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1 **A qualitative study of disengagement in disadvantaged areas of the UK: ‘You**  
2 **come through your door and you lock that door’**

3  
4 **RUNNING HEAD:** Disengagement in disadvantaged areas of the UK  
5

6 Abstract

7 Health inequalities are a major concern in the UK. Power imbalances are associated  
8 with health inequalities and should be challenged through health promotion and  
9 empowering strategies, enabling individuals who feel powerless to take control over  
10 their own life and act on the determinants of health (Green and Tones, 2010). This  
11 study aimed to explore resident expectations of a community engagement  
12 programme that intended to empower communities to take action on pre-identified  
13 priorities. The programme targeted communities in deprived areas of a mid-sized city  
14 in the UK.

15 A qualitative design was implemented. In-depth and semi-structured interviews were  
16 undertaken with 28 adult residents at the start of the programme. Transcripts were  
17 analysed using an inductive approach to thematic analysis. Resident expectations  
18 were explored from a constructivist epistemological perspective. The qualitative  
19 inductive approach allowed a second research question to develop which led this  
20 paper to focus on exploring how disempowerment was experienced by individuals  
21 before taking part in a community engagement programme.

22 Analysis of interviews revealed a ‘process of deterioration’ that provided insight into  
23 how communities might become (more) disadvantaged through disempowerment.  
24 Five master themes were identified: external abandonment at the institutional-level  
25 (master theme 1); a resulting loss of sense of community (master theme 2); this  
26 negatively affected psychological wellbeing of residents (master theme 3); who  
27 adopted coping strategies (e.g., disengagement) to aid living in such challenging  
28 areas; (master theme 4); disengagement further perpetuated the deterioration of the  
29 area (master theme 5). Distrust was identified as a major barrier to participation in  
30 community engagement programmes.

31 Overall, our data suggested that community engagement approaches must prioritise  
32 restoration of trust and be accompanied by supportive policies to mitigate feelings of  
33 abandonment in communities.

34  
35 Key words: (dis)empowerment, health inequalities, disadvantaged, qualitative  
36 research, community (dis)engagement  
37  
38

### 39 1. Introduction

40 Health inequalities exist between and within countries, between different social  
41 groups, and geographical regions (Marmot, 2010; WHO, 2008). Health inequalities  
42 are a global challenge (Marmot, 2005) and a government priority for many nations,  
43 including the UK (Department of Health, 2003; Hosseinpoor et al., 2015; NICE,  
44 2012). A recent meta-analysis has associated socioeconomic status with premature  
45 mortality, and concluded that the strength and consistency of this association is  
46 comparable to already recognised risk factors such as tobacco use, alcohol  
47 consumption, insufficient physical activity, and obesity (Stringhini et al., 2017). The  
48 authors, therefore, advocated consideration of socioeconomic inequalities in both  
49 local and global health strategies as a main risk factor.

50 It has been recommended that health inequalities are tackled through action across  
51 all the social determinants through '*creating the conditions for people to take control*  
52 *over their own lives*' (Marmot, 2010, p.12). This recommendation is aligned with the  
53 concept of empowerment, a concept described as a 'buzz word' (Raeburn and  
54 Rootman, 1998). The ambiguity of the concept of empowerment mirrors the  
55 ideological conflict in health promotion: should health promotion focus on  
56 individualistic health status or on social justice with health as a means (Robertson  
57 and Minkler, 1994), although this debate falls outside the scope of the present paper.  
58 Moreover, there is general agreement on defining empowerment as a process that  
59 implies exerting control (Zimmerman, 2000).

60 Empowerment as a strategy to tackle health inequalities implies that individuals who  
61 are powerless should be targeted to enable them (Green and Tones, 2010). These  
62 individuals are the wrong side of inequality, occupying marginalised positions in  
63 society (Marmot, 2007). They tend to live in disadvantaged areas since they do not  
64 have enough resources to access more affluent areas. Disadvantaged areas have  
65 been identified as challenging places to live where individuals are more likely to feel  
66 dissatisfaction with their area surroundings (Kearns and Parkes, 2003; Pearce et al.,  
67 2007), suffer from social isolation (Böhnke, 2008), experience stress (Gidlow et al.,  
68 2016; Latkin and Curry, 2003), or a low sense of community (Cole et al., 1997; Egan  
69 et al., 2015). Although these features help understanding that living in such areas  
70 can be challenging, little is known about how individuals living in disadvantaged  
71 areas experience day-to-day life and power imbalances (compared with more  
72 affluent sections of society).

73 The first intention of this study was to understand the role of empowerment from the  
74 perspective of participants who were attending a community engagement  
75 programme. A longitudinal qualitative research design was implemented. A baseline  
76 stage aimed to explore resident expectations of a community engagement  
77 programme. A follow-up stage aimed to explore if and how empowerment was  
78 experienced after 12 months. However, baseline data analysis revealed an  
79 additional research question: how disempowerment was experienced by individuals  
80 prior to taking part in a community engagement programme. This became the focus  
81 of the present paper.

