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"Welcome to our neighbourhood": Collective confidence in contact facilitates successful mixing in residential settings

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Abstract

Over the past decade, increasing attention has been paid to the antecedents of intergroup contact and, in particular, self-efficacy to engage in intergroup encounters. Contact self-efficacy has been shown to reduce intergroup anxiety and increase willingness to engage in future contact, and is influenced by the positive contact experiences of other group members. However, this work has neglected the collective nature of self-efficacy and, indeed, has typically counterposed the effects of contact and collective efficacy upon group behaviour. We highlight the potential role that collective efficacy can play in facilitating intergroup contact and propose a new concept to capture this phenomenon: collective confidence in contact (CCIC). Using data from two neighbourhood surveys in contrasting areas of Nottingham City, (UK), we show in our first survey (n = 124) that CCIC is predicted by group identity and that this, in turn, predicts intergroup contact and feelings. In a second survey (n = 232), we show that the effects of identity and support on CCIC are further mediated by a reduction in intergroup anxiety. We propose that the concept of CCIC returns the understanding of contact to the intergroup level, thereby allowing issues of group identity and the generalisation of contact effects to be investigated more directly.

Keywords

collective efficacy, community identity, intergroup contact, residential mixing, social cure

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Intergroup contact is, by definition, a collective phenomenon. In their early seminal chapter, Hewstone and Brown (1986) argue that "the distinction between interpersonal and intergroup behaviour [is] fundamental to intergroup behaviour in general, and the contact hypothesis in particular" (p. 15). If contact is experienced as intergroup, they contend, then the preexisting

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relations between groups will influence its outcomes, and its effects will generalise beyond the context of the encounter (Hewstone & Brown, 1986, p. 16). In effect, while contact is enacted and experienced by individuals, intergroup contact is shaped by, and has its influence through, their group memberships.

The collective-level focus of this theoretical explanation reflects the lived reality of contact whereby encounters between groups occur between copresent (or imagined) ingroup and outgroup members: the bar, the shop, the park, and the workplace are typically sites of multiple-participant intergroup interactions where individuals act and react to the behaviour of other ingroup and outgroup members (Connolly, 2000; Dixon et al., 2006; Hughes et al., 2011; Stevenson & Sagherian-Dickey, 2016). Yet much current contact research remains at the level of the individual in terms of its measurement of personal attitudes, feelings, and experiences rather than attempting to capture the collective expectations of, and responses to, contact (Dixon et al., 2005).

This paper considers two ways in which this individualistic focus can be readdressed. First, the recent upsurge in interest in the applicability of social-cognitive theory (Bandura, 1986) to contact places "self-efficacy" (the belief that one can successfully undertake contact) at the heart of understanding the occurrence and consequences of contact. While ostensibly individualistic, contact self-efficacy is thought to partly derive from the vicarious experience of contact from other group members and thereby forms a shared mechanism through which successful contact can be "modelled" and generalised to other group members. In other words, contact self-efficacy places an emphasis on group-level social influence and the sharing of experience across the group.

Second, we develop this concept by considering its group-level correlate: collective contact efficacy, or the belief that the entire group can successfully accomplish this outcome. We argue that this both links to broader group processes of identification and support while predicting the specific outcomes of successful contact. We discuss this in light of research in the social cure tradition, which points to collective efficacy as playing an important role in coping with threat and overcoming challenge, and to recent evidence indicating that social cure processes can facilitate positive intergroup perceptions and attitudes. Finally, we operationalise the new construct of collective confidence in contact in a custom-developed scale and present evidence from two case studies of residential contact to illustrate how and why it has its effects.

Contact and Self-Efficacy

Recently, attention has turned to the elucidation of the antecedents as well as the consequences of intergroup contact (Ron et al., 2017). While the landmark meta-analyses of laboratory and survey studies of contact have established that it does have positive effects upon intergroup attitudes and that it operates through the key mediators of empathy and intergroup anxiety reduction (Pettigrew & Tropp, 2006, 2011), research on the occurrence of contact in everyday life points to the fact that it occurs relatively rarely and can have negative consequences (Barlow et al., 2012; Dixon et al., 2005; McKeown & Dixon, 2017). A more nuanced approach to understanding how contact does (or does not) occur in everyday life now examines the barriers to the occurrence of contact as well as its consequences for future willingness to engage in interaction (e.g., Ron et al., 2017; Turner & Cameron, 2016).

One key aspect of this avenue of exploration is the consideration of the construct of self-efficacy in relation to contact. Deriving from the seminal work of Bandura on this concept (Bandura, 1977, 1982, 1997), self-efficacy (an individual's belief that a particular course of action is possible, and that they have mastery of the relevant domain-specific skills) is known to be a key cognitive facilitator or inhibitor of behaviour. Self-efficacy beliefs are instrumental in the choice of actions within specific situations and serve to predict the effort expended to accomplish the action as well as the perseverance exhibited in the face of opposition or

initial failure. Successful accomplishment of the behaviour then becomes a self-fulfilling prophecy, such that the individual gains confidence in their mastery of the requisite skills and becomes more likely to attempt and succeed on future occasions. Conversely, perceived inefficacy in a domain is associated with perceptions of relevant tasks as overwhelming and is typically accompanied by high anxiety in the face of challenge (Bandura, 1988).

However, initial success is not necessary for the acquisition of self-efficacy beliefs, as these can be gained from observing others successfully engaging in the same tasks (Bandura, 1986, 1997). Self-efficacy expectancy is therefore open to social influence processes whereby vicarious learning from the behaviour of others judged similar to the self affects perceptions of the likelihood of accomplishing a task. Crucially, efficacy is always defined in relation to specific domains and skill sets rather than as a generic attribute, and using this approach has been found to have enormous predictive power across health behaviour, education, and organisational contexts (Bandura, 1997).

