

1 **Published in:** *Anthropology & Medicine* 2919; 26 (1): 48-64.  
2 **:<https://doi.org/10.1080/13648470.2018.1508639>**

3  
4 **Capturing complexity in the evaluation of a major area-based initiative in community  
5 empowerment: What can a multi-site, multi team, ethnographic approach offer?**

6  
7 Author details:

8  
9 \*Lois Orton

10 University of Liverpool, Public Health and Policy, Whelan Building, The Quadrangle, Liverpool L69  
11 3GB; tel: 0151 794 5611; email: [lorton@liverpool.ac.uk](mailto:lorton@liverpool.ac.uk)

12  
13 \*Ruth Ponsford (corresponding author)

14 London School of Hygiene and Tropical Medicine 15-17 Tavistock Place, Department of Social  
15 and Environmental Health Research, London WC1H 9SH; tel: 0207 927 8101; email:  
16 [ruth.ponsford@lshtm.ac.uk](mailto:ruth.ponsford@lshtm.ac.uk)

17  
18 Matt Egan

19 London School of Hygiene and Tropical Medicine, Department of Social and Environmental  
20 Health Research, 15-17 Tavistock Place, London WC1H 9SH; tel: 0207 927 8101; email:  
21 [matt.egan@lshtm.ac.uk](mailto:matt.egan@lshtm.ac.uk)

22  
23 Emma Halliday

24 Lancaster University, Department of Health Research; Furness Building, Bailrigg, Lancaster LA1  
25 4YG; tel: 01524 593 377; email: [e.halliday@lancaster.ac.uk](mailto:e.halliday@lancaster.ac.uk)

26  
27 Margaret Whitehead

28 University of Liverpool, Public Health and Policy, Whelan Building, The Quadrangle, Liverpool  
29 L69 3GB; tel: 0151 794 5280; email: [mmw@liverpool.ac.uk](mailto:mmw@liverpool.ac.uk)

30  
31 Jennie Popay

32 Lancaster University, Department of Health Research; Furness Building, Bailrigg, Lancaster LA1  
33 4YG; tel: 01524 593 377; email: [j.popay@lancaster.ac.uk](mailto:j.popay@lancaster.ac.uk)

34  
35 \*Orton, L. and Ponsford, R. contributed equally to this work.

36  
37  
38  
39  
40  
41  
42  
43

1 Acknowledgements:

2

3 We acknowledge the input of the wider members of the research team, which is a partnership of  
4 researchers based at Universities of Liverpool and Lancaster Universities (LiLaC Collaboration),  
5 Universities of Exeter and Sheffield, the London School for Hygiene and Tropical Medicine and  
6 Fuse (the Centre for Translational Research in Public Health, a collaboration between Newcastle,  
7 Durham, Northumbria, Sunderland and Teesside Universities). The team are grateful to Local  
8 Trust and Big Local partnerships for their support for the research.

9

10 Funding statement:

11

12 The research was funded by the NIHR School for Public Health Research (SPHR). The views  
13 expressed are those of the authors and not necessarily those of the NHS, the NIHR or the  
14 Department of Health. The study is being carried out independently from Local Trust and does  
15 not receive funding from Local Trust or the Big Lottery Fund.

16

17 Ethical approval:

18

19 Ethical approval for the study was granted by the University of Lancaster Research Ethics  
20 Committee on 03<sup>rd</sup> February 2014

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

1 **Capturing complexity in the evaluation of a major area-based initiative in community**  
2 **empowerment: What can multi-site, multi team, ethnographic approach offer?**

3  
4 **Abstract**

5  
6 In recent years there has been growing emphasis on the need to develop ways of capturing  
7 'complexity' in the evaluation of health initiatives in order to produce better evidence about 'how'  
8 and under what conditions such interventions work. Used alone, conventional methods of  
9 evaluation, that attempt to reduce intervention processes and outcomes to a small number of  
10 discrete and finite variables, are typically not well suited to this task. Among the research  
11 community there have been increasing calls to take more seriously qualitative methods as an  
12 alternative or complementary approach to intervention evaluation. Ethnography has been  
13 identified as being particularly well suited to the purpose of capturing the full messiness that  
14 ensues when health interventions are introduced into complex settings (or systems). In this paper  
15 we reflect on our experience of taking a long term multi-site, multi team, ethnographic approach  
16 to capture complex, dynamic system processes in the first phase of an evaluation of a major area-  
17 based community empowerment initiative being rolled out in 150 neighbourhoods in England. ,  
18 We consider the utility of our approach for capturing the complexity inherent to understanding the  
19 changes that ensue when the initiative is delivered into multiple diverse contexts/systems as well  
20 as the opportunities and challenges that emerge in the research process.

## 1 **Complexity in the evaluation of health interventions**

2

3 In recent years, there has been growing emphasis on the need to consider ‘complexity’ in the  
4 evaluation of health interventions in order to improve and better understand intervention  
5 effectiveness and indeed failure. This ‘turn to the complex’ (Cohn *et al* 2013) is reflected in efforts  
6 to define and establish guidance on evaluating ‘complex interventions’ - that is interventions that  
7 typically comprise ‘several interacting components’ (Campbell *et al* 2000, Craig *et al.* 2008).  
8 Evaluators have often been concerned with making better sense of these multiple interacting  
9 components, focussing, for example, on identifying particular ‘active ingredients’ or understanding  
10 how different components combine to produce intervention effects. Such approaches, however,  
11 frequently reduce complexity to interventions themselves and the interaction between their  
12 constituent parts (Hawe, Shiell and Riley, 2009). Others have rather sought to consider complexity  
13 beyond the intervention itself, orienting attention toward generating understanding of how specific  
14 contextual conditions work to activate (or trigger) the change mechanisms embedded within  
15 interventions (Moore *et al.* 2015, Pawson and Tilley 1997). Such analysis, it is postulated, has  
16 greater potential for informing if and how initiatives can successfully be replicated elsewhere and  
17 under what conditions. Yet, empirical accounts following this vein frequently tend to conceptualise  
18 context as something external to the intervention, facilitating or constraining outcomes in a one  
19 directional relationship, and often fail to capture the full messiness and dynamic nature of  
20 intervention effects (Barnes, Matka and Sullivan 2003). This separation between intervention  
21 and context is necessarily artificial and the relationship between the two can be considered as  
22 being much more blurred (Shoveller *et al* 2015). In order to understand ‘how’ interventions prompt  
23 changes in complex social settings, context and intervention can be better understood as two  
24 interdependent elements of the same system; coexisting, interacting and adapting over time  
25 (Hawe 2015, Durie and Wyatt 2013). Indeed, in many instances it may, for example, be elements  
26 of the context itself that may become changed as a result of the introduction of and intervention  
27 into a given setting or system (Orton *et al.* 2016).

