Community Development & Health Network

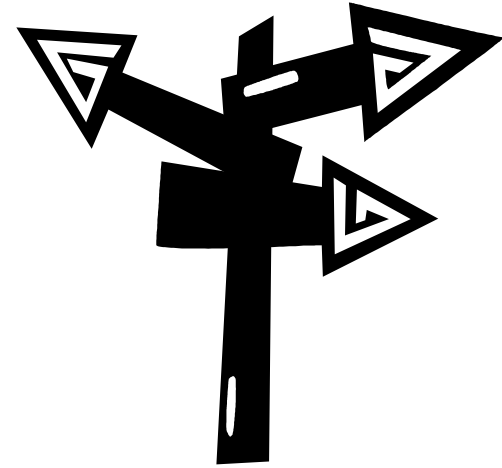# Re-centering Power and Control in work with disadvantaged communities

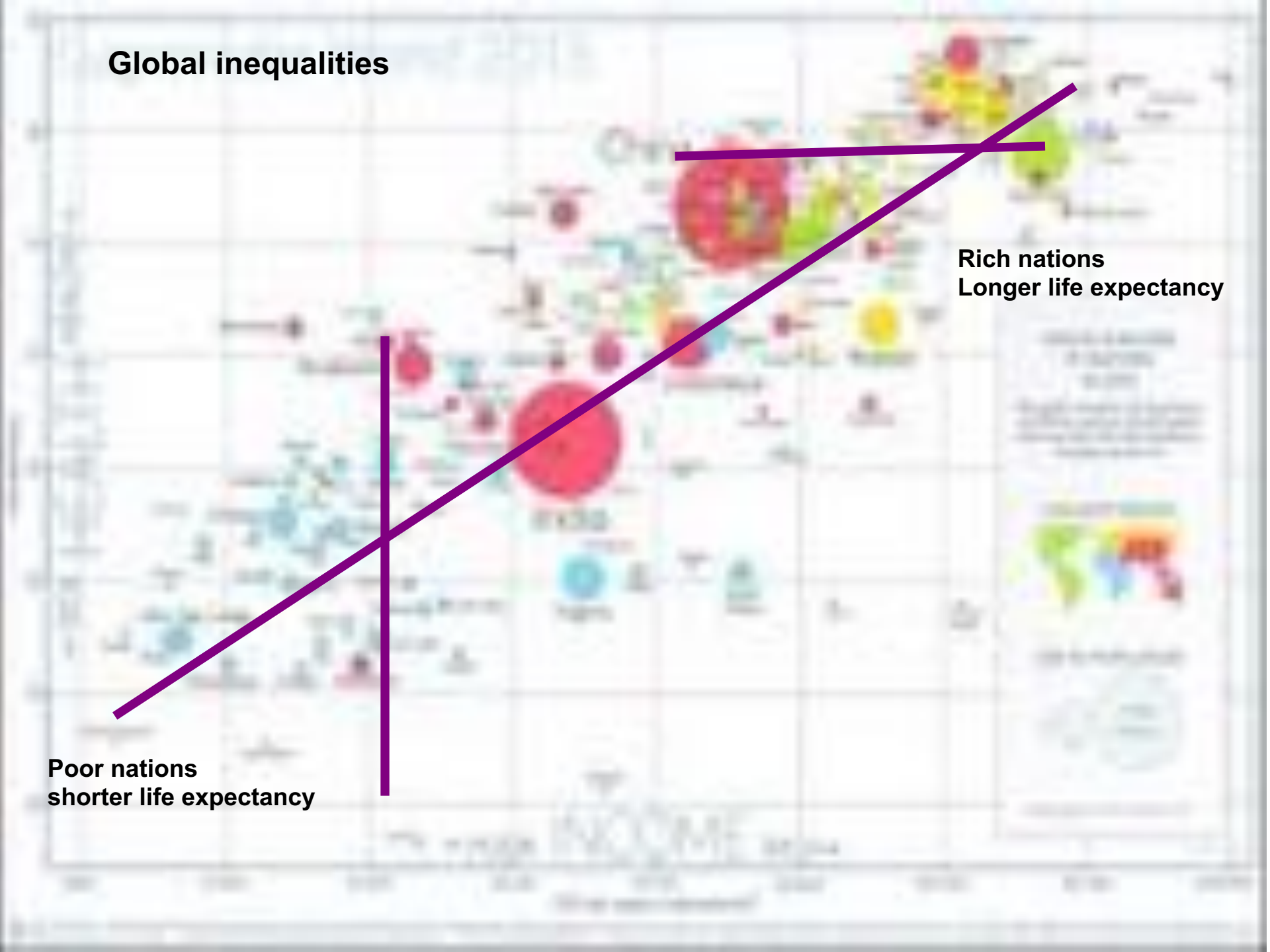## Jennie Popay
November 2019

The presentation

- **What are health inequalities and what are the cause?**

- **What is to be done and where does community development fit?**