In relation to intergroup contact, self-efficacy beliefs also have considerable potential explanatory power. As Mazziotta et al. (2011) point out, contact self-efficacy (or the belief that an individual can successfully engage in intergroup contact) likely shapes how people envisage the possibility and desirability of contact. Self-efficacy beliefs should help minimise the uncertainty of the outcome of contact and hence help individuals reappraise contact encounters as more manageable. In line with a wide range of research attesting to the pivotal role of intergroup anxiety in leading to contact avoidance (Stephan, 2014; Stephan & Stephan, 1985), anxiety reduction should then lead to greater willingness to engage in contact on future occasions. Moreover, contact self-efficacy should predict the degree to which individuals persevere in contact behaviour even in the face of initially ambiguous or negative outcomes, and explain why successful contact leads to an increased willingness to engage in future contact. In addition, the possibility of learning self-efficacy vicariously, Mazziotta and colleagues argue, does much to explain the phenomenon of extended contact whereby the observation or awareness of successful contact by a fellow group member has been shown to increase willingness to engage in future contact. In other words, contact self-efficacy is an individual attribute influenced by intragroup social influence processes.

All in all, self-efficacy promises much to the study of contact and, to date, the results in this area are promising. Mazziotta et al. (2011) showed that within a German sample, the observation of successful contact between an ingroup member and a Chinese outgroup member (via video) predicted a higher level of self-reported expectancy of contact self-efficacy in a similar situation. In turn, this predicted willingness to engage in future contact, in part through a reduction in situational uncertainty. Stathi et al. (2011) demonstrated that this effect could be harnessed using imagined contact, such that White British students engaging in a mental simulation of contact with a Muslim outgroup member reported higher contact self-efficacy than their control group counterparts as a result. Elsewhere, Meleady and Forder (2018) have shown that negative contact serves to undermine contact self-efficacy, and that this effect generalises within the participant to contact self-efficacy in relation to other groups.

The predictive value of contact self-efficacy and its dynamic relationship with both positive and negative contact have led some researchers to posit this construct as the key mediating variable in the occurrence of contact in real-world settings. As Turner and Cameron (2016) posit, confidence in contact, or the readiness of individuals to engage in positive contact with outgroup members, serves to crystalise a range of theoretical approaches to intergroup contact and to link these together to underpin interventions. Significantly, Turner and Cameron characterise confidence in contact as a state of readiness whereby group members are prepared and receptive to the positive effects of intergroup contact, opening up the possibility that confidence may be both the result and the antecedent of intergroup anxiety reduction.

On this basis, Bagci et al. (2019) found that a key component of confidence in contact, cross-ethnic friendship self-efficacy (CEFSE), was predicted by several factors known to foster contact self-efficacy. In two studies in multiethnic school settings, they found that vicarious experience, social norms, past contact experience, and reduced anxiety predicted CEFSE, which in turn predicted quantity of cross-ethnic friendships. Moreover, CEFSE served to mediate the effects of prior contact, indirect contact, and intergroup anxiety on quantity of cross-ethnic friendships. In sum, contact self-efficacy has considerable predictive ability for the occurrence of successful intergroup contact and is amenable to influence by a range of personal and group-level factors.

Self-Efficacy Versus Collective Efficacy

While the focus of this research on contact efficacy has been in relation to its collective qualities, in terms of being generalised throughout the group and shaping intergroup interactions, the alternative concept of collective efficacy has not been employed to study contact. As Bandura (1982) outlined in in his early writings on the concept, domain-specific collective efficacy is required for those challenges that require a group-level response. The feeling that one's group is collectively capable of accomplishing a shared goal therefore will support and facilitate action and perseverance, much in the same way as self-efficacy facilitates individual behaviour. Indeed, as Bandura later argued, collective efficacy and self-efficacy are not independent, as collective efficacy within a specific domain depends upon the assessment of the individual efficacy of individual fellow actors, while in turn, the behaviour of individuals on a common task is shaped by their sense of collective efficacy (Bandura, 1997). For example, within school settings the perceived collective efficacy of teachers, pupils, and parents will together impact upon both the collective and individual accomplishments of students.

As such, the concept of collective efficacy seems well suited to the understanding of groups in contact but has, to date, been largely overlooked. Indeed, where collective efficacy has been considered in relation to intergroup contact, it has been in oppositional terms. Studies investigating the "ironic" or "sedative" effects of contact (Dixon et al., 2016) have pointed to the role of successful contact in undermining the antecedents of collective action, including perceived inequality and injustice as well as lowered collective efficacy. Common identity salience (one typical outcome of contact) has been directly linked to a reduction in group efficacy among Black and Latino students in the US (Ufkes et al., 2016). Elsewhere, contact between minority groups has been found to increase their participation in collective action against their shared majority outgroup (Cakal et al., 2016; Dixon et al., 2017), while positive interracial contact has been linked to the willingness of the dominant group to engage in collective action on behalf of the minority (Selvanathan et al., 2017).

It is notable that in this body of work, collective efficacy has either been operationalised as a generic quality of groups (their belief in their ability to cope with nonspecific challenges) or in relation to intergroup conflict (their belief in their ability to take action against an outgroup), and hence not expected to be a predictor of positive intergroup relations per se. Nowhere has domain-specific collective efficacy for contact been considered as a possible predictor of positive intergroup relations.

The Social Cure: Ingroup Support for Intergroup Relations

In a very different tradition of research, the role of social identity in facilitating collective engagement with challenges has been studied extensively. Over the past three decades, the social cure tradition has shown how sharing a group identity can provide group members with access to a variety of psychological and social resources (C. Haslam et al., 2018; Jetten et al., 2012). These resources enable group members to feel they can deal with the individual and collective challenges they face, which in turn reduces stress and promotes well-being.