28

29 Reflecting this emphasis, evaluators are increasingly coming to employ the conceptual tools and  
30 language offered by ‘complexity science’ to interpret and articulate the full messiness that  
31 ensues when interventions are introduced into complex settings (or systems), such as  
32 communities, schools or health care systems, that may be characterised by constantly shifting  
33 social, economic and political processes (Hawe 2015, Orton *et al.* 2016). Following Brainard  
34 and Hunter (2016) we use the term ‘complexity science’ as an umbrella term for a number of

1 closely related theoretical perspectives including systems thinking; systems approaches; and  
2 complexity theory. Such approaches already assume complexity of social setting, not just the  
3 intervention itself, and offer a useful way of conceptualising how intervention change takes  
4 place. In evaluation terms, rather than viewing initiatives as external to the contexts in which  
5 they are introduced, approaches drawing on complexity science conceive of health interventions  
6 as 'events' occurring within 'complex adaptive systems' (Hawe *et al.* 2009, Hawe 2015).  
7 'Complex adaptive systems' (CAS) are conceptualised as 'open' and dynamic, comprising of  
8 any number of interacting components and processes that are emergent, self-organising and  
9 unpredictable often operating in non-linear ways, making chains of causality hard to follow.  
10 Integral to this perspective is the recognition that alteration in one part may provoke change  
11 throughout the system and that the effects of such alteration may be amplified and dampened  
12 by system conditions. In terms of evaluation, a complexity science approach places emphasis  
13 on tracking over time the dynamic system events, interactions and changes that stem from the  
14 disruption of introducing an intervention into a given setting to generate a better sense of how  
15 and under what system conditions interventions will have the best outcomes (Petticrew 2015,  
16 Hawe 2015, Orton, Halliday *et al* 2016).

17

### 18 **Using ethnography in evaluation to understand complexity**

19

20 Used alone, standard methods of evaluation, such as Randomised Controlled Trials (RCTs), that  
21 typically attempt to reduce complex intervention processes to a finite number of discrete mediating  
22 and outcome variables, are unsuited to fully capturing systems complexity (Agar 2004, Diez Roux  
23 2011, Cohn *et al.* 2013, Pawson 2013). Alongside developments in novel quantitative techniques  
24 such as social network analysis and systems dynamic modelling, there have been increasing calls  
25 among the research community to take more seriously in-depth qualitative methods as an  
26 alternative or complementary approach to the evaluation of health and social initiatives (Bonnell  
27 *et al.* 2012, Cohn *et al* 2013, Durie and Wyatt 2013, Woolcock 2013, Orton, Halliday *et al* 2016).

28

29 Ethnography has been identified by some as being particularly well suited to the purpose of  
30 capturing systems complexity in intervention evaluation in part because of a promise of 'holism'  
31 (Agar 2004, Reynolds 2016, Bikker *et al* 2017). Yet among anthropologists, following the 'crisis  
32 in representation' (Clifford and Marcus 1986) the notion that ethnography can generate holistic  
33 insights has been widely disputed. It is now broadly accepted that ethnographic accounts will  
34 always only ever be partial and incomplete and what is 'knowable' about a population, place or

1 practice under study is shaped by the social location of particular researchers or groups of  
2 researchers who are grounded within concrete cultural settings (Stanley 1990). This shift in  
3 thinking about the nature of ethnography has been underscored by broader developments in the  
4 conduct of contemporary ethnographic inquiry (some of which are discussed in more detail below)  
5 that does not necessarily resemble the classic vision of the lone ranger, embedded for extended  
6 periods of time in the field with the aim of capturing and explicating 'a complete culture'. The idea  
7 that holistic explanation is unattainable aligns well with the thinking of complexity science, which  
8 asserts that complex adaptive systems can never be fully known (Cohen *et al* 2013). This is in  
9 part based on the understanding that social systems are shaped by human agency and are  
10 therefore never 'closed' but subject to ever-present emergence – that is ongoing, often unplanned  
11 and unpredictable change (Dalkin *et al* 2015).

12 The utility of ethnography for understanding complexity in intervention evaluation lies, we would  
13 argue, not in the certainty of holistic explanation, but in the methodological privileging of  
14 immersion in the field often (but not always) over an extended period of time (Lewis and Russell  
15 2011). This brings with it a commitment to the generation of rich contextual data and identifying  
16 and tracking the intricate processes and relationships through which 'particular events, practices  
17 and things' interact and take shape and become meaningful and important within a given context  
18 (Hastrup 2004). These deeper meanings are usually revealed through multiple observations over  
19 a period of time, although some contemporary ethnography may focus on engagement with more  
20 ephemeral events via the accounts of key informants with whom they have built up trust and  
21 rapport (Paulsen 2009). The express aim of ethnography nevertheless is to build complicated  
22 pictures of patterns of many interacting things (Agar 2004). This entails a detailed study of the  
23 interaction between social action, representation, organisation and meaning (Atkinson 2004).  
24 Rather than attempting to 'unravel' complexity (i.e. reduce processes to measurable variables)  
25 the aim with ethnography is to represent the full messiness of constantly evolving dynamic system  
26 processes. For Agar (2004) this is the missing part of conventional science, but the whole point  
27 of ethnography. As such embedded within ethnographic logic (Agar 2004) is a level of closeness  
28 and attention to picturing interconnection that is particularly appropriate for capturing the dynamic  
29 and constantly emerging processes and objects that not only interact with each other, but come  
30 to be defined by those interactions. Indeed, it is one of the central contentions of this paper that  
31 ethnographically grounded approaches to intervention evaluation have a certain utility for  
32 elucidating processes of emergence that can enrich our understanding of how interventions take  
33 shape in different contexts.

1

2 Not only does ethnography inherently entail the study of complexity but ethnography itself can be  
3 understood as a complex (and adaptive) system/process of which we, as researchers, are  
4 inevitably a part (Agar 2004, Cohen *et al* 2013). It begins with comparative disorder (shifts and  
5 changes in focus) and may end up with conclusions that were not expected at the beginning (or  
6 even throughout fieldwork). The methodology itself is characterised by emergence as we learn  
7 how to ask questions in new ways and of new people and we discover new questions that we  
8 didn't anticipate when we started. Methods evolve as local information about how to do a study  
9 accumulates. One insight often leads to another unexpected insight. In other words there is also  
10 non-linearity in the research process itself (as well as the phenomena we study). Flexibility and  
11 creativity to adapt to the unknown is key to the revelation of knowledge about systems complexity.  
12 In terms of the evaluation of social and health interventions, ethnography allows for the  
13 identification of emergent happenings - events, experiences and processes – flowing from  
14 intervention implementation and the research process itself that are otherwise liable to be left out  
15 of more traditional evaluative accounts.

