



# **Assessing the impact of participation in People's Health Trust programmes**

Technical report (Wave 1 - to 4)

February 2024



# About this report

This report describes the key results from four waves of research assessing the impact of participation in the People's Health Trust's Local Conversations and Active Communities programmes.

More about this research is on our website, [http://www.social-life.co/project/peoples\\_health\\_trust/](http://www.social-life.co/project/peoples_health_trust/)

The research was commissioned by People's Health Trust. The aim was to examine the ways in which community-led projects are building social connections and community power to improve health and wellbeing. We would like to thank the project participants and practitioners who shared their knowledge, hopes, and worries with us. We appreciate their expertise and the time they put into this work, allowing us to capture how individual journeys are woven into collective action. We hope the report shows how community-led projects contribute to local change, and provides useful insight to a wide range of audiences.

The report was written and published by Social Life (text by Dr Olimpia Mosteanu, Yasmin Jiang and Lavanya Kumaran, with statistical modelling by Alix Naylor and report design by Lavanya Kumaran).

**Social Life** was created by the Young Foundation in 2012, to become a specialist centre of research and innovation about the social life of communities. All our work is about the relationship between people and the places they live and understanding how change, through regeneration, new development or small improvements to public spaces, affects the social fabric, opportunities and wellbeing of local areas. We work in the UK and internationally.

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**People's Health Trust** is a charity addressing health inequalities in England, Scotland and Wales. We work to ensure that where you live does not unfairly reduce the length of your life, or the quality of your health. Our work focuses on:

- Funding and support for communities
- Using our evidence and learning to influence change locally and nationally
- Working with our networks of funded partners to offer support, shape our programmes and policy, and ensure their voices are well represented with decision-makers.

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Report commissioned by People's Health Trust



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# 1 Summary

This technical report provides an overview of the main results from four waves of research that assessed the impact of participation in People's Health Trust's Local Conversations and Active Communities programmes. The four waves took place between April 2021 and December 2023.

Building on **People's Health Trust's theory of change**, the goal of this research was to understand the ways in which community-led projects can improve health and wellbeing outcomes. The research contributes a detailed understanding of how health and wellbeing are experienced by project participants involved in community action. It also brings attention to local barriers and assets that may shape the social determinants of health.

**Local Conversations** is a funding programme that enables people to have voice, control and influence over the things that matter to them locally. Residents get together to identify and agree local priorities and then take action to help address them. Using investment from the Trust over a longer timeframe than many traditional grants, residents are supported by a local anchor organisation in their neighbourhood to realise their long-term vision for the area. The process of bringing about change is led by residents and involves deep and continuous engagement and conversations with different groups of people within the community, including residents who may not normally participate in local decision-making. Local Conversations are situated in relatively small neighbourhoods or communities of interest - typically around 4,000 to 10,000 people. The Trust typically provided around £300,000 in funding to support each Local Conversation for an initial period of two years, with subsequent funding to neighbourhoods each year for up to nine years. The Trust funded 12 Local Conversations and the programme, launched between 2014 and 2016, came to an end in December 2023.

**Active Communities** has been running since 2013 and supports participants to develop project ideas relevant to their areas, to strengthen social connections and build greater collective control. By empowering participants to take the lead and by putting processes in place to address the issues that are important to them, the programme aims to support local communities and neighbourhoods. Projects support local neighbourhoods and communities to come together and take action on issues that are important to them. This could be anything from tackling social isolation through meeting regularly and engaging in arts, music, or simply chatting, to working together to enhance the area they live in. The Active Communities programme is an open small grants programme for projects lasting up to two years. The Trust is funding 295 Active Communities projects in disadvantaged neighbourhoods across England, Scotland and Wales at the time of publication.

The research focused on three key questions:

- (1) What is the effect of participation in the Trust's programmes on local people?
- (2) What is the role of local contexts in supporting or hampering positive outcomes for individuals and communities?
- (3) How do practitioners evaluate the progress of each programme in relation to key elements of the theory of change?

The fourth wave of research took place between November and December 2023, approximately six months after the third wave. At the time of this final wave of research, the impact of the cost-of-living crisis and the lasting effects of the COVID-19 pandemic were being felt by local communities across Great

Britain. These are important factors that may impact upon people's perceptions of the local projects and their neighbourhoods.

## **Key findings:**

### **1. Short-term changes linked to participation in People's Health Trust's programmes**

The projects funded through People's Health Trust programmes have a positive impact on participants' confidence. By providing people an opportunity to gather and take part in activities, projects impact positively on participants' skills. Participation in local projects had a positive impact on participants' social networks, strengthening and allowing them to expand their connections and relationships in the neighbourhood. Surveyed participants from both programmes had more positive perceptions of social connectedness, belonging and trust but less positive perceptions of safety after dark than people living in areas characterised by similarly high levels of disadvantage.

### **2. Achieving community power and its impact on longer-term changes**

Across the four waves, the research shows that participation has a positive impact on participants' community power ('community power' is a factor that combines a series of metrics including satisfaction with the local area a place to live, willingness to work together with others on something to improve one's neighbourhood, and several other metrics focus on individual control over the area). Consistently, participants with higher levels of project participation have higher community power scores, showing that the mechanisms of shorter-term change in People's Health Trust's theory of change - coming together, dialogue, collective and individual action - are effective. The research shows, however, that although programmes make key contributions to the longer-term outcomes, many factors outside the Local Conversations and Active Communities activities also affect these.

On both programmes, stronger social networks, improved confidence and skills and more cohesive communities made positive contributions to participants' community power. The relationships between community power, on one hand, and physical health, mental health and wellbeing, on the other, led to less straightforward results when we used statistical modelling. For the Local Conversation programme only, results evidenced that community power led to improved wellbeing. Wider survey findings and the case study research, however, show that across programmes community power contributes to improved health and wellbeing outcomes over time.

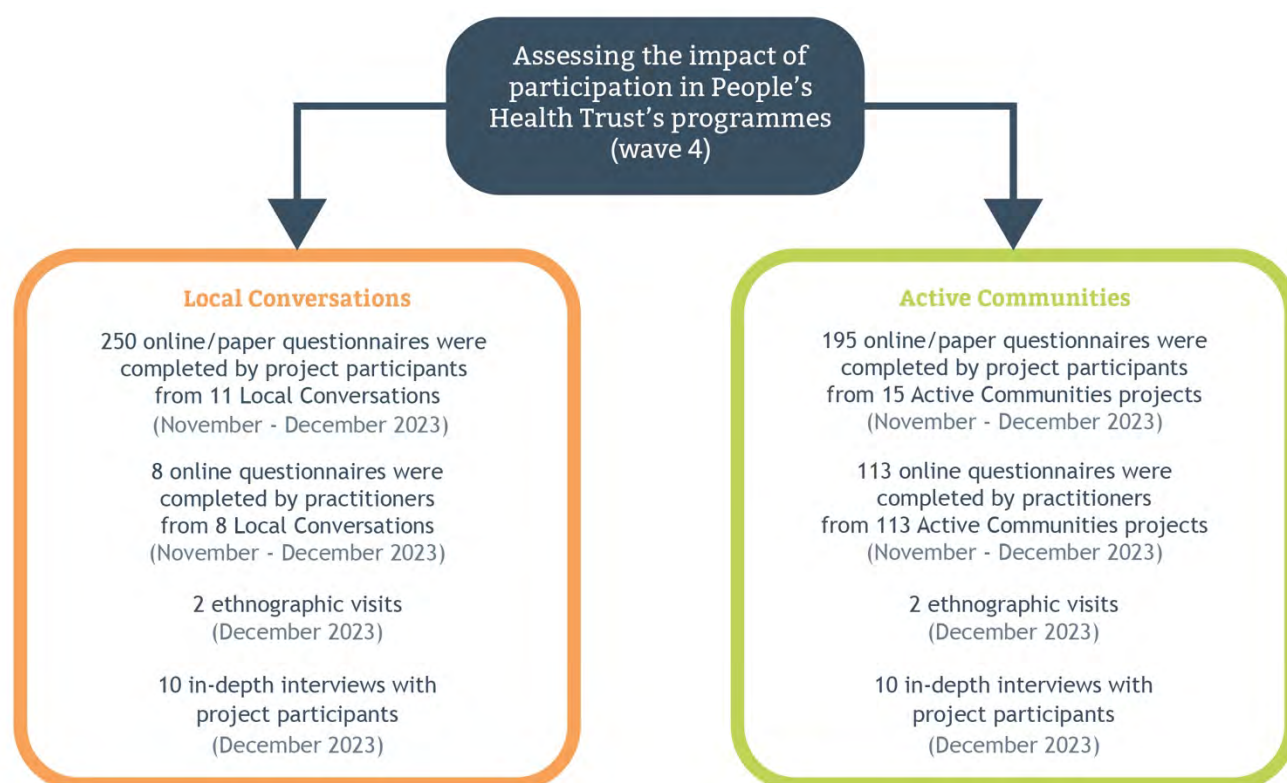
### **3. The role of local contexts**

Across all waves and both programmes, 'job prospects' was consistently identified as one of the top two local challenges by project participants, alongside 'noise or pollution' in wave 1, and 'local cost of living' in waves 2 - 4. Participants were most positive about the accessibility of nature (parks, gardens, green spaces) and relationships with people in the local area across all four waves.

A key trend across the four waves is that most surveyed participants became involved in the projects funded by People's Health Trust because of a combination of individual and community-driven motivations. 'Wanting to meet new people' and 'wanting to help the local community' were the top two motivations for both programmes in waves 1 and 2. However, 'having a chance to learn new skills' in wave 3, and 'wanting to improve one's wellbeing' in wave 4 replaced 'wanting to help the local community' as one of the top two motivations for Active Communities participants.

#### 4. Practitioners' perceptions of the programmes

Across all waves, practitioners (lead project staff) agreed on the positive impacts that the projects have had on participants' health and wellbeing, skills development, confidence, and social connections. Most practitioners found that projects created opportunities for working in partnerships. A key theme was the importance of listening to and working with local communities. This includes building trust and a sense of ownership over the projects with participants.



**11 Local Conversations (250 participants)** answered the survey in the fourth wave of the research. Across projects, 70% of the surveyed participants were female, 29% male and 1% self-identified as non-binary. The majority self-identified as White (76%), 15% as Asian, 4% as Other, 2% as Black, and 2% as Mixed. Two thirds of participants fell into two age groups, the 30-44 age group (32%) and the 45-64 age group (34%), the rest being split between participants aged over 65 age (24%), those aged between 25 and 29 (5%), and those aged between 18 and 24 (5%).

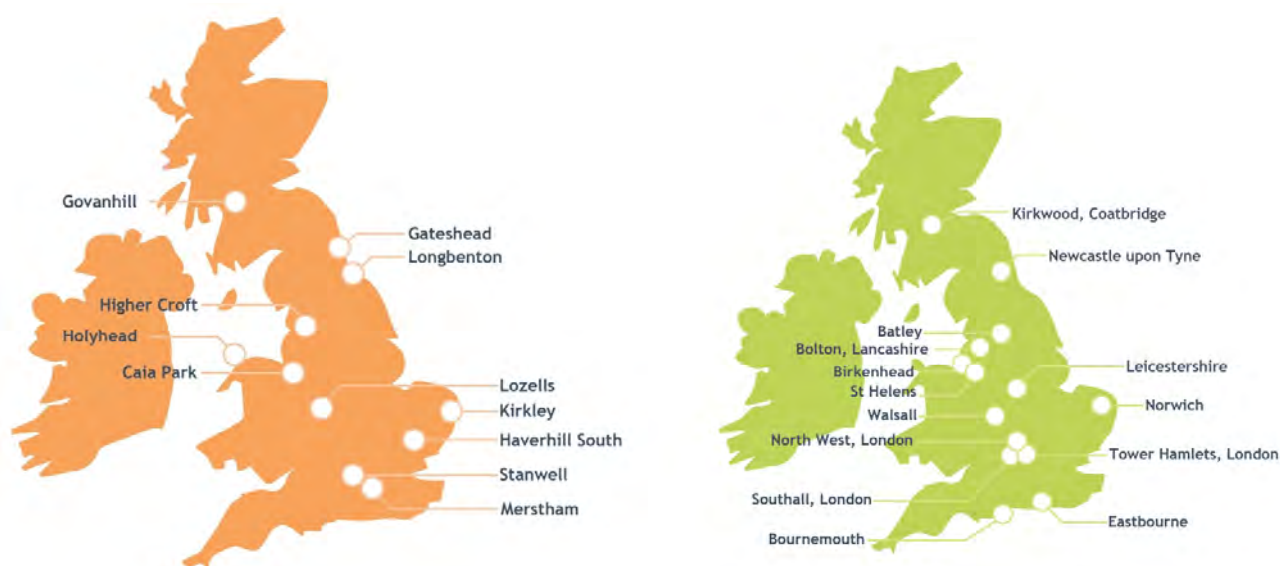
**15 Active Communities projects (195 participants)** took part in the fourth wave. Across projects, 73% of the surveyed participants were female, 24% male, and 2% non-binary. 77% of the Active Communities participants were White, 11% Black, 10% were Asian, and 2% Mixed. In terms of their age, 35% were in the 45-64 age group and 37% in the over 65 age group, while 23% of participants were aged between 30 and 44, 3% between 25 and 29, and 3% aged between 18 and 24.

The research draws upon studies previously commissioned by People's Health Trust and on their theory of change and it adds to the findings from the previous three waves of research carried out in April-July 2021, in March 2022 and in February-March 2023. It makes use of comparisons with datasets available in the three countries (Community Life Survey, Understanding Society Survey, the National Survey for Wales,

and the Scottish Household Survey) and across the Trust’s programmes to further understand the impact of community-led projects. The Understanding Society Survey questions were benchmarked on Wave I (2019) except “walk in the dark” which was benchmarked on Wave F (2015) as that was the last time it was asked. For the Community Life Survey and the National Survey for Wales, the benchmarking used 2018-2019 data, while the Scottish Household Survey questions were benchmarked on the 2019 dataset.

The data gathered across **the four waves of research** provides a robust understanding of how community-led projects bring about short- and longer-term change in health equity. It also allows us to examine how journeys of impact are travelled in a context shaped by complex demographic, economic and geographic factors. By repeating the research over three years, we have built a large dataset that allows us to observe changes over time and increase the robustness of the overall analysis.

**Local Conversations** invited to take part in Wave 4 (left); **Active Communities** projects invited to take part in Wave 4 (right)



## 2 Key findings

### 2.1 What is the effect of participation in the Trust's programmes on local people?

#### Short-term changes (analysis based on combined dataset, Waves 1 - 4)

The projects funded through People's Health Trust programmes had a positive impact on **participants' confidence**. In the fourth wave, 73% of surveyed participants in Local Conversations and 84% of those in Active Communities programme reported that the projects helped them to feel more confident.

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*"It means a lot to me because it has given me confidence. I started by just joining the wellbeing group, and then I joined the sewing group and I have also now started to volunteer [at another group]. I think if I hadn't come to the first group, I would have gone a bit crazy as I didn't do anything else. Even if I am having a bad day I still like to come as I know I will go away smiling. Joining the wellbeing group meant that I also heard about the sewing group and later that led to being asked if I wanted to volunteer [...] which I love. I used to do lots of things when I was younger, but really lost my confidence. I now feel like there is a light in my life and am much happier."*

*Survey of participants, Active Communities (involved for 1 year or more but less than 3 years), Wave 4*

By creating opportunities to get together and engage with people in the community, projects **impacted positively on participants' skills**. In the fourth wave, 86% of surveyed participants involved in Active Communities projects and 72% of those involved in Local Conversations projects said they had learnt or developed new or existing skills through the project.

Participation in community-led projects had a **positive impact on participants' social ties**, supporting participants to expand their networks in the neighbourhood and local communities. Surveyed participants from both programmes had **more positive perceptions of social connectedness** than people living in areas characterised by similarly high levels of disadvantage:

- 77% of those surveyed agreed that they **regularly stop and talk with people in their neighbourhood**, compared to 57% of people living in areas with similarly high levels of disadvantage.
- 83% of those surveyed agreed that the **friendships and associations they had with other people in their neighbourhood meant a lot to them**, compared to 49% of people living in areas with similarly high levels of disadvantage.
- 58% of those surveyed agreed that **they borrow things and exchange favours with their neighbours**, compared to 32% of people living in areas with similarly high levels of disadvantage.
- 81% of those surveyed agreed that their **local area is a place where people from different backgrounds get on well together**, compared to 70% of people living in areas with similarly high levels of disadvantage.



### Local Conversations – across projects

80% of those surveyed agreed that they **regularly stop and talk to their neighbours.**

84% of respondents agreed that the **friendships and associations they have with other people in their neighbourhood mean a lot to them.**

60% of those surveyed agreed that they **borrow things and exchange favours with their neighbours.**

80% of respondents agreed that their **local area is a place where people from different backgrounds get on well together.**

78% of respondents agreed that **people in the neighbourhood can be trusted.**

### Active Communities – across projects

72% of those surveyed agreed that they **regularly stop and talk to their neighbours.**

83% of respondents agreed that the **friendships and associations they have with other people in their neighbourhood mean a lot to them.**

54% of those surveyed agreed that they **borrow things and exchange favours with their neighbours.**

82% of respondents agreed that their **local area is a place where people from different backgrounds get on well together.**

75% of respondents agreed that **people in the neighbourhood can be trusted.**

Surveyed participants from both programmes had **more positive perceptions of belonging and trust but less positive perceptions of safety after dark** than people living in areas characterised by similarly high levels of disadvantage:

- 77% of those surveyed agreed that **people in their neighbourhood can be trusted**, compared to 56% of people living in areas with similarly high levels of disadvantage (in England only).
- 76% of those surveyed agreed that they **feel they belong to their neighbourhood**, compared to 56% of people living in areas with similarly high levels of disadvantage.
- 59% of those surveyed agreed that they **feel safe walking alone in their area after dark**, compared to 84% of people living in areas with similarly high levels of disadvantage [uses data from 2015, the last time when this question was included in the Understanding Society Survey].

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***“Yes [it made a difference]. As part of Local Conversation, it’s helped me help my [community], also it’s helped my mental health to see people together, [it] does put smile on my face, not a lot of people have things to look forward to [...], it’s nice to see new face come to the meetings.”***

*Survey of participants, Local Conversations (involved for 1 year or more, but less than 3 years), Wave 4*

We repeated the analyses we did in the previous waves to understand whether perceptions of safety after dark are influenced by participants’ demographics such as gender, age, self-rated health, and other health-related factors (for a detailed discussion, see pages 35-36).



Photo taken during the case study research at Chalkhill Women's Group in London during women's night. December 2023

### **Achieving community power and its impact on longer-term changes (analysis based on combined dataset waves 1 - 4)**

Across the two programmes, projects funded by People's Health Trust had a **positive impact on collective action and community power**. These findings substantiate the existing evidence base for the Trust's theory of change.

Increased participation in Local Conversations and Active Communities projects had a positive impact on participants' community power. For both Local Conversations and Active Communities projects, **stronger social networks, improved confidence and skills and more cohesive communities** also had a positive impact on participants' community power.

Data across programmes and nations shows that surveyed participants **had more positive perceptions of community power** than people living in areas with similarly high levels of disadvantage:

- 77% of those surveyed agreed that **when people in their area get involved in their local community, they really can change the way that their area is run**, compared to 51% of people living in areas with similarly high levels of disadvantage.
- 54% of those surveyed agreed that **they can influence decisions affecting their local area**, compared to 22% of people living in areas with similarly high levels of disadvantage.



- 77% of those surveyed agreed that they would be willing to work together with others on something to improve their neighbourhood, compared to 59% of people living in areas with similarly high levels of disadvantage.



Photo taken during the case study research at the Local Conversation in Longbenton. A view from their community garden. December 2023

The programmes are making a difference in people's lives, confirming the evidence from the previous three waves of research.

Many surveyed participants who answered an open-ended question about whether the project is making a difference in their lives gave between one and four reasons for the impact. In the fourth wave of research, Local Conversations participants said the project in which they were involved **impacted positively on a variety of aspects of their lives**, including their local networks (38% of those who answered), mental health and wellbeing (33%) and collective action (26%). Active Communities participants also reported that projects made a positive impact on their social links and ties (62% of those who answered), health and wellbeing (62%) and providing opportunities to attend activities (50%).

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***“I feel I have a voice and listened to, I am comfortable with sharing my points of view.”***

*Survey of participants, Local Conversations (involved for 3 years or more), Wave 4*



## **2.2 What is the role of local contexts in supporting or hindering outcomes for individuals and communities? (waves 1 – 4)**

Across all waves and both programmes, ‘job prospects’ was consistently identified as one of the top two local challenges by project participants, alongside ‘noise and pollution’ in wave 1, and ‘cost of living’ in wave 2 - wave 4. Participants were most positive about the accessibility of nature (parks, gardens, green spaces) and relationships with people in the local area across all four waves.

A key trend across the four waves is that most surveyed participants became involved in the projects funded by People’s Health Trust because of a combination of individual and community-driven motivations. Meeting new people and wanting to help the local community were the top two motivations for both programmes in waves 1 and 2. However, having a chance to learn new skills (wave 3) and wanting to improve wellbeing (wave 4) replaced wanting to help the local community as one of the top two motivations for Active Communities participants.

In waves 1 - 3, the impacts and restrictions of the COVID-19 pandemic had posed barriers for local projects and participants. Uncertainty about the pandemic and increased hardship for residents due to the pandemic were notable in waves 1 and 2, although by wave 3 all Local Conversations practitioners who answered the survey reported their projects were running normally, while 90% of the Active Communities practitioners agreed their projects were back to operating as normal.

In wave 4, all Local Conversations project leads and the majority of Active Communities practitioners reflected that the local cost of living had affected their projects, for example leading to lower wellbeing and increased hardship for participants.

Across both programmes, the proportion of practitioners who identified that there were certain groups of people that were harder to engage or did not get involved in project activities in the past six months decreased between each wave. In waves 1 - 3, a greater proportion of Local Conversations project leads said that there were groups that were harder to engage compared to Active Communities practitioners, while in wave 4 the opposite was true. While in waves 1 - 3 the majority of Local Conversations project leads identified harder to engage groups (over 70%), this decreased dramatically in wave 4 with only 25% of project leads agreeing to the statement.

In waves 3 and 4, Local Conversations project leads were asked what made steering groups or sub-groups work well and less well in the past six months. In both waves, complexities in participants’ personal lives (including other personal commitments) were mentioned as a factor that affected their ability to engage with the project. In wave 3, practitioners also noted the deterioration of participants’ mental health and wellbeing. In wave 4, participants becoming demotivated as projects were coming to an end emerged as a factor that made decision-making groups work less well.

## **2.3 How do practitioners evaluate the progress of each programme in relation to key elements of the theory of change? (waves 1 – 4)**

Practitioners and participants agreed on the positive impacts the projects have on participants’ confidence, skills development, and social connections. This substantiates the results from the previous waves of this research. When practitioners were asked to share key lessons learnt, a key theme from all four waves was the importance of listening to and working with local communities. This includes building trust and a sense of ownership over the projects with participants, getting regular feedback from the community, and designing services to fit their needs.



Photo taken during the case study research at the Local Conversation in Caia Park. A view from the Hub, which houses the Local Conversation. December 2023

### **Projects' impact on participants**

- Across all waves, practitioners agreed on the positive impacts that the projects have had on participants' health and wellbeing, skills development, confidence, and social connections.
- For Local Conversations, practitioners reported that participants had been involved in designing, delivering, and developing the project informally (for example by talking to someone who is part of a decision-making group, or posting suggestions on social media) across the four waves. In the first two waves, all Local Conversations practitioners said that participants were involved in designing, delivering, and developing the project through steering groups, while in the third and fourth waves this had fallen to 90% and 88% respectively.
- In each wave, Active Communities practitioners were most likely to report that participants got involved in designing, delivering, and developing the project by taking part in regular project activities, while a lower proportion of Active Communities practitioners answered that participants got involved by taking part in a steering group or another type of decision-making group
- In waves 2 - 4, the majority of Active Communities practitioners mentioned that a steering group or another type of decision-making group was established for the project. These groups generally involved participants, staff, and volunteers, and in some cases a board of trustees.

### **Projects' impact on communities**

- Practitioners from both programmes said that projects supported relationship building and collaborative working across communities in all four waves, contributing to local change.
- Across all waves, a majority of practitioners for both programmes said that the projects had facilitated new partnerships between local projects/organisations with common goals/interests. However, Local Conversations project leads were consistently more positive than Active Communities practitioners in each wave. Most Local Conversations project leads also reported that their projects have increased influence over neighbourhood services.
- In each wave, a greater proportion of Local Conversations project leads agreed that their projects had increased collective participation in wider community action, compared to Active Communities practitioners.
- When asked whether their project had supported local services and whether their projects had influence over neighbourhood services, Local Conversations project leads were also consistently more positive than Active Communities practitioners in each wave.
- When asked how wider engagement events, including those with existing and potential partners, shaped decision-making processes and project priorities in the past six months, overall, these were considered to be good opportunities for knowledge exchange, learning from local communities and partners while also sharing information with the community.

## 3 A note on methods

The survey of project participants examined how participation in community-led programmes impacts local people's short- and long-term health and wellbeing. The survey included questions about the role played by external conditions, environmental factors, and individual characteristics in shaping the individual and community health and wellbeing.

### 3.1 Survey of project participants

The survey of project participants used both an online version (through Survey Monkey) and a paper version (through postal surveys) for participants who struggled to complete the online survey. Through the in-depth interviews we conducted with practitioners at the beginning of the commission, we learned that the need for paper surveys varied quite significantly across the projects included in the research. A significant percentage of project participants had limited access to the internet, or they lacked the skills, digital devices, data allowance or confidence to complete online questionnaires.

By using postal surveys, the research sought to ensure that certain groups of participants were not excluded from taking part in the survey and that the data collected was not skewed toward those who had the access and the skills needed. Some projects only needed a few paper questionnaires for participants from key demographics (for example, for older people or people with very low incomes) who were digitally excluded. Other projects needed 30-40 paper questionnaires as a significant part of their participant group has limited access to digital devices, the internet or they lack the skills and confidence to complete online surveys.

This combination of methods ensured a systematic data collection process for a range of key indicators. Relying on local practitioners to inform and send reminders to project participants about the survey helped secure a more representative sample of residents. It is important to note, however, that the personal and community disruptions caused by the aftermath of the pandemic and the cost-of-living crisis impacted on project participants' readiness to engage in the research.

To understand the impact of the two programmes, responses from surveyed participants were compared to aggregate data for people living in either the 20% or 30% most deprived communities in the UK (surveys in different countries focus on different geographies). The report refers to these comparative geographies as areas characterised by similarly high levels of disadvantage. The benchmarking analyses are focused on the core concepts of People's Health Trust's theory of change including 'community power' and 'social connectedness'. Throughout these analyses, the percentage of positive responses is computed as the top two categories ('Strongly agree' and 'Agree', or 'Definitely agree' and 'Agree').

Social Life has developed a set of survey questions to evaluate the impact of People's Health Trust's Local Conversations and a sample of their Active Communities projects. We selected questions that replicate those used in national surveys. This had two advantages: the surveys have been tested thoroughly; and data generated can be used to compare responses to national surveys. This gives the analysis more depth, enabling us to compare the data we collected in the first wave to similar areas based on IMD scores. This process is known as benchmarking.

**The Understanding Society Survey (USS)** is the largest longitudinal study of its kind and provides crucial information for researchers and policymakers on the changes and stability of people's lives in the UK. Participants are interviewed annually and around 40,000 people are interviewed each year. It covers all four countries of the UK, with both ethnic minority and immigrant booster samples. Questions are reviewed each year and not all questions are asked in every year, however when a question is skipped it returns in future years.<sup>1</sup> All the Understanding Society Survey questions were benchmarked on Wave I (2019) except “walk in the dark” which was benchmarked on Wave F (2015) as that was the last time it was asked.

**The Community Life Survey (CLS)** is carried out in England annually to track trends and developments in areas that encourage social action and empower communities. The Cabinet Office commissioned the first Community Life Survey in 2012 to look at the latest trends in areas such as volunteering, charitable giving, local action and networks and wellbeing. Around 3,000 people are interviewed each year.<sup>2</sup> It is now overseen by DCMS. The benchmarking was run on the Community Life Survey for 2018-2019.

**The National Survey for Wales (Wales only)** involves around 12,000 people each year and covers a wide range of topics. It runs all year round, across the whole of Wales. The results are used by the Welsh Government to help make Wales a better place to live.<sup>3</sup> The benchmarking was run on the National Survey for Wales for 2018-2019.

**The Scottish Household Survey (Scotland only)** is an annual survey of over 10,000 households. It covers a range of different topics including your home, your neighbourhood and your views on local public services. It has been running since 1999. It is funded by the Scottish Government.<sup>4</sup> The benchmarking was run on the Scottish Household Survey for 2019.