- **What are the problems with contemporary community approaches**

- **What needs to be done - re-center power and control in community approaches**

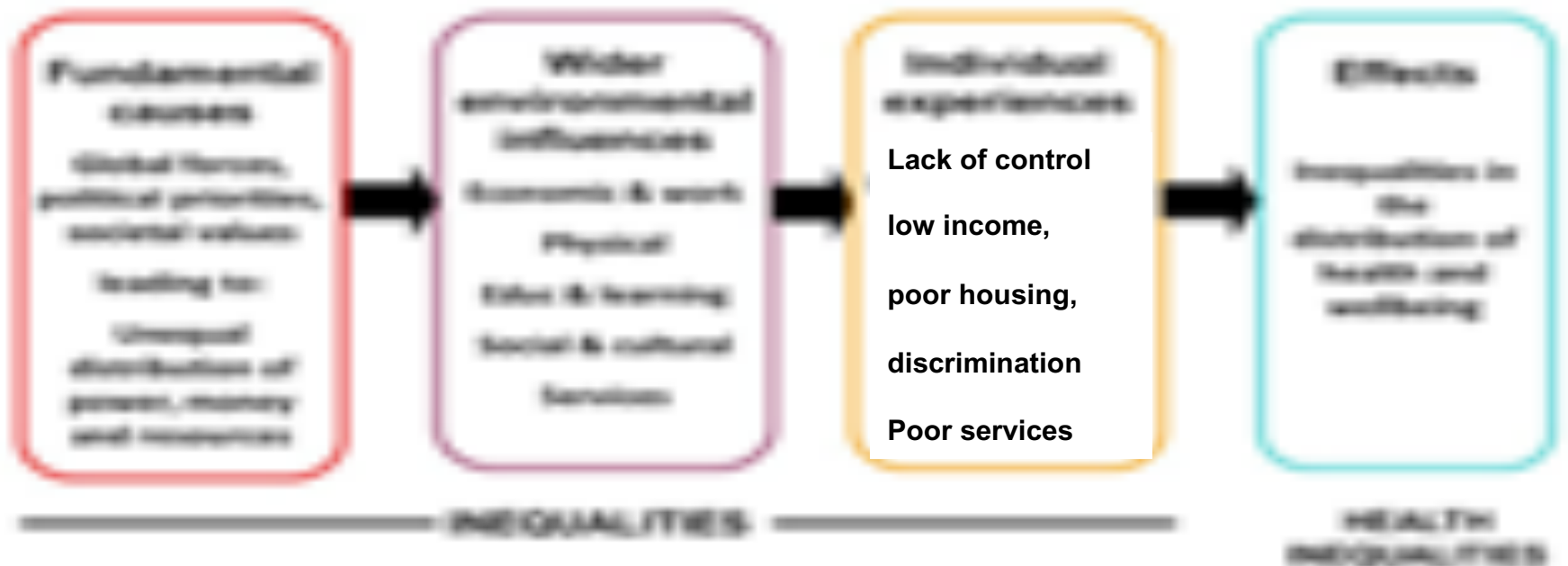- **Top tips and challenges….**

Global inequalities

Rich nations
Longer life expectancy

Poor nations
shorter life expectancy

What causes health inequalities?

