Why ‘collective control’ matters for health inequalities

“As a community if you are from a sort of area where you are seen as needy … the one thing you never are is in charge”
Resident, Big Local area, SPHR Case study

Overview
Most research on the causes of health inequalities and how to reduce them is focused on individual behaviours like healthy eating. Yet the amount of control that people have over their lives is important for health as well.

In particular, a lack of control over decisions about issues where people live could play an important role in maintaining the inequalities that persist in health and life expectancy between more or less affluent groups.

Little is known about the health impacts of initiatives that aim to empower communities and groups to gain more control over local decisions, what approaches work best and importantly, which may have negative impacts.

Communities in Control Study
NIHR SPHR’s Health Inequalities research programme involves an evaluation of one of the largest English area based community empowerment initiatives to date – Big Local.

The study currently involves 2 phases:

Phase 1 (Jan 2014 – Dec 2015) focused on exploratory work to understand early roll out of the initiative. It also developed methods for a second Phase.

Phase 2 (Oct 2015 – Mar 2017) is taking a systems approach to investigate changes in experiences of control among residents in Big Local areas as a result of the programme. It is also tracking early health and social impacts for individuals and communities.

About Big Local
Big Local is funded by the Big Lottery in 150 areas across England and is managed by Local Trust. Each area receives funding of at least £1 million and a range of support, to enable residents to make a positive difference to their communities over at least ten years. Big Local could impact on the health of individuals and communities by empowering groups of residents to have more control over decisions affecting the places where they live and by taking action to improve social, physical and material conditions in these areas.
Phase 1 included 140 interviews with residents and practitioners involved with delivering Big Local in 10 areas and over 400 hours observing local meetings and events. Findings cover several topics:

- Identifying indicators of ‘collective control’ among groups of residents and within communities
- Influence of social context (e.g. pre-existing community relationships) upon how the initiative unfolds
- How the funding works to connect residents and increase control as well as its challenges
- Spaces for collective decision making and participation that the initiative is creating
- Addressing the inclusion and exclusion of different groups (e.g. younger people)

The study has developed, and is testing methods for a systems approach to the evaluation of community initiatives. Key features of the Phase 2 design include:

- Neighbourhood fieldwork extended from Phase 1 into 15 Big Local areas including interviews with residents and practitioners.
- Longitudinal survey of directly engaged residents involved in delivering the initiative locally.
- Analysis of routine data and community plans from all Big Local areas to identify types of context, implementation processes, and approaches to resident participation.
- Exploratory work on the economics of community initiatives like Big Local.
- Establishing systems for a longer term assessment of the initiative on health inequalities.

Public and practitioner engagement is taking place throughout the research with residents of Big Local areas and public health networks as well with Local Trust.

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