


GoWell is a collaborative partnership between the Glasgow Centre for Population Health and the University of Glasgow's Department of Urban Studies and the MRC/CSO Social and Public Health Sciences Unit, sponsored by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde.

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**Prior-attitudes and
post-experiences
of relocation
from restructured
neighbourhoods**

A grey silhouette of a person's head and shoulders, positioned to the right of the teal speech bubble.

January 2016

GoWell is a planned ten-year research and learning programme that aims to investigate the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of individuals, families and communities. It commenced in February 2006 and has a number of different research components. This paper is part of a series of Briefing Papers which the GoWell team has developed in order to summarise key findings and policy and practice recommendations from the research. Further information on the GoWell Programme and the full series of Briefing Papers is available from the GoWell website at: www.gowellonline.com

Key findings

- We found a good degree of correspondence between people's expectations and experiences of relocation, though not a perfect fit.
- Our research shows how, for different groups, the relationship between expectations and experiences varies according to the interplay of personal and contextual factors.
- More social gains than losses from relocation were reported, and a range of psychosocial benefits were experienced that may prove even more important in the long run.
- Personal factors – especially the role of personality, physical and mental health issues, and responsibility and concerns for children – were very important as an influence upon the experience and outcomes of relocation.
- The vast majority gained *residential benefits* as a consequence of moving from often very poor quality high rise accommodation to newly built houses.
- Recommendations include post-move counselling and support to enable relocatees with health and personal problems to overcome barriers to their successful integration and life advancement after relocation.



INTRODUCTION

The findings in this paper are based on a longitudinal qualitative study of residents' lived realities of major regeneration in Glasgow, conducted over an 18-month period and based on two waves of data collection in 2011 and 2012. All participants in the study were being relocated (involuntarily) from high rise flats to different types of housing in different neighbourhoods in Glasgow, ranging from one mile to eight miles from their original neighbourhoods.

What we know about relocation

There is mixed evidence about outcomes from relocation mainly from quantitative studies, and in particular from the USA and the Netherlands: housing and neighbourhood conditions and resident satisfaction tend to be higher after relocation, though less consistently in respect of the neighbourhood than housing. However, people moving into new neighbourhoods generally felt safer.

From the literature, we can identify that outcomes from relocation are mediated by both *process* and *personal* factors (see Tables 1 and 2).



Table 1. Relocation and process factors.

Process	
Choice	If people feel they have exercised some choice about where or when they relocate, they may be less inclined to feel that they have been the 'victim' of regeneration, and more likely to consider that their new circumstances match their requirements ¹ .
Compensation payments	Compensation payments for relocation, both for the loss of a home and the disturbance involved, may be important both in a practical and psychological sense to how people feel about having to move, even moreso in cases where the costs involved in relocation are the most commonly cited problem for residents ² .
Pre- and post-move counselling services	Pre- and post-move counselling services can assist relocatees to make a suitable choice of destination neighbourhood and thus raise the prospect of positive outcomes, and help avoid social tensions and enhance social integration thereafter ³ .
Distance	The relationship between distance moved and outcomes achieved is paradoxical. Earlier programmes of relocation moved people long distances which attracted strong criticism along the lines that 'it isn't right to scatter the community to the four winds' ⁴ . On the other hand, depending on the socio-spatial structure of the city concerned, moving people only short distances may not improve their residential circumstances sufficiently to impact upon health and wellbeing outcomes ⁵ .

Table 2. Relocation and personal factors.

Personal	
Prior intention to move	A prior intention to move has been found to be associated with post-move housing satisfaction in the Netherlands and in the UK ¹ ; while in the USA a preference to renovate rather than relocate was associated with lower housing and neighbourhood satisfaction post-relocation ⁶ .
Importance of local social ties	Those who considered local social ties to be 'relatively unimportant' reported limited negative social impacts from relocation ⁷ . In the USA, residents with longer tenure and greater attachment to their community in terms of networks were less likely to experience an easy relocation process ⁶ .
Personality	Some people may have a greater 'preparedness for change' than others, and have more confidence to make changes required to achieve better outcomes, while others have personalities such that they struggle to adapt to change or have difficulties acting assertively in order to exercise some control in over the process of change ⁷ .
Prior health problems	Despite the fact that relocation has positive effects upon many of the social determinants of health, it may have little impact upon prior health problems which are a major barrier for outcomes, particularly employment gains, for people from deprived areas. The evidence about the effects of regeneration and relocation upon health is very sparse and shows limited impacts ^{8,9} .