Upstream ← → Downstream

Fundamental causes

Global forces, political priorities, societal values

leading to:

Unequal distribution of power, money and resources

Wider environmental influences

Economic & work

Physical

Educ & learning

Social & cultural

Services

Individual experiences

Lack of control

low income,

poor housing,

discrimination

Poor services

Effects

Inequalities in the distribution of health and wellbeing

——— INEQUALITIES ———

HEALTH INEQUALITIES

Health inequalities are

Systematic differences in health experience between social groups – class, gender, race/ethnicity, etc

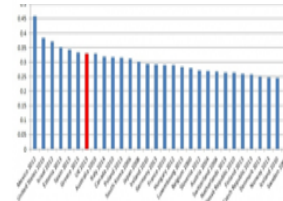They can be changed by policy action

They are therefore unfair

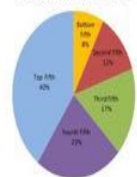**A matter of social justice**
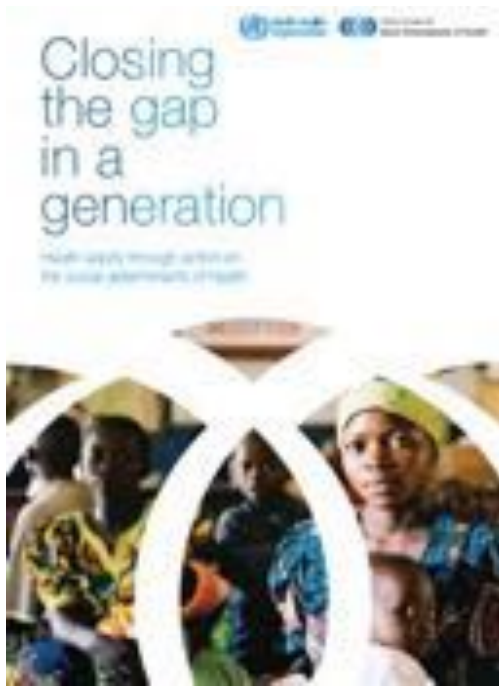**So what is to be done?**

An unjust and sickly "United" Kingdon

"The challenge is to work out the precise demands of social justice that are....practically useful.

Amartya Sen 2010

➢ Behavioural & health outcomes not ethical or appropriate social justice policy goals

➢ **Why? They don't tell us 'how' to act**

➢ An Aristotelian framework does i.e.

  ➢ Human flourishing is the aim

  ➢ Capability release and development is the means.

➢ Policies promoting social justice should:

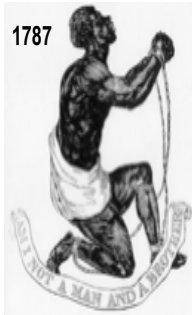 ➢ support the development of individual/collective capabilities
  ➢ Remove barriers to people's ability to exercise reasoned agency
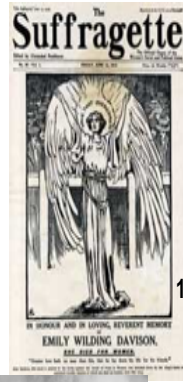 ➢ Make wise use of limited resources – be effective

Community development: A social justice approach to reducing health inequalities

- *Communities*: people sharing common interests - can be spatially connected, local, national or international.

- *Community empowerment:* more than the involvement, participation or engagement of communities in action set by the agenda of others

- A process whereby people with relatively little power gain capabilities to exercise collective control over decisions/actions that shape health

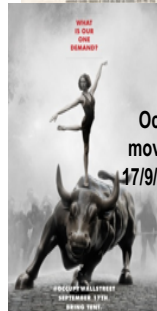- Focus on social and political change to increase social justice

1787

The Great Chartist Meeting on Kennington Common London 1848

The Suffragette

1897

EMILY WILDING DAVISON,

The Stonewall Riots - 1969

A Turning Point in the Struggle for Gay and Lesbian Liberation

by Lionel Wright

PEOPLE'S HEALTH MOVEMENT

Le Travail décent, environnement

Occupy movement 17/9/2011NY

Community in Policy
A rich history
A diverse present

The roots of community development and action

Co-operatives 1840

The Co-operator.

