NEW LOCAL

Rapid review of community agency and control, as final outcomes, or enablers of place-based interventions to improve community wellbeing.

what works wellbeing

people's health trust

COMMUNITY FUND

Contents

1. Introduction

Addressing inequalities remains one of the most pressing, and complicated, challenges facing society. It is well accepted that inequalities are not caused by a single issue but created by a network of socio-economic and environmental factors which develop within places (Public Health England 2018, Public Health Wales 2018, Scottish Government 2017). Effective interventions to address inequalities therefore require an understanding and examination of the social conditions which impact and perpetuate them. A place-based approach accommodates an examination of population need, specifically at the community level.

As part of that fabric of determinants lie the key factors of agency, power and control. The Marmot Review and its "10 Years On" report (Marmot 2010, Marmot 2020) both argue that having control over one's life is critical to an individual's health and wellbeing. This is seen in the data all the way up to national level where, according to the World Happiness Report (2023), having the freedom to make life choices is one of the six factors that explain the variation in national wellbeing between countries. The absence of control is considered a health and wellbeing issue because it can exacerbate stress. As the People's Health Trust noted, lacking control and influence can impact self-confidence, motivation and self-esteem, which is heightened in areas of higher deprivation where residents have reported feeling even less listened to (People's Health Trust 2022).

Neighbourhood belonging, social connectedness and community control are key determinants which can be addressed by local action. The What Works Centre for Wellbeing (WWCW) has reviewed evidence on the first two, belonging and connectedness, (What Works Centre for Wellbeing 2022), and this review on community agency, control and power addresses the third. New Local's own previous research (New Local 2022) found that people generally wanted more local influence and control over the decisions which impact them. While of course not everyone desires more influence, it is noteworthy that only 27% of respondents to the Community Life Survey in England agreed they were able to influence decisions (Department for Digital, Culture, Media and Sport 2021).

This review of available literature sought to identify the drivers and enablers behind these findings. It sought to draw out impacts of community agency, power and control within place-based interventions, by focusing on those studies which used collective action to improve community wellbeing.

Much research considers elements of community involvement in terms of outcomes; either adopting participatory research methods or reviewing place-based pilots or specific programmes. What is less known is whether the element of collective action resulted in changes to community wellbeing.

Through a rapid review of peer-reviewed evidence, grey literature, and evaluations of projects and activities, we set out to understand:

1. What evaluation research has been carried out to assess the effectiveness of collective action on community wellbeing outcomes?

2. What are the key findings on the effects on community control and power at the community level?

3. What are the common features of changes to collective agency, control, and power at the community level?

Evidence of the impact of place-based interventions on community wellbeing outcomes can be drawn from various intersecting research fields from across the world, from health to social policy – each with their own epistemological and methodological approaches. As a result, we adopted a broad definitional approach to our core review measures to capture the widest range of valuable studies.

Agency is the capability of achieving change or action when needed (Malqvist 2018).

Control is a collective and an individual measure where people are able to take their own decisions, but which is enabled through effective levels of agency and power.

Power can be defined as having a political voice, democratic participation, inclusion, access to local resources and opportunities, and a sense of collective control and influence (What Works Centre for Wellbeing 2017).

Place-based interventions can be defined as 'any intervention, policy, programme, or action delivered at a local or regional level, excluding national level interventions' (McGowan et al 2021).

While interventions may extrapolate national findings, the primary aim of the research should be focussed on a local or hyper-local geography.

This study adopts the definition of community wellbeing used by Wiseman and Brasher (2008), where:

"Community wellbeing is the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential".

Based on previous research conducted by the What Works Centre for Wellbeing as well as discussion with the project advisory group, this study adopted the following outcome measures of community wellbeing in order to capture sufficient relevant studies: health, economy, education, transport, employment, cultural facilities, shops, public spaces, sense of place, sense of belonging, trust, inclusion, social relations, security, environment, connectivity, sustainability, inequality, cultural heritage and inter-generational relations.

The methods section provides an overview of the key stages of the review. Three broad types of intervention were categorised: large scale placed based interventions, community, and arts, health, and public spaces. Our results section discusses this in more detail.

2. Methods

2.1 Overview of Method

This study was designed using a rapid review approach to answer the research questions set out above. The authors consulted with the What Works Centre for Wellbeing evidence review guide (What Works Centre for Wellbeing 2019) as well as an advisory group of academics and practitioners on study design.

This evidence review was undertaken through three research strands:

1. Review of the peer reviewed evidence

2. Review of the grey literature

3. A call for evidence

These are set out in the section below, with a summary of the key phases of work shown in the diagram below.

2.2 Data Sources and Search Strategy

For the peer reviewed evidence, the following databases were searched:

- Medline
- Scopus
- Cochrane Library
- ERIC
- ASSIA

In addition to the peer reviewed database search, grey literature was identified from the following sources, identified in collaboration with the project advisory group:

- Institute for Community Studies Repository
- Local Trust Insights Library
- The National Lottery Community Fund Insights Library
- People's Health Trust Publications
- What Works Centre for Wellbeing Evidence Hub
- Gov.uk Publications
- Open Grey Database

A call for evidence was prepared and hosted on New Local's website and was publicised on social media and by the funders and associated contacts. To ensure manageability and relevance of responses, the submission form included eligibility criteria and mandatory fields. Specifically, all projects, initiatives, research outputs and programmes shared had to have community agency, community wellbeing and place-based components. The call for evidence is provided in Appendix A.

2.3 Inclusion Criteria

The inclusion of peer reviewed journal articles was defined by the PICOS (Table 1). PICOS; Population, Intervention, Comparison, Outcome and Study design is a framework used in systematic reviews to formulate eligibility criteria for studies. Test searches were initially undertaken using a selection of the peer reviewed databases. Following this, in collaboration with the project advisory group the PICOS was revised to modify the community wellbeing outcomes. The initial advisory group meeting focused on PICOS and search terms. Both were adapted following this meeting, with changes made to the wellbeing outcomes and to focus on community outcomes rather than individual outcomes. Adaptations from this alongside wider reading around the WWCW Community Wellbeing

portfolio, and discussion with the New Local project sponsor – who has experience in wellbeing studies – resulted in the PICOS and search terms below.

The following table sets out the final PICOS that was used for this review. Further details of the search strategy, including the search terms used, are found in Appendix B. The search terms and strategy for the grey literature search is set out in Appendix D. It should be noted that for studies to be included in the review, they must have clearly articulated the community agency elements of the evaluation or research. This removed any studies where it was more probable that communities were consulted only or were passive recipients of interventions that were designed in their absence.

Table 1: PICOS

Type	Criteria
Community Agency	Studies must have a community action or resident-led component or employ collective empowerment strategies to affect change at a local level.
Population	Exclude if not from OECD High income countries: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom, United States.
Intervention	Any **place-based** intervention delivered to communities that impacts on one or more target areas of community wellbeing focusing on interventions that apply at community or neighbourhood level.
Comparators	Quant: Pre- and post-intervention measures.
Outcome	Community wellbeing defined as subjective and objective aspects that are of interest at the level of a community as opposed to individual, national or international levels (Atkinson et al., 2020). Reports on one or more community wellbeing outcomes defined as: health, economy, education, transport, employment, cultural facilities, shops, public spaces, sense of place, sense of belonging, trust, inclusion, social relations, security, environment, connectivity, sustainability, inequality, pride, community safety, cultural heritage, inter-generational relations, pride.
Study designs	All except for small case study-based items, opinion/letters to editor, scoping or narrative reviews or abstract only studies. Must be retrievable.

2.4 Study Selection

The screening of titles and abstracts was undertaken by four people, with a process of dual review. A fifth team member screened a sample of ~25% of the articles to ensure consistency in decision making amongst all four team members.

This screening process resulted in a series of additional inclusion challenges for specific studies, which were discussed and agreed amongst the project advisory group. These are outlined in Appendix D.

Upon completion of title and abstract screening, full papers were obtained and reviewed by the core team of four. Again, a fifth team member reviewed a sample of ~ 25% and confirmed consistency across the group.

A summary of this process and the search results are shown in the PRISMA flow diagram in Appendix E.

2.5 Data Extraction and Critical Appraisal

Data extraction and critical appraisal was conducted by two team members. Critical appraisal was undertaken using the Mixed Methods Appraisal Tool (MMAT) (Pluye et al 2011). The New Local project team opted to use the MMAT quality appraisal tool given the need for a tool that could account for the varied methodologies of the included studies. The tool was proposed at the project advisory group. Although the What Works Centre evidence review methods guide includes appraisal tools, MMAT was preferred by the project team due to the magnitude of studies sought through the database searches, as the MMAT tool presented an efficient and consistent way to appraise studies that used a wide range of methodologies (qualitative, quantitative and mixed methods). The tool was completed using the checklist and assigning each criteria/question in the tool a score of 0 for *No*, 0.5 for *can't tell,* and 1 for *yes.* This resulted in a score for each study. The drawback of the MMAT tool is that given the need to cover a range of methodologies, the criteria/questions asked in the tool do not enable the more in-depth appraisal of studies that would be achieved through the use of more bespoke tools such as those recommended in the WWCW evidence review methods guide.

Data extraction was conducted using the extraction template provided by the WWCW. This included the following topics:

- Study reference and year
- Study design and method

- Theme of intervention
- Population category, number and geography
- Intervention type, description, sample size and data collection information
- Comparator description and data collection information
- Outcomes and results
- Level of confidence in the results
- Whether the study is COVID-19 related, has intentionally captured negative impact, or has captured disparities.

2.6 Reporting/Narrative Synthesis

The synthesis focussed on the key findings of the effects of community control, agency and power on community wellbeing. The studies have been organised by intervention type, which have then been grouped into three types: large scale placed-based interventions, community, and health, arts and public spaces. The authors used excel to capture data pertaining to studies, data, methods, and outcomes, two researchers summarised data and cross checked.

2.7 Input from the project advisory group

This study drew heavily on the project advisory group of academics and practitioners through all phases of the work. The key aspects in which the advisory group helped to guide this study are summarised below.

Phase 1: Design

- Provided advice on the scope of the study and the research questions.
- Helped shape the search strategy, including:
    - which data sources to use (the grey literature sources).
    - defining the PICOS – the inclusion of additional wellbeing outcomes & focussing on community outcomes rather than individual (with regards to health outcomes); and
    - the inclusion/exclusion criteria (see Appendix B).

Phase 2: Search

- Provided advice on additional inclusion challenges which arose during the screening process. These challenges are outlined in Appendix E.
- Discussion surrounding critical appraisal tools, including suggestion to use of the MMAT tool (explained above).

Phase 3: Synthesis and Key Findings

- Reviewed, and provided feedback on the draft report, (in addition to a group of external QA reviewers that had not been part of the advisory group).

Phase 4: Reporting

- Co-designed the report recommendations.

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3. Results

3.1 Overview of studies

A total of 27 studies were included from the three search arms: peer reviewed evidence (database search), grey literature search and the call for evidence. Of the 27 studies, 17 were identified through the database search, a further eight were identified through a systematic search of the grey literature and two were included from the call for evidence. Of the eight studies from the grey literature search, six were sourced from the Institute for Community Studies Repository and two were sourced from the People's Health Trust Publications. The characteristics of the 27 studies are described in Table 3 below.

The studies were organised into three sections, grouped by intervention type. These are:

- Large scale place-based interventions (n =8): includes research from funded, multiple site programmes such as the Big Local Programme.

- Community (n = 9): includes evidence associated with community empowerment, business, and grants.

- Arts, Health, and Public Spaces (n = 10): includes evidence on interventions focused on specific arts, health, places and spaces.

Studies reported several community wellbeing outcomes, those that were measured most often were:

Frequency of Community Wellbeing Outcomes Reported in Studies

Outcome	Frequency
Social Relations	11
Connectivity	10
Community Control	9
Community Health	6
Pride	5
Sense of place	4
Sense of belonging	4
Safety/ Security/Trust	3
Social participation	3
Employment	2
Education	1
Inequality	1
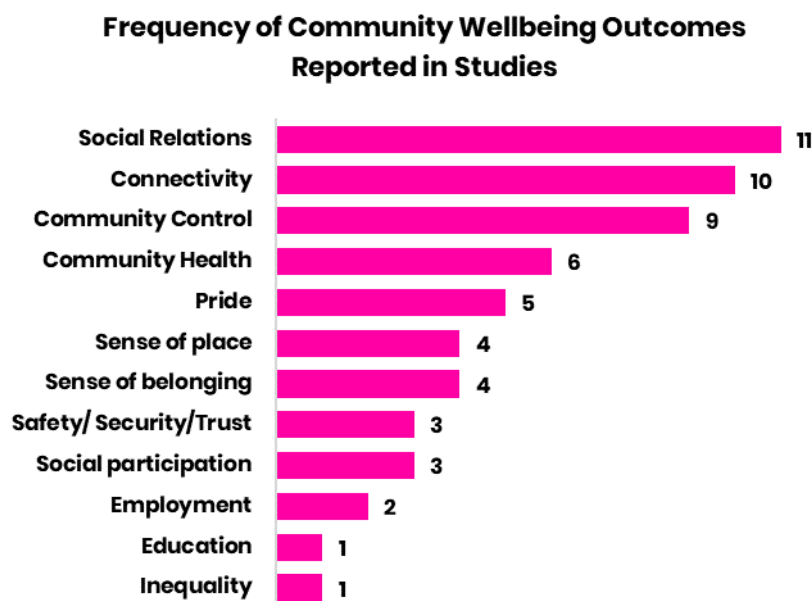
Studies were undertaken in the UK, USA, Europe, Japan, and Australia and cover the time period from 2008 to 2022 (please note that the search strategy included studies from 1990 – 2023).