The manner in which this collective resilience to challenge is accrued is via two routes. The first involves individuals' appraisal processes. For each new challenge, an individual assesses the threat posed in relation to the resources available to cope (Lazarus & Folkman, 1984). Social identity impacts on this evaluation as groups can provide coping resources in the form of social, emotional, informational, and practical support from fellow members. These resources mean that individuals feel they can cope better with the challenges they face, which in turn reduces stress and protects well-being (S. A. Haslam et al., 2004). A wide range of studies now demonstrate the effectiveness of group support for people dealing with individual-level challenges held in common with others, such as recovering from strokes (S. A. Haslam et al., 2008), heart surgery (S. A. Haslam et al., 2005), and addiction (Best et al., 2016).

A second, related pathway to collective resilience is through the ability to engage in a coordinated collective response. The study of collective response to emergencies and disasters has pointed to the key role of sharing an identity in responding to emerging threat, in part through the increase in perceived support to effectively respond to and cope with challenge (Drury, 2012). Specifically, one study of how those affected by an earthquake in Chile demonstrated how increased shared social identification predicted the support expected from other survivors, resulting in a higher level of collective efficacy for survival success. In other words, group identification and support can foster greater levels of domain-specific task-oriented collective efficacy (Drury et al., 2016). Outside of the disaster literature, studies of disadvantaged communities have shown that community identity has its positive impact upon well-being through feelings of collective ability to cope with a shared challenge with the help of one's neighbours (e.g., McNamara et al., 2013). Similarly, family identification and support have been found to predict "collective family financial efficacy" (an individual's belief that their family can collectively cope with unforeseen financial challenges), which in turn reduces financial stress (Stevenson, Costa, Wakefield, et al., 2020).

The effect of social cure processes has also been studied in relation to the challenges posed by other groups. Group responses to stigmatisation have shown the protective quality of identities, such that support from fellow group members can buffer the effects of prejudice from outgroups (e.g., Ramos et al., 2012; Schmitt et al., 2003). In their mixed-method analyses of the BBC prison experiment, S. A. Haslam and Reicher (2006; Reicher & Haslam, 2006) showed that the increased shared identity among prisoners was linked to enhanced social support and collective efficacy, which in turn were associated with opposing and overcoming the guards. Conversely, as the experiment progressed, identification, support, and efficacy among the guards decreased correspondingly. Notably though, the measure of collective efficacy used in this study was generic rather than domain-specific (it measured ability to cope with unforeseen challenges rather than ability to take collective action), and the relationships between variables were not statistically modelled. In sum, there is considerable evidence that group identification can unlock the shared resources and collective coordination required to provide members with the belief they can both cope with and overcome the challenges posed by other groups.

However, the potential of social cure processes to facilitate intergroup contact has yet to be explored. Elsewhere there is considerable evidence that a strong ingroup identification may provide the security and support necessary to engage constructively with outgroups. A long-standing tenet of Berry's acculturation theory (Berry, 2017) is that immigrant groups need to maintain their identity in order to achieve a positive sense of integration. For example, Ng et al. (2018) report the importance of feeling supported by members of one's own culture for the ability of international students to integrate effectively into their host society. Furthermore, Phinney et al. (2007) show how a strong sense of ethnic identification predicts more willingness to engage in contact with outgroups as well as deeper insight

into how this might provide benefits. However, while these studies are suggestive of the role of group identity and support in facilitating contact, they do not unpack the specific psychological mechanisms through which this occurs.

In the absence of direct empirical evidence, we expect that collective contact efficacy should be predicted by increased group identification and social support (Drury et al., 2016). Group support should also serve to reduce intergroup anxiety, a well-known barrier to contact, through providing reassurance and shared resources to cope with this potential threat (C. Haslam et al., 2008). In turn, we expect that the increased group support and lowered intergroup anxiety flowing from social cure processes should lead to enhanced collective contact efficacy (Bagci et al., 2019). Following Bagci et al., we expect that increased collective contact efficacy will directly predict the occurrence of contact and will mediate the effects of social identity, support, and anxiety on contact occurrence. We illustrate these predictions in Model 1 in what follows.

In the present research, we begin to explore these possibilities in the context of a particular type of contact for which collective contact efficacy has particular importance: residential contact.

Case Study: Collective Confidence in Residential Contact

Over the past two decades, researchers have debated the impact of residential diversification on neighbourhoods. Against a background of evidence that social bonds based on similarity have a positive impact upon the health and well-being of residents (Putnam, 2000), the advent of newcomers from different national and ethnic groups is thought to undermine social cohesion by raising anxiety and fear among residents. The work of Putnam (2007) in particular has provided evidence from the U.S. Community Benchmark Survey that residential diversification does, on aggregate, lead people to socially withdraw or "hunker down" within their communities.

This contention has been widely disputed, with other researchers pointing to the conditional nature of negative outcomes of residential diversification. Diversification has been found to undermine social cohesion only if the area was originally disadvantaged and only if residents lacked intergroup ties to begin with (Laurence, 2009, 2014). More affluent neighbourhoods already experiencing positive intergroup ties, and especially those defining themselves in terms of diversity, do not evidence a decline in social cohesion. Contact theorists contend that increased diversification results in increased opportunity for intergroup contact such that extant bonds of similarity (bonding capital) are replaced with those characterised by intergroup difference (bridging capital; Schmid et al., 2014). Overall, the evidence is mixed, with little conclusive results supporting the contention that residential diversification has universally negative effects, and also little explanation for why its effects are so uneven.

Recently, theorists have noted that the body of work outlined before neglects the actual dynamics of residential mixing within neighbourhoods (Stolle & Harell, 2013). Specifically, the measures of community cohesion are typically gathered at aggregate local area level, which overlooks the psychological significance of the effects upon specific local communities. Moreover, the experiences of those living within local communities are likely to differ considerably depending upon the identity of the locale, its previous history of mixing, and indeed whether they are long-term residents or incomers. In effect, the study of residential mixing so far has neglected its local community identity dynamics.