The mixed evidence about outcomes from relocation led Goetz¹⁰ to call for more in-depth qualitative research in order to meet the "...need for greater detail about what displaced families go through in the relocation process". Rather than focusing on *outcomes*, research should overcome one of the shortcomings of repeat cross-sectional surveys by seeking to "...obtain a deep and contextual understanding of the *experiences*" of relocatees (p.236). There has been some qualitative research conducted with relocatees but little that is longitudinal.



RESEARCH QUESTIONS

Our main research question was about how people's prior attitudes to relocation relate to their post-move experiences. Specifically:

- What is the nature of people's *prior attitudes* to relocation?
- What are people's *experiences* of their post-relocation situation, particularly in terms of residential and social outcomes, and how do these relate to their prior attitudes?
- What *factors* influence or mediate the relationship between attitudes and experiences?



OUR METHODS

The findings are based on a longitudinal qualitative study of residents' lived realities of major regeneration, conducted over an 18-month period and based on two waves of data collection in 2011 and 2012.

At wave 1 (2011) a total of 23 households participated in the study: of these 20 could be described as 'family households' defined as households comprising at least one adult (18+ years) and one child/young person (<18). **There are 14 longitudinal participants (households) in the study.**

All participants in the study originally lived in high-rise flats on one of three Transformational Regeneration Areas (TRAs) in the city of Glasgow.

Most participants had lived in the area for up to ten years, with a few longer-term residents among them. Most people relocated no more than one or two miles to a newly built home although one family moved a distance of eight miles (see Table 3).

Interviews

The main method employed was an in-depth interview, although in wave 1 we used other methods alongside interviews including participant photography and neighbourhood tours. The in-depth interview was loosely structured around themes including the participants' background, everyday life and routines, views on their home and neighbourhood, wellbeing and aspirations. At wave 1 each participant was interviewed on more than one occasion.

At wave 2 a single in-depth interview was repeated and based largely on the same themes as at wave 1, but also took into account what the participant had said at wave

1 and built on some of the issues raised then. As the majority of participants had been relocated by wave 2, we also asked about the move, how it went and views on the new house and neighbourhood.

At both waves interviews were carried out with an adult member in the family and this was primarily a female member although we interviewed one male single parent, and both parents in two families. Sometimes other family members were present and they contributed to the interview. Interviews were conducted at the homes of participants, recorded using digital audio equipment and transcribed by a specialist transcription company.

The University of Glasgow's Ethics Committee approved the study. All participants gave informed consent. They received a supermarket voucher as an acknowledgment and thank you for their time and involvement. To protect their anonymity, participants are referred to by pseudonyms.

Table 3. Sample: household structure and key personal and residential characteristics.

Participant	Household composition (W1)	Personal characteristics (at W1)	Length of residence on high rise estate (at W1)	Destination dwelling type	Distance between old and new house (at W2)
<i>Stayers:</i>					
Ula	2 adults; 3 children (3, 6, 8)	Originally from Sudan. Arrived UK 2004. Early 40s. Involved in community/voluntary work.	7 years	New build flat	1 mile
Lesley	1 adult; 2 grandchildren (3, 5)	Scottish. Not working. Early 50s.	>40 years	New build house	2 miles
Jackie	1 adult; 3 children (12, 16, 20)	Scottish. Working part-time in pub and office. 40s.	>20 years	New build house	1 mile
Sue	1 adult; 2 children (20s)	Scottish. Not working. Late 40s. Has 2 grandchildren.	7 years	New build house	2 miles
Nada	2 adults; 5 children (11, 17, 18, 19, 20, 21)	Originally from Lebanon. Arrived UK 2000. Part-time job in cafe. 40s.	11 years	Not moved	
<i>Upgraders:</i>					
Carol	1 adult; 2 children (13, 16)	Scottish. Part-time job in bakery. 40s.	8 years	Mid 20th century tenement flat	1 mile
Harry	1 adult; 1 child (12)	Scottish. Not working. 40s.	9 years	New build flat	3 miles
Aisha	1 adult; 1 child (12)	Scottish Pakistani. Looking for work. Late 30s.	12 years	19th century tenement flat	Less than 1 mile
Morag	1 adult	Scottish. Not working. Late 40s.		New build flat	3 miles
Nadia	2 adults; 2 children (8, 10)	Originally from Ivory Coast. Arrived UK 2001. Part-time cleaning job. 40s.	8 years	New build house	2 miles
Barbara	1 adult	Scottish. Not working. Late 40s.	3 years	Not moved	
<i>Transitioners:</i>					
Heather	2 adults; 2 children (14, 16)	Scottish. Both working full time. 40s.	16 years	New build house	Less than 1 mile
Layan	2 adults; 3 children (12, 19, 22)	Originally from Syria. Arrived UK 2000. Trained as teacher. Involved in community/voluntary work. Late 40s.	11 years	New build house	8 miles
Maya	2 adults; 3 children (3, 10, 12)	Originally from Ghana. Arrived UK 2002. Works as auxiliary nurse. 40s.	8 years	New build house	2 mile