3.2 Methods and Quality Assessment

The studies included within this review range in methodologies and methods. Studies adopted qualitative research designs (n=12), quantitative (n = 6) and mixed methods (n=9).

Several studies utilised survey-based methods, interviews or focus groups. Some studies utilised quasi experimental methods including difference in difference design. One study presented findings from a cluster nonrandomised controlled trial.

3.3 Level of confidence in results

The MMAT tool (Pluye et al 2011) provides two general questions for all studies, followed by five method specific questions. Therefore, all scores for critical appraisal were between 0 and 7. Overall confidence in study, including design, conduct and reporting of the study was interpreted using the overall checklist score. The MMAT tool uses yes, no or can't tell in response to each question. The research team adopted a score of 1 for yes, 0.5 for can't tell and 0 for no. Level of confidence reflected overall scores as indicated below:

Low confidence: Less than 3 (0 studies)

Moderate confidence: 3-5.5 (7 studies)

High Confidence: 6-7 (20 studies)

Six evidence items were submitted through the call for evidence, two studies were appraised and included in the analysis. Of the six submissions. four of these were excluded due to duplication, prospective study, no results, or no relevant community wellbeing results as defined for this study. Please see Appendix A for an overview of the call for evidence and Appendix C for a summary of submissions.

Table 3: Characteristics of studies:

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
LARGE SCALE PLACE BASED INTERVENTIONS (LSPBI)								
McGowan, VJ, J. Wistow, S.J. Lewis, J. Popay, C. Bambra. 2019. Pathways to mental health improvement in a community-led area-based empowerment initiative: evidence from the Big Local 'Communities in Control' study, England. Journal of Public Health Vol. 41, No. 4, pp. 850–857	**LSPBI** *(community empowerment).* Big Local provided 150 deprived areas in England with at least £1m of funding to improve the local area based on priorities decided upon by the community. The focus of Big Local was on resident led, long term improvements through empowering communities to achieve their own ambitions.	Big Local Partnership members from 15 Big Local areas (n = 48)	Areas in England that are part of the Big Local initiative	Comparing improvement in outcomes	• Community Control • Satisfaction with area (pride) • Local Relations (people from different backgrounds get along) • Sense of belonging	The study demonstrates that pathways to health improvement stemming from community empowerment initiatives are varied. The results show configurations of improvement or neutral/negative across the four community wellbeing outcomes. 16 cases show neutral/negative outcomes across all four community wellbeing outcomes. A range of configurations demonstrated positive change relating to local relations and a smaller number demonstrating positive outcomes relating to community control, satisfaction with area and sense of belonging. An improvement in neighbourhood belonging was associated with improvements in mental health outcomes.	Qualitative comparative analysis of longitudinal survey data. Surveys undertaken 6 months apart, focused on mental health, general health, community control, area belonging and satisfaction, social cohesion, and safety.	7
Stafford M, Nazroo J, Popay J M, Whitehead M. 2008. Tackling inequalities in health: evaluating the New Deal for Communities initiative. J Epidemiol Community Health 2008;62:298–304. doi:10.1136/jech.2006.058628	**LSPBI** *(Programme of area based local regeneration initiatives)* New Deal for Communities created 39 partnerships across areas of deprivation in England, each area of approximately 10,000 people.	Population over the age of 16 in New Deal Communities initiatives areas or comparator areas (n = 11,367)	39 areas across England that are part of the New Deal Communities Initiative	Comparing New Deal for Communities initiative areas with comparator areas	• Employment • Education • Satisfaction with local area (pride)	Improvements were seen in NDC areas for satisfaction with place, this was statistically significant. Small overall improvements were seen across all domains in NDC areas, including education and employment. However, similar	A longitudinal survey, taken 2 years apart, of 10,390 residents in New Deal for Communities areas and 977 residents in comparator areas in England.	6.5

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
	Each funded by an average of £50m over 10 years.					improvements were also seen in comparator areas. In NDC areas, higher educational groups were more likely to stop smoking, less likely to develop a limiting long-term illness, more likely to find employment and more likely to participate in education or training. Overall, evidence from two-year follow-up does not support an NDC effect, either overall or for particular population groups.		
Egan M, Abba K, Barnes A, Collins M, McGowan V, Ponsford R, Scott C, Halliday E, Whitehead M & Popay J. 2021. Building collective control and improving health through a place-based community empowerment initiative: qualitative evidence from communities seeking agency over their built environment, Critical Public Health, 31:3, 268-279,	**LSPBI** *(collective control over built environment).* Big Local provided 150 deprived areas in England with at least £1m of funding to improve the local area based on priorities decided upon by the community. The focus of Big Local was on resident led, long term improvements through empowering communities to achieve their own ambitions.	Big Local area stakeholders, including members of the Partnership, Big Local representatives providing support to the Partnership, and relevant stakeholders and decision-makers working across the area. (n = 280)	15 areas in England that are part of the Big Local initiative	Comparing pre and post intervention	• Health	The study found that collective agency might improve communities' socio environmental determinants of health over time. Barriers to empowerment may also inhibit improvements.	Qualitative interviews and focus groups, plus data collected in two phases two years apart.	7
Townsend A, Abraham C , Barnes A, Collins M, Halliday E, Lewis S, Orton L , R. Ponsford R , Salwayc S, Whitehead M, Popay J.	**LSPBI** *(role of money in community empowerment).*	116 participants across 10 Big Local Partnerships	10 Big Local areas in England	Post intervention	• Social relations • Inequalities	Tensions with local relationships associated with the investment also inhibited power to act.	Qualitative data generated during phase 1 of the communities in control study.	7

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
2020. "I realised it weren't about spending the money. It's about doing something together:" the role of money in a community empowerment initiative and the implications for health and wellbeing. Social Science & Medicine, 260.	Big Local provided 150 deprived areas in England with at least £1m of funding to improve the local area based on priorities decided upon by the community. The focus of Big Local was on resident led, long term improvements through empowering communities to achieve their own ambitions.					Giving control over money to communities that are bearing the brunt of social inequities can support the development of the power they require to exercise greater collective control over the social determinants of health. This could possibly lead to a reduction in health inequalities.		
Resources for Change. 2016. Research into the impact of Big Local: Impacts Found.	*LSPBI* (role of money in community empowerment). Big Local provided 150 deprived areas in England with at least £1m of funding to improve the local area based on priorities decided upon by the community. The focus of Big Local was on resident led, long term improvements through empowering communities to achieve their own ambitions.	Residents in 20 Big Local areas (n = unspecified)	20 Big Local areas in England	Comparing improvement in outcomes	• Community Control • Sense of place • Pride	• Improved community spirit. • Making the area nicer and people's improved perceptions about the area. • Having a voice	Qualitative mixed action research, comprising interviews, documents reviews, action research sessions and workshops	5.5
People's Health Trust, New Economics Foundation and Leeds Beckett University. 2020. Local People programme evaluation: A summary.	*LSPBI* (role of money in community empowerment). The Local People Programme provided funding for 29 projects in areas of high deprivation. The projects addressed priorities that were deemed important by residents who decided how the money was used. Each project received grant	Residents in 29 projects in the Local People Programme, all within the 30% most deprived areas in the UK (n = 1089)	Deprived neighbourhoods in England, Wales and Scotland		• Community control • Connectivity	The study found evidence that social connections have improved as people have got together through events and activities. The programme has helped people feel more confident and developed their knowledge, understanding and Skills. Many of these people have increased feelings of control and empowerment.	Mixed qualitative study comprising survey, case studies, interviews and self-evaluations	5

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
	funding of £40-£85k per year. Projects were initially funded for two to three years, with the intention to be extended to eight years.					The evaluation found that enjoyment, a sense of belonging and community spirit all increased, improving people's quality of life. There is only limited evidence that projects have increased local residents' influence over those in positions of power. There is also limited evidence that the programme is addressing the social determinants of health, beyond the foundations of social connections and increased control.		
Ecorys and People's Health Trust. 2020. Active Communities 2020 Evaluation Summary.	**LSPBI** *(role of money in community empowerment).* People's Health Trust established Active Communities in 2012 - targeted at disadvantaged neighbourhoods. £5-£50k of grant funding over two years for locally determined ideas, in order to strengthen social connections and encourage greater collective control.	Residents and local organisations in neighbourhoods included in intervention (n = 350)	Neighbourhoods experiencing social and economic disadvantage and health inequalities in England	Data collection and analysis conducted throughout the project	• Connectivity • Community Control	Outcomes regarding overcoming or reducing social isolation were very positive. The results were very positive about the ways in which project activities had supported people to come together and boosted social connections. Evidence from the study also suggests that the benefits from involvement in project activities could also be achieved for participants without a substantial time commitment. There were positive results regarding developing individual and collective action and control. Projects were able to demonstrate this in different ways, including sense of ownership leading to	Mixed methods study comprising surveys, database analysis, document review, interviews and focus groups.	6

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
						more confidence and empowerment, and seeing their contribution linked to wider community benefit. There was limited evidence to support the suggestion that over time, projects improve their ability to sustainably embed their capacity to support the transfer of control.		
New Economics Foundation and People's Health Trust. 2022. Evaluating the impact of Local Conversations 2016-2021.	**LSPBI** *(role of money in community empowerment).* The Local Conversations Programme supports residents in 12 neighbourhoods of high deprivations to collaborate and engage in dialogue, decision making and action, and provides grant funding to enable them to deliver interventions to reduce health inequalities.	Residents and local organisations in the Local Conversation neighbourhoods (n = 2,852)	13 Neighbourhoods experiencing disadvantage and health inequalities in Great Britain	Comparing pre and post intervention	• Community control • Social relations • Connectivity • Community health	The evaluation found positive short-term outcomes including an increase in social connectedness and in particular that this was a lifeline during COVID-19, and an increase in residents' capacity for influencing local decision makers. Longer term outcomes include an increase in "Control in Life", which refers to control over conditions that fundamentally impact people's health, and an increase in residents' social wellbeing.	Mixed methods study comprising case studies of Local Conversations projects, a longitudinal survey of residents participating in the projects and an annual survey of lead project organisations' staff.	6
				COMMUNITY				
Lalot, F, Abrams D, Broadwood J, Davies Hayon K, Platts-Dunn I. 2022. The social cohesion investment: Communities that invested in integration programmes are showing	**Community** *(strategy and investment)* The Integrated Communities Action Plan funded five English local authorities (Blackburn with Darwen,	Residents in the intervention and control local authorities (n = 2,924)	Local Authorities in England, Scotland and Wales	Comparing intervention and control areas	• Social relations • Safety/ security/ trust • Social participation	Integration and cohesion areas showed higher levels of social cohesion on all indices. Specifically, this includes higher political trust, more positive attitudes towards immigrants, and	Quasi-experimental study that uses structural equation modelling based on surveys in intervention and control areas.	6.5

