

Communities in Control

Graphic narratives of health inequalities and local action

Stories by local residents

Illustrations by Joe Decie

Scenarios by Nataša Lacković and Emma Halliday





Hi! Emma, Nataša and I would like to introduce this graphic narrative booklet¹ of how communities experience health inequalities, and residents' aspirations and actions to improve neighbourhoods as places to live.

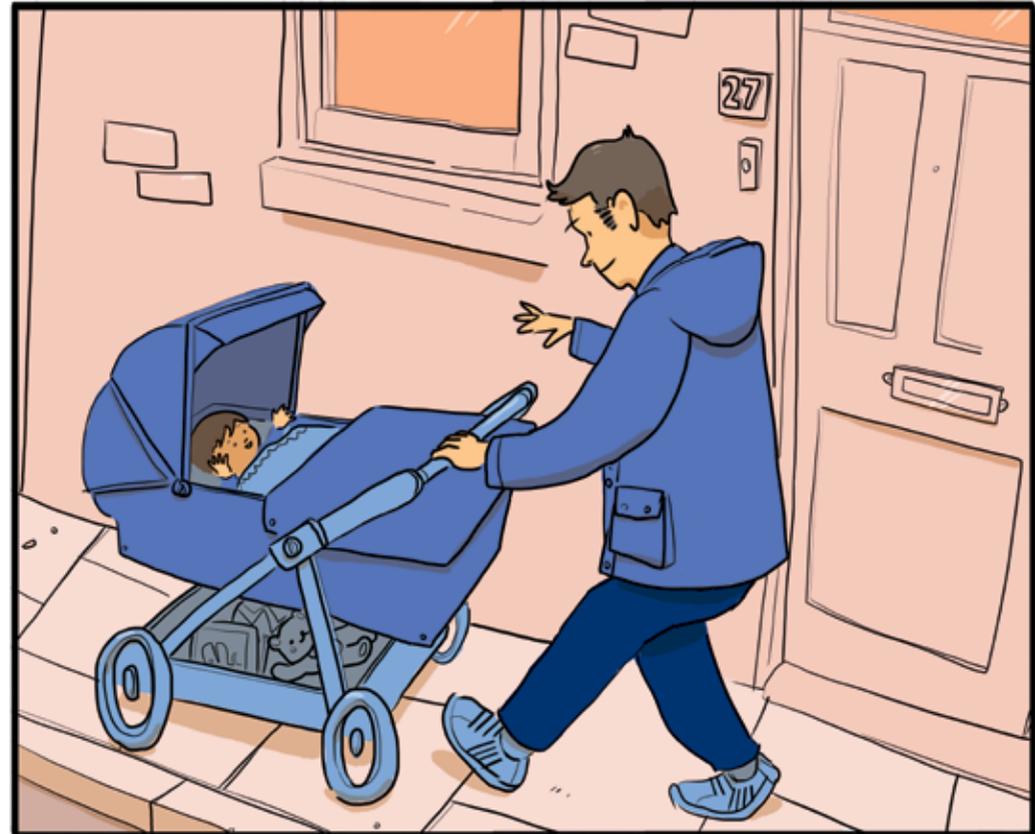
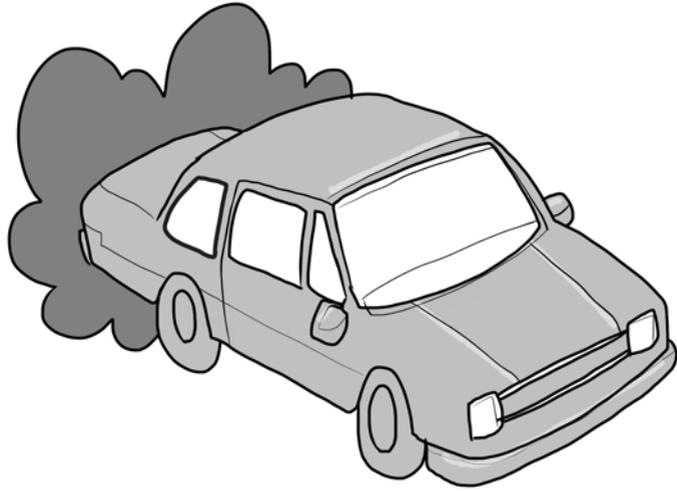
Here we share local stories showing how the resources people have access to, whether this is money, transport or social connections, as well as the amount of control to influence decisions, can have a direct bearing on how healthy we feel and are.