82

## 83 2. Methods

84

### 85 2.1. *Study design and setting*

86 This qualitative study used in-depth semi-structured interviews with local residents  
87 who had just started attending a community engagement programme that targeted  
88 three disadvantaged areas (approximately 1000 households) in a mid-sized city in  
89 the UK. The programme pursued community empowerment by bringing together  
90 community members and service providers to work towards social change. It  
91 followed the 'Connecting Communities' framework, which aims to establish a  
92 resident-led partnership to address identified local issues and priorities (Stuteley and  
93 Hughes, 2011). Typically, programme meetings occurred every two weeks. These  
94 tended to lead to the organisation and delivery of community events (e.g., a fun day)  
95 or the identification of local issues (e.g., via a walkabout). Three community  
96 development workers (CDWs) delivered the programme.

97

### 98 2.2. *Materials*

99 An interview schedule was constructed in three stages. First, a literature review was  
100 conducted to develop initial ideas for key questions (Charmaz, 2014). Second, the  
101 first author engaged in a programme familiarisation stage using broadly ethnographic  
102 methods prior to data collection, attending programme meetings in four areas  
103 (including the three from this study). This helped to understand the dynamics of the  
104 programme and the appropriateness of interview topics. Third, the interview  
105 schedule was piloted in a focus group with residents from a pilot area. Feedback was  
106 used to amend the final version of the interview schedule. Questions covered  
107 understanding of the programme, reasons for taking part, and expectations from the  
108 programme. Residents were also asked contextual questions about their community  
109 to provide information that would inform interpretation of participant interview  
110 responses. Questions were asked in an open manner during interviews, ensuring a  
111 participant-centred approach. This led interviewees to share their experiences of life  
112 in their community, which ultimately led to the development of a new research  
113 question. This is expected particularly when applying inductive methodologies  
114 (Charmaz, 2014).

115

### 116 2.3. *Sampling and recruitment*

117 The community engagement programme took place in three pilot settings prior to this  
118 study, between September 2012 and August 2013. Three extra areas were targeted  
119 later. Only participants attending the programme in these three areas of the city  
120 (anonymised as *South* (onset in August 2013), *Centre* and *North* (both starting in  
121 July 2014)) were invited to take part. Selective sampling was used as participant  
122 characteristics were identified at the beginning of the study (Sandelowski et al.,  
123 1992). For inclusion, participants had to be adults (aged  $\geq 18$  years), live in one of the  
124 three targeted areas and have participated in at least one programme meeting held  
125 to identify/address priorities. Convenience sampling was also applied, selecting the

126 most accessible participants (Marshall, 1986). The CDWs approached residents  
 127 attending the programme, seeking verbal consent and collating contact details of  
 128 individuals who were interested. Those who gave verbal consent (n=38) were  
 129 telephoned to arrange an interview.

130

## 131 2.4. Participants

132 Table 1. Programme participant characteristics

	South (n=11)	Centre (n=7)	North (n=10)
<b>Gender</b>			
Male	4	1	4
Female	7	6	6
<b>Ethnicity</b>			
British South Asian	5	0	0
White British	6	7	10
<b>Age category</b>			
Under 18		0	
18 to 25 years		2	
26 to 40 years		10	
41 to 60 years		8	
61 to 75 years		7	
75+ years		1	

133

134 Twenty-eight residents from three targeted areas were interviewed (Table 1). The  
 135 majority were female (n=19) and aged 26-40 (n=18). All interviewees were able to  
 136 understand English; five belonged to a British South Asian ethnic background and  
 137 English was not their first language.

138 Ethical approval was gained from the Faculty of Health Sciences at [blinded for  
 139 review] University. Data were collected from November 2013 to September 2014. All  
 140 interviews were conducted, transcribed and analysed by the same interviewer: a 34  
 141 year old, Spanish, white, and female researcher (first author).

142 Participants were offered interviews at their home or an alternative preferred venue  
 143 (e.g., community centre). Six opted to be interviewed at a convenient venue and 22  
 144 in their homes. Prior to the interview, participants completed a consent form giving  
 145 permission to use their quotes anonymously in reports and manuscripts.

146

## 147 2.5. Data collection procedure

148 Researcher-participant rapport was developed in two stages. First, during the  
 149 familiarisation stage, where a participative role was adopted by the interviewer (e.g.,  
 150 volunteering in a fun day); and second, during the interview, before audio recording  
 151 began. At the end of the interview, participants were debriefed with follow up

152 information and were made aware that they were free to withdraw their data post-  
153 interview until a specified date.

154 The interviewer reflected on each interview immediately after completion. Reflection  
155 included a brief description of participant characteristics, how the interview went,  
156 how the interviewer felt, and a summary of findings.

