

Inner city high-rise living: a catalyst for social exclusion and social connectedness?

Introduction

This paper discusses the concepts 'social exclusion' and 'social connectedness' which may result from living in inner city high-rise housing. Using data from the 'Living High But Healthy' study completed in 2006, the author explores the health and wellbeing impacts of high-rise living. The paper begins with a review of literature on high-rise living, social exclusion and social connectedness. This is followed by discussion of the 'Living High But Healthy' study findings in relation to social exclusion and social connectedness and lastly, the notion that inner city high-rise living may be a catalyst for these concepts is explored.

Inner city high-rise living in Australia

Inner city high-rise apartment living in Australia's major cities has been increasing rapidly in the last decade or so (Bounds, 2001; City of Melbourne, 2000). At the beginning of the 1990s there were approximately one dozen privately owned or rented high-rise apartment buildings in the Central Business District of Melbourne and by 2003 there were over 100 (Crabb, 2003). The City of Melbourne (2000) estimated that between 1996 and 2000, the number of inner city apartment dwellers in Melbourne increased almost three-fold. Similarly, Census statistics reveal that there was an increase in the proportion of multi-unit dwellings (including high-rise apartment buildings) constructed in the inner ring of the City of Sydney during the period 1995-1997 (Bounds, 2001).

In addition to residents who privately rent or own an inner city high-rise apartment, there are some residents who live in public high-rise housing via government housing allocation, and with somewhat limited choice. Public high-rise housing traditionally resulted from the need to accommodate people living in the slums of inner city Melbourne and Sydney in the 1960s (Costello, 2005). Currently, it accommodates people on limited incomes, with complex physical and psychological needs (Bartolomei, Corkery, Judd & Thompson, 2003; Judd, Samuels & O'Brien, 2002; McNelis & Reynolds, 2001).

Public high-rise housing is often associated with social disadvantage and disorder, but recently developed privately owned and rented apartments located within the Central Business District of Melbourne and Sydney are viewed as luxurious places for the privileged (Costello, 2005). The trend towards inner city apartment living has seen it promoted as a symbol of affluent living and vital for ensuring cities are economically, socially and environmentally sustainable (Costello, 2005; Burton, 2000).

One cannot review literature on high-rise living without considering the health implications of housing tenure.

Health implications of housing tenure

An interrogation of relevant literature suggests that housing tenure (whether or not the household owns or rents the property, and whether the property is rented in the public or private sectors) directly impacts the quality of life of residents and is associated with differing levels of mortality and morbidity. Studies reveal that mortality rates among owner-occupiers are 20-25% lower than among public renters, and similar differences have been observed for morbidity rates (Filakti & Fox, 1995; Gould & Jones, 1996; Easterlow, Smith & Mallinson, 2000; Smith, Easterlow, Munro & Turner, 2003).

Smith et al. (2003) suggested that there are three explanations to account for the relationship between housing tenure and poorer health. Firstly, owner-occupation may have therapeutic, or even curative properties. Secondly, people with poor health may find it more difficult to attain and consequently sustain home ownership and thirdly, alternatives to owning a house may be disproportionately available to people with health problems.

For instance, Waters (2001) suggested that “owning one’s home is associated with a healthier and longer life...and unsustainable home ownership and personal debt with social isolation and mental stress.... Insecurity of tenure also impacts upon health service provision and increased stress due to frequent moves...Housing affordability has also been found to be a key factor in relation to health” (p.11).

In addition, Hiscock, Macintyre, Kearns and Ellaway (2003) concluded, from their analysis of 3000 questionnaires from a stratified random sample of Scottish residents, that physical housing conditions and the meaning of home, as well as psychological and sociodemographic characteristics, played a role in explaining why social renters have worse health than owner-occupiers.

The international literature reviewed ponders the idea of a causal relationship between health and housing tenure; does poor health lead to poor housing? (Sooman & Macintyre, 1995; Macintyre, Ellaway, Hiscock, Kearns, Der & McKay, 2003). In other words, does this account for a resident with ongoing health problems (be they mental or physical) having the inability to own a home and consequently lead to poorer housing?

