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Navigating Complexity

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Termansen, Tina

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OF THE COMPLEX COMMUNITY-BASED INTERVENTION
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DISSERTATION SUBMITTED 2023

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CV

I hold a MSc in Anthropology from the University of Copenhagen (2011), where my interest in inequalities was sparked. I spent my university years exploring a variety of subjects all related to justice and vulnerability in and outside of Denmark ending my master's with a five-month fieldwork in Buenos Aires, Argentina studying social becoming and navigation among transgendered *travestis*. Following my master's, I embarked on a professional journey consisting of jobs both in the scientific world as a scientific assistant evaluating social and health interventions and in the NGO sector as project manager and consultant for the Danish Heart Foundation and Save the Children Youth. Experiences from these jobs sparked my interest in applied research combining my methodological expertise with my interest in inequalities. In August of 2019 I started as a PhD-student at Steno diabetes Center Copenhagen, Department of Health Promotion and was affiliated with Aalborg University's department of Health Science and Technology. The study was anchored in the initiative Tingbjerg Changing Diabetes (TCD) and funded by the Novo Nordisk Foundation, Steno Diabetes Center Copenhagen and Aalborg University. During my PhD, I spent 18 months conducting fieldwork in Tingbjerg and participating in the development and implementation of several TCD activities. Apart from data collection and scientific dissemination, I have supervised students enrolled in the BSc program in Medicine and in March of 2022, I was affiliated as a visiting PhD fellow at the Arctic University of Tromsø, Institute for Sociology.

ENGLISH SUMMARY

This thesis is the result of a PhD-project which was carried out from August of 2019 until November of 2022 within the large-scale health promotion initiative Tingbjerg Changing Diabetes. It focuses on processes of developing and implementing a complex community-based intervention in the context of a disadvantaged neighborhood.

Background

Efforts to address the social determinants of health have led to an increased attention towards health promotion addressing health in the settings and everyday lives in which it unfolds. Communities such as disadvantaged neighborhoods are increasingly stressed as important settings for health promotion. Many community-based interventions adhere to the principles of complexity thinking placing individual behavior within a broader system often operating on multiple levels across systems, having to navigate multiple interests, a complex context with the local community as an active agent and work with an adaptive and emergent approach. These traits also present certain challenges such as chaotic circumstances and lack of control. While these challenges are acknowledged there have been few examples and in-depth knowledge production on the practices of developing and navigating the complexity of community-based interventions, and to a much lesser extent navigating the complexity of a disadvantaged neighborhood setting. The disadvantaged neighborhood as a vulnerable and politicized arena makes up a certain context to take into consideration when developing and implementing a community-based intervention addressing health and well-being among its residents. One of the major challenges pertaining to the disadvantaged neighborhood is ensuring participation from vulnerable groups.

Objective

The overall objective of this study is to generate in-depth knowledge about the processes of developing and implementing a complex community-based intervention in the setting of a disadvantaged neighborhood. The intervention under investigation is Tingbjerg Changing Diabetes, a large multi-facetted, multi-stakeholder and multi-arena intervention developing activities in a collaboration between local stakeholders, including residents and researchers. The overall objective is operationalized into three research questions addressed in three separate journal articles:

1. How do professional practitioners navigate complexity and respond to context when developing and implementing TCD?

2. How does TCD create possibilities for participation and how do residents participate in the initiative?

3. What are the potential unintended consequences of addressing health through the complex community-based initiative TCD and how do practitioners address those challenges in practice?

Methodology

The study explores the processes of developing and implementing TCD by focusing on two TCD cases; an urban-rural collaboration engaging Tingbjerg residents in fieldtrips with farming activities at the organic farm Svanholm and the development of the community restaurant Virketrang in Tingbjerg's community hub. The study was carried out in an ethnographic community action research design, where I have conducted fieldwork at Svanholm (August 2019-October 2019) and in the community hub (January 2020-August 2021) while also participating actively in the development of the community restaurant alongside partners from Copenhagen Hospitality College, FSB social housing association and Steno Diabetes Center Copenhagen. In addition to participant observation, I conducted 6 semi-structured interviews with Tingbjerg participants and 3 semi-structured interviews with practitioners in the Svanholm-project and 11 interviews with residents and 7 semi-structured interviews and 2 focus group interviews with partners in the community hub and restaurant. Data material was analyzed abductively and subjected to thematic analysis.

Findings

Findings show that processes of developing and implementing TCD are characterized by complexity residing in the setting of Tingbjerg and complexity within the intervention. Partners experience complexity mainly because of the unpredictability of residents' responses to activities, the undefined purpose and direction for action and having to navigate differing organizational logics. The study shows that, in order to navigate such complexity, it becomes important with mediating structures such as connectivity between stakeholders, a flexible framework that supports responsiveness and adaptive practice and autonomy.

The organizational structures promoting adaptiveness and flexibility also supports conducive spaces for participation among residents in the community hub and restaurant. Residents experience that open, tolerant and un-institutional environments are motivating for participation. Ultimately the environments created in the restaurant promote participation through their ambiguousness and by being susceptible to influence by participants. Finally, the study finds that TCD, although embracing an asset-based and empowering approach to health promotion is also embedded in a normative health promoting paradigm and legitimized by the labelling of Tingbjerg as vulnerable and disadvantaged. At Svanholm, TCD thus unintentionally position Tingbjerg participants as vulnerable and disturbing resulting in othering. Overall findings stress the importance of responsiveness through real-time learning, reflexive practice and adjusting continuously in order to avoid adverse effects and ensure participation from those who are normally hard to reach.

Implications for research and practice

Frontline personnel and researchers working with complex community-based interventions targeting vulnerable groups could benefit from uncertainty absorption where unpredictability is acknowledged as a central circumstance for their work. By acknowledging complexity, organizations and practitioners might become more capable to navigate complexity and ensure responsive and context-sensitive solutions. One way of enhancing uncertainty absorption is to engage in iterative reflexive practice ensuring adaptive practice and real-time learning rather than just front- or backend learning. Finally, research on complex interventions could benefit from giving more space to the ethnographic method. The in-depth engagement established through fieldwork and embedding oneself in the field allows for an understanding of contextual and temporal dimensions of the processes of navigating in a complex intervention. In addition, ethnography has the advantage of context-sensitivity and giving voice to those who find it difficult to participate or speak for themselves.

Conclusion

Findings show how the disadvantaged neighborhood and its residents make up a specific target group for health promotion and point to the importance of health promotion being able to reflect on and address the context in which it operates and groups in vulnerable positions appropriately. In sum, a key cross-cutting lesson from TCD was the importance of responsiveness and allowing for adaptation in response to the unforeseen through ongoing reflections. Incorporating such as practice in social and health interventions may help researchers and practitioners navigate and embrace complexity, including the unintended and ultimately ensure sustainable solutions to health promotion.

DANSK RESUME

Denne afhandling er produktet af et ph.d.-projekt som blev gennemført i perioden august 2019 til november 2022 inden for rammerne af initiativet Tingbjerg Changing Diabetes. Afhandlingen fokuserer på processerne bag udviklingen og implementeringen af en kompleks lokalsamfundsbaseret sundhedsfremmende intervention i konteksten af det udsatte boligområde Tingbjerg i København.

Baggrund

Bestræbelser på at adressere de sociale determinanter for sundhed har ført til en øget opmærksomhed på sundhedsfremmende initiativer der adresserer sundhed i det hverdagsliv, hvor det udspiller sig. Udsatte boligområder udgør en vigtig setting for sundhedsfremme, da de er udtryk for ulighed i sundhed både lokalt og globalt. Mange lokalsamfunds-baserede interventioner arbejder ud fra ideer om kompleksitet promoveret indenfor complexity-thinking, hvor individuel adfærd ses som en del af et større system, og hvor der ofte arbejdes på flere niveauer, skal navigeres blandt

mange interesser og med lokalsamfundet som en aktiv agent. Disse karakteristika udgør også visse udfordringer så som mangel på kontrol og af og til kaotiske tilstande. Der eksisterer få konkrete eksempler og dybdegående viden om hvordan man kan udvikle komplekse lokalsamfundsbaserede indsatser og hvordan praktikere og forskere kan navigere i kompleksitet. Det udsatte boligområde udgør desuden en særlig sårbar og politiseret arena, og dermed en særlig kompleksitet som har betydning for arbejdet med sundhedsfremme.

Formål:

Det overordnede formål med denne undersøgelse er at sikre dybdegående og kontekstnær viden om udviklingen og implementeringen af den komplekse lokalsamfundsbaserede intervention Tingbjerg Changing Diabetes i det udsatte boligområde Tingbjerg i København. TCD er en stor multifaceteret, multiaktør og multiarena intervention med fokus på at udvikle og implementere aktiviteter i samarbejde med lokale aktører, herunder beboere og professionelle aktører. Det overordnede formål er operationaliseret gennem tre forskningsspørgsmål som besvares i tre separate videnskabelige artikler:

1. Hvordan oplever og navigerer TCD partnere komplekse forhold i udviklingen og implementeringen af TCD?
2. Hvordan skaber TCD muligheder for deltagelse og hvordan deltager Tingbjergbeboere i initiativet?
3. Had er de potentielle utilsigtede konsekvenser ved at adressere sundhed gennem TCD, og hvordan håndterer TCD partnere disse udfordringer i praksis?

Metodologi:

Afhandlingen udforsker udviklingen og implementeringen af TCD ved at fokusere på to specifikke cases; et land-by samarbejde med fokus på at engagere Tingbjergbeboere i landbrugsaktiviteter i det økologiske landbrug Svanholm Gods og udviklingen af beboerrestauranten Virketrang i Tingbjergs fælleshave. Ph.d.-projektet er gennemført som et etnografisk aktionsforskningsstudie, hvor jeg har foretaget feltarbejde på Svanholm Gods (august 2019 – oktober 2019) og i fælleshaven og restauranten (januar 2020 – august 2021). Jeg har samtidig deltaget aktivt i udviklingen af restauranten og TCD partnerskabet sammen med TCD-partnerne Hotel- og Restaurantskolen, Tingbjergs Sociale Helhedsplan og Steno Diabetescenter København, hvor jeg også selv er ansat. Udover deltagerobservation, bygger undersøgelsen på 6 semi-strukturerede interviews med Tingbjerg-beboere og 3 semi-strukturerede interviews med praktikere i Svanholm-projektet og 11 semi-strukturerede interviews med beboere og 7 semi-strukturerede samt 2 fokusgruppe interviews med praktikere i fælleshaven og restauranten. Alt datamateriale er analyseret abduktivt med udgangspunkt i tematisk analyse.

Resultater

Ph.d.-studiet viser, at udviklingen og implementeringen af TCD opleves komplekst dels grundet forhold i kontekst og dels grundet forhold i selve interventionen. Partnere oplever kompleksitet hovedsageligt grundet uforudsigeligheden i beboernes respons på aktiviteter, uforudsigelige politiske forhold, udefineret formål for aktiviteter og de forskellige organisatoriske logikker. For at navigere i kompleksitet, bliver det vigtigt med strukturer der understøtter handling så som forbundethed mellem partnere, en fleksibel ramme der understøtter tilpasning og responsivitet og autonomi.

Studiet viser desuden, at den fleksible ramme og de organisatoriske strukturer understøtter deltagelse fra beboerne i Tingbjergs fælleshave og restaurant. De oplever, at det åbne, anerkendelse og afinstitutionaliserede rum er motiverende for deres deltagelse. Det organisatoriske, sociale og fysiske rum fremmer deltagelse fordi det rummer mange former for deltagelse og tillader at beboere også tager ejerskab.

På trods af TCD's ressourcebaserede tilgang, viser ph.d.-studiet også at TCD praksisser er underlagt et normativt sundhedsparadigme som medfører utilsigtet andetgørelse på Svanholm. TCD kommer utilsigtet til at positionere Tingbjerg-beboere som sårbare og forstyrrende på Svanholm, hvilket resulterer i andetgørelse. Dette bliver dog addresseret undervejs i projektet, og der bliver dermed senere skabt rum til deltagelse på en måde hvor Tingbjerg-beboere ikke får en position der virker sårbar eller forstyrrende.

Alt I alt, viser ph.d.-studiet, at det er vigtigt for partnere og beboere at TCD er responsiv og muliggør løbende læring. I TCD sker dette gennem refleksiv praksis og ved at gøre plads til løbende justeringer undervejs, noget der I sidste ende kan forebygge og afhjælpe utilsigtede konsekvenser og sikre deltagelse fra beboere som kan være vanskelige at nå.

Implikationer for forskning og praksis

Praktikere og forskere som arbejder med komplekse lokalsamfundsbaserede interventioner målrettet sårbare grupper kan have gavn af at anerkende og favne uforudsigelighed som et grundlæggende vilkår for deres arbejde. Dette kan skabe bedre muligheder for at navigere i kompleksitet og sikre responsive og kontekst-sensitive løsninger. Refleksiv praksis kan understøtte dette ved at sikre løbende læring.

Forskere og evaluatorer bør desuden overveje at give mere plads til det kvalitative etnografiske arbejde. Dybdegående tilstedeværelse I felten muliggør nemlig en forståelse af kontekstuelle forhold som påvirker kompleksitet. Etnografi har desuden den fordel, at den muliggør indblik og kan give stemme til de personer som har vanskeligt ved at deltage eller udtrykke sig på konventionel vis.

Konklusion

Afhandlingen viser hvordan det udsatte boligområde og dets beboere udgør en særlig setting for sundhedsfremme og påpeger vigtigheden af at sundhedsfremmeindsatser reflekterer over og adresserer den kontekst som den opererer i og sårbare grupper på en passende måde. En central læring, var vigtigheden af responsivitet og løbende tilpasning gennem refleksiv praksis som vigtige strategier for at kunne navigere i og handle på det uforudsigelige. Sådan en praksis kan måske hjælpe forskere og praktikere der arbejder med sociale og sundhedsfremmende interventioner med at navigere og favne kompleksitet, inklusiv det uventede og utilsigtede, og derigennem sikre deltagelse fra de grupper der er sværest at nå.

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LIST OF PAPERS

Article 1 (Termansen et al. 2022c):
Termansen, T., Bloch, P., Tørslev, M. K., & Vardinghus-Nielsen, H. (2022): Tingbjerg Changing Diabetes: Experiencing and navigating complexity in a community-based health promotion initiative in a disadvantaged neighborhood in Copenhagen, Denmark. Manuscript submitted to *BMC Public Health* November 2022.

Article 2 (Termansen et al. 2022b):
Termansen, T., Bloch, P., Tørslev, M. K., & Vardinghus-Nielsen, H. (2022):
Spaces for participation: Exploring the characteristics of conducive environments for citizen participation in a community-based health-promotion initiative in a disadvantaged neighborhood. Submitted to *Health and Place* in September 2022 and resubmitted in November 2022.

Article 3 (Termansen et al. 2022a):
Termansen, T., Bloch, P., Tørslev, M. K., & Vardinghus-Nielsen, H. (2022):
Unintended othering: A qualitative case-study of a health promotion initiative engaging residents from a disadvantaged urban neighborhood in Denmark in rural farming activities. Submitted to *Health Promotion International* December 2022.

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CHAPTER 1. INTRODUCTION

Field note excerpt spring of 2020:

The community restaurant has only been going for a few months, and already we have seen many small successes. Yesterday there were many children as usual. Some accompanied by their parents, but also some without. In the beginning they would mostly play outside and run around the house playing with things, picking up a guitar, some tools or other random stuff lying around. Often, they would run around not really participating. However, now they have started to join the cooking workshops more and more. Although some of them have a reputation for being 'troublemakers' they have been allowed to continue to participate in the restaurant. A couple of weeks ago the chef started to notice that the children were eager to serve the food and let them help. This resulted in them yesterday being an effective workforce serving the food and waiting on the tables. The atmosphere was calm, everyone was very pleased, and several dining guests complimented the children. The children seemed really proud when they balanced their plates from the offices to the restaurant hall (March of 2020).

Field note excerpt Fall of 2020:

The community restaurant has re-opened in a window of less COVID-19 restrictions allowing us to invite residents to cooking and dining sessions in Tingbjerg's community hub once again. A large number of children showed up to help cook the food as they normally do, eager to help. While it is not uncommon for them to fight over assignments, yesterday they fought more than usual, they were many and almost all unaccompanied by their parents. Some of them ran around while other adult participants tried to look after the bonfire and make sure that the children did not hurt themselves or others in their eagerness. Some of the children were hard to control which was a big disturbance to the others and the chef who constantly tried to monitor the hot stoves and knives while also keeping an eye on the children. Some of the other adult participants helped guide them so that the chef could concentrate on the cooking. At today's meeting we discussed how to handle the children and the fact that they often come unaccompanied by their parents. We have previously decided that children needed to be accompanied by adults, however we know that some of the parents find it difficult to come and therefore find it difficult to reject some of the children. We decide once again to tell both children and parents that they need to come together, to avoid chaotic situations such as this one (October of 2020).

This PhD sets out to investigate the processes and implications of doing health promotion through the complex community-based initiative Tingbjerg Changing Diabetes (TCD) in the context of the disadvantaged neighborhood of Tingbjerg. Although the complex intervention is central to this study, it is not an investigation of impacts, health outcomes or diabetes risk factors, but rather an ethnographic account and exploration of the complexities of intervening with a complex health promotion

initiative in a disadvantaged neighborhood context characterized by unpredictability, vulnerabilities, emergence and sometimes chaos. A context where no one size fits all will do, and where simply getting people to participate presents a challenge. As the two field note excerpts show, the process was far from characterized by linearity, but rather many different moments, some that went more or less as expected, some that didn't and many filled with unpredictability. This PhD is a study of how such moments combined came to characterize TCD in the context of the disadvantaged neighborhood of Tingbjerg. My kappa and articles combined comprise a story of the challenges, complexities and necessities pertaining to the work of developing a complex community-based intervention in a disadvantaged neighborhood, but are also about how to ensure meaningful action under sometimes chaotic conditions and the potentials and challenges of approaching the complexities of health and well-being through an equally complex solution.

My PhD-thesis zooms in on the partnership formation of the complex community-based intervention TCD and two cases through which the initiative was developed; an urban-rural collaboration called the *Tingbjerg-Svanholm Farming Cooperation* and a community restaurant called *Restaurant Virketrang*. The cases combined represent interrelated processes of developing TCD. The study in many ways make up an atypical and extreme case (Flyvberg 1988) of the act of working with a complex community-based intervention as it represents the specificities and extremities that may arise when doing health promotion through a complex intervention in a disadvantaged neighborhood. It is thus a micro-perspective case study providing context specific knowledge on the processes of developing and implementing an intervention in Tingbjerg, while at the same time contributing with general knowledge about the implications of targeting residents in vulnerable positions through a complex multi-stakeholder initiative. In sum, the case-study provides important insight on approaches that may contribute to sustainable complex health promotion intervention addressing health and well-being among those who are most hard to reach.

In this introduction I describe the rationalities of community-based health promotion, the research gaps within the field of complex community-based health promotion and the complexity pertaining to TCD. This is followed by my research aim and questions. I then provide details on the study context, including the physical, political and discursive context of Tingbjerg and the disadvantaged neighborhood.

1.1. HEALTH PROMOTION IN SETTINGS – ADDRESING THE WICKEDNESS OF HEALTH

Both globally and in a Danish context it is evident that peoples' abilities to live long healthy lives is linked to their social and economic situation; people with higher education, occupational status or income live longer and healthier lives than people with little or no education, low occupational status or income (Nguyen and Peschard 2003; Arcaya, Arcaya, and Subramanian 2015; Scott-Samuel and Smith 2015; Petticrew et al. 2009; World Health Organization 2021). The risk of ill health is thus

deeply rooted in the complex social contexts of people's everyday lives. Consequently, addressing the social determinants of health are widely acknowledged as the way forward in the effort against inequity in health (World Health Organization 2021). In response to the clear connection between socio-economy and health, WHO has since the 1980'ies promoted the notion that health is created in the settings where people spend their everyday lives (WHO 1986; 2017). Efforts to address the social determinants of health have thus led to an increased attention towards health promotion addressing health in the settings and everyday lives in which it unfolds (WHO 1986; Bloch et al. 2014; Warr, Mann, and Kelaher 2013; 2013; Foot and Hopkins 2010; Kretzman and McKnight 1993; Mikkelsen, Novotny, and Gittelsohn 2016; Agarwal and Brydges 2018; Greenhalgh et al. 2016a). The aim of settings-based health promotion is to work contextually to create structures that support health and well-being locally. Such approaches, including TCD, often work with a broad and positive health concept perceiving health as *a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity* (WHO 2018). Such a perspective on health distinguishes itself from traditional behavioral and individualist approaches often applied within public health (Green and Tones 2019), reducing health to '*discrete, stable, homogeneous and measurable*' behaviors of individuals neglecting the social, cultural and power-related aspects of health (Cohn et al. 2013).

In contrast, settings-based health promotion sees health as deeply ingrained in the social contexts of peoples' everyday lives and something to be addressed on multiple levels in the settings where people live (World Health Organization 2021; Green and Tones 2019). In settings-based health promotion focus is moved away from deficits and disease and towards mobilization of resources (Foot and Hopkins 2010; Kretzman and McKnight 1993; Morgan and Ziglio 2010). In fact, approaches that empower people to gain the competencies and knowledge to increase wellbeing and improve health is often perceived as the optimal way to ensure sustainable change within settings-based health promotion (Foot and Hopkins 2010; Green and Tones 2019).

Settings can comprise a multitude of arenas (such as schools, work-places, homes, communities and cities), however within settings-based health promotion cities and communities have been emphasized as important arenas for health promotion in addressing the inequities in health (WHO 2017), as they provide opportunities for large scale initiatives and collaborations on multiple levels across systems (Schensul and Trickett 2009; Mikkelsen, Novotny, and Gittelsohn 2016; McLeroy et al. 2003; Pelikan 2007). Community-based health promotion often work with the local community as an active agent, emphasizing local involvement and empowerment through participatory processes and holistic multi-stakeholder approaches (Kumar and Preetha 2012; Green and Tones 2019; Dawson and Grill 2012). This makes community-based health promotion a complex matter. Although complexity is a term being used to describe many interventions, what it entails is rarely described in detail. In addition, what complexity in 'community-based' interventions entail is not fixed or well defined in the literature. In the following I will therefore briefly elaborate on

the different conceptions of 'community-based' and the concept of complexity in community-based interventions.