157

## 158 2.6. Data analysis

159 Interviews ranged from 27 to 102 minutes, with an average duration of 54 minutes.  
160 All 28 interviews were transcribed verbatim. Quotations include pseudonyms to  
161 protect participants' identity. Transcripts were transferred into NVivo (version 10) to  
162 assist with analysis.

163 *Table 2. Data extracts with initial codes applied (2 examples)*

Data extract (line-by-line)	Initial code
<i>'we have all been here 20 years plus, but I think as people have moved out and new people have moved in, I think the community has become lost'</i>	Losing community
<i>'I think everybody has just got used to [the fly-tipping], you just walk past daily and think 'oh another one' and it shouldn't be that way, but you do just start walking past it, thinking 'another one' that's all you are thinking'</i>	Fly-tipping becoming the norm

164

165 Transcripts were analysed using thematic analysis (Boyatzis, 1998), aligning to a  
166 constructivist paradigm (Lincoln et al., 2011). This assumes a relativist ontology  
167 (accepting that multiple realities exist) and a subjectivist epistemology (involving a  
168 construction of meaning through interaction between knower (researcher) and known  
169 (participant)). The six phases of thematic analysis proposed by Braun and Clarke  
170 (2006) were applied as follows. First, familiarisation involved the first author reading  
171 and re-reading the transcript. Second, initial codes were generated, exploring the  
172 data line-by-line (Urquhart, 2013). This phase was data-driven, meaning that an  
173 inductive approach to data analysis was employed instead of applying a pre-existing  
174 coding frame (Braun and Clarke, 2006) and was conducted by the first author and  
175 checked by the second author (Table 2).

176 Third, initial codes were collated into sub-themes by the first author, by grouping  
177 initial codes into higher level codes, having the research question in mind (Urquhart,  
178 2013) (Table 3). After coding the first half of the interviews (n=14), a thematic map  
179 was generated to assist the grouping of sub-themes. This thematic map was  
180 debated amongst first, second, third and last authors until agreement was reached  
181 on sub-themes and titles.

182

183

184

185 *Table 3. Example of generation of one sub-theme from initial codes*

<b>Initial codes</b>	<b>Sub-themes</b>
Parks left abandoned Community centre closed Not being listened to Being a dumping area ...	Abandonment by institutional-level

186

187 Fourth, the generated sub-themes were checked to ensure that they were  
188 representative of the data. This was approached by analysing the remaining  
189 interviews (n=14) and checking whether or not the generated thematic map worked.  
190 No additional sub-themes arose and the final set was confirmed by all authors. Sub-  
191 themes were then grouped into master themes and titles were agreed by first,  
192 second and last authors.

193 The final two phases focused on ongoing analysis to refine sub-themes and report  
194 findings from the analysis. Memo-writing was also used by the first author by  
195 stopping the analysis and writing down ideas, allowing creative thinking (Urquhart,  
196 2013). The six-phase procedure was iteratively employed (Braun and Clarke, 2006),  
197 to ensure that reflections from this non-linear process were recorded in a reflective  
198 journal by the first author.

199

200 **3. Findings**

201 *3.1. Master themes and sub-themes: the deterioration process of the area*

202 Five master themes were identified regarding the deterioration process of the area,  
203 which have been split into sub-themes (Table 4).

204 *Table 4. Overview of findings from thematic analysis*

<b>Master themes</b>	<b>Sub-themes</b>
(1) 'External' abandonment	(1.1) Abandonment of the area as a whole by the institutional-level (1.2) Losing community premises (1.3) Private rented housing
(2) Loss of sense of community	(2.1) Loss of community pride (2.2) Loss of community spirit
(3) Feeling affected by community issues	(3.1) Experiences of stress (3.2) Affecting mental health and wellbeing
(4) Coping strategies	(4.1) Community disengagement (4.2) Distrust
(5) 'Internal' abandonment	(5.1) Physical environment (5.2) Social environment

205

206

207

208

209 **3.2. Master theme 1: External abandonment**

210 Most residents referred to at least one form of abandonment, which initially shared  
211 the view of blaming others for abandoning the area in which they lived. Ultimately,  
212 three forms of 'external' abandonment were identified.

- 213 • Sub-theme 1.1: Abandonment of the area as a whole at the institutional-level

214 Many interviewee accounts reflected a sense of abandonment at institutional-level  
215 (i.e., local authority), which denoted a feeling of having been ignored for a long time.

216 *A lot of money has been spent [in the new city centre], but I have been here 40*  
217 *years and I can't remember any money being spent in [name of area]... not one*  
218 *penny!* {Jennifer, Centre}

219 Feelings of abandonment in North were much stronger than in the other two areas.  
220 Thematic analysis revealed that North had been targeted to implement a  
221 regeneration plan that resulted in unfinished demolition, with consequent  
222 psychosocial impacts on residents, who expressed feelings of powerlessness: '*they*  
223 *were getting ready to pull us down*' {Keith, North}.