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
greater social cohesion in the midst of the COVID-19 pandemic. J Community Appl Soc Psychol. ;32:536–554.	Bradford, Walsall, Waltham Forest and Peterborough) to serve as a test case that would develop local place-based integration plans and programmes over a 2-year period. Each local area developed a local strategy and programme of activities tailored to the issues impacting integration locally.					more engagements in more social actions during the past month, greater trust in other people to respect COVID-19 government restrictions and finally greater personal relationships during lockdown than respondents from other areas.		
Bartholomaeus J, Joseph E, Van Agteren M, Iasiello M, Jarden A & Kelly D. 2019. Positive Aging: The Impact of a Community Wellbeing and Resilience Program, Clinical Gerontologist, 42:4, 377–386, DOI: 10.1080/07317115.2018.156158 2	***Community*** *(Peer learning/ training)* A multi-component wellbeing and resilience program consisting of weekly training sessions, and optional mentoring/ peer support for older adults and their carers.	Older adults and older adult carers in the intervention area (n = 63)	Large outer-metropolitan council in Adelaide, Australia	Comparing pre and post intervention, and between participants and control group	• Social relations	The intervention group of older adults reported lower levels of perceived social isolation, but no differences in wellbeing, resilience, or optimism. These findings suggest the wellbeing intervention had a better impact on older adult carers than on older adults from the general population	Quantitative study using a pre and post intervention survey with program participants and a natural control group.	6.5
Cruwys T, Fong P, Evans O and Rathbone J. 2022. A community-led intervention to build neighbourhood identification predicts better wellbeing following prolonged COVID-19 lockdowns. Front. Psychol. 13:1030637. doi: 10.3389/fpsyg.2022.1030637	***Community*** *(community empowerment)* Neighbour Day is a campaign that advocates for and empowers people to organise bespoke activities in their local communities that build social cohesion. Neighbour Day is not organised centrally by any one organisation or group – instead, it is a grass-roots initiative that involves thousands of unique events being conceived and led by	Residents in 564 neighbourhoods involved in the intervention (n = 1,327)	564 neighbourhoods in Australia	Comparing pre and post intervention and between participants and non-participants	• Connectivity • Sense of place	Neighbour Day participants had significantly higher neighbourhood identification, experienced greater social cohesion, and had larger neighbourhood social networks. Between timepoints, the majority of the sample experienced prolonged lockdowns to prevent COVID-19 transmission, and so unsurprisingly, wellbeing declined, and psychological distress increased. However, Neighbour Day participants were protected against these negative mental	Quantitative study using a pre and post intervention survey with participants and non-participants.	6.5

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
	"hosts" within each target community.					health effects of lockdown. These benefits of Neighbour Day participation were mediated via neighbourhood identification. A small number of study participants expressed concern about the activities in their neighbourhood and addressed aesthetic and process limitations.		
Torres-Harding, S Ashley Baber A, Hilvers J, Hobbs N, Maly M. 2018. Children as agents of social and community change: Enhancing youth empowerment through participation in a school-based social activism project. Education, Citizenship and Social Justice 13(1).	***Community*** (Social Activism) Grassroots Campaign (GRC) is a year-long classroom-based activism project. These campaigns are student centred, in that children think about how the problem affects their own lives, and the children work collaboratively to design and implement the project.	School children aged 5-14 across schools in Roosevelt, USA (n = 32)	Schools in Roosevelt, USA	Comparing improvement in outcomes	• Community Control (empowerment) • Sense of place •	Students articulated a shared sense of belonging, shared influence, and a shared responsibility to do something about the problems within their communities. Students also reported that they enjoyed helping others, working collectively, and knowing they could help set a good example for others within the community. The study found that students took pride in their community through involvement and understanding how the community is interconnected and, in their ability, to work for positive change.	Qualitative interviews	6
Local Trust and IVAR. 2022. Community grants in Big Local areas. Community-grants-in-Big-Local-areas.pdf	***Community*** (community grants) Big Local provided 150 deprived areas in England with at least £1m of funding to improve the local area based on priorities decided upon by the community. The	Residents in four Big Local areas (n = unspecified)	Four Big Local areas in England: Hateley Cross, Kingsbrook & Cauldwell, Rastrick and Roseworth	Comparing improvement in outcomes	• Community control	This study found that across the four partnerships, community grants are helping to enhance community control by providing a means and impetus to engage with the community and reach out to new groups. Community grants also give residents agency and control over	Qualitative mixed action research, comprising interviews, documents reviews, action research sessions and workshops	5.5

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
	focus of Big Local was on resident led, long term improvements through empowering communities to achieve their own ambitions.					how small pots of money are spent, providing a means to have direct control over local resources.		
O'Flynn L, Jones N and Jackson-Harman K. Power to Change. 2022. Empowering Places: Impact on the community and wider place.	**Community** (*Community business /holistic*) Empowering Places provides up to £1m of funding to locally rooted 'catalyst' organisations in six areas of high deprivation to support the development of community businesses in their area through access to one-to-one support, capacity support providers & grant funding.	Community business in six areas of high deprivation (n = unspecified)	Six areas of high deprivation in England: Devonport and Stonehouse in Plymouth, Braunstone in Leicester, Manningham in Bradford, Nunsthorpe and Bradley Park in Grimsby, Wigan and Hartlepool	Comparing improvement in outcomes	• Connectivity • Employment	The study identified improvements in connections and relationships in five of the six areas (2018–early 2020), including statistically significant findings on increased diversity of friendship groups across ethnic, religious and education backgrounds, and increased connections and trust between residents, stakeholders and policymakers. The study also identified improvements to the local economy through additional money coming into the area through successful funding applications, more disposable income for members, and reduced unemployment.	Mixed methods study comprising interviews with stakeholders, ethnographic videos, and analysis from the Community Life Survey	6
Coutinho, S., Hamlyn, R., Smith, K. and Williams, J and Power to Change. 2021. Empowering Places? Measuring the impact of community businesses at neighbourhood level	**Community** (*Community business /holistic*) Empowering Places provides up to £1m of funding to locally rooted 'catalyst' organisations in six areas of high deprivation to support the development of community businesses in their area through access to one-to-one support,	Community businesses in six areas of high deprivation (n = 2,262)	Six areas of high deprivation in England: Devonport and Stonehouse in Plymouth, Braunstone in Leicester, Manningham in Bradford, Nunsthorpe	Comparing pre and post intervention	• Pride • Sense of belonging	In all six areas, and on both measures of belonging, there was no indication of any impact of the programme at an overall level, once changes over time in the comparison samples had been considered. Although there were no significant changes at an overall level, there were some negative shifts at a more granular level	Qualitative interviews	5.5

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
	capacity support providers & grant funding.		and Bradley Park in Grimsby, Wigan and Hartlepool			There was indicative evidence of a positive impact on aspects of community pride and empowerment in one area, however other trend finding was either negative or neutral.		
Centre for Local Economic Strategies. 2019. Building an inclusive economy through community business. The role of social capital and agency in community business formation in deprived communities	**Community** (*Community business*) This study explores three deprived communities, in south Liverpool, west Hull and north Smethwick, which vary by the extent to which community business are flourishing.	Community businesses in three areas (n = unspecified)	Three areas in England: South Liverpool, North Smethwick, and West Hull	Comparing intervention area against two control areas	• Social participation • Connectivity	The evidence in this study highlights the potential of community businesses to reduce social exclusion. High levels of social capital facilitate networks and relationships that have the potential to offer social support, a collective identity and increase self-esteem, as well as developing a feeling of control over their economy and economic potential.	Mixed methods study comprising a survey based on the ONS social capital harmonised survey question set, and interviews	6
Wilkie L, Roderick S, Fisher Z, Dray A, Granger P, Haddon Kemp A. 2023. Building Wellbeing Through Local Communities: A Mixed Methods Study Using Psychophysiology, Structural Equation Modelling and Ripple Effects Mapping.	**Local Area Coordination.** LAC is a model of support which focuses on identifying and supporting those who need help before they hit crisis and working towards building an inclusive supportive community around them.	n = 14 (10 female and 4 male participants. Age ranged from 30 to 85 years old all white ethnicities.	Local area Coordinator area of Swansea	Pre and post	• Connectivity	The study found that the personalised approach offered through LAC builds rapport with coordinators, and leads to improved community integration and connectivity Through increased community agency, communities identify opportunities to promote health and wellbeing through increased social identity, social capital, local relationships, physical activity and time spent in nature	Mixed-methods design including data from psychophysiological synchrony, a quantitative survey, and qualitative ripple effects mapping	5.5
ARTS, HEALTH AND PUBLIC SPACES								
Timmermans EJ, Reinhard E, Ruijsbroek A, Huisman M,	**Arts, Health and Public Spaces** (*Urban regeneration*	Adults aged 55-85 in 11	Deprived neighbourhoo	Comparing pre and post	• Social relations	No statistical evidence was found that exposure to the intervention	Difference-in-difference approach was used to	6.5

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
Avendano M. Regeneration of deprived neighbourhoods and indicators of functioning in older adults: A quasi-experimental evaluation of the Dutch District Approach. Health Place. 2020 Jul;64:102359. doi: 10.1016/j.healthplace.2020.102359. Epub 2020 Jun 14.	/ Community Centred Approach) An urban regeneration programme in 40 of the most deprived districts in 18 cities in the Netherlands. Each district implemented a set of interventions tailored to suit specific local needs, focused on five policy areas: improving employment, income, education levels, housing conditions, and physical neighbourhood environment.	municipalities in 3 culturally distinct regions in the Netherlands (n = 1,092)	d located in 11 municipalities in the Netherlands	intervention, and between intervention and control districts		significantly influenced loneliness, social engagement, social isolation, physical activity, and anxiety and depressive symptom	assess the difference from pre intervention to post intervention period, between target and control districts.	
Walters K, Marshall M, Wilkinson AN, and Duxx Natividad M. 2022. An Intentionally Designed Walking Program for Seniors Results in Enhanced Community Connection. Journal of Aging and Physical Activity, 30, 44-53	**Arts, Health and Public Spaces** *(Health)* A programme that provides residents of a senior living facility the opportunity to increase social connections through participating in purposeful walking activities in a social group each month. Over an 8-month period, participants completed at least six out of eight monthly walks.	Residents in an independent living community in a metropolitan city that houses mothers, fathers, and other people affiliated with the military (n = 19)	An independent living community in the USA	Improvement in outcomes post intervention	• Pride • Social relations • Sense of belonging • Safety/ security/ trust	One of the most reported benefits of the walking program revolved around making new friends. Most of the participants discussed feeling an increased sense of connection with the other participants who were part of the walking program.	Qualitative focus groups	6
Kleijberg, M, Ahlberg, BM, Hilton, R, Tishelman, C. 2020. Death, loss and community—Perspectives from children, their parents and older adults on intergenerational	**Arts, Health and Public Spaces** *(Arts)* A community-based initiative in which children (9 y/o) and older adults	Older adults, children, and the parents of children involved in the arts initiative (n = 16)	A multi-ethnic urban area just outside a large city, & a mid-sized town in Sweden	Improvement in outcomes post intervention	• Social relations • Sense of belonging	Participants acted as individuals with agency in connecting across generations and in creating spaces for engaging with EoL-topics, not only in the intervention but also in their	An inductive qualitative process guided by interpretive description	6.5

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
community-based arts initiatives in Sweden. Health Soc Care Community. 2020; 28: 2025– 2036.	(Mostly 80+) engaged with topics related to dying, death and loss through five workshops consisting of shared arts activities, such as collage, sculpture, games.					social networks. Participants reflected on a changing sense of community through <u>new intergenerational connections and social activities and expressed a desire to maintain these</u>. However, participants indicated sustainability challenges related to lacking agency in maintaining these spaces and sense of intergenerational community, as they rely on support from community organisations.		
Harada K, Masumoto K, Katagiri K, Fukuzawa A, Touyama M, Sonoda D, Chogahara M, Kondo N and Okada S. 2021. Three year effects of neighborhood social network intervention on mental and physical health of older adults, Aging & Mental Health, 25:12, 2235-2245	***Arts, Health and Public Spaces*** (*Arts/ events*) An event-based intervention where the events were developed with the Tsurukabuto community, who were also the participants. Events included musical entertainment, lectures about sleep and health promotion, moon viewing, academic festival, gardening classes, and group walking.	Residents of the Tsurukabuto community aged 60+ (n = 173)	The Tsurukabuto community in Japan	Comparing pre and post intervention	- <u>Social relations</u> - <u>Community health</u>	This study found that participation in the event-based intervention program was <u>indirectly associated with mental well-being mediated by the increase in strong ties among older adults.</u> The results indicated that the <u>increase in neighbourhood social network</u> induced by the intervention prevents decline in mental well-being among older adults	Quasi-experimental study using pre and post intervention survey undertaken three years apart.	6
Seino S, Tomine Y, Nishi M, Hata T, Fujiwara Y, Shinkai S, Kitamura A. Effectiveness of a community-wide intervention for	***Arts, Health and Public Spaces*** (*Community wide intervention on functional/population level health*)	Older adults (65-84) in 18 districts in Ota City, Tokyo,	18 districts in Ota City, Tokyo, Japan	Comparing pre and post intervention, and between intervention	- <u>Social participation</u> - <u>Safety/ security/ trust</u>	This intervention increased awareness in intervention group <u>and improved population-level functional health</u> in intervention subgroups in the short term but	Cluster non-randomized controlled trial	6.5