1.1.1. COMPLEX COMMUNITY-BASED INTERVENTIONS

While the notion of community can be manifold, definitions emphasize a combination of shared location, sense of community (sharing identities such as ethnicity, interests, values, norms, familiarity), shared perspectives and joint action such as socializing and interacting in various ways (Chavis et al. 1986; Glynn 1986; MacQueen et al. 2001). However, 'community-based' although often referring to a community as the setting for interventions, is used to define interventions working with different approaches and on many different levels. Some only work with the community as a target minimizing participatory processes, while others only work with small-scale changes within a specific target group or institution. (McLeroy et al. 2003; Merzel and D'Afflitti 2003). Yet other approaches work with systemic approaches or the community as a resource endorsing community assets, participation and ownership to ensure sustainable population-level health changes. A final approach goes a step further emphasizing the agency of communities to minimize or eliminate professional interference (Merzel and D'Afflitti 2003; McLeroy et al. 2003).

The above-mentioned approaches represent different conceptions of the nature of community and how community-based health promotion approaches the setting, some perhaps entailing more complexity than others. For this reason, community-based health promotion can be highly diverse. Moreover communities can comprise completely different contexts depending on location, demography, institutions, socio-economic composition etc. (McLeroy et al. 2003). A disadvantaged neighborhood will for instance present different challenges than a more affluent neighborhood, while a smaller disadvantaged neighborhood will present different challenges and opportunities than a larger disadvantaged neighborhood and so on.

Although some community-based interventions still work with individual level behavior change, increasing attention is being paid to systems and complexity thinking within community-based development placing individual behavior within a broader system including the psychological system (such as norms and values), social networks, neighborhood, community and physical environment (McLeroy et al. 2003). Integral to complexity thinking, to which TCD also adheres, is that an intervention cannot be isolated from its environment, as citizens are seen as self-steering, active agents influencing and being influenced by their environment in addition to the intervention (Moore et al. 2019). They are essentially not controllable by the intervention (Luhmann 1995; 1997; Khan et al. 2018). The interaction between intervention and environment (physical, social, discursive, political) means that many possible responses to, and outcomes of the intervention may play out that are essentially unpredictable. Thus, rather than predefined and standardized solutions, complexity thinking promotes approaches that are adaptive, involve multi-stakeholder collaborations and non-linearity in actions and outcomes (Shiell, Hawe, and Gold 2008; Moore et al. 2019; Bradshaw 2000; Khan et al. 2018).This contrasts much

conventional public health approaching behavior as an individual responsibility and thus solutions to be found at an individual level. Mcleroy notes:

'Behavior is viewed not just as the result of knowledge, values, and attitudes of individuals but as the result of a host of social influences, including the people with whom we associate, the organizations to which we belong, and the communities in which we live' (McLeroy et al. 2003).

This, Mcleroy argues must have implications for our strategies for change, which need to operate on multiple levels across systems, and which cannot presume linear change as interventions being implemented on one level may cause change at other levels (ibid). Community-based approaches such as TDC adhering to the values of complexity thinking contrast individual-level interventions as they are often characterized by being large-scale multi-stakeholder and multi-arena interventions having to navigate multiple interests, a complex context with the local community as an active agent and work with an adaptive and emergent approach (Henderson et al. 2020; Moore et al. 2019; Bradshaw 2000; Bloch et al. 2014; Shiell, Hawe, and Gold 2008). Bradshaw (Bradshaw 2000) puts forth three central factors defining complexity within multi-stakeholder community-based programmes which are:

1) *Size* because of the many different possible relationships. If it is not organized, it may become chaos.

2) *Differentiation* which refers to the variety of interests and skills present within a community or organizations.

3) *Interdependency* which is about the interdependence between agents and system units, being financial interdependency, access, information, political support or the like, which increases with the number of exchanges between system units (Bradshaw 2000).

Although such traits are viewed as a necessity and often a strength in community-based interventions, they also present challenges. The risk of community-based interventions, Bradshaw writes, is that the many advantages such as collaborations, integration and coalitions all have costs. They are difficult to steer, may run out of control, they are complex and sometimes chaotic and vulnerable (Bradshaw 2000). This also makes it difficult to plan and document actions and outcomes.

1.1.1.1 The challenge of evaluation

The non-linearity of complex community-based interventions often make them hard to evaluate (McLeroy et al. 2003; Bradshaw 2000; Gugglberger 2018). Auspos and Cabaj note that traditional paradigms and methods often applied within complex interventions research are ill suited to evaluate outcomes (Auspos and Cabaj 2014). Logic models for instance:

'...encourage strategists to focus too narrowly on the strategy's hoped-for results, ignoring the unavoidable side effects that accompany their efforts. Limited evaluation budgets pressure administrators to focus scarce resources on tracking difficult-to-measure progress toward goals and targets. Outcome dashboards tend to highlight only the results that can inform planned-for results, and their aggregation of data may mask underlying trends. Together, these traditional practices can create multiple blind spots in complex change efforts' (Auspos and Cabaj 2014).

While traditional evaluation approaches may prove useful for identifying the activities, they do not provide answers to the underlying processes, dynamics and conditions under which community change takes place and they seldom provide answers as to how community context should affect the intervention (McLeroy et al. 2003). Several scholars stress how research on community-based interventions would benefit from a more emergent and developmental approach with qualitative inquiries into the factors affecting community change and under what conditions (McLeroy et al. 2003; Cohn et al. 2013; Gugglberger 2018; Khan et al. 2018). Moreover, while the importance of real-time learning and adaptive management in complex community-based interventions is often highlighted (Auspos and Cabaj 2014; Khan et al. 2018; Shiell, Hawe, and Gold 2008; Moore et al. 2019; South et al. 2019; Turner and Baker 2019) there exists few concrete examples on such practices and how to ensure meaningful responses and action through such an approach.

TCD can be characterized as a community-based intervention adhering to the principles of complexity thinking as I will elaborate on shortly, as it views and works with the community as a resource, is adaptive and acknowledges that solutions need to engage the community in the development and implementation of activities and operates though a complex web of collaborations (Tørslev et al. 2021). This makes it a good case for applied research on how to develop and implement a complex community-based intervention. In the following section I will describe TCD in more detail including how it can be perceived as a complex intervention.

1.2. TINGBJERG CHANGING DIABETES – A COMPLEX COMMUNITY-BASED INTERVENTION

TCD was initiated in 2014 in the disadvantaged neighborhood of Tingbjerg in Copenhagen, Denmark with the overall purpose to prevent type 2 diabetes by addressing the social determinants of health and promoting health and wellbeing (https://www.tingbjergchangingdiabetes.dk/). TCD was initially funded by the Novo Nordisk Foundation, however new activities within TCD are developed continuously with funding from various sources. TCD targets the whole community of Tingbjerg in efforts to promote health and well-being and ultimately prevent type 2 diabetes. It includes multiple coordinated interventions and is not confined to one set of activities, a single target group or a specific set of methods. This is done to address the contextual social challenges of people's everyday lives (Tørslev et al. 2021; Bloch et al. 2014).

It builds on the Supersetting approach (Bloch et al. 2014), a framework which promotes the coordinated engagement of multiple stakeholders (professional practitioners, residents, researchers, decision-makers, organizations) in multiple settings across Tingbjerg in the governance, design and facilitation of activities (Bloch et al. 2014; Tørslev et al. 2021). In practice this is done by engaging multiple local stakeholders, research partners and external organizations in partnerships and by developing activities, projects and new collaborations continuously throughout the neighborhood of Tingbjerg based on local needs and interests. During my fieldwork, TCD consisted of a partnership of the three core partner organizations Steno Diabetes Center Copenhagen, FSB social housing association and Copenhagen Hospitality College. However other stakeholders also took part in the development and implementation of activities on a more ad hoc basis.

The Supersetting emphasizes five core principles that act as overarching guidelines for the development and implementation of TCD-activities to ensure coherence across the many different initiatives. The principles are: 1) *integration*, to ensure that activities are implemented through coordinated action across the boundaries of specific settings, 2) *participation,* to ensure that people are motivated to take ownership of processes of developing and implementing activities, 3) *empowerment,* to ensure that people acquire skills and competencies to express and act on their visions and aspirations, 4) *context*-sensitivity, to ensure that everyday life challenges of citizens and professionals are acknowledged and considered when developing and implementing activities, and 5) *knowledge*, to ensure that scientific knowledge is produced *from* action and used to *inform* action.
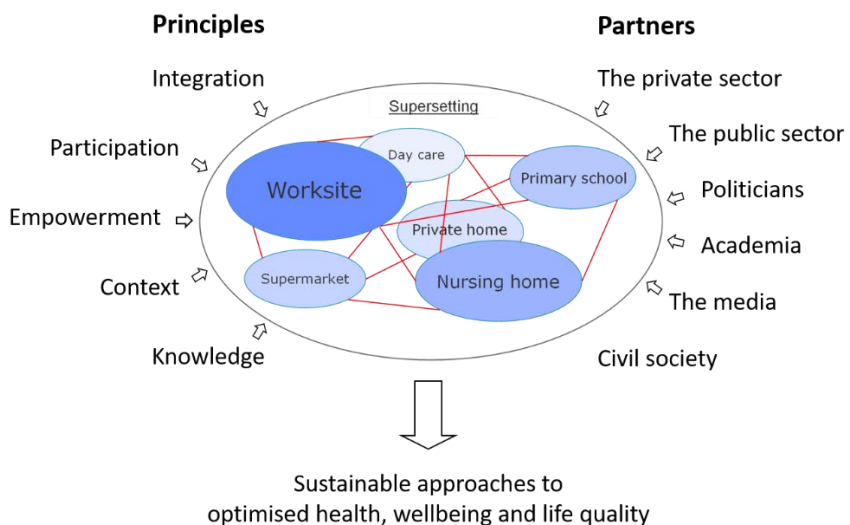
Figure 1: The Supersetting approach (Bloch et al. 2014)

With its emphasis on integration, context sensitivity, participation, knowledge and empowerment, TCD stresses its specific potential '*as a strategy for community-based health promotion and type 2 diabetes prevention in socially, culturally and ethnically diverse neighbourhoods*' (Tørslev et al 2021). This is among other things based on prior experience and research on community participation stressing the challenges of engaging residents in vulnerable positions and emphasizing the benefits of power sharing, long time frames, higher resourcing costs and long-term collaborating partnerships (ibid).

TCD is planned to take place in three phases (see figure 2), which are 1) the *formation* of TCD where initial partners were mobilized and community analysis was done to gain a context understanding, 2) the *action* phase where analysis, co-creation, development, implementation and evaluation of activities take place and 3) the *diffusion* phase which is about the transferability of TCD and approaches tested during the action phase (Tørslev et al. 2021). My PhD took place during the last part of the formation phase and the first part of the action phase from 2019-2022.

Phase 1. Formation 2014 - 2019	Phase 2. Action 2019 - 2030	Phase 3. Diffusion 2022 - 2032
Analysing the context and mobilising partners	Co-analysing, co-creating and co-evaluating action	Studying cost-effectiveness, uptake and transferability

Figure 2: Phases of TCD

As the description of TCD shows, TCD is a highly complex initiative. Although I will elaborate on the concept of complexity in more detail later (see section 3.2), interventions such as TCD which embrace the idea of non-linear behavior, have many independent agents working together, and are willing to adapt continuously are also described as complex adaptive systems (CAS) (Keshavarz Mohammadi 2019; Rouse 2008; Kaiser and Madey 2009). This is a term that underscores interventions' capability to '*accommodate to behaviors and events, learn from experience and dynamically evolve, but not necessarily in ways anyone can forecast*' (Braithwaite et al. 2018). Especially the interaction between intervention and context (and in particular the people targeted by the intervention) and between the multitude of stakeholders will inevitably lead to unpredictable behavior and outcomes. However, navigating the opinions and interests of multiple stakeholders, including residents, dealing with a dynamic approach and being able to adapt to an unpredictable environment present formidable challenges (Rouse 2008; Bradshaw 2000; Termansen

et al. 2022c). One of those challenges has to do with ensuring community participation, a cornerstone of community-based development.

1.3. THE CHALLENGE OF COMMUNITY PARTICIPATION

A big concern in community-based development initiatives has to do with the complex nature of working with people who experience social deprivation or find themselves in vulnerable positions (Koopmans et al. 2012; Bender et al. 2015; K. Carlisle et al. 2018; Breuer 2003). This is a factor often contributing to the complexity and unpredictability of interventions targeting groups in vulnerable positions. Many interventions struggle to ensure participation from citizens in vulnerable positions (Garcia-Dominic et al. 2010; Vanleene, Voets, and Verschuere 2017) and studies have shown that especially residents from disadvantaged neighborhoods are less likely to participate in health programs and in health research compared to the majority of society (Koopmans et al. 2012; Goyder, McNally, and Botha 2000; Ouédraogo et al. 2014; Bender et al. 2015; Bonevski et al. 2014; Termansen et al. 2022b). Barriers to participation in community initiatives involve financial challenges, distrust or fear of authorities, lack of incentive (Pestoff 2006), lack of personal resources and mental capacity (Christensen, Malling, and Kristensen 2016; Jakobsen 2013), lack of knowledge and skill (Jakobsen and Andersen 2013), communication difficulties, limited time frames and lack of information and awareness in relation to health programs (Fung 2006; Vanleene, Voets, and Verschuere 2017; Termansen et al. 2022b).

Cyril and colleagues find in a review exploring the role of community engagement in improving the health of disadvantaged populations that disadvantaged populations are not adequately approached or effectively engaged by service providers (Cyril et al. 2015). They find no clear effective strategy for community engagement, but emphasize elements such as power-sharing and collaborative partnerships as imperative in order to achieve positive study outcomes (Cyril et al. 2015).

Knowledge about how to engage groups in vulnerable positions are of utmost importance, if community health initiatives are to reach and retain citizens and ultimately achieve the goals of community change and better health and well-being (Israel et al. 1998).

As I have outlined so far, community-based interventions often have to navigate multiple interests and the complexity of an everyday life setting, however the question of how to go about developing complex community-based interventions in a disadvantaged neighborhood setting has not been addressed in detail in the literature (Carey and Crammond 2015; Moore et al. 2019). Based on the above-mentioned research gaps, I present my aim and research questions in the following section.

1.4. AIM AND RESEARCH QUESTIONS

The initial idea for this project arose within the TCD research group with a wish to explore how TCD processes played out in practice and specifically how to develop a complex community intervention that was context sensitive and capable of responding to residents' needs. The knowledge was intended to provide both TCD, practitioners and researchers with perspectives on ensuring community participation, navigating an unpredictable context and a multi-stakeholder collaboration.

This PhD engages in a discussion of the disadvantaged neighborhood as a setting for a community-based intervention promoting healthy living and wellbeing. In doing so the dissertation points its attention towards the implications of intervening through a health promotion intervention targeting groups in vulnerable positions, the meeting between intervention and residents and the deprived neighborhood as context for a complex community-based intervention. These questions will be addressed through an ethnographical exploration of two cases within the complex community-based initiative TCD.

It will reach the objectives by answering the following research questions. The findings and themes related to each research question have been disseminated in three journal articles:

1. How do TCD partners navigate complexity and respond to context when developing and implementing TCD?

2. How does TCD create possibilities for participation and how do residents participate in the initiative?

3. What are the potential unintended consequences of addressing health through the community-based initiative TCD and how do practitioners address those challenges in practice?

In the following sections I will elaborate on the specificities of Tingbjerg and the disadvantaged neighborhood as a context for community-based health promotion.

CHAPTER 2. STUDY CONTEXT

2.1. TINGBJERG – A DISADVANTAGED NEIGHBORHOOD

The setting targeted by TCD is Tingbjerg. The neighborhood is located approximately 8 kilometers from my home in central Copenhagen, and the first time I ride my bike there in August of 2019 I notice the striking contrast between Tingbjerg and the neighboring area of Brønshøj and Utterslev mose where frequent joggers and kindergarteners are out on a morning stroll and busy commuters roam the streets. On this day and most of the days I end up spending in Tingbjerg the main streets of Tingbjerg are rather empty, with only a few locals having found their way to the local supermarket or the bus stop. There are only a few shops on the main street Ruten, including a supermarket, a butcher and a Pizzeria. The rest is purely housing. As I later discover, there is only one way in and out of Tingbjerg, depriving it from irregular visitors or people just passing by. This is a reason why many refer to the neighborhood as an island as is also depicted in figure 3. Its appearance is neither dirty, nor torn, but quite harmonic and pretty in its architecture. Architectonically the place stands out with its many identical yellow brick three-story buildings and the large and completely new culture house that rises amidst the rest of the buildings as a tower next to the school. It is not until I several months later commence my fieldwork that I discover the community hub where I end up conducting most of my fieldwork alongside TCD partners. It is located in the backend of a small blind street surrounded by old trees and bushes that make the place completely hidden from the main street.

Figure 3: Overview of Tingbjerg located next to Utterslev mose.

Tingbjerg houses approximately 7000 residents with ethnically and socially diverse backgrounds divided in 2200 households (FSB - https://xn--udsatteomrder-yfb.dk/udsatte-boligomrader/2017/tingbjerg-utterslevhuse/). Tingbjerg is one of the

largest public housing schemes in Denmark. The neighborhood was built by well renowned Danish architect Steen Eiler Rasmussen back in the 1970ies and thus architectonically contrasts many other disadvantaged neighborhoods with its harmonious physical appearance and very few concrete buildings (see figure 4 and 5).

Figure 4: Tingbjerg's main street Ruten seen from above (photo taken by Mikal Schlosser).

Figure 5: One of Tingbjerg's many yellow brick housing complexes (photo taken by Mikal Schlosser).

Tingbjerg is considered socially disadvantaged due to socioeconomic characteristics such as low employment rates, low education and income levels, and high crime rates compared to the general population (Ministry of the Interior and Building and Housing 2021). The term 'disadvantaged' is in a Danish context an official label used by the Danish government to describe specific neighborhoods and legitimize political action to 'combat' deprivation and ethnic 'parallel' societies (Seemann 2021; Børne og Socialministeriet 2018; The Danish Government 2004). Annually a list of neighborhoods living up to certain criteria for either being a disadvantaged neighborhood, a parallel society or a conversion area is published referring to the degree of (politically defined) problems. Tingbjerg resides on the list of 'parallel societies'[1] meaning that the neighborhood houses a minimum of 1000 residents, that immigrants or descendants of immigrants make up more than 50 % of the population and that at least two out of the following criteria characterize the neighborhood (Ministry of the Interior and Building and Housing 2021):

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[1] On December 1st 2022, Tingbjerg was removed from the list of parallel societies due to reduced crime rates.

- The percentage of residents convicted of a felony is three times as high as for the average population on a national level.

- The average income of residents aged 15-64 is lower than 55% of the average income for the same age group in the region.

- The percentage of residents aged 30-59 with the highest education being primary school is higher than 60 % out of the total neighborhood population in the same age group.

- Percentage of unemployed residents or residents with no education between 18 and 64 years old is higher than 40%.

Figure 6: Criteria for being listed as a disadvantaged neighborhood (Ministry of the Interior and Building and Housing 2021).

In addition to the above listed socio-economic criteria, inequity in health is striking when looking to Danish disadvantaged neighborhoods including Tingbjerg, which I will elaborate on in the following section.

2.1.1. HEALTH INEQUITIES IN TINGBJERG

In Tingbjerg health issues prevail with high rates of mental health issues and incidences of diabetes and lung diseases being 2-3 times higher than in the general population (Haarløv-Johnsen et al. 2014; Landsbyggefonden 2020). The latest register based assessment of diabetes risk factors in Copenhagen from 2015 found that the district in which Tingbjerg is located had the highest risk scores compared to the rest of Copenhagen with unemployed citizens scoring 40%-80% higher than employed citizens (Holm et al. 2018; Tørslev et al. 2021). Such numbers confirm that certain neighborhood characteristics are associated with poor health and that areas with poor socioeconomic status generally have higher morbidity and mortality rates than other areas (Poortinga, Dunstan, and Fone 2008; Pickett 2001; Tunstall 2004; Riva, Gauvin, and Barnett 2007; Ellaway et al. 2012). In addition, places such as disadvantaged neighborhoods can be linked to stress and depression, and some researchers have theorized that this stress can create an *allostatic load* where stress cumulates due to prolonged exposure to stress factors such as unemployment, physical or psychological difficulties or the stigma attributed through public discourse (Robinette et al. 2016; Ribeiro et al. 2019; Schulz et al. 2012). Disadvantaged neighborhoods are also associated with social exclusion, meaning the exclusion of groups in vulnerable

positions from basic rights such as access to income, housing, employment, services such as health care, political action and administrative practices (Stewart and Taylor 1995; Kährik 2006), and often geographical location and clustered uniform housing forms add to the social exclusion. These are all examples of the presence of health disparities in disadvantaged neighborhoods and Tingbjerg, something which alongside the social status of the neighborhood legitimized my own and TCD's presence alongside many other interventions.

2.2. THE DISADVANTAGED NEIGHBORHOOD – AN ARENA FOR INTERVENTION

In the following sections I will describe how disadvantaged neighborhoods have been constructed discursively to be intervened in and what implications this has had for Tingbjerg as an arena for health promotion.