- 224 • Sub-theme 1.2: Losing community premises

225 Residents mentioned a lack of community venues within their immediate  
226 surroundings, citing the need for access to a premise for community use as an  
227 essential step to re-building the community. Residents from South and North referred  
228 to closure(s) of local community venues in the past 12 to 24 months. This was  
229 associated with a lack of financial investment in the area at institutional-level and by  
230 related organisations (e.g., housing association).

231 *If [the housing association that owns the community centre] had got the chance,*  
232 *they would pull [the community centre] down, and I still say now another two or*  
233 *three years time, that building will be pulled down, if somebody doesn't take*  
234 *over. Even the [Local Authority] don't want nothing do with it, and that is saying*  
235 *something, doesn't it? They don't want fund it* {Keith, North}

- 236 • Sub-theme 1.3: Private rented housing

237 Private rented housing refers here to houses rented out by private landlords. This  
238 was regularly mentioned as a main reason for area degeneration, with landlords and  
239 tenants described in negative terms. Accounts disclosed abandonment in two ways.  
240 On the one hand, fellow residents were seen as 'abandoning' the area for more  
241 desirable neighbourhoods.

242 *You started getting more and more people in who were anti-social, so... more*  
243 *and more people decided, 'I don't really want to live in this sort of environment'*



244 *so they moved out, the landlords bought those houses... more and more anti-*  
245 *social people were moved into the area* {Sam, North}

246 On the other hand, private landlords were perceived as only having a financial  
247 interest, rather than looking after the area.

248 *[Name of a landlord] is playing God, he is making people live in surroundings*  
249 *and circumstances that you wouldn't put an animal in, and he is just taking the*  
250 *money from it, and he is not giving anything back [to the community]* {Jasmine,  
251 Centre}

252 Some residents believed landlords' general lack of care for tenants was mirrored in  
253 tenants' mistreatment of their physical and social environment (connecting this with  
254 master theme 2).

255

### 256 3.3. *Master theme 2: Loss of sense of community*

257 A lack of 'community pride' and 'community spirit' was often described. This was  
258 associated with a low sense of community, which has been defined as '*a feeling that*  
259 *members have of belonging, a feeling that members matter to one another and to*  
260 *the group, and a shared faith that members' needs will be met through their*  
261 *commitment to be together*' (McMillan and Chavis, 1986, p. 9).

#### 262 • Sub-theme 2.1: Loss of community pride

263 Resident accounts of losing community pride were associated with perception of  
264 specific groups neglecting the physical environment. These were often described as  
265 being '*misfits from the English community or they're gypsies from [an Eastern*  
266 *European country]*' {John}, '*[People of South Asian origin]*' {John}, '*on benefits, so*  
267 *they don't work*' {Janiece}, or '*a lot of the properties are rented so people come and*  
268 *go a lot*' {Madison}. Negative connotations were noticed and, therefore, they were  
269 interpreted as interviewees seeing those groups belonging to an 'inferior' class, from  
270 now on referred to as '(the) others'.

271 Some resident accounts implied perceptions of an association between private  
272 rented housing and the arrival of 'others' in to their neighbourhood. In turn, the  
273 perceived mistreatment of tenants by private landlords was considered by some to  
274 cause tenants to neglect or mistreat their rental property and neighbourhood area,  
275 negatively influencing the local physical environment.

276 *If you are living in a house that's very poorly maintained, because that's all you*  
277 *can afford or that is the only landlord who will accept you for whatever reason,*  
278 *but you are not going to take any pride in that house, you are not going to take*  
279 *any pride in your surroundings, it is pretty much going to make you not really*

280 *care, and if you don't really care, then you end up causing problems for others*

281 {Sam, North}

282 Commonly cited examples of this behaviour were fly-tipping (illegal dumping of  
283 waste) and leaving waste bins on the street. Fly-tipping was interpreted as symbol of  
284 abandonment at a community- and individual-level, as this resident sarcastically  
285 indicated: '*Put a big sign up 'please come dump your rubbish in [name of area]*'  
286 {Jennifer, Centre}. Fly-tipping was perceived as attracting further negative  
287 consequences, becoming a major contributor to area deterioration.

288 Another major environmental concern was leaving waste bins out throughout the  
289 week, instead of on collection days only. Some suggested it had become the norm in  
290 certain streets, which was difficult to address unless the Local Authority enforced  
291 regulations; expecting the institutional-level to take responsibility, and referring once  
292 again to external abandonment.