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
population-level frailty and functional health in older adults: A 2-year cluster nonrandomized controlled trial. Prev Med. 2021 Aug;149: 106620	This intervention focussed on incorporating frailty prevention content, into all settings of daily community activities, such as information materials posted in shops, adding frailty to educational event programme, and the introduction of a squat challenge. It was developed using a PAR framework, where researchers and the community work collaboratively to problem solve in specific systems.	Japan (n = 11,701)		and control districts		was not effective for population-level frailty prevention at 2 years. The intervention resulted in improvements for participants in social isolation, trust in neighbours and social participation.		
Semenza J, March T. 2009. An Urban Community-Based Intervention to Advance Social Interactions. Environment and Behavior Volume 41 Number 1	*Arts, Health and Public Spaces* (Public Space Redesign) This intervention worked with low- to moderate-income, urban communities to create pleasant amenities in the public right-of-way, including ecologically built information kiosks, benches, trellises for hanging gardens, and interactive art features such as large street paintings and art walls.	Adult residents in low to moderate income neighbourhoods (n = 265)	Three low to moderate income neighbourhoods in Portland, Oregon	Comparing pre and post intervention	• Connectivity • Sense of place • Social relations • Community health	53% of residents rated their neighbourhood better than before the intervention. 30% of residents mentioned increased social interactions, 13% revealed an enhanced sense of place, 43% described neighbourhood participation, and 20% discussed aesthetic aspects of their local environment. The study concludes that community involvement in urban design can enrich social	Mixed methods study with a pre and post intervention study undertaken 4 weeks apart.	6

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
						networks with direct benefits for social capital and well-being.		
Avery H, Sjögren Forss K, Rämgård M. Empowering communities with health promotion labs: result from a CBPR programme in Malmö, Sweden. Health Promot Int. 2022 Feb 17;37(1):daab069. doi: 10.1093/heapro/daab069. PMID: 34263320; PMCID: PMC8851348.	*Arts, Health and Public Spaces* (Health, including diet and physical and mental health) This intervention is a community-based participatory and challenge-driven research programme of six co-creative health-promoting labs: Oral health and food; Outdoor gym and Fitness Justice; Mental health (for people with disabilities); Women's health; Social health for young adults; Safety in the area.	Adult residents in ethnically diverse low-income neighbourhoods (n = 322)	Six cocreating health promoting labs in low-income neighbourhood of Malmo, Sweden	Comparing pre and post intervention	• Social relations • Connectivity • Community Health	In addition to health benefits, the social interaction within the intervention led to an increased sense of safety in the neighbourhood and reduced social isolation.	Qualitative community participatory study.	6.5
Mohan G, Longo, A, and Kee F. 2017. Evaluation of the health impact of an urban regeneration policy: Neighbourhood Renewal in Northern Ireland. J Epidemiol Community Health ;71:919–927. doi:10.1136/jech-2017-209087	*Arts, Health and Public Spaces* (Health) The Neighbourhood Renewal (NR) Investment Fund subsidised community, economic, social, and physical renewal investments. This study focused specifically on health.	Residents in the deprived neighbourhoods subject to the policy (n = unspecified)	Neighbourhoods in Northern Ireland	Comparing pre and post intervention, and between intervention and control neighbourhoods	• Community health	NR failed to generate material or consistent health gains in the measured outcomes over and above control areas. The study speculates that NR prevented widening of health inequalities	Quantitative study using longitudinal survey data	6.5
Powell N, Dalton H, Perkins D, Considine R, Hughes S, Osborne S, Buss R. Our	*Arts, Health and Public Spaces* (Health)	Adults involved in the	Clarence Valley, New	Data collection and analysis conducted	• Community Control • Connectivity	Through active collaboration in the intervention, it has created a movement of community	Qualitative evaluation using semi structured interviews	6

Reference	Intervention	Participants	Setting/Context	Comparator	Wellbeing Outcomes	Results	Methods/Quality	Level of confidence in results
Healthy Clarence: A Community-Driven Wellbeing Initiative. Int J Environ Res Public Health. 2019 Sep 30;16(19):3691.	The intervention is a community-wide positive mental health and wellbeing initiative. A mental health and wellbeing plan was developed following a series of workshops with health-related stakeholders and the community.	initiative _n = 36)	South Wales, Australia	throughout the project		members with the confidence and capacity to address community issues in a concerted and pragmatic manner		
The National Lottery Community Fund. 2023. A Better Start National Evaluation.	***Arts, Health and Public Spaces*** *(Health)* Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language, and communication.	Parents and babies/ young children	Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend.	Improvement in outcomes	• Community Control	The partnerships have worked with local families in their communities and integrated them within service delivery (e.g. parent champions). This ensured that approaches were coproduced with families, increasing the reach and engagement.	Qualitative case studies	6

3.4 _Interventions_ and associated <u>outcomes</u>, presented by intervention typology.

This section provides a summary of the studies included within each intervention type.

<u>Large Scale Place Based Interventions</u>

These eight studies examine four large scale place-based interventions; Big Local, examined in four of the studies, New Deal for Communities, and three People's Health Trust programmes; the Active Communities programme, the Local People programme, and the Local Conversations programme. These interventions were all large scale place-based community initiatives comprising of ten or more sub projects.

McGowan et al (2019) presented findings from qualitative comparative analysis of longitudinal survey data to identify pathways to <u>improving health</u> in a **_community led, place-based empowerment initiative_**. This evidence is from the **_Big Local_** Communities in Control study in England. To ensure that initiatives were community led, Big Local Partnerships were formed to place residents in control of how the Big Local investment would be used in each area and resident members had to make up at least 51% of the partnership. Each of the Big Local areas received at least £1m to create lasting change in their communities. The Communities in Control study used mixed methods to evaluate the health and social impacts of the Big Local programme in 15 of 150 Big Local geographies. Specifically, McGowan et al investigated pathways to mental health through a community-led area-based community empowerment initiative. The study considered if four conditions for community empowerment led to improved <u>mental health</u> and if so, if there were specific configurations that resulted in positive changes to mental health through changes to <u>community control, social cohesion and safety, area belonging and area satisfaction.</u> Through a survey that was conducted twice, six months apart (n=48), the authors identified 22 contradictory configurations. In 16 of 48 cases, neutral/negative changes were observed across all four conditions for<u> community empowerment, </u>and neutral or no improvement in<u> mental health </u>was also reported. However,<u> mental health improvement</u> was observed in ten cases but a variety of configurations of changes to community empowerment conditions led to this improvement. Therefore, no clear pathway leading to mental health improvement because of community empowerment (based on community control, social cohesion and safety, area belonging and area satisfaction as conditions for community empowerment) is described. The most likely indicator of a correlation is that an

improvement in a feeling of belonging to an area is associated with improved mental health. In four of the five configurations where mental health improved in this study, improvement in "feeling of belonging to the areas" was also observed.

A second study also focused on the **Big Local community empowerment programme**, specifically the potential role of money as a mechanism to enhance community capabilities for collective control and the implications for health and wellbeing (Townsend et al 2020). This article also focused on data from the Communities in Control study, presenting findings from the qualitative data produced through the first phase of the study. Data were collected through fieldwork with ten Big Local partnerships through semi structured interviews with residents and stakeholders. Key findings from this study implied that **money** was a facilitator that led to the development of power within communities, as well as the capabilities to exercise power with others. The development of power emerged through the following mechanisms: increased community confidence to be catalysts for change and the associated skills, knowledge and connections that were required; increased connectivity between residents and local organisations; and, a shared focus amongst local residents as a result of the opportunity presented by the financial investment to improve their local area. Residents acknowledged that the funds resulted in greater benefits that were not just monetary, valuing the improved community connections and shared identity. However, the study also identified that to achieve these benefits, a significant amount of additional work was required, citing the need for additional relational work to establish and maintain relationships as a facilitator to negotiation and transformation. Furthermore, it was acknowledged that tensions with local relationships associated with the investment also inhibited power to act. Although not referenced in detail within the paper, the authors state that the findings of this study contribute to the limited evidence base on how giving control over money to communities that are bearing the brunt of social inequities can support the development of the power they require to exercise greater collective control over the social determinants of health. This could therefore lead to a reduction in health inequalities.

A further study reporting on the **Big Local** programme explored the impact of place-based community empowerment on health outcomes (Egan et al 2021). The study examined five examples of community action to improve and maintain *built environments* from data collected between 2013 and 2016. Interventions ranged from outdoor sports and leisure facilities to improved high street and shop fronts. Although conclusive findings are not drawn from this study, the authors posit that collective agency might improve communities' socio

environmental determinants of health over time but acknowledge that barriers to empowerment may also inhibit improvements and that 'quick wins' and 'quick losses' resulting from early community action are important for future impact. A final study evaluating the **Big Local programme** was undertaken by Resources for Change (2016). In this study, the Big Local Partnerships that were mobilised early in the initiative were investigated to identify achievements and impact measurement. Sourced via the grey literature search, this study consisted of a review of 20 Big Local areas visited by a researcher alongside a review of relevant documents, and a follow up survey and interview. This study, although early in the delivery of the Big Local partnerships, identified improvements in community spirit and pride associated with the area, in addition to the community feeling as though they had a voice. Factors that facilitated the positive impact identified in this study included: working collaboratively, building time and relationships, and understanding of local need.

The New Deal for Communities (NDC) is a **holistic, area-based community empowerment initiative**. Like Big Local, NDC aimed to improve conditions in areas of deprivation in England through funding of approximately £50m, targeted at addressing five outcome areas: health, unemployment, education, crime and the physical environment. To ensure eligibility for NDC resource, partnerships must have involved residents, local authorities, public service providers and community and voluntary businesses, who were collectively required to develop regeneration proposals. Although not fully explored in this study, a priority of the NDC programme was enhancement of community capacity. The final evaluation of NDC identified the benefit of NDC involvement for individuals but acknowledges the limited impact of the NDC intervention on broader social capital indicators. Stafford et al (2008) reported results from a longitudinal survey of 10,390 residents in NDC areas and 977 residents in comparator areas. The survey covered: health and health behaviours, quality of life, employment and other socioeconomic and demographic characteristics, housing, community life and perceptions of crime. Of interest to this review, in the NDC areas surveyed for this study, small overall improvements were seen across all domains, including employment and community life. However, similar improvements were also seen in comparator areas. Evidence from the two-year follow-up does not support an NDC effect, either overall or for specific population groups.

In 2012, the **Active Communities programme** was established by People's Health Trust to target disproportionately disadvantaged neighbourhoods in England, Scotland and Wales through greater collective control in which local residents established and acted upon their own ideas to improve neighbourhoods. A survey

undertaken between 2018 and 2019 followed by interviews and focus groups identified that through the Active Communities interventions, an increase in social connectedness was observed, in addition to greater collective control through a range of approaches (Ecorys 2020). These approaches included informal processes such as creating opportunities for open dialogue and through more formal or structured processes such as volunteering or steering groups or forums. Importantly, the study identified the value of providing a range of processes in which people can develop collective control. The study acknowledged the importance of creating a culture of participation that enabled individuals to come together and be empowered to take action to identify and address local priorities. Creating a culture of participation was identified as a likely enabler of the transfer of control to neighbourhoods. More recently, The People's Health Trust **Local People Programme** (New Economics Foundation and Leeds Beckett University 2020) aimed to increase social connections, increase control people have over local decisions and their own lives, and improve health and wellbeing through the long-term funding of "Local People projects". Projects were mostly neighbourhood based but the evaluation also included a small number of communities of interest projects. Through interventions delivered under the Local People Programme, such as *large-scale community events, area improvement initiatives, creative activities and campaigning*, there is evidence that social connections within intervention areas improved and a sense of belonging and community spirit also increased. The mechanisms leading to the positive changes were engagement and outreach activity including at project inception. Face to face approaches were more successful such as the formation of steering groups that enabled regular opportunities for community members to come together, connect and create openings for dialogue and decision making related to the projects. Through these mechanisms for change, People's Health Trust hypothesised that social connections, knowledge and skills, confidence and aspiration and involvement and influence would increase, leading to better places to live and better quality of life; the evaluation demonstrated improvements in these areas. However, challenges were observed in relation to the influence over those in positions of power or improved local social, economic or environmental conditions, the programme continued to support local areas to focus on these challenges beyond the evaluation.

A final People's Health Trust study reported on the **Local Conversations Programme** (New Economics Foundation 2022). This programme was a funded place-based initiative across 13 neighbourhoods in Great Britain. The programme was designed to support residents to participate in dialogue, decision making,

and action based on what local people wanted in their neighbourhoods. Over a four-year period, data collection resulted in over 2800 responses, collectively demonstrating the positive impact of the programme. The evaluation found positive short-term outcomes including an increase in social connectedness, that was also of significance during the COVID-19 pandemic, and an increase in resident's capacity for influencing local decision makers. Enabling residents to feel empowered to make a difference to their neighbourhoods through the programme resulted in greater connectedness and belonging and built trust and a sense of collective action. Although participation in the Local Conversations programme resulted in several positive wellbeing outcomes, the health of people living in the Local Conversations neighbourhoods remained worse than the country averages, a result of wider influences impacting the socio-economic determinants of health, including ongoing austerity.

