



UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

Revitalising Communities: A framework for assessing social change

Report of Findings

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IRCHSS

Irish Research Council for the Humanities & Social Sciences
An Chomhairle um Thaighde sna Dána agus sna hEolaíochtaí Sóisialta

Index

Project Background	p4
Study 1: Implicit and Explicit Prejudice	p6
Study 2: Adult Survey	p8
Study 3: Service Usage	p14
Study 4: School Survey	p16
Conclusions and Implications	p18



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Project Background

In 2007 the Fitzgerald report, commissioned by the Irish government, pointed to the need for extensive regeneration in the Limerick city area. The objective of the resultant Limerick Regeneration programme is to improve the quality of life for residents within key Limerick city locations. An important goal of this programme is social regeneration, through which it is hoped to improve the health and well-being of residents and build community self-esteem, confidence, and pride. Against this background, the *Revitalising Communities* project was a large-scale study of community health and well-being undertaken by a group of researchers at the University of Limerick. The 2-year project was funded by the Irish Research Council for the Humanities and Social Sciences (IRCHSS) and it explored, through a series of four studies, the experiences of residents living in the areas targeted by Regeneration: Moyross, Southill, Ballinacurra Weston, and St. Mary's Park.

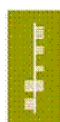
The project had as its central aim the assessment of health and psychological well-being at the beginning of the regeneration process, so as to chart its effects over time. The second aim was to explore the psychological factors that protect well-being or contribute to vulnerability amongst adults and children in these deprived areas. Key risk and protective factors that we assessed included: residents' understandings of their local communities and the extent to which they identify with these communities; their ability and willingness to access health, education and social services; and the perceptions of outsiders, specifically, how residents of the regeneration areas are seen and treated by service providers and those with whom they share their city.

Using the most up-to-date social psychological theories and methods, the project completed a series of four interrelated studies to meet these aims. It accomplished its first goal by establishing a baseline assessment of psychological health and wellbeing in regeneration areas which can be now used to assess the psychological impact of regeneration as the programme takes effect. The second goal has been achieved through the analysis of all four studies which gives a rich and nuanced insight into the various social psychological factors that affect health, wellbeing, service use and community action in these areas.

The current report outlines the main results of each of these studies and outlines the implications of their findings. More detailed analysis of the data is ongoing and subsequent results will be posted as they become available on the project website at www.ul.ie/psychology.

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Theoretical Background: Identities, Social Support and Stress

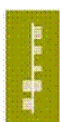
As Social Psychologists, we believe that group memberships are fundamental to how people see themselves and how they behave towards others. The different groups to which we belong form part of our ‘self concept’ and contribute to how we evaluate ourselves: our ‘self esteem’. In our everyday lives, the various groups we belong to (including families, friends, clubs and communities) provide us with information as well as emotional, social and practical support. Identification with groups can therefore provide us with the resources we need to cope with the stresses and strains of everyday life as well as the adverse social, educational and economic challenges of living in deprived areas. However, when the groups we identify with are negatively evaluated or discriminated against by others, this can damage our sense of self worth as our group develops a negative or ‘stigmatised’ identity and is socially excluded and marginalised. Social Psychology therefore aims to identify the benefits and strengths of group memberships and to understand and combat the negative effects of stigma and discrimination.

The relevance of this theoretical background to the case of Limerick is clear. The areas targeted by the Regeneration programme were identified by the Fitzgerald report as severely deprived, concluding “the quality of life for many people is extremely poor”. In addition, the media representation of the regeneration areas of Limerick is overwhelmingly negative, with the four regeneration areas popularly perceived as ‘no-go’ areas. The occurrence of high profile violent crimes has been used to characterise the wider populations of these areas and residents report experiences of stigmatisation and discrimination on this basis. We believe this characterisation may have left individual residents with a negative local identity and feelings of social and psychological isolation.

At the same time, the regeneration areas are often characterised by networks of family and neighbourhood connections as well as a strong sense of community. Families have often lived in these areas for generations and many residents report having had a sense of pride in their areas. Moreover the Limerick Regeneration programme itself aims to target the social as well as the economic and physical regeneration of these areas and specifies community development and empowerment as a key aspect of this goal. All of this leads us to examine the role of community identity in providing people with the social and psychological resources necessary to cope with the challenges of disadvantage and to come together to change their situation.

