

Community Health and Multi-directional integration in Cables Wynd House, Leith: Community Development Approaches

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In this article, I reflect on my experience of working alongside community activists trying to support community health and multi-directional integration in Cables Wynd House ('the Banana Flats'), Leith, and how its reputation in the city may have presented difficulties. I bring together insights from Community Development, Migration Studies and other disciplines, as well as reflections on my own practice, and suggest a model for working towards community health and multi-directional integration in neighbourhoods on the receiving end of area-based stigma.

Introduction

I struggle to know how to introduce this article. It springs from experiences of joy, struggle, friendship, solidarity and perseverance, working alongside some wonderful residents of Cables Wynd House ('The Banana Flats'), Leith, over six years. 'Territorial Stigma' (Wacquant 2008) seems to be part of the reality of living in Cables Wynd House, but I am aware that as soon as I write about this, I risk tainting their reputation further (Caldeira 2009). 'Territorial Stigma' as a concept in Community Development is useful mainly when we develop awareness of how it might be affecting communities and then deliberately disregard its influence, continuing to work as we always wish to: building relationships, creating spaces that bring people together, and supporting action chosen by the community, on things that matter most to them.

Nevertheless, understanding the factors affecting a place is important (CLD Standards Scotland 2022), therefore this article brings insights from Sociology, Migration Studies, Community Development and other disciplines, alongside reflections on my own practice, and suggests a model for working towards community health and multi-directional integration in neighbourhoods experiencing Area-based Stigma.

Community Development at Cables Wynd House

I work at Cables Wynd House with another colleague, as part of the ‘Link Up’ Community Development programme, ‘Inspiring Leith’ (Bethany Christian Trust 2024; Inspiring Scotland 2024). The 1960’s building houses 212 flats, and is famous for its brutalist architecture and appearance in *Trainspotting* (Welsh 1993; Boyle 1996). The main landlord is the City of Edinburgh Council (CEC).

In 2018, we started to get to know a small number of people and joined with their ideas for fun, free community activities, an approach inspired by Assets Based Community Development (Russell and McKnight 2022). Flexible and responsive funders have enabled us to work long-term, but part-time. We have been able to spend time listening, going at the pace of trust and understanding, rather than rushing to create outcomes that may not have been what was needed locally. I argue this type of relational work is foundational to everything else that has happened with the project.

Honest conversations with residents taught us that poor housing conditions were hindering not just their desire to run community activities, but their daily lives and health. In 2022, a group came together and carried out a participatory action research project in their building, leading to a housing campaign based on Human Rights (CWHRG 2025). This campaign has resulted in material gains for the community, such as an early announcement of a full scale retrofit, new

lifts, friendships between neighbours, and greater ability to hold the landlord accountable (CEC 2023; 2024).

The Banana Flats, their Communities and their Misrepresentation

Many residents have a deep attachment to the Banana Flats: “‘Wife wouldn’t move even once incapacitated; brought family up here, been here 50 years, not moving” - Tenant over-65’ (Dobson 2020). The building is an iconic part of Leith’s story, which was a thriving port town with overcrowded tenements a century ago. It officially merged with the City of Edinburgh in 1920, and half of the population began to move to new estates, signifying, for some, the loss of the ‘beating heart’ of the community (Thelma 2023). The creation of large post-WWII social housing buildings, such as CWH, attempted to recreate the community spirit of tenements, but industry closure in the 70s and 80s saw unemployment and drug use becoming a serious factor in some people’s lives. Recently social housing has played an important role providing affordable housing amongst the rising housing costs of rapid gentrification. Recent immigrants and refugees are also a very significant part of the building’s recent history (Doucet 2009; Neville 2019; Dobson 2020; H.E.S. 2023; Thelma 2023).

Headlines, however, perpetuate a certain image of the flats: “Block of flats notorious for drug pushers and featured in Trainspotting joins historic Scottish landmarks as it gets listed status” (Robertson 2017). Reports of the building being named ‘most deprived in Edinburgh’ in 2020 (Matchett 2020; Scottish Index of Multiple Deprivation 2020), demonstrated various real needs, but also seemed to discourage residents.