 OUR FINDINGS

We developed three categories in order to compare prior attitudes to relocation against experiences of relocation. These categories are based on participants' attitudes; all groups experienced similarly poor housing conditions prior to moving. Three groupings were identified as follows:

- **Stayers.** These are participants who were against moving at the pre-relocation interview, or were very anxious about moving. They were mainly not working and had poor physical and mental health.
- **Upgraders.** These are participants who were keen to relocate primarily for better housing conditions and/or a better area. They mainly had poor health, although some of them were working.
- **Transitioners.** These are participants who felt held back by where they lived and wanted to make changes or improvements to other, non-housing aspects of their lives. They saw moving out of the area primarily as an opportunity for significant transition in their lives. They were working and had few apparent health issues.

Table 2 summarises the main issues for each category in relation to prior attitude and experience using the headings 'housing', 'neighbourhood', 'personal/family' and 'expectations'.

Summaries of key findings for each category, with illustrative quotes, are provided in Boxes 1-3.

Table 4. Relocation typology.

	Prior attitude	Experience
Stayers		
Housing	Poor physical conditions Resilient to conditions	Residential benefits
Neighbourhood	Reasonably content Mixed feelings on sense of community	Little sense of community
Personal/family	[mainly] Not working Poor mental health Anxiety & worry about moving	Mental health issues persist (& worsens for one) Reassess prior views Better family relations
Expectations	Low expectations of move	
Upgraders		
Housing	Poor physical conditions Negative social impacts	Residential satisfaction (except one)
Neighbourhood	Mixed views on neighbourhood and community	Better community relations Better social mix
Personal/family	Mixture of working & not working Mainly poor health Lack social support	Happier More social contact
Expectations	Expectations of 'feeling better' and gaining employment [some].	
Transitioners		
Housing	Poor physical conditions Negative psychological impacts	[significant] Residential benefits
Neighbourhood	Bad experiences in neighbourhood Some community connection	Some community gains [mixed] Some neighbourhood gains [mixed]
Personal/family	Working Few [apparent] health issues Feeling trapped Strong desire to move	Psychosocial gains Improvements to children's lives
Expectations	High expectations of transformation in their lives.	

Box 1

Stayers: those not wanting to move

Stayers were resistant to moving, but they were also *resilient* in relation to the prior, poor conditions they were living in. However, personal factors dominated over contextual factors in their case, and due to either mental health issues or prior displacement (as refugees), most were anxious about change and some reluctant to develop community relations both before and after relocation.

“Oh, better the devil you know sorta an idea. I didn’t want to move to another area in case we didn’t like it or the weans didn’t like it” (Jackie)

“I feel very, very sad...to move from here, ... we set our life here, everybody knows the neighbourhood and everybody knows you, and now you are moving to different places....is no really easy, you know” (Ula)

Post-move experiences: All participants moved between one and two miles away from their origin destinations to new build houses or flats. One participant had not yet moved.

Most of these participants gained some residential benefits from the move.

“It’s easy to keep clean and all that ... there’s no mould or anything, or damp, and it’s so much cheaper to heat” (Sue)

“It’s brilliant along here” (Jackie)

They acknowledged some gains in terms of family relations from the context change that relocation provided, although this change in context did not alter their attitude to community relations more generally.

One of the main personal changes reported by this group comprised gains in terms of family relations.