293

294 • Sub-theme 2.2: Loss of community spirit

295 Resident accounts of the negative consequences of lost community spirit related to a  
296 deterioration of the social environment. Two forms of community spirit were  
297 revealed: functional and hedonistic. Functionally, residents missed the culture of  
298 community members looking after each other. From a hedonist perspective,  
299 participants described a lack of community gatherings that involved entertaining and  
300 enjoyable activities, such as street parties. These were often described as taking  
301 place in the past and being resident-led.

302 Data analysis revealed that the lack of community spirit was associated with a  
303 general feeling of disconnection with other residents in the area.

304 *People just ignore you, you could go out and speak to them, they would ignore*  
305 *you, they wouldn't speak to you* {Jennifer, Centre}

306 Such experiences of disconnection might find their root in resident dissatisfaction  
307 with their surroundings and perceptions of decline of their neighbourhood, and the  
308 associated increase in turnover of the local population (Kearns and Parkes, 2003).  
309 However, this research also found that further 'external' influences could feed  
310 experiences of disconnection. For example, North residents referred to permanent  
311 residents being forced to leave the area, due to the incomplete regeneration plan,  
312 affecting the social relationships of the residents who remained.

313 Accounts implicitly and explicitly referred to being segregated, often using the terms  
314 '*them versus us*' {Rebecca, North}. Segregation was expressed through accounts of  
315 clashes between groups of the population. A clash of lifestyles was appreciated  
316 between those who were interviewed and generally considered themselves as  
317 permanent residents, and other residents who were referred as 'the others'.  
318 Examples of disagreement with ways of living included self-harming behaviours

## Disengagement in disadvantaged areas of the UK

319 (e.g., alcoholism, drug addiction) and associated consequences (e.g., drug dealing,  
320 noise, crime).

321 *They are up all night drinking, then in the day they are asleep, so it's quiet in the*  
322 *day, and then mayhem at night. Where normal people, you have got to go to*  
323 *bed at night, because you have got to get up for work, haven't you?* {Janiece,  
324 Centre}

325 Data analysis also revealed a clash between ethnic groups living in the area,  
326 particularly in South. Ethnic groups were typically referred to as separate  
327 communities with '*different languages, they have different cultures, they have*  
328 *different faiths, and they have different classes*' {John}. Residents from a White  
329 British background, particularly from Centre and South, viewed the other ethnic  
330 groups as responsible for friction:

331 *[Parking and blocking the road] is being antisocial, when, I could've gone up a*  
332 *few yards up the road and park the car, you know, that will be sociable, that*  
333 *would be considerate but no... 'we are in South, we are [British South Asians],*  
334 *we are the majority here'* {mimicking a deep and virile voice} {John, South}

335 In the South, interviews with White British and particularly British South Asian  
336 residents revealed that certain cultural 'informal' norms associated with the Muslim  
337 religion were leading (British) South Asian females into social disengagement.

338 *First [Muslim women] will have to ask for a lift [to attend an activity] coz most of*  
339 *women don't drive. They need a lift to get there, we do not allow taxis. Our*  
340 *women don't go for taxis* {Nahid, South}

341 Not having access to community venues or provision (master theme 1) was seen as  
342 a possible cause of youth antisocial behaviour and overall community  
343 disengagement by limiting access to places where residents could gather and  
344 socialise.

345 *But no as far as I am concerned, it is like... there is nowhere for me to go if I*  
346 *wanted to socialise or meet people* {Jasmine, Centre}

347

### 348 3.4. Master theme 3: Feeling affected by community issues

349 This master theme covers how daily life was experienced to be negatively affected  
350 by the local community issues indicated in master theme 2.

- 351 • Sub-theme 3.1: Experiences of stress

352 Feeling stressed as a result of individuals carrying out harmful and antisocial  
353 behaviour was commonly reported.

## Disengagement in disadvantaged areas of the UK

354 *When you are in your front room or your living room, you can hear banging,*  
355 *banging, loud music going and, that's got to affect you, hasn't it? It's*  
356 *psychological. It's causing stress, worry... {Paul, South}*

357 Many gave accounts of feeling intimidated on the street, *'I feel very scared at times,*  
358 *I've actually avoided going into the shop'* {Lena, South} but also in their own home,  
359 *'we were burgled'* {Jean, Centre}.

360

361 • Sub-theme 3.2: Affecting mental health and wellbeing

362 Some residents associated the above stresses (e.g., feeling intimidated) regarding  
363 their social environment with a decrease in their mental wellbeing.

364 *Whether it'd be mental illness or depression or just general basic, just your*  
365 *[community] pride and everything, it just makes you feel negative, you know,*  
366 *and I think that has an adverse effect on your health in general {Dan, Centre}*

367 Living isolated lives was also associated with expressions of depression, particularly  
368 in female residents from South and Centre. Depression within British South Asian  
369 females living in South was commonly reported as a critical issue.

