

Please cite the Published Version

Romeo Velilla, M, Ellis, N, Hurst, G, Grogan, S and Gidlow, C (2018) A qualitative study of disengagement in disadvantaged areas of the UK: 'You come through your door and you lock that door'. *Health and Place*, 52. pp. 62-69. ISSN 1353-8292

DOI: <https://doi.org/10.1016/j.healthplace.2018.04.002>

Publisher: Elsevier

Downloaded from: <https://e-space.mmu.ac.uk/620651/>

Usage rights:  Creative Commons: Attribution-Noncommercial-No Derivative Works 4.0

Additional Information: This is an Author Accepted Manuscript of a paper accepted for publication in *Health and Place*, published by and copyright Elsevier.

Enquiries:

If you have questions about this document, contact openresearch@mmu.ac.uk. Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from <https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines>)

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 ≥ 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

Disengagement in disadvantaged areas of the UK

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)
Gender			
Male	4	1	4
Female	7	6	6
Ethnicity			
British South Asian	5	0	0
White British	6	7	10
Age category			
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*

Initial codes	Sub-themes
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*

Master themes	Sub-themes
(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.

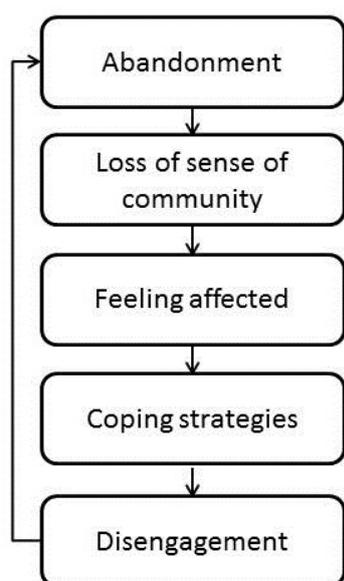
435 *When we had [name of a community venue that had recently been closed] it*
436 *may have not been utilised as much as it should have been. I think the reason*
437 *why obviously the [Local Authority] shut it was because it was underutilised*
438 *{Ahmed, South}*

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; Hosseinpour 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 '

594 Conflicts of interest: none

595 This research did not receive any specific grant from funding agencies in the public,
596 commercial, or not-for-profit sectors.

597

598

599

600

601

602 **References**

- 603
- 604 Berman, E., 1997. Dealing with cynical citizens. *Public Adm. Rev.* 57, 105–112.
- 605 Blears, H., 2003. *Communities in control: Public services and local socialism.* Fabian
606 Society, London.
- 607 Böhnke, P., 2008. Are the poor socially integrated? The link between poverty and
608 social support in different welfare regimes. *J. Eur. Soc. Policy* 18, 133–150.
609 doi:10.1177/0958928707087590
- 610 Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. *Qual. Res.*
611 *Psychol.* 3, 77–101. doi:10.1191/1478088706qp063oa
- 612 Cattell, V., 2001. Poor people, poor places ,and poor health: the mediating role of
613 social networks and social capital. *Soc. Sci. Med.* 52, 1501–1516.
- 614 Charmaz, K., 2014. *Constructing Grounded Theory.* Sage, London.
- 615 Cole, I., Gidley, G., Ritchie, C., Simpson, D., Wishart, B., 1997. Creating
616 communities or welfare housing? A study of new housing association
617 developments in Yorkshire/Humberside.
- 618 Dahlgren, G., Whitehead, M., 1991. Policies and strategies to promote social equity
619 in health. Background document to WHO – Strategy paper. Institute for Futures
620 Studies.
- 621 Department of Health, 2003. *Tackling health inequalities: A Programme for Action.*
- 622 Egan, M., Lawson, L., Kearns, A., Conway, E., Neary, J., 2015. Neighbourhood
623 demolition, relocation and health: A qualitative longitudinal study of housing-led
624 urban regeneration in Glasgow, UK. *Heal. Place* 33, 101–108.
625 doi:10.1016/j.healthplace.2015.02.006
- 626 Gidlow, C.J., Randall, J., Gillman, J., Smith, G.R., Jones, M. V., 2016. Natural
627 environments and chronic stress measured by hair cortisol. *Landsc. Urban Plan.*
628 148, 61–67. doi:10.1016/j.landurbplan.2015.12.009
- 629 Green, J., Tones, K., 2010. *Health promotion: planning and strategies,* 2nd ed. Sage,
630 London.
- 631 Hosseinpoor, A.R., Bergen, N., Magar, V., 2015. Monitoring inequality: An emerging
632 priority for health post-2015. *Bull. World Heal. Organ.* 93, 10–11. doi:doi:
633 <http://dx.doi.org/10.2471/BLT.15.162081>
- 634 Jarvis, D., Berkeley, N., Broughton, K., 2012. Evidencing the impact of community
635 engagement in neighbourhood regeneration: The case of Canley, Coventry.
636 *Community Dev. J.* 47, 232–247. doi:10.1093/cdj/bsq063
- 637 Kearns, A., Parkes, A., 2003. Living in and leaving poor neighbourhood conditions in
638 England. *Hous. Stud.* 18, 827–851. doi:10.1080/0267303032000135456
- 639 Latkin, C., Curry, A., 2003. Stressful neighborhoods and depression: A prospective
640 study of the impact of neighborhood disorder. *J. Health Soc. Behav.* 44, 34–44.
- 641 Lincoln, Y., Lynham, S., Guba, E., 2011. Paradigmatic controversies, contradictions,
642 and emerging confluences, revisited, in: Denzin, N., Lincoln, Y. (Eds.), *The*