Our preference for benchmarking is to use surveys that have UK-wide coverage and a robust sample size. UK coverage gives us comparable data across the three countries that People's Health Trust operates in (England, Scotland, and Wales). However, for some questions it is not possible to find UK-wide comparable data and for these, three different surveys each covering one nation will be used (the Community Life Survey, the National Survey for Wales and the Scottish Household Survey).

These four surveys are coded so results can be matched to different statistical geographies. This is important because the sample of the surveys are not large enough to allow them to be disaggregated robustly to small geographic areas. However, the surveys are coded to different geographic typologies, and some geographic units differ between the three nations.

The Understanding Society Survey is coded to Output Area Classifications (OACs), a socio-geographic classification created by the Office for National Statistics; the Community Life Survey, the National Survey for Wales and the Scottish Household Survey are coded to the Index of Multiple Deprivation (IMD: English, Scottish and Welsh versions). Understanding Society and the National Survey for Wales are broken

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<sup>1</sup> The Economic and Social Research Council is the primary funder of the USS study. The study is led by a team at the Institute for Social and Economic Research (ISER) at the University of Essex. For further information, see <https://www.understandingsociety.ac.uk/>

<sup>2</sup> For more information, see <https://www.gov.uk/government/collections/community-life-survey#:~:text=The%20Community%20Life%20Survey%20is,social%20action%20and%20empower%20communities>

<sup>3</sup> For more information, see <https://gov.wales/national-survey-wales>

<sup>4</sup> For more information, see <http://www.scottishhouseholdsurvey.com/>



down by IMD, so the survey responses are benchmarked to neighbourhoods falling in the bottom 30% of IMD. The Community Life Survey and the Scottish Household Survey are also broken down by IMD but the survey responses could only be matched to IMD quintiles instead of deciles. We therefore matched the Community Life Survey and Scottish Household Survey questions to the bottom 20% of neighbourhoods by IMD score.



Photo taken during the case study research at the Local Conversation in Longbenton. A view of the local social infrastructure ecosystem. December 2023

For the general health question (self-rated health), the 2021 United Kingdom census data was broken down by LSOA. This allowed us to merge LSOA and IMD datasets and produce outputs that focused on the 30% most deprived areas in England and Wales (Scotland census data is not available at the time of writing, as it was run in 2022 not 2021). The survey of participants used the 2021 United Kingdom census question, making it possible to compare the participant survey data to nation-specific averages and to data from areas characterised by similarly high levels of disadvantage.

Benchmarking data over the four waves has given us insight into the impact of participation in local projects on social connections, feelings of belonging, trust, collective and individual control, and satisfaction with life. We have looked at data for the locations of individual projects, local authorities, regional and national data (since larger dynamics often have an impact on local communities).

To better understand the impact of community-led initiatives on individual and community health and wellbeing and further explore patterns within the data, we ran the regression models developed for the first wave of research. The analyses were run initially on the data collected in the fourth wave and then on the combined dataset from all four waves. We used date of birth and project location to ensure that

each participant was only included once in the dataset. **Running the statistical models on the combined dataset (waves 1 to 4) for each programme increased their reliability.** These models are the ones discussed in this report. The analyses on the combined dataset have given us a deeper insight into the causal relationships underpinning the health equity theory of change, for example, by allowing us to examine on a larger dataset how participation in local projects impacts social connections, a sense of belonging and social engagement.

Factor analysis was used to investigate how different questions relate to the core concepts of wellbeing, feelings of belonging, control, motivations to get involved and benefits from the project. The factors used in the current analysis are based on People's Health Trust's Local Conversations and Active Communities theory of change, and they remained consistent with the ones used in the four waves of research. Only the statistically reliable groupings are shown below and used in regression analyses.

It is important to note that the factors are inter-correlated (for instance, the battery of questions from the Understanding Society Survey were split between different groupings which contribute to this). Regardless, the five factors capture useful patterns in the data. We tested these factors separately for each wave of research and determined that they hold well together and do not need to be adjusted.

Regarding the 'Wellbeing (understanding wellbeing impacts)' factor, the statistical reliability test showed that it was not advisable to group together the short version of the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS - the shorter version is known as SWEMWBS) and the 'satisfaction with life' question. This is why we kept them separate and included them in different regression models as outcome (dependent) variables.

The Likert scale variables included in factor analyses were standardised to a 0 to 10 scale with 0 corresponding to the lowest score and 10 to the highest. Binary questions were recoded as 0/1. When used together as factors in the regression analysis, scores were calculated by taking the average of the variables included in the scale. The scale classifies a case as 'low' wellbeing where the total score is less than 20, 'moderate' for 20-27 and 'high' for greater than 27, according to the final score.<sup>5</sup> A comprehensive list of descriptive statistics is included in the Appendix.

### **1. 'Community power' factor**

"I would be willing to work together with others on something to improve my neighbourhood."

"Overall, how satisfied or dissatisfied are you with your local area as a place to live?"

"When people in this area get involved in their local community, they really can change the way that their area is run."

"I can influence decisions affecting my local area."

"People in my local area pull together to improve the neighbourhood."

"I feel I can contribute to how the project activities are planned or run."

"I have become more involved in wider community action as a result of participating in the project."

### **2. 'Social connectedness' factor**

"The friendships and associations I have with other people in my neighbourhood mean a lot to me."

"I borrow things and exchange favours with my neighbours."

"I regularly stop and talk with people in my neighbourhood."

"My local area is a place where people from different backgrounds get on well together."

"I have made new friends by taking part in the project."

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<sup>5</sup> For more information on how these scores are calculated, see <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

### **3. 'Feelings of belonging' factor**

"I feel like I belong to this neighbourhood."

"Thinking about the people who live in this neighbourhood, to what extent do you believe they can be trusted?"

"How safe do you feel walking alone in your neighbourhood after dark?"

"My local area is a place where people from different backgrounds get on well together."

### **4. 'Confidence and skills' factor**

"The project has helped me to feel more confident."

"I have learnt and developed new skills through the project's activities."

### **5. 'Wellbeing' factor (short version of the Warwick-Edinburgh Mental Wellbeing Scale, SWEMWBS)**

"I've been feeling optimistic about the future."

"I've been feeling useful."

"I've been feeling relaxed."

"I've been dealing with problems well."

"I've been thinking clearly."

"I've been feeling close to other people."

"I've been able to make up my own mind about things."

Regression analyses were used to examine the relationships between participation in the local projects funded by the Trust and individual and community health and wellbeing. These were run with and without control variables. The impact of age, gender, health limitations, and employment status on the relationships was explored. Cross-tabulation analyses generally suggest that there isn't much impact of demographics on health. In some instances, sample sizes were too small to result in meaningful insights. (e.g. ethnicity, employment status). For both programmes, an unequal number of males and females responded to the surveys, but the analyses do not single out gender as the only factor with an impact on the regression models. Self-rated health and project target groups also have an impact on the regressions, making it difficult to attribute the low perceptions of safety after dark to only one factor.

We ran the regression models separately on the Local Conversations and Active Communities samples. The statistically significant predictors differ for the two programmes, which is why the results are discussed separately for each.

There are some **strengths and weaknesses to the approach we used to collect and analyse data for this research**. We were dependent upon practitioners to enlist participants from each project. Participant demographics and the length and depth of engagement therefore varied by project. The views we collected may not therefore reflect those of all of the people who participate in each project.

For the survey of participants, **data analysis combined quantitative and qualitative approaches**, using statistical analysis for close-ended questions and thematic analysis for open-ended questions. The **use of different methods of data analysis and the final validation of data through cross-verification** is a strength of this research. This approach has allowed the research team to test the consistency of the findings in each wave and over time.





Photo taken during the case study research at the Local Conversation in Longbenton. View from a walk in the neighbourhood involved in the Local Conversation. December 2023

### 3.2 Survey of practitioners

The survey of practitioners consists in two separate online questionnaires, each targeting one of the programmes (both are administered through SurveyMonkey). The survey questions build on the in-depth interviews the research team carried out with practitioners at the start of this project in 2021. The goal of these questionnaires is to gather insight into how practitioners evaluate project progress against key elements of the theory of change.

In each wave, the main practitioner of each project is invited to take part in this survey. Eight practitioners from Local Conversations and 113 from Active Communities projects took part in the online survey in Wave 4.

The Local Conversations and Active Communities surveys of practitioners capture a wide variety of the views and experiences. These range from general questions about main project activities and plans in the past six months, participants' motivations to take part in project activities, key local assets and challenges, to more specific questions about the project's impact on individual participants and communities and lessons learnt.

The questionnaires also include programme-specific questions, allowing us to focus on experiences and impact specific to each programme. For Local Conversations, the questionnaire for practitioners includes additional questions about collective control, power sharing, and about wider engagement events that

might impact on the projects' priorities. For Active Communities, it includes questions about steering groups and about the projects' intentions to carry on project activities after the end of the grant from People's Health Trust.

This mix of data provides a detailed account of practitioners' views on project impact, as well some of the wider, ongoing changes in the community. Once the data is collected, the research team identifies the themes that cut across individual experiences and in-depth accounts. We use thematic analysis to understand how practitioners' experiences shed light on the theory of change outcomes. Like with the survey of participants, data analysis combines quantitative and qualitative approaches. We use thematic analysis to synthesise responses to open-ended questions and statistical analysis to identify the patterns emerging from answers to close-ended questions.

### 3.3 Case study research

The case study research took place in December 2023. It involved four short ethnographic visits to projects across Great Britain: in London (an Active Communities project, Chalkhill Womens Workshop run by Chalkhill Community Action in North West London), Wales (the Local Conversation in Caia Park), Scotland (an Active Communities project, Wise Owl Recovery run by Nifty Fifty's in Kirkwood), and North East England (the Local Conversation in Longbenton). The four sites were chosen to ensure equal representation of the two programmes and geographic spread. We carried out twenty in-depth conversations with participants, split evenly across projects, and a series of rich informal conversations while taking part in project activities.

The goal of the case study research was to get a glimpse of activities, physical spaces, neighbourhood factors, relations between participants to help us gain a more nuanced understanding of the participants' journeys with the two programmes funded through People's Health Trust. This complemented the survey data we started collecting in 2021.

The in-depth interviews with participants provided rich insight into their journeys with the projects they were involved in, focusing on their lived experiences. Some interviews took place on the day of the visits, others were carried out by phone before or after the visits. The research team was flexible about scheduling the in-depth interviews and were guided by what project practitioners thought would work best. We were also open to adjust the format of the interviews to make sure participants felt as comfortable as possible with it. In practice this meant that for one of the projects we carried out three interviews by phone, one rich group discussion with four participants in-person, and one interview by email.

The typologies of participants whose journeys with projects we wanted like to explore included people who at the moment of the research, or in the past, used to participate in steering or core group meetings and other project activities regularly; people who participated regularly in project activities but not in steering or core group meetings; people joined project activities only from time to time, whenever they had time. We also sought to speak with participants who had not been keen or lacked the time to fill out the survey of participants during the four waves of research.

We identified themes that synthesised the individual accounts we collected and used the thematic analysis to organise the insight we gained into participants' journeys and their lived experiences.

Towards the end of our observations, we asked for permission to take photographs of the space. In line with the ethnographic approach outlined above, it felt it was best to do it once people have familiarised with our presence in the space.





**Photo taken during the case study research at the Local Conversation in Longbenton. A view from their community garden. December 2023**

Ethnographic approaches informed our short project visits in several key ways:

- Participant observation, where researchers take part in activities while observing them, was the key research approach to the site visits. This made it possible to build a sense of familiarity and accountability between researchers, project participants and staff in the short time we had together.
- During our visit, we hung out, ate Christmas lunch, drank tea, chatted, and sang alongside other participants. This helped us build an understanding of the differences between the people using the space and the dynamics unfolding within the space.
- Fieldnotes were taken during the site visits as long as they did not interfere with participating in activities. Researchers paid attention to the use of spaces and furniture, movement and activities, and relationships between users and staff. These reflections provided the context of participants' experiences of activities and were used to inform how the in-depth interviews were interpreted.
- During our visit, time was dedicated to getting to know the project's staff and participants. The Social Life researchers took part in activities and observed the interactions between people and the space. This allowed us to learn more about who and how the space is used by visitors.
- The in-depth interviews were structured around a few questions concerning participants' experiences of projects, and they were audio recorded. If participants wanted to explore issues that were not part of the initial set of questions they were allowed to do so and their input was considered relevant to our research. This approach allowed participants to shape the conversation and reflect on their lived experience, which was not possible to do through the survey.



Key observation points questions: Are there any shared spaces in the space used for project activities?; Are there any spaces people can use freely to hang out?; Are there any activities going on at the moment?; Do other services/activities take place at the same time with project activities allowing for people with different needs to come into contact?; Does the space have a signposting space/board? What do they signpost? Are there any posters advertising who is funding project activities, are there any logos anywhere? What types of users do activities target?; Is the entrance to the space used for project activities visible?; Are the premises located in a busy area? Are they well connected to other social infrastructure places?

Across the research, the quotes we included in this report have been edited for clarity and, when necessary, they have been amended to ensure anonymity.

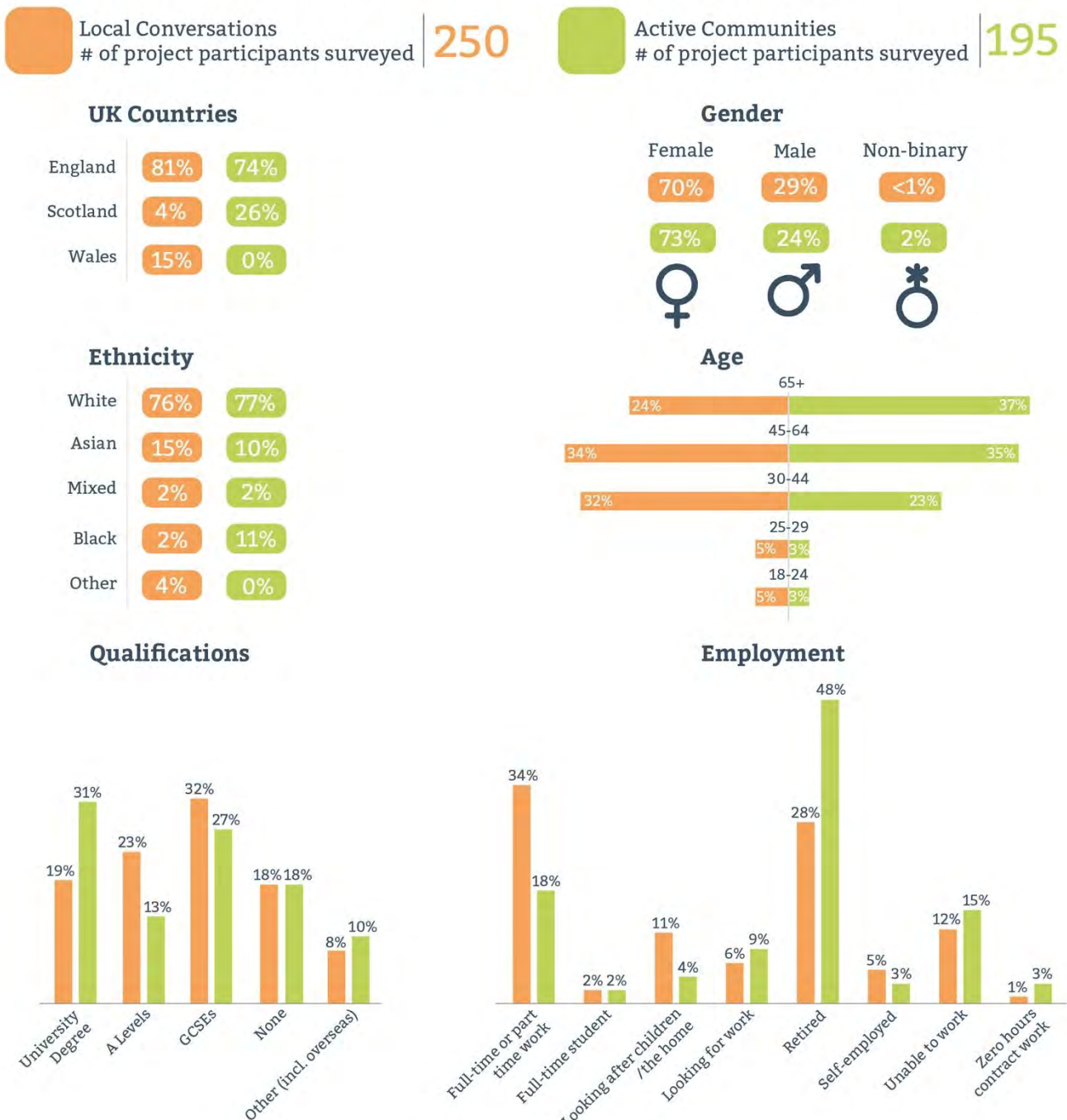


Photo taken during the case study research at the Active Communities project in Kirkwood. A view from their kitchen where people meet in between classes and project activities. December 2023

## 4 Key results: survey of project participants

Between early November and mid-December 2023, 445 questionnaires were completed by participants in 26 projects - 11 Local Conversations and 15 Active Communities projects. The infographic provides a snapshot of a few key characteristics of the participants who took part in the survey of project participants across the two programmes.

### Profiles of project participants who took part in the survey (wave 4)



Note: Percentages may not total 100 due to rounding.

Two other critical characteristics were gathered through the survey to help us gather further insight into participants' perceptions of their health, these were perceptions of general health and of day-to-day health limitations. These factors may impact on participants' levels of participation in their projects, as well as the short- and longer-term outcomes associated with projects.

## How is your health in general?

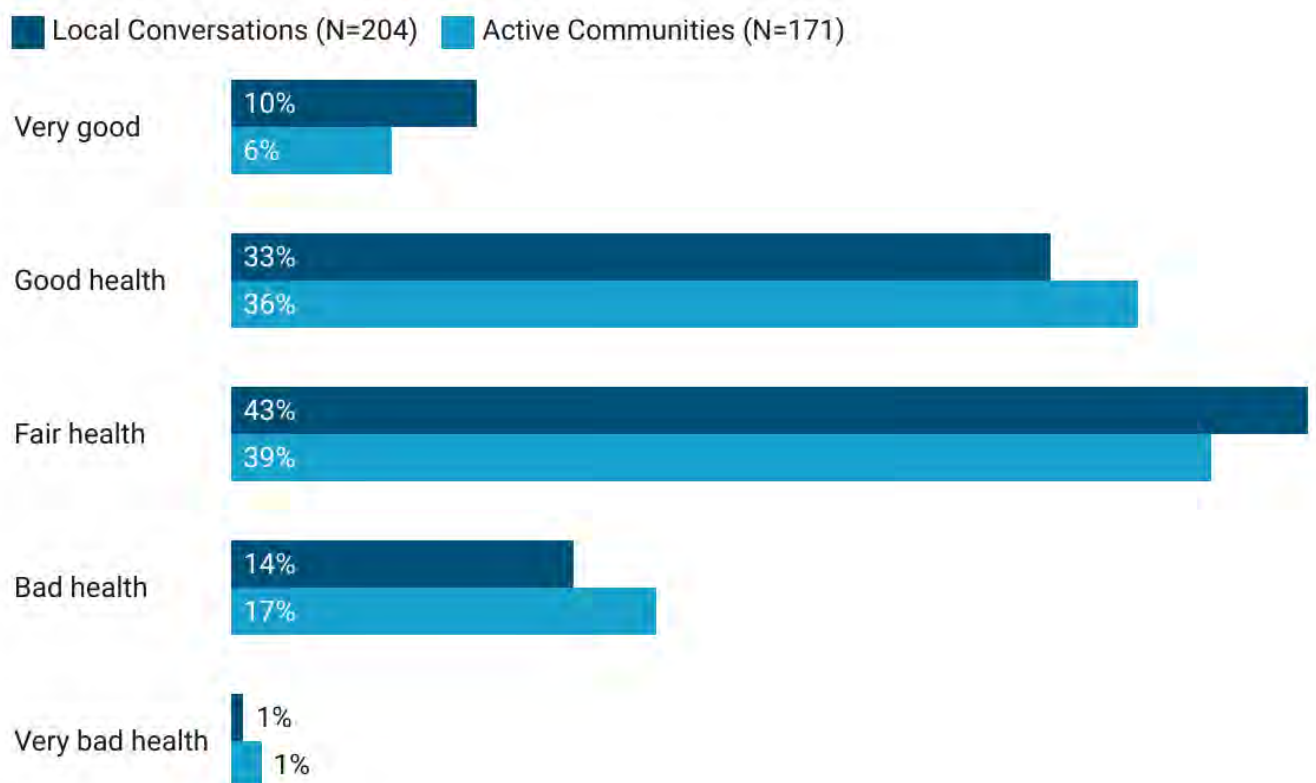


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 4 (November – December 2023), Social Life • Created with Datawrapper

In the fourth wave of research, 43% of participants in Local Conversations said **their health was very good or good**, down from 48% in the third wave, 53% in the second wave and 56% in the first wave. Similarly, 43% of participants in Active Communities projects felt that their health was very good or good, compared to 40% in the third wave, 44% in the second wave and 62% in the first wave. These initial findings seem to suggest that, on average, participants in the two programmes are more similar in terms of self-rated health in this wave.

By comparing participants' **perceptions of day-to-day health limitations** we gain further insight into this: participants in Local Conversations reported slightly fewer health problems than those involved in Active Communities projects. 29% of participants in Local Conversations and 32% of participants in Active Communities projects felt that their day-to-day activities were limited due to a physical or learning disability or health (fourth wave data).<sup>6</sup>

Across the two programmes, participants' perceptions of general health lagged behind those of people living in areas characterised by similarly high levels of disadvantage. While the difference between the two programmes has declined, the gap between perceptions of self-rated health between surveyed participants and people living in areas characterised by similarly high levels of disadvantage has been

<sup>6</sup> "Are your day-to-day activities limited due to a physical or learning disability or health problem?" (Yes, No, Prefer not to say)



maintained. Participants from both programmes had **less positive perceptions of general health** than people living in areas characterised by similarly high levels of disadvantage, as well as the general population. To understand **longer-term health change we need to take into account shifting perceptions of local issues - many of which are social determinants of health** - as they reflect simultaneously the needs of areas characterised by high levels of disadvantage and the challenging task of bringing about change. The role played by contextual factors will be detailed in a subsequent section.

The case study research made clear that both the COVID-19 pandemic and the cost-of-living crisis contributed to participants' understanding of their health. However, the relationship between health, the cost-of-living crisis and project participation was not linear nor straightforward. To unpack these results, in wave 4, **the research examined three hypotheses: the health literacy hypothesis, the cost-of-living hypothesis, and the project selection bias hypothesis**. The first hypothesis tested whether learning about health and wellbeing through project activities made participants evaluate their own health more cautiously or even more negatively. The second hypothesis examined whether participants' health was deteriorating due to the negative impact of the cost-of-living crisis on their health and/or the social determinants of health. The third hypothesis investigated whether project participants faced more health-related challenges than comparable groups, making it more likely that their health worsened over time regardless of the programmes' positive impacts on them.

Of the three hypotheses, **only the project selection bias hypothesis could be validated by findings from across the research**. While participants in both programmes live in areas characterised by high levels of disadvantage, the Local Conversations programme targeted whole communities, working with a cross-sector of the community. However, Local Conversations also set up specific activities that offered support to local people facing a range of vulnerabilities. This included people who have experience of mental ill health, unemployed people or people working below the real Living Wage, those who are homeless, at risk of homelessness, in temporary accommodation, or experiencing poor quality housing, among other groups.

The Active Communities projects are more tightly focused, working with groups of people who face specific, and many times, overlapping vulnerabilities. The 35 Active Communities projects that made up the final combined sample included projects working with people who are homeless, at risk of homelessness, with refugees, with vulnerable groups, with families and people who are parents, and older people.

Overall, **the two programmes attracted people who faced health-related challenges, making it more likely that their health worsened over time, or could not improve significantly due to underlying chronic conditions, and/or were more prone to sudden drops in health when faced with crises**. These results are supported by findings from across the research. Key to this discussion are the findings about participants' perceptions of day-to-day health limitations outlined above. Data from the combined wave 4 dataset shows that, across the two programmes, 31% of participants said their day-to-day activities were limited due to a physical or learning disability or health problem (32% of participants in Active Communities, and 30% of participants in Local Conversations).

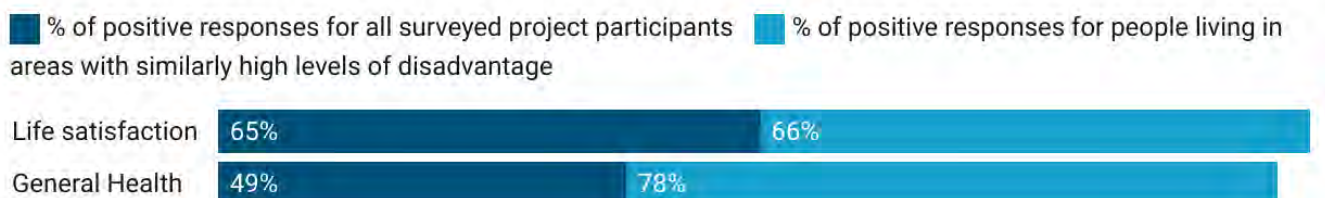


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1– Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

**Perceptions of life satisfaction** shifted considerably across the four waves. This is not necessarily surprising given that the research captured **snapshots of life satisfaction** during times of crises between 2021 and 2023. During the pandemic, in Wave 1, 62% of Local Conversations participants and 59% of Active Communities respondents said they were satisfied with life. In Wave 2, perceptions were most positive, with 72% of Local Conversations participants and 79% of Active Communities saying they were satisfied with life. In Wave 3, 65% of surveyed participants in Local Conversations and 62% of those in Active Communities projects gave a positive response. This changed again in Wave 4, especially for Local Conversations participants, when 58% of Local Conversations participants and 73% of Active Communities respondents said they were satisfied with life.

Across the two programmes, in wave 4, perceptions of life satisfaction are similar to what we saw in the third wave. 65% of all respondents **had positive perceptions of life satisfaction** compared to 64% in Wave 3. The situation looked somewhat different in the first two waves, with 75% of all respondents reporting positive perceptions of life satisfaction in the second wave and 61% in the first wave.

The shifts within each programme need to be examined in the context of the wider findings. Through the qualitative research, we learned that life satisfaction connects participants’ present experiences to future plans and concerns, and that contextual factors play a role in shaping both. Participants’ accounts showed that life satisfaction is as a complex concept, capturing both personal and structural aspects of life. This explains why, at least in part, even if participation in the two programmes had positive impacts on participants’ confidence, skills, and some perceptions of neighbourhood life, this did not translate straightaway into more positive perceptions of life satisfaction.

Given the role local contexts play in understanding perceptions of life satisfaction, it is worth mentioning that the Local Conversation programme was coming to an end as we were carrying out the research. Some participants this programme mentioned that this was somewhat unsettling, as they were unsure how their regular activities will continue into the future. This sense of uncertainty was recorded in some of their accounts of community life, and it might have had some bearing on their perceptions of life satisfaction.

The wider research shows that changes in life satisfaction are linked to contextual factors including housing, relationships with people in the local area, as well as wider issues such as the COVID-19 pandemic and the cost-of-living crisis. The case study research revealed that, for participants in both programmes, life satisfaction reflected nuanced lived experiences. This may explain why perceptions of life satisfaction were highest in wave 2, which took place in March 2022, about six months after the first wave of the research. At the time, local groups across the UK were emerging from the last round of government COVID-19 restrictions. Complex challenges ranging from financial pressures, the loss of community and staff members, to the uncertainty about the long-term impact of pandemic were on people’s minds. However, that was also a moment of hope, when groups were mobilising community resources to support those who struggled, triggering the emergence of dynamic networks of support and new partnerships with local agencies.



The third wave of research took place between February and March 2023, about a year after the second wave. COVID-19 restrictions had been lifted but the impact of the pandemic on local communities was being felt across Great Britain, many communities were mourning, operating continuously in crisis mode, navigating between post-COVID pressures and the cost-of-living crisis. These shifts in the wider context of daily life were reflected in participants' perceptions of life satisfaction and, while they cannot fully explain them, they give us a better insight into the trends we observe.

## 4.1 Shorter-term changes

Greater health equity is key outcome in People's Health Trust's theory of change. To understand how participation in the two programmes impacted on short-term and longer-term outcomes connected to the theory of change, we used metrics such as feelings of belonging, satisfaction with local area, trust, perceptions of safety after dark, satisfaction with life, and health. In this section, we focus on the shorter-term changes. In the following section, we will take this a step forward and look at how community power is achieved through participation in community-led projects and its impact on longer term individual- and community-level changes.

### Participation

The research examined how participation in projects funded by People's Health Trust contributes to changes in people's social connections, feelings of belonging, community power, wellbeing, and general health.

