

REFRAMING “PARTICIPATION” AND “INCLUSION” IN PUBLIC HEALTH POLICY AND PRACTICE TO ADDRESS HEALTH INEQUALITIES: EVIDENCE FROM A MAJOR RESIDENT-LED NEIGHBOURHOOD IMPROVEMENT INITIATIVE

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ABSTRACT

There is a need for greater conceptual clarity in place-based initiatives that seek to give residents of disadvantaged neighbourhoods more control over action to address the social determinants of health inequalities at a local level. In this article, we address this issue as it relates to the concepts of participation and inclusion. We draw on qualitative data generated during the first phase of the Communities in Control Study, a longitudinal multi-site independent evaluation of the impact of Big Local on the social determinants of health and health inequalities. Big Local is a resident-led area improvement initiative in England, funded by the Big Lottery Fund). Initiatives focused on community empowerment are increasingly prominent in public health policy and practice globally. Approaches emphasise the promotion of greater control over decisions and action amongst individuals, groups and communities, particularly those living in disadvantaged circumstances. However, when it comes to participation and inclusion in taking action and making decisions, the field is characterised by conceptual confusion. This risks undermining the impact of these initiatives. Whilst participation and inclusion are necessary conditions for empowerment and collective control they are not necessarily sufficient. Sufficiency requires attention to the breadth of participation (i.e., to inclusion) and to the depth of participation (i.e. the extent to which it is experienced as empowering and ultimately enables the exercise of collective control over decisions and actions). In observing how different Big Local resident-led Partnerships across England are tackling the day-to-day challenges of engaging with their communities, we reveal the potential for policy and practice of reframing, and therefore clarifying (to highlight the different roles they have) the concepts of participation and inclusion in terms of depth and breadth.

1 INTRODUCTION

This paper focuses on the need for greater conceptual clarity in place-based initiatives that seek to give residents of disadvantaged neighbourhoods more control over action to address the social determinants of health inequalities at a local level. These initiatives are increasingly prominent in public health policy and practice globally, highlighting the need for clarification. The paper is in two parts. First we explore the confused discursive terrain surrounding community, control, participation and inclusion. Drawing on examples from the UK we argue that this lack of conceptual clarity can be seen to have limited the impact of previous area-based initiatives aimed at improving the living conditions in disadvantaged areas with the active participation of residents. The second part of the paper utilises qualitative data from a major on-going evaluation of an England-wide place-based community-led

neighbourhood improvement initiative, to (i) identify challenges faced by such initiatives in attempting to address both participation and inclusion, and (ii) illustrate the value of reframing participation and inclusion – concepts that have frequently been used interchangeably – to distinguish more clearly between breadth of participation (i.e., inclusion) and the depth of participation (i.e., collective control). We argue that attending to the conceptual clarity around participation and inclusion would allow those designing and delivering community-led initiatives in the health and other policy fields to be clear about the objectives for participation (i.e., breadth and depth) and how to achieve them.

1.1 Empowerment, control, participation and inclusion: a confused and confusing conceptual terrain.

There is a growing body of evidence on the importance for health of the control people have over decisions that have an impact on their lives (Popay, et. al. 2010; O’Mara-Eves, et al, 2012; Wallerstein, 2006). Though much of the research has focused on control at the individual level, there is increasing interest in the social and health impact of collective control by communities of interest or place, as theory suggests that inequalities in collective control amongst social groups may be a driver of health inequalities. This is now reflected in strategies for promoting population health and reducing health inequalities at every level from local to global, which emphasise promotion of greater control over decisions and action amongst individuals, groups and communities, particularly those living in disadvantaged circumstances. However, this field is characterised by conceptual confusion, which risks undermining the impact of these initiatives.