On the basis of the application of this theoretical background to the situation in Limerick, we asked the following research questions:

- Is there prejudice against residents of disadvantaged areas of Limerick?
- Have residents, including children, internalised this stigma?
- Does community identity have a positive impact on these residents?
- What community identity factors act to enhance well being among adults and children?
- What are the consequences of community identities for service use and community action?



Study 1: Attitudes towards residents of regeneration communities

There has been much academic and anecdotal evidence of prejudice and discrimination against residents of regeneration areas from both the national media and other Limerick residents. Throughout our research, people from regeneration areas reported negative attitudes from outsiders. In particular the stigma of criminality and unemployment were often reported to us throughout the study as beliefs commonly held about residents of deprived areas. Non-residents were often thought to believe that people from within these areas were less able citizens than their outsider counterparts.

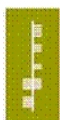
Our first study aimed to establish scientifically whether non-residents of regeneration areas do have a negative attitude towards regeneration residents and, if so, on what basis this attitude is held. In July 2009, researchers from the Department of Psychology in the University of Limerick conducted a series of assessments on participants from the general public to assess attitudes towards of regeneration areas in Limerick city. These sought to determine: (1) the extent to which residents of Limerick regeneration areas are stigmatised by those with whom they share their city, and (2) the extent to which residents perceive and adopt this stigma.

In this study we assessed attitudes in two ways. First, we measured explicit attitudes (those that people are able and/or willing to declare) by asking people to read a story about a fictitious character and then to rate that person on a series of positive and negative attributes relating to citizenship, including their concern for others and their responsibility. All details relating to age, education and employment status remained constant except gender (male or female) and address (resident or non-resident of a regeneration area) of the central character. Second, we measured unconscious attitudes (those that people are unable and/or unwilling to declare) using a computer-based reaction task. 231 residents of Limerick city participated in this study.

Our findings show that:

- Both residents and non-residents displayed negative attitudes towards regeneration areas. In other words, there are widespread negative associations with regeneration areas which are shared by both outsiders and those living within the areas themselves.
- In terms of the content of these negative associations, the fictitious characters from non-regeneration areas were judged to be more concerned for others and more responsible than those from regeneration areas. This means that residents of regeneration areas are, on average, viewed as poorer citizens than their non-resident counterparts.

These findings suggest that in addition to dealing with the stresses and strains of living in deprived areas, residents potentially face prejudice and discrimination from their fellow Limerick city residents. Also, from a psychological perspective, the fact that this negativity has been taken onboard by residents themselves is worrying and a potential indicator that community identity may be being undermined and eroded by this negative external prejudice.



Secondly, the fact that residents of areas targeted by regeneration are viewed as poorer citizens is also worrying. Poor citizenship is often used as an excuse to justify the social exclusion of marginalised groups. Marginalised groups are often blamed for their poor levels of social participation when in reality they have fewer opportunities and resources to participate in the same way as their more affluent counterparts.

The next studies in the Revitalising Communities project investigated the extent to which residents manage this negative reputation and the degree to which it impacts upon their psychological wellbeing and community behaviours.

Note: this study has been published in an international journal of psychology:

McNamara, N., Muldoon, O., Stevenson, C. & Slattery, E. (2011). Citizenship attributes as the basis for intergroup differentiation: Implicit and explicit intergroup evaluations. *Journal of Community and Applied Social Psychology*, 21(3), 243-254.



Study 2: Community as the solution, not the problem

Our second study involved a door-to-door survey of adult residents from all the neighbourhoods involved in the Regeneration programme. The purpose was to measure community health and well-being in these areas with a view to providing a baseline assessment of psychological health which could be used to assess the impact of Regeneration as it develops over time. In particular we were interested in how feeling part of a community can provide the psychological resources to enable people to deal with the stresses of their everyday lives.