2.2.1. THE CONSTRUCTION OF THE DISADVANTAGED NEIGHBORHOOD

As I have established, communities as settings for health promotion are crucial as a way forward in ensuring engagement, empowerment and sustainable solutions (WHO 2017; Bloch et al. 2014). However, I do not perceive settings as neutral locations simply waiting to be intervened in. Settings are social, physical and often political in nature. They are historically constructed spaces, habituated by residents with their own designations and spatial boundaries, values and identities (Low and Lawrence-Zúñiga 2003; Wacquant 2003; Bakkaer Simonsen 2016; Baranauskas 2020; Caputo-Levine and Lynn 2022). In the case of the disadvantaged neighborhood, residents and practitioners have to navigate a certain politicized environment loaded with values (Bakkaer Simonsen 2016; Seemann 2021). In a Danish context previous research has illuminated how the categorization of specific neighborhoods as 'ghettos' in Danish politics in 2010 underscored a divide between 'Danishness' and those living in the ghetto, making the Danish national identity appear as a fixed identity in opposition to that of the ghetto. This consequently constructed the disadvantaged neighborhood as *other* and inferior (Bakkaer Simonsen 2016; Seemann 2021; Spivak 1985). The concept of othering is relevant to the understanding of the Danish disadvantaged neighborhoods as a political construction. Othering is a concept first systematically coined by Spivak in 1985, as a form of social representation where one person or a group objectifies another person or group creating the *other* as inferior (Spivak 1985; Jensen 2011). Based on her analysis of archive material from the British colonial power in India, Spivak observed that natives were consistently portrayed as subordinate, brutal and un-modern, legitimizing the refusal of their access to properties of the powerful such as science and technology (Spivak 1985; Jensen 2011). More recently Simonsen (2016) has applied the concept of othering in her analysis of the Danish Ghetto Plan arguing that the emergence of the ghetto in Danish politics put the disadvantaged neighborhood in opposition to the rest of society, *othering* the areas and defined the ghetto's problem as one of lacking integration with

the rest of society consequently legitimizing strategies to take action against ghettoification (Bakkaer Simonsen 2016). She further states that '*the ghetto marks the negative side of Danish identity*' (Bakkaer Simonsen 2016) and that the idea of a parallel society is perceived as an enemy to national sovereignty and 'Danishness' (ibid). One of the main issues addressed in the government strategies on disadvantaged neighborhoods was their place in the welfare state and residents' lack of contribution due to high unemployment rates and lack of awareness of Danish values. This was seen as a threat to the social cohesion in society. Already in the 2004 strategy, disadvantaged neighborhoods were characterized as places of deviance that could lead to a disintegration of society (The Danish Government 2004; Seemann 2021).

Living in a disadvantaged neighborhood thus exposes residents to what has been termed spatial stigma, being the negative labels or discourses on disadvantaged neighborhoods rubbing off on residents (Keene and Padilla 2014). The construction of the disadvantaged neighborhood is thus not just a matter of statistics and characteristics but has implications for the lived lives and health of its residents, and as I will elaborate on in the following section, has legitimized much intervention in Tingbjerg.

2.2.2. INTERVENTIONS IN TINGBJERG

As I have established deprived neighborhoods are not just regular neighborhoods, but politically, historically and discursively constructed as other and thus areas to be intervened in (van Gent, Hochstenbach, and Uitermark 2018; Uitermark 2014; The Danish Government 2004; Seemann 2021; Bakkaer Simonsen 2016). This also means that an area such as Tingbjerg has been the target for much intervention, much public attention and consequently suffers from a poor reputation.

As a consequence of the Danish government's annual lists of disadvantaged neighborhoods, several political initiatives have been forced upon Tingbjerg with the purpose to improve conditions or counteract parallel societies (Seemann 2021; Ministry of the Interior and Building and Housing 2021). For instance, parents living in disadvantaged neighborhoods can get their child allowance reduced if their child's Danish proficiency has been deemed insufficient and they refuse to put their child in daycare, and the Danish ghetto strategy also diminished residents' access to public housing as part of a strategy to change the social mix of the neighborhoods (Seemann 2021). The most noticeable intervention in Tingbjerg however is the Danish governments' decision to physically transform the area. This has meant the demolition of existing houses, renovation and construction of new buildings, the ultimate purpose being to change the social mix by attracting new and more resourceful residents (Landsbyggefonden - https://lbf.dk/magasin/fra-haard-ghetto-til-blandet-by/). In Tingbjerg the construction of new homes is also planned to replace some of the area's recreational locations, including part of the community hub in which the TCD partnership and the community restaurant was located. In addition, new roads and 1000 new homes are currently under construction with the aim to attract new residents

and connect the area with the rest of the city. During my fieldwork the area renewal was of much concern to many of my informants and received little goodwill or lack of understanding from many of those I spoke to. It was a process causing much confusion as some residents thought that they might be re-located during the construction work but weren't sure when or if it would happen. Others expressed that they did not feel heard in the process, and that resident involvement had been purely symbolic, while some professional practitioners expressed that they lacked a closer link between the physical renewal and the social activities. Many did simply not understand why half of one of Tingbjerg's popular settings – the community hub was to be torn down. Some of my informants clearly expressed how the government's need for a new social mix made them feel unwanted, and when some of the first new and more affluent residents moved in and quickly started to join the restaurant evenings, it became a topic of conversation for some of the existing residents whether or not new residents should be allowed to benefit from the social housing association's activities without financially contributing via their rent equal to the tenants. As such the area renewal became a materialization of the construction of Tingbjerg as an unwanted neighborhood and thus residents' reactions to the process have naturally been filled with emotions and values. Ultimately their responses to the strategies to prevent and fix disadvantaged neighborhoods confirm what is also termed a spatial divide of citizens (Seemann 2021; Bakkaer Simonsen 2016). The label and stigma pertaining to Tingbjerg as disadvantaged naturally impacted on residents' responses to interventions and was something TCD had to navigate when developing activities.

The point I am trying to make is that the political and discursive context of Tingbjerg being labelled disadvantaged has a very concrete impact on the everyday lives of residents and consequently for the way a complex community-based health promotion initiative can approach health issues in a disadvantaged neighborhood setting.

2.1. TINGBJERG – A 'VULNERABLE' CONTEXT

As this PhD sets out to investigate how to develop a complex community-based intervention in the context of a disadvantaged neighborhood, I wish to elaborate on the 'vulnerable' context and importance of addressing the complex issue of community participation among groups in vulnerable positions.

As I have explained, many interventions struggle to engage those who are hard to reach. Many barriers to participation are related to the notion of vulnerability, a concept I wish to elaborate on as it is a term used both within TCD (Tørslev et al. 2021) to refer to the target group and a concept which is central to the investigation of the disadvantaged neighborhood as an arena for health promotion intervention.

I apply the notion of *vulnerability* and *those who are hard to reach* interchangeably throughout the dissertation to refer to the many different residents who in one way or another needed support because they experienced social, health or economic deprivation (Virokannas, Liuski, and Kuronen 2020) and consequently found it

difficult to participate in social activities (something I address in more detail in article 2). I wish to underline that the concept of vulnerability is nuanced, multi-faceted and situated (Virokannas, Liuski, and Kuronen 2020). This has been established especially within the field of social sciences stressing the social and structural mechanisms of vulnerability and how vulnerability is context dependent (ibid). This is an important point, because my intention is not to reproduce a notion of vulnerability as a fundamentally internal condition (Katz et al. 2020; Levine 2004) or to indicate that vulnerability means one and the same thing for all residents of Tingbjerg. However, neither do I wish to erase the hardship experienced by many of those I met, nor that vulnerabilities may have implications for the interaction between a health promotion intervention and the target group. I also wish to stress that vulnerability is not solely to be considered a negative attribute nor that vulnerability means the absence of resources or strengths (Clark and Preto 2018). If applied with caution, the notion of vulnerability can serve to increase awareness of the inequalities still persisting and the obligation of those more well-off to work for social justice and ensure systems that '*promote autonomy, foster engagement, enhance cultural safety and support the well-being of all*' (Clark and Preto 2018).

The life circumstances including vulnerabilities were also defining for my choice of methods and how I approached residents. In the following chapter I will describe in detail the methodology of the PhD, including the two cases which I have studied.

CHAPTER 3. METHODOLOGY

In this chapter I will explain the philosophical underpinnings guiding this PhD and the specific methods and approaches applied throughout the project. The investigation of an emergent and complex field has not been an easy task and my fieldwork has been highly influenced by the context. In many ways it has been as unpredictable as the intervention itself and it was often difficult to plan too long ahead. My anthropological background has provided me with an important back drop catalogue of methods and approaches and ethical considerations helping me figure out how to go about studying my field. Not by providing me with fixed pre-defined approaches, but by embracing and promoting the attainment of knowledge even under messy and unpredictable circumstances. My background has also guided my philosophical underpinnings which in turn has guided the way I have approached the field as I will elaborate on in the following section.

3.1. PART ONE: PHILOSOPHICAL AND ANALYTICAL UNDERPINNINGS

3.1.1. ADDRESSING THE COMPLEX COMMUNITY INTERVENTION FROM A CONSTRUCTIVIST STANDPOINT

This section explicates the philosophical underpinnings having guided my methodology including how I have observed and approached my study subject and how I have interpreted my findings.

My methodology has been guided by a constructivist philosophy emphasizing that the anthropological field is a constructed one (Dilley 1999). From this perspective I do not perceive my observations of the social life under study as something that can be detached from me as an observer. This means that Tingbjerg, the community restaurant, Svanholm and residents are formed by my interests as a researcher and the interests of TCD as a research and community-based health promotion intervention (Baarts 2010). Tingbjerg and its residents cannot be perceived as entities 'out there' waiting to be measured or observed objectively. Rather, they are formed by our presence, ideals, ideologies and interests. The idea of attaining an objective truth is, from a contructivist standpoint an illusion assuming that observations can be made without an observer (Esmark, Lausten, and Andersen 2014; Andrews 2012) . Each system (including individuals, interventions or organizations) thus constructs the world through their logics and observations (Luhmann 1995). Uncovering reality is thus not about revealing an objective truth, but rather about uncovering how observations are made, why and the implications of these. Observations and perceptions of reality are system-dependent so to speak. Systems will always observe or understand the world based on the functions, interests and knowledge possessed by the system (M. A. Nissen 2010a; 2005; Luhmann 1995; Kneer and Nassehi 2006).

This means that all systems, including myself as a researcher embedded in the field of health promotion are limited or specialized in their world view – the way we observe the world define how the world is constructed and approached, including what defines a problem and a fitting solution.

When I state that what systems observe is constructed, I refer to the fact that 1) we cannot separate ourselves from our observations. Our pre-existing knowledge and experiences shape our understandings of the world, and 2) constructions are very much real, because they effect peoples' behavior and responses (Esmark, Lausten, and Andersen 2014). As such constructions are not to be understood as something made up. They constitute reality and shape action. They help expose the taken for granted practices as something embedded in and shaped by our understandings of the world and the way we ascribe meaning to the world (Andrews 2012). Consequently, by reflecting on our understandings of the world we might be able to change the way we respond and ascribe meaning to the world.

3.1.1.1 The construction of public health

As I have mentioned, the way we construct the world has consequences for the way we approach problems. Public health intervention focusing on lifestyle for instance often construct health as an individual responsibility thus providing solutions targeting the individual, rather than the community. In line with this, Keller argues that all kinds of scientific knowledge are directional, meaning that it points our attention towards certain specific possibilities for action (Keller 1992). For instance, by designing interventions on the basis of the question 'what works', we automatically assume a causal logic between actions and outcomes. This is fundamental to evidence-based practice, but also a construction where practice is reduced to a single event or set of actions rather than a continuous and dynamic chain of events (Hastrup 2004), often resulting in simple and predefined intervention designs.

I, as an anthropologist embedded in the health promoting intervention TCD take part in the construction of Tingbjerg as a venue for health promotion intervention based on it being characterized as disadvantaged. However, I also shape the empirical field by viewing health as collectively and structurally produced, partly borne out of a health promotion paradigm stressing a broad health perspective and holistic community-based approaches addressing social determinants of health. This way of approaching health in Tingbjerg is also influenced by the specific academic traditions of my TCD team which consists of several employees with backgrounds in anthropology, biology and public health having worked with groups in vulnerable positions previously primarily applying qualitative methods.

By addressing ways of developing a complex community intervention through a constructivist perspective, I am interested in observing the ways the complex community intervention TCD establishes itself in the deprived neighborhood setting, how it defines and observes the problems to be handled and what solutions it finds fitting.

Taking a constructivist approach to health promotion and the complex intervention aligns well with notions within complexity thinking and community-based development, that holistic explanation is unattainable because social systems are shaped by human agency and are therefore subject to ever-present emergence – that is ongoing, often unplanned and unpredictable change (Cohn et al. 2013) and interpretations.

3.2. CENTRAL ANALYTICAL CONCEPTS

In this section I will elaborate on three central analytical concepts which have guided my observations and analysis and consequently my understanding of the empirical field. Separately and combined they represent bearing overall themes for each of my three articles.

3.2.1. COMPLEXITY

Complexity and the complex intervention are central concepts in this dissertation, as I look into the specificities and complexity of intervening in a disadvantaged neighborhood. As I have already established, the setting of Tingbjerg alone is a complex one.

As notions on the complex intervention and what defines complexity are manyfold and not completely clear from the literature, I will here clarify how I perceive complexity, something I go into detail with in article 1 where I look at the complexity of TCD and how partners navigate complexity. As I briefly touched upon in the introduction, TCD adheres to the view on complexity promoted within *complexity thinking*. Complexity thinking is a paradigm within health promotion interventions that covers a range of theories and approaches, but all pertaining the view that the complexity of health issues cannot be solved through simple solutions and that complexity resides within the wider system and the interaction between an intervention and the environment and not just the intervention (Hawe, Shiell, and Riley 2009; Shiell, Hawe, and Gold 2008; South et al. 2019). Complexity thinking originally arose as a critical response to notions on complexity in complex interventions research promoted by the Medical Research Council's (MRC) guidelines on complex interventions defining complexity as something primarily residing within the intervention being a matter of multiple components and numerous active ingredients (Cohn et al. 2013; Skivington et al. 2021; Thirsk and Clark 2017). Such views on the complex intervention are still applied within much public health which often apply reductionistic intervention designs such as RCT and feasibility studies to address complex health issues (Cohn et al. 2012). Usually, such interventions address change through simple linear 'cause and effect' assumptions. That if we do 'a' then 'b' happens. This line of thought has been criticized by many scholars for not being able to address the complexity and multitude of factors and relationships contributing to health problems (South et al. 2019; Hawe, Shiell, and Riley 2009; Cohn et al. 2013; Khan et al. 2018; Shiell, Hawe, and Gold 2008). The reason why reductionistic interventions still tend to dominate, however, may be that

intervention designs are often defined by researchers' or decision makers' need to document effects and provide stand-alone solutions to social and health problems (Nissen 2010). This means that many interventions fail to fully embrace the influence of context such as individuals' life circumstances and responses, the unpredictability of the interactions between intervention and agents and adaptation because such conditions make it difficult to identify change and effect (Raphael 2002; South et al. 2019).

Although opinions on what defines a complex intervention are scattered, several scholars point to the fact that the complexity of an intervention is more than a matter of multiple components and in fact that there is an important distinction to be made between *complicated* and *complex*. A widely used metaphor illustrating complexity is that of raising a child, which Glouberman and Zimmerman (2002) compare to the act of sending a rocket to the moon. This may be complicated and require multiple interacting components, but not complex as components interact in predictable ways and have linear consequences. Raising a child, by contrast is complex because actions may result in unpredictable outcomes as a consequence of environment interacting with the child, making the process non-linear and emergent (Glouberman and Zimmerman 2004; Moore et al. 2019). As I briefly touched upon in section 1.1.1 complexity thinking acknowledges that an intervention cannot be isolated from its environment, and that citizens constituting a large part of the context influence and are influenced by their environment in addition to the intervention (Moore et al. 2019). In complexity thinking, such a perspective should incline interventionists to embrace approaches that are adaptive, involve multi-stakeholder collaborations and assume non-linearity in actions and outcomes (Shiell, Hawe, and Gold 2008; Moore et al. 2019; Bradshaw 2000; Khan et al. 2018). Key notions on complexity within complexity thinking revolve around:

- Unpredictability, as the interaction between multiple interacting agents and systems creates unpredictable actions and outcomes.

- Non-linear relationships, because change in outcome is not always linked to change in input.

- Emergence, describing the synergies that occur between components and agents which may result in new features of an intervention.

- Adaptiveness, because interventions need to be able to respond to the inherent unpredictability and possible changes that arise in the environment.

Figure 7: Central concepts within complexity thinking (See Auspos and Cabaj 2014; Hawe, Shiell, and Riley 2009; Khan et al. 2018; Moore et al. 2019; Shiell, Hawe, and Gold 2008; South et al. 2019; Turner and Baker 2019).

In practice complexity becomes a matter of readiness to adjust and work with many possible solutions and change in actions in response to unpredictability (Cohn et al. 2013; Hawe, Shiell, and Riley 2009; Khan et al. 2018; Luhmann 1995; Moore et al. 2019; South et al. 2019). This is also why complex interventions adhering to the principles of complexity thinking are described as *emergent*, meaning that features of the intervention may change in response to unpredictable interactions between intervention and environment (Shiell, Hawe, and Gold 2008). This notion sees complexity, not as a matter of multiple components and ingredients, but as something that represents the existence of a multitude of options for actions and potential outcomes. Something which should shape our interventions.

3.2.2. PARTICIPATION

The notion of participation has been a central concept throughout my study and is a bearing concept in article 2. While my initial focus was on co-production processes as I was interested in how residents were involved in the development processes (a central feature of TCD), I quickly left that concept in favor of participation, as the concept of co-production did not seem to sufficiently cover the entirety of my empirical findings. Yes, there was resident involvement, but often ad hoc or unplanned and most often it seemed like processes of co-production or involvement were so ingrained in the approaches, that they were not something to be followed meticulously or described easily. In addition, the concept of co-production was rarely used as a term by practitioners. Co-production seemed to carry certain expectations as to how much participants should be involved and be empowered and how this should be carried out, not leaving space for all the many kinds of involvement that did not fit with our idea of co-production. Practitioners would instead often talk about

making space for different kinds of participation, for participation to be an evolving process, and how to ensure ownership and commitment. As participation covers a larger span of participation types, from simple passive participation to more engaging forms of involvement, co-creation, co-design and co-production (Mygind et al., 2015; Simon, 2010), I see it as a better suited concept. I am however aware that the concept of participation is also imbued with values. Common perceptions on participation such as that represented in Arnstein's ladder of participation (Arnstein 1969) for instance risk evoking the assumption that recipients share motivations and will all participate in the same manner (Kamruzzaman 2020; Termansen et al. 2022b). The ideal of high levels of participation similar to co-production has resulted in what some scholars refer to as a methodological tyranny where a wide range of co-production methods dominate often as planned and facilitated processes, sometimes disguising unequal power distributions (Cooke and Kothari 2004; Kamruzzaman 2020). There is also a tendency to evaluate participatory processes according to implicit norms of participation often looking at degree of participation favoring active participation in controlled processes (Reid et al. 2008). This leaves little space for more informal, unconventional forms of participation and the value that may come from these. Common for the critics of such approaches is that they highlight how participation is situated and contextual with the potential to be transformative (Kamruzzaman 2020; Knibbe and Horstman 2019; Fritz and Binder 2018). My point here is that participation is to be seen as something fluid and dynamic rather than linear and static (Fritz and Binder 2018), but also that participation practices are highly influenced by the spaces in which they take place. Article 2 draws on the notion of participation as something fluid and situated, on a continuum with no kind of participation necessarily being better than another.

3.2.2.1 Participation spaces

In article 2, I draw on the notion of space to look into how TCD provides conducive environments for participation (Cornwall 2002; Fritz and Binder 2018; Lefebvre, Nicholson-Smith, and Lefebvre 2013). Space is a concept describing how places or relationships are essentially constructed and shaped by the meaning, attributes and regulations we install in them (Termansen et al. 2022b). '*Space relates to participation in the sense that spaces can both enable and constrain action and hence participation'* (Cornwall 2002; Lefebvre, Nicholson-Smith, and Lefebvre 2013; Termansen et al. 2022b). Fritz and Binder suggest that participation is to be seen as relational space because '*participation is shaped by the specific characteristics and constellation of the agents entering an action situation as well as the 'rules and norms in which they are embedded and the resources at their disposal'* (Fritz and Binder 2018: 6). They further argue that there is a link between participation and power and that if we are to enable conducive participation practices, we must look at access possibilities, and how power structures shape relationships between participants and how they participate (Fritz and Binder 2018). Consequently power structures and the values, meaning and regulations we install in a given place or social interactions are important to consider for the possibilities of participation (Breuer 2003; Hand et al. 2012).

3.2.3. UNINTENDED OTHERING

In article 3 I apply the concept of the *unintended* to analyze *othering* processes of the Tingbjerg Svanholm Farming Corporation (and TCD). I argue that interventions can be seen as social technologies engaging in interactions with a social world that lies beyond the intervention (Jøhncke, Svendsen, and Whyte 2004). The article draws on Merton's and Bonell's argument that all social action can have intended as well as unintended consequences (Merton 1936; Bonell et al. 2015) and that '*public health interventions are interruptions to complex social systems making it unsurprising that unintended effects can occur'* (Bonell et al. 2015). Essentially a complex community-based intervention such as TCD operating in the complex context of Tingbjerg is likely to result in unintended and potentially harmful effects. Bonell and colleagues argue that the unintended consequences of interventions have not been sufficiently empirically scrutinized, but have proven to be highly relevant as much public health and health promotion result in unintended negative consequences (Allen-Scott, Hatfield, and McIntyre 2014; Mittelmark 2014; Biallas, Rehfuess, and Stratil 2022). Othering is one such under explored unintended consequence. When applying the concept of othering I do it to elucidate how TCD unintentionally, albeit good intentions ends up othering participants. Othering is to be understood as '*discursive processes by which powerful groups, who may or may not make up a numerical majority, define subordinate groups into existence in a reductionist way which ascribe problematic and/or inferior characteristics to these subordinate groups'* (Jensen 2011).

The concept of othering is closely linked to previous theories about the Self and Other (Beauvoir and Beauvoir 1989; Said 1979). Although not explicitly applying the term, Edward Saids Orientalism was an example of the construction of the Orient as Other practiced by the West. Said essentially coined Orientalism as the fabrication by Western society of the Orient as exotic and underdeveloped in opposition and potentially threatening to the developed 'western world' (Said 1979), thus legitimizing intervention and objectification. Unlike Saids Orientalism Spivaks conceptualization of othering was not about exotification or fascination but coined as a process through which people were constructed as inferior (Jensen 2011; Spivak 1985).

Othering is more likely to happen in interventions targeting marginalized groups (Bunch 2015; Johnson et al. 2004; Jensen 2011; Nurcan Akbulut and Razum 2021), as such groups are already exposed to stigma and labelling through their minority status, ethnicity or place of residence (Bakkaer Simonsen 2016; Goffman 1963; Jensen 2011). The risk of positioning individuals as other is thus closely linked to the context of their lives, including political discourses contributing to othering. Viewing interventions as social technologies is an acknowledgement that problems and target groups are constructed discursively legitimizing certain solutions (Jøhncke, Svendsen, and Whyte 2004), and that treating others as a particularly vulnerable group legitimizes that a certain help is offered (N Akbulut, Zick, and Razum 2020). Such a perspective on health promotion might help us understand how some groups are

targeted as other in need of help, and how ideas of order within health promotion create the other as disorder (Timmermans and Berg 2003; Douglas 2005).

