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Participatory budgeting, health promotion and theatre production: a qualitative case study in North London.

Abstract

Purpose – This paper explores the role that participatory budgeting (PB) plays in enhancing emotional and social well-being through the commissioning, design, delivery of, and participation in a drama and theatre intervention in a deprived community in North London.

Design/methodology/approach – A qualitative case study methodology employing constructivist grounded theory was used to explore how PB promoted health and well-being among residents of a deprived North London neighbourhood.

Findings – Engaging in PB enabled residents to influence the commissioning, design and implementation of community-based interventions that responded directly to their perceived needs through culturally aspirational projects. The resulting theatre production promoted self-esteem, love, and a positive sense of agency in residents. Analysis revealed themes of self-expression, praxis, self-realisation, sense of belonging and building of positive relationships between participants, characterised by trust and reciprocity.

Originality/value – The study points to the power of using PB to enable residents in very deprived neighbourhoods to decide on funding and influence the design and delivery of interventions to directly meet their needs. It also demonstrates the significance of culturally aspirational arts-based approaches in engaging deprived community members around health issues in promoting emotional and social well-being and a positive sense of individual and community belonging. The research also demonstrates the usefulness of PB as a co-production tool to enable residents to take control of and transform their lives as part of a wider community development approach in deprived urban communities.

Keywords: Deprived communities, community development, participatory budgeting, arts and health, drama workshops, community theatre production, emotional and social well-being.

Paper type: Research paper

Introduction

Experiencing a sense of autonomy and functioning in a self-governing manner are innate psychological needs which, when fulfilled, enable individuals to be motivated and to flourish (Deci and Ryan, 1985). In this vein, agency and feeling like we oversee our own destiny are key to our long-term physical and psychological health (Moore, 2016). Deprived communities that also experience serious inequalities in health outcomes frequently report a lack of agency and voice, resulting in a sense of helplessness to drive change in their surroundings (Marmot *et al.*, 2010; Wallerstein, 2002; Syme, 1988). As such, well-being interventions that locate decision-making and power with the target recipients provide an avenue to facilitate positive change at an individual and community level and should be embedded in future health commissioning, policy and practice.

Participatory budgeting (PB) is a democratic innovation that allows citizens to participate directly in collective decisions on how public money is spent on local services (Avritzer, 2010; Boulding and Wampler, 2010; World Bank, 2003). Since its initiation in 1989 in Porto Alegre, Brazil, PB has been employed to distribute funding across many cities and regions in 70 countries in North and South America, Europe, and Asia (Sintomer *et al.*, 2013; Shah, 2007; Dias, 2018). The popularity of PB-informed commissioning has been attributed to its potential to deliver social and economic impacts to the most deprived communities (Escobar, 2020; Cabannes, 2014). PB is recognised as a co-production mechanism for generating public value through linking citizen voices and action and enabling collaboration (Escobar, 2020). PB involves a broad range of activities that motivate residents to engage in civic processes and decision-making by sharing ideas, developing proposals and voting for projects that will improve outcomes for their community (Hall, 2005). PB allows constructive and healthy contestation between professionals and citizens across communities of place, practice, identity and interest (Wampler, 2007; Escobar, 2020). In simple terms, PB empowers community members to work as equals alongside authorities to decide how funds will be allocated across a range of local schemes. PB has previously been used to increase public engagement in community health schemes, with residents invested in the hope that their decisions around the allocation of funding will lead to positive outcomes for their community (Blakey, 2008).

The democratic process that underpins PB is posited to promote self and social respect, decrease feelings of alienation, increase self-efficacy and feelings of purpose in life, and promote behaviours that lead to positive health outcomes (Wise and Sainsbury, 2007). However, the link between democracy and individual well-being in community-led PB commissioning is not well-documented and even less is known about the causal route through which change occurs (Campbell *et al.*, 2018; Vlahov and Caiaffa, 2013). In the UK, the authenticity of PB has often been undermined, as a tension exists between delivering pre-set national targets whilst staying true to the genuine commitment of the citizens who volunteer to participate in the process (Blakey, 2008). Nevertheless, if PB processes are well-managed through a public and transparent method and there is a real intention to see change, these practices that undermine the productivity of the PB process can be avoided (Wampler, 2000; Abers, 2000; Shah, 2007).

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To date, much of the PB literature reports at a population level, for example, in the reduction of infant mortality, poverty and government spending on capital projects (Touchton and Wampler, 2014; Gonçalves, 2014; Boulding and Wampler, 2010; World Bank, 2003). Furthermore, work in this area is largely quantitative, reporting panel evaluations of interventions which have mostly been delivered in Brazil (Campbell *et al.*, 2018). This body of work has not addressed the ‘how and why’ which would consider the causal relationship that links PB to change at the individual and community level (Boulding and Wampler, 2010; Touchton and Wampler, 2014; Gonçalves, 2014). Accordingly, Campbell *et al.* (2018) call for PB implementation that embeds rigorous qualitative and quantitative evaluations to identify health impacts and explore the processes through which health outcomes are realised.