To address such questions, various models have been developed in an attempt to explain the association between housing tenure and health. One suggests that rather than directly promoting or damaging health, housing tenure is a marker for underlying causal factors such as income or social position (Waters, 2001). Alternatively, Waters (2001) purports that housing may be a health promoting resource accessed through income; income allows one to choose to buy a dwelling, most likely in better condition and in a better physical and social environment than dwellings in the public rental sector.

Another model suggests that there is a direct relationship between psychological traits such as self-efficacy or self-esteem and health, and that securing owner-occupancy is simply a marker for other psychological traits. Furthermore, owning a home may increase health promoting psychological characteristics such as self-esteem (Waters, 2001).

The public rental sector of inner city high-rise housing is often dominated by residents with health complaints and lower socio-economic status (McNelis & Reynolds, 2001; Bartolomei et al., 2003; Judd et al., 2002; Randolph & Judd, 2000; Apparicio & Seguin, 2006), thus making home ownership unrealistic in many cases. Freeman (1993) suggested that where high-rise housing is mainly occupied by lower income residents, such residents may have had a worse than average level of health (both mental and physical) before they lived in that type of accommodation, indicating a correlative rather than causative relationship.

If accessing home ownership is a way of improving people's health, it is important that inner city residents find a way to secure owner-occupancy. Smith et al. (2003) suggested that two key factors seem to prevent this from successfully occurring: ability to pay and finding appropriate accommodation.

People with ongoing health problems often have limited incomes and increased expenses, putting extra burden on their ability to pay for housing and also to compete in the marketplace. Smith et al. (2003) argued that this resulting financial insecurity deters some residents from home ownership, and may compound the ill health of such people.

Finding appropriate accommodation is another concern for people with poor health. The process of finding a suitable home can be rather stressful and lengthy true generally and even more so if one has a health complaint. Furthermore, tenure has been shown to influence residents' housing choice and control. Home owners can be considered to feel a sense of autonomy, security and personal identity (Elsinga & Hoekstra, 2005), while public housing tenants may feel powerless and have limited choice.

Closely linked to the issue of housing tenure is the issue of social exclusion.

Social exclusion and inner city high-rise living

Social exclusion can be widely applied to refer to poverty, deprivation, discrimination and inequality (Milbourne, 2002). According to Cappel (2002) in VicHealth (2005), "social exclusion is the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of a person into the community" (p.1).

It is commonly assumed that residents of public housing (including high-rise housing) are at risk of being socially excluded because government housing policies are based on the notion of public housing *estates* (Arthurson & Jacobs, 2004). However, debate exists as to whether social exclusion occurs from 'exclusion through housing' or 'exclusion from housing' (Anderson & Sim, 2000b, in Arthurson & Jacobs, 2004; Cameron & Field, 2000). For example, the residualisation of public housing in the United Kingdom has been linked with social exclusion, but little focus has been given to the exclusion experienced by people trying to access public housing in that country (Anderson & Sim, 2000a, in Arthurson & Jacobs, 2004; Cameron & Field, 2000).

Similarly in Australia, public housing estate regeneration policies have focussed on how this form of housing excludes residents, but have failed to consider the consequences of exclusion from housing through reduced housing stock as a result of regeneration (Arthurson & Jacobs, 2004).

Public housing in Australia has shifted from support for industry policy to support for welfare policy, as a high proportion of residents are on low incomes (Dalton, 2002; Hayward, 1996). Australian public housing tenants are characterised as being socioeconomically disadvantaged and socially excluded, experiencing low incomes and high unemployment rates (Arthurson, 2004; Randolph & Holloway, 2004; Baum, 2003). Arthurson, Ziersch and Long (2006) revealed that by the year 2000, 89% of Australian public housing tenants were receiving welfare benefits compared to approximately 20% in 1966. In addition, Baum (2003), who developed a typology of Australian cities that are socially disadvantaged, suggested that public housing areas are characterised by unemployment, residential turnover and disengagement from the labour force.