Friendly Societies: Bevan on the NHS: "We are going to 'Tredegar-ise' you."
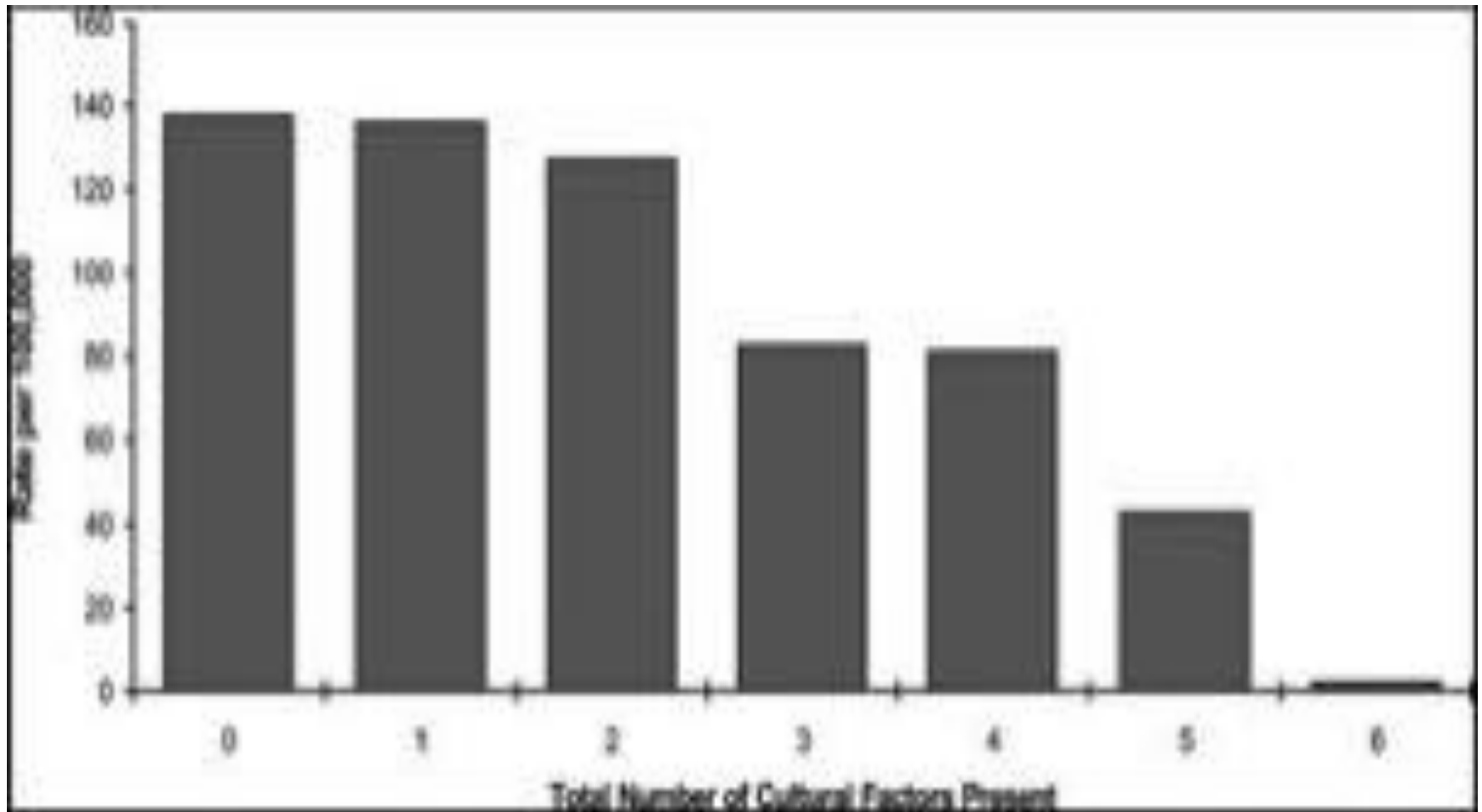
Settlement Movement
Toynbee House: 1884

2010: A million community organisations 'below the radar' in the UK - millions of people engaged in diverse collective action to pursue mutual interests (Phillimore & McCabe)

Can Community Development reduce health inequities?