The survey of participants is designed to capture both the length and depth of participation. The length of participation is based on the number of months or years that participants have been involved in a project, while the depth of participation refers to the regularity of involvement and the types of meetings attended.

Across programmes, most survey participants have taken part in their project for more than a year. Like in wave 3, more Active Communities participants reported that they had been **involved in the project** for less than a year. Given key differences between the two programmes and, especially the longer-term funding that Local Conversations receive, this is not a surprise. About one third of Active Communities participants said they had been involved in the project for more than three years.

This may indicate that the survey attracted participants with a longer history with the project, which may extend beyond the time the Trust has funded it (Active Communities grants are given for up to two years, although projects can apply for continuation funding). This may also point to one of the findings of the case study research which brought attention to the fact that sometimes participants are unable to identify with certainty activity names and their funders, especially when the activity itself has remained the same over the years but it has been run by different organisations with different funding sources. At times, participants might even be uninterested to keep track of such information as they feel it may interfere with their actual involvement in the activity. However, this may explain why participants sometimes can overestimate how long they have been involved in a specific activity such as those run by Active Communities projects.

## How long have you been involved in Local Conversations/Active Communities activities in your area?

Local Conversations (N=238) Active Communities (N=185)

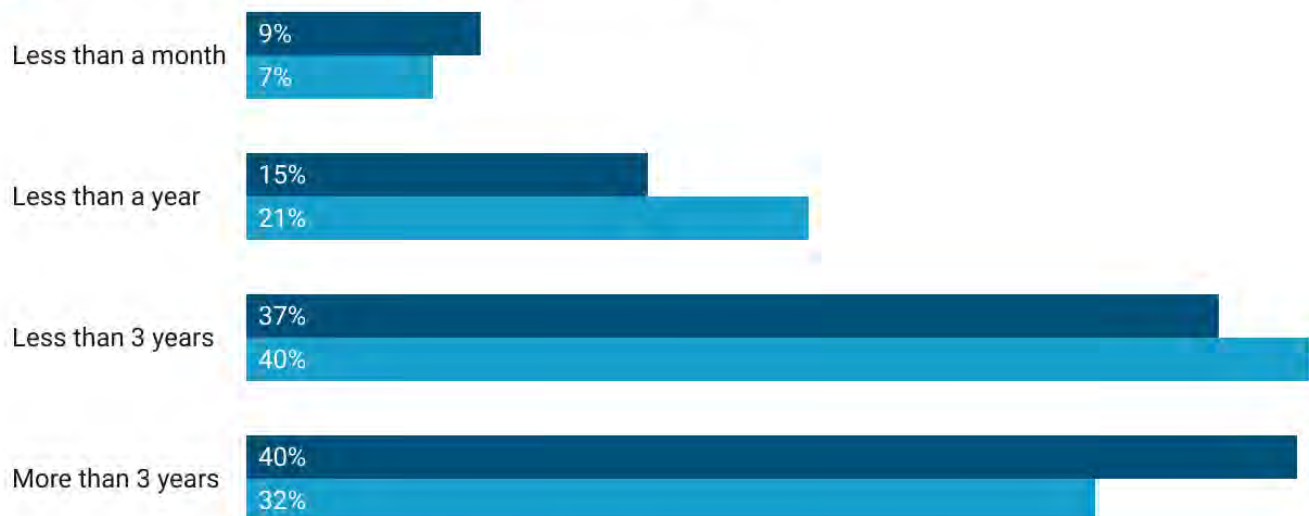


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 4 (November – December 2023), Social Life • Created with Datawrapper

In terms of the depth of participation across the two programmes, participants in Local Conversations are split more evenly than those who take part in Active Communities projects. As before, this can be explained by the different ways the two programmes are run. Looking comparatively, the percentage of participants who take part in project activities when they have time but not regularly indicates that Local Conversations were able to attract a good number of people who cannot commit fully but are willing to volunteer their time when possible. Again, looking at the differences between programmes, we can see that the majority of the Active Communities participants join regularly but are not involved in developing or delivering the activities.

It is important to note that these percentages offer a snapshot of participation in the two programmes. They reflect the participants who took part in the survey in wave 4 and may not be representative for all project participants. The COVID-19 pandemics and the cost-of-living crisis have had a significant impact on people's involvement in their communities as well as engagement methods, so it is not surprising that the numbers have somewhat changed from wave to wave.

# Thinking about the Local Conversations/ Active Communities activities in which you are involved, how would you describe your role in the project?

Local Conversations (N=210) Active Communities (N=173)

I participate in steering or core group meetings and other project activities regularly, helping develop or deliver the project

29%

22%

I participate regularly in project activities but not in steering or core group meetings

36%

53%

I join projects activities when I have time but I don't participate regularly

36%

25%

Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 4 (November – December 2023), Social Life • Created with Datawrapper



Photo taken during the case study research at the Active Communities project in Kirkwood. A snapshot from one of the rooms used by project participants. December 2023



Participation in projects had a **positive impact on participants' social networks**, supporting participants to expand their social links and ties. 95% of surveyed Active Communities participants and 85% of the Local Conversations participants said they made new friends by taking part in project activities (wave 4 data).

In wave 4, to further gain insight into **people's motivations to get involved in the two programmes**, the question about participants' motivations was modified to include four additional options. These gathered additional information about motivations to improve one's physical health, mental health, wellbeing and learning about health and/or health inequalities. Like in the previous waves, when asked about their **motivations** to get involved in the project funded by People's Health Trust in their local area, participants reported a mix of motivations.

The main motivation for participants in Local Conversations was wanting to meet people, followed by wanting to help the local community. For participants in Active Communities projects, the key motivation was meeting new people, while wanting to improve one's wellbeing and wanting to improve one's mental health were ranked second and third respectively. Wanting to improve one's mental health was in third place (40% of surveyed participants). Improving one's physical health and learning about health and/or health inequalities were not seen as key motivations in either programme.

Given that we modified the number of response choices, it is not surprising that these results differ from the previous waves. In addition, the impact of the COVID-19 pandemic and of the cost-of-living crisis on participants' daily lives and their needs during those difficult times may have also had an impact on how participants chose to answer this question. What remained constant across the four waves is that 'wanting to meet people' and 'wanting to help one's community' are two of the most popular motivations across programmes. Also, across waves, the least cited motivation by participants in both programmes was *"I thought it would help me get a job"*.



Photo taken during the case study research at the Local Conversation in Caia Park. A snapshot from the main room used by participants from the lunch club. December 2023

# What motivated you to get involved in the Local Conversations/Active Communities project?

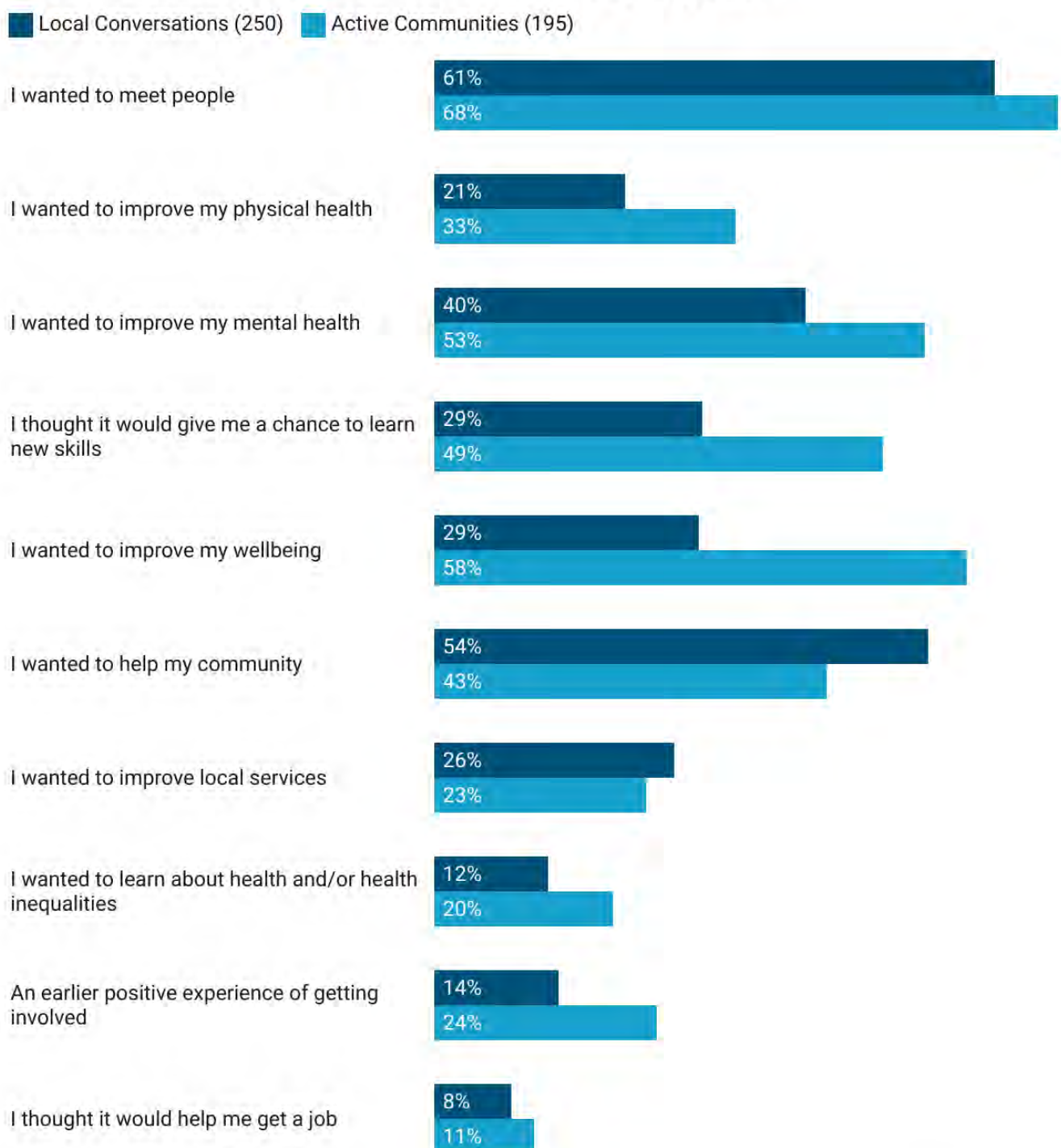


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 4 (November – December 2023), Social Life • Created with Datawrapper

The regression models also explored the relationship between participation in project activities and wellbeing. In the previous three waves, it was difficult to say whether increased participation in projects had an impact on wellbeing because the models has limited predictive power. The same results hold true now when we run the analyses on the larger dataset from waves 1 to wave 4. A possible explanation is that participants who have been involved for longer might have started with higher wellbeing scores than other participants (a self-selection bias). Yet another explanation is that the small variance (most answers

group in the middle of the scale) in the wellbeing variable hides the impact of participation. Another possibility is that the small subsample of people who were involved for less than a month and less than a year is too small to allow us to make accurate predictions regarding their wellbeing. Yet another explanation is that the small variance (most answers group in the middle of the scale) in the wellbeing variable hides the impact of participation. As we have seen previously and, as the following sections will confirm, the wider research results reveal that participants in both programmes consider that the project activities made positive contributions to their lives.

### **Confidence and skills**

The projects funded through People's Health Trust programmes had a **positive impact on participants' confidence**. The fourth wave of research shows that 84% of surveyed participants involved in Active Communities projects, and 73% of those taking part in Local Conversations reported that the projects helped them to feel more confident.

Local Conversations and Active Communities projects **impacted positively on participants' skills** by allowing them to join activities and learn new things alongside others. Data from the fourth wave of research reveals that 86% of the surveyed participants involved in Active Communities projects and 72% of those involved in Local Conversations projects noted that they had learnt or developed new or existing skills through the project. The Active Communities projects seem to have made a bigger impact on participants' skills than Local Conversations, however these results need to be understood in the context of who the two programmes work with. Local Conversations target whole communities, while Active Communities projects work with more specific groups of people. The Active Communities projects selected for wave 4 included some working with families and people who are parents, with refugees, with vulnerable groups, and with older people. In other words, while Active Communities projects seem to have a bigger impact on participants' skills that could be at least partially explained by the types of activities delivered to fulfil specific group needs.

We also examined if, over the past six months, those who took part in the survey **participated in any consultations about local services** (for example, about local schools, housing, regeneration plans, green spaces, etc). With this question, we aim to further untangle the project's impact on individual participants by gauging whether participants have become more actively involved in community-led project were also engaged in consultations and wider community action. In the fourth wave, we see a drop in participation in consultations about local services (26% for Local Conversations, 16% for Active Communities) compared to previous waves. Wave 3 and wave 1 showed that slightly more participants in the Local Conversations (38%) than in the Active Communities projects (26%) participated in consultations in the past six months. In the second wave, there were no differences between the two programmes (30% of respondents in each programme said they participated in consultations in the past six months).

The survey explored the question of short-term project impact by looking at participants' changes in confidence, social connections and learning new skills, as well as the overall impact the community-led projects funded by the Trust had on participants' lives.

As in previous waves, more participants in Active Communities projects (95%) than Local Conversations (85%) agreed that they **made new friends** by taking part in the project. At the same time, supporting the previous results about wider local participation, more participants in Local Conversations projects (73%) than Active Communities (70%) reported that they **became more involved in wider community action** as a result of participating in the project. While there has been variation over time, some of which can be attributed to contextual factors and sample changes, the research has showed consistently that more than two-thirds of participants across both programmes reported that they became more involved in community action.



# To what extent do you agree or disagree with the following statements about the Local Conversations/ Active Communities project that you are involved in?

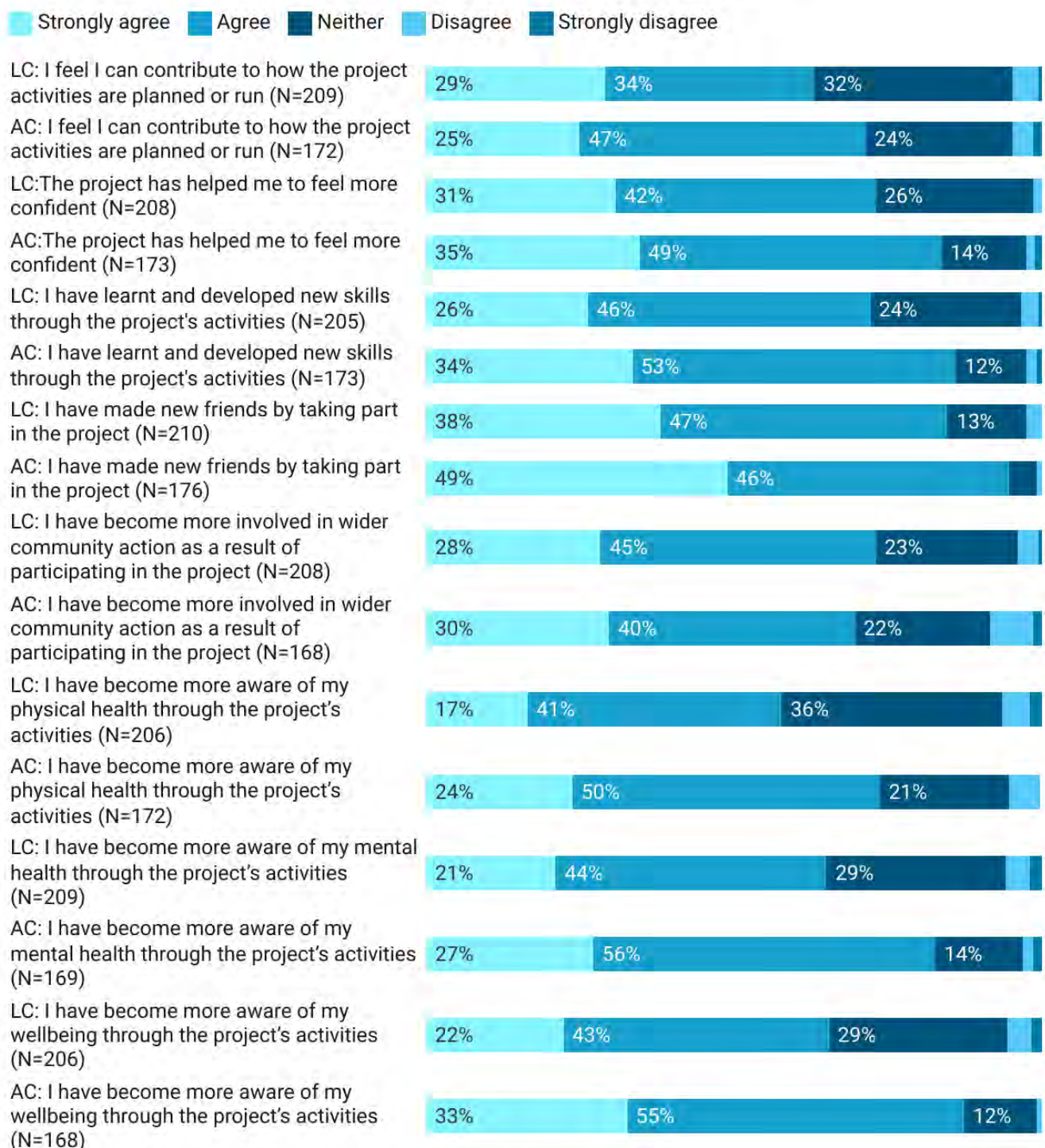


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 4 (November – December 2023), Social Life • Created with Datawrapper

In wave 4, we also asked participants whether the projects made them more aware of their physical and mental health and wellbeing. Across these three aspects, more Active Communities participants reported that they did become more aware. The biggest difference was in terms of participants' awareness of wellbeing (last item in the chart above). These results are in line with the findings about participants'

motivations. This may indicate that participants in Active Communities projects, for whom improving mental health and wellbeing were top motivations, were more cued to pay attention to these issues during project activities. Among the three issues explored, across programmes, participants felt their awareness of physical health was least impacted by taking part in project activities.

These findings were further examined when we tested the **health literacy hypothesis**, which produced less definite results, especially in the absence of longitudinal data. This hypothesis focused on complex lived experiences, which were not very well suited for statistical modelling or benchmarking analyses. The case study research highlighted that participants felt that their lived experiences of physical health, mental health and wellbeing were multifaceted, and **improvement achieved through project activities** took a range of forms.

It also became clear that people's involvement in project activities was entangled with other local commitments, which facilitated 'cross-pollination' between projects and activities commissioned by different funders. This had a positive impact on bringing together people from different backgrounds, linking up resources, and accelerating knowledge exchange. We also learned that this supported intergenerational activities, strengthening connections between people across a range of communities. Many times, however, **it was difficult for participants to clearly identify where project activities started and where they ended**. For many participants, coming together with others in the community mattered more than what the name of the activity or the funder.

This explains why a key trend across the waves is that **most participants became involved in the projects funded by People's Health Trust because of a combination of individual and community-driven motivations**. The survey findings show that **more Active Communities participants were motivated to join because they wanted to improve their mental health and wellbeing** than those involved in Local Conversations. As we highlighted above, these results need to be understood in the context of **who the two programmes work with**. Local Conversations targeted whole communities and offered a range of community-led activities, while Active Communities projects work with specific groups of people facing particular vulnerabilities. Many of the Active Communities projects in our sample offered activities tailored specifically to people who struggled with isolation, loneliness or feeling excluded, and the participants' motivations matched their needs at the beginning of the journey.

**Wellbeing, mental health and physical health** appear as interconnected in participants' narratives, explaining why **it is not always easy to use survey data to understand how health changes over time**. Physical health is perceived as being vague and disconnected from people's everyday lives, unless people connect it to physical activities, being able to move around or someone's experience of reduced mobility, or to chronic conditions that limit one's daily activities. Mental health and wellbeing appeared to be closer to people's lived experiences, be that through one's own feelings of belonging, isolation or by seeing others struggling or being in control.

Participants' lived experiences of health changed as they continued to be involved in projects' activities. **The research shows that many participants became more aware of their physical and mental health through project activities but that did not make them more likely to assess their health worse or better than before**. The overall research shows that **increased awareness of physical and mental health led to a richer, more holistic and dynamic understanding of health**, which made people value certain activities and routines more because they appreciated better how those impacted on their lives and the lives of those in their communities.

The regression analyses we ran on the fourth wave of data and on the combined datasets (waves 1 - 4) show that **participation in Local Conversations contributed positively to improving confidence and skills for those involved** (Figure 1, Appendix 3). Both the depth and duration of participation are statistically significant predictors. In other words, increased project participation had a positive impact



on the confidence and skills of those involved in Local Conversations. These results corroborate the evidence from wave 2 and wave 3.

For surveyed Active Communities participants, the results do not seem to confirm the positive impact of participation on confidence and skills. This is consistent with what the regression models showed in previous waves. However, these results are invalidated by the other findings from this research and the wider evidence base for the programme. As we reported in wave 3, it looks like the regression model falls short of capturing the impact because the overwhelming majority of Active Communities participants said they improved their confidence and skills (also, it does not help that there are only a few participants who were involved in the project for 1 month or more, but less than 1 year in the sample). This lack of variation in the data limits the predictive power of the regression model, hiding the impact that projects made in terms of confidence and skills. In other words, even people who only take part in the project for a short while improved their confidence and felt they gained new skills.

This explanation is consistent with the findings from the case study research and the thematic analysis of an open-ended question in the survey, which focused on whether people felt that participating in projects made a difference in their lives. The quotes contrast the experiences of a participant who, at the time of the research, had been involved in the project for one month or more but less than one year with that of a participant who had been involved for three years or more. These lived experience examples show that building up confidence remains a constant regardless of the length and depth of participation.

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***“I have made a lot of friends by being involved in the Active Communities project. Especially during winter months, it gives me an incentive to get up and go out. I hear about other things that are going on in the surrounding communities. This helps me get involved. It broadens my horizons and I appreciate new experiences. Going and getting involved has helped prevent loneliness and feelings of depression. It has also helped to see how others are coping with physical disabilities.”***

*Survey of participants, Active Communities, 3 years or more, Wave 4*

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***“It means a lot to me because it has given me confidence. I started by just joining the wellbeing group, and then I joined the sewing group and I have also now started to volunteer [at another group]. I think if I hadn’t come to the first group, I would have gone a bit crazy as I didn’t do anything else. Even if I am having a bad day I still like to come as I know I will go away smiling. Joining the wellbeing group meant that I also heard about the sewing group and later that led to being asked if I wanted to volunteer [...] which I love. I used to do lots of things when I was younger, but really lost my confidence. I now feel like there is a light in my life and am much happier.”***

*Survey of participants, Active Communities, 1 year or more but less than 3 years, Wave 4*

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The relationship between participation and the strength of participants’ social networks (the ‘social connectedness’ factor) was also explored. We looked separately at the data from the fourth wave and the combined datasets waves (waves 1 - 4). For Local Conversations, the regression analyses show that participation has some limited positive impact on social connectedness (metrics include the importance of local friendships and associations, borrowing things and exchanging favours with neighbours, regularly

talking with people in the neighbourhood, feeling the local area is a place where people from different backgrounds get on well together, and making new friends).

Unlike in the third wave, participation is no longer a robust predictor in this statistical model for the Active Communities programme. In the second wave, participation was not a robust predictor of social connectedness for either programme. Given the other findings from this research, it looks like the lack of variation in the data about social ties may once again limit the predictive power of the regression model by making invisible the impact that participation may have on the strength of participants' social networks. This would explain why the larger and more diverse dataset of Local Conversation participants is better at pinpointing the relationship. The percentage of surveyed participants who agreed with the statement that they made friends by taking part in the project corroborates this explanation (95% of Active Communities and 85% of Local Conversations participants). The overall research results suggest that, for Active Communities, **even people who only took part in the project for a short while may feel that they are making friends or feel more connected to their communities.**



Photo taken during the case study research at the Local Conversation in Longbenton. A snapshot of the playground that participants involved funded through the local LC. December 2023

We also tested whether participation had an impact on the **'feelings of belonging'** factor (metrics including perceptions of trust, belonging, safety, and agreement that people from different backgrounds get on well together) but we found that it did not (participation was not a robust predictor). These results are largely consistent with the findings from the previous waves of research. Given that over 70% of the surveyed participants for each programme were female, we investigated whether our results could be influenced by survey demographics. Age and self-reported health were other factors we considered.

As in the previous wave, our analyses **did not single out gender as the only factor with an impact on perceptions of safety after dark**. Self-rated health, health limitations and who the projects work with are also contributing factors, making it difficult to attribute the low perceptions of safety after dark to only one factor. For instance, the sample of Active Communities projects we used in this research brought together a range of projects that worked with families and people who are parents, with refugees, with vulnerable groups, and with older people. Many of the Active Communities projects in our sample offered activities tailored specifically to people who struggled with isolation, loneliness or feeling excluded, which may all impact perceptions of trust, belonging, safety, and agreement that people from different backgrounds get on well together. In the Appendix, we included a comprehensive account of the benchmarking analysis weighted to match the gender ration in the Understanding Society Survey.

Also key to this discussion about safety are the findings about participants' health limitations. Data from the combined wave 4 dataset shows that, across the two programmes, 31% of participants said their day-to-day activities were limited due to a physical or learning disability or health problem (32% of participants in Active Communities, and 30% of participants in Local Conversations). As we discussed in previous sections, the two programmes attracted people who faced health-related challenges, making it more likely that their health worsened over time, or could not improve significantly due to underlying chronic conditions, and/or were more prone to sudden drops in health when faced with crises.

This helps us gain further insight into the low proportion of participants who said they felt safe walking alone in their neighbourhood after dark (in the combined wave 4 dataset, 59% of participants across programmes felt very or fairly unsafe, compared to 84% living in areas characterised by similarly high levels of disadvantage). Data from the Opinions and Lifestyle Survey (March 2022) shows that disabled adults felt less safe than non-disabled adults, supporting our findings.<sup>7</sup> Similarly, the Opinions and Lifestyle Survey shows that a higher proportion of women reported feeling very or fairly unsafe compared with men, which is in line with the results from our surveys. Participants who self-identified as female are overrepresented in our surveys (in the combined wave 4 dataset, 70% of participants across programmes self-identified as female). While the unequal size of gender groups did not change the outcomes of the regression models, it made the proportion of participants who felt unsafe walking alone in their neighbourhood after dark much larger compared to the proportion of people living in areas characterised by similarly high levels of disadvantage.

All things considered, **the neighbourhoods where the projects took place appear to have felt more unsafe than other areas characterised by similarly high levels of disadvantage because of survey demographics**, especially the fact that the sample included more females than males and more people who faced health-related challenges. These are groups that tend to feel more unsafe walking alone in their neighbourhood after dark.

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<sup>7</sup> More information about the Opinions and Lifestyle Survey and the key findings are available here: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/perceptionsofpersonalsafetyandexperiencesofharassmentgreatbritain/16februaryto13march2022>



## Social connectedness and feelings of belonging

In this wave of research, a somewhat similar percentage of surveyed participants from the two programmes said that they felt they **belong to their local area** (78% for Active Communities programme and 76% for Local Conversations ).<sup>8</sup> A smaller percentage of surveyed participants in Active Communities projects (78%) than in Local Conversations (82%) reported that they **trusted people who live in their neighbourhood**.<sup>9</sup>

When we examine the analysis of the combined dataset across the four waves, we observe that, across programmes and nations, **the surveyed project participants had more positive perceptions of social connectedness, belonging and trust** than people living in 20% or 30% most deprived communities in the UK (referred to throughout this report as people living in areas with similarly high levels of disadvantage).<sup>10</sup>

- 83% of respondents agreed that the **friendships and associations they have with other people in their neighbourhood mean a lot to them**, compared to 49% of the people living in areas with similarly high levels of disadvantage.
- 58% of those surveyed reported that they **borrow things and exchange favours with their neighbours**, compared to 32% of the people living in areas with similarly high levels of disadvantage.
- 77% of those surveyed agreed they **stop and talk to their neighbours**, compared to 57% of the people living in areas characterised by similarly high levels of disadvantage.
- 77% of those surveyed agreed that **people in the neighbourhood can be trusted**, compared to 56% of the people living in areas characterised by similarly high levels of disadvantage.
- 81% of respondents agreed the **local area is a place where people from different backgrounds get on well together**, compared to 70% of the people living in areas with similarly high levels of disadvantage.

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<sup>8</sup> “Thinking about your neighbourhood, please answer how strongly you agree or disagree with the following statement: I feel like I belong to this neighbourhood”; Strongly agree, Agree, Neither, Disagree, Strongly disagree.

<sup>9</sup> “Thinking about the people who live in this neighbourhood, to what extent do you believe they can be trusted?”; Many, Some, A few, None.

<sup>10</sup> Understanding Society and the National Survey for Wales were broken down by IMD, so the survey responses are benchmarked to neighbourhoods falling in the bottom 30% of IMD. Community Life Survey and the Scottish Household Survey were also broken down by IMD but the survey responses could only be matched to IMD quintiles instead of deciles. This is why we matched the Community Life Survey and Scottish Household Survey questions to the bottom 20% of neighbourhoods by IMD score.