Although the idea of unintended consequences such as othering is only applied in article 3, it is closely linked to concepts such as unpredictability and emergence within complexity thinking, requiring interventions to be prepared to adapt to the unpredictable and unintended (Khan et al. 2018; Moore et al. 2019; Hawe, Shiell, and Riley 2009).

3.3. PART TWO: METHODS

In this second part of my methodology chapter, I describe the specific methods applied, including the two cases of my study and argue for my choice of methods. I end the chapter with reflections on my positionality, ethical considerations and limitations.

3.4. THE CASE STUDY APPROACH: THE PARTNERSHIP AND TWO TCD CASES

Although this PhD looks into general processes of partnership development and health promotion in the context of Tingbjerg, it does not cover all processes of the partnership formation and activities of TCD, both because this would be too comprehensive and because TCD is an intervention that constantly expands, changes and develops new activities. Instead, I zoom in on two interlinked and consecutive parts of the initiative, namely the development and implementation of a restaurant in the community hub called Virketrang and an urban-rural collaboration between Svanholm Estate and Tingbjerg called the Tingbjerg-Svanholm Farming Cooperation. The nature of my study can also be characterized as what Flyvbjerg terms an extreme or atypical case study (Flyvbjerg 1991). Extreme cases are characterized by their richness of information, because they deviate from the norm either because they represent a problem or conflict or because they are extremely successful. Extreme cases are interesting because they often present an atypical or odd situation. They make us stop and reflect on the deviancies, the unexpected or potentially difficult (Flyvbjerg 2006; Crowe et al. 2011; Flyvberg 1988). As such the two cases are a contextual representation of issues pertaining to the complex processes of intervening in a disadvantaged neighborhood setting through TCD.

The cases are to be seen as interlinked representing different processes of and learnings from the development of TCD, and I therefore throughout this chapter present my approaches to data collection for the two cases combined. In both cases I have approached data collection exploratively and although I briefly describe the project purposes under the description of each case, I wish to again underline that my study was not an investigation of outcomes or effects, but of the processes through which TCD developed and implemented activities and approached context.

Figure 8 illustrates how TCD activities are interlinked and have informed each other:
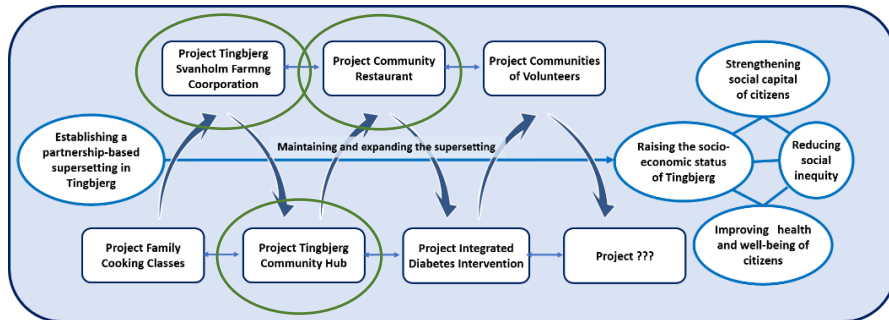
Figure 8: Programme theory of TCD showing the assumed links between the Supersetting, TCD activities and outcomes.

Although the two cases Restaurant Virketrang and the Tingbjerg Svanholm Farming Corporative are the two central cases which I have followed, my study also addresses processes taking place 'in between' the specific cases, namely the organizational processes of developing the partnership and how they addressed challenges and potentials that arose during the two cases. I will therefore briefly describe the partnership and its role before going into detail with the two cases.

3.4.1. THE PARTNERSHIP

TCD is organized around a partnership consisting of different organizations. At the time of my PhD the partnership consisted of the three partner organizations Copenhagen Hospitality College a vocational training college that provides formalized training in cooking, nutrition and waiting skills for the hospitality sector, FSB social housing association managing social development schemes to the benefit of the local community, and Steno Diabetes Center Copenhagen a public diabetes research hospital that provides treatment and care for diabetes patients in the capital region of Denmark. It also conducts place-based health promotion research and has been operating in Tingbjerg since 2015. The organizational structure is depicted in figure 9:
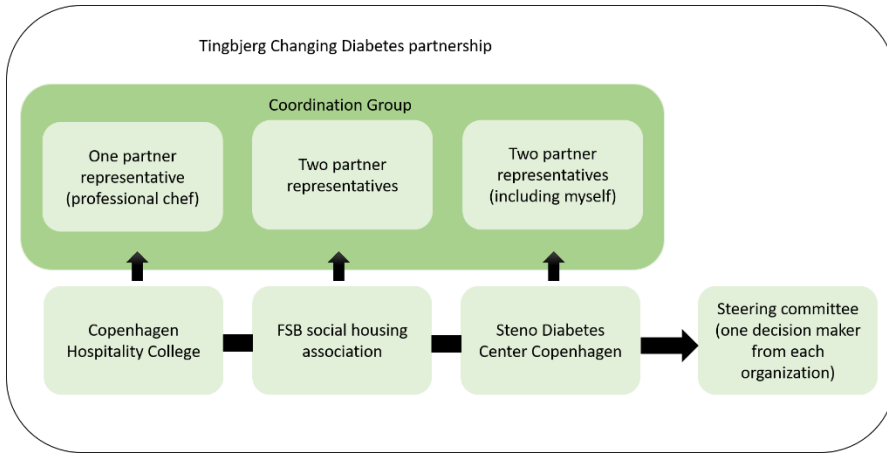
Figure 9: Organizational structure of the partnership at the time of the study

These three organizations comprised the primary partners involved in the development of TCD during my fieldwork. Representatives from the three central partners organizations were constituted in a Coordination Group who in addition to their own workplaces, shared a workspace in Tingbjerg's community hub - an old kindergarten turned into activity space and community gardens, where they met on a weekly basis to coordinate activities and develop the partnership. The Coordination Group was formed during 2018 and their function was to develop and initiate collaborations and provide administrative, logistical and practical support to local stakeholders in processes of defining, planning and implementing activities and projects in Tingbjerg. The Coordination Group was in close contact with a research group consisting of research partners including myself and several of my colleagues at Steno ensuring coordinated actions and collective and optimized data collection. The Coordination Group was directed by a Steering Committee consisting of decision-makers from each of the three key partner institutions. Other collaborating partners such as Copenhagen municipality took part in development processes on a more ad hoc basis.

I will now present the two cases followed by a presentation of the specific methods applied.

3.4.2. THE COMMUNITY RESTAURANT

The community restaurant in Tingbjerg was initiated in February 2020 shortly after the Tingbjerg Svanholm Cooperation and was a one day a week cooking session combined with restaurant dining taking place from 3.30 pm until 7 pm. The restaurant most often served a three-course dinner, cooked by residents under the guidance of a professional chef. When the food was ready, other residents could come and buy a meal. Workshop participants ate for free, and all participants helped set and clean the

tables. Before COVID-19 there were no strict restrictions and requirements for the number of participants, target group or continuous participation. Residents could sign up from one time to the next or show up unannounced. The primary purpose of the restaurant was to promote social relationships, capacity building in the community and to provide learning related to cooking and social skills. Especially central to the development of the restaurant were the three central partners FSB social housing association, Steno Diabetes Center Copenhagen and Copenhagen Hospitality College, whose representatives worked and met in the community hub 2-3 times per week to ensure close collaboration and progress. Although the main concept of the restaurant with cooking sessions and social dining was rather fixed, the constellation of participants, the exact location of the cooking workshops and the dining would sometimes change. The restaurant was located in a community hub (Fælleshaven). It was on this location that I spent most of my time observing and participating in the development of the community restaurant and the partnership. This venue thus makes up an important context for the study.

The community hub, where the restaurant also was located, was a run-down kindergarten converted into activity hub which is depicted in figure 10 and 11. The hub houses small community gardens, chickens and bees, and the former playground has been converted into a recreational area with a carpentry workshop, bicycle repair shop and fireplace. Currently the hub hosts several different organizations and a range of activities. Thus, the hub is often vibrant and full of activity.
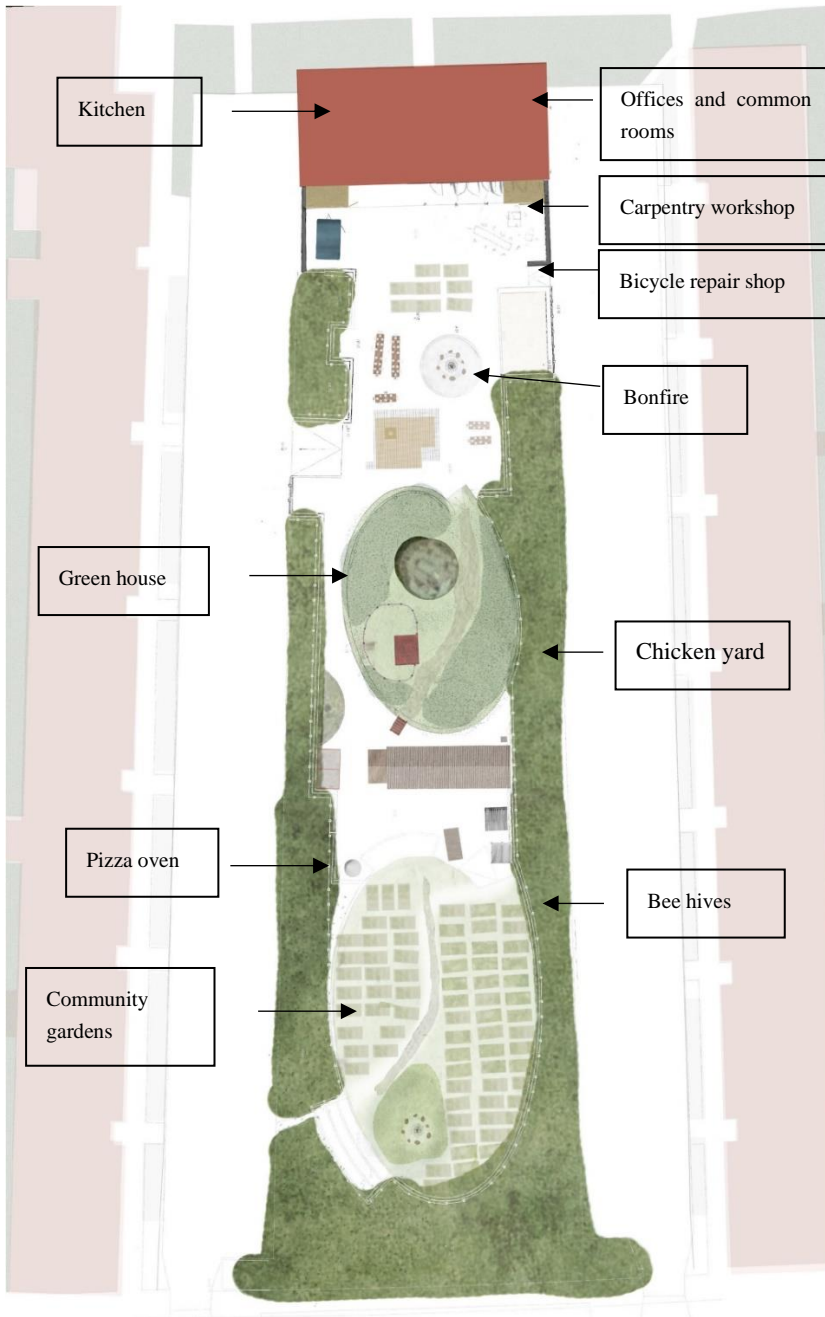
Figure 10: Map of the community hub located in between houses in the backend of Tingbjerg:

Figure 11: View of the outdoor area in front of the old kindergarten in the community hub.

The idea for the restaurant arose during one of TCDs prior projects – a family cooking class course - which was run by the chef from Copenhagen Hospitality College who was also a part of the Coordination Group in the community hub. Partners involved in the cooking classes had experienced how the setup of the cooking classes, being a course running over a long period of time with expected attendance and limited space for children, had been a challenge for some families who had to balance family, work and participation in the course. In addition, interaction between participants was limited. This led to the idea of a more flexible and fluid concept still with food as a central theme. Thus, the idea of the restaurant emerged, and it opened in February 2020. However, the restaurant concept was not a fixed concept and would often be adjusted depending on what partners had learned during previous restaurant openings.

The development of the restaurant played out in different phases. In the beginning, the restaurant was tested as a large open venue where up to 15 people came to cook the food together followed by a shared dining experience at long tables with approximately 40 dining guests. In this first phase, the structure was quite loose with only minor delegation of assignment and the serving of the food and the cooking being managed by both workshop participants and dining guests in an almost homely manner. Some of this loose structure was a direct consequence of the pitfalls experienced in the previous cooking classes caused by a tight and predetermined

structure and requirements to participation. Even though this very loose way of structuring the cooking and eating was appealing to many participants, we observed that it likewise had some pitfalls. First of all, it didn't provide much challenge to participants. The Coordination Group expressed a wish to challenge certain normal standards in Tingbjerg such as the fact that people were used to just showing up whenever they pleased and leaving again in the same manner. There were also often quarrels about who should get to take home excess food and how much. Consequently, the concept was changed, and a more classic restaurant concept with three-four course dinner, separate tables with tablecloths and waiters, was implemented. Figure 12 shows the timeline for the restaurant during the first year and how concepts changed:
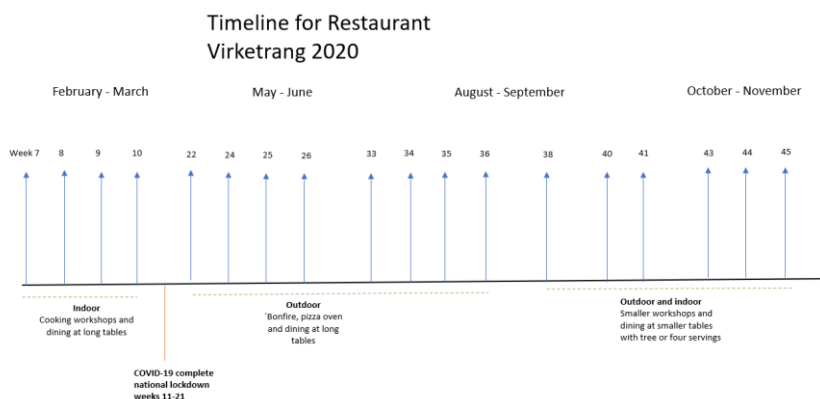
Figure 12: Timeline for Restaurant Virketrang 2020 showcasing the development and changes in the concept.

Participants for the restaurant were recruited through previous activities in Tingbjerg, professional practitioners' networks and a restaurant Facebook page. As several residents were already active users of other activities in the community hub, many were also introduced to the restaurant by simply being in the hub. More than 200 different residents were registered as having participated in either the cooking or the restaurant dining between February 2020 and January 2021[2]. While half of all participants had participated in the restaurant twice or more, 17 residents were regulars, attending almost every time. Most were single adults or families with children.

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[2] This was the period where I participated in systematic registration of participants, however I continued fieldwork in the community hub until August 2021.

3.4.3. THE TINGBJERG SVANHOLM FARMING COOPERATION CASE

The Tingbjerg-Svanholm Farming Cooperation was an intervention targeting long term unemployed residents from Tingbjerg. The project had an overall purpose of engaging residents in farming activities and social gatherings in the rural setting of Svanholm Estate, hence mobilizing dormant resources related to farming, agricultural knowledge and mental surplus in residents who had been long term unemployed. The purpose and project approach had arisen through an FSB employee's observation of the many residents growing crops in Tingbjerg's community hub. Here he witnessed much interest and knowledge regarding farming and nature. Based on his observations and conversations with residents, he, representing FSB together with Steno Diabetes Center (responsible for data collection and evaluation) and Copenhagen Municipality department of employment and families (working with employment efforts in Tingbjerg) initiated the project. The FSB employee also lived at Svanholm Estate. He was simultaneously a partner representative in the Coordination Group of TCD, thus also taking part in the development of the community hub and restaurant.

The Tingbjerg-Svanholm Farming Cooperation was carried out from April 2019 to November 2019 and engaged 37 residents in 16 full day trips to the large organic farm Svanholm, with participation in three public festivals at Svanholm and a social gathering in Tingbjerg that included an evaluation workshop. All but a few participants who worked part time, were unemployed and suffered from various physical and/or psychosocial disorders and challenges and most were women aged 50-70 originating from Turkey.

The visits consisted of a combination of activities in the fields, learning elements focusing on agriculture and social elements where Tingbjerg residents participated in three Svanholm festivals as depicted in table 1:

Date	Field activity	Workshop/activity
02.04.2019	Preparing the field	Introduction to Svanholm
09.04.2019	Weeding strawberry field and putting up fence for Day of the Cows	Questionnaire about health

14.04.2019	Day of the Cows (Sunday): Work in Svanholm's milk stand	
23.04.2019	Weeding strawberry field	Squid course
07.05.2019	Weeding cale and putting up fence	How to use the crop
14.05.2019	Planting	Cutting and planting wine
21.05.2019	Planting	Cutting and planting wine
11.06.2019	Weeding	Fermenting
18.06.2019	Weeding	Harvesting strawberries
22.06.2019	Svanholm festival	
20.08.2019	Weeding pumpkin field	Seed collection course cancelled. Planning activities for the weekend festival.
24.08.2019	Seed Exchange Festival (Saturday) – baking and selling traditional Turkish bread	
25.082019	Seed Exchange Festival (Sunday) – baking and selling traditional Turkish bread	

10.09.2019	Preparing onions for sale and harvesting pumpkins	Bee-frames and preparing vegetables for sale
24.09.2019	Slaughtering chickens	No workshop
01.10.2019	Slaughtering cows	Seed collecting

Table 1: Overview of project activities at Svanholm.

Figure 13: Participants making traditional Turkish bread at the Svanholm festival Seed Exchange.

While activities had been planned in advance, the project was constructed with a readiness to adjust and change along the way. The context of the project played an important role in the setup of activities and to the purpose of the project as the rural setting of Svanholm and the meeting with Svanholm residents was envisaged to influence positively on participant outcomes related to the mobilization of agricultural resources, social encounters and well-being. Svanholm Estate is not just a regular farm, but a large rural collective functioning as both residence for more than one hundred Svanholm residents and a large-scale ecological farm producing and selling

vegetables, fruit, milk and meat. The place covers a large area with an old estate, a large common area, old stables and barns renovated for apartments. In addition, the area covers stables with livestock, goats, rabbits, a café and a large area of land used for agricultural purposes. While the project purpose was to explore the potentials of engaging Tingbjerg residents in rural activities in a different setting, my study looks at the more under explored unintended consequences that may occur even in well-intended health promotion projects such as TCD and how this is a greater risk when targeting marginalized groups. More specifically article 3 addresses the adverse effects in the form of othering occurring in the Tingbjerg Svanholm Farming Cooperation (see article 3).

3.5. USING ETHNOGRAPHIC ACTION RESEARCH TO EXPLORE COMPLEXITY

In order to understand development processes, rationales and responses to the intervention and ultimately the complex task of developing TCD, I have collected data through a qualitative ethnographic action research approach where I have been part of the field spending time with partners, stakeholders and Tingbjerg participants at Svanholm and in the community restaurant and contributed actively to the development of the restaurant and TCD partnership. Ethnography's attention to context and immersion in the field makes it very suitable to the investigation of a complex intervention as it is able to embrace the messiness of complexity paying attention to the interaction between a systems parts rather than the sum of its parts (Turner and Baker 2019). One of ethnography's strengths lie in the depth of engagement established through fieldwork and embedding yourself in the field (Geertz 1983) allowing for an understanding of contextual and temporal dimensions of the change processes brought about through a complex intervention (Orton et al. 2019). In my interaction with the field, ethnography has ensured an attentiveness to identifying experiences and practices crucial to understanding spurious outcomes, unintended consequences, disconcertments and context, that otherwise could have been left out.

While the Tingbjerg Svanholm Farming Cooperation was characterized mostly by traditional participant observation, being there and taking part in activities alongside participants while observing and asking questions to unravel the meaning of things, my data collection in the community restaurant and the partnership was in addition to ethnographic fieldwork strongly action oriented and influenced by community action research (CAR). CAR is a participatory approach that aims to engage citizens, researchers and stakeholders in iterative processes of developing, implementing and evaluating action (Ozanne and Anderson 2010; Bloch et al. 2014; Tørslev et al. 2021)[3] CAR is an action research approach, focusing on making change through action. In the words of Reason and Bradbury, action research *"[…] seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit*

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[3] See also the subsite Cities Changing Diabetes: https://www.citieschangingdiabetes.com/

of practical solutions to issues of pressing concern to people [...]" (Reason and Bradbury 2001). As such, I as a researcher have become entangled in the object of investigation. As part of the Coordination Group responsible for the development of the community restaurant, I have been both an observer and an active participant contributing to the development of the partnership and the community restaurant by integrating my research with practice.

As with the complex intervention, the idea of non-linearity and emergence is central to action research. The whole point of action research is to look at a phenomenon while it is evolving and provide and ensure *action* on the run thus ensuring emergent learning, testing and adjustment (Olesen and Nordentoft 2013; Phelps and Hase 2002; Heron and Reason 2001). The action research component has been very fitting to this PhD study as the community restaurant from the beginning was developed with an attention to context, thus being open to adaptation and constant change. Data from observations and interviews was thus provided to and discussed with the Coordination Group both ad-hoc during the development process and more structured as part of a mid-way evaluation and during transitions between the different restaurant concepts. Data collection thus became a cyclical process in which '*action contributed to knowledge and knowledge altered action*' (Phelps and Hase 2002) promoting reflexive practice and embracing a process of introducing 'noise' into the intervention-system (Lissack 1999).

In line with the central notion within complexity thinking that complexity can never be fully known (Kaiser and Madey 2009), I do not claim that I through the use of ethnography have covered the 'full picture'. However, ethnography has allowed me to methodologically embrace complexity in all its unpredictability. Ethnography itself resembles a complex system as it is often characterized by non-linear processes with shifts and changes and unexpected conclusions (Orton et al. 2019).