Collectively, the large scale place-based intervention studies indicate that in communities that are provided with improvement funding, where priorities are identified by local residents, and conditions for communities to exercise agency created; neighbourhood belonging, pride and connectivity can increase. In turn, improved community agency and control can lead to positive changes in mental health, quality of life and might improve communities' socio environmental determinants of health over time.

Community

These nine studies examined grassroots and community centred initiatives that were focused on community grants, community business, social activism and person-centred wellbeing initiatives. Two studies relating to COVID-19 were also grouped in this section.

The 2022 Residents in Control study (Davis et al 2022) reported on learning from four **Big Local** Partnerships who used their funding to deliver **grants to the community**, awarding grants to groups and individuals at the hyperlocal or grassroots level. In relation to the community grants intervention, successful programmes were described as those that: funded things that responded to community need, balanced support for existing projects with funding new ideas and stimulated excitement about both Big Local and community activity/organising. To understand local needs and issues, the authors acknowledged the importance of community engagement, achieved through a range of channels, including online mechanisms such as webpages or Facebook and using existing local community networks. The study found that community grants enhanced community control by providing residents with opportunities to

use their knowledge of the local area, and their lived experience to inform and make decisions regarding use of resources to improve their communities. Community grants helped to identify further needs and develop understanding of what works and what local people wanted. However, power imbalances were identified where a party was responsible for distribution of funding and where residents were making grants to other residents.

Two grey literature evidence items reported on the Power to Change Empowering Places programme of place-based investment. These items demonstrated the impact of clusters of **community businesses** on local area improvement and the reduction of inequalities. Coutinho et al (2021) reported on the impact of six "empowering places" areas through survey responses. Several metrics were used to compare the community business areas and comparators. Of interest to this review were community cohesion, community pride and empowerment. The authors identified no overall indication of impact on community cohesion in comparison or business areas. Furthermore, there were some findings that indicated a negative impact demonstrated through a weakening of agreement that residents lived in a cohesive area. Feelings of belonging did not improve and although there were no significant changes, the evidence indicated that there were some negative changes, reflected through a decrease in scores associated with feeling a very strong sense of belonging. In relation to community pride and empowerment, there was some evidence of a positive impact in one geographic area, and negative or neutral impact in the remaining five geographies, the authors have not cited reasons behind the results observed in this study.

The Empowering Places Impact on the Community and Wider Place evaluation (O'Flynn et al 2022) adds to the earlier evaluation but demonstrated that **Empowering Places** has resulted in positive wellbeing, connectedness, and confidence outcomes. The programme enabled people who had not previously, to participate in community activities and build connections. The catalyst organisations were activators of change in relation to motivation, empowerment, support, trust, and connection. These changes were achieved through residents' increased empowerment, influence, and resource, through creating opportunities for involvement in community activities, developing confidence and skills, and improving relationships. The authors acknowledged that although catalysts and community businesses can unlock assets, long term systemic change remained a challenge.

A third and final study focused on **community business** interventions is reported by the Centre for Local Economic Strategies (2019). Findings from research across

three deprived communities in England were described. Interviews were conducted with stakeholders who supported social and community business activity in the area to map out the forms of agency locally. The authors stated that **community business** interventions had the potential to reduce inequality and social exclusion and contribute to a more inclusive economy but for this to be achieved, social capital must be present. The study draws on three components of social capital; bonding capital (ties between individuals within the same social group), bridging capital (ties between individuals which cross social divides) and linking capital (networks of trusting relationships between people who are interacting across societal power or authority gradients). Social capital was evident in the three communities within this study, with higher than benchmark bonding capital in all three areas, recognising the importance of this for the success of community businesses. However, the authors recognised that community agency was required to activate social and economic potential and that history of an area impacted on relationships of trust, cooperation, and reciprocity.

In the first included study with a population of children, Torres-Harding et al (2018) examined a school-based **social activism** project that aimed to enhance youth empowerment, focusing on their role as agents of social and community change. Focus groups were undertaken with school aged children between the ages of five and 14. The researchers were mindful that children carry knowledge and expertise about their own lives and that this is used to enable participation in social activism projects that is meaningful for the children in contrast to interventions focused on empowering adults in children's lives, which has been the focus of other similar research. The students had their own community agency in this study. They identified the social problem that would become the focus of their campaigns, identified the causes of the problem and then developed goals for change, for example the need for educational opportunities for youth. This study considered community empowerment and sense of community as wellbeing outcomes and found that through the school-based activism projects, a sense of community and empowerment was observed in these children.

Bartholomaeus et al (2019) reported a study investigating an eight-week **wellbeing intervention** within two community populations: non-clinical older adults from the general community and older unpaid carers of dependent people with a disability, mental illness, or a chronic health condition. The intervention occurred weekly and lasted between 90 and 120 minutes and was delivered by community care staff with a view to building local capacity to deliver evidence-

based community wellbeing interventions, although this was not fully explored within the study. The sessions were designed to support community members with one of ten evidence-based skills to improve their wellbeing and resilience. In the population of older adults from the general population, participation in the intervention resulted in greater social connection, through the opportunity to come together with others through the wellbeing intervention and resulted in a significant between-group difference for reduced social isolation. Interestingly, results differed for the older, unpaid carers population. In this group there was a significant difference between control and intervention groups on overall wellbeing, resilience, and optimism, but not social isolation.

Wilkie et al (2023) reported on the impact of **Local Area Coordination** (LAC). LAC is a person-centred approach, aiming to strengthen communities and reduce pressures on services by supporting people to find local resources and solutions to their challenges. LAC also uses an asset-based approach, this involves identifying the strengths, and skills that already exist within a community, including personal skills, qualities, and expertise within communities. This mixed methods study investigated the impact on wellbeing through LAC in one geographical area. The study found that the personalised approaches offered through LAC built rapport with coordinators and resulted in improved community integration and connectivity. Through increased community agency, communities identified opportunities to promote health and wellbeing as a result of increased social identity, social capital, local relationships, physical activity and time spent in nature.

The two final community interventions were undertaken during the COVID-19 pandemic. The first of these studies reported a community-led intervention *"Neighbour Day"* to build neighbourhood identification following prolonged COVID-19 lockdowns (Cruwys et al 2022). Neighbour Day is a long-standing (more than 20 years) intervention that empowers, through opportunities to come together in person or virtually and through enabling people through dialogue to organise activities in their local communities that build social cohesion. The programme is described as a grass roots initiative that is both cost effective and scalable, each event is unique and designed to meet the needs of the community. In this study, compared to non-participants, Neighbour Day participants experienced greater social cohesion, and had larger neighbourhood social networks. Between two timepoints, most of the sample experienced COVID-19 lockdowns. During lockdowns, wellbeing declined, and psychological distress increased. However, in the Neighbour Day sample participants were protected against mental health effects of lockdown.

A second COVID-19 study also investigated social cohesion through a cross-sectional survey (Lalot et al 2022). In this study, six areas in England that prioritised investment in social cohesion were compared to three areas that did not. Through **integrated community programmes**, communities were equipped with social tools to prepare them for challenges faced by the community. Interventions delivered within the areas in this study were developed to include several core components of the social cohesion framework described in Bottoni's social cohesion theoretical framework, including institutional trust, openness, participation, interpersonal trust, and social support (Bottoni 2018a and 2018b). The study identified a greater sense of social cohesion in the six local authorities that had prioritised social cohesion, compared to those that had not. Although the study focused on social cohesion, the authors also inferred secondary outcomes in response to increased trust that the authors associate with greater adoption of COVID-19 health protection behaviours such as mask wearing and social distancing – potentially leading to improved community health at the time of the pandemic.

Collectively, the community studies indicated that where designing and delivering interventions that are targeted at a specific community, often grassroots initiatives, some enhancements in community cohesion and connectedness can be observed. The most common mechanism for agency was through the "coming together" of residents through a range of fora. Although some positive wellbeing outcomes were described in these studies, a number also demonstrated neutral or negative effects, and common to the large scale place-based interventions, long term system change and sustainability were cited as challenges.

Arts, Health, and Public Spaces

The ten studies included within this section explored arts, health and public spaces interventions to identify the impact of agency on community wellbeing outcomes. Compared to studies included within the large scale place-based and community groupings, these studies often reported on interventions that were introduced at a smaller scale (in terms of population or geography) and in most cases were the subset of studies where community agency was explored the least within the narrative.

Arts

The three-year effects of a **neighbourhood social network** intervention on mental and physical health of older adults were reported by Harada et al (2021). This study examined whether participation in event-based **community programmes**

could improve <u>health</u> outcomes for older adults, informed by community member participation through responses to a survey. Community events were delivered once a month for a three-year period and included activities such as musical entertainment, lectures about sleep and health promotion, moon viewing, an academic festival, gardening classes, and group walking. A baseline questionnaire followed by a post intervention, three-year follow up survey revealed that intervention participation was significantly associated with positive changes in <u>ties with neighbours</u>. Although no significant intervention effects were observed for health-related quality of life, the study found that engagement in the programme and participation in the event-based interventions was indirectly associated with mental well-being, mediated by the increase in strong <u>ties amongst neighbours</u>.

Kleijberg et al (2020) investigated the impact of ***intergenerational community-based arts initiatives*** in Sweden, designed with community organisation representatives. The intervention involved children and older adults engaging with topics related to end-of-life issues through shared arts activities. Within this study, children and older adults were active agents in the development and creation of spaces to engage with dying, death and loss issues, connecting intergenerationally. The authors state that participants within the study, both children and older adults, described a changing sense of community as a result of the intervention through <u>connecting across gener</u>ations and through the creation of spaces for engaging not only in the context of the intervention but also in their wider social networks. However, participants also reflected on their lack of agency to maintain the intergenerational spaces and that in the absence of the wider support from community organisations this would be challenging.

Health

'Our Healthy Clarence' was a study undertaken in response to an area specific crisis where the Clarence Valley in northern New South Wales, Australia was experiencing unexpectedly high rates of suicide (Powell et al 2019). To respond to this crisis a ***community wide mental health intervention*** was introduced, as a result of community engagement through forums, interviews, surveys and workshops – creating opportunities for dialogue and development of a community mental health and wellbeing plan. The intervention, titled 'Our Healthy Clarence' adopted a strengths-based approach to health promotion activities and suicide prevention, designed with and for local people. The intervention was deemed to be successful and included reported increases in <u>community agency</u>

and collaboration in addition to benefits associated with mental health, suicide, and health seeking behaviours.

Walters et al (2022) reported a **health-based intervention** focused on community connectedness outcomes, designed intentionally with residents to meet their needs. The study focused specifically on older adults, aged 65 and over, recruited from a senior living facility offering affordable housing to low income, racially diverse older adults. The intervention, a monthly walking programme, was undertaken over an eight-month period, aiming to increase physical activity and social connection. Qualitative data obtained through participant focus groups revealed enhanced social connections and connections to the community through the opportunity for greater connectivity experienced through attendance in the programme.

A study presented results from a **community participation intervention** focused on "Frailty Prevention in All Activities," in which the numerous facilities of the district of Ota City, Tokyo, Japan collaborated in incorporating anti-frailty elements, such as the dietary variety check and strengthening activities, into all settings of daily community activities and personal life (Seino et al 2021). Through this district wide intervention, trust in neighbours was observed. Although not explained by the authors, in line with other studies this could be a result of greater connectedness achieved through the creation of the social activities and the shared purpose. However, a decrease in social participation was also observed. Although short term improvements were observed, the intervention did not lead to population-level frailty prevention at two years.

The National Lottery Community Fund (2023) reported on the national evaluation of the place based **Better Start Programme**. This ten-year programme was focused on early childhood development and funded a number of better start local partnerships in England. The programme involves communities (specifically parents of babies and very young children) as equal partners. Residents outlined factors leading to the success of place-based working, including the creation of dialogue and a bottom-up approach. Listening to those at the heart of the community. Through this approach, residents identified that an increase in sense of trust occurred, through listening and tailoring services based on what has been heard from the community.

A final **health focused intervention** was reported by Avery et al (2022). The study reported outcomes from a health intervention which commenced in 2016 in Malmö, Sweden. This study had a large focus on community participation in the design and the authors stated that the

"multi-stakeholder perspective and the active involvement of local residents in the planning phase were essential to ensure community-driven processes adapted to local needs and circumstances".

Participants attended co-created health promotion labs focused on physical, mental, women's and social health and safety on three occasions, and then attended a follow up focus group. Outcomes were focused on community capacity building and resident empowerment. Participants reported increased empowerment because of the intervention, stating an increased sense of security and safety in their area and a reduction in social isolation. The authors stated however that while empowerment increased, a greater shift leading to policy changes or impacting material conditions that connected to the social determinants of health proved more challenging.