# How safe do you feel walking alone in your neighbourhood after dark?

Local Conversations (N=232) Active Communities (N= 187)



Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 4 (November – December 2023), Social Life • Created with Datawrapper

Across programmes and nations, project participants were **less positive about safety after dark** (59% compared to 84% in similarly disadvantaged neighbourhoods), which is in line with the findings from the first wave of research.

## Local Conversations - across projects

80% of those surveyed agreed that they **stop and talk to their neighbours**.

84% of respondents agreed that the **friendships and associations they have with other people in their neighbourhood mean a lot to them**.

60% of those surveyed agreed that they **borrow things and exchange favours with their neighbours**.

80% of respondents agreed that the **local area is a place where people from different backgrounds get on well together**.

78% of respondents agreed that **people in the neighbourhood can be trusted**.

## Active Communities – across projects

72% of those surveyed agreed that they **stop and talk to their neighbours**.

83% of respondents agreed that the **friendships and associations they have with other people in their neighbourhood mean a lot to them**.

54% of those surveyed agreed that they **borrow things and exchange favours with their neighbours**.

82% of respondents agreed that the **local area is a place where people from different backgrounds get on well together**.

75% of respondents agreed that **people in the neighbourhood can be trusted**.



Photo taken during the case study research at the Local Conversation in Caia Park. A snapshot of the neighbourhood involved in LC activities. December 2023

Through the benchmarking analysis we also examined the two programmes individually. Local Conversations respondents **had more positive perceptions of community power, social connectedness, and most aspects of feelings of belonging** than people living in areas with similarly high levels of disadvantage in the UK. As in previous waves, Local Conversations respondents had **less positive perceptions of safety after dark** than people living in areas with similarly high levels of disadvantage in the UK.

The surveyed Active Communities respondents also **had more positive perceptions of community power, social connectedness and most aspects of feelings of belonging** compared to people living in areas with similarly high levels of disadvantage in the UK. Like with Local Conversations, Active Communities respondents had **less positive perceptions of safety after dark**.

We also ran the benchmarking analyses separately for England, Scotland, and Wales to examine them comparatively. The charts below capture a series of differences focused on the ‘community power’ factor.



Local Conversations in England Local Conversations in Scotland Local Conversations in Wales

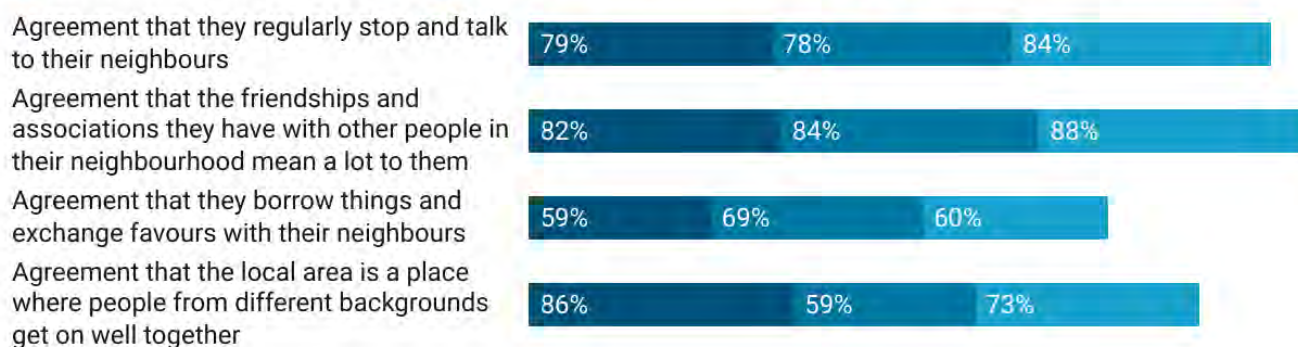


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life • Created with Datawrapper

Active Communities in England Active Communities in Scotland Active Communities in Wales

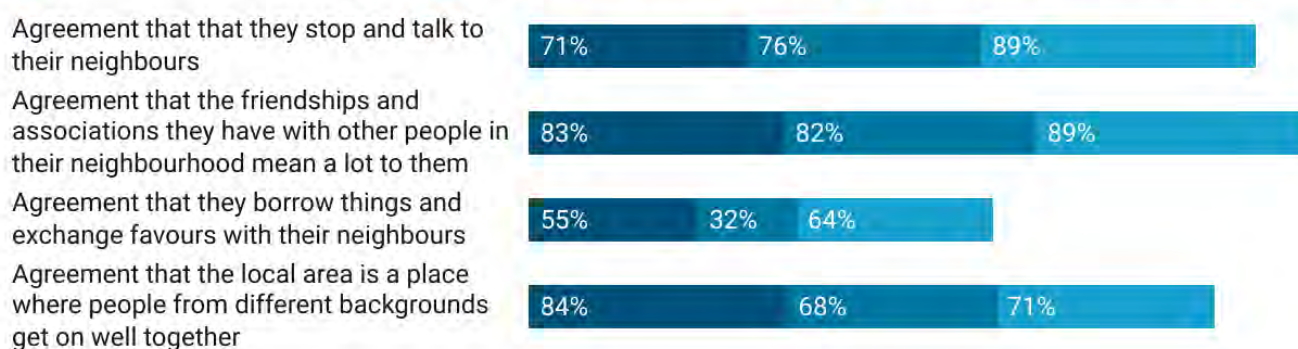


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 4, Social Life • Created with Datawrapper

## 4.2 Achieving community power and its impact on longer-term changes

Across all four waves, we used statistical modelling, benchmarking analyses and the wider research results to understand the community power outcome and how it contributes to a series of longer-term changes reported by the surveyed respondents involved in the projects funded by People's Health Trust. Following People's Health Trust's theory of change, we focused on changes in three key factors (participants' community power, social connectedness, feelings of belonging), general health (self-rated health), and wellbeing.

The findings based on the combined wave 1 to wave 4 dataset reveal that over 76% of the surveyed participants (74% for Active Communities and 77% for Local Conversations) reported that they were **satisfied with their local area**. Across metrics, the surveyed project participants had **more positive perceptions of community power, social connectedness, and most aspects of feelings of belonging** than people living in areas characterised by similarly high levels of disadvantage.

## 'Community power' factor

■ % of positive responses for all surveyed project participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

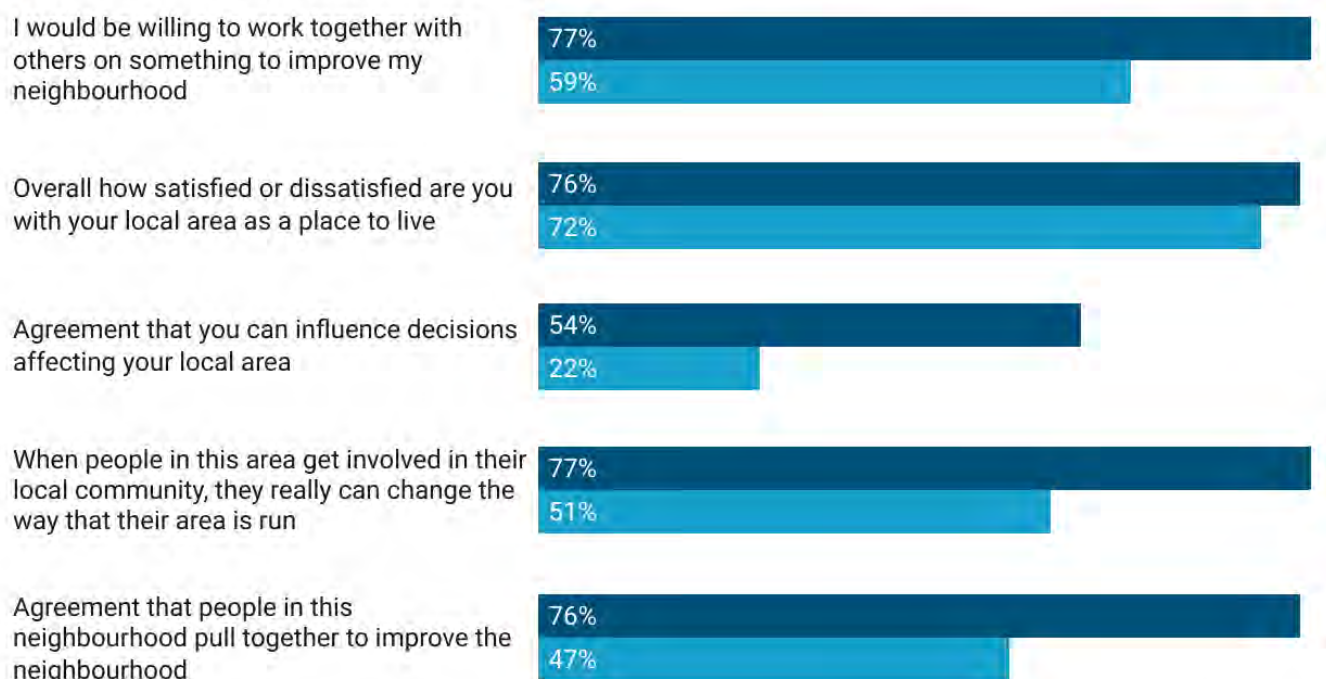


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Statistical modelling using the combined waves dataset reveals that participation in Local Conversations projects is a good predictor of community power (Figure 2, Appendix 3). Like in the previous two waves, **both the length and depth of participation** in Local Conversations have a positive impact on participants' community power (metrics included satisfaction with the local area a place to live, willingness to work together with others on something to improve one's neighbourhood, and several other metrics focus on individual control over the area). The same regression models were run separately for the Active Communities programme (Figure 3, Appendix 3). **The depth of participation has a small positive impact on community power, but the length of participation does not.** These results are similar to what we saw in the previous wave when we ran the analyses on the combined waves dataset (waves 1-3).<sup>11</sup> These results validate previous evidence, and they are in line with the distinctive goals of the programmes and the new findings about participants' motivations to get involved in the Active Communities projects.

We ran benchmarking analyses separately for participants who were more involved and less involved in project activities, looking at their depth of participation to further understand how participation impacts on the 'community power' factor. Across programmes, **participants with higher levels of participation presented higher scores on the 'community power' factor.** This substantiates that the mechanisms of shorter-term change from People's Health Trust's theory of change - coming together, dialogue, collective and individual action - work effectively.

<sup>11</sup> Like in wave 3, the Active Communities regression model is less robust than the Local Conversations one. The depth of participation is therefore only a limited predictor of community power for the Active Communities programme.



## Looking comparatively at percentages of positive responses for Local Conversations participants with different levels of participation

■ I join project activities when I have time but I don't participate regularly ■ I participate regularly in project activities but not in steering or core group meetings ■ I participate in steering or core group meetings and other project activities regularly, helping develop or deliver the project

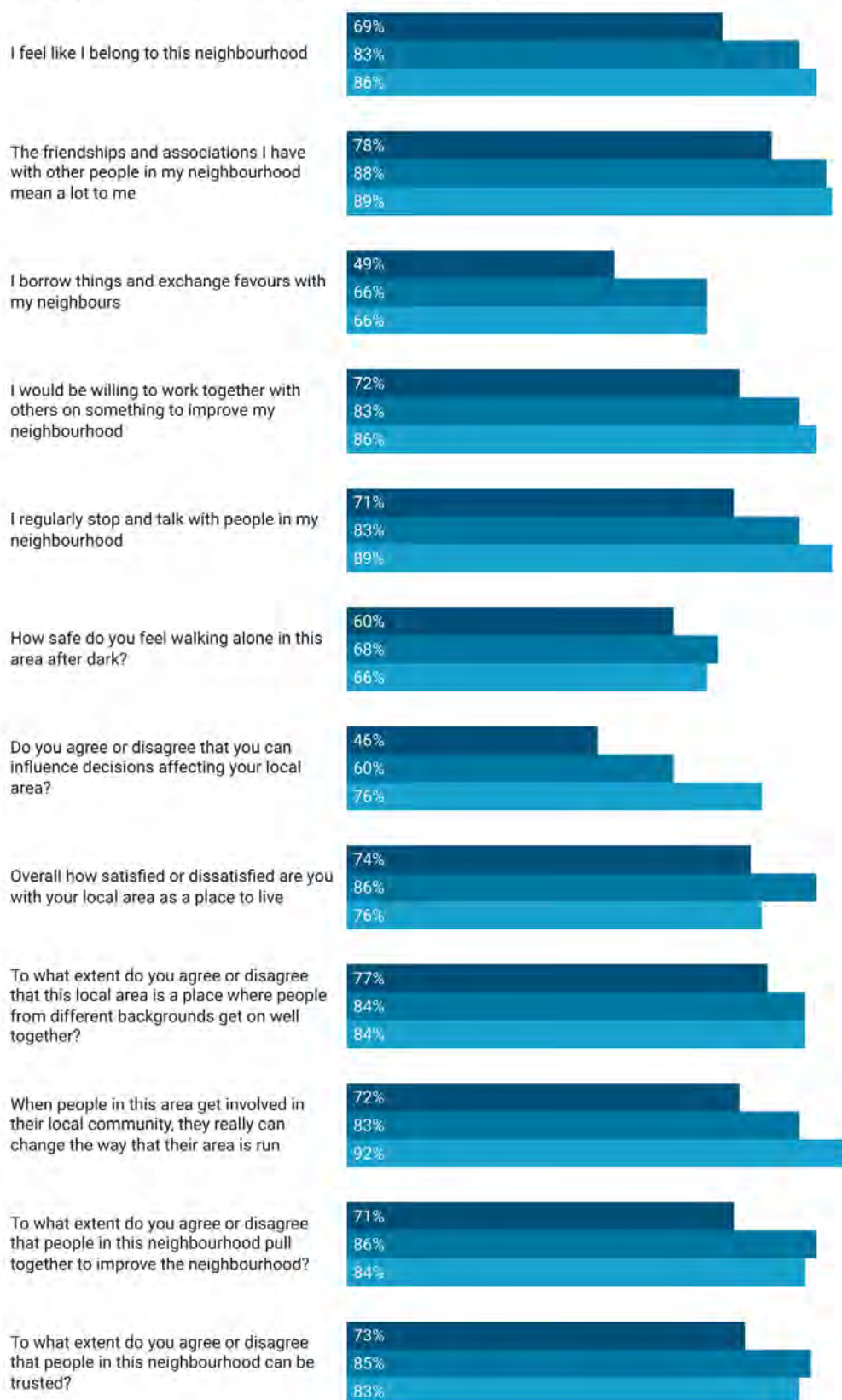


Chart: Social Life - Source: Local Conversations and Active Communities surveys of project participants; combined dataset: Wave 1 - Wave 4; Social Life: Community Life Survey/Understanding Society Survey - Created with Datawrapper

## Looking comparatively at percentages of positive responses for Active Communities participants with different levels of participation

■ I join project activities when I have time but I don't participate regularly ■ I participate regularly in project activities but not in steering or core group meetings ■ I participate in steering or core group meetings and other project activities regularly, helping develop or deliver the project

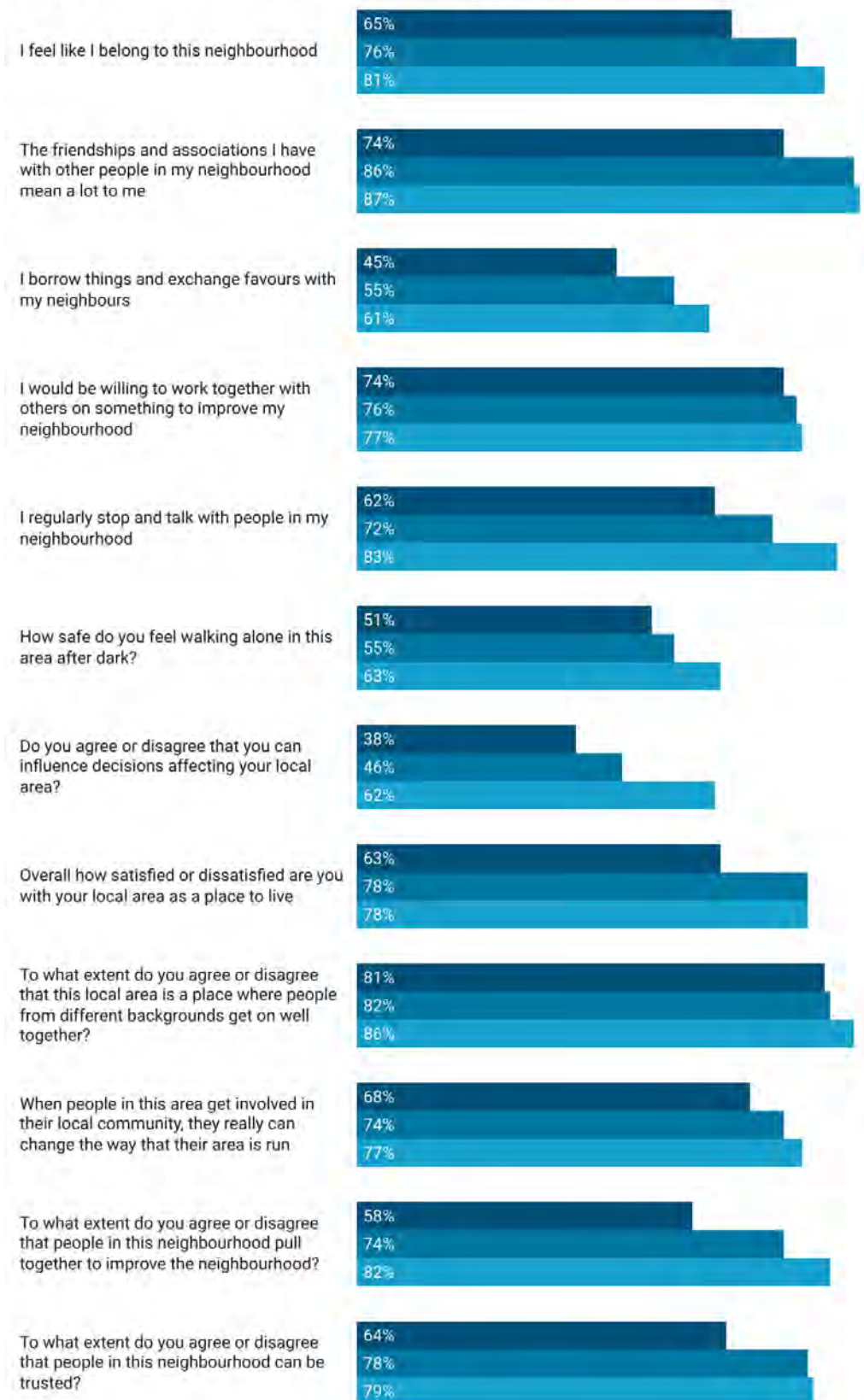


Chart: Social Life - Source: Local Conversations and Active Communities surveys of project participants; combined dataset: Wave 1 - Wave 4; Social Life: Community Life Survey / Understanding Society Survey - Created with Datawrapper

In the case of the Local Conversations participants, the **‘confidence and skills’ and ‘feelings of belonging’ factors** (perceptions of trust, feelings of belonging, safety, and agreement that people from different backgrounds get on well together) **had a positive impact on participants’ wellbeing** but only when run on the combined dataset (Figure 4, Appendix 3). This result was however evidenced by the findings from the previous waves of research. As we found in prior waves, the **‘social connectedness’** factor was not a good predictor of wellbeing. This may suggest social connections is impacting wellbeing but through the other factors so when we take them into account, in the larger dataset where these impacts get stronger, the direct impact of social connections goes away.

The model is no longer statistically significant for the Active Communities programme (in previous waves the models had low explanatory power, so it is not fully surprising). It seems that improved social networks, confidence and skills, and feelings of belonging may not lead to increased perceptions of wellbeing, unless the effect of health conditions (physical or learning disability or health problem) is taken into account (Figure 5, Appendix 3). When health conditions are accounted for, the **‘confidence and skills’ and the ‘social connectedness’ factors** become predictors for improved wellbeing. Again, this is in line with the differences between the two programmes and the different motivations (reflective of their needs which the project activities are designed to meet) participants reported. This evidences that, when it comes to the wellbeing of surveyed Active Communities participants, other factors need to be taken into account to fully understand the programme’s impact.

Regression analyses also examined the relationship between **confidence and skills, social connectedness, and feelings of belonging and community power**. The models found stronger social networks, improved confidence and skills and more cohesive communities led to improved community power in the case of both programmes (Figures 6 and 7, Appendix 3). These results substantiate findings from previous waves of research.

We also investigated the relationships between the **‘community power’ factor and wellbeing**, and the **‘community power’ factor and self-rated health**.

For the surveyed participants in Local Conversations, the **‘community power’ factor** is a statistically significant predictor of wellbeing, which substantiates findings from the previous waves. **Increased community power has a positive impact on wellbeing** (Figure 8, Appendix 3). This model is not statistically significant for the surveyed participants in the Active Communities programme.

The regression analysis we ran on the combined dataset shows that the **‘community power’ factor** is no longer a statistically significant predictor of predictor of self-rated health for either programme. In previous waves, this regression model had low and very low explanatory power for the Local Conversations programme, while for the Active Communities models the predictors were more robust. Demographic factors (age, gender) did not have an effect on the relationship when we looked at the combined dataset.

The benchmarking analyses we ran separately for participants who were more involved and less involved in project activities were mixed. However, they support the overall finding that the two programmes attracted people who faced health-related challenges, making it more likely that their health worsened over time, or could not improve significantly due to underlying chronic conditions, and/or were more prone to sudden drops in health when faced with crises. Yet, the relationship between **physical and mental health, wellbeing, and community power** was at the heart of participants’ lived experiences which we will explore in the next section. While the survey data showed that few participants joined project activities because they wanted to improve their physical health, the case study research highlights that participation and health are nonetheless connected. The analysis of participants’ lived experiences shows **that early changes in individual behaviour added up, and that these take on wider**



**meanings in participants' lives over time**, opening up new ways of experiencing one's body, relationships with others, and the larger neighbourhood.

The relationship between **self-rated health** and **community power** was difficult to model statistically due to some of the limitations of this research, especially the fact that this study was not longitudinal. Measuring impact was less straightforward in such situations, which is why the focus on understanding participants' lived experiences made a substantial difference. Another relevant issue was sustainability - health-related outcomes take longer to achieve compared to other outcomes as they may require holistic transformations. People's Health Trust's theory of change, which guided this research, acknowledged this limitation from the start. The case study research will allow us to examine the connection between health and community power in more detail, as it will zoom into some of the meanings and lived experiences of health.

To summarise, for Local Conversations, these results further strengthen the evidence base for the theory of change. They corroborate a number of findings identified in the previous three waves of research:

- Participation in Local Conversations had a positive impact on participants' perceptions of community power
- Participation in Local Conversations led to improved social networks, confidence and skills
- Stronger social networks, improved confidence and skills and more cohesive communities had a positive impact on participants' community power
- Improved 'confidence and skills' and 'feelings of belonging' had a positive impact on participants' wellbeing
- Improved community power had a positive impact on participants' wellbeing.

As in prior waves, the survey of participants asked people to answer in their own words whether they felt that participating in projects made a difference in their lives. The thematic analysis of that open-ended question substantiates the findings we reviewed earlier about the impact of participation on social ties, confidence and skills. The thematic analysis captured the 'early wins' of the participants' journeys with the projects. They also emphasise that some changes take time, while some other may require additional help to move past structural challenges.

When respondents were asked whether they felt that participating in the Local Conversations project made a difference in their lives, those who answered the question mentioned most frequently that the projects impacted positively on their social networks (38%), mental health and wellbeing (33%), community power (26%), and their opportunities to take part in activities (21%).

## Do you feel that participating in Local Conversations made a difference in your life? If yes, how? (N= 159)

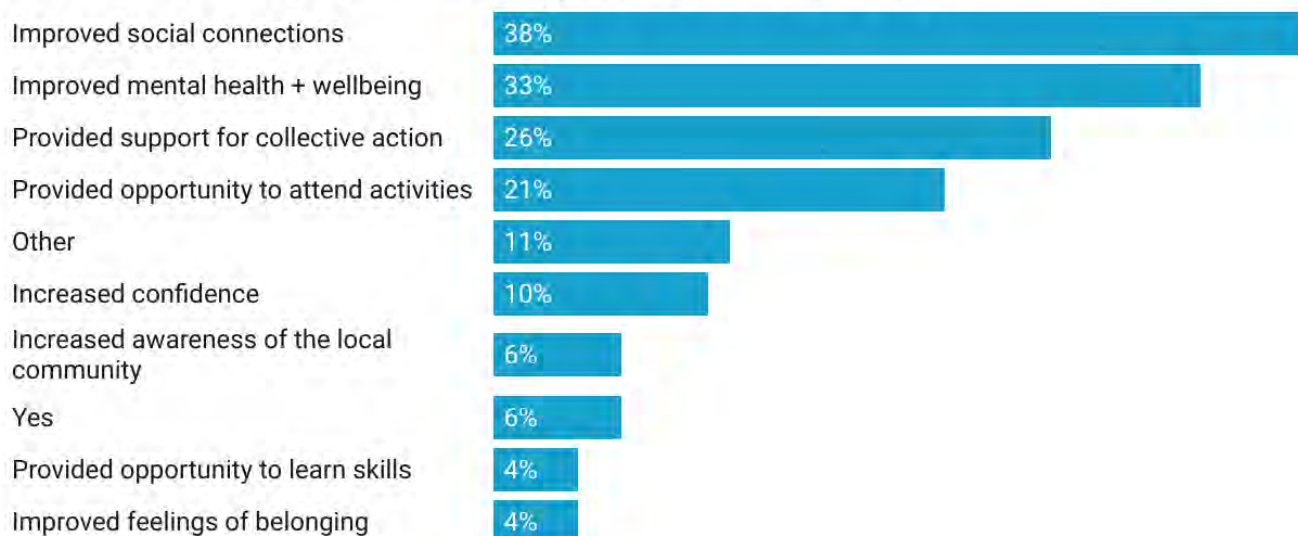


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 4 (November - December 2023), Social Life • Created with Datawrapper

Across waves, participants' responses provide important insight into the relationships explored by the statistical analyses, showing how individual behaviours are changed. To illustrate, we chose some of the participants' responses from wave 4:

***“I feel I have a voice and listened to, I am comfortable with sharing my points of view.”***

*Survey of participants, Local Conversations, 3 years or more, Wave 4*

***“Yes [it made a difference]. As part of Local Conversation, it's helped me help my [community], also it's helped my mental health to see people together, [it] does put smile on my face, not a lot of people have things to look forward to [...], it's nice to see new face come to the meetings.”***

*Survey of participants, Local Conversations, 1 year or more, but less than 3 years, Wave 4*

In summary, for Active Communities projects, the regression analyses add to the evidence base for the theory of change by confirming three key relationships across all three waves of research:

- Participation in Active Communities projects had positive impact on community power
- Stronger social networks, improved confidence and skills and more cohesive communities have a positive impact on participants' community power
- Participation in Active Communities led to improved social networks, confidence and skills

- Improved confidence, skills and social connectedness had a positive impact on participants' wellbeing when taking people's existing health conditions (physical or learning disability or health problem) into account.

Similarly, we analysed Active Communities participants' responses to the open-ended question about whether the projects made a difference in their lives. Most Active Communities participants who answered this question said projects positively impacted on their social links and ties, improved their mental health and wellbeing, and provided an opportunity to attend activities.