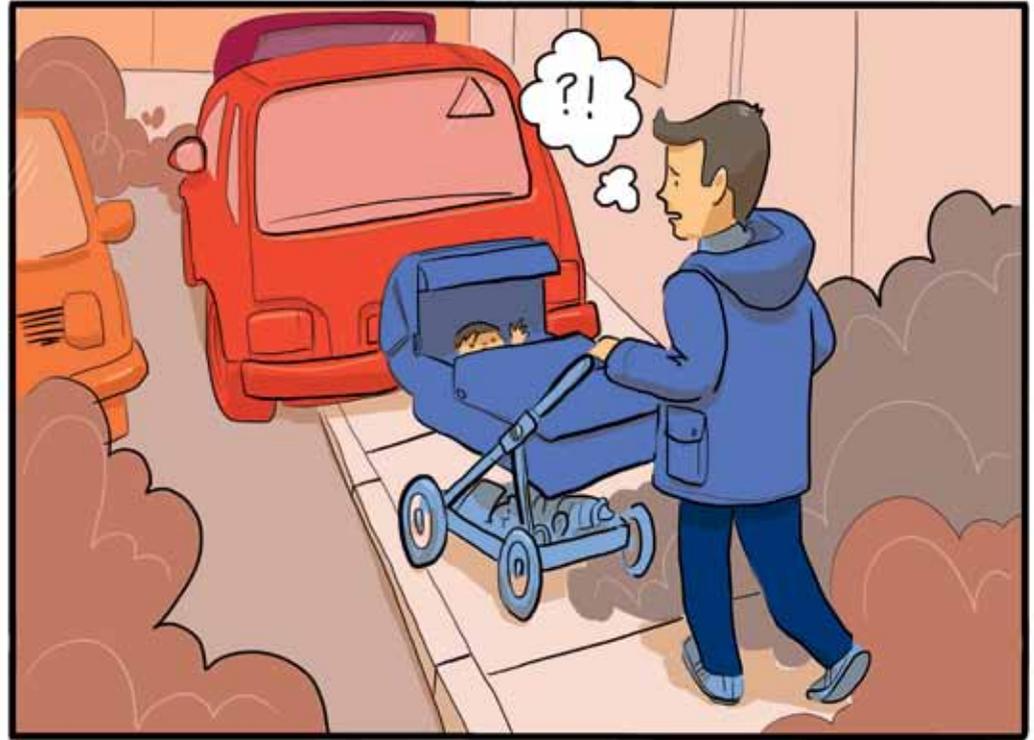
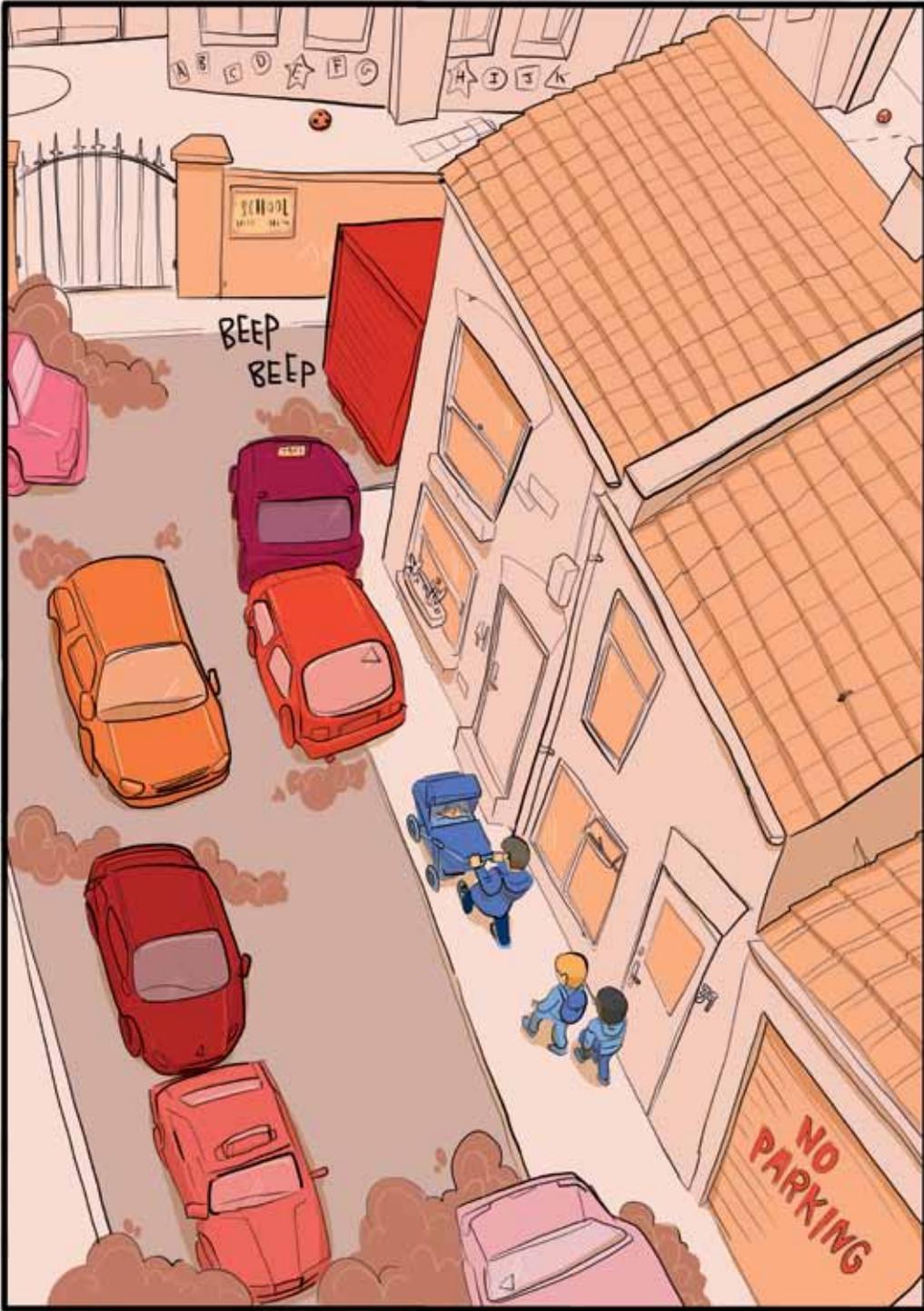
We hope to inspire further dialogue, feedback and action!

Part 1

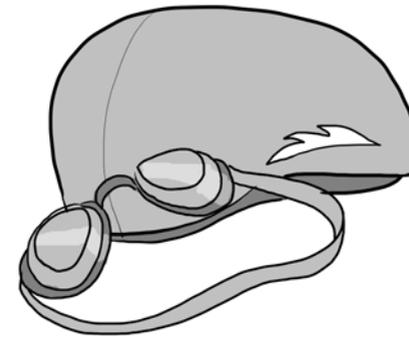
Health inequalities in neighbourhoods

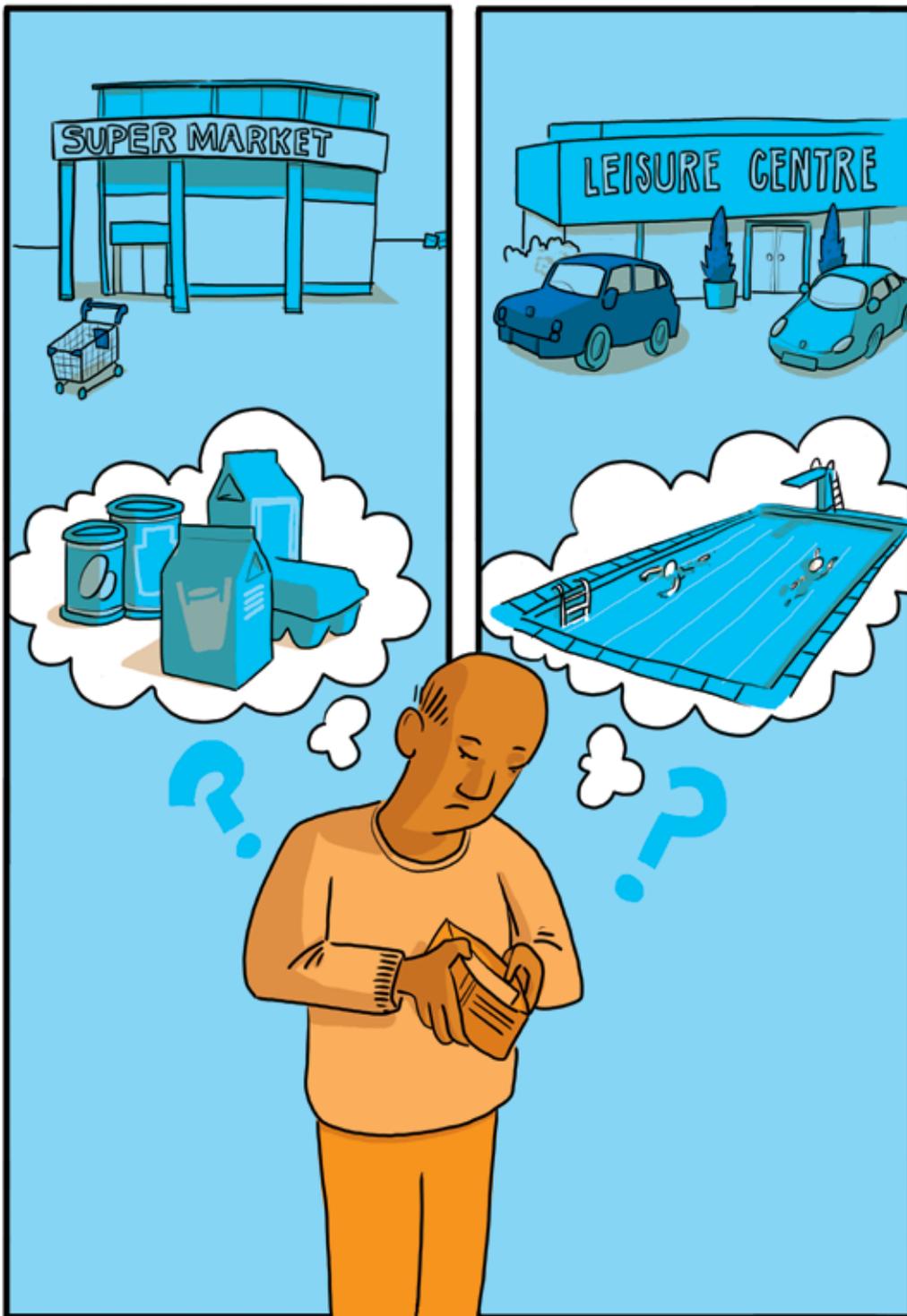
¹ The illustrations were inspired by a workshop held on 'Community action and health inequalities' in March 2018 and accounts gathered as part of the Communities in Control study. The booklet was created with the support of the Graphic Novels and Comics ReOPeN /Research, Outreach & Pedagogy Network based at Lancaster University (<http://wp.lancs.ac.uk/reopen/>).