Randolph and Holloway (2004) completed an analysis of socially excluded areas within Melbourne and Sydney using Census data from 1996 and 2001. An aim of their research was to see if social disadvantage is predominantly associated with living in public housing. Results indicated that in 2001, areas of Sydney and Melbourne that had high proportions of public housing were severely disadvantaged (Randolph & Holloway, 2004). While both cities were considered to have similar levels of disadvantage, as Melbourne has a higher proportion of high-rise public housing, it was suggested that this city may experience more social exclusion (Randolph & Holloway, 2004).

However, the results of Randolph and Holloway's (2004) study indicated that social disadvantage is not confined to public housing and that of the one million plus residents living in areas of high disadvantage in Melbourne and Sydney in 2001, only a quarter lived in areas with high numbers of public housing. Furthermore, the results indicated that the inner city areas of Melbourne and Sydney did not account for substantial areas of social disadvantage. Randolph and Holloway (2004) suggested that gentrification had pushed urban residents who were considered poor to middle suburban areas, except for the inner city areas containing public housing.

Arthurson (2004) concluded from her review of debates surrounding the redevelopment of public housing estates in Sydney that:

"In Australia as elsewhere, changes to targeting of public housing, restructuring of the welfare state, economic and industry restructuring and fiscal constraints mean that public housing is the repository for the most excluded tenants, rather than the cause of problems per se." (p.268).

In summary, social exclusion is not restricted to public housing, but public housing is a site of particular social exclusion because of its nature as a residual tenure.

A negative image of a neighbourhood, or a stigma, can lead to socially excluded residents. Stigma is associated with shame and disgrace and can leave residents feeling uncomfortable and unacceptable (Wassenberg, 2004). Stigma is commonly experienced by residents of public high-rise housing estates despite the fact that when such developments were constructed in the 1960s and 1970s, they were considered "highlights of modern planning" (Wassenberg, 2004, p.224). By labelling public housing estates as socially excluded, the term is used to identify the underlying symptoms of stigma rather than as a mechanism for understanding the process of decline. This can accentuate the stigma of public housing estates and could lead to housing policies that rather than focussing on the causes of social exclusion, focus on reducing its effects (Arthurson & Jacobs, 2004).

Residents of public high-rise housing estates are likely to perceive different aspects of their housing and neighbourhood in different ways, dependent on their sense of belonging. Some residents may explain stigma in reference to the irresponsible behaviour of fellow residents and to the lack of positive role models for children (Hastings, 2004). Others may not feel connected to their neighbourhood and may not use community facilities (Hastings, 2004). Forrest and Kearns (2001) suggested that communication between residents shapes the image of their neighbourhood and stated: “neighbourhoods seem to acquire their identity through an on-going commentary between themselves and this continuous dialogue between different groups and agencies shapes the cognitive map of the city and establishes good and bad reputations” (p.2135).

One way public housing estates can overcome stigma and social exclusion is through renewal and regeneration programs. Programs such as the Neighbourhood Renewal initiative adopted in Victoria are aimed at improving public housing (including high-rise), through demolition of old estates or refurbishment, and they involve upgrading community infrastructure, including green spaces (Wassenberg, 2004; Department of Human Services, 2002). Having knowledge of estates may reduce the likelihood of stigma and social exclusion being associated with resident characteristics (Hastings, 2004; Randolph & Judd, 2000). However, as Wassenberg (2004) noted, urban renewal programs are only effective if the reality changes too as in some cases: “the old negative reputation proves to be persistent, and after some years everything looks the same as before” (p. 229).

In addition to renewal and regeneration programs, policies are required to deal with social exclusion. Baum (2003) suggested that initiatives are required that engage the communities experiencing social exclusion, and they need to provide flexible ways of regenerating the neighbourhoods that have regard for the multi-layered nature of disadvantage. Arthurson and Jacobs (2004; 2003) suggested that policies aimed at reducing social exclusion need to focus on all housing tenures, rather than just public housing.