## Do you feel that participating in the Active Communities project has made a difference in your life? If yes, How? (N= 143)

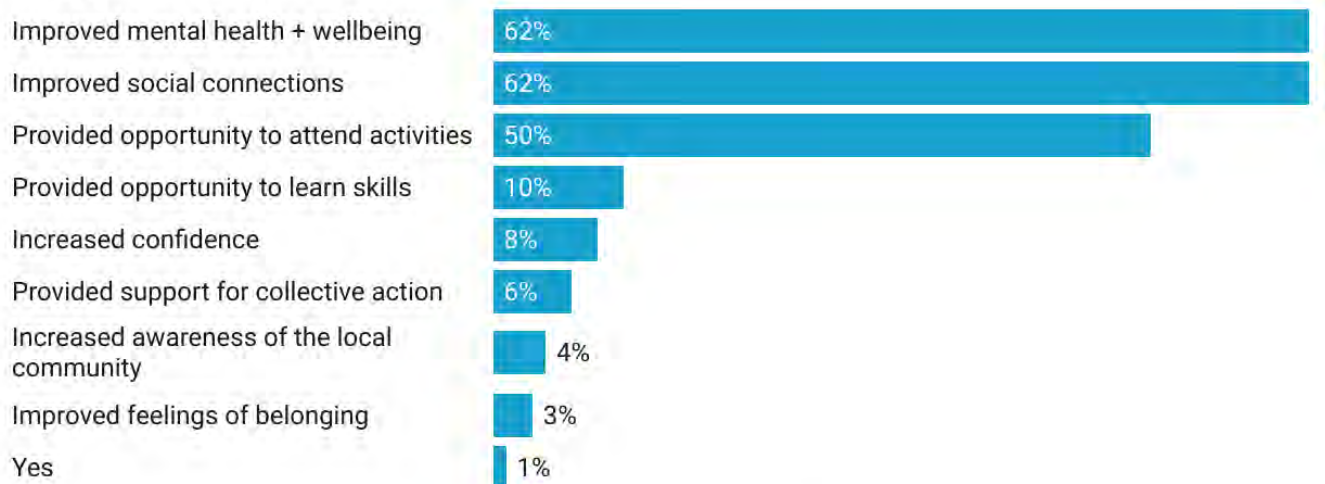


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 4 (November - December 2023), Social Life • Created with Datawrapper

Across the four waves, Active Communities participants' responses to the open-ended survey question systematically confirmed the findings from the statistical models helping us understand how individual behaviours are changed through participation. We selected a few participants' responses from wave 4 to illustrate some of the key themes that cut across Active Communities participants' accounts:

***“I felt very excluded before joining this project. I live in a tower block and didn't get out much but I have been coming here once a month for over a year. Now I pop down just to hang out meet friends. There is a cat here I love pets I don't have one.”***

*Survey of participants, Active Communities, 1 year or more, but less than 3 years, Wave 4*

***“I have made a lot of friends by being involved in the Active Communities project. Especially during winter months, it gives me an incentive to get up and go out. I hear about other things that are going on in the surrounding communities. This helps me get involved. It broadens my horizons and I appreciate new experiences. Going and getting involved has helped prevent***



***loneliness and feelings of depression. It has also helped to see how others are coping with physical disabilities.”***

*Survey of participants, Active Communities, 3 years or more, Wave 4*

***“I have some problems and haven’t been going out much. My good friend asked me to come to this group and it has been really good to have something positive to do.”***

*Survey of participants, Active Communities, less than 1 month, Wave 4*



Photo taken during the case study research at the Local Conversation in Longbenton. View from the community garden. December 2023

### **4.3 The role of local contexts in shaping the outcomes for individuals and communities**

The survey of participants also looked at the role of local contexts in supporting or hampering positive outcomes for individuals and communities. It focused on how well local areas performed on several issues including housing and cost of living. Participants’ ratings point to a series of opportunities and barriers that have shaped their communities. These structural aspects of their neighbourhoods, many of which are building block of health, have an impact on community participation, affecting how short- and long-term health equity may be influenced locally.

## How would you rate the following aspects of your community and neighbourhood? (all surveyed project participants)

■ Poor ■ Acceptable ■ Good

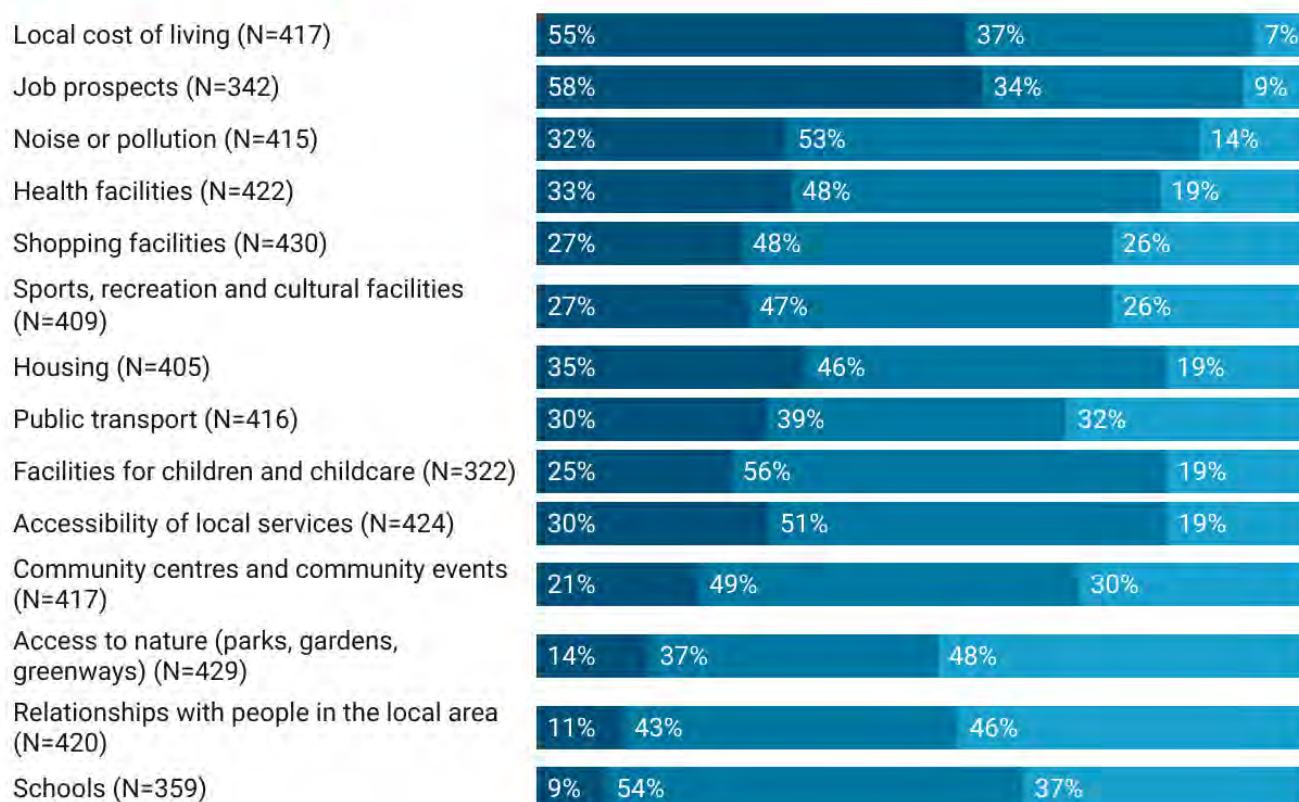


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 4 (November – December 2023), Social Life • Created with Datawrapper



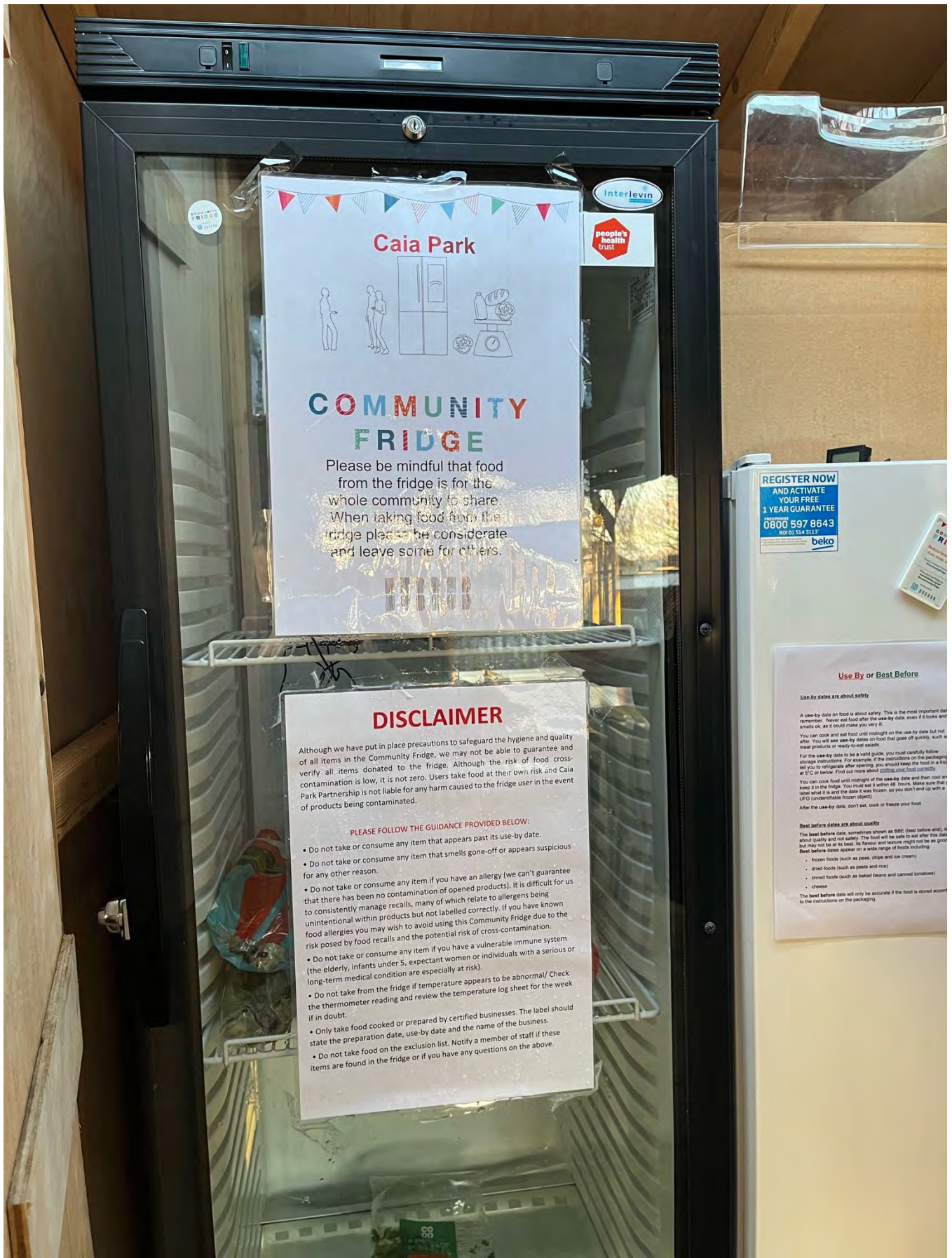


Photo taken during the case study research at the Local Conversation in Caia Park. Participants in the Local Conversation make sure the community fridge is a resource for those who need it in the community. December 2023



## How would you rate the following aspects of your community and neighbourhood? (comparison between Local Conversations and Active communities participants)

■ Poor ■ Acceptable ■ Good

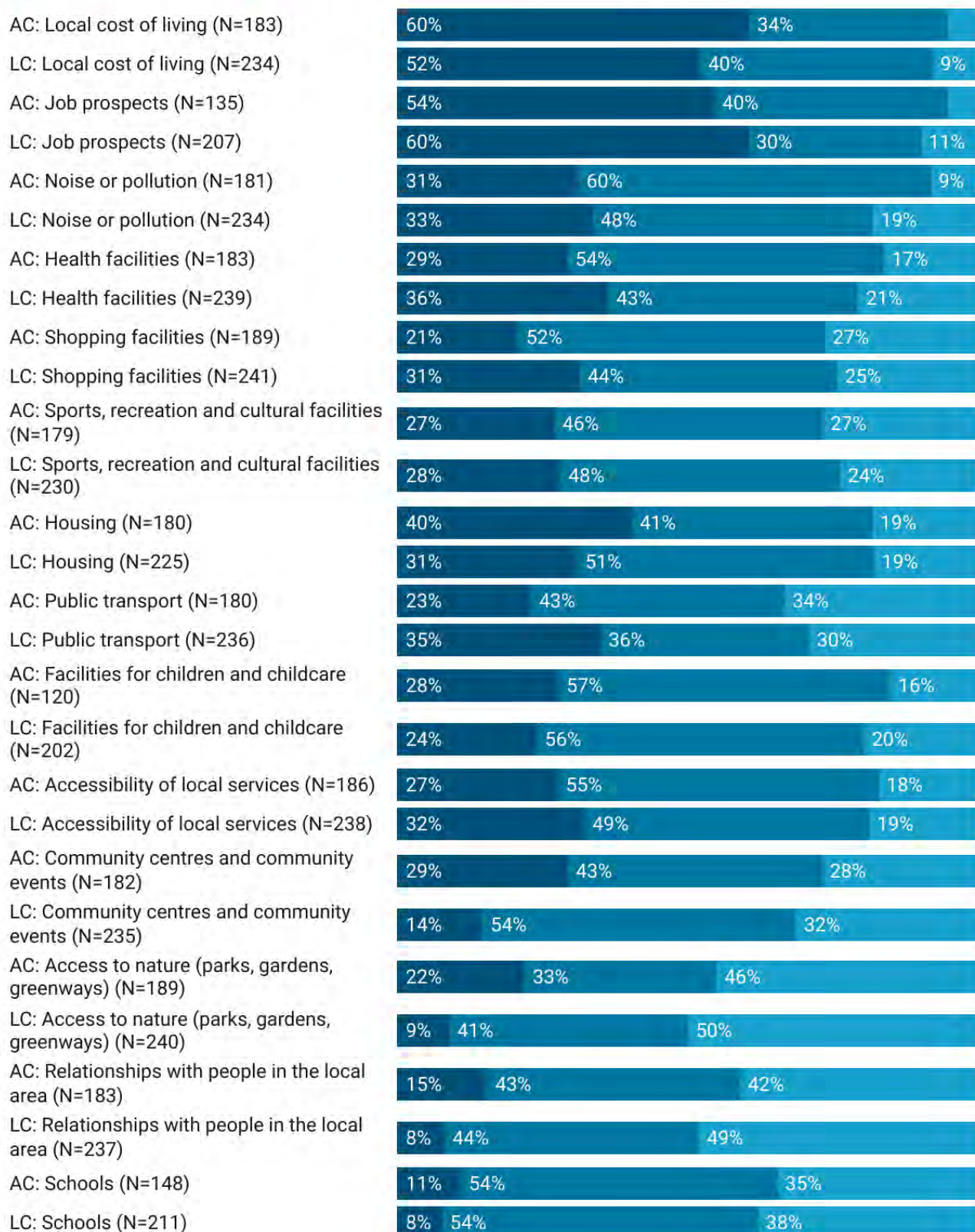


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 4 (November – December 2023), Social Life • Created with Datawrapper

Across the two programmes, the local cost of living and job opportunities were identified as key challenges by participants in the projects funded through People's Health Trust. These findings are consistent with the results of the previous three waves of research. The aggregated data for all the surveyed participants shows that just over half of the respondents rated the local cost of living as poor. The tables included below synthesise the shifts over time in the proportion of participants who rated various aspects of their neighbourhood as poor. Longer-term change needs to be understood in the context of these trends, as they reflect simultaneously the high needs of areas characterised by high levels of disadvantage and the challenging task of generating fast change.

For both programmes, the contextual factor that saw the largest increase in the proportion of respondents who rated it as poor from waves 1 to 4 was the local cost of living, increasing by 29 percentage points (pp) for Active Communities and 22 percentage points for Local Conversations.

	Active Communities (% rated 'poor')				
	Wave 1	Wave 2	Wave 3	Wave 4	Change wave 1 - wave 4, percentage points (pp)
Local cost of living (n=169, n=134, n=161, n=183)	31%	54%	48%	60%	+29pp
Job prospects (n=133, n=123, n=131, n=135)	39%	42%	49%	54%	+15pp
Noise or pollution (n=165, n=132, n=157, n=181)	36%	30%	33%	31%	-5pp
Health facilities (n=162, n=134, n=158, n=183)	18%	25%	24%	29%	+11pp
Shopping facilities (n=172, n=137, n=164, n=189)	12%	18%	18%	21%	+9pp
Sports, recreation and cultural facilities (n=163, n=129, n=158, n=179)	16%	25%	25%	27%	+11pp
Housing (n=165, n=131, n=161, n=180)	33%	34%	26%	40%	+7pp
Public transport (n=169, n=137, n=161, n=180)	16%	22%	16%	23%	+7pp
Facilities for children and childcare (n=135, n=114, n=128, n=120)	21%	26%	23%	28%	+7pp
Accessibility of local services (n=160, n=135, n=156, n=186)	17%	24%	28%	27%	+10pp
Community centres and community events (n=163, n=132, n=160, n=182)	25%	27%	14%	29%	+4pp
Access to nature (parks, gardens, greenways) (n=176, n=139, n=158, n=189)	7%	14%	14%	22%	+15pp
Relationships with people in the local area (n=172, n=135, n=159, n=183)	11%	10%	15%	15%	+4pp
Schools (n=143, n=117, n=134, n=148)	10%	9%	10%	11%	+1pp

Note: Red indicates an increase in proportion of respondents who responded 'poor' compared to the previous wave; blue indicates a decrease. The 'n' numbers listed in parentheses in the left column, next to the contextual factors, represent the total number of project participants who answered the question in each of the four waves.

**For Active Communities participants, all contextual factors were perceived more poorly in wave 4** than in wave 1, except for noise and pollution. The data we collected over three years of research brings together perceptions from participants in 35 Active Communities projects. Some of the projects had just started, others were in the middle of their journey, yet others were coming to an end when participants

were invited to take part in the survey. This is why it is harder to pinpoint detailed trends in the case of the Active Communities programme, but the general shift observed is robust and evidenced by the wider research. The trends observed are consistent with the wider evidence about areas characterised by high levels disadvantage.<sup>12</sup> Overall, participants' ratings illustrate how poorly their local areas performed on several issues, highlighting how underserved these areas were at the time of the research. Job prospects was the only factor that consistently worsened between each wave, seeing a 15 percentage point increase in the proportion of respondents who rated it poorly from wave 1 to wave 4. Other factors with significant increases in negative ratings include access to nature (+15pp), health facilities (+11pp), sports, recreation and cultural facilities (+11pp) and accessibility of local services (+10pp).

For the Active Communities programme, these results reveal why **the impacts on health and wellbeing cannot be understood without taking into account the ways in which these local barriers shape the social determinants of health, perpetuating health inequalities**. Also, the duration and budget of the Active Communities projects limit the impact they can have on these structural challenges. The wider research provides ample evidence that the community-led projects funded through the Active Communities programme provided many individual participants and their communities with a safety net. They helped create places where project participants could come together and transform the way they felt about themselves and those around them. However it takes time for these individual journeys to be woven into collective impact, which is why it is important to remember that scale and sustainability are key mechanisms to achieving longer-term outcomes.

For the Local Conversations participants who took part in the survey, the data reveals some encouraging shifts in perceptions of contextual factors over time (for instance, more positive perceptions of community centres and community events). However, perceptions of key contextual factors such as the local cost of living, job prospects, health facilities, public transport, and accessibility of local services deteriorated from wave 1 to wave 4. Similar to the Active Communities programme, these findings show that perceptions of the local cost of living, employment opportunities and accessibility of local services worsened over time, reflecting the wider evidence on what is happening in areas characterised by high levels of disadvantage. These structural challenges such as lack of jobs and poor access to local services put pressure on project activities and limited what they could achieve in short- and longer-term.

Overall, Local Conversations respondents' perceptions of contextual factors in wave 2 was less negative than in wave 1, but they were more negative in wave 3 than wave 2, and perceptions generally improved again in wave 4. For Active Communities, Perceptions were more negative in wave 2 than in wave 1, and while the perception of some factors improved in wave 3, most factors worsened again in wave 4.

Equally important, these findings indicate that the participants in the Local Conversations programme who took part in the survey, enjoyed better community centres and community events, and recreation and cultural facilities in wave 4 than they did in wave 1. Perceptions of community centres and community events experienced the largest decrease in the proportion of people who rated it as poor between wave 1 and wave 4 (-18 percentage points). Housing and a range of facilities including sports, recreation and cultural facilities, shopping facilities and facilities for children and childcare were also perceived less negatively in wave 4 compared to wave 1.

While some of these shifts can be attributed to external factors and individual differences between those who took part in the surveys over time, the substantial and consistent shift suggests that some of the change can be attributed to the impact of Local Conversations. The wider research, and especially the case study research, illustrates how the Local Conversations programme led to improved perceptions of

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<sup>12</sup> A recent report, "Overcoming health inequalities in 'left behind' neighbourhoods", published by All-Party Parliamentary Groups provides similar evidence about the importance of local contexts. See the full report for additional information: <https://www.thenhsa.co.uk/app/uploads/2022/01/Overcoming-Health-Inequalities-Final.pdf>



community hubs and events, while also creating opportunities for people to take part in recreation and cultural activities.

	Local Conversations (% rated 'poor')				
	Wave 1	Wave 2	Wave 3	Wave 4	Change wave 1 - wave 4, percentage points (pp)
Local cost of living (n=313, n=255, n=253, n=234)	30%	33%	56%	52%	+22pp
Job prospects (n=277, n=212, n=224, n=207)	58%	41%	51%	60%	+2pp
Noise or pollution (n=313, n=253, n=252, n=234)	36%	29%	33%	33%	-3pp
Health facilities (n=316, n=257, n=262, n=239)	33%	28%	35%	36%	+3pp
Shopping facilities (n=317, n=260, n=263, n=241)	34%	27%	35%	31%	-3pp
Sports, recreation and cultural facilities (n=312, n=255, n=253, n=230)	35%	28%	32%	28%	-7pp
Housing (n=309, n=247, n=247, n=225)	33%	22%	30%	31%	-2pp
Public transport (n=309, n=249, n=252, n=236)	32%	21%	35%	35%	+3pp
Facilities for children and childcare (n=278, n=217, n=222, n=202)	32%	24%	32%	24%	-8pp
Accessibility of local services (n=313, n=254, n=260, n=238)	26%	19%	29%	32%	+6pp
Community centres and community events (n=320, n=260, n=261, n=235)	33%	17%	22%	15%	-18pp
Access to nature (parks, gardens, greenways) (n=322, n=259, n=260, n=240)	16%	9%	14%	9%	-7pp
Relationships with people in the local area (n=324, n=262, n=264, n=237)	13%	9%	12%	8%	-5pp
Schools (n=295, n=228, n=238, n=211)	13%	6%	13%	8%	-5pp

Looking comparatively, we notice that there are other differences between the two programmes, with Active Communities participants rating local access to nature, local noise and pollution and community centres and community events less positively compared to Local Conversation participants. Local Conversation participants were less positive about public transport and some of the local facilities, particularly health facilities and shopping facilities. Despite this, 'access to nature', alongside 'relationships with people in the local area' had some of the highest ratings across both programmes.

## 4.4 A brief comparison across programmes (findings from the combined dataset, Wave 1 to Wave 4)

### Local Conversations – across projects

78% of those surveyed agreed that they would be willing to work together with others on something to improve their neighbourhood

57% those surveyed agreed that they can influence decisions affecting their local area

### Active Communities – across projects

76% of those surveyed agreed that they would be willing to work together with others on something to improve their neighbourhood

49% those surveyed agreed that they can influence decisions affecting their local area

### Local Conversations - comparative overview

Across the programme, the surveyed participants tended to have **more positive perceptions of community power, social connectedness, trust and belonging** than people living in areas with similarly high levels of disadvantage in the UK. Participants in the Local Conversations projects had **less positive perceptions of safety after dark** (62% compared to 84%) than people living in areas with similarly high levels of disadvantage. Key findings include:

Regularly stopping and talking with people in the neighbourhood (80% compared to 57%)

Importance of friendships and associations with people in the neighbourhood (84% compared to 49%).

Local Conversations in England   Local Conversations in Scotland   Local Conversations in Wales

Agreement that they would be willing to work together with others on something to improve their neighbourhood



Agreement that they can influence decisions affecting their local area



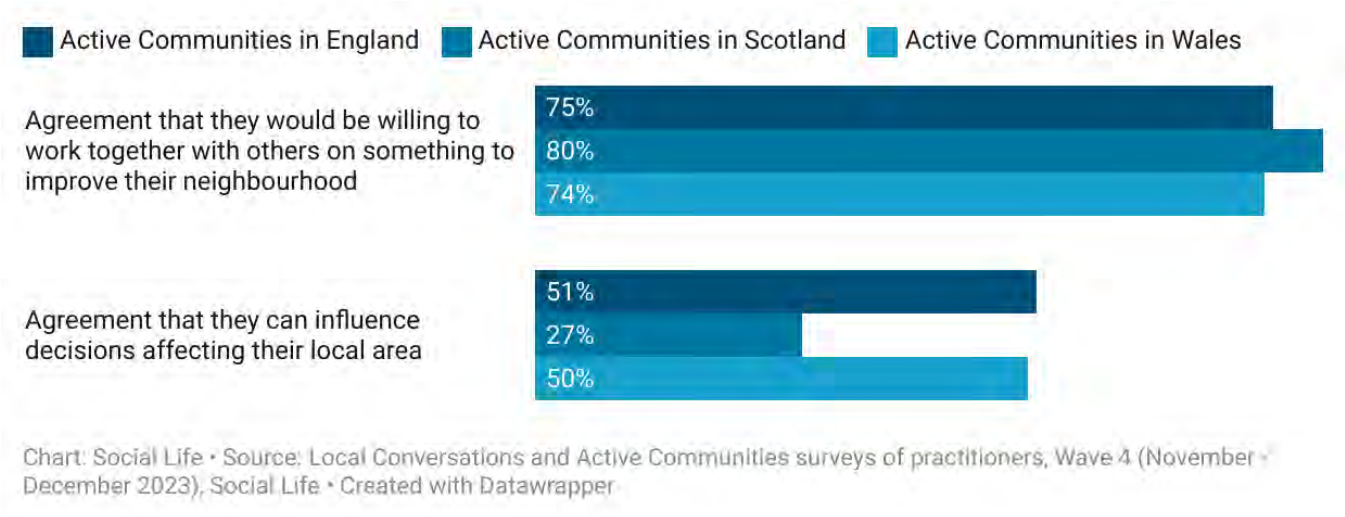
Chart: Social Life • Source: Local Conversations and Active Communities surveys of practitioners, Wave 4 (November - December 2023), Social Life • Created with Datawrapper

Active Communities - comparative overview

Across projects, the surveyed participants tended to have **more positive perceptions of community power, social connectedness, trust and belonging** than respondents living in areas with similarly high levels of disadvantage in the UK. Key findings include:

- Perceptions of individual control over decisions affecting one’s local area (49% compared to 22%)
- Regularly stopping and talking with people in the neighbourhood (72% compared to 57%)
- Importance of friendships and associations with people in the neighbourhood (83% compared to 49%)

Participants in the Active Conversations projects were **less positive about perceptions of safety after dark** (55% compared to 84%) than respondents living in areas with similarly high levels of disadvantage in the UK.





## 5 Key results: survey of practitioners

This section describes the results of the survey of practitioners carried out between November and December 2023. 38% of respondents participating in the Active Communities projects were in the early stages, 32% in the middle of the project and 23% towards project completion.

### What stage is your People's Health Trust funded project at currently?

Active Community practitioners (N=113)

Early stages of the project   Roughly in the middle of the project   Towards the end of project delivery  
Other

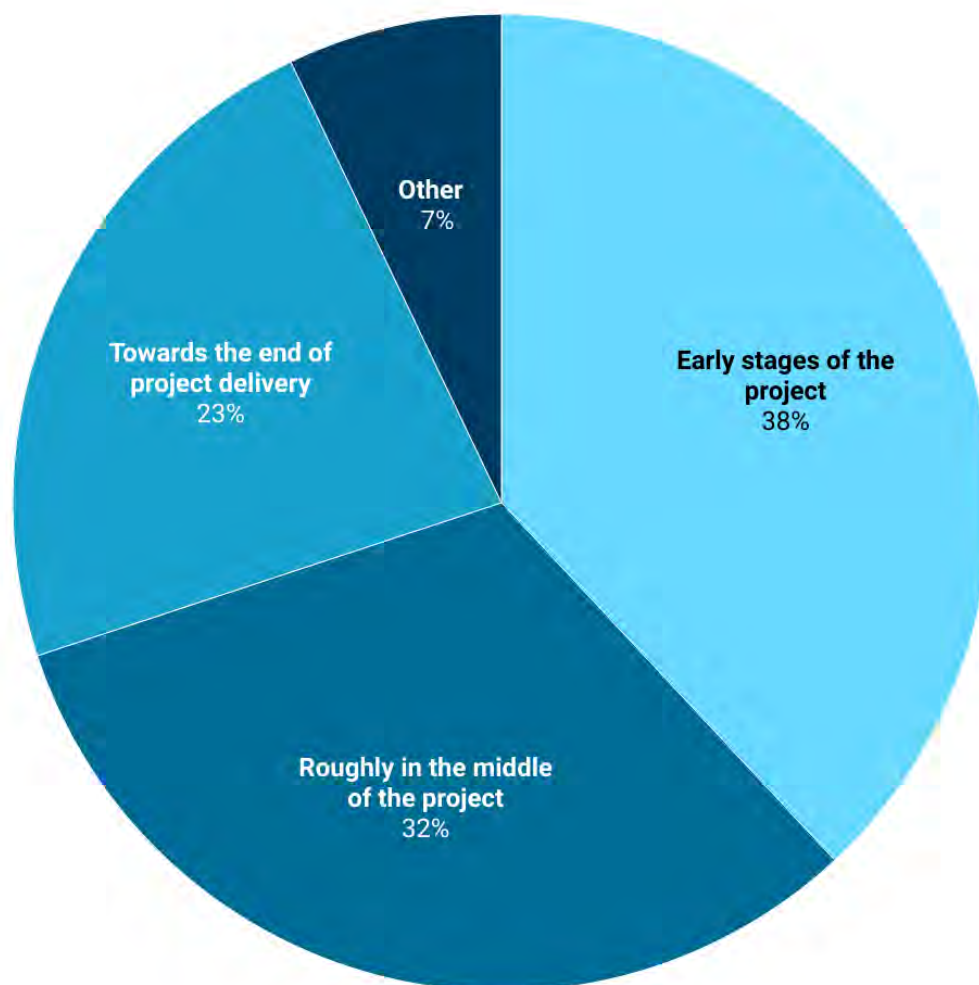


Chart: Social Life • Source: Local Conversations and Active Communities surveys of practitioners, Wave 4 (November – December 2023), Social Life • Created with Datawrapper

Half of the Active Communities projects were currently seeking or applying for further funding, showing that the majority of them were taking steps towards ensuring they could continue their work with local people.