Public policy documents in the UK illustrate this confused and confusing terrain. A wide range of suffixes are attached to the word *community*: development, involvement and most notably engagement, the latter two reflecting the increasing prominence being given to the ethical imperative to involve people in decisions that affect their lives (Popay, 2009; Whitehead, 2007; Cornwall, 2002). In 2008, the National Institute for Health & Care Excellence (NICE) published guidance for public health in England on ‘Community Engagement for Health and Wellbeing’ (NICE, 2008); this included engagement and community development or encouraging people to get directly involved in decisions affecting their wellbeing. This was followed in 2014 by NICE recommendations on good practice in community engagement for local authorities (who by then had acquired the public health function from the NHS). Then, in 2016, NICE updated its guidance with a slightly revised title: Community Engagement: improving health and wellbeing and reducing health inequalities.

While NICE stayed with the term *engagement*, the conceptual terrain has shifted over the past decade or so. Overlapping and sometimes contradictory terms have found their way into the policy lexicon including, in particular: “community-centred” or “place-based” approaches, “asset based community development”, connected communities, community resilience, community empowerment, and collective control. This shift is illustrated in recent documents from Public Health England (PHE), England’s leading public health agency. In 2014, PHE’s strategy document *Evidence into Action* identified seven ‘unique game changers’, including *place-based approaches* described as ‘developing local solutions that draw on all the assets and resources of an area, integrating public services and also building resilience in communities so that they take control and rely less on external support’ (PHE, 2014: 22). The following year PHE published a guide to *Community Centred Approaches*, which aimed to ‘mobilise the assets within communities, promote equity and increase people’s control over their health and lives’ (PHE, 2015a, 3). In the Foreword the CEOs of PHE and NHS England comment that ‘there is extensive evidence that connected and empowered communities are healthy communities. Communities that are involved in decision-making about their area and the services within it, that are well networked and supportive and where neighbours look out for each other, all have a positive impact on people’s health and wellbeing’ (PHE, 2015b, 4). They add volunteering to the characteristics of these ‘empowered communities’, noting that ‘three million volunteers already make a critical contribution to the provision of health and social care in England. This is a huge asset to our nation’s health’ (ibid.).

Box 1**Big Local programme outcomes:**

- Communities will be better able to identify local needs and take action in response to them.
- People will have increased skills and confidence, so that they continue to identify and respond to needs in the future.
- The community will make a difference to the needs it prioritises.
- People will feel that their area is an even better place to live.

Source: <http://localtrust.org.uk>

Similar developments have been underway in Scotland. The Community Empowerment Act 2015 gave community bodies new rights (for example, to be partners in planning processes or to buy land), and public sector authorities new duties to 'boost community empowerment and engagement' (<http://www.gov.scot/Topics/People/engage>). Here, though, an explicit distinction is made between empowerment, defined on the Scottish government website as communities 'being supported to do things for themselves, and engagement and participation, defined as people having their voices heard in the planning and delivery of services' (loc. cit.) Despite this, while the *participation* of residents of disadvantaged communities in doing things for themselves and making fewer demands on external services and resources is prominent in UK policy, increased political understanding and on action with others to increase access to resources or transform inequalities, remains largely absent.

In contrast, Wallerstein defines community empowerment as 'a social action process by which individuals, communities and organisations gain mastery over their lives in the context of changing their social *and* political environment to improve equity and quality of life' (Wallerstein, 2002: 73; emphasis added). For Perkins and Zimmerman too (1995: 569), 'participation with others to achieve goals, efforts to gain access to resources, and some critical understandings of the socio-political environment' are basic components of the construct. Importantly, however, Wallerstein stresses that 'participation alone is insufficient if strategies do not also build capacity of community organizations and individuals in decision-making and advocacy' (Wallerstein, 2006: 4). In other words, empowerment is concerned not only with who participates but with the ends to which participation is directed. From this perspective, collective control can be conceptualised as the outcome of empowering processes and, as Ponsford et. al. (forthcoming) argue, 'power within' – defined as increasing skills, knowledge and confidence amongst residents in their ability to act – a manifestation of increasing empowerment within communities.