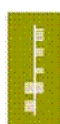
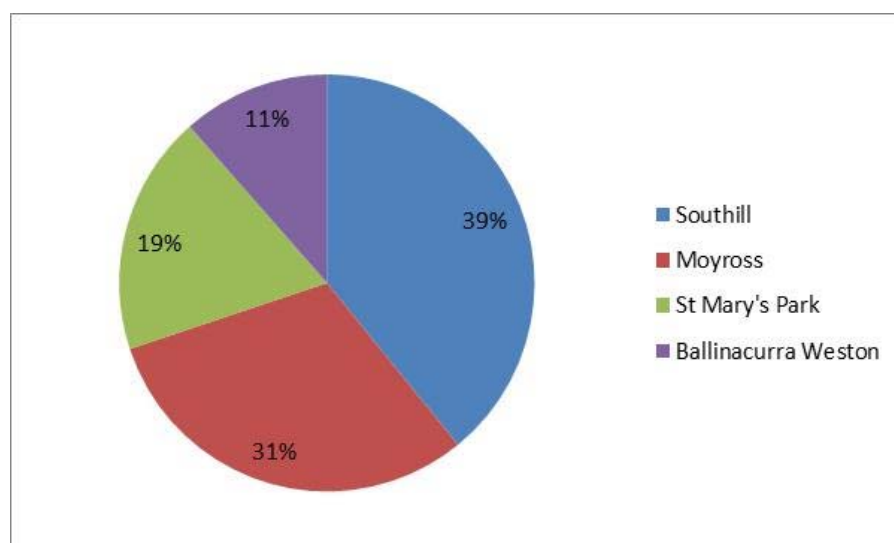
Residents from neighbourhoods in Moyross, Southill, Ballinacurra Weston, and St. Mary's Park were all invited to take part in the study and 322 residents gave generously of their time to take part. From February to June 2010, our team of researchers asked participants about how they feel about their local community, how often they participate in community events or come together with their neighbours to address any problems in the neighbourhood, the experiences they have had as a result of where they come from, and more generally how they feel about their everyday lives.

The sample for our study had the following **demographic characteristics**

Of our 322 participants:

- 110 were male and 212 were female
- 87% were long term residents
- 56% were home owners
- 29% were educated to primary level; 17% educated to second level
- 41% were aged between 18 and 44; 59% were 45 or over

The following are the proportion of the sample from each area:



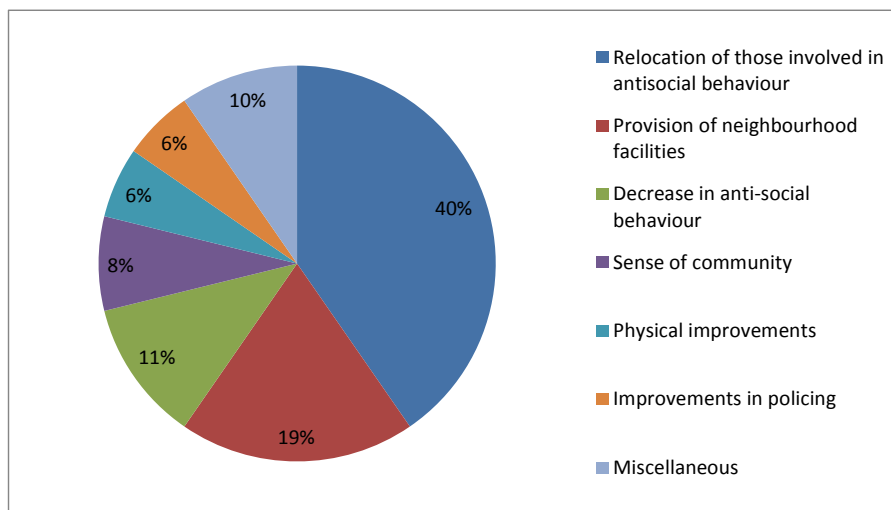
2.1 Overall Quality of Life

Fitzgerald (2007) concluded that the overall quality of life of residents in disadvantaged areas in Limerick city was “extremely poor”. Survey participants were asked whether they felt the quality of life in their neighbourhood over the last three years had improved, stayed the same, or worsened:

- Improved 11%
- Stayed the same 32%
- Worsened 57%

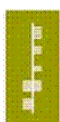
Most felt it had gotten worse or stayed the same (and with this they meant that quality of life had been poor and remained so for the most part). Participants were then asked to give reasons for their answer.