❖ If development is empowering and leads to greater control
❖ Having more control in life is health enhancing for individuals
❖ *Collective control* can be health enhancing for communities by:

- Enabling experiential knowledge of 'injustice' to be utilised to create more appropriate and acceptable services and policies

- Reducing social isolation and increasing social support & cohesion

- Creating solidarity for action to improve social, economic and material conditions that impact on life and health

- Increase political understanding, potentially increasing civil society action to shift the political system towards more socially just policies

The effects can be very significant
Decreasing suicide rates with increasing community 'control' in Canada's 1st Nations

Community empowerment is in the policy mainstream
- Sustainable Development Goals
- International and national strategies
- new local governance model in all policy sectors and all communities

BUT.....

The technical-fix paradox

- 'Imperative of survival' makes professions and organisations reach out to 'the community' to help it achieve its aims

- This drives an instrumental approach to community engagement spawning a plethora of 'how to' guidance and manuals providing technical fixes for the wicked problem of participation and empowerment

NHS England guide to
Participative approaches

Welsh co-production catalogue

The professionalism paradox.....

Bevan:
Advocacy is "the first job of a politician"

BUT ALSO

"The responsibility of professionals based on insight into injustice"

But advocacy typically assumed to be unprofessional!

The knowledge paradox

Individuals and communities dominate in health field but as accumulations of symptoms, risks, vulnerabilities, resiliencies and/or sets of freely chosen behaviours

Rarely treated as 'knowing subjects' with 'practical wisdom informing decisions that are logical in context of their lives

The Political Paradox

- **Many initiatives are limited to an** '**inward gaze**' on psychosocial characteristics of communities and proximal problems: e.g. behaviors and lifestyle, social prescribing, DIY neighbourhood improvements

- **They neglect the outward gaze** on social and political change for greater social justice embedded in foundational statements on community empowerment

•**May leave social and health inequalities unchanged** but they could widen them by increasing control "better off" communities have whilst undermining capabilities in disadvantaged communities as public services and resources shrink

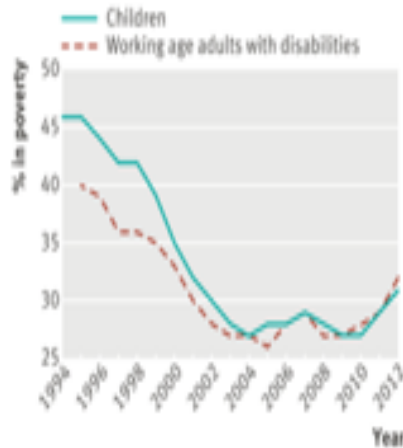•Why?????

The "Responsibility" discourse

(Moon,2010 unpub)

The Problem: "a lack of responsibility" has "led to our battered economy, broken society, beleaguered public services and our broken politics...Because government got too big, undermined responsibility .....human kindness and imagination are steadily being squeezed....the growth in the state has created an entitlement culture where ...good people routinely do bad things."

The solution: A Big Society: "Where people ask not what the state can do for them but what they can do for themselves.. where the leading force for progress is social responsibility not state control"
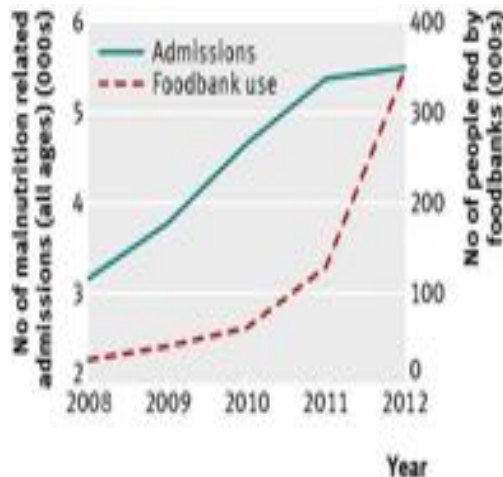
A responsible and enabling state: "Use the state to help remake society by encouraging people to take responsibility for themselves and for one another... "spread responsibility to every area of national life."