Participation and inclusion are necessary conditions if communities (of interest or place) are to develop greater power within and have enhanced collective control over decisions and actions that impact on their lives. But they are not necessarily sufficient. Sufficiency, we argue, requires attention to the breadth of participation (i.e., to inclusion) and to the depth of participation (i.e., the extent to which it is experienced as empowering and ultimately enables the exercise of collective control over decisions and actions). Participation has long been explained using a vertical scale, from basic information giving, through consultation, co-production, delegated control to, finally, community or collective control (Arnstein, 1969; Popay et al, 2007). Each level of the scale implies an increasing *depth* of participation, equated with increasing control over decisions and/or actions. However, to be truly enabling of greater collective control, Tritter and McCallum (2006: 156) argue that participation must account for 'a multiplicity of individuals and groups' (inclusion, or breadth), as well as the 'integration of one-off and more continuous involvement' (depth). This could have significant impact on the success of initiatives; it has been suggested, for example, that the reason for the apparently

poor outcomes at the community level of a previous English ABI, *New Deal for Communities* (NDC), was that ‘there simply were not enough involved individuals’ (Lawless and Pearson, 2012: 521).

Others suggest that inclusion cannot be conceptualised simply as an emergent property of increasing participation. As Quick and Feldman (2011:272) advocate, ‘*inclusion* practices entail *continuously creating* a community involved in coproducing processes, policies, and programs for defining and addressing public issues’ (ibid.: emphases added). On-going dialogue with the wider community develops a sense of ownership in a project (whether or not individuals choose to participate actively with it). ‘Success’ in place-based community initiatives that aim to develop residents’ collective control therefore requires both *breadth* and *depth* of participation, concepts which may have more coherence and practical utility for residents planning activities in their communities than the current lexicon.

In the following sections we use data from the Phase 1 of an on-going longitudinal evaluation (which at this stage focused on processes rather than outcomes) of a place-based resident-led neighbourhood initiative in England, *Big Local*. We explore local responses to addressing participation and inclusion in *Big Local*, finding that the extent and nature of participation and inclusion in *Big Local* were in part stimulated by the problems that place-based initiatives have faced in the past when trying to engage residents of disadvantaged communities (Lawless and Pearson, 2012). However, engaging actively with the wider community was also a necessary objective of the *Big Local* programme, which is centrally a resident-led initiative. The early phases of BL therefore exemplified the way in which the lack of conceptual clarity about different aspects of participation and inclusion might play out in ‘real time’ in community-based initiatives, and the implication of this for the way these initiatives unfold.

Box 2: Key to participant codes

LC = Local councillor

PM = BL partnership member

WO = Local employee of public or voluntary sector organisation

BLR = Big Local Representative (BL Rep)

1.2 The Big Local initiative

Big Local (BL) is an area-based initiative funded by the UK’s Big Lottery Fund that supports residents of 150 relatively disadvantaged neighbourhoods to make their areas better places to live (see Box 1). Each area is allocated £1 million over ten years, to spend or invest in ways that residents decide. BL differs from similar initiatives in the UK in that it is financially and organisationally distanced from national and local government. Funds are held nationally by an independent charitable trust (Local Trust), and administered at area level by a locally trusted organisation (LTO) selected by residents. The programme is flexible in timescale and “light touch” in governance, with decision-making in the hands of members of a BL Partnership. Support is provided by a “Big Local Rep”; usually a professional with appropriate experience, s/he is responsible for advising the BL Partnership, the majority of whom must be residents (currently, 67%: <http://localtrust.org.uk/library/blogs/are-residents-leading-big-local>). BL Partnerships are also advised that membership should reflect ‘the range and diversity of people who live in your area - for example, in relation to age, ethnicity, gender, faith, disability or income levels’ (<http://localtrust.org.uk/library/programme-guidance/big-local-partnerships/>).