The importance of this neglect has been demonstrated by a series of studies in Northern Ireland, a postconflict society marked by increasing residential mixing in formerly religiously segregated urban areas (Shirlow & Murtagh, 2006). Prior research showed the typical range of varied effects of mixing upon residents of broad geographical areas, but more recent investigations of the neighbourhood identity dynamics of mixing have indicated the pivotal role of social cure

processes in facilitating positive relations. Analysis of the Northern Ireland Life and Times representative survey of social and political attitudes showed a positive relationship between local community identification and outgroup attitudes, which was mediated by a reduction in intergroup anxiety (Stevenson, Easterbrook et al., 2018, Study 1). This was confirmed in a study of a single mixed neighbourhood within which custom measures of social identity, intergroup anxiety, and feelings towards outgroup members reproduced this pattern (Stevenson, Easterbrook et al., 2018, Study 2).

This effect has subsequently been replicated in relation to neighbourhoods in ethnically diverse settings in England. Across two local neighbourhoods, Stevenson, Costa, Easterbrook, et al. (2020) replicated the finding that neighbourhood identification was associated with improved attitudes towards ethnic minorities via a reduction in intergroup anxiety (Study 2), but further demonstrated that this relationship was attributable to the social support flowing from neighbourhood identification (Studies 1 and 2). In other words, in line with the social cure approach, neighbourhood identity appears to exert its intergroup anxiety-reducing properties through the provision of neighbourly support.

The present research continues and extends this work by incorporating the concept of collective contact efficacy to capture the effect of social cure processes on improving intergroup attitudes in two new community settings. We expect that our new concept of collective confidence in contact (CCIC) will be predicted by individual residents' level of local community identification and support. Collective confidence in contact will in turn predict levels of intergroup contact and more positive attitudes towards the outgroup (Study 1). Moreover, we further predict that the effect of community identity and support on CCIC will be further mediated by a reduction in intergroup anxiety (Study 2), as support from one's neighbours helps reduce the stress occasioned by the prospect of intergroup contact.

We explore this in two survey studies of intergroup contact in residential settings.

H1: Identification with the local community will predict collective confidence in contact via an increase in perceived intragroup support.

H2: Collective confidence in contact will predict higher levels of contact and more positive feelings towards the outgroup.

The previous hypotheses are investigated in both studies. Furthermore, we test the following hypotheses in Study 2:

H3: In line with the application of the social cure to intergroup contact, community identification and support should reduce intergroup anxiety, thus leading to higher CCIC.

H4: In line with prior research on confidence in contact, the effect of reduced intergroup anxiety on contact and feelings towards the outgroup should be mediated by CCIC.

Study 1: Hucknall, Nottingham

Hucknall is a small town of approximately 32,000 inhabitants on the edge of the city of Nottingham. It was previously a centre of heavy industry (lace and coal), but since the decline of this source of employment it has expanded to form a commuter town for Nottingham City. Its central areas (those targeted by the survey; population: 7,500) are 95.8% White British and fall between the 50th and 30th percentiles of the most deprived areas of England. Given census evidence of the increasing population of Hucknall (10% from 2001 to 2011, mainly White British residents) along with its enduring ethnic homogeneity (with only 3.2% rise in ethnic minority population in the same time period), we focussed on residents' experiences of contact with incomers.

Method

Participants. One hundred and twenty-four participants (56% female; age range: 20–81, $M_{age} = 48.75$, $SD_{age} = 16.39$) took part in the study. Fifty percent of the sample were married; 41% were never

married, divorced, separated, or widowed; and 9% provided an alternative response. Fifty-three percent were in full-time or part-time employment; 6% were self-employed; 5% were unemployed; 28% were retired; and 6% provided an alternative response. In terms of highest level of education, 39% had an undergraduate or postgraduate degree; 32% had A levels or equivalent; and 19% had General Certificate of Secondary Education (GCSE) or equivalent; 11% reported other qualifications or declined to respond. Ninety-three percent were White British; 2% were White Irish; 2% were Asian British or Black British; 1% were from an ethnically mixed background; and 2% reported another ethnicity.

Procedure. In line with previous community studies of residential mixing (Stevenson, Costa, Easterbrook et al., 2020; Stevenson, Easterbrook et al., 2018), all residents of the Hucknall central area in Nottingham were sent an invitation by mail to take part in this research. The letter contained a written explanation of the study and a web link to complete the online survey. Persons interested in participating provided their informed consent online. At the end of the questionnaire, participants were offered the opportunity to take part in a draw for prizes totalling £500.

Measures. Demographic questions and the following measures were included in an online questionnaire:

To measure community identity, we adapted the four-item measure of identification by Doosje et al. (1995; e.g., "I see myself as a member of my local community"; $\alpha = .84$).

We measured social support using an adapted version of the four-item measure by S. A. Haslam et al. (2005; e.g., "Do you get the help you need from other people in your local community?"; $\alpha = .95$).

Feeling thermometers or unidimensional self-report scales of (favourable or unfavourable) feelings towards the outgroup were used to capture intergroup attitudes. These have been used extensively in contact research as assessments of intergroup attitudes (e.g., Turner et al., 2008). Participants were asked to indicate on a sliding scale (0–100) how favourably they felt towards newcomers.

Our collective contact efficacy measure was adapted from Bagci et al.'s (2019) scale of Cross-Ethnic Friendship Self-Efficacy (CEFSE). We took four items from the CEFSE and adapted them to capture collective confidence in contact (CCIC; see Table 1). Bearing in mind Bandura's (2006) guidelines to ensure the domain specificity of efficacy measures, these were made target-specific such that they assessed individuals' perception of their group's ability to undertake successful contact with incomers. To test the factor structure of the scale, a confirmatory factor analysis (CFA) was conducted and results showed good fit indices, $\chi^2(2) = 6.27$, $p = .04$, CFI = .99, SRMR = .02; all the items significantly loaded on a single factor with standardised coefficients that ranged between .85 and .91, and with a high level of reliability ($\alpha = .93$).