Context

Haringey is situated in East London and has a population of 264,200 and is the fourth most deprived borough in London where life expectancy has decreased by 1.1 years since 2018 (Office for National Statistics, 2021). Since 2011 Haringey has seen a rise of 23.8% in people over the age of 65 years old living in the Borough with 29% of its residents over 50 living alone and 31.8% of older people over the age of 60 affected by income deprivation (Haringey Council, 2024). In Haringey, 21.3% of children reside in low-income households and over a third of Year 6 school children are overweight (Haringey Council, 2024). One in four people in Haringey either do not speak English or do not speak it well with a population coming from over 75 countries who speak over 180 languages (Welcome Strategy, 2018).

In 2014, Haringey Council sought a new approach to tackling health inequalities by collaborating in the Well London (WL) programme which used participatory budgeting (PB) as a commissioning tool for residents to choose interventions that they felt would best meet their aspirations and priorities for a healthier community. The present study was conducted as part of the wider WL programme delivered in Northumberland Park community, a local area in Haringey Borough. The WL programme framework includes an extensive community, engagement, assessment and co-design (CEAD) process to engage whole communities in the design and delivery of interventions tailored to improve community health and well-being (Dan-Ogosi, 2023; Findlay and Tobi, 2017). The CEAD process involved a series of community engagement, appreciative inquiry and co-production events. These included door-to-door knocking—covering over 80% of homes in Northumberland Park across three sessions. Informal conversations were held with more residents and over 135 residents agreed to complete the doorstep survey. Additionally, two community world cafés, attended by over 90 residents, provided a space for resident-led discussions. The process culminated with a “Community Action Workshop” involving residents and representatives of various local organisations. This consultative work took place over an intensive three-month period and captured the views of a wide spectrum of people residing and working in the borough.

As a result of the CEAD process, six priority areas were identified by the residents which set the parameters for bidding for PB funding. The six agreed upon areas included; 1) bringing the community together, 2) improving the environment and community safety, 3) enhancing pathways to training, volunteering and employment, 4) engaging and supporting young people, 5) improving communication of community assets, and 6) increasing access to affordable healthy diets and physical activity to improve mental well-being (Dan-Ogosi,

2023). Planning for a community voting day commenced with a steering group of council executives, university staff, and the PB facilitator organising logistics. An accessible application form was developed, and resident applicants were supported in developing project ideas.

The subsequent PB process in Northumberland Park was resident-led, designed to empower the community to shape and decide on projects that addressed their local priorities—priorities identified through the earlier Well London CEAD process. A key aspect of this process was the involvement of an independent PB facilitator, who trained the Well London Delivery Team (WLDT) and the Northumberland Park Partnership Board (NPPB). The **WLDT** consisted of resident volunteers working with Well London to deliver the programme, while the **NPPB** was a separate group of community volunteers collaborating with Haringey Council and Selby Trust (a local charity) to manage funding for the benefit of Northumberland Park residents. This training enabled a group of residents to co-produce and deliver the PB process, culminating in a resident voting event (PB day). As a final step a panel of 10 of the trained residents reviewed and shortlisted project applications, ensuring they met due diligence requirements, such as being formally constituted or hosted by a formally constituted organisation, non-profit status, safeguarding policies, and alignment with community priorities identified through the CEAD process.

The PB initiative was locally promoted as a “Community Dragon’s Den” event, making the process more relatable and accessible to the wider community. Inspired by the popular reality TV series *Dragon’s Den*—first broadcast by the BBC in 2005—the event featured individuals and groups pitching for funding to support projects aimed at making a positive impact in their local area (Daly and Davy, 2016). The PB community voting day event took place on March 4, 2017, where short-listed applicants pitched their projects to secure funding (link to Haringey WL [PB video](#)). The day was co-produced and delivered through a collaborative effort involving public health leads, Tottenham regeneration team members, WLDT, NPPB, UEL staff, and a local community charity which also later supported successful project leads in the implementation of their projects. The ensuing PB projects that were conceptualised, delivered and evaluated satisfied the UK government’s effort to give local communities more power and decision-making responsibilities (Marmot, 2020).

The outcome of the PB process was that Haringey Council, in collaboration with residents, commissioned nine PB interventions, one of which was a theatre project called Tottenham Theatre¹. This small-scale, drama-based project won the community’s votes to deliver theatre workshops with people from the target neighbourhood, Northumberland Park, focusing on understanding more about their journeys to their current location.