After consulting the wider community on local priorities, the Partnership draws up a delivery plan and, once ‘endorsed’ by Local Trust, oversees its delivery. In theory, then, BL gives residents the freedom to address needs they themselves have identified, in ways that they decide and at a pace that feels comfortable. In this, it aims to overcome some of the barriers to empowerment and collective control over decisions and actions – including external or political interference – that have afflicted previous place based initiatives (Popay et. al., 2015; Wallace, 2007; Macleavy, 2007).

1.3 The Communities in Control Study

We draw upon qualitative data from the first phase of the *Communities in Control Study* (CiC), a longitudinal multi-site independent evaluation of the impact of *Big Local* on the social determinants of health and health inequalities. Phases 1 and 2 of this ongoing study involved staff from five academic institutions, all members of the NIHR School for Public Health Research. Research ethics approval was received from Lancaster University Research Ethics Committee (03 February 2014).

The data reported here were generated during fieldwork conducted between January 2014 and September 2015, in 10 geographically diverse *Big Local* areas. The purpose was to provide a ‘thick’ description (Ponterotto, 2006) of BL in its early stages, with a focus on context, initial processes of implementation and potential for, or emerging, change mechanisms. Findings are based on: 440 hours of observations at meetings, events and local BL projects; 138 semi-structured interviews with residents of BL areas (n=62), workers (n=49) and other stakeholders (n=27), including elected members and officers from local authorities and voluntary organisations; and 18 focus groups or other participatory exercises. Informed consent was sought for all fieldwork encounters. The team used a common but locally sensitive protocol, and common data collection tools. Fieldwork data was supplemented by a review of 30 BL plans. The data corpus was managed using NVivo 10, using a common analysis framework and cross-referencing. Within-case thematic memos were analysed using the framework, followed by in-depth “cross-case” analysis and comparative narrative synthesis using shared memos and face-to-face synthesis workshops. This involved iterative review and refinement until agreement was reached on general propositions (Yin, 2009), or an overall ‘story’ emerged (Popay et al., 2007).

All quotes and excerpts have been anonymised to protect the identity of research participants. Codes denote study area (e.g., L2, SW1), research method, and participant role (see Box 2). L3-int-PM4, for instance, indicates the participant was recruited from study area L3, the quote is from an interview (int) and that the person’s role was as a partnership member (PM), with the addition of a numerical identifier. Respondents are residents unless specified otherwise. Other stakeholders, although not resident in the community, have extensive knowledge of the area (e.g., as community development or Children’s Centre workers) and its residents.

2 FINDINGS

Participation and inclusion are necessary if communities are to exercise collective control over decisions/action impacting on their lives. However, they are not inevitably sufficient in themselves: both need to be actively worked at. Two broad themes relating to action for or responses to supporting participation and inclusion in BL emerged from our analysis: (i) attending to the breadth of participation, and (ii) creating spaces for depth of participation. The first refers the initiative’s ‘reach’ into the community. Systemic processes are key to what can be achieved in increasing breadth of participation, and included local infrastructural barriers that preceded the introduction of BL, or challenges arising from a community’s cultural, social or economic diversities. The second concept, depth of participation, refers to the extent to which participation enables residents to have any control over decisions and actions that impinge on their lives. Here, in contrast, the extent of progress is grounded in social processes stimulated by the BL initiative. Depth of participation therefore requires attention to the provision of a range of opportunities – or spaces – for participation, that are allowing residents to engage in ways that work for them as individuals.

2.1 Attending to the breadth of participation

BL areas can encompass anything from a local authority ward to amalgamations of several small villages. In places, this has complicated the task of extending the breadth of participation. For example, some residents identified socially or culturally with sub-areas rather than the whole BL area, or boundary changes predating BL have disrupted local place-based identities. Some residents did not

identify with a BL area because of assumptions of socio-economic difference or 'territorial stigma' (Wacquant, Slater and Pereira, 2014). In SW1, for instance, it was suggested that some residents "would be horrified to think they lived in a deprived area" (SW1-int-PM13) and, in F1, residents of the less disadvantaged roads in the Big Local area were assumed to have excluded themselves, as evidenced by the tale of a resident returning a Big Local leaflet saying "this is nothing to do with us – we're not part of F1" (F1-Observation). Elsewhere, a social housing estate with much higher levels of crime, unemployment and sociocultural diversity than the rest of its BL area, caused one respondent to ponder if the needs of the few demanded 'exclusion' of the rest BL (LS1-int-WO, non-resident).

