Bamba, 2017).
- In the north American context, Keene and Padilla (2010; 2014) have argued that the 'stigma of place' is closely related to the reproduction of social inequalities, particularly with respect to race and socioeconomic status.
- Groups at risk of discrimination due to their health status could also have their health further compromised by the associated stigma of their place of residence (Collins et al, 2016).

Lay accounts of place stigma

Residents' accounts in qualitative studies frequently highlight place stigma as an concern (for example, Garthwaite and Bamba, 2017; 2018; Palmer, 2004). Lay accounts have also draw attention to residents' pride in their areas in spite of negative portrayals, and local action to resist and challenge stigma (August, 2014; Ponsford et al, 2018).



Intervention evidence

There are relatively few evaluations of programmes purposefully aiming to challenge place stigma and improve area reputation.

Strategies focussed only on an area's physical regeneration have struggled to shift negative reputation even when an area has improved (Hastings et al, 2003). There is also some evidence that spatial targeting of socio-economic inequalities (such as area based programmes) could have adverse affects, exacerbating existing stigma faced by residents (Lorenec et al, 2014).

Where actions are underpinned by resident participation and control, alongside physical improvements, such approaches appear to contribute to more positive portrayals by focusing on local assets, as well as challenging place stigma:

- As part of the regeneration of a Dublin estate, resident activism was reported to be central to achieving more positive and accurate media coverage (Brian et al, 2011).
- A project in Wales involving a public campaign by young people to install lights in a poorly lit area was found to help resist stigmatising narratives about the area (Thomas et al, 2018).
- Residents of a social housing estate in Australia organised public meetings and actively contested the prejudicial attitudes of public officials and the media (Palmer et al, 2004).

Case studies from 'place based' programmes

The Communities in Control study is an independent evaluation of the Big Local programme. Big Local is managed by Local Trust and funded by the Lottery in 150 areas in England. The place based programme aims to put local decision making into the hands of residents over how £1 million is used to improve an area. The research found negative reputation was an issue for a number of areas. Residents reported that this diminished community self-esteem and pride, worsened media coverage and prevented people from moving to or visiting an area. Local action being taken by residents ranged from publicity work to promote good news stories in the media, as well as community events and physical improvements to the neighbourhood to encourage visitors (Ponsford et al, 2018).

There is evidence that participatory art based approaches can also play a role. Three areas involved in the CLAHRC Neighbourhood Resilience Programme have adopted the use of arts based storytelling to conduct local resident led research. The approach could help in addressing place-based stigmatisation in different ways—in particular, where local people are able to construct alternative narratives of where they live, this can contribute to empowerment but also enables people to counter negative representations constructed by the media or in public reporting of an area's disadvantage.

Implications for research and practice

- This scoping work identified a body of international evidence relevant to area reputation. This is located across disciplines, including sociology, geography, housing and increasingly, health.
- Existing work has sought to link place stigma to health inequalities (Keene and Padilla, 2014) but to date, no systematic reviews have been conducted, despite its relevance and importance for public health.
- Place based programmes underpinned by resident participation and qualitative studies documenting residents' accounts of neighbourhood life draw attention to the effect of place stigma for local residents. This evidence often located in the grey literature also offers examples of direct community action being taken locally to tackle negative area portrayals.
- The issue of area reputation is currently given little attention in public health policy and practice. Greater focus is likely to aid more effective strategies to address spatial inequalities in health.