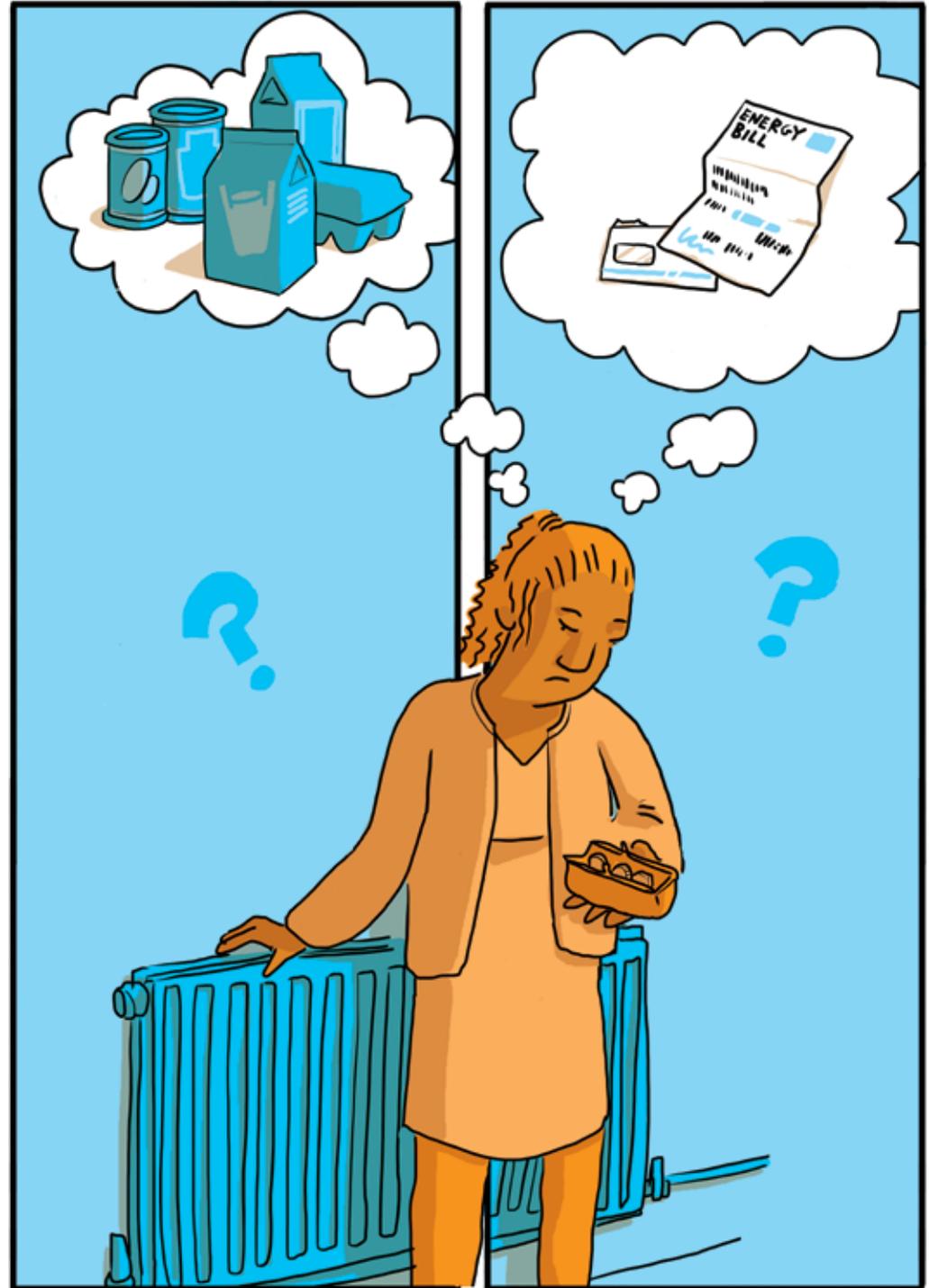
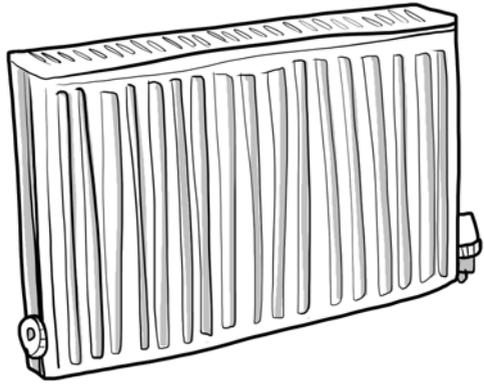
“If it’s an area where everyone’s parking on the pavements and then you’ve got to get your pushchair off and then into the road to go round everything, it just becomes too much of a mission.”





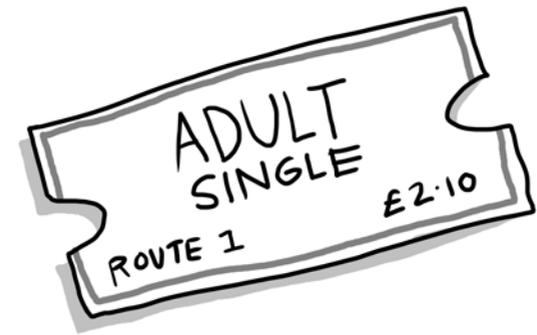
“You just want to keep active and the amenities are there but you can’t afford to go in. Even £1.50 is milk and bread.”