## Do you intend to carry on project activities after the end of the grant from People's Health Trust?

Active Communities practitioners (N=93)

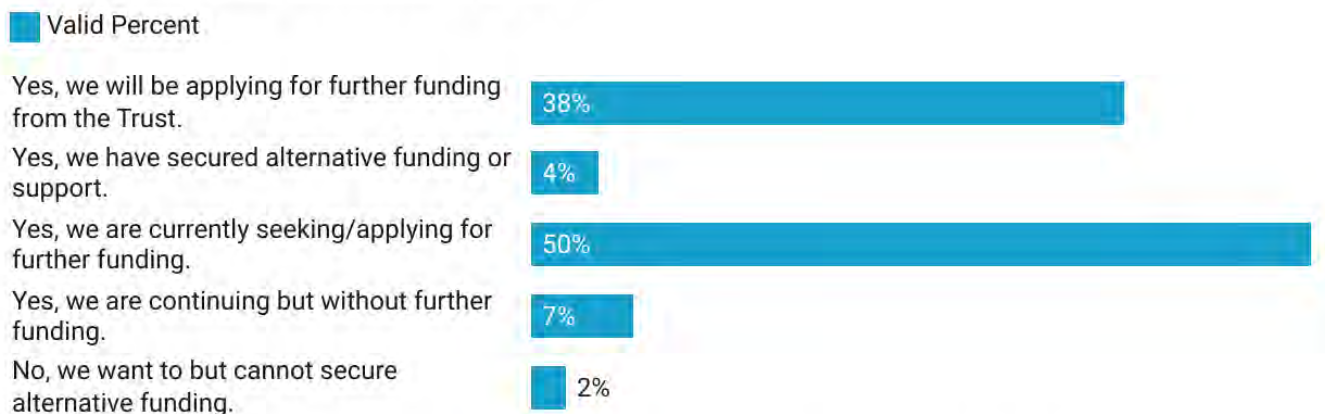


Chart: Social Life • Source: Local Conversations and Active Communities surveys of practitioners, Wave 4 (November – December 2023), Social Life • Created with Datawrapper

### 5.1 Understanding local barriers and enablers (wave 4)

The survey of practitioners provides additional insight into the role of local contexts in supporting or hampering community participation, as well as its impact on health and wellbeing. As the survey of participants showed, the local cost of living, lack of job prospects, and the accessibility of local services were identified as key challenges. Results from the survey of practitioners substantiate these factors as major barriers where the projects are based.

The survey of practitioners provided insight into whether cost of living has affected projects in the past six months. 16% of Active Communities practitioners said that cost of living has not affected their projects, however none of the Local Conversations practitioners said that their projects had not been affected. 88% of Local Conversations practitioners and 42% of Active Communities practitioners answered that **the wellbeing of project participants has worsened** as a result of the cost of living. Additionally, 63% of Local Conversations practitioners and 56% of Active Communities practitioners agreed that **cost of living has increased hardship for participants on the project**. 50% of Local Conversations practitioners and 24% of Active Communities practitioners also agreed that cost of living has affected **staff wellbeing**.

23% of Local Conversations practitioners and 31% of Active Communities practitioners said that certain groups were hard to engage in the past six months or did not get involved in project activities.

Practitioners involved in the Active Communities and Local Conversations programmes described a range of approaches used to address challenges in engaging groups. Of these, outreach was mentioned most frequently with practitioners offering taster sessions or targeting their outreach efforts to the groups they wanted to engage. Others used different methods of communication to reach a wider audience, for example encouraging people to spread the word in their informal networks. Practitioners also described collaborating with other community and statutory organisations to raise awareness of their work or being involved in local social prescribing and signposting networks.

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***“[We have] discussions with members of these cohorts and with other agencies who are involved with them to identify how we might appropriately engage with and provide for them.”***

*Survey of practitioners, Local Conversations, Wave 4*

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***“Additional promotional material [was] delivered to targeted addresses, delivered a couple of different taster sessions to open conversations. [We] encouraged existing members to contact their friends and neighbours.”***

*Survey of practitioners, Active Communities, Wave 4*

When asked what was missing in terms of support that would help projects achieve their longer-term goals, Local Conversations practitioners highlighted that they would benefit from additional resources to ensure the continuity of their project once their funding came to an end. For some Local Conversations practitioners, additional resources would be crucial for allowing them to transition from current People’s Health Trust funding to a new source of financial support. For others, this would fund a paid member in their team both to continue Local Conversation activities, and to keep participants motivated and engaged.

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***“[What is missing in terms of support is the] continuation of a [staff member] to be at hand even for a few hours a week when needed while starting the journey away from the host organisation. It’s frustrating that the host organisation doesn’t see the need for this transition.”***

*Survey of practitioners, Local Conversations, Wave 4*

Active Communities practitioners similarly suggested that long-term funding or funding that renewed when their grant period was finished would address their concerns around the continuity of their projects. Some added that they are facing a challenging funding landscape, and that systemic, lasting change requires long-term commitment. Other practitioners commented that they were limited by their staff and organisational capacity, so would benefit from additional volunteer or staff hours as well as additional funding to address those shortages. A third of the Active Communities practitioners who answered this question responded that they did not feel that anything was missing, or that they feel well-supported already.

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***“Automatic continuation funding instead of fixed period project-based funding! Targeted beneficiaries like those for our project takes years not months to positively influence and then make systemic changes!”***

*Survey of practitioners, Active Communities, Wave 4*

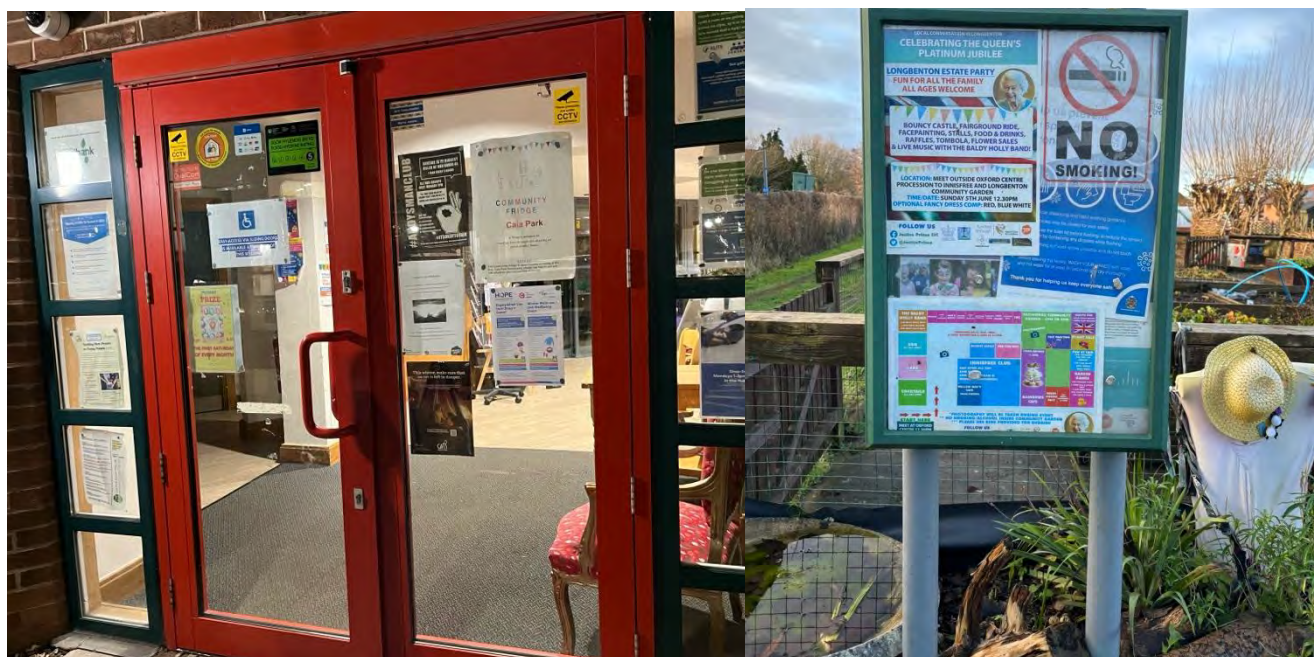
Practitioners from both programmes were also asked if there was anything that partnership work with other local organisations could do to support the project’s goals. Similar to the previous wave, the most cited benefit was that partnership work enabled more sharing and maximisation of resources, skills and knowledge. Active Communities practitioners also recognised that working in partnership leads to more effective project delivery and helps build robust referral pathways so that participants can reach the services they need.



A small number of Active Communities practitioners were unsure or did not feel that working in partnership would help achieve their project's goals (16%). They mentioned concerns or past negative experiences around working in partnership, for example increased competition for funding and resources, a lack of trust, or difficulty engaging other organisations.

*“Yes, collaborating with local projects and organisations has enhanced our project’s effectiveness and helped us achieve our goals more efficiently. From sharing resources to bringing in new expertise, our [participants] have benefited from our partnership approach to working.”*

*Survey of practitioners, Active Communities, Wave 4*



Photos taken during the case study research. Across projects, signposting plays an important role in highlighting the work participants do; notice boards can also publicise local partnerships and collaboration outcomes. December 2023

All Local Conversation practitioners who took part in the survey said they have collaborated with various partners locally and regionally. Most of the partnerships were with organisations that aligned with the project's interests. Some practitioners describe how their partnerships highlighted the importance of expanding their network and establishing good communication channels. For a few practitioners, working across organisations resulted in better participation and improved sense of progress. Some practitioners hope to translate the partnerships into identifying opportunities to enhance what they can offer the community and explore funding opportunities in the future.

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***“We learned that working in partnership is a key element when working in grassroots community development. Without partnership work we won’t be able to bring different opportunities and won’t be progressing.”***

*Survey of practitioners, Local Conversations, Wave 4*

Additionally, Local Conversation practitioners were asked how collective control and power sharing were achieved in the project. For the majority of the Local Conversations practitioners who took part in the survey, transparency and dialogue emerged as key factors for achieving collective control and power sharing. For some Local Conversations transparency involved establishing clear communication between the decision-making groups and local partners. For one Local Conversation this was crucial to build trust between their project participants and larger local organisations, while for others transparency and dialogue came in the form of creating an inclusive environment that ensured openness for the participants and the wider community.

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***“The steering group should have an inclusive structure that allows for older people, younger people, working adults, and people with caring responsibilities to be included and connected. A wider geographical representation is needed. This may mean varying both the location and the times of meetings [...] Transparency and clarity around the key principles will help to avoid conflicts of interest and increase accountability.”***

*Survey of practitioners, Local Conversations, Wave 4*

## **5.2 Projects’ impact on individual participants**

This section examines practitioners’ views on the impact of projects on individual participants. When asked how participants got involved in designing, delivering and developing the project, all of the Local Conversations practitioners said that this was done informally (by talking to someone who is part of a decision-making group, or posting suggestions on social media, etc.). Additionally, 88% of Local Conversations practitioners said that participants did this by participating in regular project activities (attending project meetings or filling out evaluation surveys, for example), by attending steering groups, and by taking part in sub-groups.

76% of Active Communities practitioners answered that participants became involved by participating in regular project activities. 58% of the practitioners said that participants also got involved formally, for example by taking part in a steering group or other types of decision-making groups.

66% of Active Communities practitioners mentioned that a steering group or other type of decision-making group was established for the project. It was most common for steering groups and committees to involve participants and staff, although volunteers and organisational management (such as trustees)

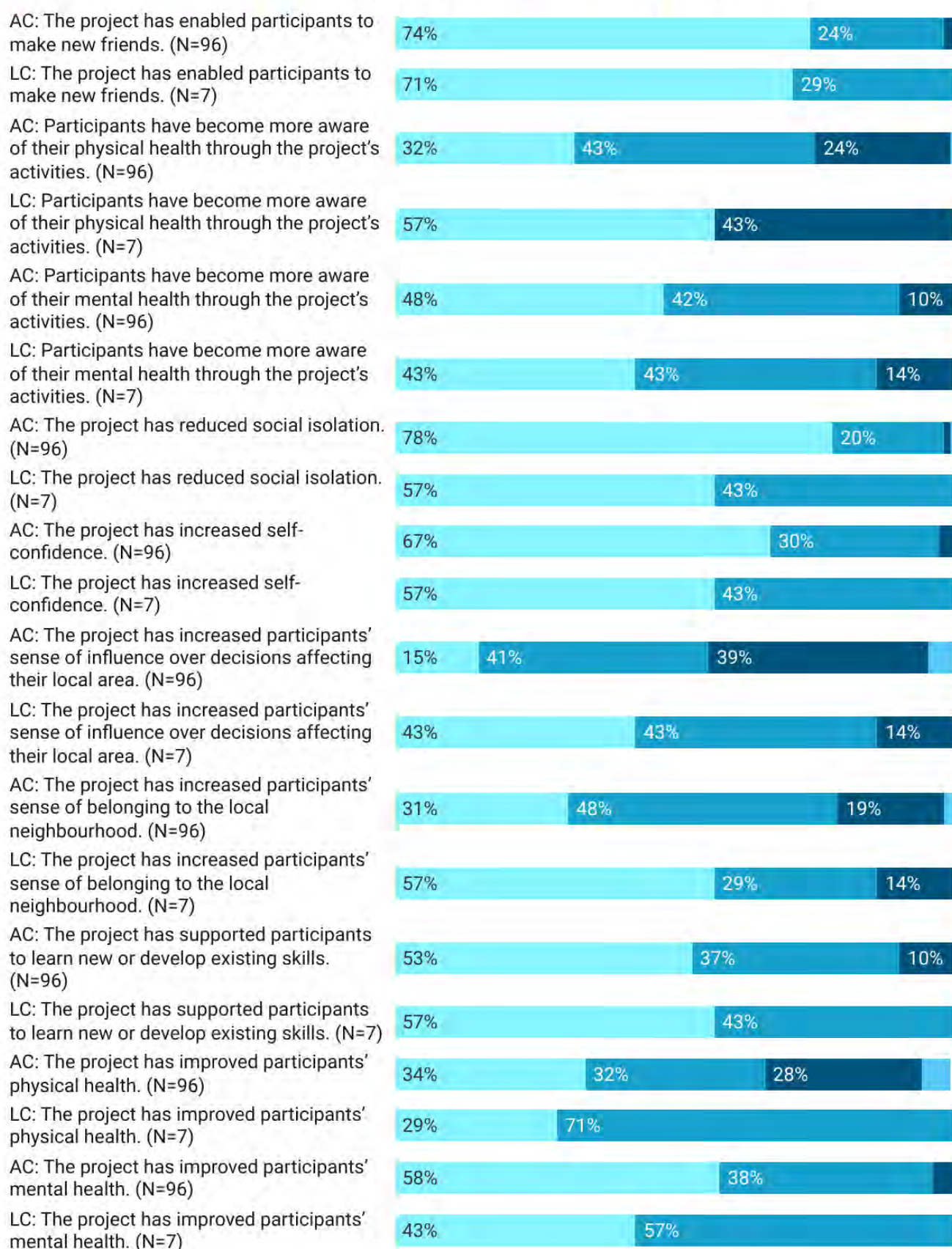
also took part in some cases. 36% of the practitioners mentioned that the decision-making group had regular meetings in response to project needs.

These results match the previous evidence about how informal and formal processes of coming together create opportunities for improving experiences of community power. They are also supported by the analysis of project participants' responses, especially their replies to the question about whether projects impacted on their lives, discussed in the previous sections.



# Thinking about the project's impact on individual participants in the past six months, please answer how strongly you agree or disagree with each statement.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree



Substantiating the results from the previous wave, practitioners and participants largely agreed on the positive impacts the projects have on participants' health and wellbeing, developing skills and improving social connections. If we compare the findings from the participant survey with these results, one thing to note is that practitioners tended to hold more positive perceptions of the projects' impact on participants. In particular, practitioners were more positive about the impact on **self-confidence** (AC: 97% for practitioners, compared to 84% for participants; LC 100% for practitioners, compared to 73% for participants); **participants' awareness of their mental health** (AC: 96% for practitioners, compared to 83% for participants; LC 100% for practitioners, compared to 65% for participants); and whether the projects have **supported participants to learn and develop new skills** (AC: 90% for practitioners, compared to 86% for participants; LC 100% for practitioners, compared to 72% for participants). However, practitioners' perception of the projects' impact on **participants' awareness of their physical health** was largely consistent with responses from the participant survey for both programmes. (AC: 75% for practitioners, compared to 74% for participants; LC 57% for practitioners, compared to 58% for participants).

### 5.3 Projects' impacts on communities

As with previous research waves, practitioners from both programmes said that projects had impacted on local change and supported relationship building across communities.

Most practitioners from both programmes thought that the project facilitated new partnerships between local projects/organisations with common goals/interests (78% of Active Communities and 100% of Local Conversations practitioners). 100% of Local Conversations practitioners and 39% of the Active Communities practitioners surveyed reported their projects have **increased influence over neighbourhood services**.

When Local Conversations practitioners were asked how wider engagement events, including those with existing and potential partners, shaped decision-making processes and project priorities in the past six months, the majority of who took part in the survey said these had been helpful learning opportunities. Some of the Local Conversations utilised engagement with their partners to discuss the future of their projects.

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***“Events have been a very useful consultation [...] gathering opportunities to renew and test priorities.”***

*Survey of practitioners, Local Conversations, Wave 4*

Local Conversation practitioners also reflected that wider engagement events highlighted the importance of working in partnership, as it is vital for achieving project sustainability and developing decision-making processes that support the long-term collaborative efforts of participants.

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***“Wider engagement events [...] have shown that those in power are still far away from getting around the table as equals, however it has emphasised the need to keep things local with the possibility of partnerships depending on conditions / terms of potential funding. So project priorities have not changed but may be framed differently to meet funding criteria or in order to considered.”***

*Survey of practitioners, Local Conversations, Wave 4*



## Thinking about the project's impact on the community in the past six months, please answer how strongly you agree or disagree with each statement.

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

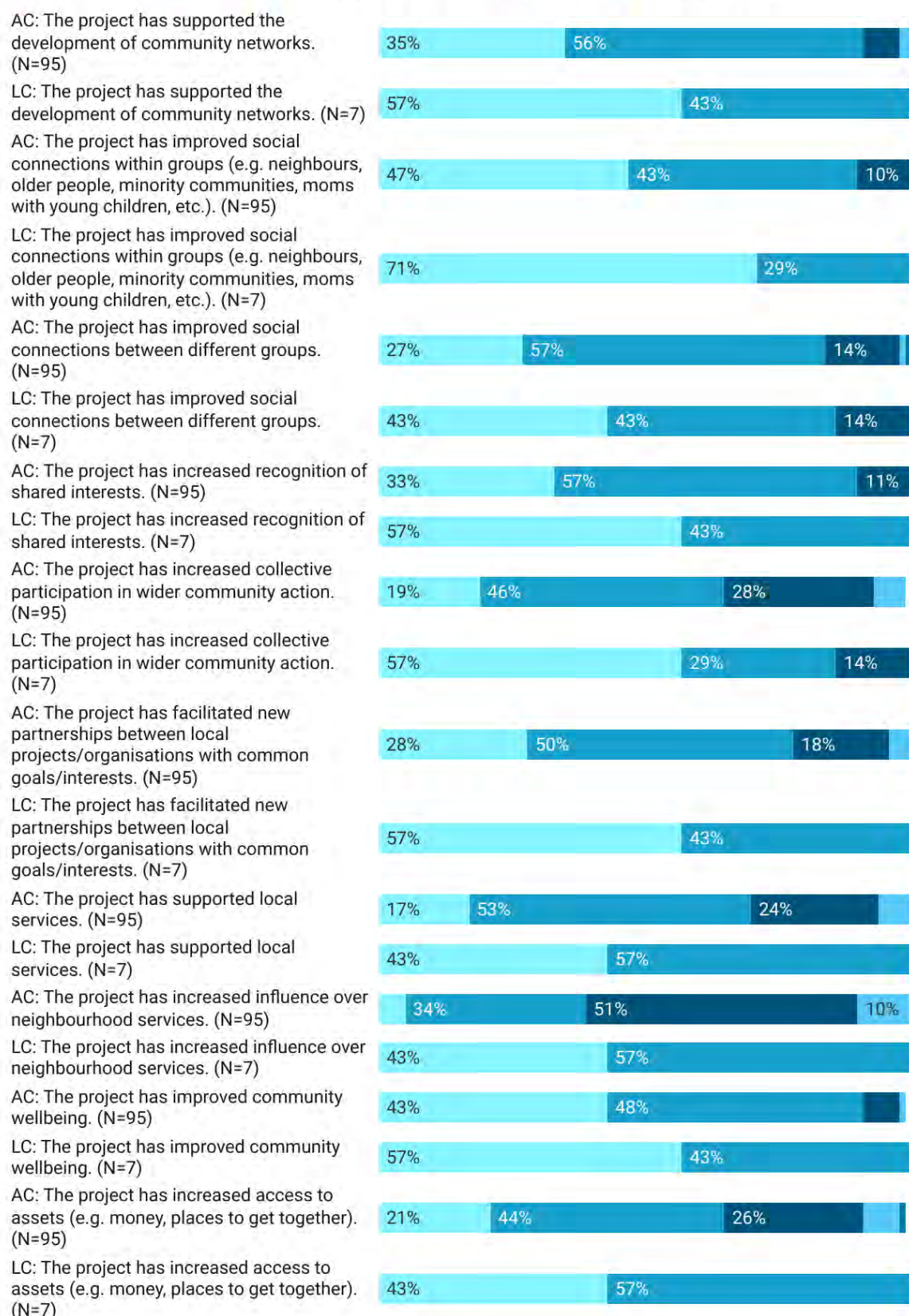


Chart: Social Life • Source: Local Conversations and Active Communities surveys of practitioners, Wave 4 (November – December 2023), Social Life • Created with Datawrapper



The projects **created opportunities for partnership and relationship building**. These positive trends confirm the evidence from the previous waves of research. Key results from the survey of practitioners include:

100% of the surveyed practitioners involved in the Local Conversations programme and 91% of the practitioners involved in the Active Communities programme said the projects **have improved social connections within groups** (e.g. neighbours, older people, minority communities, moms with young children, etc.).

100% of the Local Conversations practitioners and 69% of Active Communities practitioners answered that the projects have **supported local services**.

100% of the surveyed practitioners involved in the Local Conversations programme 39% of the practitioners involved in the Active Communities programme reported that the projects have increased their **influence over neighbourhood services**.

100% of the surveyed Local Conversations practitioners and 78% of Active Communities programme practitioners said that the projects have **facilitated new partnerships** between local projects or organisations with common goals or interest.



Photo taken during the case study research at the Local Conversation in Caia Park. Local contexts play a key role in setting the agenda for community-led projects. December 2023

## 5.4 Lessons learnt in the past six months

When asked if they have learnt any lessons over the last six months that could help other projects achieve their goals, practitioners across the two programmes highlighted the importance of building trust and sharing power, as well as establishing good communication and networks with the local community and other agencies and organisations. These findings resonate with the evidence gathered in the previous waves.

The Active Communities practitioners identified a range of lessons learnt. Similar to the previous wave, a key insight **was the value of partnerships with other agencies and organisations**. Practitioners shared that these connections enabled them to deliver their services more effectively, secure additional resources, or engage with a wider range of people. Another key reflection was the importance of building trust and sharing power with the local community, which gave participants ownership over the projects and their outcomes.

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***“Partnership working is so important. Avoid duplication, join up on activities, share resources and learn together for the benefit of those we support.”***

*Survey of practitioners, Active Communities, Wave 4*

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***“The idea of allowing members to dictate the direction and activities of the group has been a defining factor in the group's success. Members really do feel that they have a say in how the project is delivered - this is very empowering - especially to a demographic that often feels disempowered.”***

*Survey of practitioners, Active Communities, Wave 4*

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The importance of **effective project management** was another insight for some Active Communities practitioners. This included keeping good records of activities and expenditures, regular monitoring and evaluation, and staying up-to-date with project planning and organisational policies.

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***“Structured and consistent project delivery as well as monitoring and evaluation has helped us achieve our outcomes.”***

*Survey of practitioners, Active Communities, Wave 4*

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Several practitioners also shared that projects **always take time to build momentum**, whether it is around building partnerships, engaging participants, or seeing impact. They advised other practitioners should not be disheartened if their projects are slow to start.

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***“Just to go for it - and don't give up if the uptake is slow to begin with - especially in a rural area.”***

*Survey of practitioners, Active Communities, Wave 4*

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The key lesson for the majority of the Local Conversations practitioners was around **understanding the value of long term investment in the community**. Most of the practitioners spoke about how they witnessed their community flourishing through their project activities. Some practitioners learned that fostering an open relationship with participants and the wider community would have a better impact for



their activities. Others reflected on the importance of staying committed to community development projects that build on existing local assets and shared goals.

A few practitioners also emphasised that improved communication positively contributed to their projects. This included taking advantage of online networking meetings offered by People's Health Trust, ongoing dialogue with their communities to learn about their wants and needs, and understanding local power dynamics and promoting better transparency.

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***“Listen to your community and find people's passions, encourage their strengths and expand them.”***

*Survey of practitioners, Local Conversations, Wave 4*

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***“Don't over commit. Power analysis is fundamental to all project development - to influence those in power we need to know who has power! Then identify who / ways to access those in power and find a common goal.”***

*Survey of practitioners, Local Conversations, Wave 4*



Photo taken during the case study research at the Active Communities in Kirkwood. Snapshot of one of the activities that took place during the open day around Christmas time. December 2023



## 5.5 Key insights from the practitioner survey cutting across waves 1 - 4

### Local barriers and enablers

Across the four waves, practitioners identified contextual factors as barriers to participating in the project. For waves 1 and 2, the COVID-19 pandemic and the increased hardship for residents as a result were key factors that affected participation, although by wave 3 the majority of practitioners agreed that their projects were back to normal operations. In wave 4, all Local Conversations project leads and the majority of Active Communities practitioners reflect that the local cost of living had affected their projects.

In all waves and across both programmes, practitioners identified that certain groups were harder to engage in the past six months or did not get involved in project activities. However, the proportion of practitioners who agreed with this varied across the waves.

To address challenges in engaging with groups, outreach was mentioned by practitioners in waves 2 - 4 as a key strategy, for example using door-to-door knocking, hosting community events, or offering tailored taster sessions. Practitioners also discussed making use of local networks, such as working with local agencies and community organisations or encouraging participants to spread the word from their personal networks, to reach additional groups.

When asked if anything was missing in terms of support that would help projects reach their long-term goals, having the resources sustain their projects beyond their current funding period was a key concern for both Active Communities and Local Conversations practitioners across waves 2 - 4. Practitioners also reflected that having additional capacity, such as staff or volunteer hours, would help their projects reach their goals.

Practitioners in waves 2 - 4 were asked if there was anything that working with other local organisations could do to reach the project's goals. Some common benefits cited were around being able to share resources, expertise, and skills, as well as spreading awareness or spreading the word about their projects.

### Projects' impacts on participants

Across all waves, practitioners agreed on the positive impacts that the projects have had on participants' health and wellbeing, skills development, confidence, and social connections.

For Local Conversations, practitioners reported that participants got involved in designing, delivering, and developing the project informally (for example by talking to someone who is part of a decision-making group, or posting suggestions on social media) across the four waves. In the first two waves, all Local Conversations practitioners said that participants were involved in designing, delivering, and developing the project through steering groups, while in the third and fourth waves this had fallen to 90% and 88% respectively.

In each wave, Active Communities practitioners were most likely to report that participants got involved in designing, delivering, and developing the project by taking part in regular project activities, while a lower proportion of Active Communities practitioners answered that participants got involved by taking part in a steering group or another type of decision-making group.

In waves 2 - 4, the majority of Active Communities practitioners mentioned that a steering group or another type of decision-making group was established for the project. These groups generally involved participants, staff, and volunteers, and in some cases a board of trustees.