Two items measured quantity of residential contact between outgroups at neighbourhood meetings or events, and how often they talked to outgroup members. These indicators were modified from previous contact research (Tausch et al., 2007). Respondents indicated the quantity of their contact on two 5-point Likert scales (1 = *never*, 5 = *very often*; "How often do you have contact with new residents at community meetings or events?" "How often do you talk to new residents to Hucknall?"; $\alpha = .84$).

Analytic Strategy

Preliminary analyses were conducted in SPSS (v26) to examine the means, standard deviations, minimum values, maximum values, skewness, kurtosis, reliability, and correlations between variables. Furthermore, path analyses with observed variables were conducted using the lavaan package of R (Rosseel, 2012). Maximum likelihood

Table 1. Scale items for collective confidence in contact.

	How confident are you that people in Hucknall can make friends with incomers? Please read each statement, and indicate how much you agree or disagree. (1 = *do not agree at all*, 7 = *agree completely*)
Item 1	As a neighbourhood we find it easy to make friends with incomers
Item 2	As a neighbourhood we are confident that we could get close to a new friend who has recently arrived
Item 3	As a neighbourhood we believe that we could easily trust a new friend who has recently arrived
Item 4	As a neighbourhood we believe that we could find many things in common with incomers

Table 2. Descriptive and correlation analyses of Study 1.

		N	Min	Max	*M*	*SD*	Skewness	Kurtosis	1	2	3	4
1.	Community identification	124	1.00	7.00	4.79	1.50	−.62	−.06				
2.	Community support	124	2.00	8.00	5.07	1.72	−.18	−.79	.60			
3.	Collective confidence in contact (with newcomers)	124	1.00	7.00	4.18	1.39	−.13	−.25	.47	.58		
4.	Quantity of contact (with newcomers)	124	1.00	7.00	2.86	1.56	.67	−.23	.39	.36	.42	
5.	Feelings toward newcomers	124	1.00	100.00	62.68	21.34	−.21	−.13	.20	.27	.38	.36

Note. All correlations are significance at $p < .01$.

Table 3. Indirect effects: Study 1.

Indirect effects	*b*	95% CI	β
Via community support			
Community identity → Collective confidence in contact	1.17	[0.93, 1.38]	1.18
Via community support and collective confidence in contact			
Community identity → Quantity of contact	1.51	[1.20, 1.78]	1.49
Community identity → Feelings toward newcomers	6.91	[3.27, 9.19]	1.56
Via collective confidence in contact			
Community support → Quantity of contact	0.81	[0.59, 1.03]	0.89
Community support → Feelings toward newcomers	6.22	[3.27, 9.19]	0.96

estimation was used with several indices for model evaluation with the following cut-off criteria: nonsignificant chi-square value (Kline, 2015); comparative fit index (CFI) > 0.95; root mean square error of approximation (RMSEA) < 0.08; standardised root mean squared residual (SRMR; Hu & Bentler, 1999) .06.

Results

Descriptive statistics and correlations are displayed in Table 2. All the study variables were significantly and positively correlated. The levels of skewness and kurtosis were acceptable within the range of ±1.

Figure 1. Conceptual model of the effect of social cure processes on collective confidence in contact.

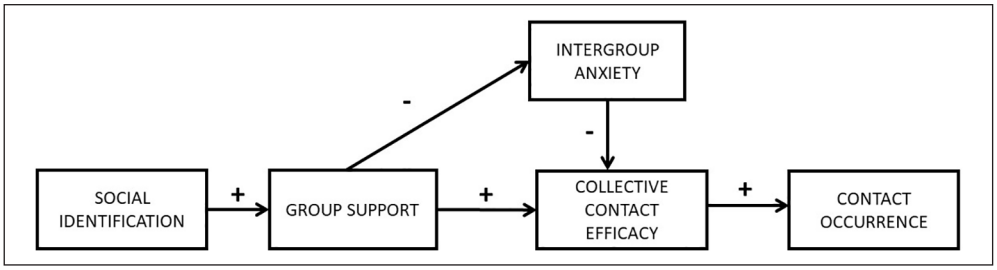


Table 4. Descriptive and correlation analyses: Study 2.

		N	Min	Max	*M*	*SD*	Skewness	Kurtosis	1	2	3	4	5
1.	Community identification	232	1.50	7.00	4.99	1.51	−.49	−.78					
2.	Community support	232	1.00	7.00	4.12	1.73	−.19	−.98	.64**				
3.	Collective confidence in contact (with ethnic outgroup)	232	1.00	7.00	5.02	1.38	−.67	.12	.42**	.44**			
4.	Intergroup anxiety (toward ethnic outgroup)	232	1.00	7.00	2.69	1.27	.55	−.18	−.16*	−.23**	−.41**		
5.	Quantity of contact (with ethnic outgroup)	232	1.00	7.00	3.86	1.71	.29	−.83	.32**	.40**	.45**	−.26**	
6.	Feeling toward ethnic outgroup	232	1.00	100.00	70.80	23.46	−.49	−.37	.23**	.28**	.48**	−.31**	.31**

Note. $^{**}p < .01$. $^{*}p < .05$.

We first tested a saturated model and then, in accordance with common procedure for model development, we retested the model excluding nonsignificant paths. The final model (see Figure 1) showed excellent fit to the data, $\chi^2(4) = 4.83$; $p > .05$, CFI = .99, RMSEA = .04, 90% CI [0.00, 0.15], SRMR = .04, indicating that community identity positively predicted community support ($b = 0.69$, 95% CI [0.51, 0.86], $\beta = .60$, $p < .01$) and outgroup contact ($b = 0.26$, 95% CI [0.09, 0.43], $\beta = .25$, $p < .01$). Community support, in turn, predicted collective confidence in contact ($b = 0.47$, 95% CI [0.35, 0.59], $\beta = .58$, $p < .01$), and collective confidence in contact predicted both quantity of contact ($b = 0.34$, 95% CI [0.24, 0.53], $\beta = .31$, $p < .01$) and feelings towards newcomers ($b = 5.75$, 95% CI [2.82, 8.70], $\beta = .38$, $p < .01$). Finally, in this model there were also several indirect effects (see Table 3), which provide additional support for our theoretical position.[1]

Table 5. Indirect effects: Study 2.