“Bring the weans up in a better life there no needles lying about” (Lesley)

“They [grandchildren] come over, at least once a week if not more” (Sue)

For two of this group, the move had caused them to reassess their prior views. Lesley used to defend her previous neighbourhood, but not any more:

“This is where I brought my three weans [up], this is where I was born and bred. It’s not a dump to me, but the other day there I was down to ma pal’s and I went up to see, and I went, ‘this place is a dump.’ .. And I was laughing, I was like that, my wee place is nice up here” (Lesley)

When Jackie was asked if she felt happier since the move, she reminisces:

“... when I was in A, I wasn’t unhappy, do you know what I mean? It’s only when I’ve left that I’ve thought to myself, I’m stuck in them flats for years. ... [I] was there for nearly 20 years, in them flats – but I just kinda got on wi it” (Jackie)

Box 2

Upgraders: those wanting to move for residential reasons

For Upgraders, contextual factors dominated but were compounded by personal factors. This group were socially impacted by the prior, poor conditions as they found it difficult to make friends with antisocial neighbours and their relatives were reluctant to visit them. Their poor physical health added to their isolation as they were not working and thus they also had no work-based social relations.

“There’s no heart there. We’re not really comfortable – we’re just living here for the sake of somewhere to stay, basically” (Aisha)

“The kids couldn’t bring their pals up...” (Carol)

While some participants in this category liked the neighbourhood facilities and its proximity to other services, the majority had little sense of community and spoke about the negative effects of antisocial behaviour on their social relations.

“If you brought the children [to] the park, the children be scared....because the people there drinking and swearing” (Nadia)

Post-move experiences: Participants moved between one and three miles from their origin destination to a mix of new build accommodation and older properties. One participant had yet to move.

This group gained both residentially and socially from relocation, in line with their prior expectations. The neighbourhood context change produced attitude change in that the group were more willing to ask for help after moving and so developed social support which they did not have before.

All but one of this group were happier with their homes after moving, reporting gains in space and warmth and feeling more pride:

“It is a lovely flat. I’m quite happy wi’ it” (Aisha)

Most of these participants had developed better relations with their neighbours and reported feelings of safety and normality in their new location.

“I’ve not had one bit o’ bother wi’ them [neighbours] yet” and says “there’s no junkies” and “no needles” (Harry)

“It’s quiet, your door’s not going every two seconds” (Morag)

The main personal changes reported by this group concerned feeling happier and having more social contact – both themselves and particularly their children – as a result of the use of the new house and neighbourhood.

“He’s made a lot o’ new pals down here. He’s out all the time in that park down there. But in the bad weather like this, he stays in the bedroom wi’ his wee pal Andy” (Harry)

Box 3

Transitioners: those wanting to move to make progress and change in their lives

Transitioners were *psychologically* impacted by dominant contextual factors: the poor prior conditions lowered their self-esteem and sense of settlement. However, unlike the other two groups, personal factors played a lesser role in their pre-move situation: this group had few health issues, were working, and were not socially isolated.

Three participants wanted to move primarily for non-residential reasons relating to how they felt 'held back' from making desired changes to their lives by the fact of living in the high-rise flats and on the estates, and how this made them feel.

"You just feel that it's your fault that you live in it. I used to get it off the family as well, get out the flat... easier said than done" (Heather)

Post-move experiences: All participants had moved, ranging from less than one mile to the furthest move of eight miles from their origin destination.

This group gained both residentially and psychologically from the housing context change to new build development, in line with prior expectations.

This group were happier in their new neighbourhoods, but the fact that they had moved into newly built developments had pros and cons. Heather thought the neighbourhood facilities were still poor and her family did most of its shopping/other activities outside the local area. Maya preferred the shops and facilities back in her old area; in her new area there were few shops or cash machines. Layan, on the other hand, liked the facilities in her new area, including the health centre, shops and travel connections but had not found any volunteering opportunities.

A range of psychosocial benefits from the new home were reported including belonging, ontological security, privacy, autonomy, self-esteem and confidence.

[The family has] *"somewhere to build on" and a "secure feeling of well this is ours" and that "we're planning to stay here for the foreseeable future anyway..."* (Heather)

"Everybody happy here... you feel you are in privacy, you are, you get, your home, no one sharing your sense or your feeling...we can say, now, this our home" (Layan)

"I'm a totally different person that actually lived in the flats...I'm very positive feel in myself. I mean, I'm more confident...we're starting to get more positive in our life and starting to get things done and that" (Paul)

All felt that there have been improvements to their children's lives since moving.