As with the community intervention in Tingbjerg, my choice of methods, timing and attention have thus evolved (Orton et al. 2019), been guided by the context, interactions and assumptions unfolding throughout the development process. For instance, I originally expected participatory methods to be a primary source of data, as it could be used to gather data and involve residents in the development process simultaneously. However, as article 2 explain in detail, formal and organized processes were not optimal for many participants who seemed either uncomfortable, responded with hesitance or were simply hard to recruit and retain. Similarly, interviews were initially intended to be conducted with all the regular residents attending the community restaurant. However, I quickly became aware that interviews sometimes hindered intimacy and in-depth conversations, because informants felt like they had to 'deliver' good information or were not comfortable in the interview situation.

Both the community initiative and my research approach stand contrary to approaches aimed at deterministic prediction. Rather, I accepted unpredictability as a core element of the research process (Wadsworth 1998).

3.6. PARTICIPANT OBSERVATION

A large part of my understanding of the complex nature of TCD, participants reactions to the intervention and their acceptance or non-acceptance has been captured through participant observation (J. Spradley 1980). Participant observation has proven useful as it reduces the intimidation, locals may experience in situations where social or cultural differences are big (N. Wallerstein et al. 2012).

To avoid situations that could intimidate residents or potentially enhance an unequal power structure between me and residents, most of my data collection thus took part as engagement in the social life under study, being present at Svanholm and in the community restaurant and hub alongside partners and residents. This included weeding the fields at Svanholm alongside participants, slicing vegetables during the cooking sessions, lighting a bonfire together or driving together to and from Svanholm small talking with residents and stakeholders about our daily lives. Participating alongside residents has helped legitimize my presence and build rapport and trust with residents, especially those who were not comfortable in interview situations. Hastrup talks about the importance of parties being present in the same space (Hastrup 2003a) which in my case provided me with an important contextual understanding of the physical spaces, partner organizations and residents.

Being present, participating and observing has also ensured a certain embodiment of the field, an important feature of fieldwork (J. Spradley 1980; Hastrup 2003b), where I have sensed the field alongside participants thus allowing me to better understand the experiences of my informants and the context. Moreover, participant observation has been useful in exploring the relationship between what people say and what they do (Bernard 2006), something which is rarely possible in the spatially and temporally limited interview session (Cacciattolo 2015). Being embedded long term in the field with participants and practitioners for instance allowed me to engage in an iterative process of observing, participating and asking questions, thus continuously being able to question practices and statements and clarify peculiarities when there was something I did not understand.

At Svanholm participant observation was carried out on all the 16 field trips by me and three other colleagues who participated in activities, but also were able to withdraw from activities and observe as outsiders. As I entered the project in August, after the project had started, I only participated in 6 out of the 16 trips and the two evaluation workshops. However, data has been triangulated between researchers and the project organizer who was present at all the trips. On the fieldtrips that I didn't myself participate in, another research team member participated and observed. Field notes were written down after each visit to Svanholm focusing on the activities of the day, participants' responses and behavior during activities, their interaction with each other and with Svanholm residents and us.

After the Tingbjerg Svanholm Farming Cooperation I commenced fieldwork in the community restaurant alongside partners and residents in the community hub. The

first few months I spent painting and fixing up the place with other practitioners while also participating in meetings about the restaurant. There I became a member of the Coordination Group carrying out participant observation initially withdrawn as an outsider to avoid becoming a researcher that pushes through normativity. In this phase 'being there', observing and asking questions slowly granted me a position as a partner representative participating more actively in the development of the restaurant. In the next phase, practical involvement became more dominating where I became part of the development process, actively supporting, guiding and challenging the intervention alongside the rest of the team. For instance, we spent many hours discussing the Supersetting principles and jointly tried to operationalize them. As described previously, my active participation has meant that I myself am entangled in my object of study having influenced the intervention by providing data and opinions to the development process. However, I do not see this as a limitation, but rather as a prerequisite for my understanding of the complexity of TCD and the development process, as it allowed me to become part of the complex process.

Observations were carried out primarily on the days where TCD partners were present in the hub (approximately 2-3 days per week), where I participated in meetings or activities with partners, and sometimes alone when I was there to talk to residents or to just sit and work. I also participated in the weekly restaurant evenings. My presence in the hub allowed me to observe not only what happened in the restaurant and between professional TCD partners, but to capture how this was embedded in the broader organizational context of the community hub and Tingbjerg. For instance, I often small-talked to other practitioners working in the hub, received information about practical or political changes alongside partners and hung out with residents who were regular users of the hub and the restaurant allowing me to sense the place and become familiar with it to a point where residents became familiar with me as well. My position as a researcher allowed me to withdraw from the field on the days where professional stakeholders were not in the community hub. This made it possible for me to reflect on and discuss peculiarities and questions that I had with research colleagues and then later follow up on those questions with partners and other stakeholders in the field or direct my observations in a specific direction. In the community restaurant field notes were written down after restaurant evenings and on days where I was in the hub with partners. I used an observation guide to structure observations and distinguish observations of the restaurant from talks and observations from the Coordination Group and planning process. They have been supplemented with ethical and methodological reflections. Field notes are however, just as interviews, not to be seen as an objective description of reality, but rather in line with my constructivist approach as social constructs representing my eyes view and interpretations of a given situation (Emerson et al 2011).

3.7. INTERVIEWS

I carried out both semi-structured individual interviews, family interviews and focus-group interviews with residents and stakeholders.

Informants include:

- TCD partner representatives and decision makers.

- Residents involved in the restaurant and the Tingbjerg Svanholm Farming Cooperation.

- Stakeholders and decision makers collaborating with the TCD partnership, but not part of the core partnership (from FSB and the Municipality of Copenhagen).

The semi-structured interview has been useful to generate knowledge on personal experiences, emotions, motivations and reasonings which were not been verbalized in depth in the daily meeting (McIntosh and Morse 2015; J. P. Spradley 2016). The interview situations were for me important as they not only provided me with residents' and partners experiences with TCD activities, but also with knowledge about residents' life situations, what kinds of vulnerabilities and resources they had and how it affected their interaction with TCD activities. This in combination with participant observation gave me a good understanding of the context of each resident whom I interviewed.

Two interviews with Tingbjerg residents were conducted as family interviews on the wish of my informants. While I am aware that family interviews may contain the risk that one family member end up dominating the interview (Zarhin 2018), I felt it necessary to adopt a pragmatic approach to the interview situation, letting it happen on their terms, as to eliminate potential discomfort and the risk of them refusing to participate.

In line with a constructivist philosophy, the interview can be conceptualized as a social meeting, where stories and the meaning behind them represent the personal world of the informant and says something about how the informant places him/herself in the world (Rubow 2003). As such when I have interviewed professional practitioners, I am aware that they represent certain logics, rationalities and ideologies when it comes to implementing a social health promotion intervention. Likewise, with residents, I do not perceive their stories as an objective representation of reality, but rather as constructions based on *their* experiences and interpretations.

I used thematic interview guides with open-ended explorative questions for all interviews (Spradley 2016). In the Svanholm case, my colleagues and I only interviewed participants post-hoc, as the project was short. We recruited informants with the purpose to get a diverse group who could inform us about the different gendered, ethnic and age-related outcomes and experiences related to their participation in the project. Questions centered around how they had experienced the project (good and bad experiences), the specific tasks, social outcomes and outcomes related to well-being (see appendix D). The project organizer (who was also a central partner representative in TCD from FSB) facilitated contact to participants after the

project had ended and interviews were arranged through telephone or text message. All interviews were conducted face-to-face. Interviews were held either in the community hub or in participants' homes. We interviewed a total number of 6 participants while 3 practitioners were interviewed (two from Copenhagen Municipality in a joint interview) as depicted in table 2:

Interview type	Number of interviews	Number of informants	Gender division
Semi-structured individual interviews with residents	4	4	Three women and one man
Small family interviews with residents	1	2	One woman and one man
Semi-structured interviews with professionals	2	3	Two women and one man
Total	6	9	

Table 2: Overview of interviews from the Svanholm-Tingbjerg project.

In the restaurant I conducted interviews during different phases of the fieldwork allowing me to capture the development process and how perspectives had changed over time and learnings had influenced on the process (Shirani and Henwood 2011). This is depicted in figure 14:
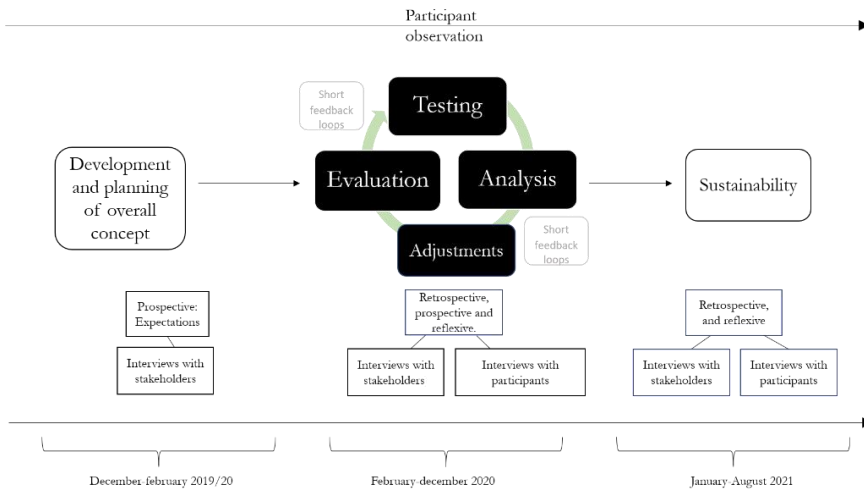
Figure 14: Illustration of the iterative data collection process.

For resident interviews I used purposive sampling (Bowling 2002), as I was interested in getting experiences from those being familiar with the community hub and restaurant and how the intervention provided opportunities for participation. Questions centered around motivations for participation, roles, responsibilities and perspectives on the place and environment (see appendix C). Although I initially intended to conduct more interviews, this was inhibited by a combination of COVID-19 restrictions and difficulties with recruitment as some residents simply stopped coming to the hub for longer periods of time or experienced personal challenges.

I did follow-up interviews with a few residents to get perspectives on the process and retrospective reflections on the development process. Here I tailored questions to address specific episodes or conversations that I had had with the specific informant. To accommodate the unease or unwillingness of residents to participate in interviews, some of the following up has been done through the informal interview (Larsen 1995) by simply asking and following up on conversations when I was present in the field. However, two follow-up interviews with residents were conducted as semi-structured.

Partners were interviewed in two phases. In the first phase I interviewed all partner representatives individually to get perspectives on expectations and experiences of initiating the development of the restaurant. In the second phase approximately 12 months into the restaurant, I conducted two focus group interviews with partners to follow up on initial interviews. Here I focused on retrospective perspectives of the process of the partnership, the development of the restaurant and the Supersetting principles. Focus groups were especially useful to generate insights on opinions, perspectives, doubts and reasonings from different perspectives (Överlien, Aronsson, and Hydén 2005). The focus group interviews sparked discussions and reflections

with partners and was useful in providing cross-organizational information and knowledge about the development process from a joint partnership perspective. Focus-group interviews were also used as a CAR tool for reflection and talks about purpose with the TCD partnership, how to apply the Supersetting principles and how to move forward. They thus contributed to push the development process regarding the restaurant.

My role and presence in the community hub where the restaurant was located provided me with easy access to residents and partners and. Interviews with residents were primarily held in the community hub (one was held at the local school), while interviews with partners were held in the hub or online due to COVID-19.

All together I conducted 18 interviews with a total number of 19 informants:

Interview type	Number of interviews	Number of informants	Gender division
Semi-structured individual interviews with residents	9	7	Five women and two men
Small family interviews with residents	2	5	Two women and three men
Semi-structured interviews with professionals	7	7	Two women and five men
Total	18	19	

Table 3: Overview of interviews from the community restaurant and hub.

3.7.1. ONLINE INTERVIEWS

Due to COVID-19, I have conducted part of my interviews online. Although this is not an optimal way of engaging with informants because it makes deep listening harder and makes it difficult to understand the body-language of the informant ('t

Hart 2021; Hine 2020), it allowed for me to continue data collection in spite of a national lock down. As I only conducted online interviews with professional stakeholders and not residents, the format did not influence on my possibilities of building rapport or extracting useful information. This was partly because all professional stakeholders were very familiar with the online format as well as the interview situation, and because I already had established connections with them prior to the interviews. In addition, I was able to continue my meetings with the professional stakeholders in the community hub after the lock-down ended and continue informal conversations and follow up on unanswered questions.

3.8. ANALYSIS

I have throughout the study approached my data analyses abductively. Although data collection has been explorative, it has simultaneously been guided by pre-understandings and theoretical and analytical concepts that emerged while conducting fieldwork. It is common for ethnographic research to be an iterative process between data collection, analysis and writing, ultimately the analysis being the result of a dialectical conversation between empirical material and theory (Ridley 2015; Timmermans and Tavory 2012; Tavory and Timmermans 2014). Brinkmann, referring to Tim Ingold, suggests that we do not always need to base our research on a theoretical agenda demanding testable hypotheses, neither will our research be completely deprived of theory and preconceptions. Analysis is essential a way of constructing reality (Brinkmann 2020). It involves '*the whole person, continually drawing on past experience as it is projected into the future*'(Ingold 2022). As such I have entered the field with an open mind and used theory as tools to make sense of things (Brinkmann 2020), such as the concepts of *space, complexity, othering* and the *unintended*.

In line with a constructivist perspective, I have analyzed data with an attention to how each informant ascribed meaning to the intervention and the setting. My specific analytical focus has been formed by a selective attention (Hastrup 2003b) on the interplay between intervention and context and the logics and complexities characterizing the TCD partnership and activities.

Abductive analysis has been useful with my explorative approach 'working closely with […] observations as they unfold over time' (Timmermans and Tavory 2022). I initially entered the field with a broadly defined purpose allowing for surprises to emerge and for a dialogue between data and theory in the many situations that gave rise to 'stumble data' (Timmermans and Tavory 2022; Brinkmann 2014). Stumble data is essentially data we as researchers stumble upon in our investigations and of which we need to make sense (Brinkmann 2014). My long-term presence in the field allowed me to engage in an ongoing dialogue with practitioners and residents concerning my findings and to follow up on findings after having put them through an initial process of analysis. This is one of the advantages of long term and in-depth fieldwork and something which allowed me to slowly make sense of data and step by step derive analytical concepts to make sense of things. The concept of *space* which I

apply in article 2 was an example of a concept which was both empirically present as it was used by informants when describing the community restaurant as *a special space*. However, through my analysis and repeated dialogue and encounters with the field (Tavory and Timmermans 2014), space also became a bearing analytical concept used to make sense of the entire environment of the community hub and restaurant. Similarly othering was an analytical concept derived through repeated readings, intensive engagement with observations and familiarizing myself with theories to explain and make sense of the *surprises* emerging in data (ibid).

Interviews were transcribed verbatim and managed alongside field notes in NVivo12. I have throughout the analysis applied the principles of thematic analysis to identify codes, categories and themes across my data material (Braun and Clarke 2014). First through a combination of open and focused coding (Timmermans and Tavory 2022) generating empirical codes and general themes across my material, and secondly in a dialectical interplay with analytical and theoretical concepts informing each article. The analysis initially took place as two distinct processes focusing on Svanholm data as one data set and community restaurant data as another separately. With a comprehensive data material such as mine, I found it necessary with multiple analytical readings giving me an overview of initial codes and themes across my entire data material at first (Braun and Clarke 2006). After initial readings, I divided the analysis into three separate processes with new separate codings and themes for each article.

Figure 15 presents the themes generated for each article. Findings represent different but interrelated issues related to the process of developing and implementing TCD in the context of Tingbjerg.
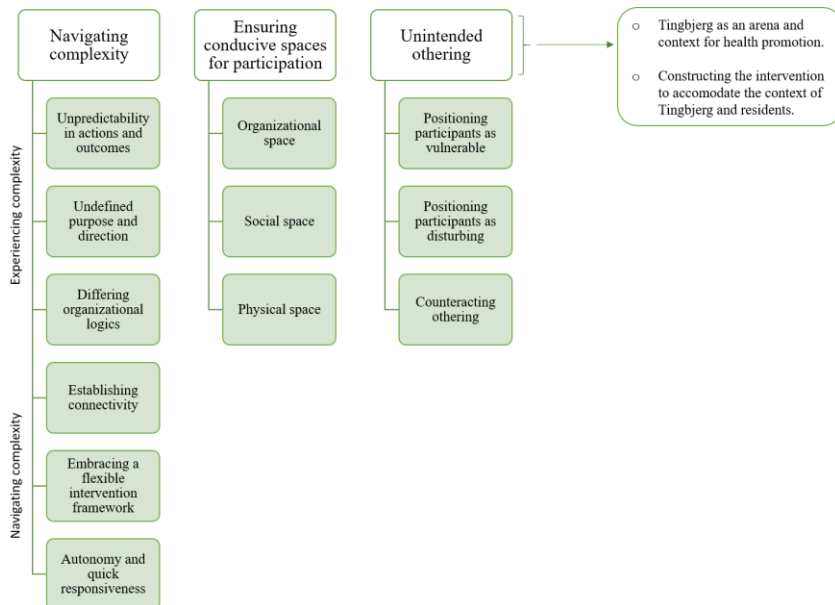
Figure 15: Overview of themes generated for each of the three articles.

3.9. POSITIONALITY

The positionality of researchers plays an important role to the process of the fieldwork, the interaction with informants and ultimately what data comes from this. We cannot separate ourselves from the social world to study it (Hastrup 2003b; Malterud 2001), and thus we must engage ourselves in discussions on how our positioning potentially influences the field in which we do our research and consequently our findings (Darwin Holmes 2020). My background as an anthropologist with previous experience working with groups in vulnerable positions, I was aware that I had to approach the field with a certain sensibility and reflexivity. In addition, the disadvantaged neighborhood as a setting for health promotion, required an extra sensibility and effort to avoid replicating short term 'do-gooders' or confirming the negative discourse on the disadvantaged neighborhood. This was not always an easy task, as I also demonstrate in article 3. In this article I present an interview situation with myself, clearly demarcating a boundary between me and participants taking part in the Tingbjerg Svanholm Farming Cooperation, resulting in my informant feeling labelled. This was evident as he responded with discomfort, and paralleled my labelling of Tingbjerg residents with a situation where he was accused of stealing because he was an ethnic minority living in Tingbjerg. As this was a situation that took place in the beginning of fieldwork, I quickly became very aware of the tensions and potential unease I risked inflicting just by presenting the aim of TCD. Although I continued to present myself as a researcher from Steno Diabetes Center Copenhagen, I began to omit a large part of the health focus, and instead explain that I was there to investigate the development of the partnership, the interventions and residents' roles and experiences.

Another challenge to my position in the field, was my active role as a researcher in the development process of the community restaurant. The action research approach led to an inevitable duality in my position as both an insider and outsider, both researching and being part of the field of study (Herr and Anderson 2005). Being an employee with one of the instigating partners Steno Diabetes Center Copenhagen positioned me as an insider with responsibilities and tasks related to the development and evaluation of TCD activities, while being a PhD-student and anthropologist positioned me as an outsider looking in, observing, asking questions and exploring the subtleties and dynamics pertaining to professionals' or residents' interactions and choices including those of my nearest colleagues. I thus at times found myself in a precarious balancing act trying to be an active contributor and Steno representative while at the same time keeping a distance. It often felt like I was gliding in and out of one or the other role.

Engaging oneself in in-depth fieldwork, involves engagement in the social act of building relationships and thus also sometimes losing control of one's own position (Darwin Holmes 2020). As Holmes write this is not uncommon in action research studies. In fact, when conducting ethnographical research, challenges of positionality

are inevitable as one's position to a large degree is situational and changes with context (Darwin Holmes 2020). A feature which is unimportant to some, might become defining for the relationship with someone else (ibid). Similarly, Mercer suggests that '*the insider/outsider dichotomy is, in reality, a continuum with multiple dimensions and that all researchers constantly move back and forth along several axes, depending upon time, location, participants, and topic*' (Mercer 2007). The researcher can thus never separate herself from the field of study when conducting fieldwork. The advantages of me being in an insider position were among other things my easy access to the field and legitimized presence because I had a purpose that professionals and residents could relate to – developing and helping with the community restaurant. My position as an insider being a partner representative from Steno provided me with a priori knowledge making it easier to engage in discussions, contribute to the intervention development and ask insightful questions. However, it was a constant balancing act ensuring that I did not take things for granted, that I did not disclose confidential information given to me by residents and that my presence was still productive and meaningful to practitioners in the Hub. I thus sometimes struggled being enough in both roles. The disadvantage was that residents exclusively began to see me as an employee whom they expected to solve practical or personal issues or solve conflicts, and I thus at times tried to help as much as I could while other times had to underline and amplify my position as a researcher to remind them why I was there. It was however clear that many residents still did not see me as a researcher, as I was always present in the community restaurant alongside the other practitioners and thus my role in many ways resembled a regular employee.

At Svanholm, the nature of the initiative being a more classic project with a limited set of activities, time frame and end-date, made my presence more withdrawn and characterized by a distance where I was perceived more as a researcher or decision-maker, which was evident, when participants referred to me and my colleagues as 'boss'.

Hammersley (1993) argue that the important thing is to reflect upon one's position and how it influences the research conducted (Hammersley 1993). In my case reflexivity ensured a constant awareness of how my own assumptions and values could influence my encounters with informants, but also how they changed over time. By being reflexive I as a researcher tried to ensure a constant awareness of my position and its situatedness (Rowe 2014; Darwin Holmes 2020). Reflexivity however, does not mean the absence of subjectivity or bias. As a young white female researcher my values and previous experiences have shaped my interaction with the field. I am too affected by the public discourse on disadvantaged neighborhoods and population groups in vulnerable positions. As such I am aware that I have unintentionally reproduced notions on the disadvantaged neighborhood (for instance through my interview), that I apply an academic language and represent white, educated privilege. One of the residents would often ironically refer to me as the 'office mouse', indicating that I was not from 'their' world. While this has naturally influenced on my interaction with residents and practitioners, I believe that I, by being reflexive about

my positionality, have been able to better be aware of my own biases and take them into account and adjust my behavior accordingly.