Overcoming some challenges appeared relatively straightforward, though longer-term success will require continued attention. Holding Partnership meetings in a public house – a venue unsuitable to some of the area's residents – not only showed L1 how easy it is unintentionally to exclude, but also drew attention to the lack of shared community space. In L2, during initial community consultations, a bi-lingual partnership member wore a T-shirt which bore the word 'translator' in Polish. This encouraged Polish residents to ask what was BL was about. To date, however, this has not translated into broader, more inclusive representation on the L2 Partnership.

In contrast, infrastructure can present challenges seemingly beyond a local group's ability to resolve. A road system cutting through one BL area has created three distinct 'sub-communities'; as a consequence, some residents choose to volunteer in their immediate neighbourhood, rather than for the Big Local 'community' as a whole (F2-int-PM7). In SW1, another dividing road compounds the problems already arising from socioeconomic difference:

The area falls into two housing descriptions. One is social housing ... and then there's some post war privately owned houses. It's almost a north/south divide [...] But also the area has a fairly substantial road that runs right through the middle, so people don't naturally come together (SW1-int-WO1).

SW1's "The Hub" (in an empty shop) was planned as a resource for bringing people together through activities such as coffee mornings or exercise classes, but it is not readily accessible to residents living north of the dividing road. The risk that *Big Local* activity will serve to exclude rather than include prompted one Partnership member to ask, rhetorically, "... what signage do we put up over there to say all the excitement's over here? If you thought you were excluded before ..." (SW1-int-PM7). Solutions appeared elusive, particularly at this early stage of the *Big Local* process.

"Systemic" issues can also exist as artefacts of previous intervention in the area. In F2, volunteering for BL was stimulated by previous experiences of failed local regeneration initiatives. Being independent of local political structures, BL offered something new. Elsewhere, it was suggested residents' reluctance to participate in BL (F1-int-PM10, councillor/former resident) was because they had no prior experience of neighbourhood improvement initiatives. The manager of F1's BL consultation process was realistic about the support residents would need: "you don't elicit a bit of interest in terms of being involved and immediately convert that into somebody who's, like, oven ready for being a committee member" (F1-int-WO3, non-resident).

Some residents are unable to get involved. Scheduling of partnership meetings can make participation seem impossible (F1-int-WO24, non-resident), and not all residents will be in a position to volunteer:

There's [an] expectation that people want to get involved in things [but] if you are a single mum [...] struggling paying your rent. Might have got a child that's got, I don't know ADHD or autism or something. Some issue you know. Struggling to put food on table [...] You don't expect those very needy people to be part of Big Local (S1-int-WO2, non-resident).

There are signs that apparent limitations in the breadth of participation were being addressed over time. By providing opportunities to volunteer in support of BL activities, for example, or making small grants to sustain valuable community projects (e.g., lunch clubs, mums' groups, work with young people), BL is reaching out to different parts the community. Raising awareness of BL and its approach is having some impact on the extent of inclusion. One paid worker noted that, since the earliest days of BL, participation had "gradually changed and now there are quite a few residents involved who go beyond the usual suspects, who wouldn't necessarily normally be involved in stuff like this. So that's nice to see that it is broadening out (L2-int-WO2). However, as one BL Rep points out, "it is important that [Partnerships] realise that not everyone will want to [get involved] and that some people will be very happy just giving you their ideas and then say, "right that's fine now go off and do it" (L2-int-WO2, non-resident).