Furthermore, Lawrence (2005) suggested that policy decision makers, social science researchers and urban design professionals should use a range of quantitative and qualitative analysis methods in order to enhance their understanding of the social and cultural dimensions of housing developments. Judd and Randolph (2006) supported Lawrence’s (2005) view and proposed that qualitative analysis methods can be applied to gain a deeper understanding of the social and behavioural dimensions associated with public housing renewal.

As well as experiencing social exclusion, some high-rise residents experience social connectedness.

Social connectedness and inner city high-rise living

A sense of social connectedness can be achieved through effective social capital and social cohesion. ‘Social capital’ has a range of different definitions and interpretations, but is commonly defined as “networks between people that lead to cooperation and beneficial outcomes. Trust is also seen as central to the successful operation of these networks” (Baum & Palmer, 2002, p.352).

Social capital forms a subset of 'social cohesion' as it refers to the social structures that facilitate the actions of members within a community (Kawachi & Berkman, 2000). 'Social cohesion' therefore refers to two intertwined features of communities, these are: i) the absence of latent social conflict (e.g. in the form of income inequality, racial tensions or social polarisation) and ii) the presence of strong social bonds (measured by levels of social capital, i.e. trust and social norms) (Kawachi & Berkman, 2000).

There are at least three ways in which social capital can affect the health of urban communities. Firstly, social capital may influence the health behaviours of residents through promotion of health information and exertion of control over negative health-related behaviour (Kawachi & Berkman, 2000). A second way social capital can affect the health of residents is through access to local services and amenities (Kawachi & Berkman, 2000). If residents have access to public transport, community health services and recreational facilities, their health and wellbeing may be enhanced. A final way that social capital may affect residents' health is through the processes of providing psychosocial support and acting as a source of mutual respect and self-esteem (Kawachi & Berkman, 2000).

How urban developments (including high-rise buildings) are designed can influence the social capital and sense of social connectedness amongst residents. For instance, Leyden (2003) completed a study on the relationship between urban design and social capital and found that residents who lived in mixed-use developments with opportunities for walking rather than driving as a mode of transport (i.e. sustainable developments), had a higher level of social capital and social cohesion than those who lived in developments lacking these features.

Conversely, high density high-rise developments can reduce social connectedness amongst residents as there are limited opportunities for them to participate in spontaneous and short-term activities (i.e. eating outside private apartments and playing sport or games) and the large volume of people may result in some residents withdrawing and refusing to participate in community activities (Williams, 2005; Adams, 1992).

However, the social connectedness of urban high-rise developments may influence residential satisfaction. Halpern (1995) suggested that if people are in frequent contact with their neighbours, then the objective quality of their house makes little difference to their level of residential satisfaction. On the other hand, Halpern (1995) asserted that if people are not in frequent contact with their neighbours then consequently, the objective quality of their house has a large impact on their satisfaction. In other words, "residents who are involved in their local community tend to be happy with where they live regardless of the physical quality of their homes" (Halpern, 1995, p.113).

Baum and Palmer (2002) found, from their study of residents' perceptions of the influence of place on levels of social capital, that there exists a direct link between urban infrastructure and social capital. These authors concluded that higher levels of social capital are likely to occur in neighbourhoods where residents have a positive image of their environment and where their environments are green with open spaces. This finding was supported by Kweon, Sullivan and Wiley (1998) who found that elderly public high-rise housing residents' sense of community was stronger when they spent time in outdoor green common spaces (areas with trees and grass). Additionally, natural features and open spaces were found to facilitate a sense of community in new urbanist communities

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(Kim & Kaplan, 2004) and amongst residents living in socioeconomically disadvantaged areas of California (Altschuler, Somkin & Adler, 2004).