Through research, I learned that this situation is similar to that of other neighbourhoods, usually containing a high percentage of public housing, which seem to be on the receiving end of ‘Territorial Stigmatisation’ (Butler-Warke 2021; Fallov and Burke 2021; Sisson 2022;

Wacquant 2008). Sociologist Loïc Wacquant argued that the areas of Chicago and Paris, which he studied in the 1990s, were ‘relegated’ by more powerful members of society (Wacquant 2008, 2014) and named this phenomenon, ‘Territorial Stigma’. It is “...a phenomenon that both expresses and normalizes the othering and the negative construction, representation, and government of certain geographical communities and places” (Meade 2021). It explains why some areas are treated as though they are full of crime, poverty and environmental degradation, especially in media, government and NGO discourse .

Imogen Tyler (2020) explains that stigma is produced or perpetuated by some in positions of power to shore up the status quo. A public policy belief that places shape the fate of their people, and ‘deprived areas’ are ‘incubators of social dysfunction’ (Slater 2013 p 368), means more influential factors such as lack of employment and insufficient income are obscured, and the real value of social housing overlooked. Even the language used by charities trying to secure funding can perpetuate this type of narrative (Marelli 2021).

How Stigmatising Narratives harm Community Health and Multi-directional Integration

Local places are said to be ‘pathogenic’ (health damaging) or ‘salutogenic’ (health promoting) (Pearce et al 2018). This is suggested most starkly in the decades’ gap in life expectancy between people living in the most and least deprived areas in Scotland (The Health Foundation 2022; Our Place 2023; Hetherington 2014). Slater (2013) challenges the idea that places are the main cause of health problems, arguing that ‘your life chances affect where you live’ rather than the other way around. Factors such as poor housing, poverty, air pollution and access to greenspace in early childhood may damage health (Pearce et al 2018): CWH Residents (2024) found that 40% of respondents felt their home negatively affected their mental health, and 29%

felt it harmed their physical health. However, suggestions that ‘rough areas’ determine poor outcomes can actually, themselves, be unhelpful for health (Power et al 2020; Keene and Padilla 2014).

For example, internalising depressing views of the place one lives can cause stress and shame, which contribute to increased rates of hypertension, coronary heart disease, and stroke (Keene and Padilla 2014 p398; Garthwaite & Bambra 2018 p229). Residents may also employ (very understandable) strategies to avoid being ‘tainted’ by stigmatising narratives, which undermine health and integration. These include: adopting a sense of temporariness; withdrawing into the private sphere; or blaming particular groups of local people for causing the area’s poor image (called ‘lateral denigration’ by Wacquant 2008). These can make collective support, a sense of inclusive belonging, and action for better services more challenging, and can lead to social isolation (Wacquant 2008 pp184, 239 & 242; Keene and Padilla 2014 p399; Garthwaite & Bambra 2018; Scottish Government 2018; Pinkster et al 2020).

As well as influencing a community’s ability to come together, stigmatising place narratives can also serve to exclude people from material resources important to their health and thus ‘can be considered a “fundamental cause” of health inequality’ (Keene and Padilla 2014). This may occur by: professionals reproducing stigmatising narratives; neglect of the physical environment; existing unmet need creating a sense of scarcity, and a low sense of control over local decisions (Bauder 2002; Keene & Padilla 2014; McKenzie 2015 p55; Pinkster et al 2020; Watt 2020; Birk and Fallov 2021; Sisson 2022). Inadequate housing has a particularly strong negative impact on both physical and mental health for all members of a community (Rolfe 2020; Tinson & Clair 2020; BBC 2023; Cables Wynd Residents’ Group 2024). CWH Residents’ research (2024) revealed unreliable lifts, damp and mould, poor repairs service and

pests. A national pattern of poor understanding of and disrespect towards social housing tenants may contribute to some of these issues (Chartered Institute of Housing 2020).

There is limited research exploring the impacts of stigmatising place narratives on integration (Glick Schiller & Çağlar 2016; Jensen 2016; Schemschat 2021), but it is useful to consider in Cables Wynd House, as a diverse community tries to work together. Not all recent immigrants in the building are Refugees, however some research around ‘integration’, the process in a community when Refugees, or ‘New Scots’ (SG 2022), settle there, is relevant to the flats. Integration is not assimilation, but “a restorative process occurring in local communities” that is ‘multi-directional’ (Phipps et al. 2023). Local community, home and place are key in this process, because “sensory dimensions of physical touch and grounding are critical in recovery and restorative integration” (Rishbeth et al 2019; Aldegheri 2023) following traumatic experiences that the Refugee experience may entail, making adequate housing particularly important (Cox et al 2022 p1; Platts-Fowler and Robinson 2015).