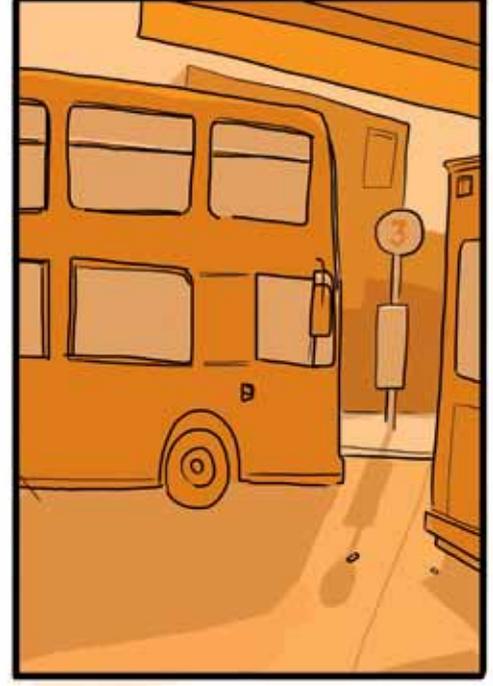
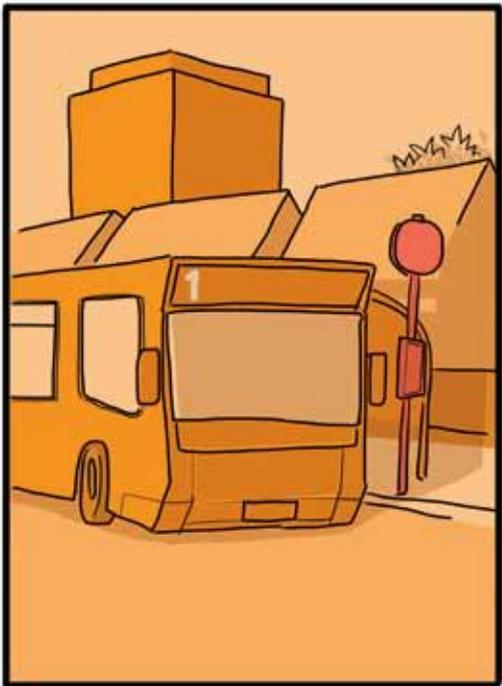
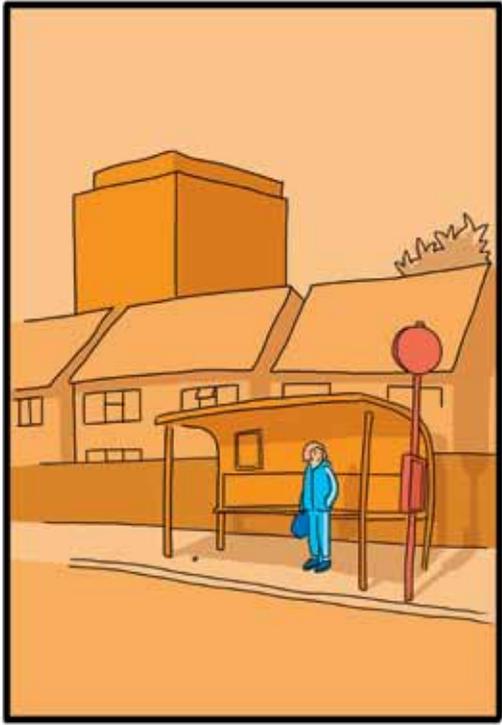
“If you are on benefits like disability benefits, you are on such a small amount of money you cannot possibly afford to pay for exercise classes.”



“For most people it’s not a choice about going to the gym; it’s a choice between heating or eating.”

“If you don’t address poverty in some way then you’re missing the trick altogether. That’s really important.”

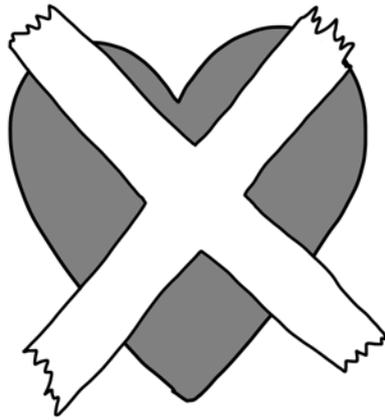






“For me to get to the leisure centre, it’s either a minimum of two buses or going into town and coming out again.”

“There’s no way that bus driver is going to ever wait in that situation, which is very annoying.”



“I think our area is full of well-intentioned health promotional campaigns, which don’t really work.”

“You can stop people smoking, but unless you address the reasons why they are smoking, and many reasons can be, the environment, or lifestyle, they just go back to it.”

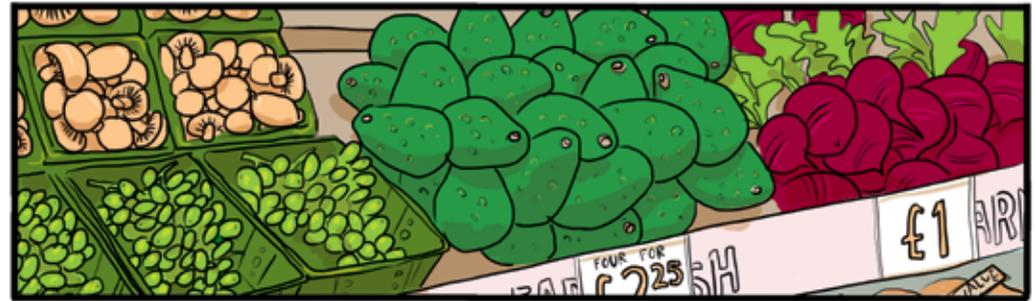
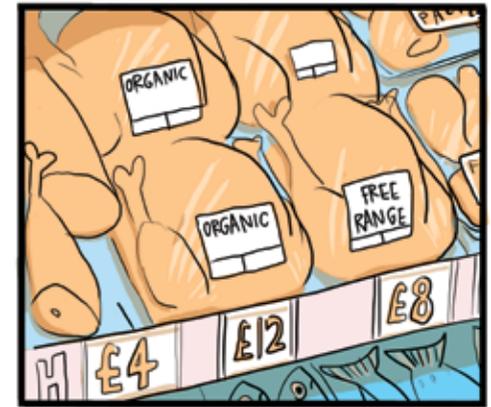
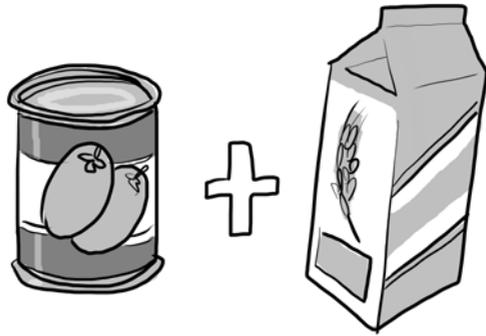
“The glossy leaflets look really great but don’t have the impact that they need to have.”