Public space interventions

Several studies focused on public space interventions. The first of these was a **regeneration initiative**, developed with community members who were inhabitants of the districts, they were also in control of a budget to support initiatives. The study aimed to investigate the impact of the intervention on several outcomes, including loneliness, social isolation and social engagement (Timmermans et al 2020). The intervention, referred to as the **Dutch District Approach** was implemented by the Dutch government in 2008 with the aim to improve the living conditions of the 40 most deprived districts within a ten-year period. The regeneration interventions were focused on improving employment and income, educational level, housing conditions and physical neighbourhood environment, safety, and social cohesion. The authors reported no statistical evidence that exposure to the Dutch District Approach significantly influenced loneliness, social isolation or social connectedness and changes were not consistently larger in the target districts. Positive changes were observed in relation to other outcomes, including an increase in resident trust. The authors acknowledged that these results may be impacted by the short-term nature of the intervention, they draw on previous research to suggest that similar interventions required more considerable time and funding in order to be effective.

A second **public space intervention** involved community led urban renewal in three low to moderate income communities of Portland, Oregon (Semenza et al 2009). Engagement occurred over a nine-month period and included innovative urban interventions in the form of: street paintings, stained glass mosaics, trellises for hanging gardens, benches, planters in the street, publicly accessible

chessboards, and a sauna. These interventions were envisioned, designed, permitted, and installed by community members with the support of a non-profit organisation. Local residents were interviewed about the following outcomes: neighbourhood social interactions, sense of place and neighbourhood participation. The results implied that through these interventions, social interactions occurred where a lack of common gathering places have previously impaired community life and that a sense of place and pride was reinforced through community organising. It should be considered that some residents also expressed concerns about the activities in their neighbourhood, including concerns associated with process and aesthetics. Furthermore, some comments described unpleasant interactions with neighbours or workshop participants from other areas.

A final public space study focused on an ***urban regeneration approach*** in Northern Ireland (Mohan et al 2017). This study reported data from two longitudinal household surveys to assess the impact of the Neighbourhood Renewal (NR) intervention. The NR programme included selected neighbourhoods in Northern Ireland, identified as they were in the 10% most deprived urban wards. Each area formed a NR partnership board, where residents were key stakeholders. Though the partnership boards, residents were engaged in the development of the vision and action plans prioritising activity and allocation of funds. This study reported on the NR intervention areas. Two control groups of deprived areas that were not part of NR and the rest of Northern Ireland were comparators. The NR investment subsidised community, economic, social, and physical renewal investments. Primary outcomes were focused on health. A trend towards a reduction in the gap of good self-rated health and life satisfaction between NR areas and controls was observed but this was small and was not significant. The authors stated that area-based initiatives such as the Neighbourhood Renewal programme may safeguard against widening of health disparities.

Although all studies in this grouping referenced community agency (or a relevant associated term), the arts, health, and public spaces interventions provided less information pertaining to the associated mechanisms for change. These studies were diverse in intervention type but indicated mixed outcomes in relation to community wellbeing, with several studies in this section referencing neutral or negative outcomes.

3.5 The impact on community wellbeing outcomes through place-based interventions using collective action.

Collectively, the evidence demonstrates that community wellbeing outcomes can be improved through place-based interventions using collective action, although it should also be acknowledged that in 14 of the 27 studies, some neutral or negative impacts were also observed.

The synthesis of the studies has drawn out several mechanisms of change that could lead to greater collective agency and control.

Neighbourhood connections – This is the mechanism of change that was described most across the evidence. Through the design of, and engagement in place-based interventions that were led by or involve communities as equal partners, new opportunities were created where residents would "come together". In some cases, these were virtual but in-person, face to face opportunities were described most often. Some opportunities for connection across the communities were informal, others were more structured in design such as steering groups or the formation of partnerships. For interventions related to green or public/open spaces, these environments were also conducive to increase social connectedness, resulting in improved pride and sense of place. Greater neighbourhood connections, sense of place, collective control, improved mental health, intergenerational relationships were outcomes impacted positively through the creation of opportunities for social connection. In order to observe long term, sustained social connectedness, efforts to create a culture of participation where residents and communities are seen as equal partners is required.

Decision making influence – Communities feeling as though they had a voice to influence decision making was described as a mechanism leading to greater collective agency and control. Where communities were enabled to collectively shape a vision, identify priorities, and permit action (in some cases also delivering interventions) alongside local stakeholders, this facilitated positive changes in community wellbeing outcomes pertaining to greater connectivity, increased trust, and sense of place. Often, where communities were involved to identify, prioritise, or address issues that were collectively shared, creating this **shared purpose** resulted in dialogue amongst community residents and wider stakeholders, in turn increasing feelings of trust and greater community cohesion.

Community capabilities – Several studies within this evidence review referenced resident assets, in the form of knowledge and skills as mechanisms for greater collective agency and control. Increasing the knowledge, skills, confidence, and connections within communities resulted in the development of "community power" (Townsend et al 2020). Where community agency was exercised through

the design and delivery of place-based interventions, resident confidence, skills, and knowledge increased, leading to a greater sense of control. Where opportunities were provided to adopt strengths-based approaches and draw on the knowledge and lived experience of communities, residents felt empowered to inform and make decisions to bring about positive change.

This review also identified the following barriers to change, inhibiting collective agency and control:

Failure to address early challenges or losses – where community action may lead to the creation, or surfacing of tensions within the community, this can lead to changes in feelings of connectivity or neighbourhood belonging and, in some cases, this is observed as a negative change in associated outcomes. It should be considered that disagreement is expected in these circumstances as residents and stakeholders naturally have conflicting priorities. This is a normal and anticipated occurrence and should be managed to avoid the creation of long-lasting barriers to collective control. Similarly, where there are early losses relating to community action, it is possible that these losses undermine collective agency and impact on community perceptions regarding future positive change. It should be acknowledged that these losses are also normal and therefore careful management of these situations is required.

Power Imbalance – Where communities are invited to, but are unable to act as decision makers, this inhibits collective agency and control, and can create lasting damage embedded within communities. In most cases, issues around power imbalance were associated with responsibility for allocation of any associated funding. As above, identification of methods to mitigate conflicts of interest are essential to prevent future long-term impact. It is acknowledged that the historical context associated with community relationships is important to collective agency and control and therefore failing to address such issues could result in sustained barriers.

Structural Issues – Several studies referenced the challenge in achieving long term sustainability and/or systemic change. Community agency requires consistency, dedication and commitment (Walters 2022) and in order to sustain this, where interventions include resource, in particular funding, communities might benefit from further skill enhancement once this ceases to enable sustained agency. There was a paucity of research exploring the impact of knowledge and skill enhancement related to sustained agency and control. Issues around collective control were associated with frustrations experienced by

the communities in relation to ongoing issues with power imbalance, scare resources and the difficulties in influencing change where wider systems may have conflicting priorities.

4. Discussion

This rapid review of the evidence brings together a heterogenous set of studies focused on community agency and control as final outcomes or enablers of place-based interventions, and the use of collective action to improve community wellbeing. Although challenging due to several factors noted in the strengths and limitations section, the review identifies some interesting collective findings, described below. We include some reflections on the heterogeneity of the studies below.

4.1 Reflections on the collective evidence

The review yielded studies that were focused on interventions categorised into three groups; Large scale place-based, Community, and Arts, Health and Public Spaces interventions. The research team opted to group by intervention to synthesise a diverse collection of findings obtained through the database search, the grey literature search and the call for evidence.

Interventions varied by type, but also in magnitude of population size. Studies categorised in the large scale place-based group typically reported on much larger populations due to the nature of the studies, often reporting on at scale, funded place-based intervention programmes such as the Big Local programme. Studies included in the community interventions and the arts, health and public spaces groups were typically smaller and explored agency and control to a lesser extent.

Interventions also varied in terms of resource, with several involving funding, in some cases significant investment (McGowen 2019, Townsend 2020, Egan 2021, Resources for Change 2019, Stafford 2008, People's Health Trust 2020), but also in relation to staffing resource such as facilitators and community workers (McGowen 2019, Townsend 2020, Egan 2021, People's Health Trust 2020, Wilkie 2023). Some studies were undertaken with no resource and driven only by communities with limited or no involvement from external agencies (Powell 2019, Walters 2022, Kleijberg 2020, Bartholomaeus 2019, Torres – Harding 2018).

The research team identified that there was no clear observed correlation between the amount of funded resource, and the impact on community wellbeing outcomes. To demonstrate this point, a small-scale, limited funded study undertaken with school aged children demonstrated positive changes with community empowerment and sense of community (Kleijberg 2020). Compared to a larger scale study reporting the New Deal for Communities programme in which small overall improvements were observed across on all outcome

domains, however, similar improvements were also seen in comparator areas – highlighting that the NDC intervention was unlikely to be the reason for this. The two-year follow up did not support an NDC effect, either overall or for specific population groups. It is important to acknowledge, as highlighted above, that the two studies are not comparable in terms of intervention, outcomes, or methods.

The studies included within this review must have included community agency as a core component. The term itself created challenges for the research team, as explored below, but also proved challenging in the study selection and extraction elements of this review. The research team concluded that for studies to be included, they must clearly articulate the community agency elements of the evaluation or research. This removed any studies where it was more probable that communities were consulted only or were passive recipients of interventions that were designed in their absence. However, the extent of community agency still varied significantly across studies, with some focusing on this in detail, providing comprehensive information, compared to studies where although it was evidenced, this was described in much less detail. To demonstrate this point, the study reported by People's Health Trust described several key principles that were adopted to ensure that interventions were designed with neighbourhoods and communities of interest at the centre. Within this project, people living in intervention locations were supported to act together to address common local issues. This was achieved through a process of joining together to reach a common vision for their area. In contrast, some studies expressed that communities were key in the design and delivery of interventions but the details surrounding this were not explored in depth.

One final consideration surrounding study heterogeneity was the variation in time period associated with post intervention follow up. Some studies reported post intervention follow up over very short time periods, thus describing more immediate impact. In some cases, this period was a number of weeks following the intervention. Other studies evaluated over several years and were therefore able to present short- and medium-term impact. There is a paucity of research currently with longer term follow up of place-based interventions that demonstrate community agency and community wellbeing impact. However, several studies in this review evidenced the Big Local programme. This programme, which is still in the delivery phase, does present an opportunity for longer term follow up of area based, community empowerment initiatives. It should be considered that this programme will also include many interventions, as the programme covers 150 geographical areas where interventions were selected based on local need. Therefore, the programme will also present a

heterogenous data set. However, it would be useful to draw on the overarching facilitators and barriers to impactful change through relevant outcomes - community wellbeing in the case of this review. A review of all the Big Local studies may provide useful learning to develop a framework for creating the conditions for effective, area-based community empowerment initiatives.

4.2 Complexity of Community Agency

Before we address the complexity of community agency as a principle, we must first address issues associated with terminology. In the context of communities, Malqvist (2018) defines agency as "the capability of achieving change or action when needed". However, the term community agency is used alongside, and on occasion interchangeably with, the terms community empowerment and community power.

Community empowerment can be defined as "the process of enabling communities to increase control over their lives." (WHO 2009).

Community Power has been described as "people getting together to influence decisions in their own communities" (People's Health Trust 2022).

All terms have multiple definitions and associated descriptions (Malqvist 2018, Audit Scotland 2019, New Local 2021).

Although there is clear differentiation between the terms, their use is not standardised and therefore varies within the literature. Furthermore, in many cases an additional challenge is created where the studies fail to describe the activity or meaning of community agency, this makes it difficult to reach firm conclusions regarding any potential impact of the extent to which community agency is already established, compared to communities that have not exercised agency prior to the described intervention. This adds further complexity to the section above regarding study heterogeneity, but it could also be possible that where interventions were delivered in communities with agency or where the complexity of community agency was understood and conditions were created, this impacted on wellbeing outcomes. The authors propose further work to understand the impact of the extent to which community agency is established, possibly through exploration of a model of maturity that could be developed, tested, and replicated.

Although a simple idea, effective and sustained community agency or control is complex. Malqvist (2018) outlines that when intervening in the community there are four dimensions that need consideration: (1) the *local culture and tradition*; (2) the *hegemonic belief systems*; (3) the *political tradition and system*; and (4)

the *socio-economic conditions*. Within this framework, Malqvist states that these four elements interact and reinforce each other to further create and maintain the level of agency within a community. The findings from this review imply a similar set of findings, in the context of "the local culture and tradition, our findings refer to the importance of tackling community agency challenges and the importance of the area's history and relationships. Culture is underpinning and infers the way in which communities engage and behave. Malqvist refers to the political tradition and system. We identified that decision making influence was a key facilitator to agency and collective control, but also how power imbalance where decision making is not equal can also be damaging for agency and control – often underpinned by political tradition. Finally, Malqvist states the significance of the socio-economic conditions. Our findings correlate with the specific reference to resources, where we have identified the potential need for greater "in community" resourcing, such as the development of skills and knowledge which could lead to greater sustainability.