16

17

### 18 **Multi-site and multi-team ethnography**

19

20 While in the above section we have outlined the value in general of ethnography for capturing  
21 complexity in intervention evaluation, for the purposes of this paper, it is useful to elaborate briefly  
22 on the use of two particular approaches to ethnographic study and the additional methodological  
23 insights they offer for the study of complexity. As we have already touched on above,  
24 contemporary ethnography rarely resembles the image of the lone ranger embedded within the  
25 field for extended periods of time and since the 1980s 'multi-site' ethnography has been  
26 recognised as one of several distinct methodological advancements in anthropology (Marcus  
27 1995, Hannerz 2003). Rather than understanding phenomena within a particular bounded frame,  
28 multi-site ethnography usually seeks to track particular phenomena; relationships or events that  
29 are perceived to be continuous but spatially non-contiguous (Falzon 2009) within and across a  
30 number of sites that exist within and in relationships with the wider 'world system' (Marcus 1995).  
31 As Hannerz (2003) points out what multi-site studies tend to have in common is that they 'draw  
32 on some phenomenon or topic, which is significantly local, [but] not confined within some single  
33 place' (Hannerz 2006 p.204). For Hannerz, multi-site ethnography can be distinguished from a  
34 more conventional comparative ethnographic study of single localities and as such places

1 emphasis on linkages that flow across sites, for example, between a world-wide 'community' of  
2 foreign correspondents or a geographically dispersed group of professionals.

3

4 In this paper, however, we use the term 'multi-site' somewhat differently, and perhaps more  
5 simply, to describe the multiple locations where fieldwork took place. Although the approach used  
6 in our study adopts some of the characteristics of traditional multi-site ethnography by, for  
7 example, identifying particular lines of inquiry to follow in each site (see methods section below),  
8 our aim was not to track linkages (people, events) across and between sites. Each site is  
9 considered to be relatively bounded, but experiencing similar events in that each has had the  
10 same highly adaptable intervention introduced to the setting. The inclusion of a diverse set of field  
11 sites within the sample was primarily aimed at generating data about how and why the intervention  
12 under study embedded and prompted change differently within different types of system. Our  
13 intention though was not to produce a series of individual ethnographic cases for comparison  
14 (although comparison between sites inevitably took place during the analytic process), but to build  
15 up a set of general (and potentially transferable) but sufficiently detailed propositions about broad  
16 system changes that could be used to describe 'how' and 'why' the intervention might work and  
17 progress differently under different system conditions.

18

19 Team ethnography (and team research in general) has also become an increasingly common  
20 trend, not least in response to increasing pressures on academics to develop ever more  
21 collaborative projects which are multi-disciplinary, multi-institutional and frequently multi-national.  
22 The advantages of such approaches perhaps seem obvious in terms of efficiency and the  
23 production of better quality evidence to address increasingly complex research questions. As  
24 Mauthner and Doucet (2008) point out, the epistemological imperatives for collaborative team  
25 approaches in academia appear self-evident. With a larger and more dispersed team there are  
26 greater opportunities to reach geographically spread sites; to divide workload; and to allocate  
27 research problems to those best skilled to tackle them. Team composition and the way in which  
28 collaboration is managed is important to realising the benefits of such an approach, however, and  
29 both multi-site and multi team research require considerable resources to co-ordinate. Although  
30 accounts of the challenges of carrying out team ethnography have become more common in  
31 recent years (Mautner and Doucet 2008), few reflect on the processes of carrying out team  
32 ethnography where researchers are located within different field sites. Fewer still comment on  
33 the use of such approaches particularly for the purposes of evaluation (with some exceptions, for  
34 example, Bikker *et al* 2017; Jarzabkowski, Bednarek and Cabantous 2014).



1  
2 In this paper we reflect on our own experience of taking a long term multi-site, multi team,  
3 ethnographic approach to capturing complex, dynamic system processes, specifically in the  
4 emergence of capabilities for “collective control” among the residents of relatively disadvantaged  
5 neighbourhoods. The research involved an evaluation of a major area-based community  
6 empowerment initiative being rolled out in 150 neighbourhoods in England. Despite growing  
7 interest in the role of ethnography for unveiling complexity in intervention evaluation empirical  
8 accounts of the application of ethnographic approaches in such studies, particularly those that  
9 also incorporate multi-site, multi-team elements, remain scarce (Orton *et al* 2016). By describing  
10 some of the key findings from the first phase of our study and reflecting on the practice of  
11 conducting multi-site, multi-team ethnography, we consider the utility of our approach for  
12 capturing the complexity inherent to understanding the changes that ensue when an  
13 empowerment initiative is delivered into multiple diverse contexts/systems, as well as the  
14 opportunities and challenges that emerged during in the research process. We first provide some  
15 background on the initiative under study and our methods of data generation and analysis.

16

17

## 18 **The Big Local Initiative**

19 Big Local (BL) a major area based initiative in England. Funded by the Big Lottery and managed  
20 by a charitable trust, Local Trust, residents of 150 relatively disadvantaged geographical areas in  
21 England have been allocated over £1 million each for a period of 10 years or more to support  
22 them in making their neighbourhood a better place to live. The funding is accompanied by a range  
23 of support from Local Trust and other national organisations they commission. A core principle  
24 underpinning the initiative is that decisions over how to use the money are put directly into the  
25 hands of local residents through the formation of a resident led ‘Big Local Partnership’. There is  
26 no formal requirement for residents to engage with local government structures or public sector  
27 organisations. Local partnerships are, however, encouraged to collaborate and network with  
28 professionals and other organisations in order to achieve local priorities or deliver activities in their  
29 plans (Local Trust 2015). This distinguishes BL from many similar initiatives aiming to involve  
30 residents in decision making about their neighbourhoods that often only involve resident  
31 consultation on local priorities and where the money remains in the hands of local councils or  
32 other community and voluntary organisations (see for example Lawless 2012, Lawson and  
33 Kearns 2014). Although BL is not explicitly described as a health intervention, by giving residents

1 greater control over decisions that affect their neighbourhoods the initiative has the potential to  
2 impact on social, psychosocial and environmental determinants of health (Popay 2010,  
3 Whitehead *et al* 2016).

4 While BL operates within a shared framework that flows from involving local people, forming a  
5 partnership led by residents, developing a neighbourhood plan, implementing the plan and  
6 reviewing it over time; BL is subject to much local adaption as areas use or spend their funding  
7 to meet locally derived priorities. Thus while there is consistency of overall function (the  
8 fundamental principles of the initiative) across different locations, there may be great variation in  
9 the form the programme takes locally (Hawe, Shiell and Riley 2004). As a social initiative - that  
10 is introduced into complex 'open' community settings (or systems) and where the aim is to enable  
11 residents to take action in support of neighborhood improvements (i.e. not to do what  
12 interventionists tell them) - BL entails great complexity. The dimensions of individual local area  
13 systems including its demography (population size, ethnic diversity) geography (area boundaries,  
14 population density, green/blue space), economy (material resources, local economy, employment  
15 rates) and - importantly - the social relationships in place (local decision making structures, level  
16 of community organisation, existence and role of public and third sector organisations) will shape  
17 the kinds of system shifts the intervention prompts. The level of control afforded to residents in  
18 driving local action arguably makes these processes unusually unpredictable and hard to track.  
19 Within each local area system, a multitude of pathways and feedback loops may be triggered by  
20 the BL initiative, which may result in both positive and negative neighbourhood effects. The  
21 potential for such diversity within each neighbourhood presents great challenges to the way we  
22 evaluate BL and generate general theoretical propositions about how the intervention works (or  
23 fails to) in different settings.