“Not only does the environment affect people’s health, but the environment can affect people’s coping skills as well.”

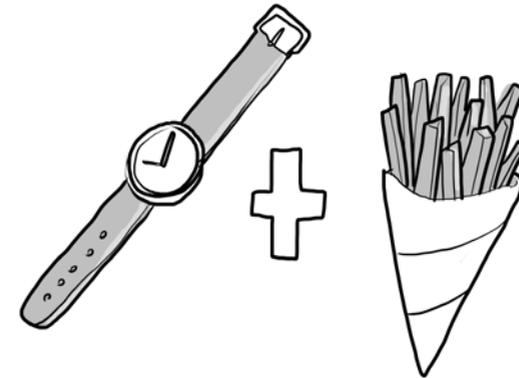
“So, it’s harder to cope if some of what is going on around you is pushing you towards not coping.”



“Healthy food tends to be more expensive.”

“Processed food is cheap.”

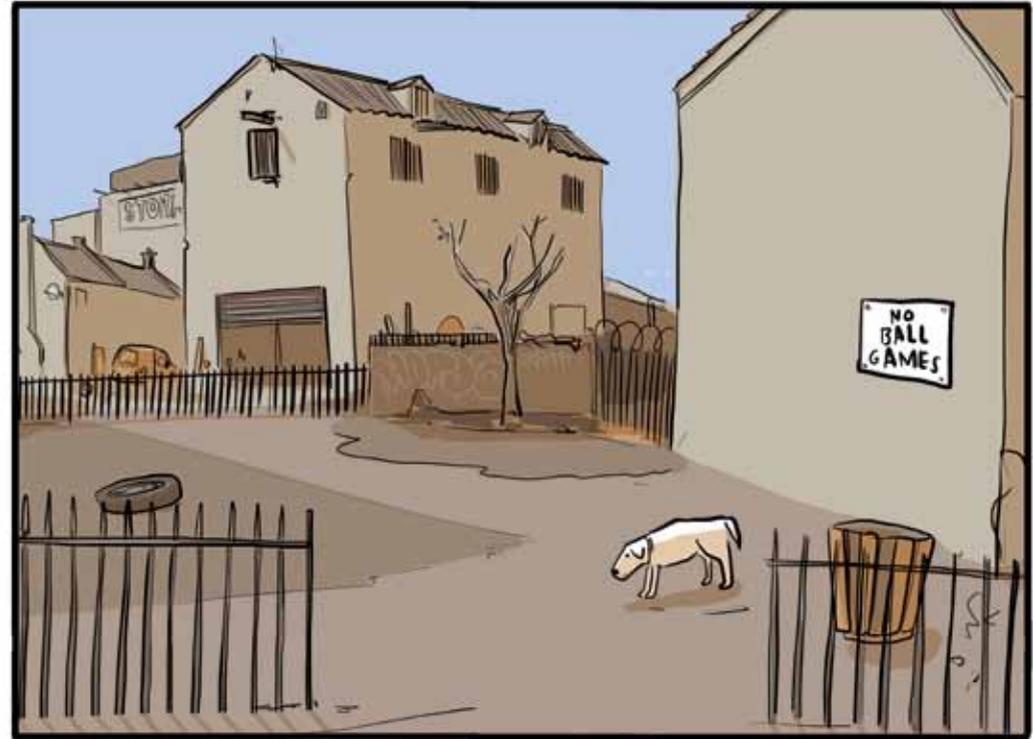
“Well, not all processed food is cheap, but a lot of it is cheaper.”





“I know quite a few parents work double shifts seven days a week, and they can barely be with the kids at all to cook meals, and that’s why they end up going to the chip shop.”

“There are a lot of schools in our area and when they come out they’re all into the fish shops, getting their chicken and chips to take on the bus to go home.”



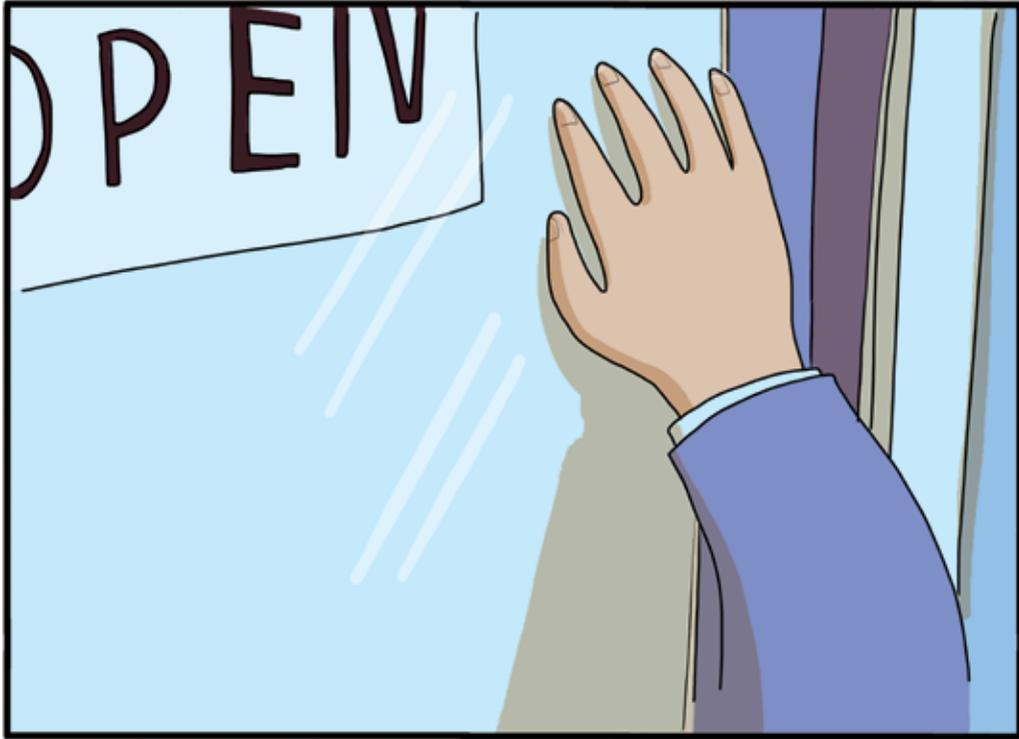
“It doesn’t look
deprived but it looks
uncared for.”

“It needs some smartening
up, some colour, so hopefully
we’re starting planting to bring
some colour to the place.”