- 643 SAGE Handbook of Qualitative Research. Sage, London, pp. 97–129.
- 644 Marmot, M., 2010. Fair society, healthy lives. The Marmot review. UCL Institute of
645 Health Equity.
- 646 Marmot, M., 2007. Achieving health equity: from root causes to fair outcomes.
647 *Lancet* 370, 1153–1163. doi:10.1016/S0140-6736(07)61385-3
- 648 Marmot, M., 2005. Public health social determinants of health inequalities. *Lancet*
649 365, 1099–1104.
- 650 Marshall, M.N., 1986. Sampling for qualitative research. *Fam. Pract.* 13, 522–526.
651 doi:10.1093/fampra/13.6.522
- 652 Mcmillan, D., Chavis, D., 1986. Sense of community: A definition and theory. *Am. J.*
653 *Community Psychol.* 14, 6–23.
- 654 NICE, 2012. Health inequalities and population health.
- 655 O'Mara-Eves, A., Brunton, G., Mcdaid, D., Oliver, S., Kavanagh, J., Jamal, F.,
656 Matosevic, T., Harden, A., Thomas, J., 2013. Community engagement to reduce
657 inequalities in health: A systematic review, meta-analysis and economic
658 analysis. *Public Heal. Res.* 1. doi:10.3310/phr01040
- 659 Pearce, J., Witten, K., Hiscock, R., Blakely, T., 2007. Are socially disadvantaged
660 neighbourhoods deprived of health-related community resources? *Int. J.*
661 *Epidemiol.* 36, 348–355. doi:10.1093/ije/dyl267
- 662 Raeburn, J., Rootman, I., 1998. People centred health promotion. John Wiley and
663 Sons, Chichester.
- 664 Robertson, A., Minkler, M., 1994. New health promotion movement: A critical
665 examination. *Heal. Educ. Behav.* 21, 295–312.
666 doi:10.1177/109019819402100303
- 667 Sandelowski, M., Holditch-Davis, D., Harris, B., 1992. Using qualitative and
668 quantitative methods: the transition to parent-hood of infertile couples, in:
669 Gilgun, J., Daly, K., Handel, G. (Eds.), *Qualitative Methods in Family Research.*
670 Sage, California, pp. 301–323.
- 671 Shalowitz, M.U., Isacco, A., Barquin, N., Clark-kauffman, E., Delger, P., Nelson, D.,
672 Quinn, A., Wagenaar, K.A., 2009. Community-based participatory research: A
673 review of the literature with strategies for community engagement. *J. Dev.*
674 *Behav. Pediatr.* 30, 350–361. doi:10.1097/DBP.0b013e3181b0ef14
- 675 Shaw, M., 2004. Housing and public health. *Annu. Rev. Public Health* 25, 397–418.
676 doi:10.1146/annurev.publhealth.25.101802.123036
- 677 Steptoe, A., Feldman, P.J., 2001. Neighborhood problems as sources of chronic
678 stress: Development of a measure of neighborhood problems, and associations
679 with socioeconomic status and health. *Ann. Behav. Med.* 23, 177–185.
- 680 Stringhini, S., Carmeli, C., Jokela, M., Avendaño, M., Muennig, P., Guida, F., Ricceri,
681 F., Errico, A., Barros, H., Bochud, M., Chadeau-hyam, M., Clavel-chapelon, F.,
682 Costa, G., Delpierre, C., Fraga, S., Goldberg, M., Giles, G.G., Krogh, V., Kelly-
683 irving, M., Layte, R., Lasserre, A.M., Marmot, M.G., Preisig, M., Shipley, M.J.,

Disengagement in disadvantaged areas of the UK

- 684 2017. Socioeconomic status and the 25×25 risk factors as determinants of
685 premature mortality: a multicohort study and meta-analysis of 1.7 million men
686 and women. *Lancet* 6736, 7–9. doi:10.1016/S0140-6736(16)32380-7
- 687 Stuteley, H., Hughes, S., 2011. *Connecting Communities Handbook*. University of
688 Exeter, Exeter.
- 689 Urquhart, C., 2013. *Grounded Theory for qualitative research. A practical guide*.
690 Sage, London.
- 691 van der Land, M., Doff, W., 2010. Voice, exit and efficacy: Dealing with perceived
692 neighbourhood decline without moving out. *J. Hous. Built Environ.* 25, 429–445.
693 doi:10.1007/s10901-010-9197-2
- 694 Whitehead, M., 1991. The concepts and principles of equity and health. *Health*
695 *Promot. Int.* 6, 217–228.
- 696 WHO, 2009. *The financial crisis and global health*. Geneva.
- 697 WHO, 2008. *Closing the gap in a generation: Health equity through action on the*
698 *social determinants of health*. Geneva.
- 699 Zimmerman, M., 2000. Empowerment theory: psychological, organizational and
700 community levels of analysis, in: Rappaport, J., Seidman, E. (Eds.), *Handbook*
701 *of Community Psychology*. Academic/Plenum Publishers, New York, pp. 43–63.
- 702
- 703