2.2 Creating "spaces" for depth of participation

Creating new spaces in which depth of participation can emerge is important, if the potential for collective control is to develop. Most obviously, the Partnership meeting provides residents with the opportunity to exercise collective control over decisions and actions that will impact their communities. Each partnership has had to decide on their governance arrangements, leading to discussions on who should be able to vote (which in one case meant explicitly excluding the local councillor; F2-Observation), and how residents might apply without "asking people to go up against the committee" (S1-Observation). Initially, said one Partnership Chair,

People felt a bit lost as to what this means. Do we, are we signing up our names to become responsible for this and then also everyone was, I sensed, suspicious about each other ... what's your agenda? (LS1-interview-PM01, resident)

Partnerships have had to learn to deal with internal tensions (leading to members walking away from the process), but also with the challenge of maintaining a positive relationship with the wider community. Reflecting on the time taken to develop the *Big Local* plan, one community-based worker feared that 'it's been so long since people would have initially engaged with *Big Local* that perhaps they're losing sight of it (F1-interview-WO4, non-resident).

Partnerships are responding by creating spaces to address these limitations and challenges. For instance, open bi-monthly partnership meetings provide wider access to the decision-making space. Voting may still be confined to members, but this simple solution allows the community to "deepen" engagement with discussions on priorities, spending and monitoring of activity. Several BLs have established sub-committees that focus on decision-making around specific topics such as health or transport, which are open to any resident to attend (or invited to join, because of a particular interest or expertise). Others have created structures to attract particular population groups; for example, youth forums to facilitate young people's participation. The latter responds to oft-voiced concerns that young people should have a say in actions that they may have to sustain in the future, although similar sentiments could be applied to other currently excluded sections of a community.

We are not representative [...] In 10 years' time I will be 60 and my kids will be 26 and 28. And what I want are people now sort of 13, 14, 15 on that steering group [...] I think we have to be very careful that we don't have the kind of lovely, shiny, middle class kids [...] making decisions for their peers in L2; that's not ok. They are hugely easy to deal with and a joy, but they are not what we are about (L2-int-PM8).

Activities aimed at increasing the *breadth* of participation have included public meetings, work with local schools, stalls at local fairs or in town centres, and community parties. However, these events

also provide spaces in which the *depth* of participation can be increased and residents control over decisions and/or actions facilitated. For example, residents may be involved in identifying priorities for action – *included*, that is, in the process of planning BL activity and deciding how to spend the money – or encouraged to participate as volunteers to deliver BL priorities in the area. In other words, residents who volunteer do not have to be partnership members. They might instead support the delivery of BL priorities, many of which present opportunities to extend BL’s reach, or breadth of participation: in L2, for example, residents organised dog shows, community parties and a newspaper.

Some BL Partnerships have established a physical, branded base in the area. Also run by volunteers, the idea is to create an accessible “space” where BL activities and opportunities can be advertised, residents’ questions answered or ideas heard, and information on what is being done – and why – disseminated. They offer more than *just* a place where people meet, but are spaces where the reach of BL can be extended *and* residents enabled to deepen their participation, as the researcher’s field notes reveal.

In the Hub during a coffee morning: discussion between partnership members about the clash with council worker from parks and recreation. [Residents in for coffee] were not included as it was the ‘inner circle’ but were all ears and wanted to know what was going on. The meeting outcome was shared. Some offered to participate in related activities and were keen to know more (SW1-Observation-090415).

Our review of BL plans in the early stages also revealed that just under half of the Partnerships have or intend to have a communication strategy, including an explicit focus on specific sections of the community (e.g., younger people, residents whose first language is not English). Some partnerships pin hopes on newsletters to every household to extend reach, but social media has provided a means for almost instant response, extending the depth of participation. Social media allowed the F1 Partnership to gather opinions on where new activity equipment might best be sited, or SW1 to advertise a new community choir. As the following interviewee notes, these different forms of communication do more than simply advertising Big Local and its events:

You should aim that most people know about it [i.e., Big Local]; that’s a realistic aim and even then not everyone will – *but sort of knowing about it and knowing how they can put their views in* [...] It’s kind of trying to accept that, that you’re not going to get 5 or 6,000 people inputting in (L2-int-WO2: emphasis added, non-resident).