Community Development practices that simultaneously promote Community Health and Multi-directional integration

Local practices of placemaking and every day sociabilities

All residents, including newcomers, create place. Setha Low (2014) introduced the idea of Embodied Placemaking, explaining that, although identity and social power structures determine our position in space, our bodies also *create* places through everyday routines and movements. Hunter et al (2016) use this concept in responding to the ‘over-supply... of problem-based scholarly literature studying black communities’, instead focusing on playful, creative, pleasurable and poetic placemaking, connoting human competence (*Ibid.*). Cox et al

(2022), describe placemaking in integration studies, as ‘multisensory experiences’, through which refugee and ‘host society residents develop, maintain and co-construct feelings of homeliness’ (Kale et al 2019, cited by Cox et al 2022). Many people successfully resist the larger stigmatising image of their area by making their homes ‘healing’ and ‘health sustaining’ (Wakefield et al 2005). Creating healthy places is, in many ways, within the power of residents, whatever length of time they have been there.

Everyday acts of intercultural cooperation and care occur in multicultural neighbourhoods, and are also vital to recognise (Glick Schiller & Çağlar 2016; Jensen 2016). ‘Emplacement’, describes ‘dispossessed individual(s) building or rebuilding networks of connection within the constraints and opportunities of a specific city’ (Glick Schiller & Çağlar 2016 p21). Mundane acts of civility and sharing across cultures, and the development of deeper, ‘fictive kinship ties’ are less reported than problems, but vital to celebrate (Jensen 2016).

Cables Wynd House is such a diverse community that there is not one ‘mode of being’, but many ways that people are ‘making place’. Link Up/Inspiring Leith’s (Inspiring Scotland 2024) emphasis on celebratory, strengths-based, community-led groups, means listening is a key part of our work. I have enjoyed learning from community members about the fun and friendships they grew up with, and continue to create, in and around the flats.

Assets Based Community Development (ABCD) and Domains of Commonality

Assets Based Community Development (Russell and McKnight 2022) encourages communities to map and connect local resources and strengths. Russell and McKnight argue that, “small local places are, when transformed into communities, the primary source of our health” (2022 p89). They suggest that neighbours can act together to fulfil many of the seven

key functions of community, which are, “Enabling health; ensuring security; stewarding ecology; shaping local economies; contributing to local food production; raising our children and co-creating care” (2022 p86). Similarly, Aldegheri (2022) sees ‘domains of commonality’ and ‘shared doing’ as facilitative of intercultural encounter and dialogue, with a shared purpose allowing people to ‘decenter’ their own experiences and start to share stories, developing into dialogue.

At Cables Wynd House, organising activities, such as community fun days that work towards the ‘raising our children’ function of community (*ibid.*), has seen residents with very different life experiences form positive new connections (Bethany Christian Trust 2024 p25).

Healing journeys with Wounded Communities: a Trauma-Informed approach

Scotland is the first country in the world to implement a National Trauma Training Programme (Scottish Government 2021), recognising that many people in regular contact with public services have experienced a high number of Adverse Childhood Experiences, such as abuse and neglect (SG 2021). These experiences in childhood contribute to a higher likelihood of mental and physical health problems, drug use and of contact with the criminal justice system in later life (*Ibid.*). While traumatic experiences can affect anyone, “those in the most deprived areas are twice as likely than those in the least to experience (four or more) Adverse Childhood Experiences” (*Ibid.*). Phipps et al (2023 p9) also advocate for integration to be a trauma-informed process.

Trauma awareness does not mean dwelling on the worst things people have been through, but working in a way that increases feelings of safety, freedom and respect. It also compliments assets-based approaches, because it causes us to be mindful of achievements that are not always recognised, such as rebuilding life after abuse or loss. Evidence that “people who work in

human services have a high prevalence of ACE scores themselves” (SG 2021), shows how important this approach can be for workers also. Phia van der Watt (2020) argues that Community Development Workers often work with communities who have experienced ‘layer upon layer’ of wounding, through ‘oppression, discrimination and hardship’ but that the complexity involved in navigating these wounds is ‘hardly recognised in the community development discourse’ (p663). She describes her team’s experience, learning to ‘start with the self’, asking ‘healing questions’ of each other, as they worked at a family support programme in South Africa (p662).

Training in trauma awareness, along with supportive supervision, has allowed me to reflect when I feel confronted, discouraged, or overwhelmed in my work.. It also helps me to balance the ‘tasks’ involved in the project’s stated aims, with the wellbeing and health of everyone involved, because these are an integral part of the success of the project: “Even if my plan did not work, I am still intact, fully human” (Van der Watt 2020). Acknowledging that relational dynamics can be unpredictable helps us to persevere, instead of interpreting problems as failure. It is, however, vital to use a trauma-informed approach in a considered way, which continues to look for the structural, not just personal, causes of trauma in our lives (Smith & Monteux 2023).