370 *Depression is something that it's shoved under the carpet with the Asian*  
371 *religion [British South Asianfemales] {Nahid, South}*

372 The above aspects mainly related to stresses in the social environment. However,  
373 the neglected physical environment also affected resident mental wellbeing: *'I'm*  
374 *ashamed sometimes of [relatives] coming up to my house'* {Sophia}. This was also  
375 considered as the opposite to feeling community pride.

376

377 **3.5. Master theme 4: Coping strategies**

378 Coping strategies were usually reported in combination with explanations regarding  
379 how issues in their living area and surrounds made them feel. Analysis revealed two  
380 types:

381 • Sub-theme 4.1: Community disengagement

382 Community disengagement was found as a strategy to cope with the stress of living  
383 in a disadvantaged area; many residents chose to stay at home to avoid possible  
384 trouble in the area.

385 *You come through your door and you lock that door, and you don't let anybody*  
386 *else, you don't get involved with anybody else, you don't want to know. We only*  
387 *get involved with {names of a couple}, because of their age, but everybody*

388 *else... we wouldn't get involved with. I would go out of my way to avoid them*  
389 {Jennifer, Centre}

390 Some residents also indicated not using the physical environment. Some stated that  
391 it was a conscious decision to cope with their experiences of stress within their  
392 surrounds.

393 *I won't go through the door very often because there is nowhere around here...  
394 that I can sit and go... and not feel threatened, you know* {Jasmine, Centre}

395 • Sub-theme 4.2: Distrust

396 A level of distrust was commonly denoted. Distrust amongst residents has previously  
397 been identified as a consequence of living in disadvantaged areas that signifies a  
398 lack of community spirit (Cattell, 2001). However, residents also gave numerous  
399 accounts that indicated high levels of distrust at an institutional-level. In particular,  
400 residents from the North often associated distrust with their experiences of  
401 abandonment at an institutional-level (i.e., unfinished regeneration plans).

402 *So what is that saying to the children? Saying these people who are supposed  
403 to be in power... they don't keep their word* {Sarah, North}

404 It seems that distrust was a strategy that acted as a subconscious defence  
405 mechanism. Many residents disclosed accounts that denoted distrust but only a  
406 small number recognised that they were actually distrusting.

407 Disengagement and distrust were interpreted as leading individuals to further  
408 contribute to the deterioration of their area. This is covered in the next master theme.

409

410 **3.6. Master theme 5: Internal abandonment**

411 Analysis revealed that withdrawing from the social and physical environments at an  
412 individual-level (internal abandonment) brought further negative consequences,  
413 which also contributed to area deterioration.

414 • Sub-theme 5.1: Physical environment

415 In terms of the physical environment, a common example was not accessing or  
416 having access to the existing venues in the area. This resulted in a lack of  
417 awareness of recent improvements taking place in the area.

418 *And I didn't actually realise that there was still a play park, I thought when they  
419 built the school [a few years back], I thought all the ground had been used, and*

420 *it was only up until the last meeting of [name of the programme] that I found out*  
421 *that the play park is still there* {Jasmine, Centre}

422 • Sub-theme 5.2: Social environment

423 In terms of the social environment, some residents' coping strategies led them to  
424 further disengage from the community where they lived, further contributing to  
425 segmentation between ethnic groups.

426 *I said [to my kids], 'you keep your mind straight, you're there [in school] to get*  
427 *your education, get your education and walk out to there, lunch time see your*  
428 *friends, and that's it. When you're in class, you're not there to chat to your*  
429 *friends, you're there to pick up your education. Do that, concentrate on that and*  
430 *walk away'* {Nahid, South}

431 Most residents did not acknowledge that their 'internal abandonment' was a further  
432 contributor to the community deterioration of the area. Only a small number of  
433 residents showed a realisation of community disengagement also being part of the  
434 problem, acknowledging a level of responsibility of the individuals and community.

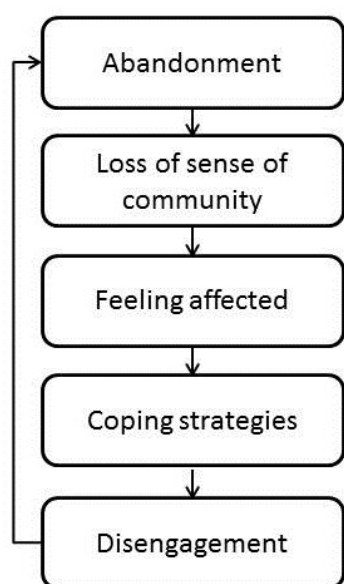
435 *When we had [name of a community venue that had recently been closed] it*  
436 *may have not been utilised as much as it should have been. I think the reason*  
437 *why obviously the [Local Authority] shut it was because it was underutilised*  
438 {Ahmed, South}

439

#### 440 4. Discussion

441 Through addressing the initial research question (exploring resident expectations of  
442 the programme), an additional research question emerged and became the focus of  
443 this paper: how disempowerment was experienced by individuals prior to taking part  
444 in a community engagement programme. Data analysis regarding experiences of life  
445 in the programme areas revealed a 'process of deterioration' that provides insight  
446 into how communities might become (more) disadvantaged. Figure 1 represents this  
447 process. External abandonment of the area at institutional-level was perceived to  
448 have caused a sense of community and community pride to be lost, increasing  
449 residents' stress levels and decreasing psychological wellbeing. Those remaining in  
450 the area reported experiences that denoted coping strategies to help living in such  
451 challenging areas, but these strategies also implied a disengagement from the  
452 physical and social environment of the area. This disengagement further  
453 perpetuated, contributing to a vicious cycle of deterioration of the area.