The interviewee summarises key factors: that most residents should be made aware of *Big Local* and its activities; that they should know how to express their views, that those views will be heard, and that they will receive feedback; and that extending reach does not mean that everyone has to be an *active* participant.

3 DISCUSSION

We’ve worked really hard to be very inclusive [...] but we constantly have to remind ourselves that we are not a clique (SW1-int-WO2)

The review of literature and previous place-based initiatives in the first part of this paper suggested that reframing the concepts of participation and inclusion in terms of breadth and depth would give better conceptual support to initiatives aimed at increasing ‘people’s control over their health and lives’ (PHE, 2015a, 3). In the second part of the paper we described how *Big Local* has faced many of the same challenges in relation to participation and inclusion as previous place-based initiatives, but also revealed how it differs in important ways. Compared with initiatives funded by central or local

government *Big Local* gives more control to residents to decide what to prioritise, and there are no external constraints on how the money should be spent, beyond what is necessary for good governance. This has encouraged residents to consider *Big Local* as something new and to participate in it. *Big Local* partnerships have responded to the need to address both the breadth of participation (i.e., inclusion) and its depth (i.e., collective control) – the former as evidenced in, for example, respondents’ observations of “broadening” beyond the usual suspects, the latter in concerns to ensure young people are involved in BL decision-making – and have realised that this is unlikely ever to be a simple by-product of BL’s presence in the community. Both need to be worked at. Addressing inclusion in *Big Local* – that is, attending to the *breadth* of participation – requires Partnerships to understand the composition of their community, and to offer a range of activities and ways of engaging that will appeal to and reach diverse groups and individuals (e.g., community fairs that bring residents together, accessible meetings at differing times or in appropriate settings, utilising social as well as more traditional forms of media). Attempts to increase the community’s collective control over decisions – extending, that is, residents’ *depth* of participation – are likely to include inviting residents to help identify priorities for action, holding open Partnership meetings, or setting up sub-committees that draw on particular skills and experience in the community. It also means making sure that residents know that any or all of these options are open to them.

Maximising and maintaining breadth and depth of participation requires the continuous creation of a co-productive community (Quick and Feldman, 2011), which in turn requires an on-going dialogue between the BL partnership members and an area’s other residents and stakeholders. Whilst the diverse participative spaces being created by BLs have the potential to enable any resident to participate in shaping strategies and decisions, ‘continuous creation’ needs to move beyond activity that has, to date, been reactive or responsive. A proactive, planned approach to maximising and maintaining participation for inclusion and control requires conceptual clarity, and in a form that is meaningful to communities. We have suggested that this clarity lies in reframing participation and inclusion as depth and breadth. If both elements of participation – breadth (for inclusion) and depth (for increased capabilities for and exercise of collective control) – are not attended to, resident-led initiatives like BL risk ‘reverting to the old norms and practices of central control and hierarchy’ (Aggar & Larsen, 2009); that is, a return to the ‘clique’ and the demise of hopes for a *collective* control.

4 IN CONCLUSION

Collective control by disadvantaged communities over decisions and actions that impact on their lives can have positive benefits for health and wellbeing (O’Mara-Eves et al, 2013: xvii). Previous place-based initiatives that have sought to develop such collective control have been judged as failing to extend the benefits beyond those who are actively participating in the initiative. In this paper, we have reviewed the relevant literature and analysed the processes of participation and inclusion in *Big Local*, a new UK area based initiative, with the aim of demonstrating how a clearer understanding of the participative processes in play might help bring the benefits of these interventions to the wider community. Whilst our conclusions may be limited by the fact that we have drawn on process-related data from the early stages of an on-going initiative and evaluation, we feel able to suggest that a practical reframing of the *breadth* and *depth* of participation could help groups, including resident-led groups, involved in designing and delivering neighbourhood improvement initiatives maximise these benefits.

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