Reasons for Improvement

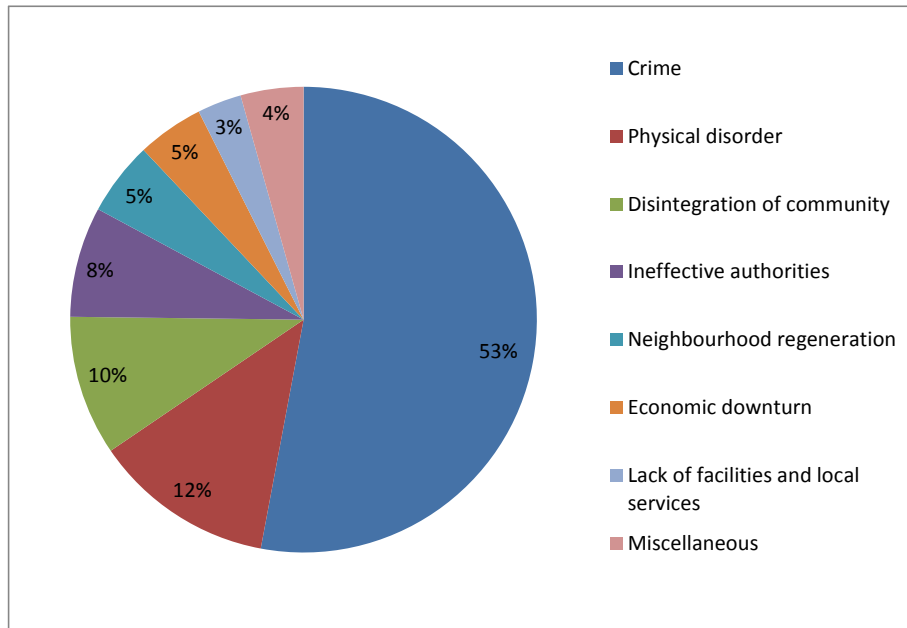


Here we see the factors which according to residents were responsible for the perceived improvement in neighbourhood quality of life over the previous three years. What is interesting for us in the project is that two categories mentioned here pertain to local community identity:

- (1) **Relocation of those involved in antisocial behaviour**
This was the most frequently cited factor impacting on quality of life - residents commented that those identified as “problem families” had moved out of the community.
- (2) **Sense of community**
This was seen to have a positive impact on quality of life with residents commenting that having good neighbours, a cohesive community and also people getting involved in community life improved the overall quality of life of the neighbourhood.



Reasons for Worsening



A high level of neighbourhood crime was the most frequently cited factor that participants felt had a negative impact on quality of life. This ranged from anti-social behaviour to more serious crime involving gang-land feuding. However again we see several categories pertaining to community identity:

- **The disintegration of the local community** was perceived to have a detrimental impact on quality of life. Participants' comments focused on the "new people" moving in and causing trouble and sometimes referred to these new residents as "unsuitable".
- There was a sense that residents **do not feel they have control** over who lives with them. They frequently referred to the local authorities as having the final say and as being responsible for having the "wrong mix" of people in the area who were driving the "good people" out.

Other aspects negatively impacting quality of life included physical disorder, ineffective authorities, a lack of community resources, and the current economic recession. Interestingly, aspects of neighbourhood regeneration was viewed by some to have a negative impact on quality of life, specifically in terms of increasing uncertainty over what would happen to their own houses or a perceived lack of progress in regenerating areas.

In general these questions on quality of life have revealed similar findings to the Fitzgerald report (2007) in that there were a variety of interlinking problems in the areas. Also it is interesting to note that people for the most part felt that quality of life had further worsened in the years following publication of the Fitzgerald report.



Of particular interest to this project is the finding that community was seen by residents to impact upon quality of life. Having a cohesive community with good neighbours served to enhance quality of life, while the absence of a sense of community or the disintegration of community was perceived as having a detrimental effect on quality of life in the areas.

2.2 Baseline Assessments of Health

One of the key aims of the survey was to provide an assessment of the general level of psychological health, so as to be able to track the impact of urban renewal over time. One of the most basic ways to do this is to ask people to report their own level of health:

Overall self-reported health

- 77% fairly good/good
- 23% not good
- These figures are in line with what would be expected from a socially and economically deprived area.