Making spaces for dialogue and intercultural encounter

Spaces for dialogue allow residents to reflect on their circumstances, collectively identify and refute stigmatising narratives, and build intercultural understanding. Freirian dialogue, and local history projects, can remind people of the best parts of an area’s story, and inspire action that brings material gains for the community (Freire 1972; McCabe 2012; Jones 2021). Aldegheri (2022) proposes dialogue and narrative exchange as effective ways of

facilitating intercultural encounter, suggesting conditions which help: ‘places of safety and trust; approaches to knowledge production and sharing which subvert hegemonic power dynamics; perspectives which privilege abundance over scarcity, and multilingual working’ (Ibid. p199).

Although challenging the stigmatisation of their community through dialogue is important to remove barriers to collective action, directly trying to resist this stigma may not be the most beneficial use of residents’ time (Horgan 2018; Power et al. 2020; Watt 2020). Power et al. (2020) find that culture-led activities, which aimed to change the narrative about their community, did strengthen local ties. However, the authors contend that, “Defiance of stigma occurs in the shadow of that stigma” (Ibid. p251) and that focusing on evolving narratives about a place among outsiders, leaves the power with those outsiders.

In Cables Wynd House, conversations during group meetings have enabled informal conversations about our health. A structured research course we created in 2023 led to an environment even more conducive to dialogue. Tentative sharing of my studies on stigma saw group members reflecting that individual struggles are often experienced by others too, and can be caused by structural factors that collective action can influence (Jones 2021).

Human Rights, Public Services and Housing

Material conditions such as housing quality and environment are hugely important to residents, often more so than place reputation (Platts-Fowler & Robinson 2015; Pinkster et al. 2020; Power et al 2020; Sisson 2022; Watt 2020). Having legitimate concerns about housing dismissed or rarely heard in the public sphere leads to disillusionment (Power et al. 2020; Watt 2020), which may explain the previous ‘low engagement’ with official consultations at Cables

Wynd House (Robson 2020), and the 68.7% of respondents who did not feel informed about building related matters in 2022 (CWHRG 2024).

Positioning oneself as an activist, with the sense of belonging, support and power this brings, can help residents to cope with difficulties they are facing (Carey et al. 2022; Biddau et al. 2023). Therefore, supporting people to use a Human Rights based approach to campaign on housing and other issues can be an approach that leads to hopefulness, community health and integration (Biddau et al. 2023; SHRC 2023).

Human Rights organisations recognise that rights need to be claimed through participation at the grassroots and civil society levels, not just by lawyers (SHCR 2023). A rights based approach circumvents stigma: “To assert a human right is to make a fundamentally political claim: that one is entitled to equal moral respect and to the social status, support, and protection necessary to achieve that respect ...” (Michael Goodhart, 2009 p4 in Libal and Harding p6). However, the work involved in claiming rights can be substantial for rights holders.

The Cables Wynd House Residents’ report about their rights-based research was launched at an event at Edinburgh City Chambers in January 2025 (Inspiring Leith 2025, Making Rights Real 2025). In response, the Housing Convener of City of Edinburgh Council apologised on national television and committed to many of the recommendations in the report (MMR 2025). Although it is easy to become drawn into the Council’s internal culture, timings and agenda, rather than doing what suits the community, the community have ‘claimed’ space (Powercube 2011) by asserting their rights in the presence of senior decision makers, the Chair of the Scottish Human Rights Commission and appealing to the UN (BBC News 2025). My hope is that the open, fun and relational practices outlined above remain at the core of our activities, so that power for change and creating community is with residents themselves.

Conclusion

The purpose of this article was to share reflections on community health, multi-directional integration and territorial stigma in a way that is useful to other communities. Therefore I conclude with questions for readers, based on each of the practices I identified above:

- *When you think of the community/ies you are part of or work with, what are the ways in which people create community and place, and care for each other?*
- *Is there a 'function of community' that people might want to come together around in your community of place or practice?*
- *How might an awareness of the trauma people in your community, or you, have experienced help you to work together? What might you do differently if you have these experiences at the front of your mind?*
- *How could you help to create spaces for intercultural, respectful and curious spaces for dialogue in your community?*
- *Can you think of any issues faced by your community where a rights-based approach might shift the power dynamics?*

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