Responsible & Enabling State: Past gains being undone e.g.
Absolute poverty & malnutrition-related hospital admissions increase
Life Expectancy stalled and in some cases declining…..

As the state shrinks….

- More than £12 billion of benefits saving

- Additional £20billion reduction in other public spending by 2020 (including £6.9 million of public health budgets in 2018/19 - 20%)

- Reductions in departmental budgets of 40% - cuts of 1/3 in all areas except overseas aid, NHS and schools – more dramatic in LA budgets

- Aspiration - "*A smarter state* that spends less but delivers more"

Taylor-Robinson D, Whitehead M, Barr B. BMJ 2013 &2014

If social and health inequities are to be reduced we urgently need to 're-centre' power to strengthen the outward gaze in community initiatives onto social and political change but…..
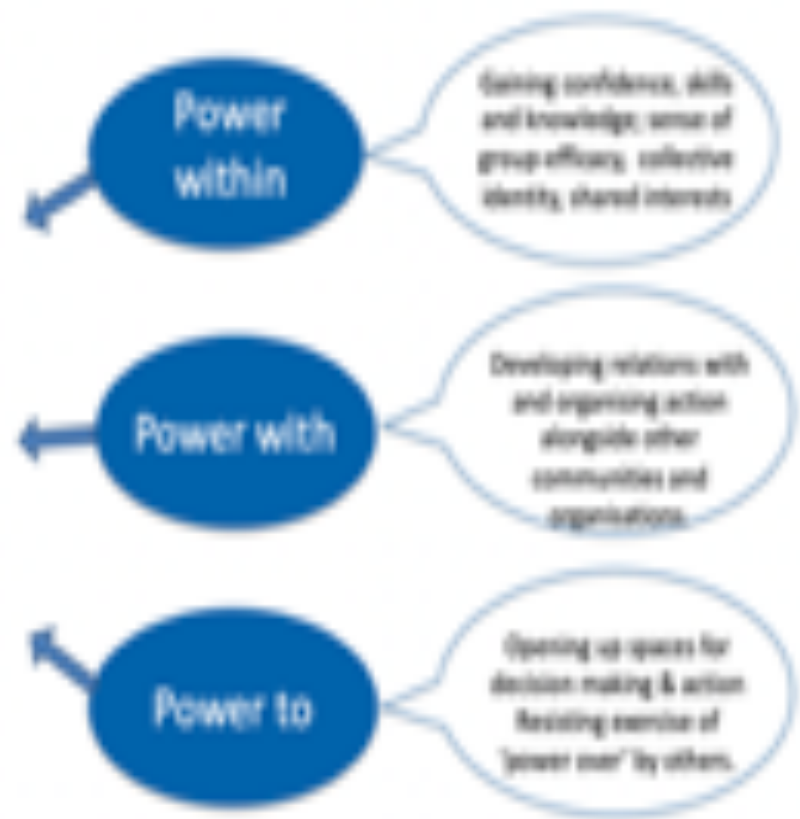
1. What kind of power?

2. Where do power develop/operate?

3. What should be done about them?

What kind of power? Limiting or emancipating

Where does power develop/operate?

The GLOBAL SPACE   The NATIONAL SPACE   The LOCAL SPACE

"space is a social product….it is not simply 'there', a neutral container waiting to be filled but a dynamic humanly constructed means of control and hence.., of power"
(Lefebvre 1991:24)

What kind of Participative spaces
Emancipatory power develops and limiting power is challenged

Governance spaces e.g. Partnership boards, neighbourhood youth forums, project planning groups, networks

Exercise power to and develop power within and power with

DIVERSITY

Sense Making Spaces: claimed spaces e.g, meetings in community hubs or local cafes, festivals

Develop power within – shared values, interests, narratives

CONNECTIVITY

External spaces: 'by invitation only': e.g. local, national and international assemblies, consultation events,

Exercised *power to*

JUST IMAGINE IF............