"They can go out and do this or do that... [daughter] can bring their friends back to the house" (Heather)

"If they are playing out there, I know they're out there safe" (Maya)



IMPLICATIONS OF OUR FINDINGS

The main change in attitudes we observed was a *retrospective reassessment of prior attitudes*. Some relocatees looked back in the light of their experience in their new location and wondered why they had put up with such poor conditions for so long in their previous flat, and wished they had been able to move sooner.

The vast majority gained *residential benefits* as a consequence of moving from often very poor quality high rise accommodation to newly built houses. More significant benefits were brought to the Transitioners which was likely related to their higher expectations, but also because they all moved to newly built houses.

There were more *social and community gains* rather than losses. However, we found some evidence of social dislocation as a result of relocation – comprising a removal from valued acquaintances in local shops and so on, and distancing from community and voluntary involvements.

For several of those who relocated, *psychosocial gains* from the move seemed equally important, if not more so, than social gains. Many of these gains can be considered as constituting ontological security^a pertaining to the home, in particular the post-move feeling that they now lived in a dwelling which they now considered to be 'home', and wished to invest in and remain in, and 'build on' in life terms.

Generally, participants reported *positive outcomes for children* from relocation. Mostly participants reported children being happier, with two factors related to use of outside space being regularly mentioned: playing in a garden, which had not been available previously; and playing in the street or neighbourhood where the child felt safer than before.

Mediators

The *effects of distance were inconsistent*, although it should be said that none of our participants moved more than several miles away, and most moved less than this, all remaining in the same city or district.

The *prior sense of community* was weak for the majority of participants, with the main exceptions to this being for migrants who had been involved in community organisations for self-support and integration reasons. In the destination locations, on the other hand, people felt more inclined to socialise because the areas were considered quieter, safer and with a greater social mix, including older people as well as young, and family members were more inclined to visit.

^aOntological security is: "The confidence that most human beings have in their self identity and in the constancy of their social and material environments. Basic to a feeling of ontological security is a sense of the reliability of persons and things."¹¹

Moving to a *new development* was also seen as beneficial due to people all being new arrivals, which generated a willingness and need to interact. On the other hand, a lack of amenities in and around some of the new developments was seen as lowering opportunities for social interaction, so the picture is a mixed one.

Personal factors were very important as an influence upon the experience and outcomes of relocation, especially the role of *personality, health issues, and responsibility and concerns for children*.

Participants' mental and physical health issues served to lower their expectations of how much they would gain from relocation, and reduced the person's ability to take steps to make changes to their lives, even when they wanted to do so, such as seeking employment.

Those with mental health problems were 'less prepared' for change. It was notable how little support if any they were receiving to help them make the most of the move.

Children's outcomes seem important for adult outcomes too. It is worth noting how important this was to parents' (and grandparents') sense of their own wellbeing post-move; the sense that their children were flourishing or happier.

Recommendations

Prior to relocation, some would benefit from being better prepared for change and its implications. Practical measures might involve information so that relocatees have more awareness and understanding about what it means to move, what is available in the new neighbourhood, how it might affect their lives practically and emotionally, and what services are available to help with any problems or concerns they may encounter.

The availability of post-move counselling and support might be helpful for some in order to enable relocatees, particularly those with health and personal problems, to overcome barriers to their successful integration and life advancement; otherwise relocation may be a missed opportunity.

The importance of the development of *community* facilities, alongside new housing developments, cannot be over-emphasised, in order to maximise opportunities for the provision of local information/facilities and social integration.



RESEARCH LIMITATIONS

We have used a longitudinal study design to conduct qualitative research, comprising in-depth interviews, with adult householders with children, who have been relocated mainly into new build homes, as part of an ongoing regeneration programme.

Goetz¹⁰ reported one of the few longitudinal, qualitative studies based on only four households and demonstrated the value of such evidence. Similarly our sample may be considered relatively small in research terms (n=14), but it enabled us to get beneath the surface and reveal things that we would not otherwise know about in relation to the individual stories and trajectories around relocation.

A challenge of longitudinal qualitative research is maintaining contact with the sample as they move, and developing a trusting relationship with participants. Sustaining such research relationships over time brings with it the possibilities for developing richer and more rewarding research interactions.

We found a good degree of correspondence between people's expectations and experiences of relocation, though not a perfect fit, although our study interval period of 12-18 months may be too short for some expectations to be met.

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