Indirect effects	*b*	95% CI	β	*p*
Via community support				
Community identity → Intergroup anxiety	0.56	[0.41, 0.70]	0.41	< .01
Community identity → Collective confidence in contact	0.90	[0.71, 1.10]	0.85	< .01
Community identity → Quantity of contact	0.98	[0.81, 1.15]	0.89	< .01
Via intergroup anxiety				
Community support → Collective confidence in contact	−0.52	[−0.66, −0.38]	−0.55	< .01
Via collective confidence in contact				
Community identity → Quantity of contact	0.62	[0.39, 0.85]	0.56	< .01
Community support → Quantity of contact	0.59	[0.39, 0.79]	0.55	< .01
Intergroup anxiety → Quantity of contact	0.06	[−0.14, 0.27]	0.01	.59
Community identity → Feelings toward ethnic outgroup	8.34	[6.26, 10.38]	0.71	< .01
Community support → Feelings toward ethnic outgroup	8.31	[6.21, 10.33]	0.70	< .01
Intergroup anxiety → Feelings toward ethnic outgroup	7.78	[5.70, 9.83]	0.16	< .01
Via community support and collective confidence in contact				
Community identity → Quantity of contact	1.31	[1.07, 1.56]	1.19	< .01
Community identity → Feelings toward ethnic outgroup	9.03	[6.94, 11.08]	1.33	< .01
Via community support and intergroup anxiety				
Community identity → Collective confidence in contact	0.21	[0.03, 0.39]	0.08	.03
Via intergroup anxiety and confidence in contact				
Community support → Quantity of contact	−0.11	[−0.33, 0.13]	−0.22	.37
Community support → Feelings toward ethnic outgroup	7.61	[5.52, 9.67]	−0.07	< .01
Via community support, intergroup anxiety, and collective confidence in contact				
Community identity → Quantity of contact	0.62	[0.37, 0.89]	0.42	< .01
Community identity → Feelings toward ethnic outgroup	8.34	[6.25, 10.41]	0.56	< .01

Community identity predicted CCIC through an increase in intragroup support. Community identity also predicted both contact quantity and feelings towards the outgroup via an increase in CCIC, as did levels of community support. In other words, CCIC also served to mediate the indirect effects of community identity and support on contact quantity and feelings towards the outgroup.

Study 1 therefore provides support for our first two hypotheses: identification with the local community does indeed predict CCIC through an increase in the perception of support provided by neighbours. In turn, CCIC serves to predict the level of contact with incomers as well as residents' feelings towards this outgroup; CCIC also mediates the effects of community identity and support on these outcomes. Hence the new hypothesised pathway from identity to contact via CCIC was supported.

However, our first study omits the previously established pathway by which community identity and support serve to lower intergroup

anxiety and improve intergroup attitudes. In our next study, we aim to replicate our findings in a nearby residential area whilst including both social cure pathways.

Study 2: Sherwood, Nottingham

Sherwood is an area of approximately 15,400 inhabitants in Nottingham City. It lies 2.4 km from the city centre and is well served by transport infrastructure. Its population is 72.6% White British and its constituent areas fall between the 50th and 20th percentiles of the most deprived areas of England. In effect, the area is a diverse, relatively deprived urban district. Given the substantial ethnic minority populations within Sherwood (27.4%), we focussed on residents' experiences of contact with members from other ethnic groups.

Participants

Two hundred and thirty-two participants (55% female; age range: 18–89, $M_{age} = 45.80$, $SD_{age} = 15.58$) took part in the study. Forty-five percent of the sample were married; 50% were never married, divorced, widowed, or separated; 6% reported other relationships or declined to respond. Sixty-eight percent were in full-time or part-time employment; 10% were self-employed; 1% were unemployed; 16% were retired; 3% were students; and 4% declined to respond. Regarding their highest level of education, 67% had an undergraduate or postgraduate degree; 19% had A levels or equivalent; 7% had GCSEs or equivalent; 7% had other qualifications or declined to respond. Eighty-four percent were White British; 4% were Black British or Asian British; 2% were White Irish; 2% had a mixed ethnic background; and 6% gave another response.

Procedure

All residents of the Sherwood area in Nottingham were sent an invitation by mail to take part in this research. The letter contained a written explanation of the study and a web link to complete the online survey. Persons interested in participating provided their informed consent online. At the end of the questionnaire, participants were offered the opportunity to take part in a draw for prizes totalling £500.

Measures

Demographic questions and the following measures were included in an online questionnaire. To measure community identity, we adapted the four-item measure of identification by Doosje et al. (1995; e.g., "I see myself as a member of my local community"; $\alpha = .89$). We measured social support using an adapted version of the four-item scale by S. A. Haslam et al. (2005; e.g., "Do you get the help you need from other people in your local community?"; $\alpha = .95$). We measured attitudes towards the outgroup using a feeling thermometer (e.g., Turner et al., 2008) ranging from 0 to 100 with the target group "ethnic minority residents in Sherwood."

Once more, we measured collective contact efficacy using our Collective Confidence in Contact scale (adapted from Bagci et al., 2019), though this time the outgroup was identified as "other ethnic groups." As in Study 1, in order to test the factor structure of the scale, another CFA was conducted. Results showed good fit indices, $\chi^2(2) = 57.91$, $p < .05$, CFI = .94, SRMR = .03; all the items significantly loaded on one factor with standardised coefficients that ranged between .87 and .93, and with an excellent level of reliability ($\alpha = .94$).