We have identified three mechanisms for change that could lead to greater community agency and control. Although the studies within the review explained this to varying extents, we were able to draw on the collective findings to outline that neighbourhood connections, decision making influence and community capabilities are mechanisms of change that could lead to greater collective agency and control. We have also deduced that, failure to address early challenges or losses, power imbalance and structural issues can inhibit community agency and control.

There is insufficient evidence within this rapid review to ascertain if the extent to which agency was established, or the maturity of this is an important factor in the level of impact observed through place-based interventions, but further research in this area may prove useful.

4.3 Positive and negative effects

The studies retrieved through this evidence review report on several community wellbeing outcomes, with many studies reporting on two or more outcomes. Those reported most often are described in the results section and include connectivity, social relations, community control, sense of belonging and pride.

To ensure the research team looked critically at results related to the observed impact, we aimed to capture both positive and negative impact on community wellbeing outcomes. The search terms outlined within the results section demonstrate one approach to this. The team also ensured that negative impact or disparities formed part of data extraction.

Of the published and grey literature searches, 14 studies reported neutral or negative impact. Several studies reported mixed results, to include positive impact in relation to some community wellbeing outcomes and neutral or negative impact in relation to others.

Several studies demonstrated the positive impact of community agency through place-based interventions on specific community wellbeing outcomes. As primary outcome measures, sense of belonging, neighbourhood relations and community cohesion were reported most. Some studies, where evaluation design enabled this, also reported indirect or secondary benefits. In most cases, health related benefits were of interest. For example, in one study, greater community cohesion and trust was suggested to have led to increased compliance with COVID-19 health protection behaviours (Lalot et al 2022). A second study also stated that through increased neighbourhood relationships, mental health improved (McGowen 2019) and a third study speculated that a large scale area based programme prevented a widening of health inequalities (Townsend 2020).

Through this evidence review, we have identified three potential barriers that could inhibit community agency or control; Failure to address early challenges or losses, power imbalance and structural issue. These are explored within the results section. However, it should also be noted that there are some potential explanations for the neutral or negative outcomes that we identified through this review. In many studies, factors leading to neutral or negative outcomes were not explained, explored, or understood. Following our synthesis of the studies, the research team have deduced the following possible explanations:

1. **Maturity of community agency.** It takes time and energy for community agency to be sustained (Stafford 2008). This requires investment (not specifically financial) from both communities but also the key stakeholders who must be enablers through the creation of conditions for community agency and control. In some of the studies synthesised here, interventions were delivered over short time periods, where community agency appeared to be a new concept for the area or be embryonic (Powell 2019, Kleijberg 2020, Harada 2021, Bartholomaeus 2019, O'Flynn 2022). As described above, it is possible that the maturity of community agency within the "place" is an important factor for the community wellbeing outcomes observed. There are some interventions where significant resource was injected into the community, but this created tensions where decision making was challenging and there were conflicting views about how to use resource. Where relationships were fractious, based on

historical issues or because they are newly developed and not yet formed, stormed and normed (a process that is usual and expected), outcomes associated with community cohesion, inclusion or control reduced and trust was broken (Centre for Local Economic Strategies 2019). The counter argument to this is that some studies explained that in order to observe the positive wellbeing outcomes from place-based interventions required significant effort to establish, develop and maintain relationships – suggesting that introducing the intervention alone without creating the conditions for community agency might reduce the effectiveness of the intervention, or in some cases have the opposing impact where relationships were damaged and trust was lost.

2. **Study methods.** Several studies conducted post intervention follow up within short time periods – some only weeks after the intervention period. This could impact on the observed outcomes as the full effects might remain unknown at this stage. Even in cases of the larger scale place-based programmes, often studies only presented results from specified time periods within the study. Secondly, the outcome measures used within studies might have limited some of the impact evaluation. Where populations were responding to pre and post intervention methods through surveys, focus groups or interviews, often responses were received in relation to primary outcomes measures only. Some studies in this review reported positive impact because of secondary or indirect outcome measures, where methods enabled the collation of this data. Often, this was associated with health outcomes. For example, there might have been no immediate benefit associated with the specific health outcome that was the primary measure, but through an increase in neighbourhood relations and social connectedness, mental health improved.

4.4 Additional considerations

Although not a primary consideration for this review, several studies reported challenges relating to maintaining momentum and sustainability of change following the end of projects, resource, or a specific intervention. Therefore, although through community agency and the delivery of place-based interventions, some short-term positive impact was observed in a number of studies, the long-term impact is often unmeasured due to issues surrounding sustainability. After collating this challenge from several papers, we describe this as barriers to creating the mechanisms for systemic change. Issues around sustainability and resultant frustrations experienced by the communities may also impact on community wellbeing outcomes such as community control, trust

and sense of belonging. This could relate back to the extent to which community agency is normalised within places but due to limited information within studies, this cannot be a definitive conclusion.

One final, noteworthy observation is that many studies included within this review were undertaken in areas of deprivation. All of the studies within the large scale place-based interventions and an additional nine studies were undertaken in areas described as 'disadvantaged', 'areas of deprivation' or 'low-income areas'.

4.5 Recommendations

For researchers

- **Conduct conceptual research** to develop and refine existing definitions of community agency and community control. Where possible, research should include the perspectives of local communities and practitioners.

- **Develop models to map contexts, mechanisms and outcomes** that link community agency and community control to improvements in wellbeing. For example, using the Theory of Change approach. These can be used as critical frameworks to assess the evolution and dynamics of community agency, power and control.

- **Explore the opportunities to develop community agency and community control maturity models**, which considers both an assessment of the community starting point and the impact of external input or funding.

- **Capture the long-term impacts** of community agency and control.

- **Use high quality methodologies** that allow for the identification of all effects, including negative.

For practitioners

- **Ensure those facilitating the project spend time learning from communities** about their current level of community agency and control prior to development.

- **Ensure community-instigated projects are evaluated** and added to the evidence base.

- **Accept disagreement and early losses** can be a normal part of the process.

- **Value community agency as a long-term endeavour**. While the constraints are acknowledged, beginning and stopping community agency programmes can undermine the trust established.

For funders

- **Develop funding streams which are sensitive to existing levels of community agency and community control**. For places where community agency and control are not yet mature, investment should create the conditions for community agency to develop.

For policymakers

- **Manage conflicting priorities and mitigate conflicts of interest** to retain ongoing community relationships.

- **Recognise community agency's value as a long-term endeavour**.

Additional recommendations

The recommendations were produced as a direct result of the review and its findings. An additional set were produced and considered points of good practice. They should be read as good faith observations of what could also work.

For researchers

- **Conduct high quality quantitative research** to isolate the effect of external circumstances.

- **Conduct further research** on the impact and influence of community agency and control on external factors outside of the community.

- **Investigate the impact of the removal or absence of agency or control,** such as instances where they are removed post-intervention.

- **Include non-written forms of data and evaluations**, such as video, audio, photographs, in the development of the evidence base to capture the breadth of insights they might provide.

For practitioners

- **Treat communities as active and equal partners**, recognising that in this field and in genuine co-production they are practitioners.

- **Encourage cross-sector collaborations** that bring together researchers, practitioners, policymakers and communities to sustain longer term outcomes.

- **Understand the factors which impact communities' exercise of agency and control**.

For funders

- **Commit to longer-term reliable legacy funding** of community agency and control initiatives to support long-term outcomes, in recognition that community agency is a long-term endeavour.

- **Identify any elements that might affect community agency and control** within any community-based project.

For policymakers

- **Involve communities in decision-making processes**, such as – but not limited to – agenda setting, identification of priorities and project design – to build a shared purpose.

- **Adopt strengths-based approaches**, and draw on the knowledge and lived experience of communities, to design and deliver projects.

4.6 Strengths and Limitations of Evidence Review

This rapid review was undertaken at pace in a short frame of time, providing a comprehensive overview and synthesis of the studies focused on community agency and the impact on community wellbeing.

A key strength of this review was the ability to draw on the expertise of an experienced advisory group working across this this sector. This heavily influenced, in a positive way, the design of the study - in particular, the PICOS, the search terms, and approach to data synthesis.

Another strength is the three research strands used to identify studies: the database search, the grey literature and call for evidence. This increased the pool of available evidence and reduced publication bias.

The study team followed an accepted process to undertaking the review. This included researchers pairing up during title and abstract screening and a separate team member screening a sample of the studies to ensure consistency,

and the use of the Mixed Methods Appraisal Tool to allow a consistent and efficient quality assessment of mixed methods research. This latter point is a particular strength given that the field of community agency and wellbeing is multidisciplinary, with a wide range of methodological approaches, which pose challenges to evidence synthesis.

It is important though to acknowledge and reflect on the limitations of this rapid review. Firstly, there is no clear or universal definition of community agency/power/control in the literature, creating some challenges in the undertaking of the review and the drawing of conclusions.

Despite an extensive list of search terms, it is acknowledged that some relevant search terms have been omitted and that these were not specifically noted during discussions with the advisory group (for example terms such as co-production, asset-based community development in the peer reviewed database search, and community empowerment in the grey literature search).

Another limitation of this review is the challenge of defining wellbeing outcomes. In terms of themes, on the counsel of the advisory group we elected to use a broad set of outcomes covering a wide array of themes. However, we recognise that some readers may view wellbeing as covering either broader or narrower topics than the ones we have used. Furthermore, again based on discussion with the advisory group, this study excluded individual wellbeing outcomes. Some readers may argue that aggregating individual outcomes is an acceptable definition of community wellbeing outcomes.

Given the time constraints to carry out this review, the grey literature search focused solely on written literature. This is a limitation of this review as it excludes all other forms of multimedia including videos, podcasts, and conference materials.

5. Conclusion

This review set out to answer the following research questions:

1. What evaluation research has been carried out to assess the effectiveness of collective action on community-level wellbeing outcomes?

2. What are the key findings on the effects on community control and power at the community level?

3. What are the common features of changes to collective agency, control and power at the community level?

We identified 27 studies to answer this research question: 17 from the database search, eight from the systematic grey literature search and two from the call for evidence. Many studies were excluded due to poorly described community agency or wellbeing outcomes within the study. Variation in the use of terminology associated with community wellbeing outcomes and community agency is likely to have prevented many studies from being sourced through our search strategy. However due to the resource and time constraints for this rapid review, the search strategy was agreed as outlined in the methods section.

The research provides good indication that improved community agency and control can lead to improved community wellbeing, with identification of three key mechanisms of change: neighbourhood connections, decision making influence and community capabilities. The most common mechanism of change across the studies was initiatives that saw individuals and communities 'coming together', this resulted in improved community connections, improved trust, and improved pride in and sense of place. Connectivity, trust and sense of place were improved when communities could: genuinely identify priorities, develop a vision and permit action together alongside local stakeholders. Relatively small sums of money were found to be effective in enabling change and enhancing a sense of belonging, especially where communities were involved early on in the process of deciding how the money would be used. The research highlights that communities have different starting points in terms of agency and control and do not necessarily respond in the same way when exercising this.

The research also demonstrates that in 14 of the 27 studies, some neutral or negative impacts were also observed, we identified the following barriers to change that might inhibit collective agency and control: failure to address early challenges or losses, power imbalance and structural Issues. Some evaluations indicated that money had the potential to: create tensions, bring about power imbalances within communities and prove insufficient to develop the community

power necessary to influence others. There are several gaps in the evidence base, including the long-term impact of place based interventions.

Several recommendations have been agreed with the research team and the advisory group to acknowledge the relevant next steps, focused on policymakers, practitioners, funders and researchers.

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Appendices

Appendix A – Call for Evidence

Call for evidence: Community Agency and Control Rapid Review

About the project

Together with **What Works Centre for Wellbeing** and funding partners, the National Lottery Community Fund and People's Health Trust, New Local has launched a Call for Evidence to complement an extensive review of the published literature.

Through a rapid evidence review, we are exploring how, and the extent to which community wellbeing improves when communities exercise agency and control.

Our aim for this review is to:

- Identify if and how place-based interventions using collective action improve community wellbeing outcomes
- Outline the key findings on the effects of community control and agency at the community level
- Identify the common features of changes to collective agency and control at the community level

We want to hear from you

We're seeking evidence related to community agency and control at the community level, where there are community wellbeing outcomes and interventions with a place-based component.

We're interested in studies from across voluntary, public and private sectors.