## **Projects' impacts on communities**

Practitioners from both programmes said that projects supported relationship building and collaborative working across communities in all four waves, contributing to local change.

Across all waves, a majority of practitioners for both programmes said that the projects had facilitated new partnerships between local projects/organisations with common goals/interests. However, Local Conversations project leads were consistently more positive than Active Communities practitioners in each wave. Most Local Conversations project leads also reported that their projects have increased influence over neighbourhood services.

In each wave, a greater proportion of Local Conversations project leads agreed that their projects had increased collective participation in wider community action, compared to Active Communities practitioners.

When asked whether their project had supported local services and whether their projects had influence over neighbourhood services, Local Conversations project leads were also consistently more positive than Active Communities practitioners in each wave.

When asked how wider engagement events, including those with existing and potential partners, shaped decision-making processes and project priorities in the past six months, overall, these were considered to be good opportunities for knowledge exchange, learning from local communities and partners while also sharing information with the community.

## **Lessons learnt**

When practitioners were asked to share key lessons learnt, a key theme from all four waves was the importance of listening to and working with local communities. This includes building trust and a sense of ownership over the projects with participants, getting regular feedback from the community, and designing services to fit their needs.

In waves 1 and 2, practitioners reflected on the impact of COVID-19, which disrupted many of their projects. In response, they discussed the importance of being flexible and setting realistic goals within the limitations of their work.

Practitioners also identified collaboration and partnership working as an important lesson learnt - working with other local agencies and organisations led projects to reach a wider audience and leave a greater impact on the community.

Across the waves, practitioners shared insights around project planning and timescales. Effective project management practices such as keeping good records and setting out clear steps helped projects stay on track. However, they also recognised that it takes time for projects to build momentum and effect long-term change.

## 6 Key results: case study research

### 6.1 Journeys of early project impact

The in-depth interviews with project participants we carried out in the fourth wave, in December 2023, allowed us to capture a range of journeys with the programmes. Participants shared stories about initial motivations, early memories of activities, developing new routines and transforming old habits. We also heard rich reflections on how activities contributed to changes in participants' confidence, skills, social ties, and feelings of belonging.

From the interviews we did with **Local Conversations** participants, a few themes emerged adding to the evidence base about early project impact. We learned that:

- 'word of mouth' is key to getting people involved
- while participants might not have been very invested in activities at first, they gained more interest as they continued to take part in projects/steering groups
- even early experiences gave participants a sense of control, making them feel they were on a journey leading to a growing sense of commitment and involvement
- as they started, participants felt a sense of surprise and amazement about projects
- participants felt they could bring their own ideas and were encouraged to try things out
- as things moved along, participants developed a growing understanding that activities connect individuals with a wider community.

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*“When I first joined, I was a bit nervous and worried about being fitted but I didn't have to worry [...]. And I thought that was helpful, but with a lot of things with life and you can't always come to everything. So, I haven't been to the [...] sessions for a while. I was coming with a friend; I brought a friend out of the area to come because his son was autistic. And he liked coming to the quiet place.”*

*Case study research, Local Conversations participant, Wave 4*

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*“It's mainly because what I want to do is give people what I didn't have. And then [...] I found that helped me, I want to give back now to anyone who wants help and the amount of people that I've got sewing. I've got kids sewing.”*

*Case study research, Local Conversations participant, Wave 4*

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The in-depth interviews we carried out with **Active Communities** participants allowed us to understand how they made sense of their initial journeys with the projects. A few key themes emerged, and we learned that:

- activities allowed participants to address their loneliness and isolation
- activities were a welcoming environment for new participants
- participants had positive early memories and experiences
- participants spoke about the relaxing environment in which activities took place, allowing them to take their time to find the level of participation that suited them and their needs



- activities were seen as opportunities for participants to make new connections in their neighbourhood and strengthen their ties to local communities.

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*“I enjoyed seeing it, seeing more come together, seeing the women come together and seeing how much they all enjoyed themselves. [...]. They're all from like different cultures, backgrounds, they've all managed to come together and create a friendship that they may not have created if they just saw each other on the street. And then seeing them like they do trips and stuff together. And they all really seem to enjoy it. I feel like they've created something that they may not have created otherwise.”*

*Case study research, Active Communities participant, Wave 4*

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*“At that stage, I didn't come [to join the activities] because I was still working, I had my young family. But later on, when I had given up [...] work, one of my friends was already coming here. And she says I should come along, at that stage when I gave up work I wasn't quite ready. I took me near a year to get myself [into] that mindset. And I thought “Yeah, I need maybe to meet other people, to just see what's out there”, so I came. [...] I needed an activity. I wanted physical, physical activity, but I wanted community as well. And I didn't want to do anything like yoga, because I felt at my age, I don't want to start doing something like that. I've known Tai Chi was perfect. And I love it. And I still do the tai chi. [...] So really, that's how I came in. And it's just, it's fabulous.”*

*Case study research, Active Communities participant, Wave 4*

## 6.2 Building momentum for change

As we saw in previous sections, many surveyed participants who answered the open-ended question about whether the project made a difference in their lives felt that **Local Conversations and Active Communities programmes were making a difference in their lives**. The in-depth interviews we carried out in the fourth wave of research allowed us to gain further insight into how longer-term change took place and how that was reflected in participants' lived experience of health.

A few key themes emerged when we examined the in-depth interviews in which Local Conversations participants told us about **what the projects came to mean to them as their journeys progressed**:

- local relationships, friends, family encourage and facilitate ongoing participation
- there is a lack of judgement from other people, making people feel less like an outsider in their own community
- participants grew in confidence and skills through interacting with other people and by being a part of project and steering groups
- participants tended to bring their own ideas to the project as they continued their journey
- some participants were already active in the community through other projects which connected them to the Local Conversation,

- some participants were already committed to their local area before joining, while others developed a sense of local pride through their shared journey in the Local Conversation.

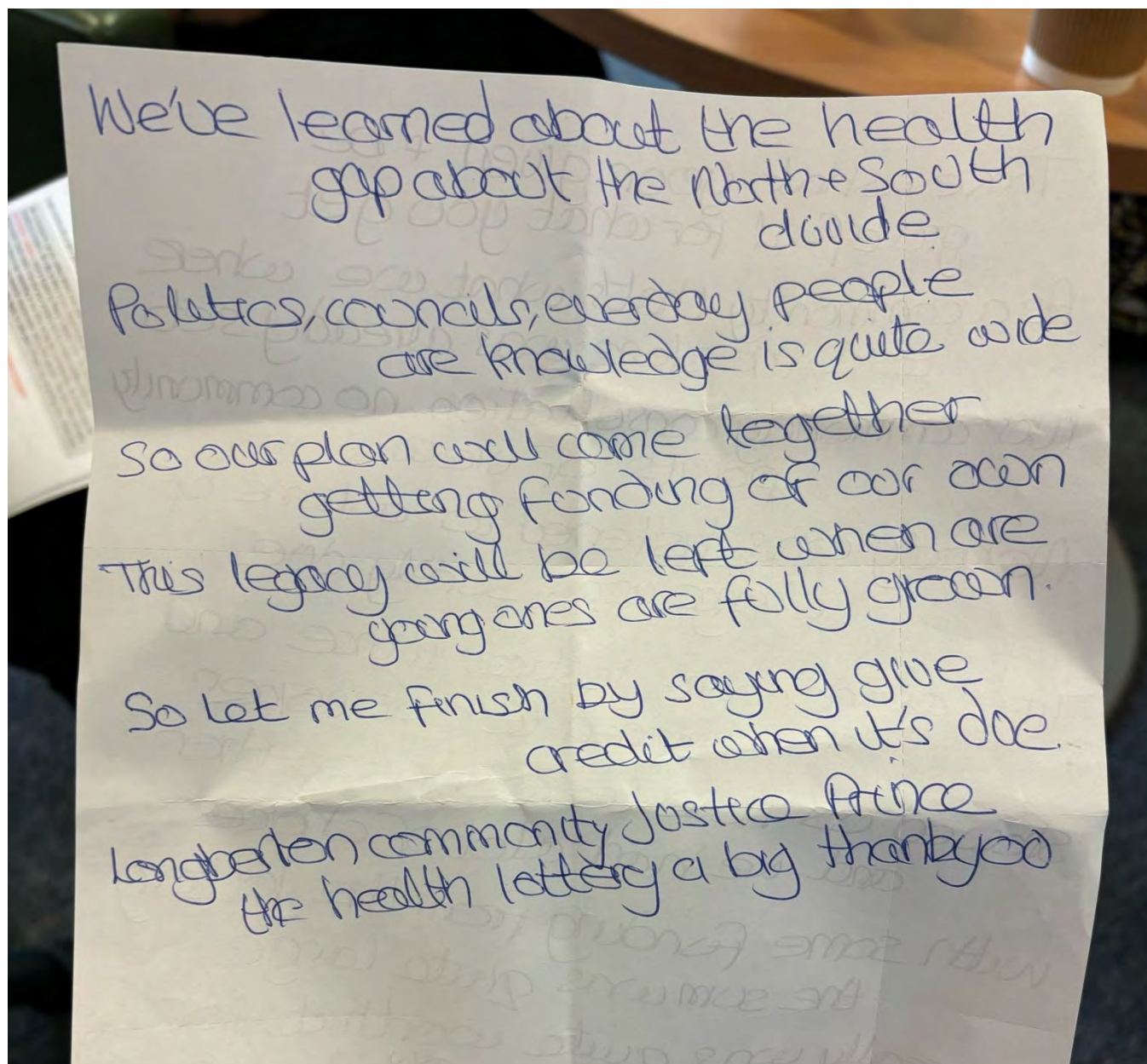


Photo taken during the case study research at the Local Conversation in Longbenton. Part of a poem written by Tracey Embleton, one of the participants in the Local Conversation programme. December 2023

*"Before starting all these groups [...] I wouldn't leave the room. So over time, my confidence went down. [...] I wouldn't have had this conversation with you three years ago I would have said no, no, no, no. But I started to have better eye contact [after starting being involved in the Local Conversations], the anxiety would be a little bit less now than it was like. [...] I built on that over time by coming [to the project] and talking to people [...] and meetings as well. I never knew I was a meeting person before I started doing like the Local Conversation in the PHT because I didn't think I had the confidence to do that."*

*[...] So I gave it a go. I went to the first meeting, and I was like, these are things that I am quite interested in [my local area].*

*Case study research, Local Conversations participant, Wave 4*

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*"Actually [this is] my first job in the UK. [...] So I think the impact is I know more the culture, the working culture here, and how the system is running. Because sometimes it was very, very difficult for me to understand why they behave this way. Because where I come from, I don't see other people behave this way [...] Or sometimes I just feel they [do] not really respect work ethic or something like that. But sometime, maybe they feel I worked too hard. And I was too serious, because they like, they like more fun, they all like [to be] more relaxed. So I think I'm closing the gap between the two culture, I think that's the impact [of the Local Conversation] for me, I gain more confidence. And I know how to express myself. And I think, another good thing is I prove I have the ability to run the different project. [...] Now after the six years of it running, I think I'm now I have more know-how, how this work. And I think that for me is opened another door."*

*Case study research, Local Conversations participant, Wave 4*

We also analysed the in-depth interviews in which Active Communities participants shared their accounts, and a number of major topics developed:

- participants were building on relationships created at the beginning of their project journey
- individual participation increased or became more regular
- participants had a regular timetable built around their involvement in the project activities
- the project spaces became an environment of support and relaxation for some participants.

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*"This place has been a godsend. Honestly, people will tell you, [...] it's been a godsend to me when my husband died to be honest because it got me out of the house and then two years ago [...] And this has been a...place this been great for me. But it's like that for loads of people I'm not alone. There's loads of people that lost people through COVID and things like that. So as you talk to them, you will see how much it means to people. [...] It's just been a godsend to us all. You know, it's been great. And I [...] come to the art class here as well and I go to the mindfulness class, and it's fantastic. And then go to [...] the Tai Chi classes."*

*Case study research, Active Communities participant, Wave 4*

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*"No, I wasn't really involved in the group being formed. But I knew about it because I live on the estate, and, you know, the neighbours. So, we talked about it and invited to come along. But like I said, I just used to pop in now*



*and then, but now that I go, I'm a part of it I'm more informed. I know what is going on. [...] I'm more informed now. I'm involved now than before. So, I look forward to going."*

*Case study research, Active Communities participant, Wave 4*

These rich accounts help us to contextualise the findings about project participants' **better perceptions of community power, social connectedness, and most aspects of feelings of belonging** compared to people living in areas with similarly high levels of disadvantage. They also bring attention to the complex journeys that participants had with projects. These themes also highlight some of the differences already noted between the programmes, which go to explain some of the differences in their outcomes. A major such difference is that, **on average, more Active Communities participants join project activities for mental health and wellbeing reasons**. These range from wanting to improve their mental health or their wellbeing, getting more physically active, being less isolated and trying out activities. For many participants, these motivations were aligned to their individual needs. **Local Conversations participants' journeys illustrate their interest in improving their communities**, wanting to work alongside others to change various aspects of their neighbourhoods.

### 6.3 Weaving individual journeys to create community impact

People's Health Trust's theory of change includes three important project elements - people coming together, engaging in dialogue and action (both collective and individual) - that work together over time (not necessarily in that order) to help create change. The in-depth interviews add to the survey data by illustrating how these relationships unfold in time. The in-depth interviews also provide insight into the question of project scalability. Scale is an important mechanism that underpins longer-term outcomes, and it refers to the numbers of participants involved over time and the numbers of people who are not involved but benefit from positive changes in the local area.

The in-depth interviews helped us understand the scale of change by creating a robust yet dynamic imagine of projects' impact on individuals and their communities. The key themes discussed in this section corroborate the findings we reviewed previously, while bringing attention to how participants' project journeys connect to activities outside the projects funded through People's Health Trust.

From the in-depth interviews with Local Conversations, we developed key insights into **how community-led projects weave individual impacts into community impact**:

- projects give people a sense of purpose and reason to leave the house
- projects are deeply embedded in community, and play a big part of many participants' lives
- strengthening social connections improves mental health (e.g. increases social interaction, opportunity to offload)
- projects foster intergenerational connections
- strengthening community networks improves safety and community wellbeing (e.g. reduces anti-social behaviour, harms are resolved in a reparative rather than retributive way)
- projects improve aspirations and local pride, especially for young people
- decisions are made by the community, which is an empowering experience that allows participants to address community needs
- projects bring together local people and reduce local divisions, especially where people from neighbouring areas don't mix, people holding negative views about groups they're not familiar with.

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*“We went down and painted the wall that hasn't been painted for years. [...] It was nice to know that everyone was walking past and going, “Oh, it looks better, now with paint”, “Oh it looks nice that!”. But they're never even involved in the Local Conversation. [...] It was nice to know that what you were doing [is appreciated] [...] Some local residents were like, “Yeah, it's nice to have, thank you!” but then without funding, we couldn't have done that.”*

*Case study research, Local Conversations participant, Wave 4*

From the in-depth interviews with Active Communities, we generated similar key insights that highlight how the outcomes are interconnected, with each influencing the others ensuring scalability:

- projects facilitated connections between participants
- projects built a sense of community amongst project participants
- projects established flagship activities/events that participants look forward to attending
- project activities provide participants an opportunity to break from their day-to-day routines, especially older participants who are retired and/or live alone, or parents
- friendships and associations with other project participants carried over into other activities outside of projects, making participants reflect on the ways in which project activities had wider impacts on their lives,
- involvement in the project had a positive impact on participants' mental health, especially for participants who felt lonely and isolated, as they looked forward to attending project activities and being around other participants
- physical activities contributed towards better mental health
- shared personal experiences amongst participants lead to a supportive network.



Photo taken during the case study research at the Active Communities in Kirkwood. Snapshot of one of the activities that took place during the open day. December 2023

*"The sense of community here is fantastic, all like a big family, to be honest. And people come in, and they've all got similar problems. You hear them all talking at the tea table, and they'll say they've lost someone [...] I don't know how I'd do without this place...I was so depressed, so many people, like me, live on their own...I'd go mad if I'd stay in the house all the time [...] And they're all in the same boat. [...] It opens up a different world for me. [...] The most important thing it's done for me is to give me confidence and a feeling of community and someone to speak to because sometime you really need that, especially in the last two years [...], I've really needed other people about me. And there's loads of people like that, that come here, the majority of people. [...] So it's helping them with mental health. A lot of them are so depressed, on antidepressants [...]. So we [the people who are more involved in the project] go to quite a few things like that and as I said before, I've met so many people it's just...and everybody's got the opportunity to do that, come to the classes to get more involved if they want, you know, and a lot of them do and a lot of them*



*just don't...a lot of them just enjoy coming in [just for a tea, a chat, not for classes]. Really.."*

*Case study research, Active Communities participant, Wave 4*

## 6.4 Lived experiences of health and wellbeing

Previous sections showed that, across programmes, participants perceived projects as key local assets that made an impact on their personal lives, while also contributing to positive changes in the wider neighbourhood and communities (which is an important social determinant of health).

One aspect that has remained underexplored so far is what participants meant when they speak about health and wellbeing. Survey data can only tell us if participants feel there is an improvement in their physical health, mental health, and wellbeing. But better health and improved wellbeing can mean different things to people. **The in-depth interviews helped us pin down some of the lived experiences of health and wellbeing.**

From the in-depth interviews with Local Conversations participants, we learned that **improving one's physical health, mental health and/or wellbeing can take on various forms:**

- changes in diet and food related (e.g. healthy eating, reducing alcohol intake)
- physical health is seen to mean as getting out of the house and moving around, while mental health, for many participants, refers to coping with depression or anxiety
- better coping with worries of illnesses, experiences of loved ones experiencing ill health
- having access to physical spaces to gather, where informal connections and friendships can grow
- informal connections appear as a protective factor - saying 'hi' to neighbours/people you know when out and about
- being part of activities that address social determinants of health, such as homelessness, poverty, lack of services, or issues in the local environment
- creating reliable means of accessing services/hubs/shops/places that encourage pro-health behaviours.

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***"My health is...do I feel well in myself, am I coping in the house... My mental health as well. [...] Being comfortable, being able to eat, [having a] roof over your head..."***

*Case study research, Local Conversations participant, Wave 4*

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***"Well, [health] is about...I'm always concerned about people's mental health. I really am. And the facilities I've got down here not being the best, even though we've got a lovely new building over there. I really think about it because I've experienced it myself. But like I say, if people haven't got anywhere to go, where they can socialise, where they can meet and discuss things and get things off the chest if they need to, I just think it's just gonna be retracted into itself."***

*Case study research, Local Conversations participant, Wave 4*

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*“I felt so much respect for [the Local Conversation], that I wanted to do things to help out. I wanted to do things that made things better for other people. I’ve probably been selfish in my life, only cared about myself and that. And that is health, isn’t it? So that’s telling me I’m better in my head than I’ve ever been selfish in my life, only cared about myself and that. And that is health, isn’t it? So that’s telling me I’m better in my head than I’ve ever been than I have in a long time. [...] This place [the Local Conversation] gave me a lot of strength. I can talk to people here, whereas I probably wouldn’t have talked to them if I was at home, whereas I come in here, I don’t have to know them to speak to them, I wouldn’t have sat in a room with you here now, years ago, just something I wouldn’t do. [...] I feel the good things come from down here. And that’s what it [health] is. So [...]I would like something where everybody could communicate [to improve people’s health].”*

*Case study research, Local Conversations participant, Wave 4*

Likewise, the Active Communities participants, told us that **the lived experience of physical health, mental health and/or wellbeing is multifaceted and so is the improvement achieved through project activities**. From the in-depth interviews, many times improved health and wellbeing looks like this:

- having access to spaces to exercise, gather, for members of the community to socialise and support each other
- cleaner environments can help with mental health, as is taking pride in where you live,
- being able to look after yourself independently
- physical and mental health working together.

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*“What I would say is...the catalyst to me coming here probably was, unconsciously, I knew I needed something...and that would help my mental health. Everybody has stressful lives whether you’re walking, you’re young, you have an old age. And this is the place [...] you might be going to whatever time in life, this is a really safe place you can come and for an hour or a couple of hours, you suddenly enjoy it. And you come out feeling refreshed. I’m not saying every time I come I’m down but that is the good thing about it. [...] So that’s why I knew I needed to try something different. And from that comes other things, which is wonderful. [...] Mental health is...it’s just seeing [other people] because people are all.”*

*Case study research, Active Communities participant, Wave 4*

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*“Physical and mental, so physical activity, but also mental. You need [the] mind, body and soul. So if all three are working together, then you’ll be a happier person.”*

*Case study research, Active Communities participant, Wave 4*



To sum up, the case study research added to the survey data by illustrating how relationships between the various elements of People’s Health Trust’s theory of change unfolded in time and across contexts. The in-depth interviews helped us zoom into the question of scale and gave us helpful insights into participants’ lived experiences of health and wellbeing. As we discussed, scale is an important mechanism that can either support or hinder longer-term outcomes. The interviews provided insight into the current scale of change by creating a robust yet dynamic image of projects’ impact on individuals and their communities.

The key themes we reviewed in the previous two sections corroborate the survey findings, while bringing attention to how participants’ project journeys connect to activities outside the projects funded through People’s Health Trust and, in turn, how those contribute to longer-term outcomes. As we noted before, the case studies made clear that people’s involvement in project activities was entangled with other local commitments, which facilitated ‘cross-pollination’ between projects and activities commissioned by different funders. This had a positive impact on bringing together people from different backgrounds, linking up resources, and accelerating knowledge exchange. These findings **highlight the role of both upstream and downstream interventions and strategies**. Job opportunities, housing and accessible local services play a key role in shaping longer-term health and wellbeing outcomes and creating health equity. Equally important, ‘early wins’ achieved through the projects made a difference in people’s lives by supporting safety nets that would not be there otherwise.



Photo taken during the case study research at the Local Conversation in Longbenton. The community garden will continue its activities after the programme comes to an end. December 2023



# 7 Conclusion

## 7.1 Key project impacts and changes (waves 1 to 4)

### Local Conversations programme

The research adds to the evidence base for the theory of change, validating a series of relationships across all four waves of research:

- Participation in Local Conversations had a positive impact on participants' perceptions of their community power
- Participation in Local Conversations led to improved social networks, confidence and skills
- Stronger social networks, improved confidence and skills and more cohesive communities had a positive impact on participants' perceptions of community power
- Improved confidence, skills and feelings of belonging supported participants' wellbeing
- Improved perceptions of community power led to improved wellbeing.

### Active Communities programme

The research expands the evidence base for the theory of change by confirming four key relationships across all waves of research:

- Participation in Active Communities projects had positive impact on community power
- Participation in Active Communities led to improved social networks, confidence and skills
- Stronger social networks, improved confidence and skills and more cohesive communities have a positive impact on community power
- Improved the 'confidence and skills' and the 'social connectedness' factors supported participants' wellbeing when taking into account the effect of health conditions (physical or learning disability or health problem).

## 7.2 Final lessons from the survey of practitioners (waves 1 to 4)

### Projects' impact on participants

For Local Conversations, practitioners reported that participants got involved in designing, delivering, and developing the project informally (for example by talking to someone who is part of a decision-making group, or posting suggestions on social media) across the four waves. In the first two waves, all Local Conversations practitioners said that participants were involved in designing, delivering, and developing the project through steering groups, while in the third and fourth waves this had fallen to 90% and 88% respectively.

In each wave, Active Communities practitioners were most likely to report that participants got involved in designing, delivering, and developing the project by taking part in regular project activities, while a lower proportion of Active Communities practitioners answered that participants got involved by taking part in a steering group or another type of decision-making group.

### Projects' impact on communities

Practitioners from both programmes said that projects supported relationship building and collaborative working across communities in all four waves, contributing to local change.

Across all waves, a majority of practitioners for both programmes said that the projects had facilitated new partnerships between local projects/organisations with common goals/interests. However, Local

Conversations project leads were consistently more positive than Active Communities practitioners in each wave. Most Local Conversations project leads also reported that their projects have increased influence over neighbourhood services.

When asked how wider engagement events, including those with existing and potential partners, shaped decision-making processes and project priorities in the past six months, overall, these were considered to be good opportunities for knowledge exchange, learning from local communities and partners while also sharing information with the community.

## 8 Discussion: what we have learned over four waves of research

### 8.1 Unpacking longer-term change

Across the four waves, consistently, participants with higher levels of project participation have higher community power scores, showing that the mechanisms of shorter-term change in People's Health Trust's theory of change - coming together, dialogue, collective and individual action - are effective. The research shows, however, that although programmes make key contributions to the longer-term outcomes, many factors outside the Local Conversations and Active Communities activities also affect these. In this section we take a closer look at how individual journeys of impact and local contexts together come to shape community power and longer-term change.

**Perceptions of life satisfaction** shifted considerably across the four waves. This is not necessarily surprising given that the research captured **snapshots of life satisfaction** during times of crises between 2021 and 2023. This research was not longitudinal, which meant that we were not able to compare changes in life satisfaction for the same individuals. The research relied instead on evaluating robust trends in the data. It investigates change over time for a rather unstable group of project participants that nonetheless shared a common project journey and were expected to benefit from it in predictable ways (according to People's Health Trust's theory of change).

During the pandemic, in Wave 1, 62% of Local Conversations participants and 59% of Active Communities respondents said they were satisfied with life. In Wave 2, perceptions were most positive, with 72% of Local Conversations participants and 79% of Active Communities saying they were satisfied with life. In Wave 3, 65% of surveyed participants in Local Conversations and 62% of those in Active Communities projects gave a positive response. This changed again in Wave 4, especially for Local Conversations participants, when 58% of Local Conversations participants and 73% of Active Communities respondents said they were satisfied with life.

These shifts need to be examined in the context of the wider findings. Through the qualitative research, we learned that life satisfaction connects participants' present experiences to future plans and concerns, and that contextual factors play a role in shaping both. Participants' accounts showed that life satisfaction is as a complex concept, capturing both personal and structural aspects of life. This explains why, at least in part, even if participation in the two programmes had positive impacts on participants' confidence, skills, and some perceptions of neighbourhood life, this did not translate straightaway into more positive perceptions of life satisfaction.

Given the role local contexts play in understanding perceptions of life satisfaction, it is worth mentioning that the Local Conversation programme was coming to an end as we were carrying out the research. Some participants in the Local Conversations programme mentioned that this was somewhat unsettling, as they were unsure how their regular activities will continue into the future. This sense of uncertainty was recorded in some of their accounts of community life, and it might have had some bearing on their perceptions of life satisfaction.

The wider research shows that changes in life satisfaction are linked to contextual factors including housing, relationships with people in the local area, as well as wider issues such as the COVID-19 pandemic and the cost-of-living crisis. The case study research revealed that, for participants in both programmes, life satisfaction reflected nuanced lived experiences. This may explain why perceptions of life satisfaction were highest in wave 2, which took place in March 2022, about six months after the first



wave of the research. At the time, local groups across the UK were emerging from the last round of government COVID-19 restrictions. Complex challenges ranging from financial pressures, the loss of community and staff members, to the uncertainty about the long-term impact of pandemic were on people's minds. However, that was also a moment of hope, when groups were mobilising community resources to support those who struggled, triggering the emergence of dynamic networks of support and new partnerships with local agencies.

The third wave of research took place between February and March 2023, about a year after the second wave. COVID-19 restrictions had been lifted but the impact of the pandemic on local communities was being felt across Great Britain, having left many communities mourning, operating continuously in crisis mode, navigating between post-COVID pressures and the cost-of-living crisis. These shifts in the wider context of daily life were reflected in participants' perceptions of life satisfaction and, while they cannot fully explain them, they give us a better insight into the trends we observe.

## 8.2 The importance of local contexts in shaping longer-term change

As discussed in previous sections, to understand **longer-term change we need to take into account shifting perceptions of local issues - many of which are social determinants of health**, as they reflect simultaneously the needs of areas characterised by high levels of disadvantage and the challenging task of bringing about change. For both programmes, the contextual factor that saw the largest increase in the proportion of respondents who rated it as poor from waves 1 to 4 was the local cost of living, increasing by 29 percentage points for Active Communities and 22 percentage points for Local Conversations. In the wider context, Britain has seen the inflation rate of food and non-alcoholic beverages rise to its highest in 45 years at 19.2% in March 2023. Electricity prices rose by 67% and gas by 129% in the same time period. According to ONS census data, 4 in 10 adults were struggling to pay their energy bills in January 2024.<sup>13</sup> This is reflected in 39% of low-income households reporting that they are behind on a household bill, such as rent and energy. To manage these expenditures, over 2 million low-income households have taken on debt to just cover their household bills.<sup>14</sup>

For Active Communities participants, all contextual factors were perceived more poorly in wave 4 than in wave 1, except for 'noise and pollution'. The data we collected over three years of research brings together perceptions from participants in 35 Active Communities projects. Some of the projects had just started, others were in the middle of their journey, yet others were coming to an end when participants were invited to take part in the survey. This is why it is harder to pinpoint detailed trends in the case of the Active Communities programme, but the general shift observed is robust and evidenced by the wider research. The trends observed are consistent with the wider evidence about areas characterised by high levels disadvantage. Overall, participants' ratings illustrate how poorly their local areas performed on several issues, highlighting how underserved these areas were at the moment of the research.