Tottenham Theatre (TT)

Tottenham Theatre was developed and led by Lauren, a 69-year-old artistic director of theatre, with 35 years of experience teaching and working with neighbouring schools, pupil

¹ Participant names have been made anonymous through the use of pseudonyms.

referral units, and young people 'Not in Education Employment or Training' (NEET). The project was co-facilitated by Abel (a published poet and actor), Marvin (with experience in writing and performing) and Elia (artistic director of dance and co-director with Lauren). All four members of the Tottenham project team lived and worked in Tottenham or Northumberland Park. The target group for TT were adult refugees and migrants living in the target neighbourhood. The co-created aims of the project were to:

- Run theatre workshops about people's journeys to Tottenham
- Create a theatre piece based on community members' stories
- Strengthen the Northumberland Park community by helping people to find their voice through drama and sharing storytelling
- Develop drama and communication skills in people with little or no experience
- Raise confidence by participating in a challenging drama presentation.

TT involved three phases: drama workshops, rehearsals, and theatre performances. Seventy-two drama workshops were held between March and August 2017, lasting between 1 hour 30 minutes to 2 hours with a regular weekly attendance of 12 people. The artistic drama director and her team facilitated drama games, theatre production skills and writing and telling stories of migration to Tottenham. Each TT workshop was based on improvisation and storytelling and enabled each participant to elevate their voice. The group dynamic was creative, focused, and welcoming. The drama workshops were influenced by ideas from Augusto Boal, the Brazilian philosopher, theatre-maker, political activist, and founder of the Theatre of the Oppressed, who used drama to promote empowerment, social, and political change in Brazilian communities between 1956 and 1971 (Boal, 2008).

The rehearsal phase took place between September and November 2017 every Saturday. These sessions focused on developing each participant's migration story, with follow-up social events to help participants feel included, valued, and wanted. The play's rehearsals took place in three venues in Tottenham. The project directors met twice a week before every rehearsal to plan and organise. The third phase was the theatre performances at the Bernie Grant Centre in Tottenham, the Haringey 6th Form Centre, White Hart Lane, the Antwerp Arms in Tottenham and Ye Olde Rose & Crown Theatre Pub in Walthamstow. The play was titled 'Up on Hill' and advertised using flyers, a Facebook page, Twitter, articles in Tottenham community press and word of mouth. A team of volunteers supported the production as musicians, singers, media organisers, organising props, tickets, raffle draws and stage management.

Methodology

Participants

Between November 2017 and June 2018, 18 people who participated in the community development process, including the PB process, were interviewed for the case study as part of the wider PhD study. Their roles included Well London project manager (n=2), PB facilitator (n=1), Haringey Council funder (n=3), resident providers (n=4), non-resident providers (n=3), and residents (n=5). The strategies involved in the community development included planning, prioritising, co-designing, co-producing and delivering the PB event day, which took place at a community school in the local area. Once the theatre

project was confirmed, five additional residents who participated in the TT project were invited to participate in face-face interviews with the first author. The interviews lasted between 30 and 90 minutes. To comprehensively represent the process and the TT project, the first author integrated interview data from both the PB community development process and the TT initiative in this paper. This approach highlights how projects were developed through active resident involvement.

A qualitative methodology was essential to enable us to explore how PB could improve residents' health and well-being. Eligible participants were any resident who participated in the PB process, the drama workshops, rehearsals, and the play in three venues. Participants were selected through purposive sampling due to prolonged engagement and observation of the process by the first author. Most participants lived in Northumberland Park and were primarily migrants from the Caribbean, Africa, Syria, and Asia. None of the TT participants had previously taken part in a PB event or public performance prior to the Well London programme. They had diverse and difficult stories to tell about settling in Tottenham. Participants were ethno-culturally diverse, mainly retired, unemployed or self-employed, and all participants reported having a limited social support network.

Ethics

Ethical approval was granted by the University of East London Ethics Committee (UREC) on 18th January 2017 (UREC 1617 18). Before their interview, participants received an email explaining the study's aim, its design, the voluntary nature of participation, the option to withdraw anytime with justification, and how their data would be treated confidentially. All study participants consented to their participation in the research based on the information they received.

The first author undertook this research as part of her PhD in public health at the University of East London. Recognising the perspective of the first author as a participant observer (Atkinson and Hammersley, 2007), we are aware that we interpret these findings through the lens of her experiences of prolonged engagement. This is mitigated to some extent by her approach to constructivist grounded theory analysis of interviews with respondents with whom she had proactively mingled within the programme. Additionally, our analysis and interpretation of the interviews and the meaning of the findings were discussed, and consensual validation was reached within the research team and cross-checked with the participants.

Procedure

The research adopted a case study approach advocated by Stake (1995) and Yin (2009) combined with the constructivist grounded theory of Charmaz (2006) for analysis. The data collection was intentionally open-ended, flexible, and conversational. Semi-structured interviews were conducted with the interviewer and participant journeying alongside each other in a collaborative exploration of lived experience. Interviewees were asked about their experience of participating in the PB process and theatre project. Attempts to interview those who had disengaged from the project at any stage was unsuccessful. Credibility was assured through prolonged engagement and observation with the participants during the PB process and theatre production by the first author (Dan-Ogosi, 2023).

