NIHR | School for Public Health Research

Research briefing

September 2020

Addressing health inequity: Increasing participation and influence in local decision-making

Susan Baxter, University of Sheffield; Amy Barnes, University of Sheffield; Caroline Lee, University of Cambridge; Rebecca Mead, Lancaster University; Mark Clowes, University of Sheffield

About the research

Having opportunities to take part in and influence decisions within our lives and where we live is an important determinant of health. Yet these opportunities are not always equally available to people across society. Creating conditions for people to influence decision-making is therefore recognised as a key part of strategies to address health inequity.

In the UK and Europe, governments, non-government organisations and communities themselves are experimenting with initiatives to increase participation and influence in local decision-making. Changing economic circumstances (e.g. worldwide financial crisis, austerity measures, COVID-19 pandemic) create challenging circumstances for this.

We systematically reviewed evidence on the effects of initiatives to increase peoples' influence in local decision-making, and what the outcomes are in terms of influence and other determinants of health. We particularly focused on how initiatives can be affected by resource constraints.

We focused on empirical literature (since 2008) of European participatory initiatives; supplementing this with worldwide literature on theories/ frameworks about how changes in outcomes relevant to public health can come about. We used narrative synthesis to bring together and summarise the literature.



Policy implications

- There is a need to clarify *how* participatory initiatives are *intended* to work and to evaluate how they *actually* work in practice.
- Initiatives should be implemented and evaluated with explicit recognition that they are about relationships, politics and who exerts power.
- Developing spaces for safe/equitable participation and knowledge-sharing is important.
- Attention needs to be paid to developing community capacities for participation and influence, and developing relationships.
- Institutional practices should legitimise public knowledge and challenge views of participation as being a 'cost'.
- Long term commitment (time, people, money) to public involvement is required.
- There needs to be recognition of the relative costs and benefits to citizens of participating in decision-making.
- There is potential to harness the momentum of civic participation during the self-mobilising community response to COVID-19, by building on and sustaining the relationships developed.

About the School

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a 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.

This project is funded by the National Institute for Health Research (NIHR) School for Public Health Research (Grant Reference Number PD-SPH-2015-10025). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Research briefing

September 2020

Key findings

- We identified and included 42 relevant documents, with most research from the UK and of qualitative or case study design.
- Understanding participatory initiatives is challenging, as studies provided limited detail about activities, implementation and how they were intended to work or did work in practice.
- Effective initiatives tended to have long-term investment of resources, and a mix of different elements.
- Key elements of effective initiatives are: the strengthening of community capacities for influencing; building of relationships within and across communities and organisations; and development of spaces for safe and equitable participation and knowledge-sharing.
- Many factors can affect initiatives, often reflecting deep-seated political issues, and local power dynamics within communities, and between professionals and the public.
- There can be both positive and adverse outcomes for different communities, individuals, relationships, and the decision-making process.
- Initiatives such as participatory budgeting and community organising can support community capabilities and strengthen civic relationships, leading to more effective policy advocacy.
- Context-specific support from facilitators can enable change, but they can also exert power and influence outcomes

Initiatives may be at particular risk during times of limited resourcing; undermining individual and community capacities to participate, and requiring organisational leaders to think/act differently



Harness the learning and confidence gained by those involved in collective efforts

Further information

This work is part of the School for Public Health Research's Places and Communities programme. More information on this project can be found at: https://sphr.nihr.ac.uk/research/places-communities/places-communities-what-is-known-stakeholder-views-and-research-synthesis-wsa-wp1/

Contact the researchers

Dr Amy Barnes, Lecturer, School for Health and Related Research, University of Sheffield.

Email: a.barnes@sheffield.ac.uk

Dr Sue Baxter, Senior Research Fellow, School for Health and Related Research, University of Sheffield

Email: s.k.baxter@sheffield.ac.uk

NIHR School for Public Health Research
Website: sphr.nihr.ac.uk
Twitter: @NIHRSPHR
Email: sphr@ncl.ac.uk
Telephone: +44 (0)191 208 3829

This project is funded by the National Institute for Health Research (NIHR) School for Public Health Research (Grant Reference Number PD-SPH-2015-10025). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.