Part 2

Taking community action



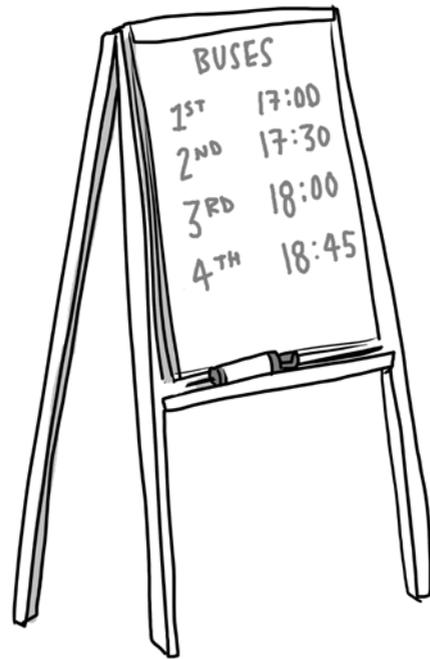


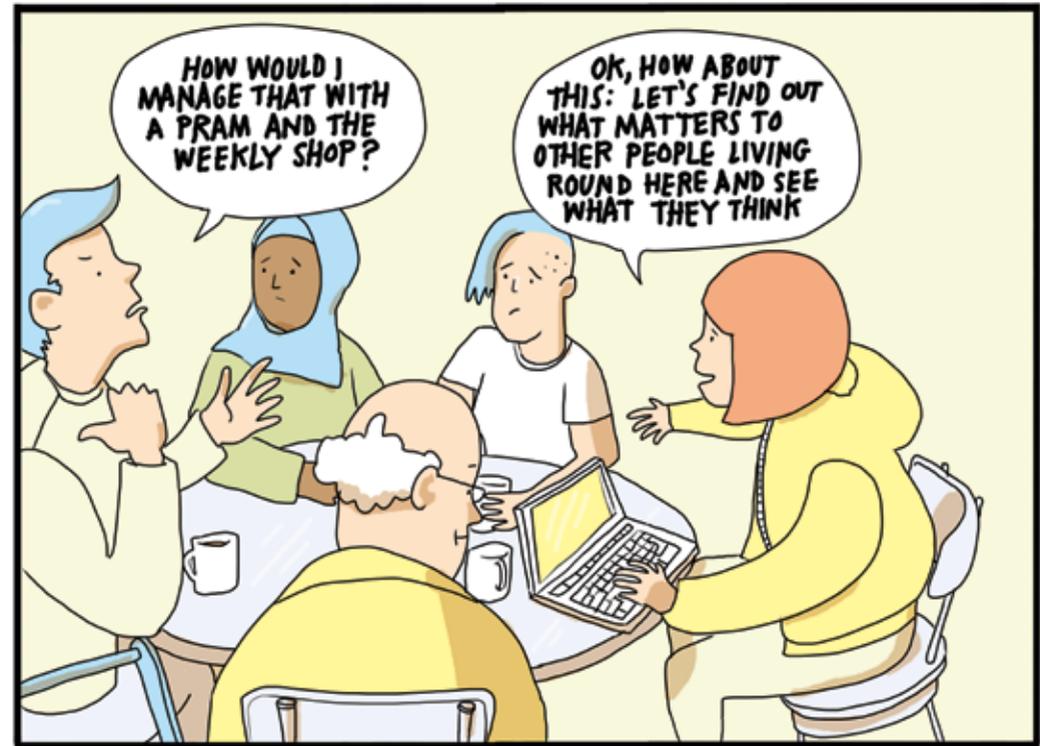


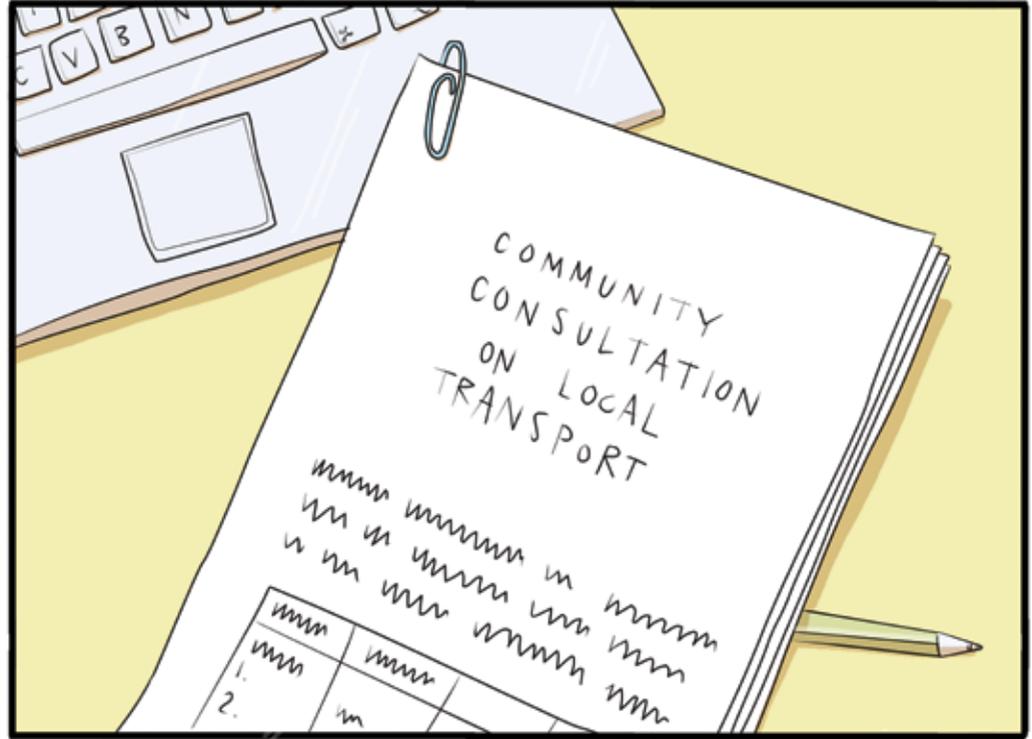
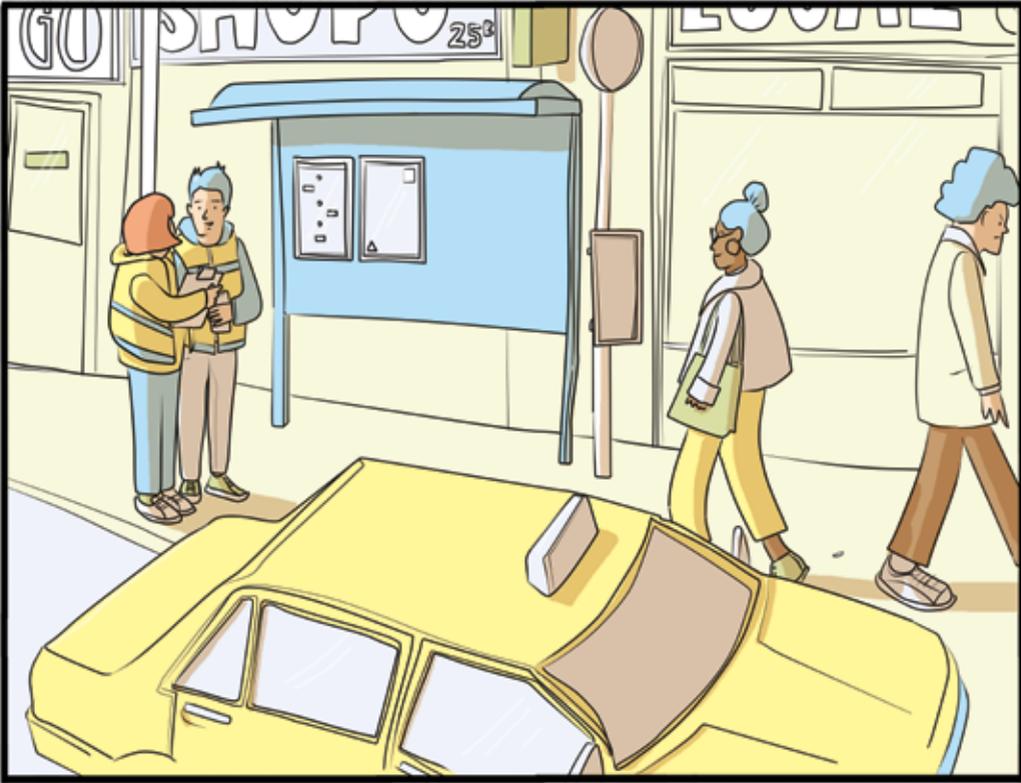
“What we found with our community space, it has been really interesting because it’s been pulling lots of people in and we’ve been having lots of conversations.”