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The First author spent six weeks observing the PB process and one day a week for eight months observing the TT process and attended three of the play’s performance. This was instrumental for observing the interactions between stakeholders and grasping participants’ insights. Regular meetings with the programme leaders and residents involved in the PB planning process and observation of the theatre production process helped the first author to understand the context of the project and to avoid distortions or inaccuracies that participants or researchers might add to the inquiry. Several journal entries during TT process and drama production helped with interpreting the data. The interviews were recorded and stored securely online in a password protected location. Participant information and pseudonyms were stored in a separate location to the interview files and coding of interview transcripts ensured anonymity was maintained throughout data analysis and presentation of the results. At the end of the interview the participants were thanked for their involvement and offered the opportunity to contact the first author if they wished to discuss anything about the interview.

Data Analysis

Interview transcripts were analysed inductively to identify participants perceptions and experience of PB for promoting emotional and social well-being through TT drama and theatre intervention. The interviews were transcribed verbatim and coded by the first author using Quirkos qualitative software (Turner, 2014). The second and third authors reviewed emerging themes in line with the data to ensure interpretations were accurate. The constructivist grounded theory of Charmaz (2006) was used as a guiding principle, recognising participants’ agency as co-constructors of meanings and experiences with the researcher. Implicit meanings about the value and beliefs of how and why PB may influence health and well-being were sought through the immersion in data (Charmaz and Bryant, 2011). The relationships between evolving core themes and categories were then examined and mapped out to develop the nuances that occurred throughout the TT project.

Findings

‘The Power of Being Heard.’

The over-arching theme emerging from this research was ‘The Power of Being Heard.’ All participants affirmed that the theatre intervention was life-changing and positively influenced how they now perceive other members of their community. Participants also reported that the theatre project improved connections and interactions with other members of their community. As will be seen below, this concept was reflected in participants comments about PB’s impacts that directly meets their needs as accounted through their storytelling. Participants described how they grew in confidence, self-esteem, self-worth and experienced healing and well-being from sharing about their life challenges and how they coped or tackled them. Some participants gained new ways of being by listening to other people’s stories and were comforted that they were not alone. The power of being heard is underpinned by sub-themes: *the impact of the PB on the choice, design and delivery of TT, Building positive relationships and the Therapeutic Healing Process.*

Impact of PB on the Choice, Design and Delivery of TT

Participants reflect on the direct and indirect impacts of PB in choosing, designing, and delivering projects that directly meet their needs. For instance, Genevieve, the PB facilitator, notes how the community could be trusted to discern what projects were beneficial to them.

There were two projects that came under Well Communities that [were] pitched ...But the [projects] seemed a little bit unclear... [Interestingly] the community had the same reservations, and [those projects] didn't get endorsed. [This] reaffirmed the local communities are very good at sourcing what will work in their areas and are not afraid to put their vote down accordingly (Genevieve – PB facilitator).

Some resident women were considered housebound and hard to engage. Yet, these women emerged and spoke up in the competition for PB money. Zahra, a resident who led the presentation for one of the projects, excitedly shared how she felt:

I felt quite proud of myself because, you know, I'm doing something for my community and the group that we're running. Because to get this money, if I had to give that speech, I would do anything that would help. We need it here [for the project] ..., and without the funding, it will be really hard (Zahra—resident).

Similarly, James, a resident and long-term counsellor, shared his reflections:

I have been a counsellor in this ward for 14 years, and I do appreciate it's difficult to get people involved... Well, when there is money available, [...] people tend to appear. [...] I think it was good because [the PB process] did get people involved. [...] It makes a change to have some local residents having some input on where the money is spent (James – resident counsellor).

These insights demonstrate that residents knew what they needed to improve their own health and, if given the opportunity, would be both proactive and discerning in making their recommendations.

Lauren, the TT project organiser, believed the arts were important for people's well-being. PB provided an opportunity for residents to vote for aspirational, artistic, and culturally enriching projects like theatre.

I thought it was fantastic because in the middle of Tottenham, you got people voting for a theatre. ...there are so many other needs you could have done, there's food, there's social clubs, there's children, there's boys out on the street with knives. But they voted for the theatre because I suppose the arts are essential to people's well-being, but PB was what inspired it [delivery] in many ways (Lauren –Director).

The nature and competitiveness of the PB process influenced the way Lauren conceived and delivered TT. By becoming more thoughtful about how TT would impact Tottenham residents, Lauren ensured it was democratic and inclusive.

The democratic nature of PB meant that you mirrored the PB process. It wasn't just about me. It was about the community. So, therefore we did a democratic play. So, there's three ways: democracy, accountability, and community. And I think we did mirror the PB day in the play (Lauren).

Respondents expressed that participants felt a sense of pride and achievement from the affirmation from the audience and each other. Hannah and Lauren explained their feelings of achievement:

I feel great because the first time we did it in Bernie Grant, I was surprised to see my functional skills teacher coming down to say, "Hey Hannah is that you? I didn't know you can act." Yeah, that was fantastic (Hannah).