3.10. OVERSPILLS AND MOMENTS OF TEMPORALITY

Open explorative ethnographic fieldwork is to a large degree characterized by unpredictability, explorations of the unknown and the acceptance of things not turning out as planned. Although to be expected, the unpredictability and emergent nature of TCD caused great confusion and at times frustrations about the somewhat incomprehensible process and many halts. I simply could not define or box things as I had expected. Similar to Cecilie Rubows (2003) experience of not getting enough concrete data and to the endless interpretation possibilities she experienced in her study on death and the funeral ritual (Rubow 2003), I experienced a rather large crisis during the middle part of the fieldwork where I simply did not know what to make of data. The process I followed was neither linear nor clear cut. Rather it was dynamic, at times fast paced with many events and activities and coherent plans, and at other times slow paced with sudden halts, covid-restrictions or attempts to redirect actions.

As mentioned, the nature of TCD and the setting resulted in many things not turning out as planned or predicted or even situations of unease or frustration. Verran (2001) uses the concept 'moments of disconcertment' to illustrate encounters that at first sight seem irrelevant, but might signify bigger issues. The concept is derived from her own encounter with Nigerian students' calculation logic that did not fit her own counting system (Verran 2001; Hallen and Verran 2002), and which she at first didn't understand. Such encounters may easily be dismissed either because they do not seem relevant or because they are simply too hard to make sense of (Hallen and Verran 2002). As I show in article 3, the Tingbjerg Svanholm Farming Cooperation was and endless array of moments of disconcertment where participants did not respond or react as expected spurring confusion and discomfort with professional practitioners, researchers and Svanholm residents. Another example was the co-production of the restaurant between professional practitioners and residents, which I had expected to follow rather systematically as the involvement of residents was a core value of TCD. At several points we tried to facilitate shared decision-making processes either by inviting participants to contribute with ideas for the restaurant, by informally asking them during the restaurant events or by planning focus groups. However, none of this ever resulted in much useful information. Either participants seemed confused regarding the purpose and would respond with very specific suggestions for food wishes or where to eat, or they would react with silence. Those situations often resulted in unease and the feeling that we had not succeeded and that the format did not fit the context. Such moments could have easily been dismissed as simple failures, bad timing or mishaps. However, sociologist Mike Michael drawing on his own observations of how target groups for public engagement resist or ignore engagement attempts, argue that such situations may also be interpreted as '*a rumbling of the repressed'*, a resistance of the engagement agenda and format which raises serious

questions about the social scientific interventions (Michael 2012). Instead of disregarding such situations as overspills to be ignored or as a situational failure, they might provide useful information to guide our future interventions. In our case experiences with 'failed' co-production and what looked like overspills resulted in professional stakeholders minimizing facilitated practices altogether and as shown in article 2, co-production processes became more a matter of ensuring spaces for participation rather than facilitated, formal and easy to document practices, while at Svanholm unintended othering was addressed and to some extent counteracted. Even though what at times seemed like constant temporality, with no clear-cut answers and never-ending situations of overspill, which made it hard to make sense of things, I slowly became better at integrating such situations into my explorations and letting them spur my curiosity rather than dismissing them or letting the frustration get to me. Consequently, much of my study is a product of a sense making process spurred by the extremities of TCD and Tingbjerg and all of the moments of disconcertments and overspills that followed.

3.11. ETHICAL CONSIDERATIONS

My empirical material consists to a large part of participant observations, a method through which ensuring full disclosure about my position and purpose at all times while simultaneously engaging and building relationships has been a balancing act. In all situations where I interacted directly with participants in conversations, I disclosed my purpose of being there, however, with the fluid nature of the community hub, with people going in and out of the community restaurant and hub, it has not been possible for me to systematically inform all subject to my observations. However, no identifiable or personal information has been noted about individuals who were not informed of my purpose. Informed consent has been ensured in all interview situations, where I have disclosed the interview purpose and informed them that they had the right to withdraw their consent at any time (World Medical Association 2013).

An important ethical concern of mine has to do with the concept of vulnerability, as perceived participant vulnerability may impact on the researcher's engagement with participants (Lancione 2017). For this reason ethical reflexivity is important when researchers and participants represent very different life worlds (Block et al. 2013).

I have thus, and especially after the interview where I unintentionally positioned Tingbjerg residents as vulnerable and disadvantaged, made sure to avoid using terms such as disadvantaged or vulnerable, as informants may not have identified with such categorizations. I have in addition been very aware of the importance of applying methods that are explicitly oriented to reducing power differentials when engaging groups in vulnerable positions (Block et al. 2013), such as participant observation.

The life situations of some of the residents have additionally influenced my ethical considerations in the sense that some informants shared straining life stories or shared details about their health history that were very personal and intimate. My participation in meetings with different professional practitioners also sometimes

resulted in me attaining personal information about some residents. I have made sure not to disclose confidential information and when including details from residents' lives in this dissertation, they have been obtained directly from them through interviews and have only been referred to in a general manner so that they are not identifiable. Following the principles of the European General Data Protection Regulation (The European Parliament and the Council of the European Union, 2016 https://gdpr-info.eu/), I have ensured residents confidentiality through anonymization and by storing interview and observational data in an encrypted folder which only I had access to. While I have used pseudonyms to anonymize participants, I would also have to anonymize the neighborhood to ensure complete anonymization, something I have not done. As this PhD-dissertation investigates TCD operating in a specific neighborhood, I have found it important to disclose the neighborhood and its characteristics so that others are able to learn from the specificities of this particular neighborhood and of TCD. As such, with regards to professional stakeholders I cannot ensure complete and total anonymization, as their roles and positions within the projects were known to many people in the neighborhood. They are all aware and accepting of this. Residents being quoted or described in the dissertation have been anonymized and are harder to identify as they were to a much lesser degree linked to a specific role in the projects.

3.12. METHODOLOGICAL LIMITATIONS

My study represents two cases within TCD, and I am thus aware that I have not covered all perspectives of the processes of developing a complex community-based intervention. I too have chosen to construct my field in order for my data collection to not become too comprehensive. Although observational data have been crucial to my understanding of the context and complexity of TCD, a larger number of interviews could have provided me with more answers to some of my questions and helped me interpret findings that were very latent, especially those primarily based on observations from Svanholm. I am aware that the lack of interviews, especially from the Tingbjerg Svanholm Farming Cooperation, may present a limitation as it to some extent erases the voices of some of the individuals who have been central to the project, and whom I do not have any intention of positioning as *other*. Many of the questions we had about participants' behavior or the meeting with Svanholm were thus never completely answered. I have tried to present data with respect for all participants and do still perceive participant observation as a good way of capturing interactions, responses and actions of those who do not have the verbal or social skills to present them in interview situations (J. Spradley 1980; Bernard 2006).

CHAPTER 4. FINDINGS

In this section I present the findings of my PhD-study through summaries of each of my three articles. They each and combined present issues pertaining to the complex task of developing a meaningful intervention and ensuring participation in the context of the disadvantaged neighborhood Tingbjerg.

4.1. ARTICLE 1: TINGBJERG CHANGING DIABETES: EXPERIENCING AND NAVIGATING COMPLEXITY IN A COMMUNITY-BASED HEALTH PROMOTION INITIATIVE IN A DISADVANTAGED NEIGHBORHOOD IN COPENHAGEN, DENMARK

Article 1 explores the complexity of TCD and how the TCD partnership navigated complexity. In the article we place TCD within complexity thinking defining it as a complex adaptive system (CAS) working with non-linear behavior, many independent agents working together, adaptation, and self-organization and ultimately prepared to constantly adapt and adjust actions.

Following the notion of complexity as being a matter of the unpredictability of the interaction between intervention and environment (including agents) and consequently the range of solutions that follow, we explain how complexity resides both within the intervention (TCD) due to its multi-stakeholder approach and adaptive approaches and within Tingbjerg as an arena characterized by a certain complexity and unpredictability due to its politiziced nature. Especially the labelling of the neighborhood as disadvantaged has legitimized much political intervention. This combined with the complex everyday lives and vulnerabilities makes Tingbjerg an unpredictable setting for health promotion (Termansen et al. 2022c).

During the time of this study (2020-21) the partnership consisted of the three partner organizations: FSB social housing association, Copenhagen Hospitality College and Steno Diabetes Center Copenhagen. The study is based on fieldwork in participating in the partnership and the development of the community restaurant from January 2020-August 2021, seven semi-structured interviews with partners and decision-makers from partner organizations and two focus-group interviews with partners (Termansen et al. 2022c). Findings from this study are divided into two parts

1) How partners experienced complexity and

2) How partners navigated complexity.

When it came to partners experience of complexity three themes emerged being 1) unpredictability in actions and outcomes, 2) undefined purpose and direction and 3) differing organizational logics.

Unpredictability in actions and outcomes was linked to the organizational, social and political context of Tingbjerg and residents' responses and behavior being unpredictable in different ways. Unexpected events such as the construction of new buildings or the constant presence of philanthropical 'project-makers' meant that things rarely turned out as planned and that it was difficult to make meticulous plans. This meant that actions and outcomes of TCD were rarely predictable but guided by the context. When it came to residents, the unpredictability was sometimes related to unpredictable responses to activities such as the tendency of some residents to come and go in a hurry prioritizing food over socializing. Other times it was simply a matter of residents' life circumstances resulting in the unwelcomed smell of someone who hadn't showered in a long time, a dog companion causing unease with some residents or children coming unattended by adults. These unpredictabilities forced partners to constantly adjust. The undefined purpose and direction were linked to the flexible and context sensitive framework of TCD which meant that few activities or actions had been defined in advance but had to be planned and negotiated between partners continuously. This made it difficult to define roles and responsibilities and consequently take action at first. The differing organizational logics were linked to the interaction and interdependency between partners having to collaborate but representing different organizations and thus different logics and motivations for joining the partnership. The chef from Copenhagen Hospitality College found it hard at first to even understand the terms and languages being used by others, while the Steno partner felt like she was more preoccupied with a health agenda than the rest, and FSB partners were more oriented towards social coherence between activities and the local community. The differing organizational logics thus made it difficult for partners to establish a shared understanding of each other thus making it hard to prioritize and establish a direction for action (Termansen et al. 2022c).

The factors supporting that partners could navigate complexity were 1) establishing connectivity, 2) embracing a flexible intervention approach and 3) Autonomy and quick responsiveness.

Here we showed how connectivity in the form of establishing a social and professional connection between partners, other stakeholders and the context was imperative for the partnerships ability to take action as a coherent partnership and in order to ensure synergies between TCD activities and other activities in Tingbjerg. This was supported by long term and ongoing physical presence in the community hub. Findings show that '*the time spent together provided grounds for partners to think and act more in relation to other professionals in Tingbjerg and get closer to residents. In addition, it helped external partners legitimize and find their place in the partnership'* (Termansen et al. 2022c).

Embracing a flexible intervention approach was about embracing an experimenting and 'seeing what happens' approach where neither exact purpose nor actions were planned too long ahead and where everyone was prepared to adapt approaches depending on the response of residents or other stakeholders. This approach, although also contributing with complexity, they saw as more fitting to the context of Tingbjerg than more pre-defined or bureaucratic logics as it allowed for context to guide actions and for regular adjustments in accordance with a shifting environment (Termansen et al. 2022c).

The final factor supporting partners ability to navigate complexity was autonomy and quick responsiveness. Partners were given much freedom from their leaders to act as they saw fit and to decide the direction of activities. This was important to partners, because it allowed for them to respond quickly to sudden events, needs or requests from residents and consequently build trust with residents (Termansen et al. 2022c).

Overall, paper 1 contributes with in depth knowledge on the complexity of TCD. The study stresses the importance of connectivity, a flexible framework and autonomy as organizational structures that support the intervention's ability to navigate complexity. '*In TCD, navigating complexity became a matter of accommodating the needs and behaviors of residents by organizing the partnership so that it could test solutions continuously and make choices that fit the context and ensured participation from residents'* (Termansen et al. 2022c). Reflexive practice made it easier to prepare for and respond to the unforeseen.

Findings point to the advantages of more loosely structured and flexible approaches that reflect the culture of the local community because, in contrast to more bureaucratic structures, they make it easier to accommodate the needs and motivations of the local community and to secure the involvement of citizens living there (Termansen et al. 2022c). This, we saw, was important to the partners in TCD and a prerequisite for building trust with residents and ultimately secure their involvement. Ultimately '*focusing on ways of ensuring connectivity, applying and embracing a flexible framework and ensuring quick responsiveness through autonomy may make organizations and practitioners more capable of addressing the unavoidable disruptions and unexpected behaviors, needs or events that arise out of complexity and thus being better capable of accommodating the needs of those targeted by the intervention*' (Termansen et al. 2022c).

4.2. ARTICLE 2: SPACES OF PARTICIPATION: EXPLORING THE CHARACTERISTICS OF CONDUCIVE SPACES FOR PARTICIPATION IN A COMMUNITY-BASED HEALTH PROMOTION INITIATIVE IN A DISADVANTAGED NEIGHBORHOOD

The objective of this study was to investigate factors that contributed to a conducive environment for participation by exploring engagement efforts of TCD in Tingbjerg's community restaurant and hub. We used the concept of space to shed light on how the environment shapes possibilities for participation and consequently how space-making might inform approaches to participation. By applying the concept of space as an analytical lens, we were able to focus on the circumstances and approaches through which participation was enabled (Termansen et al. 2022b).

We argue that '*space and participation practices are closely linked and that participation is shaped by the specific characteristics and constellation of the agents entering an action situation'* (Termansen et al. 2022b). We stress how looking into the construction of participation spaces and access possibilities may enlighten us on why and how participation plays out in different ways and sometimes may even lead to exclusion.

The study is based on fieldwork in the community hub and restaurant from January 2020 to August 2021, eleven interviews with residents and seven interviews with practitioners. Conducive environments for participation were supported and influenced by three overall factors which were 1) the organizational space, 2) the social space and 3) the physical space.

The flexible and open organizational approach of the TCD partnership, enabling residents to participate on many different levels, going in and out of the place and of activities in the restaurant proved conducive for participation from different kinds of residents including those who were normally hesitant to participate or were unable to participate full-scale due to health issues. In the community hub, we saw a way of participating that was dynamic and where roles and the value of these roles were based on interests and motivation. In fact, when professionals tried to 'give' power to residents by facilitating co-creation, we witnessed that a power shift was difficult and that participants responded with silence or withdrawal. Overall partners made space for residents to participate on different levels and simultaneously promoted a culture where participants could develop skills.

The social environment was similarly open and tolerant promoting bonds across resident groups and an understanding for each other which was motivating for several participants. One informant highlighted how the community restaurant was an inclusive activity in contrast to several other activities in Tingbjerg often targeting a

specific group, while others stressed how the space allowed for intimate informal meetings.

Finally, the physical environment was identified as an important factor for participation among residents. Participants highlighted the un-institutionalized nature, the easy access to employees and being able to hide in the outside area not being on display. The distinct worn-down appearance was something which participants highlighted as motivating as it made it stand out as a place embracing many different kinds of people and different ways of being present in the space. This contrasted other more conventional spaces such as Tingbjerg's culture house. The physical and material setting of the community hub had a clear influence on residents' participation and sense of ownership as they had easy access to employees, tools and materials and were encouraged to engage and take charge of certain assignments such as building, painting or fixing things. The large outdoor area also provided 'hiding-places' for participants to come and not be 'on display' (Termansen et al. 2022b).

Findings show that the community restaurant and hub became venues providing *spaces of participation* that were dynamic, open and inclusive. They had an ambiguity to them where function and purpose were not cut in stone which seemed to support openness, inclusion and transformation. The hub and restaurant were spaces providing different possibilities for participation and ownership by being open to transformation and thus the influence of participants' (Termansen et al. 2022b). The study argues that the community restaurant resembled what Knibbe & Horstmann (2019) refer to as a 'micropublic ambiguous place', where the '*ambiguity of the place (such as the multiple functions, the constant small changes in the setup and the fact that it was not targeted a specific group), seemed to support openness, transformation and transitions* (Knibbe and Horstman 2019). *This echoes Foucault's notion of heterotopias, which are essentially spaces for the deviant or spaces of crisis, somehow both mirroring what is outside and also disturbing it* (Foucault 1986). *The hub was such a space, which at one and the same time was in and outside of the established space, providing different possibilities of inhabiting the space'* (Termansen et al. 2022b).

Considering spaces of participation in the development and implementation of interventions aimed at socially vulnerable groups, based on this study's findings in the form of cultivating open and flexible organizational space, inclusive social space and un-institutionalized physical space, might lead to greater acceptance and consequently more sustainable results.

All in all, the findings of this study underline the importance of space when engaging citizens and in particular when wishing to ensure participation from those who are normally hard to reach. Findings show that participation practices are highly situated and under the influence of power structures. Consequently, we argue that it is important to consider how spaces are regulated before initiating activities that require participation. Thus, engagement from population groups in vulnerable positions may be encouraged by cultivating an open and flexible organizational space, an inclusive

and tolerant social space and an un-institutionalized physical space. Ultimately, this might lead to greater acceptance and consequently more sustainable results (Termansen et al. 2022b).

4.3. ARTICLE 3: *OTHERING* AS AN UNINTENDED CONSEQUENCE OF HEALTH PROMOTION: A QUALITATIVE CASE-STUDY FROM DENMARK

The objective of this study was to explore processes of othering in the settings-based health promotion intervention the Tingbjerg Svanholm Farming Cooperation targeting long term unemployed residents from a disadvantaged neighborhood.

The study draws on the idea that health promotion interventions essentially interfere in a social environment where events can never be fully predicted and where motivations and needs differ from that of the intervention making unintended sometimes unwanted outcomes unavoidable (Merton 1936; Bonell et al. 2015). These are however much less reported on than positive outcomes. One of the less explored unintended consequences of health promotion targeting marginalized groups is *othering*. We apply the concept of othering being the discursive practice entailing one group positioning or representing another group as inferior (Jensen 2011; Spivak 1985) to elucidate how practices within the Tingbjerg Svanholm Farming Cooperation unintentionally positions participants as inferior. The study also addresses how the unintended was tackled in practice. It is based on data collected through participant observations on 16 field trips to Svanholm Estate, six interviews with participants, three interviews with professionals and two evaluation workshops with Tingbjerg participants and Svanholm residents.

Findings show that the Tingbjerg Svanholm Farming Cooperation results in unintended othering through practices of 1) positioning participants as vulnerable, 2) positioning participants as a disturbance. Additionally, the study addresses how the unintended consequences are addressed under the third theme 'counteracting othering' (Termansen et al. 2022a).

Positioning Tingbjerg participants as vulnerable was something that happened on several occasions during the Tingbjerg Svanholm Cooperation. This was seemingly a consequence of a clash between project/evaluation purpose and Tingbjerg participants' expectations to the project and self-perceptions. One such situation played out during an interview where two participants were presented to the purpose of TCD. In this situation the interviewer describes Tingbjerg and its residents using words such as *disadvantaged*, *challenged* and *unemployed*, making the participants clearly uncomfortable and confused to learn that they were the target of a social and health promotion project. Another example of participants being positioned as vulnerable was in a situation where participants were asked to fill out questionnaires about their health status. Many participants refused and seemed confused to hear that the project was about health. The different situations exposed the lack of alignment of

expectations, and it became clear that participants did not identify as someone in need of help from a health promotion initiative or even as disadvantaged.

The unintended positioning of Tingbjerg participants as a disturbance was particularly visible in the meeting between Tingbjerg participants and Svanholm residents and the context of Svanholm Estate. Both fieldnotes and informal conversations during the project were filled with reflections on the meeting between Svanholm and Tingbjerg participants and how it often positioned participants as a disturbance to the regular order of Svanholm. This was related to several incidents where Tingbjerg participants stood out because they ignored signs or instructions from the project organizer, gathered large quantities of nuts and fruit from Svanholm residents' private property or numerous arguments over how much milk or produce they got to take home. In addition, Tingbjerg participants were not trusted with certain assignments by Svanholm residents and ended up withdrawing from several activities. Findings show that the unintended othering of Tingbjerg participants were partly linked to the clash between the logics of the social and health promoting project and the production logics of a large farm having to deliver products on a tight schedule. The different mishaps however seemed to widen a gap between Tingbjerg participants and Svanholm residents who at several occasions expressed that Tingbjerg participants were a disturbance contrary to the intentions of the initiative (Termansen et al. 2022a). This resulted in a widened gap between 'them' and 'us', which is a central part of othering.

Because the project was constructed with a readiness to adjust, observations, talks with Tingbjerg participants and reflections by the project leader were operationalized into changes that could be implemented while the project was still going. The project leader thus tested other approaches that provided Tingbjerg participants with more conducive spaces for participation in which positions were more equal and roles were active and contributing equal to those of Svanholm residents. Tingbjerg participants were for instance given their own bread-baking stand at a Svanholm Festival, they were included in a walk and talk where they talked about their use of weeds, and the health focus including questionnaires were omitted in favor of a qualitative interviews focusing on social encounters, farming and assets. The adjustments resulted in more positive encounters between Tingbjerg participants and Svanholm residents. Learnings thus resulted in readjustments allowing for Tingbjerg participants to take on roles that were purposeful which motivated them to engage.

Our findings point at the importance of paying attention to processes of othering in the context of health promotion interventions, as they may have consequences for the responses of the target group and consequently the outcomes of the intervention. Othering might result in the complete refusal of those targeted to participate or worst case enforce prejudice and labelling or negative health outcomes. Our findings confirm notions about interventions as social technologies, '*a practical art aiming to make specific changes*', always representing a certain problem understanding (Jøhncke, Svendsen, and Whyte 2004)*,* thus legitimizing specific solutions. Othering is in some ways inherent to interventions as it functions in a similar way to position the other as vulnerable and in need of help (Termansen et al. 2022a)

A key lesson from the Tingbjerg Svanholm Farming Cooperation was the importance of allowing for adaptation in response to the unforeseen through ongoing observations and reflections. Paying attention to the (potentially harmful) unintended effects and adjusting accordingly in social and health interventions may help researchers and practitioners navigate the unintended and ultimately reduce or prevent potential adverse effects (Termansen et al. 2022a). Altogether the study represents more general issues which may be relevant to other researchers and practitioners wishing to engage groups in vulnerable positions in health promotion activities. Central recommendations derived from the study are:

- Paying attention to the inherent assumptions and normativity of health promotion and how the intervention positions those targeted, especially when engaging marginalized groups.