The whole society was equity sensitive

AND

Focused on a fairer distribution of resources and power

AND

Acted as a powerful advocate for social justice

How do we get there.

Reality

Equality
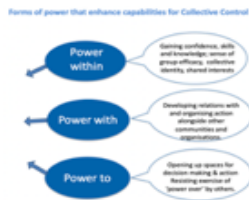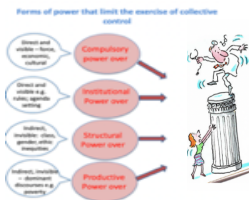
Equity

Justice

Top Tips

On justice sensitive action

1 Stop lifestyle drift…….

- Audit equity tools for upstream determinants e.g. ACE questionnarie

- Shift social prescribing upstream determinants (housing, income and

2. Design initiatives to release/build capabilities by mapping power dynamics and putting in place strategies to resist and change them

Use productive power to create counter non-stigmatising narratives

- Avoid language, images or activities that create or compound stigma

- Draw attention to positive behaviours and attributes and challenge negative narratives of disadvantaged people/places

- Support disadvantaged people to construct and share positive images and stories about themselves

- Challenge stigmatising coverage in media & official reports

- Publicise how social and commercial determinants of health shape behaviours

3. Take people's experiential knowledge seriously

'The people are excluded from forming judgements on the ground that expert knowledge is required, and that of course the people cannot possess.... The debunking of the expert is an important stage in the history of democratic communities because democracy involves the assertion of the common against the special interests'
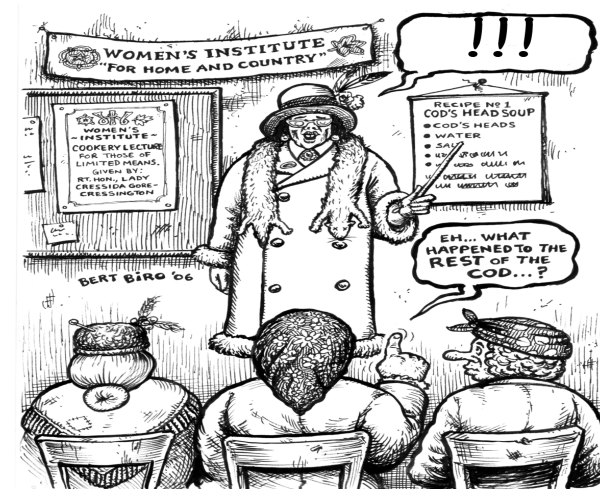*(Aneurin Bevan, quoted in Smith, 1993:178).*

Grenfell Fire London 2017

Resilient for what….

The story of fish head soup

4. Advocate locally, nationally and internationally for greater social justice: become exemplary equity professionals

(Babbell, 2016)

What each nursing leader had in common was political activism that grew out of the personal knowledge they gained in providing care … and understanding that their efforts toward achieving social justice were as important to health as direct nursing care they provided.

International Council of Nurses 2017

Concluding remarks: don't miss the point

- Enhanced control by communities with little power over decisions impacting on their lives and health can have direct health benefits

- But too many community initiatives are limiting themselves to the inward gaze neglecting the outward gaze on social transformation and political change for greater health equity

- Community development approaches must begin by analysing power dynamics and then changing them in the pursuit of social justice and taking experiential knowledge seriously - not mapping and activating community assets and focusing on behaviour change

- But enhanced community control over decision-making and action locally can't alone tackle the fundamental drivers of social and health inequities – this need action nationally and internationally

Thank you for listening……

And some challenges

- What type of limiting power can you identify in a community you work with?

- What strategies would resist these limitations?

- How do you feel about advocating for greater social justice on the basis of your experience