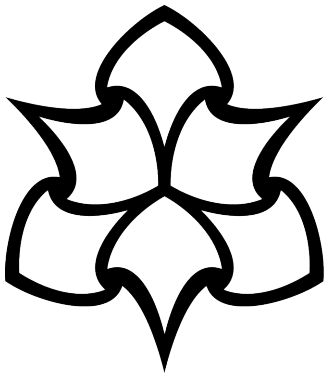

A qualitative study of disengagement in disadvantaged areas of the UK: *'You come through your door and you lock that door'*

RUNNING HEAD: Disengagement in disadvantaged areas of the UK

Abstract

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

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

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

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

Key words: (dis)empowerment, health inequalities, disadvantaged, qualitative research, community (dis)engagement

1. Introduction

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

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

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

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

2. Methods

2.1. Study design and setting

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

2.2. Materials

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

2.3. Sampling and recruitment

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

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

2.4. Participants

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	

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

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

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

2.5. Data collection procedure

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

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

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

2.6. Data analysis

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

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

Data extract (line-by-line)	**Initial code**
'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'	Losing community
'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'	Fly-tipping becoming the norm

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

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

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

3.2. Master theme 1: External abandonment

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

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

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

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

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

- Sub-theme 1.2: Losing community premises

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

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

- Sub-theme 1.3: Private rented housing

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

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

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

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

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

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

3.3. Master theme 2: Loss of sense of community

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

- Sub-theme 2.1: Loss of community pride

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

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

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

care, and if you don't really care, then you end up causing problems for others {Sam, North}

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

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

- Sub-theme 2.2: Loss of community spirit

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

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

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

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

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

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

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

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

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

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

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

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

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

3.4. Master theme 3: Feeling affected by community issues

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

- Sub-theme 3.1: Experiences of stress

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

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

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

- Sub-theme 3.2: Affecting mental health and wellbeing

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

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

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

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

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

3.5. Master theme 4: Coping strategies

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

- Sub-theme 4.1: Community disengagement

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

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

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

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

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

- Sub-theme 4.2: Distrust

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

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

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

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

3.6. Master theme 5: Internal abandonment

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

- Sub-theme 5.1: Physical environment

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

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

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

- Sub-theme 5.2: Social environment

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

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

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

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

4. Discussion

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

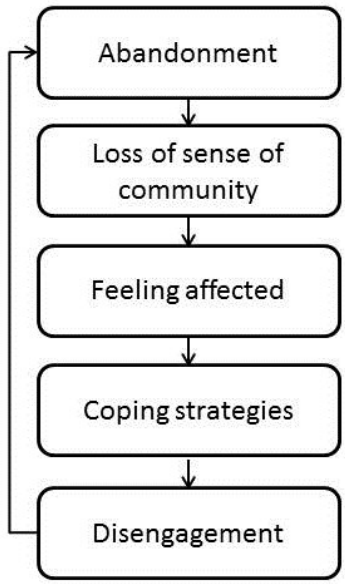

Figure 1. Experiences of a process of area deterioration

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Conclusion

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

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