It was lovely. So, I think in the community there is a sense of pride in being able to say we put this show on and wasn't it good (Lauren).

Lauren enabled participants' decision-making powers throughout the production, emphasising how the democratic nature of PB inspired the delivery of the theatre production process. When asked "how performing in the play had changed your daily life?", Hannah described how her belief in her ability to act in the play was fortified by Lauren.

I'd say I have been encouraged...not being cautious of how I speak, because I said to Lauren, "my language differs, since English is my second language... She said, "but I can hear you, I hear what you speak" ... it makes me to be encouraged and be bold not to look at my level of speaking... It makes me to feel confident and comfortable with myself, and it has impacted in me in a way, I don't need to look at any person before I can speak or to know if I can do anything with the person, I no longer feel shy to speak (Hannah - Participant).

Holly shared that in the play boosted her confidence, and now she feels she is capable of functioning better in other areas of her life.

I never thought in my life I'd ever get on the stage and do something. And I did it ...I did ...And I feel if I can do that, there is a lot more I can do (Holly - Participant).

For Holly, TT made her discover her creative self. Like many participants, she had never been in a play. Abel, echoing many of the participants, said:

I'm sure a lot of them now say, "I never thought I could do that". So, now next year, I am going to go to college and do this, whatever it is because of the newness of it. So, you are your story (Abel).

The positive effects on resident's confidence, self-esteem, and sense of self-worth were evidenced in respondents' comments. Acting in the play made Holly feel good and increased her sense of self-worth and pride. Lauren also elaborates on confidence gained by Raymond and many other participants.

...in the actual participants, the confidence was phenomenal. It was great. I can mention 10 of them. One was Raymond, when he joined, he had a throat constriction. He was very concerned that people would not hear him. But we worked on it. He knew he had to work on it, and he did, and one of the real successes was his development and his confidence to be able to tell his story So, the growth in self-confidence and

self-esteem with the participants was enormous. Even the co-director Abel affirmed that he had increased in confidence and self-esteem (Lauren).

When I asked Abel how the project had changed his daily life, he replied:

My day is now bigger and fuller. I believe now I can do more. Their stories are my stories. I have more confidence; I am less inclined to stay in whatever comfort zone I had. So, I'm stepping further. Same as them (Abel- TT co-facilitator).

The democratic process of PB increased the confidence of those involved, whether participants or project leaders.

Building Positive Relationships

The process of storytelling through theatre increases the connections and friendships between people.

... Saying your story enables you to believe you can make another story. But hearing other stories so close with their breath on you and the change of clothes and ...there is always this "hi how are you doing? Are you alright?" It emboldens you (Abel-TT co-facilitator).

The stories embodied a more phenomenological experience of their story beyond words which was itself empowering. Abel reflects that telling your own story increases your self-belief and helps you achieve better outcomes in your life. It also creates the capacity to connect with and affirm others.

It's looking after someone, which is also looking after yourself. The best way of seeing yourself being looked after is looking after somebody else. That's a big leap [...] in the play, I saw Nabina, the Indian woman, hugging the homeless man [Daniel]- she is from India, and he is black, black, black! And usually, those two are not known to mix ever. She recognises him and his loneliness. "Yeah, I will give it [hug] to you." And he's got her warm skin stuck against his warm black skin. Her brown all pressed up. ...she can see it's a spiritual connection. Barriers go down. (Abel – TT co-facilitator).

Hearing other people's stories was as insightful for the cast members as it was for the audience. It helped people come to terms with what other people from the community were facing and *value each other or take notice*. For example, Raymond told me he now understands the perspective of different communities:

And the other one, of course, is the experiences of people in the Caribbean community who came here in the 1950s. And the prejudices that they encountered, which we all know about ...but to hear it from someone who has experienced it... particularly refugees' experiences; very moving. And you read about things in the paper to get to hear of someone's account of what it's like to be a refugee. It really hits it home (Raymond-participant).

Participants gained a sense of belonging from becoming known in the community because of the PB money. For example, Lauren and Hannah recount their experience of being recognised by people in the community because of their role in TT.

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So, sometimes you go on the street, you see somebody, even the other day when I came to WTN (women's group), somebody told me I will come, to watch the play. I heard your story that day (Hannah- participant).

...we were so entrenched in the community by this time, partly because of this [PB] money. I remember sitting at the doctor's, and a guy said, "Oh, I'm sorry. I can't come to the workshops", and I didn't even know him ...So, it is incredible. Word also spread about the play, people knew about it, and they loved it. We felt fantastic. We felt validated (Lauren).

Lauren and Hannah felt a sense of belonging and affirmation from being known as part of TT. People also developed dependable friendships during TT activities, which is important to this sense of belonging. For example, Hannah became friendly with people in the group and could rely on them to help when in need.