In addition, we employed an adapted version of the intergroup anxiety scale widely used in previous surveys in contact research (e.g., Turner et al., 2008). Using a 7-point scale, respondents indicated the extent to which they would feel the following emotions if they were the only member of their ethnic group in an interaction with people from other ethnic groups: comfortable, nervous, anxious, at ease, safe, awkward. Items in this scale were reversed where necessary, and the mean computed so that higher scores indicate greater anxiety. The scale showed high reliability ($\alpha = .88$).

Figure 2. Structural model representation: Study 1 (Hucknall).

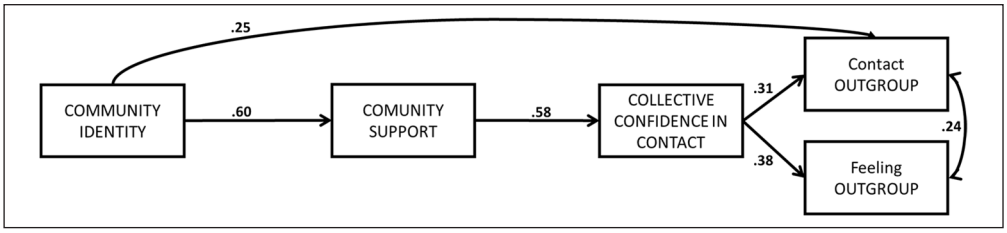
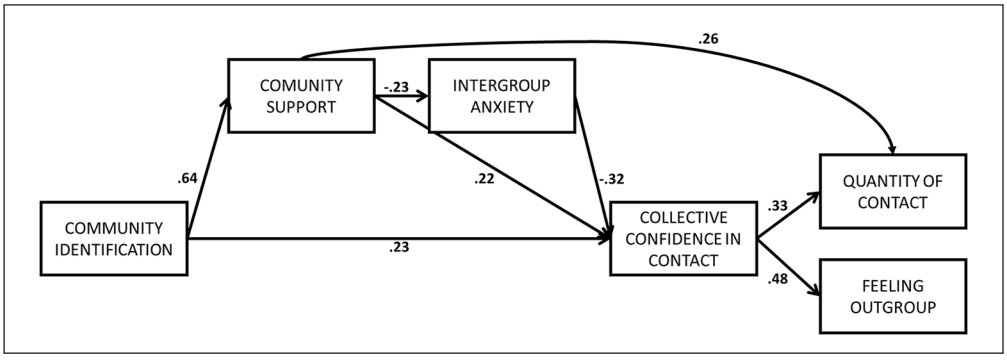


Figure 3. Structural model representation: Study 2 (Sherwood).



Results

The same analytic procedure as in Study 1 was adopted. Descriptive statistics and correlations are displayed in Table 4. The levels of skewness and kurtosis were acceptable within the range of ±1. All the study variables were significantly correlated, and only intergroup anxiety was negatively related with all the other variables.

We followed the same analytic strategy as in Study 1; we began by specifying a saturated path model and then retested it excluding nonsignificant paths. The final model (see Figure 2) showed excellent fit to the data, $\chi^2(7) = 10.81$; $p > .05$, CFI = .99, RMSEA = .05, 90% CI [0.00, 0.10], SRMR = .04, indicating that community identity positively predicted community support ($b = 0.73$, 95% CI [0.60, 0.85], $\beta = .64$, $p < .01$) and collective confidence in contact ($b = 0.21$, 95% CI [0.07, 0.34], $\beta = .23$, $p < .01$). Community support, in turn, predicted intergroup anxiety ($b = -0.17$, 95% CI [−0.27, −0.08], $\beta = -.23$, $p < .01$), collective confidence in contact ($b = 0.17$, 95% CI [0.05, 0.31], $\beta = .22$, $p < .01$), and quantity of contact ($b = 0.25$, 95% CI [0.12, 0.39], $\beta = .26$, $p < .01$). Intergroup anxiety predicted collective confidence in contact ($b = -0.35$, 95% CI [−0.47, −0.23], $\beta = .31$, $p < .01$), which, in turn, predicted both quantity of contact ($b = 0.41$, 95% CI [0.24, 0.59], $\beta = .33$, $p < .01$) and feelings towards ethnic minorities ($b = 8.13$, 95% CI [6.07, 10.16], $\beta = .48$, $p < .01$).

Given the complexity of the model (Figure 3), there were several sets of additional indirect effects within it (Table 5). Community identity had indirect effects upon intergroup anxiety, CCIC, and contact frequency through community support. Community support impacted upon CCIC through reduced anxiety. Both community identity and support had an effect on the outcome measures of contact quantity and feelings towards the outgroup via increased CCIC. Intergroup anxiety, likewise, had an indirect effect on outgroup feelings through CCIC increase. There were additional serial mediation effects, most notably, the impact

of community identity on both outgroup contact and feelings towards the outgroup through support, anxiety reduction, and CCIC. Once more, the model provided evidence for multiple influences of the antecedents on CCIC and, via CCIC, upon these outcomes.[2]

Discussion

Previous studies have highlighted the enormous potential of the study of contact self-efficacy in facilitating the occurrence and positive consequences of intergroup contact for intergroup relations (Bagci et al., 2019; Turner & Cameron, 2016). However, a similar role for collective contact efficacy has yet to be established, and indeed, contact and collective efficacy have hitherto been counterposed. In this research, we aimed to take the first steps to illustrating the potential of collective contact efficacy to serve as a key mediating variable in groups' ability to support their members in successfully engage in positive encounters with outgroups.