454



455

456 *Figure 1. Experiences of a process of area deterioration*

457

458 Addressing inequalities has become a policy priority in the UK (Department of  
459 Health, 2003; Hosseinpoor et al., 2015; NICE, 2012), where new policies have been  
460 suggested to enable populations to take control over their lives (Marmot, 2010).  
461 Institutional decisions have previously been suggested to disempower citizens by  
462 contributing to a sense of lack of control (Blears, 2003). However, to our knowledge,  
463 before this study very little was known about how individuals living in disadvantaged  
464 areas perceive (dis)empowerment at the institutional-level. The first master theme,  
465 *external abandonment*, contributes to better understanding of the reasons why  
466 residents may adopt a cynical and distrustful position when living in disadvantaged  
467 areas (Berman, 1997).

468 One specific aspect of *external abandonment* related to the closure of community  
469 venues. Disadvantaged neighbourhoods have previously been identified as having  
470 poor access to community resources (Pearce et al., 2007), which is consistent with  
471 the perceived inequality in community investment reported here. Additionally, the  
472 2007 global financial crisis led governments to apply austerity measures. In the UK,  
473 local authorities' budgets were greatly reduced, impacting on investment in local  
474 communities and areas, which can disproportionately affect , those living in more  
475 vulnerable circumstances (WHO, 2009). In the context of this study, such budget  
476 cuts could have contributed to the closure of community venues, putting populations  
477 of those disadvantaged areas in even more powerless positions.

478 This study showed residents reporting a high turnover of the local population as a  
479 further form of *external abandonment*. This has been previously acknowledged in  
480 Britain, encouraging the government to prioritise the stabilisation of residents in  
481 disadvantaged areas (Kearns and Parkes, 2003).

482 Experiences of *external abandonment* were associated with the second master  
483 theme, *loss of sense of community*, since the institutional abandonment of the area

484 was perceived as attracting 'others' to the area. This expands on previous research  
485 that featured disadvantaged neighbourhoods as comprising high levels of  
486 unemployment, high rates of single parents, and high levels of multi-ethnicity  
487 (Kearns and Parkes, 2003). Although this study did not intend to study level of home  
488 ownership, thematic analysis revealed that many of the study participants owned  
489 their home, previously identified as a source of pride and social status (Shaw,  
490 2004). Therefore, a different social status could also explain the high level of  
491 disconnection observed.

492 Accounts, particularly from the South, but also from the Centre area, highlighted a  
493 clash between ethnic groups. This mirrors previous research of showing low sense  
494 of community in mixed communities as they are usually forced to live together, or  
495 because British residents are unfamiliar with living amongst multicultural  
496 communities (Cole et al., 1997). Language used during interviews indicated strong  
497 distinctions in terms of belonging to specific groups, such as: '*our community*',  
498 referred to the British South Asians.

499 Accounts from North blamed the institutional-level for a lost sense of community  
500 since permanent residents were forced to leave. This related to the negative  
501 experiences previously reported in the New Deal for Communities (Egan et al.,  
502 2015) regarding neighbourhood demolition, relocation and urban regeneration plans.

503 Thematic analysis revealed feeling ashamed of the physical appearance of the  
504 surrounding environment. This has previously been suggested as a significant  
505 predictor of unhappiness amongst residents living in poor areas (Kearns and Parkes,  
506 2003), conflicting with the notion of 'belonging' of the concept sense of community.

507 This study also exposed multiple experiences of stress as part of master theme 3,  
508 *feeling affected by community issues*. Living in disadvantaged areas has already  
509 been associated with stress (Gidlow et al., 2016; Latkin and Curry, 2003; Steptoe  
510 and Feldman, 2001). This study gives further insight into what type of stress is  
511 experienced and how it relates to the wider community deterioration process, in  
512 terms of being caused by a low sense of community, but also being a possible  
513 explanation for 'exiting' (or disengaging from) the community and living in isolation.