The one from Afghanistan [Abdul], each time he sees me, he says, "Oh, my sister". And occasionally, I have seen Holly pass the market and I have called her. It's not only because we did the play..., because there will be a time you might need somebody. And if I need somebody urgently, I can check on my phone or email and say I need so and so person (Hannah).

Expressing the community's needs through the play was perceived to create a sense of control and belonging. For example, Lauren explained: "*the play united community members to defend their community and strengthened demand for what they wanted*". The stories of the theatre were about gaining a sense of belonging to a community, particularly Tottenham, and TT gave residents the freedom to recount their experiences, demonstrating the importance of belonging.

Workshops were deeper in a way because they went into people's massive feelings about where they've come from, what they left and how they settled here. Often the stories were really distressing. What they thought, and what they experienced when they arrived. So, it's how do you survive in a lost and lonely city? How do you do it? Of what Vivian said is... it's about belonging, and you could go to one place and not belong. You could go to Tottenham; we were saying and belong. So, it's about belonging and if in London that is where you can live. So, it was a big pro-migrant, diverse, pro-diversity story ...how could it be anything else, if you're in Tottenham? It was about the politics, the community. ...it wasn't just the HDV (Haringey Development Vehicle) (Lauren).

Therapeutic healing process (Feeling Good and Feeling Better)

Lauren shared that many TT participants experienced physical, emotional, or mental health problems and theatre could help them heal and achieve positive mental health and social well-being.

...lots of them had emotional problems and mental health issues. Many others had had ...Maybe mini-collapse at the end of their working lives and for them it [PB programme] ...was just fantastic (Lauren).

The story TT tells is sort of my journey here as well. Sometimes depression, losing your job, ending up feeling isolated and not having an outlet or not being aware you can change the trajectory of your journey (Daniel).

The emotions people shared increased bonding across cultures. I probed Abel more about the phrase “a manifestation of what’s going on inside” and he replied:

...I think it is a part of a healing process. I think it’s too much to say that now everything is gonna be alright. But it’s a balm, and in the future, they know now what the balm smells like ...what it feels like, and they can go out. Maybe Vivian will now go to Cameroon dances where she wouldn’t previously. Before, she would stay with the kids. But now she would say: “what now, I am going to treat myself. I will get a babysitter, cos the balm is where the people are”. So, they’ve identified that (Abel-TT co-facilitator).

Daniel embraced theatre as a mechanism for dealing with his negative emotions.

If you wanna call it healing, by all means because that’s what it is. You’ve healed yourself, or you try to heal yourself, and it works. In 2007, I was a very angry person, very upset, losing jobs, this, and that... And it’s still a learning curve. I am not there yet. I am not anything else more than what I am here now, and I am still learning and learn every day. But it is good, not bad. ...the play with Lauren ...with TT, it’s almost as if you are writing your own part ...it’s like a therapy (Daniel-resident).

For some participants, telling their stories enabled them to become self-aware of the despair deep in their hearts from past events, to come to terms with it and begin the journey to regain their health as Daniel expressly describes below:

...what I realise is that I had chemical imbalance grievances. And once you are able to articulate that you can deal with it. From the tragedies of life and from the miseries and the pain because I’m sure you are aware [Both Laughing] that this is what life is all about especially for a certain class or a certain race of people. TT made me realise the imbalance and what I needed to do to get the balance back (Daniel-resident).

The stories made participants feel they were not alone. They recognised themselves in people’s stories and if someone who has experienced trauma can smile, they too can cope and overcome. For example, Abel and Hannah reveal their perceptions of how telling stories can affect other people’s behaviour.

So, now Bob can see Hannah’s journey and say, I’m gonna have her laughter. The journey was horrible but look at how she can still laugh. Look how she can still smile (Abel-TT co-facilitator).

I am now telling the story, somebody might learn from it and say oh, if this person can pass through this, so mine is not a new thing, so I can overcome it (Hannah-resident).

Building positive relationships with other people from the previous theme was also crucial for feeling relaxed and reducing stress. For example, Hannah became more comfortable and stress-free when she joined the group. She was no longer worried about the stress from her neighbour at home.

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3 *yeah, after then [joining the group] I relaxed, and am in the midst of people, I don't*
4 *think more about inside [home] when I come out. I put away all those stresses,*
5 *everything, so I concentrate more on what we are doing [theatre] (Hannah).*
6

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8 Expressing their problems through storytelling made some participants feel good or
9 better. For example, Hannah suggests her story was important for others to understand her
10 identity and validate her.
11

12 *Yeah, I feel good, and now looking back to how my life started ...because is not a*
13 *sweet journey for me ...it makes me happy, I now feel that by telling my own story,*
14 *people can get a clue of who I am and ...somebody might learn from it and say oh, if*
15 *this person can pass through this, so mine is not a new thing, so I can overcome it*
16 *(Hannah).*
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19 Similarly, Lauren emphasises drama was essential for enhancing well-being.
20