We show this with two surveys of residents of contrasting neighbourhoods in the Midlands of England: one relatively homogenous, small commuter town which is experiencing an influx of newcomers, and one more ethnically heterogenous urban area with a more established diversity history. Across both neighbourhoods, we demonstrate that identifying with one's community is associated with higher levels of perceived social support from one's neighbours, which in turn predicts more positive contact with outgroup members and more positive feelings towards them. In line with previous studies exploring the applicability of the social cure to understanding intergroup contact (Stevenson & Sagherian-Dickey, 2016; Stevenson, Costa, Easterbrook et al., 2020), we show that local community identity can facilitate positive intergroup relations through the provision of intragroup support. This time, though, we identify a further mediating factor—collective confidence in contact—which explains this relationship. In effect, the belief that the community as a whole can engage in positive contact with the outgroup sheds light on the long-standing finding in acculturation and ethnic identity literatures that ingroup identification and support can lead to better intergroup relations (Berry, 2017; Phinney et al., 2007). Our work suggests that strength of identification and the support that this unlocks serve to reduce apprehension about engaging with outgroups and bolster the belief that this is possible.

It is important to note that a number of studies show that intergroup contact, through a process of ingroup reappraisal or "deprovincialization" (Pettigrew, 1997), actually reduces ingroup identification, as we become less focussed on our own group and more open to the experiences and perspectives of other groups (e.g., Kauff et al., 2016). The current findings suggest that, in contrast, when we consider neighbourhood identification (rather than identification with broader social ingroups such as nationality or ethnicity), this actually promotes rather than impedes intergroup contact. Further research is necessary to understand diverging patterns of findings when we focus on identification at a local versus global level.

In the second survey, we addressed a further set of questions in relation to the role of intergroup anxiety in this dynamic. Previous research on residential mixing had established that community identity and support serve to reduce intergroup anxiety (Stevenson, Costa, Easterbrook et al., 2020; Stevenson, Easterbrook et al., 2018). Moreover, research on contact self-efficacy had provided evidence that intergroup anxiety is an antecedent of contact self-efficacy (Bagci et al., 2019). Here, within the context of residential contact, it would appear that the intergroup anxiety-reducing properties of community identification and social support are also antecedents to the development of collective contact efficacy as measured by CCIC. While we are mindful of the limitations of cross-sectional methods in establishing the causal sequence of psychological processes, this does fit well with our theoretical model (see Figure 1). We suggest that, in a very real sense, communities give their members confidence in their ability to encounter outsiders by providing them with the support and reassurance they need to do so.

Of course, there are several other key limitations to bear in mind when considering these results. These self-selecting samples are not statistically representative of their local communities. Neither are the self-report measures likely to be highly accurate indicators of the levels of actual mixing and intergroup bonds at neighbourhood level. Moreover, although we span very different neighbourhoods, the current research brackets the issue of the content of neighbourhood identity whereby the degree to which a neighbourhood supports mixing is likely to reflect the degree to which it is defined by diversity. Our qualitative work elsewhere suggests that this is indeed the case (Stevenson, McNamara, et al., 2018; Stevenson & Sagherian-Dickey, 2016), and future research should explore how different definitions of neighbourhoods and associated norms of mixing serve to afford or impede integration. Finally, while we have developed our concept of CCIC to test specific hypotheses concerning how group-level processes impact on individual experiences of contact, future research could more robustly establish the reliability and validity of this measure. In turn, this could be used to examine the interplay between individual and group-level dimensions of contact, by examining the relationship between collective and individual measures of contact efficacy as well as measures of both collective and individual experiences of contact. This would provide a more rounded and integrated appreciation of the collective as well as the individual processes shaping and being shaped by contact encounters.

Bearing these caveats in mind, we feel that these findings speak to the broad dichotomy prevalent across the study of intergroup relations between research into the positive impact of contact on intergroup relations and the emphasis on collective action as necessary to transform intergroup relations (Dixon et al., 2016). Previously, this tension has been largely resolved by examining intergroup contact at the individual level whereby measurements of individual differences in anxiety, efficacy, and attitude explain the antecedents and effects of contact (e.g., Mazziotta et al., 2011; Turner & Cameron, 2016), and by examining collective behaviour separately at the group level whereby shared identity, anger, and perceptions of efficacy predict participation (e.g., Ufkes et al., 2016). We suggest that this divide falsely opposes the experiential dimension of contact to the political dimension of intergroup relations, and suggest that our own work provides one way of transcending this issue. By examining when and where groups can collectively cope with contact, we aim to understand how to empower communities to deal more effectively with the diversification that inevitably accompanies modernisation and globalisation. This is not to say that the study of collective action is not important in its own right when addressing issues of structural inequality and unfairness, but to point to the need to engage with the goal of intergroup mixing as an essential part of the social inclusion of minorities. By understanding how to make communities confident in their ability to engage in contact with fellow residents from different backgrounds, we aim to address rather than elide issues of marginalisation and exclusion.

More broadly, we feel that this research adds to a growing body of work (Stevenson, Easterbrook, et al., 2018; Stevenson, McNamara, et al., 2018; Stevenson & Sagherian-Dickey, 2016) that challenges the conventional understanding of the consequences of residential mixing. This line of work has argued for a move away from adjudicating the positive or negative consequences of residential mixing towards an understanding of how residential communities can support their residents to cope with the challenges of diversification. Here, we take this argument a step forward by illustrating how communities can enhance the efficacy of their residents in actively overcoming barriers to positive contact. This suggests that interventions to enhance collective confidence in contact can be designed to empower communities to proactively engage in contact in a way that will benefit themselves and their neighbourhoods. We believe that within a societal context that supports and protects diversity, communities must play a role in facilitating physical as well as political coexistence within local neighbourhoods.

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Notes

1. The community sample of Study 1 contains a small proportion of ethnic minority residents. While this does not allow us to compare the relative adequacy of our model for each subgroup, we directly tested our final model on White British participants only, finding that the fit indices remained satisfactory and all pathways remained significant.
2. The community sample of Study 2 also contains a small proportion of ethnic minority residents. While, again, this does not allow us to compare the relative adequacy of our model for each subgroup, we once more directly tested our final model on White British participants only, finding that the fit indices remained satisfactory and all pathways remained significant.

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