References

- August M. Challenging the rhetoric of stigmatization: the benefits of concentrated poverty in Toronto's Regent Park. *Environment & Planning A*. 2014; 46:1317-33.
- Brian, C., Corcoran M, Cahill L. The 'miracle' of Fatima: Media framing and the regeneration of a Dublin housing estate. *Journalism*. 2011; 13(5): 551-571.
- Collins AB, Parashar S, Closson K, Turje RB, Strike C, McNeil R. Navigating identity, territorial stigma, and HIV care services in Vancouver, Canada: A qualitative study. *Health & Place*. 2016; 40:169-77.
- Garthwaite K, Bambra C. "How the other half live": Lay perspectives on health inequalities in an age of austerity. *Social Science & Medicine*. 2017; 187:268-75.
- Garthwaite, K., and C. Bambra. "'It's like being in Tattooville': An ethnographic study of territorial stigma and health in a post-industrial town in the North East of England." *Health & Place* 54 (2018): 229-235.
- Hastings, A, Dean J. "Challenging images: tackling stigma through estate regeneration." *Policy and Politics* 2003; 31(2): 171-184.
- Halliday, E, Popay, J, Anderson De Cuevas, R and Wheeler, P, 'The elephant in the room? Why spatial stigma does not receive the public health attention it deserves.' *Journal of Public Health* (2018) Dec, 20th.
- ^aKearns A, Kearns O, Lawson L. Notorious Places: Image, Reputation, Stigma. The Role of newspapers in area reputations for social housing estates. *Housing Studies*. 2013; 28:579-98.
- ^bKearns A, Whitley E, Bond L, Egan M, Tannahill C. The psychosocial pathway to mental well-being at the local level: investigating the effects of perceived relative position *J Epidemiology and Community Health*. 2013; 67:87-94.
- Keene DE, Padilla MB. Spatial stigma and health inequality. *Critical Public Health*. 2014; 24:392-404.
- Keene DE, Padilla MB. Race, class and the stigma of place: Moving to "opportunity" in Eastern Iowa. *Health & Place*. 2010; 16:1216-23.
- Kelaher M, Warr DJ, Feldman P, Tacticos T. Living in 'Birdsville': Exploring the impact of neighbourhood stigma on health. *Health & Place*. 2010; 16:381-8.
- Kullberg A, Timpka T, Svensson T, Karlsson N, Lindqvist K. Does the perceived neighborhood reputation contribute to neighborhood differences in social trust and residential wellbeing? *Journal of Community Psychology*. 2010; 38:591-606.
- Lorenc, T. and Oliver, K. Adverse effects of public health interventions: a conceptual framework. *J Epid Community Health*, 2014; 68(3), 288-290.
- Palmer C, Ziersch A, Arthurson K, Baum F. Challenging the stigma of public housing: Preliminary findings from a qualitative study in South Australia. *Urban Policy and Research*. 2004; 22:411-26.
- Pearce J. The 'blemish of place': Stigma, geography and health inequalities. A commentary on Tabuchi, Fukuhara & Iso. *Social Science & Medicine*. 2012; 75:1921-4.
- Ponsford R, Halliday E, Collins M, Egan M, Scott C, Popay J. Area reputation as an under-acknowledged determinant of health inequalities: evidence from a systems evaluation of a major community empowerment initiative in England. *The Lancet*. 2018 Nov;392(Suppl. 2). S72.
- Sooman A, Macintyre S. Health and perceptions of the local environment in socially contrasting neighbourhoods in Glasgow. *Health & Place*. 1995; 1:15-26.
- Stevenson C, McNamara N, Muldoon O. Stigmatised identity and service usage in disadvantaged communities: Residents', community workers' and service providers' perspectives. *Journal of Community & Applied Social Psychology*. 2014; 24:453-66.
- Tabuchi T, Fukuhara H, Iso H. Geographically-based discrimination is a social determinant of mental health in a deprived or stigmatized area in Japan: A cross-sectional study. *Social Science & Medicine*. 2012; 75:1015-21.
- Thomas GM, Elliott E, Exley E, Ivinson G, Renold E. Light, connectivity and place: young people living in a post-industrial town. *Cultural Geographies*. 2018; 25(4), 537-551.
- Tunstall R, Green A, Lupton R, Watmough S, Bates K. Does poor neighbourhood reputation create a neighbourhood effect on employment? The results of a field experiment in the UK. *Urban Studies*. 2014; 51:763-80.
- Wacquant L. Territorial stigmatization in the age of advanced marginality. Thesis eleven. 2007; 91:66-77.
- Wutich A, Ruth A, Brewis A, Boone C. Stigmatized Neighborhoods, Social bonding, and health. *Medical Anthropology Quarterly*. 2014; 28:556-77.

What is the NWC CLAHRC

The Collaboration for Leadership in Applied Health Research & Care, North West Coast is a partnership between universities, NHS, councils & other stakeholders & public. Our mission is to undertake applied research to improve public health, well-being, quality of care & reduce health inequalities across the North West Coast region. CLAHRC NWC is funded by the National Institute for Health Research. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

Queries/feedback — Contact Emma Halliday

e.halliday@lancaster.ac.uk