- Ensuring ongoing attention to and reflections on unintended consequences.

- Ensuring clear communication about project purpose.

- Aligning expectations both before and during a project.

We argue that researchers and practitioners carry an extra responsibility in situations that involve marginalized groups, who are more susceptible to, and at risk of being othered on the basis of prejudice, preconceptions and misunderstandings. And where only minor deviances may result in exclusion because they risk confirming stereotypes (Termansen et al. 2022a).

CHAPTER 5. DISCUSSION: INTERVENTION OF POTENTIALITY

In this section I will discuss the overarching themes of the dissertation. They all illustrate what I perceive as central cross-cutting issues pertaining to the practice of developing and carrying out the complex community intervention TCD in a context of the disadvantaged neighborhood of Tingbjerg. The themes thus combined are a story of the close link between the context of Tingbjerg and the complexity of addressing such a context through the community intervention TCD. I title my discussion chapter 'Intervention of potentiality' because the term *potentiality* sums up the characteristics of TCD in the context of the disadvantaged neighborhood. The notion of potentiality is presented by Andersen and Pors (Andersen and Pors 2016). They apply this concept in their analysis of present-day governance and argue that the governance of society essentially has to navigate the uncertainties of society and the challenge of not knowing the future, that predictions about the future will always only be potential (Andersen and Pors 2016). They call the public sector a potentialization machine that constantly has to make choices that potentially create unknown futures and possibilities for change beyond what we can imagine – seeking out the future of the future, increasing potentialities rather than realizing present possibilities (Andersen and Pors 2022). They argue that adaptiveness and flexibility within organizations are increasingly being seen as a value rather than a disturbance because it allows organizations to self-organize in a way they see fit to their context and increases the range of possible actions (Andersen and Pors 2016; 2022). Although my dissertation neither explores public management nor the governance of society, it is in many ways a study of how to govern and organize a complex community intervention to accommodate the context of a disadvantaged neighborhood. The unknown, the unpredictable (the potential) future was an inherent circumstance of the intervention, a central feature of complexity and something of which practitioners had to navigate constantly. The following sections all contribute to the story of TCD as an intervention being organized around potentiality with all that follows of unpredictability, potential chaos, emergence and adaptiveness, where the future was not always entirely known and where adjustments and responsiveness were key to the navigation of such uncertainty.

5.1. THE NEED FOR RESPONSIVENESS IN A CONTEXT OF THE DISADVANTAGED NEIGHBORHOOD

A central overarching theme which I address in all three articles, and which influenced processes of developing TCD was the fundamental need to be responsive. As I have shown being responsive and more specifically the need for quick responsiveness was an approach partners found necessary in order to build trust and ensure participation from residents. This is a central point as it laid the foundation for action and was a

contributing factor to the complexity of the intervention. The need for responsiveness was especially related to the nature and context of Tingbjerg as a setting and to the vulnerabilities and unpredictability of residents, but also potentials and resources of residents.

As I have shown in the dissertation, the vulnerabilities of the context were among other things linked to Tingbjerg being *othered* through political discourse on the disadvantaged neighborhood (Bakkaer Simonsen 2016). This has legitimized much intervention to 'fix' the neighborhood. As I showed in article 3, the risk of *othering* was a factor to take into account when approaching residents as to not add to the divide between *them* as vulnerable and *us* as the powerful. Because TCD activities were legitimized through the very same discourse of Tingbjerg as a disadvantaged or vulnerable neighborhood, the act of intervening was imbued with normative values and ideas about Tingbjerg residents, ultimately resulting in our contribution to *othering* processes during the first phase of the Tingbjerg Svanholm Farming Cooperation. Here I showed how the health promotion agenda constructed participants as vulnerable in the form of them needing help from us.

My findings underline the overt interventionist agenda connected with health promotion. The often inherent normative and discursive framing of the people targeted by interventions has led to interventions being interpreted as social technologies essentially constructing problems (Jøhncke, Svendsen, and Whyte 2004). Some scholars have even highlighted how interventions are a form of biopolitics that risk reproducing inequalities by '*deciding the sort of life people may or may not live*' (Fassin 2009). My findings in article 3 confirm such notions by showing how even well-meaning context sensitive approaches may result in processes similar to those of *othering* and consequently the construction of those targeted by the intervention as vulnerable or inferior. The simple act of intervening in the Svanholm-case initiated processes of othering as the health agenda clearly sparked discomfort with participants because they did not perceive themselves as someone in need of 'help' from a health promotion intervention. What we also witnessed was that Tingbjerg participants' position as other was accentuated through the interaction with the very different community of Svanholm. In such situations minor deviance may be interpreted as stigmatized differentness (Goffman 1963). If we are not aware of such processes when carrying out health promotion we risk enforcing self-perceptions of being other in those targeted by the intervention, potentially leading to adverse effects such as constricted social networks and diminished well-being (Markowitz 2014; Markowitz and Engelman 2017). As such, when we accidentally position recipients as other through our interventions, we need to be aware that it has a concrete impact on their responses and behavior both in the immediate situation, but also potentially in their general behavior and willingness to accept new networks (ibid). An attention to such risks is especially important in a context such as the disadvantaged neighborhood. The findings show how targeting people in vulnerable positions carry a significant responsibility and require that we make an effort to understand how vulnerabilities arise and grow, the implications of being positioned as vulnerable or being characterized as someone who is 'hard to reach', and how to best avoid

situations that enforce a divide between intervention providers and those targeted by the intervention.

The Tingbjerg Svanholm Farming Cooperation however, also became an example of how responsiveness could mean the difference between withdrawal and active engagement. The openness to change, ongoing observations and reflections thus ensured that unfortunate encounters could be attended to in situ and that unconducive roles and positions could be turned into more purposeful positions.

In a similar way, in article 2, I briefly mention how experiences with attempts to involve residents in more structured or organized co-production processes also resulted in practitioners taking a more responsive approach. Experiencing that some residents did not know what to say, did not feel comfortable speaking out loud or did not understand the purpose, led the partnership to abandon traditional and more formal co-production processes with residents and begin resting more on the informal and ad hoc dialogues with residents, who would often not respond well to long term planning or having to show up at a certain time. Prioritizing responsiveness over strict and inflexible rules and requirements, was central because residents' responses to the intervention could be unpredictable due to physical or mental vulnerabilities, social circumstances, culture, habits or the like. It became a way of addressing the challenge of engaging residents and their vulnerabilities. Nissen notes that it is important for a system (such as an intervention) to work with an adequate and meaningful approach to problem solving, also referred to as reflection theory, because it may enable the proper solutions and consequently the integrity of the system (M. A. Nissen 2010b). In the case of TCD, the integrity was closely linked to responsiveness and good practice perceived as a matter of accommodating the context including residents needs and capabilities, something which is important when engaging groups in vulnerable positions (Hygum Espersen 2018; Bønnelycke, Thiel Sandholdt, and Pernille Jespersen 2019), and something which requires an awareness about being responsive in interactions. For instance, TCD needed to be able to accommodate residents' unstable attendance patterns, the risk of non-compliance with social norms and differing levels of mental surplus or physical challenges, and not dismiss odd behavior or adverse effects as a mishap. To partners, this was the most appropriate way of ensuring change, however also an approach that contributed complexity.

In the following sections I will elaborate on the responsive approach and its implications for participation. After that I will go into a more detailed discussion on how responsiveness was ensured in practice and the complex nature of organizing a partnership around responsiveness.

5.2. ENSURING CONDUCIVE SPACES FOR PARTICIPATION

A recurring theme throughout my data material and in my analyses was the notion of participation, which plays a role in all of my three articles either as the bearing concept

or as a more subtle theme. It is also closely related to the notion of responsiveness as the engagement of residents was motivated by the intervention's responsive action. Participation played a major role throughout the development of the TCD partnership and the two cases I have explored because participation was not a straightforward matter. In the Tingbjerg Svanholm Farming Cooperation I asserted that participation practices were highly influenced by an unintentional positioning of participants as vulnerable and disturbing, resulting in an unequal divide between *us* and *them* and consequently withdrawal. Participation and the motivation to participate was also influenced by the mismatch of expectations to the project and its purpose thus exposing the health promotion agenda and the inherent perception of residents as someone in need of help. Article 2 and 3 both show how space matters when engaging residents. Although indirectly addressed in article 3, Svanholm was a clear case demonstrating the importance of space, in the form of the social, material and structural environment in which participants engaged (Low and Lawrence-Zúñiga 2003; Cornwall 2002). Here residents had to navigate an environment that presented both conducive and unconducive spaces for participation. Processes that were envisaged to promote inclusion, ended up excluding some, while being allowed to contribute with their skills resulted in active engagement.

As I have mentioned previously, participation practices were manifold and often hard to put a pin on. The community hub and restaurant showed how both participation and the act of co-producing can be approached without strict facilitation. In fact, facilitation seemed to present a barrier to participation at times. Instead, participation was promoted through an open and flexible organizational environment, a tolerant social environment and an un-institutionalized physical environment. This resulted in participation taking place on different levels as both passive, active and everything in between. For participants the community restaurant and hub were appealing because they were not designed as functionally specific with limited *room for manoevre* (Knibbe and Horstman 2019; Clay and Schaffer 1984), but rather were 'ugly', open and ambivalent. When trying to involve citizens, especially those in socially vulnerable positions, approaches are often characterized by an uneven power distribution, and at worst the lack of participation from those who would benefit the most (Cornwall 2002; Bønnelycke, Thiel Sandholdt, and Pernille Jespersen 2019; Cooke and Kothari 2004), resulting in unsustainable solutions. My findings point to the inherent power structures present in the spaces we as researchers often create and the importance of rethinking ways of engaging those who are normally hard to reach.

My point is that efforts to engage groups in vulnerable positions is not just about establishing what Foucault refers to as Heterotopias or spaces for the deviant or those who are 'unfit' for other conventional spaces (Foucault 1986), but also about ensuring that we as researchers and practitioners embrace and normalize that such spaces can exist on equal terms as other conventional spaces. Such spaces do not necessarily need to be large scale or long term as was the case for the community hub, but simple measures ensuring safe, open and informal environments may mean the difference between participation and withdrawal (Knibbe and Horstman 2019). If wishing to engage those who are hard to reach whether it be in co-production processes or in

more simple participation, there may be a potential in paying attention to the spaces in which it takes place and spending time and building trust to ensure sustainable and long-lasting engagement.

Although my articles represent two distinct, but interlinked processes of TCD, they also show the emergent and reflective nature of TCD as a complex intervention trying to learn from its mistakes. Overall, my study has provided insights on the situational and spatial character of participation being shaped by the environments we create for and with participants. This also underlines the importance of tailoring and differentiating approaches to participation and acknowledging that some approaches, often less formalized and unscripted may be better suited for underserved groups. My findings on participation tap into arguments about the need for continuous reflection *in action* (Schön 2017), in interaction with the field in order to be responsive and navigate the complexity arising from an unpredictable environment.

5.3. NAVIGATING COMPLEXITY – THE NEED FOR METHODOLOGICAL APPROPRIATENESS

Another cross-cutting theme of my studies is the importance of methodological appropriateness, referring to the methodology or design of the intervention. As I have shown in article 1, TCD did not adhere to classical principles within the evidence-based health paradigm, as it was not guided by a standardized evaluation design, the need for documentation or evidence requirements. It was important for partners that approaches distanced themselves from more bureaucratic ideals where documentation needs overrule the needs and interests of the citizen, sometimes resulting in withdrawal (Warr, Mann, and Kelaher 2013). In other words that the intervention was constructed so that it was capable of dealing with unpredictability and navigating towards a potential future rather than assuming that responses and outcomes could be predicted in full. In contrast to linear pipeline models assuming that implementation can be achieved following recipe-style models, complexity thinking '*offers a radically different set of considerations*' and '*denies over-simplification*', by embracing the true messiness of implementing interventions and making change in real-world settings (Braithwaite et al. 2018).

However, a responsive and flexible approach such as that of TCD also presented major challenges to action as there was no clear guidebook as to how to construct the intervention. As I have demonstrated, getting people to embrace a step-by-step and good-enough-as-you-go approach can be hard, as it requires planning to be more dynamic and makes it difficult to ensure that all stakeholders are aligned. It is much easier to make meticulous plans where actions are pre-defined and ignoring the real issues at stake (Auspos and Cabaj 2014). However, although navigating the unpredictability inherent to a complex intervention such as TCD may never become an easy task, my findings indicate that certain strategies may assist and increase the chances of success especially when it comes to engaging residents and ensuring coherence between partners.

Key factors supporting the navigation of complexity in the TCD partnership, were establishing connectivity, embracing the flexible intervention framework and ensuring autonomy and quick responsiveness. Central to all of these factors were that time was spent showing up in the community, spending time with other practitioners and residents and getting to know the context. Something which was imperative in order for partners to get to know each other, the context and consequently take meaningful action. My findings point to the need for researchers, practitioners and funds to engage more in long-term partnerships that enable approaches where building rapport and spending time in the local community is part of the design (Rod and Rod 2022; Quinn Patton 2011). Methodological appropriateness should be more a matter of striving to be responsive and acknowledging that complexity and social context cannot be tamed or captured, but that complex interventions must be capable of navigating *potentiality*, that is steering towards a potential but unpredictable future, where responses, outcomes and actions may change continuously (Andersen and Pors 2022; 2016). In the case of TCD methodological appropriateness was about ensuring connectivity, embracing the flexible Supersetting framework and its inherent unpredictability and iterative reflection and quick responsiveness enabled by autonomy (see article 1). In line with this approach Patton (Quinn Patton 2011) makes the point that methodological emergence should take up more place in interventions, for instance by letting an intervention's theory of change evolve and change over time '*in response to complex and fluid environments that do not lend themselves to simple cause and effect understanding*' (Quinn Patton 2011). Rod and Rod write something similar in a chronicle for the Danish online magazine Sundhedsmonitor.dk. Here they call for adaptive capacity in interventions entailing the possibility of constant change within the intervention, an approach that stands in opposition to the way things are usually done within health promotion research (Rod and Rod 2022). Rather than promoting and adopting specific activities or models, the cultivation of adaptive practice in which idea development is fostered and several approaches are explored (Khan et al. 2018; Uhl-Bien, Marion, and McKelvey 2007) may be a more effective way of ensuring sustainable community change.

As Andersen and Pors note, there is a tendency today in organizations to strive for stability and habitual behavior in efforts to plan and predict potential futures (Andersen and Pors 2016). They argue that too much stability impedes change and adaptation and ultimately prevents organizations from managing the potential future which is unknown and unpredictable thus requiring an ability to be responsive. They underline how innovation and change is only achieved by introducing disturbance and noise into an organization (ibid). This resembles the TCD partnership who in order to be responsive had adopted a culture of experimenting and had embraced the flexibility of the Supersetting approach allowing for constant reflection and ultimately change. This was made possible by the autonomy given to them by their leaders.

My findings tap into broader discussions on implementation by bringing forth concrete examples of how complexity unfolds and why implementing health promotion in real-life settings cannot be reduced to pipeline assumptions. My study

showcases the importance of context, being both the discursive context, the social and socio-economic context and even the individual as making up a specific context contributing unpredictability. From a complexity thinking point of view contextual characteristics of the environment should be seen as normal conditions of real-world practice and not as confounders that can be isolated, reduced or controlled (Braithwaite et al. 2018). This is a fundamental difference between much conventional implementation science striving to transfer interventions and getting evidence into practice and complexity thinking where complex interventions operate by learning from experiences and dynamically evolve (Braithwaite et al. 2018). As Hawe and colleagues argue, the form of an intervention should be varied as required by context (Hawe, Shiell, and Riley 2004)

I wish to briefly return to the concept of potentialization, which I introduced in the beginning of this discussion, as it encapsulates what my study has shown to be central when carrying out health promotion in a disadvantaged neighborhood setting. Potentialization directs our attention towards the need for interventions to acknowledge unpredictability as a central circumstance of working in a complex social context such as Tingbjerg. Unpredictability requires responsiveness, meaning the ability and readiness to adapt to changes in the environment. This is especially important when targeting citizens who may be hard to engage and are at risk of labelling and stigma. As I showed responsiveness may be supported by autonomy and reflexive practice. Adapting to changes in the environment was a characteristic of the TCD partnership supported by partners' ongoing talks about what had been done, assumptions about what might happen and adjusting from one time to the next on a regular basis. Such reflexive practice is important in order to be able to respond to a fluid environment and prepare for the unexpected (Quinn Patton 2011). Khan and colleagues similarly argue that the unpredictability inherent of a complex adaptive system such as TCD, should prompt an iterative 'act-then-look' approach as it is not possible to predict with certainty what actions will lead to system change simply by front-end theorizing (Khan et al. 2018).

5.4. IMPLICATIONS FOR RESEARCH AND PRACTICE

My findings point at an important and central perspective related to the act of intervening in a disadvantaged neighborhood, which is the need to design and carry out our interventions so that they are capable of what Khan and colleagues refer to as uncertainty absorption (Khan et al. 2018). This is about enabling that frontline personnel and researchers acknowledge *the extent of interdependencies and the numerous potential 'solutions', with no one solution necessarily being the 'right' solution'* (Khan et al. 2018). By acknowledging complexity, organizations and practitioners might become more capable to address disruptions that arise out of complexity (Henderson et al. 2020; Quinn Patton 2011). One way of enhancing uncertainty absorption in the development and implementation of interventions is to engage in iterative reflexive practice such as that of TCD practitioners. Such a practice

is about enabling practitioners to process uncertainty and take action that accounts for evolvement and emergence (Khan et al. 2018).

Although this may be a difficult task requiring practitioners and researchers alike to accept that there is no one right solution, but many potential solutions, there may be an even greater danger in sticking to meticulously planned and monitored programmes because standardization and ideas about high-fidelity may prevent practitioners from adapting and responding to changes in the environment (Auspos and Cabaj 2014). This will inevitably influence the integrity of the intervention and may result in lack of engagement from those targeted. In line with the arguments of Auspos And Cabaj, my findings suggest that researchers (and evaluators) need to inform the development strategy and theory of change continuously and give real-time feedback that '*fits practitioners' window of usefulness rather than an artificially scheduled midterm and end-of-project reporting period'* (Auspos and Cabaj 2014).

When addressing the complexities of a disadvantaged neighborhood (and maybe even most social contexts) researchers and practitioners may benefit from strategies that embrace double loop learning in which '*insights about the nature of the problems being addressed or the strengths and limitations of strategies being deployed'* are put at the forefront, rather than solely relying on single-loop learning in which adjustments are usually minor and implementation failures are solely seen as a matter of execution problems (Auspos and Cabaj 2014). In addition, traditional research approaches to intervention development and implementation still often adhere to ideas about fidelity where a plan is finalized first and then implemented. Such approaches reduce responsiveness and discourages adaptation (Auspos and Cabaj 2014), something which was also highlighted by TCD partners.

Scott-Samuel and Smith argue that the only way of dreaming up and constructing alternative scenarios to the current state of affairs with ineffective, simplistic and short-term strategies to reducing health is to include those communities mostly affected by health inequities in defining the right futures (Scott-Samuel and Smith 2015). Indeed, adopting a bottom-up approach where local stakeholders play an active role in development and implementation process:

'is paramount to adapting an intervention to their practices, facilitating ways to get them onboard with the intervention, in piloting it, in reflecting on progress amongst stakeholders and in providing feedback to participants to help them embrace implementation iteratively over time. In such a messy, complex set of circumstances, it makes less and less sense to think of 'knowledge producers' as conceptually distinct from 'knowledge users' when indeed they are inter-related (Braithwaite et al. 2018).

Consequently, research and practice should embrace the unpredictability inherent in the act of intervening in and with local communities and perhaps turn their attention towards the more underlying structural, situational and relational dynamics at stake in a complex intervention and perhaps even start questioning the scientific intervention altogether (Michael 2012).

5.5. METHODOLOGICAL IMPLICATIONS

I previously talked about the methodological appropriateness of the intervention. However, I also wish to address the methodological appropriateness relevant to the research inquiry. If we acknowledge that the complex intervention is one characterized by emergence and unpredictability in both actions and outcomes, we must also opt for methods that are capable of capturing and identifying how change happens and why. Accounting for complexity is basically an equity issue and about ensuring that the everyday lives of those affected by inequalities are taken seriously in our efforts to engage citizens (South et al. 2019). Khan and colleagues stress the need for a more dynamic approach:

A complexity framework embraces uncertainty in the research process, since this is recognized as a critical condition for creating the space for important social exchange and for allowing research questions to emerge and reemerge. [...] Studying CAS requires a set of research tools that facilitates an examination and exploration of phenomena that are dynamic, non-linear, co-adaptive and emergent. Traditional gold standard approaches to research, such as randomized controlled trials, have been proven mathematically to be limited in their capacity to generate sufficient evidence to capture all potential conditions and permutations, and aim to minimize uncertainty rather than explore potential sources of irreducible uncertainty (Khan et al. 2018).

When it comes to addressing questions of complexity ethnography has the advantage of in-depth engagement established through fieldwork and embedding yourself in the field allowing for an understanding of contextual and temporal dimensions of the processes of navigating in a complex intervention (Orton et al. 2019). In addition to its in-depth explorations (although never all encompassing), ethnography also holds the advantage of emergence. The explorative nature of ethnographic fieldwork makes it, what Marilyn Strathern refers to as, an anticipatory exercise (Strathern 1999). About being open towards what may come, the things that we cannot predict or even imagine. This was also the case for my own fieldwork which took many unexpected turns and had to be adjusted to context and circumstances. Especially the disadvantaged neighborhood context required me to sense moods, behavior and interests of residents before approaching them and sometimes what on paper appeared to be an optimal method turned out to completely fail. As I mentioned previously, during my fieldwork we often spoke about citizen involvement as this was a central component of the intervention, however the vulnerabilities or barriers for participation made it difficult to carry out co-production or even just formal meetings. Under such circumstances, ethnography had the advantage of giving voice to those who find it difficult to participate or speak for themselves. In such cases ethnography may even function as a type of participant involvement, allowing for the opinions and lived circumstances of the most undeserved to be represented through the ethnographer (Kleinman and Kleinman 1991). The ethnographic method should perhaps be of more interest to those interested in understanding complex problems and the processes of addressing them (Rod 2010; Khan et al. 2018).