514 Social isolation has previously been associated with disadvantaged areas (Böhnke,  
515 2008). However, this study explored interviewee's experiences of isolation, and was  
516 mostly interpreted as a *coping strategy* (master theme 4), where individuals 'exit' (or  
517 disengaged from) the area socially, mentally and even physically to be able to cope  
518 with the stress of living in a disadvantaged area (van der Land and Doff, 2010). The  
519 present study revealed different experiences of 'exiting'. These related to different  
520 levels of community (dis)engagement. In addition to those suggested, various  
521 residents who reported previous active engagement in their community (e.g.,  
522 attending community meetings) showed a pessimistic attitude towards change and  
523 improvement of their areas and lives. As Paul described, '*I think it's virtually an*  
524 *impossibility you can get a peaceful community*'. Therefore, for those who did not  
525 physically exit their area, they isolated themselves at home and/or stopped taking  
526 action towards social change. Further research should explore the differences and  
527 associations between social isolation, as an active coping strategy, and loneliness,



## Disengagement in disadvantaged areas of the UK

528 as a passive misfortune of living in a disadvantaged area, and how both associate to  
529 poor health.

530 High levels of distrust towards the institutional-level were also identified, which is  
531 consistent with previous research (Jarvis et al., 2012). Social isolation has been  
532 associated with low self-efficacy, as residents feel incapable of taking control, which  
533 increases feelings of insecurity and transforms into low levels of trust of other  
534 residents and the institutional-level (van der Land and Doff, 2010). Therefore,  
535 distrust might be a consequence of community disengagement. Further research to  
536 gain insight into this possible relationship is needed.

537 This study found that external influences (institutional, organisational and ('others' in  
538 their) community) were perceived as responsible for the deterioration of the area.  
539 This relates to Dahlgren and Whitehead's model of layers of influence in health  
540 (1991). It also found that residents further contributed to this by 'exiting' and  
541 disengaging from their areas, but were not always aware of their negative  
542 contribution. Community engagement approaches have been suggested as a way to  
543 address social determinants of health inequalities (O'Mara-Eves et al., 2013).  
544 However, these require active participation from individuals (O'Mara-Eves et al.,  
545 2013; Shalowitz et al., 2009), which seems to clash with individuals coping strategy  
546 of 'exiting' community life. Therefore, a first implication for practice from this study is  
547 involving professionals (institutional, organisational and community-levels) in  
548 understanding how mainstream policies and decisions impact vulnerable areas,  
549 leading to community disengagement (e.g., closing venues). A second  
550 recommendation is to plan ahead for restoring trust as part of the process involved in  
551 community engagement approaches.

552 The strengths and limitations of this study are recognised. The major strength relates  
553 to the exploratory and inductive approach of the chosen qualitative method, which  
554 enabled extensive disclosure from participants. Together with the implementation of  
555 participant-centred interviews, this allowed for the research question of  
556 'disempowerment' to emerge since interviewees were enabled to cover aspects that  
557 were important to them, instead of adhering to the interviewer's agenda.  
558 Understanding experiences of disempowerment and how this leads to community  
559 disengagement will also help in the longitudinal aspect of the research project to  
560 better understand how empowerment of the targeted community engagement  
561 programme is experienced at 12 months follow-up interviews.

562 However, studying disempowerment as a research question that was inductively  
563 developed also led to a limitation. The applied recruitment strategy exclusively  
564 focused on sampling residents who were already attending a particular programme  
565 in the UK. Therefore, findings from this study cannot be generalised to all  
566 populations living in disadvantaged areas of the UK, or beyond the UK. Further  
567 limitations relate to the diverse participant exposure to the programme since  
568 interviews with North and Centre residents took place one month after programme  
569 onset, whereas interviews with most of the South residents took place four months  
570 after. Additionally, there was some unavoidable variation in interview procedures.  
571 Two interviews took place in a noisy room with relatives present with numerous

572 interruptions, and three interviews took place in a quiet room, but were also  
573 interrupted repeatedly. This may have influenced participants' ability to focus on the  
574 questions asked, and the presence of relatives may have restricted what  
575 interviewees felt able to disclose. Finally, reflexivity might have influenced the  
576 direction of this study as the interviewer realised during first interviews that  
577 interviewees needed to talk about their experiences of life in their area. As the  
578 interviewer became cognisant of this emerging topic, it was followed up when it  
579 seemed important to interviewees.

580 Further research should focus on understanding the process of disempowerment  
581 (external and internal) and its relationship with community disengagement, applying  
582 longitudinal methodologies, and exploring the role of distrust in disadvantaged  
583 communities in the UK and elsewhere.

584

## 585 5. Conclusion

586 Disengaged individuals presenting high levels of distrust who live in disadvantaged  
587 areas should be understood as a product of disempowering influences being driven  
588 by higher layers of influence (i.e. institutional, organisational). Therefore, community  
589 engagement approaches to health promotion seem appropriate within a broader  
590 system including supportive environments and policies. These approaches must  
591 prioritise restoring trust and be accompanied by supporting policies and decisions  
592 that enhance an enabled and supported society, avoiding feelings of abandonment.

593 '

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