24

## 25 **The Communities in Control evaluation study**

### 26 *Study aims*

27 The Communities in Control (CiC) study is an ongoing independent longitudinal mixed methods  
28 multi-site, multi team evaluation of the BL initiative and its impact on health inequalities and their  
29 social determinants. Within the public health literature, there is growing recognition of the role of  
30 'collective control' as a key mechanism for improving health and reducing inequalities (Wallerstein  
31 2002, Wallerstein 2006, Popay 2010, Marmot 2010, PHE and NHS England 2015, Whitehead *et*  
32 *al.* 2016). Our research seeks to contribute to the limited evidence base on whether and if so how

1 community empowerment initiatives work to improve health and reduce health inequalities (Popay  
2 *et al.* 2007), and the pathways through which such improvements may take shape.

3 The study is being carried out by five multi-disciplinary research teams who are all members of  
4 the NIHR funded School of Public Health Research. The data and methodological reflections  
5 described in this paper are based on the qualitative element of the study that was carried out  
6 across ten sites in the first phase of the research between March 2014 and November 2015. This  
7 element of the study involved a team of fifteen researchers each at various stages in their  
8 research careers and with disciplinary backgrounds in anthropology, sociology, history,  
9 psychology and public health. The overall objective of this component of the study was to capture  
10 the events that flowed from the introduction of the BL initiative in each individual system under  
11 study, creating 'thick description' of how the initiative was unfolding 'on the ground' and if and how  
12 it might lead to any changes in the capabilities for collective control amongst residents of BL  
13 neighbourhoods. As already indicated, our aim was not to produce a series of individual  
14 ethnographies, but to produce one large corpus of data with greater purchase for understanding  
15 the broader kinds of (system) changes emergent as BL embedded within our field-sites.

#### 16 *Data generation*

17 Fieldwork was conducted by five teams (one involving collaboration between two universities, one  
18 a collaboration between five universities, and three further single institution teams) in 10 disparate  
19 geographical areas that were already involved in the BL initiative. Areas were selected for the  
20 study to reflect diversity in local context and to include those at different stages of the BL  
21 framework (described above). The decision to involve a number of research teams from across  
22 the country allowed us to include in the study a diverse range of geographically dispersed field-  
23 sites, with each research team taking responsibility for carrying out all fieldwork in the research  
24 site that was closest in proximity to them. The sample of ten sites included seaside, urban inner-  
25 city and outer city areas in the North and South of England. Methods of data collection included  
26 a rapid review of documents describing the social and economic history of field sites; transect  
27 walks around the local areas accompanied by residents; informal conversations; and in-depth  
28 qualitative interviews with residents and other stakeholders; regular observation of relevant  
29 meetings of BL resident-led partnerships and other groups and events; and documentary analysis  
30 of meeting minutes, locally commissioned research reports and policies and protocols developed  
31 as part of the BL initiative. In some sites participatory group activities were also carried out, which  
32 involved participants mapping local neighbourhood histories; places of importance; and their BL

1 journeys so far. Fieldwork involved repeated researcher visits to each field site, by the same  
2 members of the research team responsible for data collection in that site.

3  
4 To ensure some consistency of data generation across sites a tool kit of standard interview topic  
5 guides and templates for capturing information during transect walks, informal conversations and  
6 observations at meetings and events, and to extract details from documents were created  
7 collaboratively by the whole cross site team. This process was led by two senior researchers  
8 from one of the research teams who had additional responsibility for managing and coordinating  
9 fieldwork across all ten field sites. Opportunities for other researchers to feed into the  
10 development of these materials were provided. While each individual researcher often made their  
11 own free-flowing notes to help them make sense of what happening in their own sites, the  
12 templates helped ensure that data collection followed similar lines of inquiry in each site to aid  
13 later comparison and aggregation of data. Templates were structured around themes pertinent to  
14 our aim for this phase of the study: to develop 'thick description' of how BL was embedding in  
15 local field sites and if and how it was contributing to changes in residents capabilities for collective  
16 control. Our focus was on capturing the characteristics of local field sites their histories,  
17 relationships in place and assets and any signs of whether and if so how these were becoming  
18 altered by the introduction of BL. Field notes were, therefore, written for an audience, rather than  
19 as 'aide memoirs' for individual researchers as in traditional ethnography. This, like in Scales *et*  
20 *al's* (2011) research, encouraged us to keep 'making the familiar strange' throughout the data  
21 collection process and not to take shortcuts in our observations and reflections so our field notes  
22 could be interpreted by other cross site team members who did not have a comparable level of  
23 familiarity with our particular field sites. As described in more detail below, such processes  
24 allowed for data generated across the 10 sites, by the different research teams, to be shared and  
25 understood among the study team from an early stage in the fieldwork process. Procedures for  
26 gaining informed consent in each field site and disseminating findings publicly including to  
27 research participants were also agreed collaboratively by the team and integrated into the tool kit  
28 that ultimately constituted the agreed principles and terms of engagement for the whole team.

29  
30 Our approach to the ethnographic method, therefore, resembles much contemporary  
31 ethnography involving shorter stints of fieldwork, more focused research activity, multiple field  
32 sites and researcher collaboration, than in conventional ethnography (Marcus 2008, Reynolds

1 2016), but with a commitment to long-term, immersion within a field and developing a sense of  
2 'being there' through observations, encounters and conversations (Lewis and Russell 2011).

3

#### 4 *Data analysis*

5 The five teams, working across 10 sites, produced a large volume of research data, including:  
6 138 interviews with residents and other stakeholders; 18 participatory group activities and around  
7 440 hours of observation. A comparative narrative synthesis was conducted across fieldwork sites  
8 and methods. Nvivo version 10 was used to store and manage cross site data and an initial coding  
9 frame was developed across the research teams to help organise data and identify initial  
10 themes. Cross-case analysis was initiated through the sharing of data and early analytic  
11 interpretations via email and a through a series of regular face-to-face data analysis workshops  
12 involving all team members where early findings were presented by each of the five research  
13 teams as a way of identifying patterns and relationships across the data set. Analysis then  
14 continued in smaller working groups focussed around particular themes identified in the early  
15 phase of analysis. Led by one researcher from each of the five research teams and involving at  
16 least one researcher from each of the other teams to maintain detailed and tacit contextual  
17 knowledge about each individual site these working groups continued focussed analysis through  
18 a combination of data tabulation and narrative techniques until an 'overall story' to describe their  
19 findings had emerged (Popay *et al.*, 2006). This involved an iterative process of review and  
20 refinement between working group members until consensus was reached about a set of general  
21 theoretical propositions in relation to the cross site data (Yin, 2009).