CHAPTER 6. CONCLUSION

In this dissertation I have described processes of developing and implementing TCD in the context of the disadvantaged neighborhood of Tingbjerg. My study set out to explore the disadvantaged neighborhood as an arena for health promotion and the implications of addressing complex issues such a health, well-being and community engagement for approaches applied. A key finding concentrated on the complexity of the intervention being about the unpredictability of the context of the disadvantaged neighborhood affecting actions and outcomes, working with an undefined purpose and direction and differing organizational logics. These factors combined presented challenges for partners and impacted on how they came to approach the intervention and what measures to take to ensure meaningful action. Especially the political and discursive context labelling the disadvantaged neighborhood as *other* and the social context characterized by different vulnerabilities impacted on intervention efforts. I established that factors enabling partners to navigate complexity were connectivity, embracing the flexible intervention framework and autonomy enabling quick responsiveness. Central lessons were in particular the importance of time and physical presence and building connectivity which ensured a shared partnership identity and common purpose. I also showed how the flexible framework played an important role in ensuring that partners could respond properly to the unpredictable needs and interests of residents as well as provide conducive spaces for participation. The organizational space allowed for multiple participation practices to exist simultaneously an open and tolerant social space promoted encounters across resident groups, while the physical space matched residents' needs in a way that other public places didn't, allowing them easy access to employees and providing hiding places so that they did not feel like they were on display. Paying attention to the spaces that we create when engaging citizens in interventions is thus important to ensure conducive environments for participation that accommodate the different needs and interests of participants, especially when engaging those who are normally hard to reach.

My study underlines the importance of methodological appropriateness. Being responsive was seen as imperative in order to engage meaningfully with the context of Tingbjerg and its residents. My study points at the potentials of engaging in efforts with long time frames, seeing what happens and a willingness to let go of control in response to a shifting context and different vulnerabilities, rather than opting for easy fixes with pre-defined and easy to document methods. Constructing interventions that acknowledge *potentiality* rather than prediction, may help intervention providers embrace adaptive practice in response to the unpredictable context and promote responsiveness in efforts to accommodate needs and interests of the target group or prevent potential adverse effects. My dissertation engaged in a discussion on the act of targeting residents from Tingbjerg in health promotion and the risk of such an effort to result in unintended and potentially harmful othering. The context of Tingbjerg and the marginalization of many of its residents affected how the intervention was received and how Tingbjerg participants responded to a health promotion agenda.

Findings showed the importance of paying attention to the normativity inherent to health promotion and how this may potentially affect responses from the target group. In situations that involve marginalized groups, who are more susceptible to, and at risk of prejudice, preconceptions and exclusion based on misunderstandings, clear communication about project purpose and aligning expectations both before and during a project are thus of utmost importance. My intention has not been to expose the vulnerabilities pertinent to a disadvantaged neighborhood and the people residing there, but to show how interventions take part in shaping the target group, the problem and ultimately outcomes.

My findings show how the disadvantaged neighborhood and its residents make up a specific target group for health promotion and point to the importance of health promotion being able to reflect on and address groups in vulnerable positions appropriately. Ultimately by being responsive and building capacity to absorb uncertainty. For instance, interventions need to be able to accommodate unstable attendance patterns, non-compliance with social norms and differing levels of mental surplus, and it needs to not dismiss odd behavior or adverse effects as a mishap.

In sum, a key cross-cutting lesson from TCD was the importance of responsiveness and allowing for adaptation in response to the unforeseen through ongoing reflections. Ensuring autonomy and incorporating reflexive practice *in action* in social and health interventions operating in complex and unpredictable contexts may help researchers and practitioners navigate complexity, including the context of a disadvantaged neighborhood, increase chances of community participation and ultimately reduce or prevent potential adverse effects that arise in the interaction between intervention and context.

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APPENDICES

Appendix A. Informed consent form

Samtykke til deltagelse i forskningsprojekt relateret til Restaurant Virketrang og Fælleshaven i Tingbjerg

Ved at skrive under på denne samtykkeerklæring giver du tilladelse til at deltage i interview og til at vi opbevarer personlige data om dig. Interviewet handler om udviklingen af Restaurant Virketrang og dine erfaringer med at deltage i Restauranten og i Fælleshaven.

Formålet med indsamling og behandling af dine personlige data er:

- Videreudvikling af Restaurant Virketrang.
- At bidrage til forskning om sundhed og trivsel blandt beboere i Tingbjerg.

Opbevaring af data

De personlige data vi opbevarer om dig består af lydfilen fra dette interview samt transskribering af interviewet.

Dine personlige data vil blive behandlet strengt fortroligt i overensstemmelse med etiske standarder for denne type undersøgelser og i overensstemmelse med persondataloven.

Steno Diabetes Center Copenhagen er dataansvarlig.

Kontaktperson: Tina Termansen, Phd-studerende. Niels Steensens Vej 6, NSK1.11, 2820 Gentofte. Mail: tina.termansen@regionh.dk, telefon: 23678387.

Tilbagekaldelse af samtykke

Du kan til enhver tid trække dit samtykke tilbage ved at kontakte Steno Diabetes Center Copenhagen. Hvis du vælger at trække dit samtykke tilbage, påvirker det ikke lovligheden af vores behandling af dine personoplysninger på baggrund af dit tidligere meddelte samtykke og frem til tidspunktet for tilbagetrækningen.

Publicering

Forskningsresultater vil blive publiceret i videnskabelige artikler ved Steno Diabetes Center Copenhagen og i forbindelse med materiale, der indgår i evaluering og videreudvikling af Restaurant Virketrang.

Det er muligt at få egne citater til gennemlæsning inden eventuel publicering.

Accept

Jeg bekræfter ved underskrift på denne erklæring, at jeg:

- er indforstået med, at Steno Diabetes Center opbevarer og behandler personoplysninger om mig, til de ovenfor nævnte formål
- er gjort opmærksom på, at jeg kan klage over behandling af personoplysninger til Datatilsynet
- er informeret om, at det er frivilligt at underskrive denne samtykkeerklæring
- giver samtykke til at deltage i forskningsprojektet
- ved, at det er frivilligt at deltage, og at jeg altid kan trække mit samtykke tilbage

Deltagers navn:

_____

Dato: _____ Deltager Underskrift:

_____

Bilag:

- Bilag vedrørende oplysningspligt i medfør af databeskyttelsesforordningen artikel 13

Appendix B. Interviewguide for stakeholders

Interviewguide professionelle aktører (tilpasses hver enkelt aktør) – første interview

Emne	Spørgsmål
Indledning	*Interviewet handler om opstarten af restauranten og samarbejdet herom. Jeg vil spørge ind til både noget omkring forventninger, roller, kontekst og samarbejdet. Hvis der er spørgsmål du ikke ønsker at besvare, er det helt fint.* *Skal bruges til phd projekt med fokus på, hvordan man kan udvikle en restaurant som social indsats i Tingbjerg og hvad der karakteriserer processerne omkring udviklingen og implementeringen.* *Jeg vil meget gerne optage interviewet – diktafon…* *Kan du her indledningsvist fortælle mig, hvad du hedder, hvad din funktion er her i Tingbjerg og hvor lang tid du har arbejdet her?*

Partnerskabet (integration)	Hvad karakteriserer partnerskabet/samarbejdet set med dine øjne?
	Hvad kan partnerskabet bidrage med? Hvad er forudsætningerne for at partnerskabet kan blive produktivt?
	Hvordan tror du at partnerskabet kommer til at udvikle sig? Hvorfor?
	Hvilke fordele ser du ved at samarbejde om sådan et projekt som dette? Hvilke udfordringer er der ved et partnerskab/samarbejde som dette? Hvordan vil du karakterisere partnerskabet og hvordan ser du din rolle i partnerskabet?
	Hvordan skal det lykkes at skabe konsensus om indsatsen og dens udvikling og formål? Hvad er vigtigt i den proces?

Rolle og andre aktører (integration)	Hvis du skal forklare nogen hvad du/I laver her, hvordan ville du så gøre det?
	Hvordan ser du din egen rolle i dette samarbejde/projekt, og hvad er det du/I som helhesplan kan bidrage med?
	Hvordan ser du din egen funktion sammenlignet med de andre i gruppen/partnerskabet?
	Hvem og hvad er vigtigt for at det kan blive en succes at gennemføre den her indsats?
Potentialer restauranten (integration og kontekst)	I den bedste verden, hvor ser du så det her udvikle sig henad?
	Hvilke særlige muligheder og ressourcer er der her i Tingbjerg og i et samarbejde/partnerskab som dette som kan bidrage til restauranten?
	Hvilken betydning spiller konteksten for udviklingen af restauranten?
	(Kun koordinationsgruppen) Hvordan skal restauranten spille sammen med

	andre indsatser og aktører her i Tingbjerg? Hvad er forhåbningerne her og hvor ser du særligt nogle muligheder og udfordringer?
Potentialer partnerskabet (integration, partnerskab)	Hvilke forventninger har I til partnerskabet? Har du allerede oplevet, at samarbejdet i partnerskabet har bidraget med noget – hvordan? Hvor ser du særligt at partnerskabet og samarbejdet mellem forskellige aktører kan bidrage med noget – set fra din stol (fx job og familie)? Hvad skal der til for at det får succes?
Udfordringer restauranten (kontekst, integration, deltagelse etc)	Hvad har været de største udfordringer i forbindelse med at skulle starte restauranten op indtil videre?
	Hvilke udfordringer ser du som potentielle stopklodser på den videre vej?

Udfordringer partnerskabet/samarbejdet (integration, kontekst, partnerskab)	Hvad har været de største udfordringer i forbindelse med at skulle indgå i et partnerskab/samarbejdsprojekt som dette indtil videre?
	Hvilke udfordringer forestiller du dig, kunne opstå i den kommende proces?
Deltagelse/inddragelse/samskabelse (deltagelse, kontekst, integration, empowerment)	Hvilke tanker har I gjort jer ang. inddragelse af beboerne i Tingbjerg?
	Hvad er relevansen af at involvere beboerne i udviklingen af sådan en indsats som restauranten? Hvorfor er det relevant med deltagelse fra dem?
	Hvordan ser du på brugerdeltagelse? Hvad indebærer det for dig? - Hvilke slags deltagelse synes du er relevant? - Skal beboere være med i udviklingen af restauranten – hvordan?
	Hvilke fordele og ulemper er der ved brugerdeltagelse og -samskabelse?

	Hvad er mulighederne og planerne for beboerdeltagelse? - Hvem er i målgruppen? - Hvem skal være med i udviklingen? - Hvornår og hvordan skal de inddrages? Hvilke udfordringer ser du ved brugerinddragelse?
Bæredygtighed (integration, deltagelse, empowerment)	Hvad tror du der skal til for at sikre bæredygtigheden af restauranten? Har du oplevet gode indsatser her i Tingbjerg tidligere som er blevet bæredygtige? I så fald hvordan?
	Hvad er den største udfordring i forhold til at sikre bæredygtighed her i Tingbjerg?
	Hvad er det største potentiale i forhold til at sikre bæredygtighed? Hvad skal der til i et område som Tingbjerg for at forankre en indsats?

Kontekst (Kontekst, integration)	Hvordan vil du beskrive Tingbjerg som ramme for sådan et projekt?
	Hvilke særlige forhold i Tingbjerg skal der tages højde for i udviklingen af en indsats som restauranten?
	Hvad karakteriserer de mennesker som bor her i Tingbjerg og som kunne være interessante at få ind i restauranten? - Hvad er særligt motiverende for dem? - Hvordan tror du de er at samarbejde med? - Er der nogle barrierer i forhold til at skulle arbejde med mange forskellige grupper samtidig? Fx etnisk, alder, konflikter etc? Hvordan er forholdet mellem beboerne og de mennesker som arbejder her i Tingbjerg?
	Hvilken betydning tror du den fysiske ombygning får for partnerskabet og udviklingen af indsatser?

Appendix C. Interviewguide for residents

Interview med deltagere:

Emne	Spørgsmål
Intro	*Interviewet handler om din deltagelse i restauranten og Fælleshaven, og hvordan du har oplevet det. Hvis der er spørgsmål du ikke ønsker at besvare, er det helt fint.* *Interviewet skal bruges til at kunne udvikle restauranten og vide noget om, hvad I som deltagere får ud af at komme. Det er samtidig til mit phd. projekt som ser på, hvordan man kan udvikle en restaurant her i Tingbjerg i samarbejde med beboere. Jeg vil meget gerne optage interviewet – diktafon… samtykke og oplysningsskema…*
Baggrund	Kan du fortælle lidt om dig selv her til at starte med? Hvor lang tid har du boet i Tingbjerg? Har du børn, ægtefælle, arbejde etc? Kender du mange andre her i Tingbjerg?

Kontekst	Hvordan vil du beskrive Tingbjerg som sted?
	Hvordan vil du beskrive Fælleshaven som sted?
	Hvad karakteriserer de mennesker som bor her i Tingbjerg som du ser det?
	Hvordan synes du, det er at bo i Tingbjerg?
Udbytte og motivation for deltagelse	Hvordan fik du at høre om restauranten? Hvorfor besluttede du dig for at deltage? Hvis du skal forklare nogen som ikke kender til Fælleshaven og restauranten hvad du/I laver her, hvordan ville du så gøre det?
	Hvad fik dig til at komme igen?
	Kan du beskrive hvordan en restaurantaften/workshop foregår? Hvad plejer du at lave?
	Hvad har særligt en betydning for, om du vil deltage i restauranten?

	Oplever du, at du lærer noget ved at komme her? I så fald hvad? - Om madlavning? - Sundhed? - Andet? Kan du prøve at fortælle, hvorfor det særligt er disse ting du får ud af at deltage? Eller ikke får ud af det?
	Har det sociale en betydning for dig? Har du lært nogle nye mennesker at kende gennem restauranten? Hvordan er stemningen i restauranten når du har været der?
	Er der noget ved disse workshops eller restauranten som giver dig eller dine børn noget i hverdagen? Har I fx ændret noget i måden I laver mad på derhjemme – den måde I er sammen på etc?
	Hvad vil du beskrive som særligt godt ved workshoppene og restauranten? I forhold til dig selv og i forhold til det praktiske?

Deltagelse og empowerment	Når du deltager, hvor meget bidrager du så selv med? Prøver du fx at lave maden uden hjælp først – hjælper du nogengange de andre?
	Betyder det noget for dig, at der er en til at hjælpe fx Jonn?
	Har din måde at deltage på ændret sig fra første gang du kom og til nu? Føler du dig fx mere selvsikker? Laver du andre ting end da du startede med at komme?
	Er det vigtigt for dig, at du får mulighed for at bidrage selv?
	Er det vigtigt, at du får mulighed for at udvikle dig?
	Er du vandt til at deltage i arrangementer eller projekter som det her? Hvorfor/hvorfor ikke? Hvordan er det foregået andre steder?
	Kunne du godt forestille dig/tænke dig at få mere ansvar i restauranten – fx at være med til at udvikle den eller hjælpe til med menuen etc? Hvorfor? Hvordan ville du foretrække at det sker?

	Er der noget der kunne motivere dig til at deltage endnu mere? I så fald hvad?
	Hvad tror du der skal til for at få flere til at deltage i restauranten?
	Hvornår er det fx svært at deltage? Er der noget der ville afholde dig fra at komme?
Godt og skidt	Hvad har været det bedste ved at deltage i Restaurant Virketrang? Hvordan og hvorfor?

Hvad har været mindre godt ved at deltage? |
| | Er der noget du godt kunne tænke dig skulle være anderledes ved restauranten? |
| | |
| Forhåbninger, ønsker | Hvad håber du, at der kommer til at ske med restauranten i fremtiden? Hvis du helt selv kunne bestemme, hvordan skulle restauranten så være?

I den bedste verden? |
| | |

Bæredygtighed?	Adskiller restauranten sig fra andre indsatser her i Tingbjerg? Hvordan? Har du kendskab til lignende aktiviteter som har eksisteret i Tingbjerg? Hvad skete der med dem?
	Hvad er den største udfordring i forhold til at sikre bæredygtighed her i Tingbjerg? Altså at den kan blive forankret hvor fx beboere bestyrer den. Hvem er der brug for til at støtte op omkring restauranten? Virksomheder, kommunen, en forening…?

Appendix D. Interviewguide for participants in the Tingbjerg Svanholm Cooperation

Interviewguide til interview med deltagere – Tingbjerg-Svanholm projektet

Intro:

Det her er et interview som skal bruges til evalueringen af Tingbjerg-Svanholm projektet, hvor du har været med som deltager. Interviewet har til formål at give os et indblik i projektet fra dit perspektiv med fokus på dine oplevelser. Det handler om dine holdninger omkring projektet så der er ikke noget rigtigt/forkert og vi er interesseret i både de gode og de dårlige erfaringer så vi kan blive klogere på hvad der fungerer.

Vi kommer også til at bruge interviewet i vores sundhedsfremmeforskning på Steno, hvor vi er nysgerrige på hvordan man kan bruge et land/by-samarbejde til at skabe livskvalitet, trivsel, beskæftigelse, socialt samvær og sundhed for borgere. Derfor spørger vi også ind til hvordan du har haft det undervejs i projektet.

Dit navn kommer ikke til at fremgå nogen steder, og vi slører evt. personlige oplysninger så du ikke kan genkendes.

Diktafon:

Jeg vil meget gerne optage interviewet, hvis det er ok med dig? Optagelsen opbevares på et sikkert drev og kun forskere fra Steno har adgang til det. Optagelsen skal udelukkende bruges til transskribering.

Samtykkeerklæring:

Jeg skal bede dig underskrive denne samtykkeerklæring inden vi går i gang. Gennemgang af erklæring + oplysningsskema

Interviewguide – deltagere fra Tingbjerg		
Spørgsmål	**Spørgsmål**	**Interesser**

Baggrund og præsentation	Vil du begynde med at fortælle lidt om dig selv og din hverdag.	Kortfattet: • Migrationshistorie • (flygtning/indvandrer/ hvorfra/hvor længe i dk) • Sundhedshistorie • Beskæftigelseshistorie
	Hvad gav dig lyst til at være med i Svanholm projektet?	• Motivationsfaktorer for tilmelding og fastholdelse
	Hvilke gange har været de bedste på Svanholm?	
	Er der nogle gange eller situationer, hvor du synes det har været mindre godt?	
	Hvad synes du at du har fået ud af at være med i projektet?	
Læring og nye forståelser af mad og råvarer	Oplever du at du har lært noget nyt og brugbart ved at deltage i projektet? … Beskriv	Har du lært noget om fx: • Råvarer • Mad og madlavning • Sundhed • Landbrug
	I hvilke situationer synes du at du har lært mest? (fx ude i marken, eller om eftermiddagen hvor der	

	har været tema om fx bier eller blæksprutter)	
	Har det været vigtigt for dig at lære noget nyt? (forklar)	
Borgernes oplevede sundhed og trivsel undervejs	Hvordan har du haft det undervejs i projektet? Både fysisk og mentalt?	• Sygdom, smerter, andet • Humør, energi, træthed
	Har turene til Svanholm haft indflydelse på hvordan du har det i din hverdag? Enten positivt eller negativt? (forklar / beskriv)	
	Hvordan har du haft det når du er kommet hjem fra Svanholm?	
	Tror du at et projekt som dette – eller aktiviteter som dem I har lavet i projektet – har indflydelse på deltageres sundhed og trivsel?	

Relationer, netværk og sociale potentialer	Hvordan synes du projektet og turene til Svanholm har fungeret rent socialt?	• Nye relationer
	Hvordan har I som deltagere haft det sammen?	
	Har du fået nye venner/bekendte?	
	Hvad har det sociale betydet for dig?	
	Har det sociale været vigtigt for dig?	
Proces og organisering	Hvordan synes du projektets form har fungeret? • ift tidspunkter, antal gange på gården • ift opgaver og aktiviteter Har du fået nok information undervejs om hvad der skulle ske og hvornår?	• logistik • tilfredsfred med aktiviteter • Kommunikation

	Oplever du at du har haft indflydelse på aktiviteter undervejs? Hvornår og hvordan? (hvis ikke, ville du gerne have haft det)	
	Var der noget du savnede undervejs?	
Fremtidig samarbejde Tingbjerg-Svanholm – bidrag og muligheder	Kunne du tænke dig at fortsætte i et samarbejde mellem Svanholm og Tingbjerg, hvis det var muligt?	• Ideer • Motivation
	Har du nogle tanker om hvordan sådan et samarbejde kunne fortsætte?	
	• Hvad skal ændres? Gøres nyt? Gøres mere af?	
	Hvordan vil du gerne bidrage i evt. fortsat samarbejde?	

Appendix E. Observation guides

Observationsguide Tingbjerg (Fælleshaven – ikke restauranten)

	Observationer	**Refleksioner**
Hvad er der sket i dag (hvem, hvad, hvor, hvordan)?		
Hvilken rolle har beboere spillet i dag?		
Stedets fysiske udvikling		
Er der sket noget i partnerskabet eller i relation til samarbejde med andre aktører i og uden for huset?		
Hvordan udspiller samskabelse sig i dag i partnerskabet og med beboere?		
Er der konkrete overvejelser eller læring fra andre projekter eller åbningsgange som er kommet i spil – hvordan?		
Principperne – er de blevet drøftet eller har været i spil bevidst/ubevidst?		
Er særlige udfordringer eller muligheder blevet drøftet eller opstået i dag?		
Kontekst – særlige forhold der er blevet drøftet eller		

som har været synlige i dag i relation til kontekst?		
Hvordan og hvornår kommer programteorien i spil og på hvilken måde bliver den anvendt som værktøj?		

Observationsguide Restaurant Virketrang

	Observationer	Refleksioner
Hvad er der sket i dag? (Tema, slagets gang, hvordan, hvad og hvornår)? Hvem gør hvad? Hvordan er samspillet mellem Jonn og beboerne?		
Hvor mange deltagere?		
Type af deltagere?		
Hvilken rolle har deltagerne haft?		
Hvordan modtager og deltager beboerne i restauranten?		
Hvordan er samspillet mellem beboerne/deltagerne?		
Beboernes observerede eller selvoplevede udbytte i dag?		

Observeret udvikling i udbytte for gengangere?		
Andre observationer?		