21 *It is to do with the drama and the emotional well-being of everybody in it. ...it wasn't*
22 *about mental health. I think that's quite important. People have all got their troubles*
23 *and they were able to feel better about themselves. It's enhanced people's feeling of*
24 *well-being (Lauren).*
25

26 Lauren also expressed positive feelings about the impact of the workshops and
27 performances on the participants and audience. “*And the workshops, I worked very hard, and*
28 *I love them. That was just pure well-being.*” When I asked her to tell me what she meant by
29 “it was pure well-being”. She replied,
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31

32 *Oh, I felt great; I mean, just as they felt great, I felt great. I feel fantastic... I can't*
33 *believe it, it was marvellous. I'm thrilled. It was everything I hoped it would be. It was*
34 *fantastic. It was so rewarding. And I loved it and I feel great. No, I feel great*
35 *(Lauren).*
36
37

38 Lauren's excitement was shared by cast members and the audiences at various
39 location of the play. This was evidenced by the exciting, loud chats and laughter after the
40 play noted in my field notes from the performances at the Sixth Form Centre and Antwerp
41 Arms. I noted a sense of pride and achievement on the faces of cast members and the
42 audience. Lauren's good feeling was because of the play's success and recognition she got
43 from community members.
44

45 *I think I've grown, enormously. That I've been able to do it and the audiences were so*
46 *strong in the affirmation of me. It's humbling to be honest, to get that response. I feel*
47 *fantastic. I feel embarrassed because, I suppose you're not used to getting this*
48 *accolade. ...It's so strong. (Lauren).*
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51 Despite the participants' challenging circumstances, these pieces of evidence suggest
52 that sharing their stories enabled them to adopt a positive outlook and increased their capacity
53 to enjoy their life by recognising their achievements and contribution to community
54 happiness.
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Discussion and Conclusion

This study points to the power of using PB to enable residents in a deprived neighbourhood to influence design and delivery of interventions to directly meet their needs and aspirations. It demonstrates the usefulness of PB as a tool to enable residents to take control of and transform their lives as part of a wider community development approach in deprived urban communities. The research also demonstrates the significance of culturally aspirational arts-based approaches in engaging deprived community members around health issues, in promoting emotional and social well-being and a positive sense of individual and community belonging.

The TT theatre production promoted self-esteem, love, and a positive sense of agency in residents. Positive emotions of contentment, joy, happiness and love expressed by participants can generate a psychological disposition for people to feel good and to sustain those feelings in future (Fredrickson, 2001). In the present project these expressions were revealed through themes of self-expression, praxis, self-realisation, sense of belonging and building of positive relationships between participants characterised by trust and reciprocity. A secondary outcome was witnessed in the power of storytelling to positively impact on participants' well-being through enhanced insight into various ethno-cultural experiences and journeys of settling in Tottenham. For example, stories about the Windrush generation, Biafra, White British people who first settled in Tottenham, Syria and India were noted. Being a devised play about their experiences and personal stories the arts became a tool for transforming lives through release and shared learning.

To our knowledge, this is the first study of its kind to have explored the role that PB can play in shaping lived experiences in community health interventions involving a small grant-making programme. Several life-changing influences were identified consistent with previous research (Escobar, 2020; Kemp, 2006). These included PB's impact on voting for projects that directly responds to the community's needs (Wampler, 2012; Touchton and Wampler, 2014); in this case, aspirational, artistic, and culturally enriching projects like theatre with therapeutic properties. The storytelling experiences enabled residents to experience enhanced emotional and social well-being through a therapeutic healing process (inspired by Augusto's Boal's theatre of the oppressed) that increased a self-aware, self-efficacy, and self-esteem. These health influences were moderated by putting the community in the driving seat of how to spend small grant monies which enabled previously excluded citizens to participate. This contradicts conventional commissioning for health improvement, which tends to be more top-down, determined by specialist populational health needs assessment and focussed on a more medical model, illness prevention and/or health behaviours such as smoking, healthy eating and physical activity.

Since Marmot's review in 2010, changes to funding allocations and cuts to benefits have disproportionately affected poorer communities like Northumberland Park. Marmot therefore argues that it is essential to reverse these losses by increasing funding and action in areas that have suffered the most losses and increasing inequalities (Marmot, 2020). Marmot's 2020 health equity review in England, recommends the funding and adopting proportionate universalist approaches to building community resources and involving communities to design and implement programmes to reduce inequalities. Similarly, Sen's

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capability approach, which indicates people’s freedom to achieve well-being is of primary moral consequence and well-being correlates with people’s capabilities and functioning (Sen, 1999). Sen (1999) describes the agency and freedom needed to enable people to feel that they can embody other positive stories and functioning. In other words, the bigger picture is enabling residents to commission projects that directly meets their needs can empower them to move beyond the structural limitations in their lives and achieve more than they thought possible.