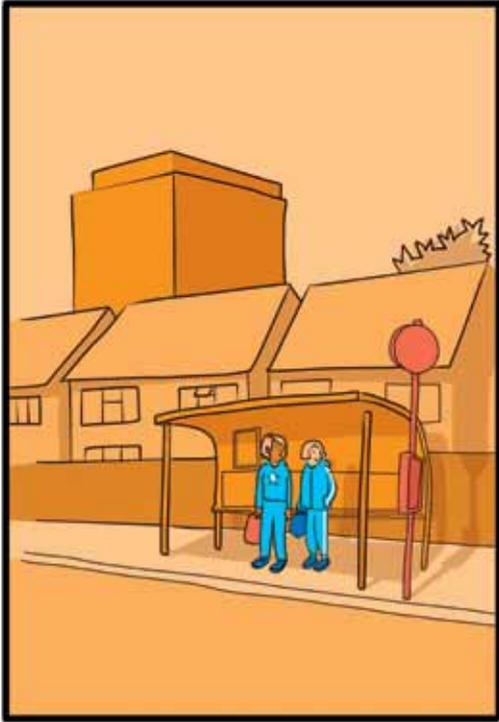
“I have been to a couple of their community lunches and they are fabulous; they get a really wide range of people, it’s really laid back.”

“It’s really nice and people sort of hang out and knit there, which is why I like it.”





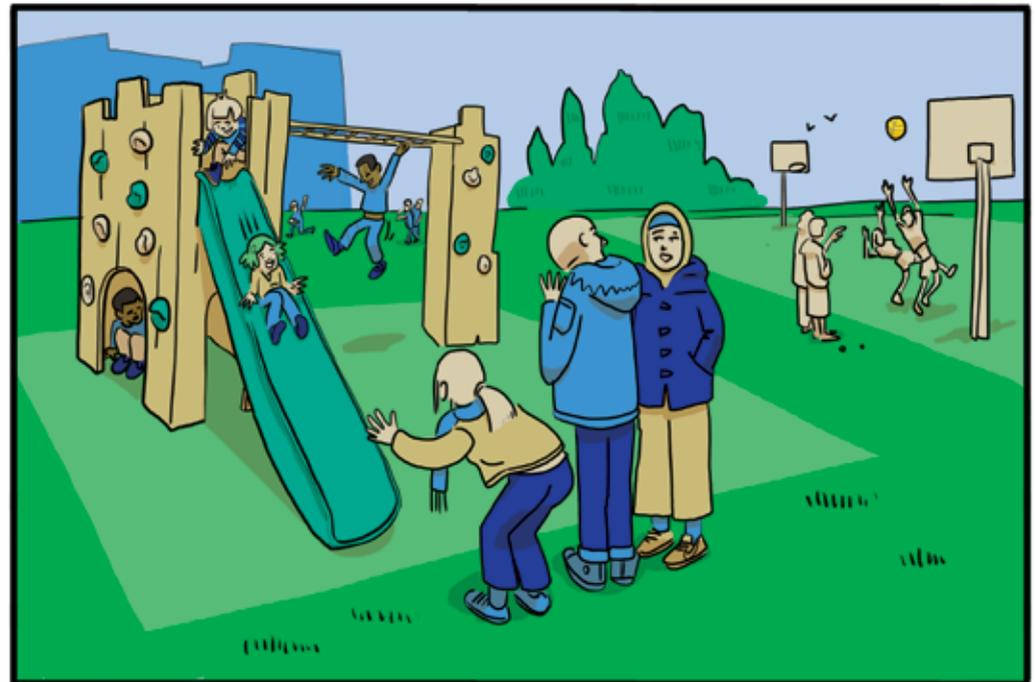






“The more people get involved, the more they realise where power lies, where decisions are made and what they might need to do to influence those decisions.”

“We’ve talked to the bus company who are now running extra buses.”



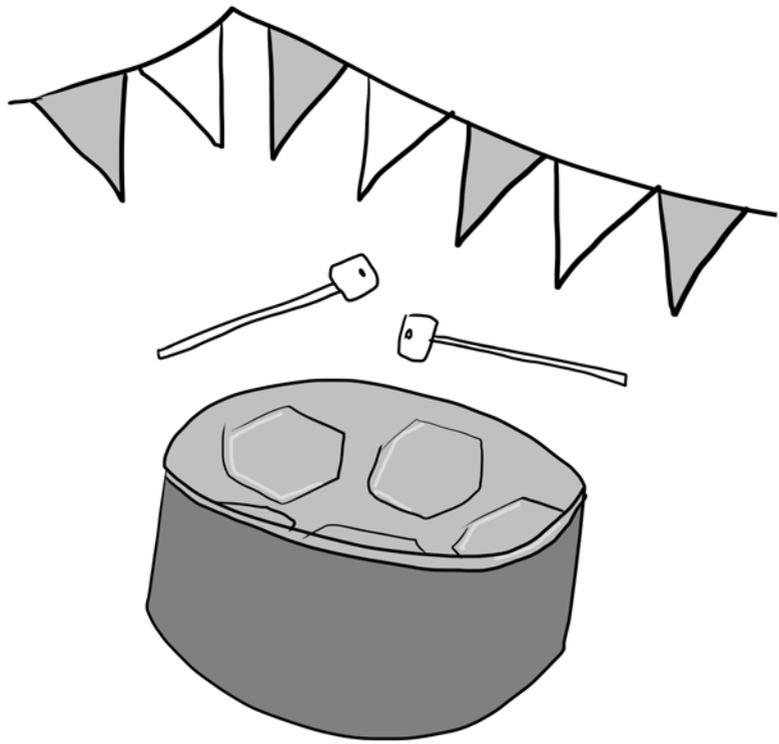


“There’s great stuff around different members of the community, different ages; I think the background of the park seems like it’s quite safe and a nice environment.”