Psychological well-being

Our measure of psychological wellbeing was the General Health Questionnaire, which is used worldwide to establish psychological health. Scores on this scale range from 0 to 12. A high score indicates poorer wellbeing. Typically a cut-off score of 4 is used to identify those who may be experiencing particular difficulties in relation to their general psychological health. In our sample:

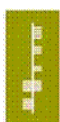
- 63% scored below GHQ threshold
- 37% scored above threshold
- Again, these figures are in line with what would be expected from a socially and economically deprived area.

Finally a good indicator of poor psychological wellbeing is the degree to which people report relying on drugs or medication to cope with any problems they are experiencing.

We asked people if they **used the following substances to cope with neighbourhood stresses**

- Alcohol (6%)
- Drugs (1%)
- Medication (15%)

These findings would suggest in general most residents are healthy but there appears to be a noteworthy minority with health problems, in terms of psychological wellbeing in particular.



2.3 Community Identity

From a psychological perspective, community identities form part of our self concept and can provide psychological and material support to protect us against adverse social circumstances. Simply feeling part of a broader group can make us feel able to cope with life's challenges and therefore be more positive and healthy in our outlook.

However, if an identity is devalued and stigmatised, this can undermine its ability to help us cope with challenges as people may want to distance themselves from it. In addition, we know that in disadvantaged areas the local community can often be a source of stress as well as of support. In the current study we were therefore interested to find out whether the identities in these local communities were operating to provide psychological benefits to residents.

To do this we measured several elements of community: (1) the degree to which people identified with their local community, (2) the degree of stress they encountered from the local community (including from housing, environment, crime and relations with the police), (3) the degree to which they expected to be discriminated against on the basis of where they live (stigma consciousness), and (4) their general level of psychological wellbeing (GHQ score – a high score indicates poorer health).

The following are correlations or statistical relationships between these variables (* indicates a statistically significant relationship).

Variable	1	2	3	4	5
1. Community Identification	-				
2. Community stress	-.38*	-			
3. Stigma Consciousness	-.32*	.30*	-		
4. Psychological Well-being	-.32*	.41*	.18*	-	

- High scores on community stress associated with high scores on the GHQ, indicating that stress from the local area was related to poorer mental health.
- This was also true for stigma consciousness, indicating that awareness of negative beliefs about one's own community was related to greater stress and poorer psychological wellbeing.
- However, high scores on community identification were associated with low scores on community stress scale. Therefore the more a person identifies with the community, the less stress they experience.
- Also, the greater the level of community identification the better the person's psychological health.



How does identification enhance well-being?

There are many possible causal links between the variables listed above and in particular the relationship between identification and well-being could take a variety of forms. Identification could lead to better social relations with others in the community and therefore more social support. Alternatively, identification could lead to a stronger sense of being able to resist threats and challenges and therefore lower stress. Finally, identification could lead to people taking action with other community members to challenge and improve their situation. To explore how identification leads to wellbeing, these aspects of group identity were measured including:

- Feelings of the availability of **social support** from the community.
- Beliefs that the community can deal effectively with challenges it faces (**collective efficacy**).
- The degree to which residents have come together with others from the community to address social problems in the area (**community action**).

Below are the correlations between these variables.

Variable	1	2	3	4	5
1. Community Identification	-				
2. Social Support	.62*	-			
3. Collective Efficacy	.46*	.39*	-		
4. Psychological Well-being	-.32*	-.26*	-.39*	-	
5. Community action	.05	.10*	-.03	.09	-

Advanced analysis of the data revealed the following relationships:

- Community identity is related to increased social support and better wellbeing.
- Community identity is also related to a stronger feeling of being able to cope with challenges as a group, which again is associated with better wellbeing.
- However, community identity is not associated with community action although it appears that perceptions of social support from the community are related to community action.

Summary:

In addition to establishing the baseline of psychological health, the survey has helped establish the link between community identity and wellbeing across the regeneration areas. In effect, identification with one's local community is related to increased wellbeing: community is good for you. However, the pathways through which this effect occurs are multiple and complex. Our results indicate that community identity is associated with increased social support as well as feelings of being able to face challenges, each of which contributes to personal wellbeing. However, paradoxically, increased identification with the community is not associated with community action.



In study 3 we explored why this might be the case.