22

23 One of the core challenges of bringing the data together across sites was in relation to balancing  
24 attention to what was happening locally (at each individual site) versus delivering an "overall story"  
25 about the initiative and the kinds of changes it was engendering. By identifying and exploring  
26 commonalities and divergences in common "processes", for example in relation to changing social  
27 relationships, structures, group efficacy and connections with external organisations, across our  
28 field sites we aimed to develop an understanding of broad system changes applicable to the  
29 development of resident capability for collective control across sites, while maintaining attention  
30 to individual context. Taking this approach, we aimed to build up a picture of the core processes  
31 that were engendered by the initiative and the diversity of ways in which they might be shaped in  
32 each system. While we wanted to maintain some of the complexity and specificity of what was  
33 happening in individual sites, the aim was to explore common processes that were occurring in  
34 each site (or system) albeit perhaps in quite different ways.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

Using empirical data from the study, we now reflect on how multi-site, multi-team ethnography enabled us to build up a general theory of the way in which BL might bring about changes in residents capabilities for collective control and the kind of system conditions that might influence these developments. We also reflect briefly on some of the opportunities and challenges we encountered as a team.

**Capturing systems complexity in the evaluation of BL**

As already indicated, one of the central aims of this phase of our study was to understand how BL might prompt changes in capabilities for ‘collective control’ among residents where the initiative was implemented. A focus on how these capabilities were taking shape was the subject of some of the smaller group analyses described above. Through repeated observation and encounters in the field, individual researcher teams were slowly able to build up a picture of the ways in which the BL initiative was impacting on development of capabilities for collective control amongst residents in these neighbourhoods. Through the sharing and interrogation of structured field notes from each site and regular ongoing team discussion, we were able to identify within the data set a number of common shifts in the emergence of these capabilities that were occurring to different extents across our field sites.

Employing constructs drawn from the empowerment literature (Rowlands 1997, Kim 2007) we categorised these shifts in capabilities for and the exercise of collective control as occurring within the domains of ‘power within’, ‘power with’ and ‘power to’. Our Power Framework is discussed in detail elsewhere (forthcoming). In this paper we consider how bringing data together from across the teams enabled us to identify the kinds of system conditions and structures that might influence the development of collective control capabilities in each site. These are described in more detail in **Box 1**. Focussing specifically on ‘power within’ - the development of internal communal characteristics such as collective identity group efficacy and ‘know how’ – we also reflect on how our data enabled us to identify important, yet subtle, ebbs and flows in the emergence of the capabilities for collective control demonstrating how such processes were emergent, occurring in non-linear ways over lengthy periods of time. **Box 2**.

<p><b>Box 1: understanding system influences</b></p> <p><u>Levels of social cohesion</u></p>
--

Whilst it is understandable that BL funding is allocated to specific geographical areas this means the initiative defines the social as well as the physical boundaries for action. Sometimes these boundaries were contiguous with pre-existing social groupings that ‘made sense’ to local residents (a housing estate, for example). At other times - particularly in the larger BL areas – the initiative brought together previously unconnected social groupings (several villages for example, or estates separated by a major road).

Our research suggests that the pre-existing ‘cohesiveness’ of groups within BL areas (whether they had a shared sense of place, a shared history, previous experience of collective action) greatly influenced the speed at which residents engaged with one another, developed a shared plan and brought about change in their area.

#### Pre-existing organisational and decision making structures

Looking across our field sites we were able to understand how BL came to be positioned within pre-existing organisations and decision making structures. In areas with pre-existing community organisations and activism BL Partnerships often embedded and operated through established networks between a wide range of local stakeholders. In area FA3, for example, the BL initiative initially became embedded within a pre-existing community partnership which was eventually transformed into the BL Partnership. Already established productive working relationships were harnessed and BL activity became increasingly embedded within local council structures, enabling the resident led partnership to work towards common goals with the council. In contrast, areas where there were few pre-existing links between organisations, or where residents did not view these relationships positively developing relationships with others could take more time.

A common observation across all sites was that pre-existing social relationships between residents and between residents and other organisations played an important role in determining the networks through which BL was acting and the direction and speed at which these networks were developing.

#### Past experience and collective memory shape the emergences of capabilities for collective control amongst residents

Shared memories of previous placed based initiatives impacted on trust, speeding up or slowing down the processes through which BL impacted on capabilities for collective action amongst residents. In areas where residents had difficult past experiences and negative attitudes towards, external agencies they were reluctant to engage with them.

In contrast, where past experiences were more positive, multiple interactions were developing with local agencies in the public, private and/or third sector, which could work to maximise actions on issues prioritised in the BL plan. As one resident described:

*I have had a separate conversation about the idea of linking up all of the organisations together and having a conversation with public health [department in the Local Authority] across the whole of the area about potential joint funding and you know larger scale projects. (Fieldwork Area 5–Interview–Partnership Member-4)*

Non-resident stakeholders were often seen to bring extra skills/powers/leverage as well as benefits arising from joining with others to achieve common goals. Residents' expectation that the behaviours of other organisations matched their ethos and priorities was an important driver of these interactions. Shared memories of previous placed-based initiatives also shaped expectations of what could be achieved by BL. In some areas, an apparently slow pace of change brought back negative memories leading to demotivation, people dropping out or worries about the wider public perceptions of the ability of the BL partnership to bring about change. We witnessed the continuation of these processes as new, shared memories were created through the recounting of stories, both celebratory and cautionary, which had a role in moving residents forward.

*Adapted from Orton, Halliday et al (2016).*

1  
2  
3  
4  
5  
6  
7

As the excerpts in **Box 1**, above, illustrate, the processes whereby the Big Local intervention was able to impact on capabilities for collective control amongst residents were permeated by characteristics of the system that shaped the potential for these changes to come about in each setting. Aspects of pre-existing social context - including common identity, shared memories/past experiences of working together and with others, pre-existing social networks and structures –



1 influenced how the kinds of changes that the BL initiative brought about. The creation of a  
2 collective (of local residents), the identification of shared priorities, how residents were able to  
3 engage with each other and other local organisations, including local councils and community and  
4 voluntary organisations to begin to identify and ultimately work towards common goals were to  
5 different extents influenced by these elements of the setting. Across our sites we could see how  
6 local differences impacted on system dynamics. In particular, we were able to explore the ways  
7 in which local residents were/or were not able to come together with each other and with others-  
8 to develop capabilities for collective action.