“In the allotment itself, there are people doing physical activity or people doing less physical activity but chatting.”



“So you’ve got all these kind of different levels of interaction and a community notice board and there’s a community garden.”





“It’s gradually lifting people’s morale, lifting the area, when people see something being spent in their area.”

“It makes them a little bit more proud of living in that area.”

“So we’re looking at just general things about making the area safer and better to look at.”

“If the community see things are improving, they start thinking ‘Oh that’s better. I wonder what else they are going to do.’”





“Everything we do,
everything we do is for
that reason to improve
the image and reputation
of the area and make it a
better place to live in.”

Want to find out more about the booklet and Communities in Control study?

www.communitiesincontrol.uk (launching: 2018)

Inspired to collaborate and discover more about
visual + graphic narrative research,
pedagogy and public engagement?
Give us some feedback?

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We wish to acknowledge:

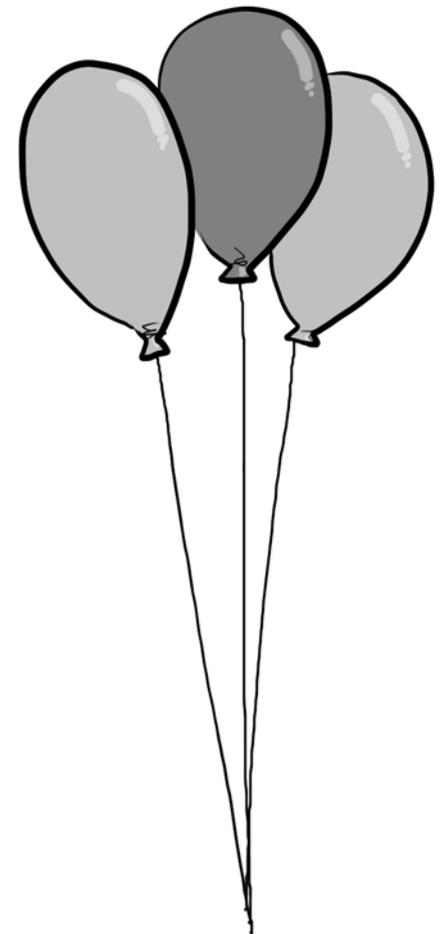
Everyone attending the Big Local workshop on 'Community action and health inequalities' in March 2018
Members of the Resident Network, Communities in Control (CiC) study (Steven Coghlan, Thomas Marshall and Michael Tye)
Residents and workers from Big Local partnerships and Local Trust who have given time and support to the CiC study
The CiC study team at Lancaster, Exeter, Liverpool and Sheffield Universities, London School of Hygiene and Tropical Medicine and FUSE.

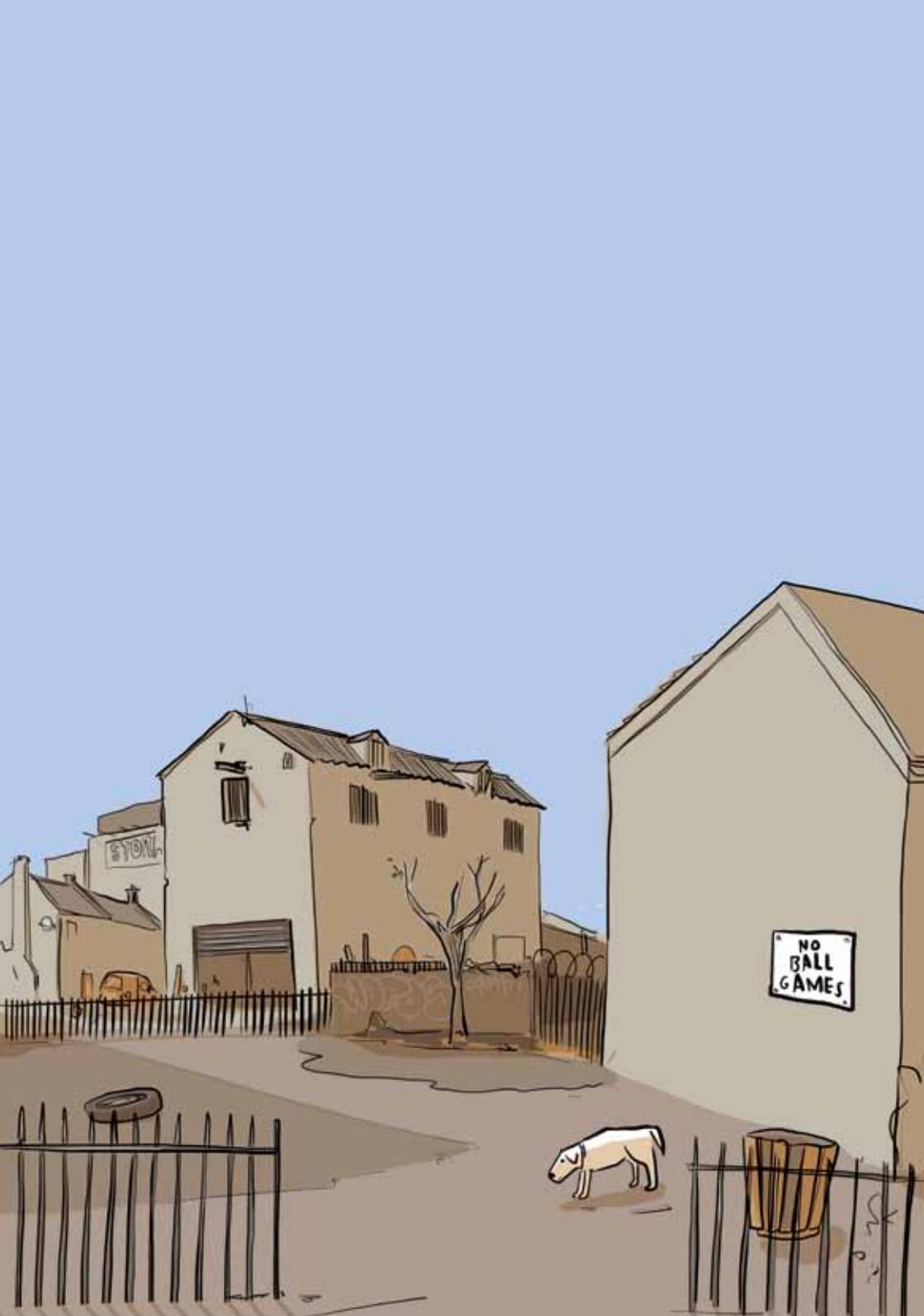
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The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

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