Study 3: Investigation of service use in Limerick Regeneration Areas

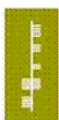
Study 2 (the adult survey) highlighted an interesting paradox in the lack of correspondence between community identity and community action. In effect, residents may feel bonded to their community but not empowered to improve their collective situation. In order to investigate this further, a series of focus group interviews were undertaken with residents of the regeneration areas to elicit perceptions of education, health and social services and other factors that may facilitate and impede access to and utilization of services. 12 respondents from across each of the main areas contributed to 6 discussions about their place within the community, their experiences of service provision and their community activities. In addition, interviews were conducted with 18 members of service providers across community, health, social and educational service provision.

Data from these semi-structured interviews was transcribed verbatim giving a corpus of 1427 pages. The data was examined to identify what barriers participants reported to residents availing of services in their local areas or coming together to work on behalf of the community's interests.

Barriers to service use:

Overall residents reported a number of immediate barriers to availing of government or community services in their local areas. These included:

- **Lack of awareness of services or activities.** Some residents and service providers said that lack of awareness of local services impeded uptake. However, when asked further about services, residents usually indicated that they were aware of the services that were available, but that some other barrier was in place.
- **Negative experience with service provision in the past.** Some residents reported that their previous experiences of government agencies had been negative and that they did not expect help or support from these services. Service providers sometimes concurred that encounters were not always positive.
- **Mistrust of service providers.** A few residents voiced concerns over the potential uses of their personal information by service providers. They reported that those receiving benefits may be wary of imparting any information to services that may jeopardise their claims. Likewise service providers sometimes reported suspicion on behalf of service users and the need to build up trust over time.
- **Fear of stigmatisation.** Many residents reported that outsiders, including those providing services, had a negative view of their area and saw them as 'playing the system'. Several residents did not wish to engage with services for fear of being seen and treated in this way.
- **Shame and embarrassment.** As a consequence of stigmatisation, some residents reported that people in their area would be ashamed to apply for support from the government, even when they were legally entitled to it.

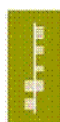


General barriers to community activity

- **Community decline.** Many residents reported to us that local community spirit had declined over the past number of years. However at the same time residents typically reported having family in the area and a network of friends nearby. Residents also typically reported having good neighbours as well as giving and receiving help from others in their locale, but tended to underreport this in their interviews.
- **Exit.** Some residents felt that the best way that they could respond to their difficulties was to leave the area. Those who were reportedly looking to leave were also said to have disengaged from the community.
- **Fear.** As noted by other researchers, the fear of crime and of reprisal was sometimes mentioned by residents as a reason to keep removed from the rest of the community. Some residents spoke of feeling insecure in public spaces and not wishing to expose themselves to the risk of crime. Others talked of the intimidation they felt in being unable to report anti-social behaviour.
- **Lack of efficacy.** Some residents reported feeling as if their community could not achieve anything. On the basis of past experiences in which the voice of the community had been ignored, they felt there was little point in trying to come together to change their current situation.
- **Fear of stigmatisation.** Again, residents were aware that outsiders often saw them as anti-social and as troublemakers (if not criminals). As a result, they were reluctant to make themselves visible and engage in community action for fear that they would be fulfilling the negative stereotypes associated with their areas.
- **A passive ideal.** Perhaps as a consequence of stigmatisation, some residents thought that the ideal community would be invisible and unnoticed by authorities and the outside world. Consequently activities which would raise the profile of the area such as joining with others to address a common issue would be deemed undesirable.

Summary:

While a wide range of factors were reported as barriers to service use and community action, we can see several core themes emerging across the interviews. First, community spirit and engagement is typically seen as a desirable outcome and one which is valued (if underreported) by residents. However, the community is part of the source of the stresses and challenges to community cohesion, such that division, apathy and crime undermine community spirit. Second, negative experiences either on a personal or a community level are being reported as deterring further community action. Third, stigmatisation appears to be a major factor in inhibiting personal and collective action within these communities. This appears to put residents in a 'double-bind': if they do nothing, their concerns go unnoticed and things are likely to remain the same; but if they take action they could personally or collectively be stereotyped as troublemakers or undesirables by outsiders.