9

10 Our examination and discussion of cross site processes also sensitised the research team to the  
11 potential for the development of capabilities for collective control to progress at different speeds  
12 and in different ways over time, rather than to build in a straight forward linear way. It was by  
13 examining the different narratives emanating from each site we could fully comprehend the  
14 fragility of these developmental processes, which could be compromised by tension and conflict  
15 within and beyond BL partnerships that were often inextricably tied to the social conditions and  
16 histories of the area described in **Box 1**. In **Box 2** we describe some of the ways in which we  
17 identified how the development of capabilities for collective control ebbed and flowed within our  
18 field sites.

19

**Box 2: Capturing ebb and flow in the development of capabilities for collective control: the example of “power within”**

As already noted ‘Power within’ pertains to capabilities internal to a community – to the collective identity, collective efficacy and ‘know how’ that provide the drive, knowledge and skills necessary for communities of interest or place to act collectively to change things or to influence others. Our data indicated that on some occasions negative experiences with ‘more powerful’ organisations could dampen the collective confidence of residents in their ability to make changes in their neighbourhood. In one field site, with strong community organisations and history of community activism, for example, the recruitment of an out of work surveyor to the BL Partnership resulted in a strong sense of confidence about the ability of the group to establish a new community hub. Plans were drawn up and initial support from the local Council seemed promising. Partnership members appeared positive and enthusiastic about progress towards their goal. They struggled, however, to acquire land from a local housing association on which to build, and felt both the housing

association and the local Council were evading them. Many participants linked this action to perceived longer term neglect of the area by, and fractious relationship with, the local Council. For some participants these challenges resulted in a loss in their sense of group efficacy and worked to instill a sense of powerlessness in relation to making change in their own neighbourhoods. As one participant described:

*“Yeah, yeah, I mean if it could get off the ground then, yes, it could, could give local people the incentive to, to really get their act together to say, this is what we want to do. This is how we want to do it. Not, this is what you’re going to do and this is how you’re going to do it...but at the moment that’s not going to happen...It could happen if the main people who give you the, the ability to do it would allow you to do it. But at the moment there is a, that brick wall going, you’re not going to do it. And until that comes down or something happens they’re not going to allow you to do it.” [Fieldwork Area 6-Interview-Partnership Member-5]*

For others, this challenge resulted in a shift in priorities from a focus on a new building for a hub to providing services out of existing council or housing association owned buildings. Over time the group were able to re-build confidence in their ability to achieve their goals through a re-focus on new priorities where they were able to make greater progress. Their confidence and willingness to work with the council going forward, however, remained severely compromised.

1  
2 In summary, our long term multi-site, multi team ethnographic approach enabled us to build up a  
3 broad picture of how the introduction of BL might prompt changes in resident capabilities for  
4 collective control through shifts in neighbourhood social relations and organisation structures; the  
5 extent of these shifts might be influenced by the characteristics of different neighbourhood  
6 (system) characteristics; and the emergent and dynamic nature of such system changes.  
7 Through both an ‘up close’ ethnographic engagement with what was happening in relation to  
8 emergent capabilities for collective control in each of the BL areas while at the same time taking  
9 a broader perspective by looking across multiple field sites we were able to build up an empirically  
10 informed theory about how the initiative might lead to increased capabilities for and the exercise  
11 of control among residents and how these changes might be promoted in different settings. The  
12 longitudinal aspect of the study proved invaluable in enabling us to track and capture the temporal

1 nature of changes in capabilities for collective control that were emergent, not always in a linear  
2 fashion.

3  
4 Crucially, it was through the collaborative analytic process where we were able to build up a fuller  
5 sense of the broad whole system changes BL as an initiative might trigger and where the value  
6 of the multi-site, multi-team approach really came to the fore. While the pooling of data added to  
7 the breadth and depth of our understanding, regular team discussion also worked as an analytic  
8 and reflexive tool that forced individual researchers to think more deeply and critically about their  
9 individual data and interpretations of 'what was happening' in their own field sites in light of the  
10 interpretations of others in the wider team. These collective processes took place in what Wasser  
11 and Bressler (1996 p.6) refer to as the 'interpretive zone', defined as 'the place where multiple  
12 viewpoints are held in dynamic tension as a group seeks to make sense of fieldwork issues and  
13 meanings'. Developing a sense of trust and a 'safe space' where open discussion could take  
14 place was critical to this process and was facilitated by regular face to face meetings and social  
15 gatherings involving team members at all levels where researchers could get to know one  
16 another. Interpretive discussions were inevitably shaped by and inflected with the diverse  
17 backgrounds of researchers involved in the project at different stages of career who each brought  
18 a different set of identities, experiences, beliefs and theoretical knowledge to bear in the  
19 interpretative zone. From this diversity of background and interpretation the team had to derive  
20 new, often more nuanced, collective understandings through discussion and debate (Scales *et al*  
21 2011).

22  
23 It was nevertheless also important to remain alert to the risk of arriving at consensus and a shared  
24 story too early, unduly privileging particular accounts and obscuring options for multiple and  
25 expansive interpretations. When and how to open-up and foreclose data interpretation, therefore,  
26 required careful consideration. It was here that the guidance of more senior and experienced  
27 academics on the team became particularly useful.

28  
29 Although our aim had always been to ensure the involvement of all team members in the analysis  
30 process, it was often the role of a single researcher, - especially those who were closest to the  
31 data - to take responsibility for the challenge of textually 'putting together' the accounts of multiple  
32 researchers following discussion and creating an overall narrative about the findings (Mautnher  
33 and Doucet 2008). While this may have run the risk of reducing collaborative analysis to a more  
34 'top-down' or 'solo' approach, individual researchers were engaged in ongoing basis in the final

1 descriptions of the findings, adding additional thoughts and contextual and tacit knowledge where  
2 appropriate. This synergistic approach, we would argue, enabled us to arrive at a fuller and more  
3 rigorous, yet not complete, interpretation of 'how' the BL initiative might work to enhance collective  
4 control in different settings.

5

### 6 **Understanding complexity: What can multi-site, multi-team ethnography offer?**

7 So, for evaluation, what can multi-site, multi team ethnography add to understand complexity in  
8 social initiatives like BL? Did it produce 'better' evidence about the initiative?

