

Identifying indicators of 'collective control' in an area based empowerment initiative

Overview

To understand how 'collective control' might be promoted as a means of addressing health inequalities, it is necessary to understand what this looks like in practice. Yet existing health research has often focused on measuring changes in control for individuals rather than among groups and communities.

Aims

The briefing introduces a framework for identifying 'collective control', developed as part of research with a major initiative being rolled out across England. Examples are given of how control is developing among groups of residents leading on local delivery and also between these resident groups and other organisations in this particular initiative.

Indicators of 'collective control'

'Power to'	The creation of organisational structures and arrangements that enable people to come together in collective decision making and direct action.
'Power within'	The development of skills, confidence and critical awareness at a group level that equip people with the ability and drive to take action together.
'Power with'	The links and alliances that develop with other groups or organisations in pursuit of common goals or interests.

Initial findings

- New community structures for decision making and action are emerging. As groups become established and achieve early successes, confidence in their ability to affect change grows. Those involved are developing or pooling skills and knowledge to address local issues. Groups are also developing or consolidating relationships with agencies or are becoming more attuned to resources that other organisations can offer.
- The process of arriving at consensus in groups is, however, often described as fraught, affected by existing community relationships, and on occasions resulting in the exacerbation of tensions and conflict.
- Examples of how collective control is effecting change in wider community settings are beginning to emerge nevertheless. This has included the 'claiming back' of land to be sold by the council to a developer, or the negotiation of discounted rates/acquirement of buildings for community hubs and venues.
- Changes can also be fluid and subject to undoing. Successful events can build up confidence, but unsuccessful events or stagnation in decision making processes can lead to frustration. Sometimes, these experiences have meant that some residents have lost confidence in the programme and disengaged from the process temporarily or permanently.



This is one in a series of 'bite sized' research briefings from the Communities in Control Study. Visit our website to access other project resources.

<http://sphr.nihr.ac.uk/health-inequalities/home/>

About the CiC Study

The Communities in Control (CiC) Study is evaluating the health inequalities impact of a Big Lottery funded initiative called Big Local. The initiative is being rolled out in 150 areas in England over at least ten years. Each area is receiving at least £1 million and a range of support to enable residents to make a positive difference to their local community.

CiC Phase 1 (Jan 2014 - Dec 2015) has produced learning about the initial stages of this initiative for public health practice and communities. It involved 140 interviews with residents and professionals and observations in 10 Big Local areas. This was supplemented by interviews with national programme leads. Phase 2 (Oct 2015 - March 2017) is assessing how collective control among residents is developing, as well as early health and social impacts for individuals and communities.

Relevance for health inequalities

Empowerment has, for many years, been central to public health strategies with substantive investment in community initiatives, often in low income areas. This power framework may be used or added to by others who are supporting the planning, delivery and evaluation of empowerment initiatives, to consider the changes for groups and communities that they might expect or identify as occurring as a result.

The use of qualitative and theory driven methods in this research has highlighted how experiences of control among groups emerge and shift over periods of time. Such methods are particularly relevant for evaluating initiatives over the longer term where change does not necessarily 'happen' in linear or predictable ways.

Further information

The [NIHR School for Public Health Research](#) is a collaboration between: the Universities of Sheffield, Bristol, Cambridge, Exeter, UCL; The London School of Hygiene and Tropical Medicine; the LiLaC collaboration between the Universities of Liverpool and Lancaster and Fuse: The Centre for Translational Research in Public Health, a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

Big Local is managed by [Local Trust](#).



We would like to thank residents of Big Local partnerships and Local Trust for their support to the research. The research was funded by the NIHR School for Public Health Research (SPHR). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. Photos courtesy of Big Local areas and Local Trust.