Submitted studies must meet **all** of the following criteria:

- Report on a place-based intervention delivered to communities that impacts on one or more community wellbeing outcomes
- Apply at community or neighbourhood level
- Be written in English language and include author details and date
- Focus on an intervention which took place from 1990 onwards

Studies reporting quantitative findings must:

- Measure changes in wellbeing as a comparator, using standardised measures. This could be by conducting a before-and-after intervention assessment, or through the use of a control group.

Studies reporting qualitative findings must:

- Report evidence of changes in wellbeing demonstrated by before-and-after intervention data collection or other designs. These could include baseline and/or self-reporting.

Studies reporting mixed-methods findings must:

- Address both the quantitative and qualitative reporting requirements.

How your submission will be used

We would like to use your submission in the following ways:

We will include your submission as part of our rapid review of the evidence.

The content of your submission might be included in public outputs, such as: technical reports, articles prepared for peer reviewed journals, presentations or blogs which share what we have learnt from the project.

Submit here

To submit, please follow this link: https://www.surveymonkey.co.uk/r/ZQQPHHB

To find out more about this project click here

Appendix B – Search Strategy

This evidence review will be undertaken through 3 research strands:

1.) Review of the peer reviewed evidence
2.) Review of the grey literature
3.) A call for evidence

This search strategy refers to the review of the peer reviewed evidence.

The search for the peer reviewed evidence will be undertaken using the following databases:

1.) Medline
2.) Scopus
3.) Cochrane Library
4.) ERIC
5.) ASSIA

Test searches were undertaken and presented to an advisory group convened by the What Works Centre for Wellbeing. Revisions were made to the search strategy following the advisory group and presented back to the group. The following approach will be taken to database searches.

Search terms will include synonyms for place-based interventions through community agency with community wellbeing outcomes. Studies must include a comparator (pre and post measures). Studies must be published in English language from 1990 onwards and be undertaken in high income OECD countries. The following syntax will be used for Scopus and adapted as required for additional databases.

(communit* OR place OR neighbourhood OR citizen OR locality OR resident)) AND (agency OR power OR control OR action OR cohesion OR emancipat* OR empower OR disempower OR devol* OR participation)) AND ((wellbeing OR regeneration OR economy OR health OR education OR transport OR employment OR cultur* OR shops OR place OR space OR belonging OR trust,)) OR ((inclusion OR exclusion OR social OR security OR safety OR environment OR connecti* OR sustainability OR inequality OR inter-generation OR equity OR pride)) AND ((intervention OR program* OR project OR evaluation OR initiative OR impact OR effectiv* OR comparison AND LIMIT-TO ((Australia OR Austria OR Belgium OR Canada OR Chile OR Czech Republic OR Denmark OR Estonia OR Finland OR France OR Germany OR Greece OR Hungary OR Iceland OR Ireland OR Israel OR Italy OR Japan OR Korea OR Latvia OR Lithuania OR

Luxembourg OR Netherlands OR New Zealand OR Norway OR Poland OR Portugal OR Slovak Republic OR Slovenia OR Spain OR Sweden OR Switzerland OR United Kingdom OR United States

The following search terms were used for the peer reviewed database searches:

Table 2: Search terms

Facet 1	Facet 2	Facet 3	Facet 4
Communit*	Agency	Wellbeing	Intervention
Place	Power	Regeneration	Program*
Neighbourhood	Control	Economy	Project
Citizen	Action	Health	Evaluation
Locality	Cohesion	Education	Initiative
Resident	Emancipat*	Transport	
	Empower	Employment	
		Cultur*	
		Shops	
		Space	
		Place	
		Belonging	
		Trust	
		Inclusion	
		Exclusion	
		Social	
		Security	
		Environment	
		Connecti*	
		Sustainability	
		Inequality	
		Cultur*	

		inter-generation	

Appendix C- Overview of Call for Evidence Submissions

Organisation / author	Title	Overview	Intervention	Notes	Outcomes
National Lottery Community Fund	A Better Start National Evaluation	10-year, £215 million programme – 5 a better start partnership in England	Interventions focused on children's diet and nutrition, social and emotional development, speech, language, and communication	Included. Strengths around place-based interventions and communities as assets	Positive outcomes associated with local employment, and sense of trust. Challenges around inability to change complex socio-economic issues
The National Lottery Community Fund	Placed-based approaches to community engagement and participation			Excluded as case study of above submission	
Community Catalysts	Building Wellbeing Through Local Communities: A Mixed Methods Study Using Psychophysiology, Structural Equation Modelling and Ripple Effects Mapping.	report on the impact of Local Area Coordination (LAC) – a positive, person-centred, and community-based approach – on wellbeing using a rigorous mixed-methods design. qualitatively explore the reported impacts of LAC on individual and collective	LAC is a positive, person-centred approach that aims to strengthen communities and reduce pressure on statutory services by supporting people to find local resources and solutions to their challenges. Purposefully recruited coordinators are embedded within neighbourhoods to leverage community assets, identify, and build	Included	participants reported an increased sense of belonging by connecting with other community members who shared their values, experiences, and interests

		wellbeing using ripple effects mapping	relationships with individuals who might need support.		69
	Assessing the impact and cost effectiveness of a community-centred approach to public health on mental health and wellbeing; a co-produced, mixed methods study			Excluded Results unavailable	
Sensory Garden & Community Orchard	Prospective study			Excluded Prospective	
Exploring the impact of Yoga and Mindfulness sessions in Primary Care for mental health problem	Individual health outcomes			Excluded Not community wellbeing	

Appendix D – Grey Literature Search Method

Search Terms

The search terms used for the grey literature search were based on the search terms used for the main database search. Combinations of these terms were defined which resulted in the following search terms:

- Community impact
- Community wellbeing
- Community control
- Community agency
- Community health
- Community environment
- Community connectivity
- Community Sustainability
- Place-based wellbeing
- Neighbourhood wellbeing
- Collective action
- Community collective action
- Community power

In the interests of efficiency and to focus on the most credible sources, this grey literature search focused solely on written literature, and so excluded videos/other multimedia.

Sources

These search terms were manually inputted into a range of online sources set out below, covering think tank research libraries, policy and non-governmental organisation libraries, UK central government publications and multi-disciplinary search engines/databases. These sources were derived based on New Local's knowledge of relevant literature and discussion with the project advisory group.

The following sources were used in the grey literature search:
1. Institute for Community Studies Repository
2. Local Trust Publications Library
3. Peoples Health Trust Library
4. What Works Wellbeing Evidence Hub
5. Gov.uk publications
6. *OpenGrey Database*

The process for manually searching these sources was as follows:

- Each search term was inputted into the search engines for each source, starting with the source 1 above (Institute for Community Studies Repository).
- Relevant papers were listed from this search in an Excel spreadsheet, based on the title and description (if available) of the search returns.
- This process was repeated for this source for all search terms, noting that duplicate results were more likely to occur as the author worked their way through each search term.
- Once all search terms had been searched for this source, the reviewers then moved onto the second source and replicated this search process. This was then repeated for all of the other sources.
- This resulted in 42 studies, of which 35 were available to retrieve. These 35 studies were carried forward into the study to be assessed for eligibility (ie full text screening).

No of studies returned

Source	Number of studies (eligible studies)
Institute for Community Studies Repository	13 (13)
Open Grey	8 (1))
The National Lottery Community Fund Insights Library	6 (6)
Gov.uk Publications	5 (5)
Local Trust Insights (Research)	4 (4)
Peoples Health Trust Publications	4 (4)
What Works Wellbeing Evidence Hub	2 (2)
Total	42 (35)

Inclusion/Exclusion Criteria for Review

The studies above were then screened for inclusion/exclusion in the review, using the same PICOS that was used for the main peer reviewed evidence search:

Type	Criteria
Community Agency	Studies must: have a community action or resident-led component or employ collective empowerment strategies to affect change at a local level.

Population	Exclude if not from OECD High income countries: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom, United States
Intervention	Any **place-based** intervention delivered to communities that impacts on one or more target areas of community wellbeing focusing on interventions that apply at community or neighbourhood level
Comparators	Quant: Pre and post intervention measures . Qual: Must report outcomes or impact rather than just description and have some element of comparison.
Outcome	Community wellbeing defined as subjective and objective aspects that are of interest at the level of a community as opposed to individual, national or international levels (Atkinson et al., 2020). Reports on one or more community wellbeing outcomes defined as: health, economy, education, transport, employment, cultural facilities, shops, public spaces, sense of place, sense of belonging, trust, inclusion, social relations, security, environment, connectivity, sustainability, inequality, pride, community safety, cultural heritage and inter-generational relations, pride
Study designs	All with the exception of; small case study-based items, opinion/letters to editor, scoping or narrative reviews or abstract only studies. Must be retrievable.

This resulted in eight studies that were included in the study to be taken forward for data extraction and narrative synthesis.

The process for this was the same as the peer reviewed evidence, summarised as:

- Use of the Mixed Methods Appraisal Tool (MMAT) to critically appraise the studies. This was agreed with the WWCW based on recommendations from the advisory group. Given the varied methodologies of the included studies, including a high proportion of qualitative studies, MMAT was agreed as a robust tool to use for this review.

- Data extraction was conducted using an extraction template which included the following topics:
    - Study reference and year
    - Study design and method
    - Theme of intervention
    - Population category, number and geography
    - Intervention type, description, sample size and data collection information
    - Comparator description and data collection information
    - Outcomes and results
    - Level of confidence in the results
    - Whether the study is COVID-19 related, has intentionally captured negative impact, or has captured disparities.

Appendix E – Study Selection & Screening

The screening of titles and abstracts was undertaken by four people, with a process of dual review. A fifth team member screened a sample of ~25% of the articles to ensure consistency in decision making amongst all four team members.

This screening process resulted in a series of additional inclusion challenges for specific studies, which were discussed and agreed amongst the project advisory group.

- For health-related studies, if the outcomes are reporting individual or small population/community outcomes can it be considered as population health?
  - Considering the challenge of community wellbeing outcomes and the variation in this (as well as the paucity of studies that we expected to really demonstrate this), it was decided that the studies that present the following outcomes were included:
    - Community/neighbourhood wellbeing is reported as a key outcome of the study.
    - Section of community wellbeing is reported, or the authors have proposed how individual outcomes may be scaled up to community wellbeing outcomes.
    - Individual wellbeing reported, authors have not reported how this may be scaled up to community wellbeing but we feel this could be the case. It was also agreed that studies that report sufficiently on community wellbeing outcomes, despite not intending to/including it in the study's research question, will be included in this review where they have been identified.

- What is the threshold for acceptable reference to community agency?
  - All studies that were deemed to include community agency, even if not explicitly described by authors were included, this included reference to participatory research for example.

These two factors were considered in advance of full text screening, however following a further conversation with the WWCW due to the large number of studies remaining, the research team applied tighter criteria associated with community agency and community wellbeing. Studies where community agency might be implicitly but not explicitly mentioned were removed. Studies where community wellbeing outcomes were not specifically explored as primary

outcomes were removed, for example those reporting individual wellbeing outcomes. The resulted in a large number of studies excluded due to insufficient community agency or wellbeing outcomes, as demonstrated in the PRISMA diagram.

Upon completion of title and abstract screening, full papers were obtained and reviewed by the core team of four. Again, a fifth team member reviewed a sample of ~ 25% and confirmed consistency across the group.

A summary of this process and the search results are shown in the PRISMA flow diagram below

Identification of new studies via databases and registers

Identification

Records identified from databases:
Medline n = 2883
Scopus n = 211
Cochrane Library n= 1841
ERIC n = 505
ASSIA n = 650

Records removed *before screening*:
Duplicate records removed (n = 499)
Records removed for other reasons (n = 18)

Screening

Records screened (n = 5573)

Records excluded (n = 5348)

Reports sought for retrieval (n = 232)

Reports not retrieved (n = 7)

Reports assessed for eligibility (n = 225)

Reports excluded (n = 208):
Insufficient community agency (n = 77)
Insufficient community wellbeing outcomes (n = 71)
No suitable intervention (n = 14)
Methodological reasons(n = 29
Other (n=16)

Included

Total studies included in review

Published literature n = 17
Grey Literature n = 8
Call for evidence n = 2

Total n = 27

Identification of new studies via other methods

Records identified from:
Grey Literature Search (n=42)

Call for Evidence 6

Call for evidence reports excluded (n = 4)

Duplicate (n = 1)
Prospective study (n = 2)
(n = 7)

No community wellbeing (n=1)

Grey Literature reports sought for retrieval (n = 42)

Grey Literature reports not retrieved (n = 7)

Grey Literature reports assessed for eligibility (n = 35)

Grey Literature reports excluded (n= 27):
No wellbeing outcomes (n = 7)
No community outcomes (n = 8)
Intervention (n = 12)

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