9

10 The multi-site approach met our aim of developing understanding of the broad system changes  
11 (common processes and mechanisms) that BL might bring about by looking across sites and also  
12 added understanding of the range of ways in which these might be influenced by the constituent  
13 parts of the same system. Treating the data not as individual cases but as one large corpus of  
14 data gave us much greater purchase for generating transferable insights about how the  
15 intervention might work in different settings. The collaborative analytic process enabled the  
16 comparative work to build up, interrogate and refine these insights, improving the quality of our  
17 interpretation. The use of ethnographic methods employed over a relatively lengthy period of time  
18 enabled us to shed light on the ways that the emergence of greater capabilities for and ultimately  
19 the exercise of collective control among residents of these neighbourhoods is temporally tied,  
20 emergent and subject to ongoing shift in non-linear ways

21

22 These are insights that we would argue may have been left out of other accounts that adopt more  
23 conventional methods of evaluation. Taking an approach like ours may be particularly useful for  
24 evaluating initiatives over the longer term where change does not necessarily 'happen' in linear  
25 or predictable ways. For evaluation, insights such as these might help us to understand what  
26 changes to expect in what circumstances; why things might not be moving in the expected  
27 direction; and at which points within the system to intervene and direct resources to support  
28 desired change.

29

30 A number of challenges remain, however. Within ethnography, we know that holistic  
31 representation is impossible: our accounts will always partial and selective, and unknowns will  
32 always remain. Even though our approach enabled us to uncover subtle non-linear processes of  
33 change unfolding and shifting over a period of time, there were limits on how far we could track  
34 these system dynamics. We were only able to produce situated accounts for understanding

1 unpredictable dynamics and longer term trajectories that depend on national and global as well  
2 as local processes. Our research necessarily can only provide a (perhaps more extended than  
3 usual) snapshot of ongoing dynamic processes unfolding over the longer term.

4

5 There is a remains a tension in multi-site multi-team ethnography in balancing attention to the  
6 particularities of each individual site and taking advantage of the inerrant felxibility that  
7 ethnography allows for this (particularly in terms of capturing systems complexity) whilst also  
8 producing data that are comparable across sites and teams (through the use of common  
9 observation templates, for example). One of the benefits of our multi-site multi-team approach,  
10 however, helped to address this. Critical reflection on our data collection tools was facilitated  
11 through long term engagement with our field sites and through team reflexive sessions that were  
12 built-in to our approach from day 1. By coming together and sharing research experiences and  
13 emergent findings from across field sites we were able to adapt the research tools as time went  
14 on so they were more suited to capturing the data we were coming to learn was important to our  
15 understanding of BL and how it was embedding in different local field site and use this data to  
16 expand our overall interpretations

17 In conclusion, we suggest that our work shows practically how multi-site, multi-team ethnography  
18 can help capture complexity of emergent system dynamics - that ensue in the implementation of  
19 public health initiatives in to complex community settings. Identifying such processes is crucial to  
20 understanding 'how' interventions prompt change within a system and enabling the transferability  
21 of successful interventions into other settings.

22

## 23 **References**

24

25 Agar, M. (2004). We have met the other side and they are all nonlinear: ethnography as a  
26 nonlinear dynamic system. *Complexity*. 10(2):16-24

27

28 Atkinson, P. (2007). *Contours of culture: complex ethnography and the ethnography of*  
29 *complexity*. New York: AltaMira Press.

30

31 Barnes, M., Matka, E, and Sullivan, H. (2003) Evidence, understanding and complexity:  
32 Evaluation in non-linear systems. *Evaluation*, 9: 265-284.

33

1 Bikker, A.P., Atherton, H., Brant, H., Porqueddu, T., Campbell, JL. Gibson, A., McKinstry, B.,  
2 Salisbury, C. and Ziebland, S. (2017) Conducting a team-based multi-sited focused ethnography  
3 in primary care. *BMC Medical Research Methodology*. 17:139.  
4  
5 Bonell, C., Fletcher, A., Morton, M., Lorenc, T. and Moore L. (2012). Realist randomised  
6 controlled trials: a new approach to evaluating complex public health interventions. *Soc Sci Med*.  
7 75(12):2299-306. doi: 10.1016/j.socscimed.2012.08.032.  
8  
9 Brainard, J. and Hunter, P. (2016) Do complex informed interventions work? A scoping review.  
10 *Implementation Science*. 11:127. doi: 10.1186/s13012-016-0492-5  
11  
12 Campbell, M., Fitzpatrick R., Haines A., Kinmonth, AL., Sandercock P., Spiegelhalter D., et al.  
13 (2000). Framework for design and evaluation of complex interventions to improve health. *BMJ*.  
14 321 :694  
15  
16 Cohn S, Clinch M, Bunn C, Stronge P. Entangled complexity: why complex intervention are just  
17 not complicated enough. *Journal of Health Services Research & Policy* 18 (1), 2013: 40-43.  
18  
19  
20 Clifford, J. and Marcus, G. (1986) *Writing Culture: The poetics and Politics of Ethnography*.  
21 London: University of California Press.  
22  
23 Craig P., Dieppe P, Macintyre, S., Michie S., Nazareth I., Petticrew M., et al. (2008). Developing  
24 and evaluating complex interventions: the new Medical Research Council guidance *BMJ* 337a  
25 :1655  
26  
27 Creese A, Bhatt A, Bhojani N, Martin P (2008) Fieldnotes in team ethnography: researching  
28 complementary schools. *Qualitative Research* 8(2): 197–215  
29  
30 Dalkin, SM. Greenhalgh, J., Jones, D. Cunningham, B. and Lhussier, M. (2015) What is a  
31 mechanism? Development of a key concept in realist evaluation. *Implementation Science*. 10(49)  
32 dOI 10.1186/s13012-015-0237-x  
33

- 1 Diez Roux, A. V. (2011). Complex systems thinking and current impasses in health disparities  
2 research. *American Journal of Public Health*, 101, 1627–1634. doi:10.2105/AJPH.2011.300149  
3
- 4 Durie, R., & Wyatt, K. (2013). Connecting communities and complexity: A case study in creating  
5 the conditions for transformational change. *Critical Public Health*, 23, 174–187.  
6 doi:10.1080/09581596.2013.781266.  
7
- 8 Falzon, M. (2009) Introduction: Multi-sited Ethnography: Theory, Praxis and Locality in  
9 Contemporary Research, in M. Falzon (ed.) *Multi-sited Ethnography: Theory, Praxis and Locality*  
10 *in Contemporary Research*. London: Routledge.  
11
- 12 Hannerz, U. (2003) “Being there...and there...and there! Reflections on multi-site ethnography”  
13 *Ethnography* 4(2): 201-216  
14
- 15 Hastrup KH. Getting it right: Knowledge and evidence in anthropology. *Anthropological Theory*  
16 2004;4:455–72.  
17
- 18 Hawe, P. (2004) Complex interventions: How ‘out of control’ can a randomized control trial be?  
19 *BMJ*. 328:1561. doi: 10.1136/bmj.328.7455.156i  
20
- 21 Hawe, P. (2015). Lessons from complex interventions to improve health. *Annual Review of Public*  
22 *Health*, 36, 307–323. doi:10.1146/annurev-publhealth-031912-114421  
23
- 24 Hawe, P., Shiell, A., & Riley, T. (2009). Theorising interventions as events in systems. *American*  
25 *Journal of Community Psychology*, 43, 267–276. doi:10.1007/s10464-009-9229-9.  
26 Jarzabkowski, P., Bednarek, R. & Cabantous, L. (2014). Conducting global team-based  
27 ethnography: Methodological challenges and practical methods. *Human Relations*, 66(1), pp. 3-  
28 33. doi: 10.1177/0018726714535449  
29
- 30 Kim, J. (2007). Understanding the impact of a microfinance-based intervention of women’s  
31 empowerment and the reduction of intimate partner violence in South Africa. *Research and*  
32 *Practice*, 97(10):1794-1802. doi: 10.2105/AJPH.2006.095521  
33