As well as green spaces contributing to urban neighbourhood's social connectedness, pets have been found to facilitate social capital too. A study completed by Wood, Giles-Corti and Bulsara (2005) investigated the role that pets can play in promoting social capital, by surveying a random sample of 339 Australian residents. These authors found that pets promote opportunities for their owners to have social contact with other pet owners, neighbours and members of their community. Furthermore, pets were found to motivate owners to participate in community events and to make use of community facilities (Wood et al., 2005).

In summary, a review of relevant literature indicates that inner city high-rise living may be a catalyst for social exclusion and social connectedness as a result of housing tenure, resident characteristics, design features and access to nature. The next section of this paper will discuss the 'Living High But Healthy' study.

Living High But Healthy study

The author conducted an exploratory study ('Living High But Healthy' - LHBH) to research the impacts of inner city high-rise living on residents' health and wellbeing. The study's data collection was conducted in 2004-05 using a mixed methods research design comprised of two phases. Phase 1 (quantitative phase) involved surveying 221 high-rise residents to discover the impacts of high-rise living on quality of life. In Phase 2 of the study (qualitative phase), semi-structured face-to-face interviews were conducted with 30 of the surveyed participants to explore the relationships between variables identified in Phase 1 of the study more deeply.

The participants of the study varied in gender, age, socio-economic status, tenure (owner occupiers, private tenants or public housing tenants), geographic location (inner city Melbourne or Sydney) and proximity to natural environments (categorised as having either 'good' or 'poor' access to nature).

The findings from Phase 1 of the study were statistically analysed to determine relationships between variables. The findings from Phase 2 of the study were thematically analysed to develop key themes. A final process of data analysis involved integrating the findings from both phases of the study in order to develop a synthesised set of key themes.

The next section of this paper discusses some of the key findings of the LHBH study in relation to social exclusion and social connectedness.

Findings related to social exclusion

Phase 1 of the LHBH study did not collect data on the impacts of social exclusion on participants' quality of life. Therefore, the findings from Phase 2 added richness to the data and indicated that regardless of housing tenure, participants of high-rise housing are subject to stigma and stereotyping which may be components of social exclusion but do not define it per se.

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For example, many participants had been subjected to derogatory comments relating to living in high-rise housing, including those who owned or privately rented their apartment and those who lived in public housing.

Many of the residents, particularly public housing tenants, shared concerns about living in a socially exclusive neighbourhood and desired a more harmonious and inclusive environment. For instance, one participant who lived in public housing commented:

“...I don't know if it's that we're treated like second class citizens because we're in public housing, or the people in public housing are truly second class. Like I don't see myself as being less than or more than anybody else you know?”

Stigma associated with living in high-rise housing was also expressed by a number of the residents (from all tenures). For example, a participant who owned her high-rise apartment mentioned:

“...because sometimes I get that sense of, you know people say 'well I live in a unit' in a kind of derogative way, like it's second to a house or whatever, but I guess it depends on your family situation too whether you've got a partner or whether you've got kids but as a single person I really wouldn't want to live anywhere else..”

Social exclusion is commonly experienced by residents of public housing who often live in socially disadvantaged areas (Arthurson, 2004; Randolph & Holloway, 2004; Baum, 2003). However, the findings of this project indicate that elements of social exclusion such as stigma and stereotyping, are not just affecting public housing tenants, residents who own and privately rent their apartment also feel stigmatised and stereotyped by their community.

The findings imply that although residents who own or privately rent their inner city apartments may have better living conditions than their public housing counterparts, they too are subject to stigma and stereotyped images of apartment dwellers. The findings reinforce the view of Forrest and Kearns (2001) who suggested that dialogue between different groups and agencies shapes the image of the city (and high-rise living) and establishes good and bad reputations.

Tenure is synonymous with stigma and stereotyping which may be components of social exclusion, but do not define it per se and contribute to residents' quality of life. Tenure differences accounted for residents' satisfaction with their design and development, sense of social connectedness and choice and control.