Study 4: Health and social well-being in children

The consequences of deprivation and social exclusion for the health, education and well-being of children and young people are well-documented. The process of identity development and its consequences are however less well understood. In particular, stigmatisation and negative stereotyping in a particular domain (for instance the academic domain), tends to result in young people devaluing achievement in this area and a decline in their participation. A cross-sectional cohort study was undertaken in schools in and around the regeneration areas. Subsequent to parental consent to participate, children were requested to self-complete a range of age appropriate measures of identity, self-regulation, indicators of health and psychological well-being. Our analysis of this is ongoing, but some of the preliminary findings are outlined below.

199 school children took part in the survey (100 girls, 94 boys, 5 not reported). Participants ranged in age from 7 to 15 with an average of 10.5 years.

4.1 Health and health behaviours

As with the adult survey, we asked children to rate their overall health:

- Excellent 44%
- Very Good 30%
- Good 20%
- Fair 4%
- Poor 2%

We also asked about participants' use of alcohol, smoking, and using recreational drugs.

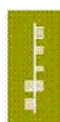
Alcohol:

- 70% reported they had never tried alcohol.
- 21% have tried alcohol once or twice.
- 2% used to drink alcohol but don't now.
- 6% sometimes drink alcohol.
- 1% regularly drink alcohol.

Smoking:

- 79% reported they have never smoked.
- 8% tried smoking once or twice.
- 8% used to smoke but do not now.
- 4% sometimes smoke.
- 4% smoke regularly.

In relation to using recreational drugs, 12% of students reported that they had been offered drugs in the past while 14% reported that their friends used drugs.



4.2 Community Identity and Support

We also asked children about a number of the same aspects of identity and community life as in study 2 above. In particular we asked them to tell us:

- How much they see themselves as part of their local community (their community identity).
- How much support they give and receive to others in their community.
- If they see their community as experiencing discrimination.
- If they have a sense of safety in their community.
- We also asked them to report their overall level of health.

The correlations (or statistical associations) between these variables are below:

Variable	1	2	3	4	5
1. Community Identification	-				
2. Social Support	.41**	-			
3. Perceived Discrimination	-.14*	-.05	-		
4. Sense of Safety	.33**	.32**	-.42**	-	
5. Overall health	.15*	.23**	.05	.24**	-

The pattern of relationships between these variables is much the same as for the adults in study 2:

- Higher identification with the community is associated with feelings of social support, greater sense of safety, a lower sense of perceived discrimination and better overall health.
- Social support is linked to feelings of safety while perceived discrimination is linked to feelings of being less safe.
- Self reported health is associated with greater social support and less perceived discrimination as well as community identity.

Summary:

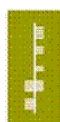
As with the adult survey, we can say with a degree of certainty that the psychological and social effect of community upon these children is positive and that of perceived discrimination is negative. The results of future analyses will be released as they become available.



Conclusions and Implications

This preliminary report from the Revitalising Communities project reviews the results of two years of research on four separate strands of investigation involving over 800 residents and non-residents of disadvantaged areas in Limerick. The core goal of the project, to establish a baseline of health and wellbeing which can be used to track the psychological impact of the Regeneration Initiative, has been achieved. While the analysis of the data is ongoing and further research is required to explore some of the more complex findings from the project, we can make the following assertions about the psychological aspects of community and identity in areas affected by Regeneration in Limerick.

- **Stigmatisation and discrimination are a problem for the deprived areas of Limerick.** While various commentators and political figures have speculated that there is a generally negative attitude towards the deprived areas of Limerick and that this has a negative impact on their residents, our research has established that this is indeed the case. We have demonstrated that people in Limerick evaluate these areas and their residents negatively and that this negative attitude is perceived by both the adults and children living in these areas. Moreover, this perceived stigmatisation is negatively associated with higher stress and poorer health among adults and feeling less safe and poorer health among children.
- **There is still community in these areas and community is valued by residents.** Unlike many urban areas which have been regenerated across the world, the areas of Limerick targeted by Regeneration do still have community identity and community spirit. However, this varies between communities and indeed between different individuals living in the same community. Of course difficulties arise when the local area itself is the source of stress and the experience and fear of crime and anti-social behaviour featured regularly in residents' accounts. Also, problems occur when these communities are stigmatised and devalued by outsiders as this can lead to lack of service use and community participation. Despite all of this, our respondents indicated that they viewed community identity and social support as desirable and regretted that it had declined.
- **Community promotes wellbeing through support and coping.** In our surveys with both adults and children from areas targeted by Regeneration, we have found evidence that identification with local community and reports of local community are associated with wellbeing. This is supported by the accounts of residents themselves and by the many community organisations who talked to us. Community operates to promote wellbeing through two main ways. First. The social, emotional and practical support from family, neighbours and friends helps residents deal directly with the stresses of everyday life. Second, the psychological impact of community is that it allows feel they can cope better with the challenges they face. In turn this reduces stress and promotes wellbeing.