Wise and Sainsbury (2007) theorised democracy as a forgotten determinant of health, exploring the efficacy of collective decision-making for improving mental health and other different dimensions of health and well-being, including increases in social networks, community cohesion, and social capital. These in turn impact on individual’s sense of self and social respect, decreases feelings of alienation, increases personal and collective control and self-efficacy, a greater purpose in life, and hence greater happiness and healthier behaviours. The importance of social connection experienced by voting a theatre project through PB was also apparent among individuals that participated in this programme regardless of who they were or where they came from. The theatre project drew people from different backgrounds together to work collaboratively to transform their own lives and those of members of their community. Through storytelling and self-expression during drama workshops and performance, participants gained agency, self-belief, confidence, and resilience to act on their health and well-being and transform their lives. Furthermore, the developing social relationships led to sense of belonging and increased community spirit.

Evaluations of PB in small grant-making processes, which support community engagement in health promotion, are sorely lacking or buried in grey literature. PB scholars have argued that determining public health improvements attributable to PB is an art rather than a science. However, the circumstantial evidence of its benefits from community interventions is striking (Vlahov and Caiaffa, 2013) and needs further research. Our research fills the gap for calls for robust qualitative studies that explore pathways to and demonstrate the types of impact of PB on health and well-being and the need for further research (Campbell *et al.*, 2018). With continued efforts to apply PB in commissioning community health interventions in the UK, it is imperative to embed robust evaluation in these programmes, particularly small grant-making programmes to support policy and practice in this area. Applying PB in health promotion in community intervention is a catalyst for enhancing participation and co-production of the intervention’s community enjoy and can improve health and quality of life. Previous research shows that when communities are involved in deciding interventions for their well-being, it leads to increased participation of previously excluded citizens and co-production that produces life-changing transformations for individuals and the community. Failure to include citizens in choosing interventions that match their needs may act to exclude people who need health improvement most.

Theatre and art-based approaches have been established for decades as effective means of health promotion and its life transforming properties (Séguin and Rancourt, 1996). Evaluations of theatre and drama forms of therapy for promoting and improving health in different settings exist (Roberts *et al.*, 2017; Leckey, 2011; Snow *et al.*, 2003). Yet, none of these have demonstrated how participants co-commission, co-produce and deliver the project for well-being. They have mainly been about its impact on engaging certain community groups, and thematic areas like sexual health and disability. Kemp’s (2006) research showed

that drama was used to promote emotional and social well-being among a group of young black men living in south London. Their findings demonstrated that study participants increased in self-esteem and positive sense of agency through opportunities for self-expression, reflection and self-understanding while developing positive relationships with others, characterised by reciprocity and trust (Kemp, 2006). Similarly, a systematic review by Bunn *et al.* (2020) combined 119 studies to show how different art-forms and theatre-based interventions were employed for promoting health in South Africa. Although, these arts-based and theatre interventions are recognised to improve outcomes for health and well-being, it is still not a priority intervention for many traditional providers who commission public health interventions. The intervention in Kemp's study departs from the TT theatre intervention in the method of commissioning through PB. The TT intervention commissioning raises the question about why in a deprived community, residents will choose a 'theatre project' in place of, for example, a 'healthy eating' project?

Evidence from the interview with respondents suggests the play co-production process was gratifying and empowering for the participants. This included the workshops, rehearsals, and performances. Many participants who told their stories or listened to others were perceived to have experienced a feeling of release (catharsis), which is known to cause emotional freedom from stresses from present and past adverse events. This testimony strengthens the concept that the process of theatre production and public performance in a play can have dramatic therapeutic benefits for individuals suffering from emotional problems and mental health difficulties (Snow *et al.*, 2003; Leckey, 2011).

In terms of study limitations, we acknowledge that a qualitative study with a relatively small number of participants involved specifically in a theatre project is limited in presenting the breadth and depth of lived experiences of PB across the Well London programme. Additionally, having only the project director's testament of the influence of PB on the design and delivery of the theatre project seems insufficient to make the impact claim. However, this study is embedded in a wider PhD thesis, which provides more evidence of PB's direct impacts. This study's description of the PB processes and experiences of participants also provides valuable insights to inform future PB programmes which aim to improve health and well-being within deprived communities.

A further limitation is that we missed the opportunity to observe the breath of participants' engagement in the drama workshops that engendered trust and positive relationship development among participants. However, observations during the theatre production of cooperation and peer support were vital and the revelation of social bonding discussed at interviews supported the realisation of this limitation.

This case study has demonstrated that PB can positively influence the commissioning, design, and delivery of community interventions, and provides insights into the pathways that lead to direct and indirect impact on individual and community well-being. This research also highlights the value of co-production in design and delivery of interventions, to increase participation, and community commitment and dedication to the programme. Further research is therefore warranted to elucidate how through PB we can enable the co-production and sustainability of culturally aspirational projects with a focus on improving health at a community level.

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