1 Lawless, P. (2012) Can area-based regeneration programmes ever work? Evidence from  
2 England's New Deal for Communities Programme. *Policy Studies*, Vol 33, pp. 313-328.  
3

4 Lawson, L. and Kearns, A. (2010) 'Community empowerment' in the context of the Glasgow  
5 housing stock transfer. *Urban Studies*, 47(7), pp. 1459-1478. doi: 10.1177/0042098009353619.  
6

7 Lewis and Russell (2011). Being Embedded: A way forward for ethnographic research  
8 *Ethnography*. Vol 12, Issue 3, pp. 398 - 416. doi: 10.1177/1466138110393786  
9

10 Local Trust. "Who's involved in Big Local?" Available at:  
11 <http://localtrust.org.uk/library/programmeguidance/whos-involved-in-big-local/>. Accessed  
12 July 2015.  
13

14 Marcus, G. (1995) Ethnography in/of the world system: The Emergence of Multi-Sited  
15 Ethnography. *Annu. Rev. Anthropol.* 24:95-117  
16

17 Marcus, G. (2008) The End(s) of Ethnography: Social/Cultural Anthropology's Signature Form  
18 of Producing Knowledge in Transition. *Cultural Anthropology*. 23(1): 1–14.  
19

20 Marmot, M. (2010). *Fair Society Healthy Lives: The Marmot Review*. London: Institute of Health  
21 Equity.

22 Mautner, N. and Doucet, A. (2008) Knowledge once divided can be hard to put together again:  
23 An epistemological critique of collaborative team based research practices. *Sociology*. 42(5): 971-  
24 985.

25 Moore. G.F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., et al. (2015). Process  
26 evaluation of complex interventions: Medical Research Council guidance. *BMJ*. 350 :h1258  
27

28 Orton L, Halliday E, Collins M, Egan M, Lewis S, Ponsford R, Powell K, Salway S, Townsend A,  
29 Whitehead M & j Popay (2017). Putting context center stage: evidence from a systems evaluation  
30 of an area based empowerment initiative in England. *Critical Public Health* 27; 4.  
31 doi.org/10.1080/09581596.2016.1250868.  
32



1 Paulsen, K. (2009) Ethnography of the ephemeral: studying temporary scenes through individual  
2 and collective approaches. *Social Identities: Journal fo the study of race, nation and culture* 15(4)  
3 : 509-524. doi:10.1080/13504630903043865  
4

5 Pawson, R. (2013) *The science of Evaluation: A Realist Manifesto*. London: Sage  
6

7 Pawson, R. and Tilley, N. (1997) *Realistic Evaluation*. London: Sage.  
8

9 Petticrew, M. (2015). Time to rethink the systematic review catechism? Moving from 'what works'  
10 to 'what happens'. *Systematic Reviews*, 4(1), 1–6. doi:10.1186/s13643-015-0027-1  
11

12 PHE & NHS England. (2015). *A guide to community-centred approaches for health and wellbeing*.  
13 London: PHE.  
14

15 Popay, J. (2010). Community engagement for health improvement, in Morgan A, Barker, R. et.  
16 al. (Eds). *International health and development: Investing in assets of individuals, communities*  
17 *and organisations*. New York: Springer pp.183-97  
18

19 Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., ... Duffy, S. (2006).  
20 *Guidance on the conduct of narrative synthesis in systematic reviews*. Retrieved from  
21 <http://www.lancaster.ac.uk/shm/research/nssr/research/dissemination/publications.php>  
22

23 Popay, J., Attree, P., Hornby, D., Milton, B., Whitehead, M., French, B., et al. (2007a).  
24 *Community engagement to address the wider social determinants of health: A review of*  
25 *evidence*. London: National Institute for Health and Clinical Excellence.  
26

27 Rowlands, J. (1997) *Questioning empowerment: working with women in Honduras*. Oxford:  
28 Oxfam. ISBN 9780855983628  
29

30 Reynolds, J. (2016) Missing out?: Reflections on the positioning of ethnographic research in an  
31 evaluative framing  
32

1 Shoveller, J., Viehbeck, S., Di Ruggiero, E., Greyson, D., Thomson, K., & Knight, R. (2015). A  
2 critical examination of representations of context within research on population health  
3 interventions. *Critical Public Health*, 26, 1–14. doi:10.1080/09581596.2015.1117577  
4

5 Scales, K., Bailey, S. and Lloyd, J. (2011) Separately and together: Reflections on conducting a  
6 collaborative team ethnography in dementia care. *ENQUIRE* 6: 24–49.  
7

8 Stanley, L. (1990) Feminist Praxis and the Academic Mode of Production', in L. Stanley (ed.)  
9 *Feminist Praxis*. London: Routledge.  
10

11 Wasser J, and Bressler L (1996). Working the interpretative zone: conceptualizing collaboration  
12 in qualitative research teams. *Educational Researcher* 25(5): 5–15  
13

14 Wallerstein, N. (2002). Empowerment to reduce health disparities *Scandinavian Journal of Public*  
15 *Health* 30 (Suppl59): 72-7. doi: 10.1177/14034948020300031201  
16

17 Wallerstein, N. (2006). *What is the evidence on effectiveness of empowerment to improve health?*  
18 Copenhagen: WHO Regional Office for Europe (Health Evidence Network Report). Available at:  
19 [http://www.euro.who.int/\\_data/assets/pdf\\_file/0010/74656/E88086.pdf](http://www.euro.who.int/_data/assets/pdf_file/0010/74656/E88086.pdf) Accessed November  
20 2016  
21

22 Whitehead, M., Pennington, A., Orton, L., Nayak, S., Petticrew, M., Sowden, A., & White, M.  
23 (2016). How could differences in 'control over destiny' lead to socio-economic inequalities in  
24 health? A synthesis of theories and pathways in the living environment. *Health and Place*, 39:51-  
25 61. <http://dx.doi.org/10.1016/j.healthplace.2016.02.002>  
26

27 Woolcock, M. (2013) Using case studies to explore the external validity of 'complex' development  
28 interventions. 19(3) : 229-248  
29

30 Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). London: Sage.  
31  
32