Implications

Several concrete implications can be drawn from the research detailed in this report. We can state that our findings indicate the following:

1. **Community is the solution, not the problem.** The popular and media perception of disadvantaged areas is that the people living there are the problem. This is not the case. As is documented elsewhere, only a tiny percentage of residents of these areas are engaged in crime or anti-social behaviour. While the experience and fear of crime has a negative impact on many residents' lives, our research shows that having a strong community identity benefits residents in concrete and measurable ways. Developing a greater sense of community, more community involvement and greater community activity will all benefit local residents and aid social regeneration, while an exclusive focus on crime will not. The communities of Moyross, Southill, Weston and St Mary's Park are the solution, not the problem.
2. **Community integrity should be protected.** Urban regeneration often results in the fragmentation and dissolution of local communities through dispersal or relocation. Our research indicates that this has a negative psychological effect on the local population. Local networks of family friends and neighbours are developed over long periods of time and form the invisible psychological infrastructure of local communities, especially in deprived areas. Once lost they are extremely difficult to reconstruct. Urban renewal strategies should aim to maximise and develop the existing community infrastructure as much as possible.
3. **A healthy community is an engaged community.** Community activity should be characterised by service use and active participation. Some barriers to service use, such as service availability and lack of awareness, can be addressed directly. Others, such as a lack of entitlement among residents, shame and embarrassment and an absence of a sense of investment in local activities can be more challenging. Residents need to be informed that they have the same rights to services and benefits as any other citizen in the state and that the local services are there to facilitate these rights. Also, residents need to feel that they have a degree of ownership and responsibility for the activities in their own areas.
4. **Empowerment rather than dependency should be the goal of community identity development.** External resources are essential for urban renewal. However, help from outside can undermine the sense of autonomy and self-reliance within communities. The development of community identity should involve devolving responsibility and control over local issues to residents. Residents need to know that they can cope with challenges that come their way and that their voice will be heard by local service providers and policy makers.
5. **The problem of deprivation, isolation and stigmatisation belongs to Limerick as a whole.** Residents of disadvantaged areas are viewed negatively by others in Limerick. This is a type of social exclusion and helps perpetuate isolation and inequality. It is not acceptable for the more affluent people of Limerick to hold prejudices or discriminate against the less affluent. Neither it is acceptable for those outside of these areas to wash their hands of social issues while holding the discriminatory attitudes that perpetuate these problems. Limerick Regeneration is the responsibility of the entire city and so prejudice and discrimination should be tackled directly as a barrier to social regeneration.



Limitations and future research

There are always limitations to the methods used in any research. Surveys and experiments may sometimes not fully capture what people experience in their everyday lives. Interviews and focus groups may only uncover a small fragment of people's views and experiences. Participants may not wish to talk openly about politically or personally sensitive issues, especially if they feel that it pertains to their personal safety or circumstances. Also, understanding the complexities of the past and present of any local community is a long-term task for any research team and one that is difficult to conduct from an outside position.

However, by using a variety of different methods we have tried to overcome the limitations of each to provide a more holistic perspective on community identity and wellbeing in our target areas. Our respondents have been generous with their time and open and candid in their responses and we are confident that the insights they have given us are of importance in understanding these issues. Overall, we hope that this research contributes a unique psychological perspective to the challenges facing Limerick and the Regeneration of local areas.

The next stages of the research will be to further analyse the data we have collected from each study. From this we will be able to more precisely determine the psychological factors underpinning the experience of stigmatisation and stress in each area, the different effects of community on coping in adults and children and the effects of the different views of service providers and residents on service use. Our findings will be published regularly on the website dedicated to the project.

If you have any queries about this research please do not hesitate to contact us at the address below:

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