Significantly, and perhaps not surprisingly, residents who own and privately rent their apartment were found to have higher levels of wellbeing than residents who publicly rent their apartment. This finding concurs with previous research and indicates that there appears to be a direct relationship between wellbeing and tenure (Hiscock et al., 2003; Macintyre et al., 2003; Smith et al., 2003; Sooman & Macintyre, 1995). Furthermore, owning or privately renting a home may increase health promoting characteristics such as self-esteem and independence (Waters, 2001).

Findings related to social connectedness

The findings from Phase 1 of the LHBH study indicated that the participants' satisfaction with their sense of social connectedness varied according to their tenure. The findings from Phase 2 supported the findings from Phase 1 and indicated that participants' sense of social connectedness varied from non-existent to strong depending on their tenure. For example, participants who owned their apartment typically felt their development had a strong sense of community, as represented by this participant's quote:

"...we try and create consciously on our part, we particularly with people we know, have this kind of open house gathering on a Sunday night".

Residents' social connectedness was influenced by their tenure, access to natural environments and the design of their development. Where developments were appropriately designed to accommodate resident gatherings and opportunities for residents to entertain, social connectedness was fostered. Functioning social networks and a strong sense of social capital were found to be important predictors of residents' enhanced wellbeing.

Many residents felt their development lacked a strong sense of social connectedness being due to the short-term rental market and the fact that they were not able to access outdoor areas to entertain. The inclusion of useable open spaces (preferably with barbeque facilities) was found to create a stronger sense of community within high-rise developments. For example, one participant mentioned:

"...generally I would say that it would be lovely to have a useable outdoor space with a barbeque you could invite friends over and socialise in the outdoor space that would be lovely..."

This reinforces the assertion of Baum and Palmer (2002) and indicates that social capital is likely to occur where residents have opportunities to access green open spaces. However, for many residents with poor access to nature, such opportunities were not available, or were not safely accessible.

On the other hand, a number of residents felt that their development had a strong sense of social connectedness due to proactive residents who had introduced formal gatherings, support networks and community newsletters. Thus, the findings concur with Halpern (1995) and indicate that residents who are involved in their local community are happy with where they live regardless of the design of their homes.

As there were few pet owners studied, the findings are limited as to the role pets can play in promoting social capital (Wood et al., 2005). The findings do suggest that if more residents had pets, there could be more opportunities for a stronger sense of social connectedness to be created within developments. However, this means that high-rise developments need to be appropriately designed to cater for pets and housing management bodies need to allow residents to own pets.

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The LHBH study findings suggest that inner city high-rise living may be a catalyst for social exclusion and social connectedness. On the one hand, high-rise living may leave some residents (particularly public housing residents) feeling socially excluded as a result of their housing form and tenure.

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On the other hand, high-rise living provides many residents with opportunities for social connectedness.

To create more socially inclusive public high-rise housing estates, various initiatives can be implemented. For instance, the *'Redfern/Waterloo Partnerships Program'* (NSW Government, 2004) is an urban renewal initiative that involves a whole-of-government approach between the New South Wales Department of Housing, the Attorney General's Department, NSW Health, Department of Corrective Services, Department of Education and Training, Department of Aboriginal Affairs, Department of Community Services, NSW Police, Department of Infrastructure, Planning and Natural Resources, the Roads Traffic Authority and the Department of Ageing, Disability and Home Care. The strategy aims to redevelop the existing high-rise housing in Redfern and Waterloo, to ensure more appropriate and safe housing is available to residents, to foster an inclusive and cohesive community, to minimise drug and alcohol abuse and to provide residents with education and employment opportunities.

Social connectedness can be strengthened in inner city high-rise developments through community development initiatives such as community and rooftop gardens, cultural events, special interest groups and informal restaurant gatherings. For example, the Atherton Gardens public high-rise housing estate in Fitzroy, Melbourne, introduced a community choir to strengthen community ties amongst its ethnically diverse group of residents (Whinnett, 2005). Additionally, community gardens provide residents with an opportunity to interact with a range of people. Such initiatives could be introduced in all inner city high-rise housing developments to develop a strong sense of social connectedness and to create a more socially inclusive urban environment.

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