For the Active Communities programme, these results reveal why **the impacts on health and wellbeing cannot be understood without taking into account the ways in which these local barriers shape the social determinants of health, perpetuating health inequalities**. Also, the duration and budget of the Active Communities projects limit the impact they can have on these structural challenges. Yet, the wider research provides ample evidence that the community-led projects funded through the Active Communities programme provided many individual participants and their communities with a safety net. They helped create places where project participants could come together and transform the way they felt about themselves and those around them. Yet, it takes time for these individual journeys to be woven

<sup>13</sup> <https://www.ons.gov.uk/economy/inflationandpriceindices/articles/costoflivinginsights/food>

<sup>14</sup> More information about the Joseph Rowntree Foundation's cost of living tracker, summer 2023 the key findings are available here: <https://www.jrf.org.uk/cost-of-living/unable-to-escape-persistent-hardship-jrfs-cost-of-living-tracker-summer-2023>

into collective impact, which is why it is important to remember that scale and sustainability are key mechanisms to achieving longer-term outcomes.

For the Local Conversations participants who took part in the survey, the data reveals some encouraging shifts in perceptions of contextual factors over time (for instance, more positive perceptions of community centres and community events). However, perceptions of key contextual factors such as the local cost of living, job prospects, health facilities, public transport, and accessibility of local services deteriorated from wave 1 to wave 4. Similar to the Active Communities programme, these findings show that perceptions of the local cost of living, employment opportunities and accessibility of local services worsened over time, reflecting the wider evidence on what is happening in areas characterised by high levels of disadvantage. These structural challenges such as lack of jobs and poor access to local services put pressure on project activities and limited what they could achieve in short- and longer-term.

Equally important, these findings indicate that the participants in the Local Conversations programme who took part in the survey, enjoyed better community centres and community events, and recreation and cultural facilities in wave 4 than they did in wave 1. While some of these shifts can be attributed to external factors and individual differences between those who took part in the surveys over time, the substantial and consistent shift suggests that some of the change can be attributed to the impact of Local Conversations. The wider research, and especially the case study research, illustrates how the Local Conversations programme led to improved perceptions of community hubs and events, while also creating opportunities for people to take part in recreation and cultural activities.

These considerations also help us make sense of the shifts recorded by participants' self-rated health or their **perceptions of general health**. For the Local Conversations programme, the decline in participants' perceptions has been constant, for the Active Communities programme, the data shows a big shift from wave 1 to wave 2 (which could be partly attributed to sample composition, see the following discussion about the project selection bias hypothesis).

In wave 1, 56% of Local Conversations participants rated their health as good or very good, while 62% of Active Communities participants rated it as being good or very good. In wave 2, 53% of Local Conversations participants rated their health as good or very good, while 43% of Active Communities participants did the same. In wave 3, 48% of Local Conversations and 40% of Active Communities surveyed participants said their health as good or very good. In wave 4, 43% of Local Conversations participants reported it as good or very good, while the perceptions of Active Communities surveyed participants had slightly more positive perceptions of health than in the previous wave (43%).

Across the two programmes, participants' perceptions of general health lagged behind those of people living in areas characterised by high levels of disadvantage. For example only 43% of participants rated their general health as good, compared to 78% of people living in areas characterised by similar levels of deprivation. The case study research made clear that both the COVID-19 pandemic and the cost-of-living crisis contributed to participants' understanding of their health. However, the relationship between health, the cost-of-living crisis and project participation was not linear nor straightforward. To unpack these results, in wave 4, the research examined three hypotheses: **the health literacy hypothesis, the cost-of-living hypothesis, and the project selection bias hypothesis**. The first hypothesis tested whether learning about health and wellbeing through project activities made participants evaluate their own health more cautiously or even more negatively. The second hypothesis examined whether participants' health was deteriorating due to the negative impact that the cost-of-living crisis was having on their health and/or the social determinants of health. The third hypothesis investigated whether project participants faced more health-related challenges than comparable groups, making it more likely that their health worsened over time regardless of the programmes' positive impacts on them.

Of the three hypotheses, only the project selection bias hypothesis could be validated by findings from across the research. As noted in previous sections, while participants in both programmes live in areas characterised by high levels of disadvantage, the Local Conversations programme targeted whole communities, working with a cross-sector of the community. However, Local Conversations also set up specific activities that offered support to local people facing a range of vulnerabilities such as people who have experience of mental ill health, unemployed people or people working below the real Living Wage, those who are homeless, at risk of homelessness, in temporary accommodation, or experiencing poor quality housing, among other groups. The Active Communities projects are more tightly focused, working with groups of people who face specific, and many times, overlapping vulnerabilities. The 35 Active Communities projects that made up the final combined sample included projects working with people who are homeless, at risk of homelessness, with refugees, with vulnerable groups, with families and people who are parents, and older people.

Overall, the two programmes attracted people who faced health-related challenges, making it more likely that their health worsened over time, or could not improve significantly due to underlying chronic conditions, and/or were more prone to sudden drops in health when faced with crises. These results are supported by findings from across the research. Key to this discussion are the findings about participants' health limitations. Data from the combined wave 4 dataset shows that, across the two programmes, 31% of participants said their day-to-day activities were limited due to a physical or learning disability or health problem (32% of participants in Active Communities, and 30% of participants in Local Conversations).

These findings also help us shed light on the low proportion of participants who said they felt safe walking alone in their neighbourhood after dark (in the combined wave 4 dataset, 59% of participants across programmes felt very or fairly unsafe, compared to 84% living in areas characterised by similarly high levels of disadvantage). Data from the Opinions and Lifestyle Survey (March 2022) shows that disabled adults felt less safe than non-disabled adults, supporting our findings. Similarly, the Opinions and Lifestyle Survey shows that, a higher proportion of women reported feeling very or fairly unsafe compared with men, which is in line with the results from our surveys. Participants who self-identified as female are overrepresented in our surveys (in the combined wave 4 dataset, 70% of participants across programmes self-identified as female).

While the unequal size of gender groups did not change the outcomes of the regression models, it made the proportion of participants who felt unsafe walking alone in their neighbourhood after dark much larger compared to the proportion of people living in areas characterised by similarly high levels of disadvantage. Succinctly put, the neighbourhoods where the projects took place appear to be more unsafe compared to other areas characterised by similarly high levels of disadvantage because of survey demographics, especially the fact that the sample included more females than males and more people who faced health-related challenges, who tend to feel more unsafe walking alone in their neighbourhood after dark.

### 8.3 Looking ahead

The **health literacy hypothesis** and the **cost-of-living hypothesis** produced less definite results, especially in the absence of longitudinal data. More importantly, these two hypotheses focused on complex lived experiences, which were not very well suited for statistical modelling or benchmarking analyses. The case study research, however, highlights that participants felt that their lived experiences of physical health, mental health and wellbeing were multifaceted, and **improvement achieved through project activities** took a range of forms.<sup>15</sup>

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<sup>15</sup> The importance of focusing on people's lived experience is an important concern in recent research on health and wellbeing. The 'Measuring humanity' project and the work of Dr Marisa de Andrade are important resources for those who would like to read more about this. An introduction to this project is



It also made clear that people's involvement in project activities was entangled with other local commitments, which facilitated 'cross-pollination' between projects and activities commissioned by different funders. This had a positive impact on bringing together people from different backgrounds, linking up resources, and accelerating knowledge exchange. We also learned that this supported intergenerational activities, strengthening connections between people across a range of communities. Many times, however, it was difficult for participants to clearly identify where project activities started and where they ended. For many participants, coming together with others in the community mattered more than what the name of the activity or the funder.

Measuring impact was less straightforward in such situations, which is why the focus on understanding participants' lived experiences made a substantial difference. Active Communities and Local Conversations activities were part of **an ecosystem of relationships and power dynamics**. While working in partnership with organisations that had similar goals was a key enabler, wider barriers such as lack of jobs and access to mental health services put ongoing pressure on project activities and limited what they could achieve in short- and longer-term.

This explains why a key trend across the waves is that **most participants became involved in the projects funded by People's Health Trust because of a combination of individual and community-driven motivations**. The survey findings show that **more Active Communities participants were motivated to join because they wanted to improve their mental health and wellbeing** than those involved in Local Conversations. As we highlighted above, these results need to be understood in the context of **who the two programmes work with**. Local Conversations targeted whole communities and offered a range of community-led activities, while Active Communities projects work with specific groups of people facing particular vulnerabilities. Many of the Active Communities projects in our sample offered activities tailored specifically to people who struggled with isolation, loneliness or feeling excluded, and the participants' motivations matched their needs at the beginning of the journey.

All things considered, the relationship between **physical and mental health, wellbeing, and community power** was at the heart of participants' lived experiences. While the survey data showed that few participants joined project activities because they wanted to improve their physical health, the case study research highlights that participation and health are nonetheless connected. The analysis of participants' lived experiences shows **that early changes in individual behaviour added up, and that these take on wider meanings in participants' lives over time**, opening up new ways of experiencing one's body, relationships with others, and the larger neighbourhood.

**Wellbeing, mental health and physical health** appear as interconnected in participants' narratives, explaining why **it is not always easy to use survey data to understand how health changes over time**. Physical health is perceived as being vague and disconnected from people's everyday lives, unless people connect it to physical activities, being able to move around or someone's experience of reduced mobility, or to chronic conditions that limit one's daily activities. Mental health and wellbeing appeared to be closer to people's lived experiences, be that through one's own feelings of belonging, isolation or by seeing others struggling or being in control.

Participants' lived experiences of health changed as they continued to be involved in projects' activities. The research shows that many participants became more aware of their physical and mental health through project activities but that did not make them more likely to assess their health worse or better than before. The overall research shows that **increased awareness of physical and mental health led to a richer, more holistic and dynamic understanding of health**, which made people value certain

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available here: <https://measuringhumanity.org/#> Similarly, the work of the Communities in Control research group on evaluating complexity highlights similar concerns about the need to take the time to study and understand the messiness of lived experience. A very brief summary of their key points is available here: <https://www.youtube.com/watch?v=dusvV5MHaFo>

activities and routines more because they appreciated better how those impacted on their lives and the lives of those in their communities.

Taken together, cross programme findings **highlight the importance of investing in both upstream and downstream interventions and strategies**. More and better job opportunities, housing and accessible local services play a key role in shaping longer-term health and wellbeing outcomes and creating health equity. Equally important, shorter-term changes achieved through the community-led projects included in this research made a difference in people's lives by supporting safety nets that would not have been there otherwise. These safety nets incorporate the many benefits and support that are available to the participants from local services, broader public services and welfare benefits. We learned that these 'early wins' strengthened individual and group resilience, they changed ways of thinking and behaving, but we also learned that sustainable change takes time.

To sum up, even if the relationships between **community power**, on one hand, and **physical health, mental health and wellbeing**, on the other, led to less straightforward causal predictions this is only part of the narrative this three-year-long research was able to uncover. By focusing on various aspects of participants' lived experiences and journeys with the projects, overall survey findings and the case study research show that, across both programmes, **community power contributes to improved health and wellbeing outcomes over time**. Sustainability and scale are key mechanisms of longer-term change, and we have only begun to see how journeys of individual change have started to come together into collective action and community power. We hope future research will build on these results, and using mixed methods approaches, will be able to determine the scale of the programmes' impact and how intertwined drivers of change unfolded over time.

## 9 Appendix

### 9.1 Benchmarking questions included in the survey of project participants

Sections	Survey question <i>(italics indicate different use for benchmarking)</i>	Survey to be used for benchmarking	England benchmarking geography	Scotland benchmark	Wales benchmark
Area belonging	I feel like I belong to this neighbourhood	Understanding Society Survey (UK)	OACs matched to Output Areas	OACs matched to Output Areas	OACs matched to Output Areas
Satisfaction (satisfaction with area)		Community Life Survey (England); National Survey for Wales	IMD quintiles matched to LSOAs		WIMD deciles matched to LSOAs
		Scottish Household Survey		SIMD quintiles matched to Data Zones	
Safety	How safe do you feel walking alone in this area after dark?	Understanding Society Survey (UK)	OACs matched to Output Areas	OACs matched to Output Areas	OACs matched to Output Areas
Social cohesion	The friendships and associations I have with other people in my neighbourhood mean a lot to me.	Understanding Society Survey (UK)	OACs matched to Output Areas	OACs matched to Output Areas	OACs matched to Output Areas
	I regularly stop and talk with people in my neighbourhood.	Understanding Society Survey (UK)	OACs matched to Output Areas	OACs matched to Output Areas	OACs matched to Output Areas
	I would be willing to work together with others on something to improve my neighbourhood.	Understanding Society Survey (UK)	OACs matched to Output Areas	OACs matched to Output Areas	OACs matched to Output Areas
	I borrow things and exchange favours with my neighbours.	Understanding Society Survey (UK)	OACs matched to Output Areas	OACs matched to Output Areas	OACs matched to Output Areas
		Community Life Survey (England); National Survey for Wales	IMD quintiles matched to LSOAs		WIMD deciles matched to LSOAs
		Scottish Household Survey		SIMD quintiles matched to Data Zones	
Community and individual control		Community Life Survey (England)	IMD quintiles matched to LSOAs		
		Scottish Household Survey; National Survey for Wales		SIMD quintiles matched to Data Zones	WIMD deciles matched to LSOAs
Wellbeing	How dissatisfied or satisfied are you with your life overall?	Understanding Society Survey (UK)	OACs matched to Output Areas	OACs matched to Output Areas	OACs matched to Output Areas



## 9.2 Benchmarking weighted by gender to match the gender ratio in the Understanding Society Survey sample

Active Communities benchmarking	Whole sample		UK		Difference	20%/30% most deprived		Difference
	N	% positive	N	% positive		N	% positive	
I feel like I belong to this neighbourhood	531	76%	31245	63%	13%	5228	56%	20%
The friendships and associations I have with other people in my neighbourhood mean a lot to me	528	84%	31236	53%	31%	5229	49%	35%
I borrow things and exchange favours with my neighbours	513	54%	31234	38%	16%	5230	32%	23%
I would be willing to work together with others on something to improve my neighbourhood	513	77%	31228	66%	11%	5228	59%	18%
I regularly stop and talk with people in my neighbourhood	524	73%	31240	63%	10%	5228	57%	15%
Life satisfaction	528	68%	31266	73%	-5%	5237	66%	2%
How safe do you feel walking alone in this area after dark?	533	59%	31898	85%	-26%	5520	84%	-25%
Do you agree or disagree that you can influence decisions affecting	519	48%	30651	21%	27%	6136	22%	27%
Overall how satisfied or dissatisfied are you with your local area as a place to live	531	75%	32108	85%	-10%	6437	72%	2%
To what extent do you agree or disagree that this local area is a place where people from different backgrounds get on well together?	542	82%	30685	78%	4%	6140	70%	12%
When people in this area get involved in their local community, they really can change the way that their area is run***	536	73%	10513	54%	19%	2588	51%	23%
To what extent do you agree or disagree that people in this neighbourhood pull together to improve the neighbourhood?***	531	73%	10448	58%	15%	2566	47%	26%
To what extent do you agree or disagree that people in this neighbourhood can be trusted?***	539	76%	10475	73%	4%	2572	56%	21%
General Health	526	47%	55912185	82%	-35%	17053481	78%	-31%
I've been feeling optimistic about the future	530	48%	32021	34%	14%	8807	30%	18%
I've been feeling useful	525	54%	32025	47%	7%	8813	41%	13%
I've been feeling relaxed	526	47%	32041	42%	6%	8816	38%	10%
I've been dealing with problems well	528	51%	32039	52%	-1%	8818	47%	4%
I've been thinking clearly	522	57%	32040	58%	-1%	8818	52%	5%
I've been feeling close to other people	528	59%	32034	53%	6%	8820	48%	11%
I've been able to make up my own mind about things	527	67%	32035	71%	-4%	8819	65%	2%
***Benchmarked against England only								

Local Conversations benchmarking	Whole sample		UK		Difference	20%/30% most deprived		Difference
	N	% positive	N	% positive		N	% positive	
I feel like I belong to this neighbourhood	725	77%	31245	63%	14%	5228	56%	22%
The friendships and associations I have with other people in my neighbourhood mean a lot to me	727	84%	31236	53%	31%	5229	49%	34%
I borrow things and exchange favours with my neighbours	715	59%	31234	38%	20%	5230	32%	27%
I would be willing to work together with others on something to improve my neighbourhood	717	79%	31228	66%	13%	5228	59%	20%
I regularly stop and talk with people in my neighbourhood	722	80%	31240	63%	17%	5228	57%	23%
Life satisfaction	716	62%	31266	73%	-11%	5237	66%	-4%
How safe do you feel walking alone in this area after dark?	711	67%	31898	85%	-18%	5520	84%	-17%
Do you agree or disagree that you can influence decisions affecting your local area?	705	62%	30651	21%	40%	6136	22%	40%
Overall how satisfied or dissatisfied are you with your local area as a place to live	715	78%	32108	85%	-7%	6437	72%	6%
To what extent do you agree or disagree that this local area is a place where people from different backgrounds get on well together?	724	80%	30685	78%	2%	6140	70%	10%
When people in this area get involved in their local community, they really can change the way that their area is run***	723	81%	10513	54%	26%	2588	51%	30%
To what extent do you agree or disagree that people in this neighbourhood pull together to improve the neighbourhood?***	715	80%	10448	58%	22%	2566	47%	33%
To what extent do you agree or disagree that people in this neighbourhood can be trusted?***	727	80%	10475	73%	8%	2572	56%	24%
General Health	716	52%	55912185	82%	-30%	17053481	78%	-26%
I've been feeling optimistic about the future	704	43%	32021	34%	9%	8807	30%	13%
I've been feeling useful	706	55%	32025	47%	8%	8813	41%	13%
I've been feeling relaxed	705	46%	32041	42%	5%	8816	38%	8%
I've been dealing with problems well	695	49%	32039	52%	-3%	8818	47%	2%
I've been thinking clearly	697	56%	32040	58%	-2%	8818	52%	4%
I've been feeling close to other people	697	53%	32034	53%	-1%	8820	48%	5%
I've been able to make up my own mind about things	707	66%	32035	71%	-5%	8819	65%	1%
***Benchmarked against England only								

### 9.3 A comparative review of results across the four waves (survey of project participants)

Note: Decile 1 = most deprived, decile 10 = least deprived.

We highlighted in grey the cells where we included only the trends over time or where data did not allow us to run specific analyses.

Overall programme impact	Evidence base	Wave 3 impact	Combined datasets Wave 1 - Wave 3 impact	Wave 4 impact	Combined datasets Wave 1 - Wave 4 impact
Learnt or developed new or existing skills	Descriptive statistics	<p><b>Local Conversations:</b> 74% of surveyed participants agreed that they had <b>learnt and developed new skills</b> through the project's activities.</p> <p><b>Active Communities:</b> 91% of surveyed participants agreed that they had <b>learnt and developed new skills</b> through the project's activities.</p>		<p><b>Local Conversations:</b> 72% of surveyed participants agreed that they had <b>learnt and developed new skills</b> through the project's activities.</p> <p><b>Active Communities:</b> 86% of surveyed participants <b>learnt and developed new skills</b> through the project's activities.</p>	
Participation had a positive impact on participants' social	Benchmarking analysis, statistical modelling, and	<b>Local Conversations:</b> 89% of surveyed participants agreed that <b>they made new</b>	•84% of surveyed participants from both programmes agreed that the <b>friendships and associations</b> they had	<b>Local Conversations:</b> 85% of surveyed participants agreed that <b>they made new friends</b>	•83% of surveyed participants from both programmes agreed that the <b>friendships and associations</b> they had with other people in their



networks, supporting participants to expand their social links and ties.	descriptive statistics	<p>friends by taking part in the project.</p> <p><b>Active Communities:</b> 97% of surveyed participants agreed that <b>they made new friends by taking part in the project.</b></p> <p><b>Local Conversations and Active Communities programmes:</b> model shows that increased participation has some impact on the strength of participants' social networks.</p>	<p>with other people in their neighbourhood meant a lot to them, compared to 49% of the people living in areas with similarly high levels of disadvantage in the UK.</p> <p>[higher than IMD decile 10 for the UK, which is 58%]</p> <p>•78% of those surveyed from both programmes agreed that they <b>regularly stop and talk with people in their neighbourhood</b>, compared to 57%.</p> <p>[higher than IMD decile 10 for the UK, which is 66%]</p> <p>•62% of those surveyed from both programmes agreed that they <b>borrow things and exchange favours with my neighbours</b>, compared to 32%.</p>	<p>by taking part in the project.</p> <p><b>Active Communities:</b> 95% of surveyed participants agreed that <b>they made new friends by taking part in the project.</b></p> <p><b>Local Conversations programme:</b> model shows that increased participation has some impact on the strength of participants' social networks.</p> <p><b>Active Communities programmes:</b> participation is not a robust predictor.</p>	<p>neighbourhood meant a lot to them, compared to 49% of the people living in areas with similarly high levels of disadvantage in the UK.</p> <p>[higher than IMD decile 10 for the UK, which is 58%]</p> <p>•77% of those surveyed from both programmes agreed that they <b>regularly stop and talk with people in their neighbourhood</b>, compared to 57%.</p> <p>[higher than IMD decile 10 for the UK, which is 66%]</p> <p>•58% of those surveyed from both programmes agreed that they <b>borrow things and exchange favours with my neighbours</b>, compared to 32%.</p> <p>[higher than IMD decile 10 for the UK, which is 43%]</p> <p><b>Local Conversations programme:</b> model shows that increased participation has a limited impact on the</p>
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			<p>[higher than IMD decile 10 for the UK, which is 43%]</p> <p><b>Local Conversations and Active Communities programmes:</b> model shows that increased participation has some impact on the strength of participants' social networks.</p>		<p>strength of participants' social networks.</p> <p><b>Active Communities programmes:</b> participation is not a robust predictor.</p>
<p>Surveyed participants from both programmes had more positive perceptions of belonging and trust than people living in areas characterised by similarly high levels of disadvantage.</p>	Benchmarking analysis		<p>76% of those surveyed from both programmes agreed that <b>people in their neighbourhood can be trusted</b>, compared to 56% [benchmarked against England only].</p> <p>[equal to IMD quintile 3 for England, which is 76%]</p> <p>76% of those surveyed from both programmes agreed that <b>they feel they belong to their neighbourhood</b>, compared to 56%.</p>		<p>•77% of those surveyed from both programmes agreed that <b>people in their neighbourhood can be trusted</b>, compared to 56% [benchmarked against England only].</p> <p>[slightly higher than IMD quintile 3 for England, which is 76%]</p> <p>•76% of those surveyed from both programmes agreed that <b>they feel they belong to their neighbourhood</b>, compared to 56%.</p> <p>[higher than IMD decile 10 for the UK, which is 71%]</p>

			[higher than IMD decile 10 for the UK, which is 71%]		
Increased participation had a positive impact on participants' confidence and skills.	Descriptive statistics, Statistical modelling	<p><b>Local Conversations:</b> 75% of surveyed participants agreed that participation has helped them <b>feel more confident</b>.</p> <p><b>Active Communities:</b> 92% of surveyed participants agreed that participation has helped them <b>feel more confident</b>.</p> <p><b>Local Conversations:</b> model shows that increased participation leads to improved confidence and skills.</p> <p><b>Active Communities programmes:</b> participation is not a robust predictor.</p>	<p><b>Local Conversations:</b> model shows that increased participation leads to improved confidence and skills.</p> <p><b>Active Communities programmes:</b> participation is not a robust predictor.</p>	<p><b>Local Conversations:</b> 73% of surveyed participants agreed that <b>participation has helped them feel more confident</b>.</p> <p><b>Active Communities:</b> 84% of surveyed participants agreed that <b>participation has helped them feel more confident</b>.</p> <p><b>Local Conversations and Active Communities programmes:</b> model shows that increased participation leads to improved confidence and skills.</p>	<p><b>Local Conversations programme:</b> model shows that increased participation leads to improved confidence and skills.</p> <p><b>Active Communities programmes:</b> participation is not a robust predictor.</p>
Increased participation	Statistical modelling	<b>Local Conversations:</b> 74% of surveyed	<b>Local Conversations and Active Communities</b>	<b>Local Conversations:</b> 73% of surveyed participants agreed	<b>Local Conversations programme:</b> model shows



had a positive impact on participants' community power.	and descriptive statistics	<p>participants agreed became <b>more involved in wider community action</b> as a result of participating in the project.</p> <p><b>Active Communities:</b> 82% of surveyed participants agreed became <b>more involved in wider community action</b> as a result of participating in the project.</p>	<p><b>programmes:</b> model shows that increased participation leads to improved experiences of community power.</p>	<p>that they became <b>more involved in wider community action</b> as a result of participating in the project.</p> <p><b>Active Communities:</b> 70% of surveyed participants agreed that they became <b>more involved in wider community action</b> as a result of participating in the project.</p> <p><b>Local Conversations programme:</b> model shows that increased participation leads to improved experiences of community power.</p> <p><b>Active Communities:</b> community power is not a robust predictor.</p>	<p>that increased participation leads to improved experiences of community power.</p> <p><b>Active Communities:</b> model shows that community power has a very limited impact on improved experiences of community power.</p>
Stronger social networks, improved confidence	Statistical modelling	<b>Local Conversations and Active Communities programmes:</b> model	<b>Local Conversations and Active Communities programmes:</b> model shows that stronger	<b>Local Conversations and Active Communities programmes:</b> model shows that stronger social	<b>Local Conversations and Active Communities programmes:</b> model shows that stronger social networks,

and skills and more cohesive communities had a positive impact on participants' community power.		shows that stronger social networks, improved confidence and skills and more cohesive communities lead to increased experiences of community power.	social networks, improved confidence and skills and more cohesive communities lead to increased experiences of community power.	networks, improved confidence and skills and more cohesive communities lead to increased experiences of community power.	improved confidence and skills and more cohesive communities lead to increased experiences of community power.
Improved 'confidence and skills' factor and 'feelings of belonging' factor had a positive impact on participants' wellbeing.	Statistical modelling	<b>Local Conversations and Active Communities programmes:</b> Improved 'confidence and skills' factor and 'feelings of belonging' are not robust predictors.	<b>Local Conversations:</b> model shows improved 'confidence and skills' and 'feelings of belonging' factors lead to improved wellbeing.  <b>Active Communities:</b> model shows improved 'confidence and skills' factor leads to improved wellbeing.	<b>Local Conversations and Active Communities programmes:</b> Improved 'confidence and skills' factor and 'feelings of belonging' are not robust predictors.	<b>Local Conversations:</b> model shows improved 'confidence and skills' and 'feelings of belonging' factors lead to improved wellbeing.  <b>Active Communities:</b> community power is not a robust predictor. unless the effect of health conditions (physical or learning disability or health problem) is taken into account.
Improved community power had a positive impact on participants' wellbeing.	Statistical modelling	<b>Local Conversations:</b> model shows improved experiences of community power leads to improved wellbeing.	<b>Local Conversations:</b> model shows improved experiences of community power leads to improved wellbeing.	<b>Local Conversations and Active Communities programmes:</b> models show improved experiences of community power leads to improved wellbeing.	<b>Local Conversations:</b> model shows improved experiences of community power leads to improved wellbeing.

		<b>Active Communities:</b> community power is not a robust predictor.	<b>Active Communities:</b> community power is not a robust predictor.		<b>Active Communities:</b> community power is not a robust predictor.
Improved community power had a positive impact on participants' health.	Statistical modelling	<b>Active Communities:</b> improved community power leads to improved self-reported health.  <b>Local Conversations:</b> when taking into account the effect of health conditions (physical or learning disability or health problem), community power becomes a predictor for improved self-reported health.	<b>Active Communities:</b> improved community power leads to improved self-reported health.  <b>Local Conversations:</b> when taking into account the effect of health conditions (physical or learning disability or health problem), community power becomes a predictor for improved self-reported health.	<b>Local Conversations and Active Communities programmes:</b> community power is not a robust predictor.	<b>Local Conversations and Active Communities programmes:</b> community power is not a robust predictor.
Participants had more positive perceptions of community power than	Benchmarking analysis		•80% of those surveyed from both programmes agreed that <b>when people in their area get involved in their local community, they really</b>		•77% of those surveyed from both programmes agreed that <b>when people in their area get involved in their local community, they really can change the way that their</b>



people living in areas with similarly high levels of disadvantage.			<p>can change the way that their area is run, compared to 51%.</p> <p>[higher than IMD quintile 5 for England, which is 56%]</p> <p>•74% of those surveyed from both programmes agreed that they would be <b>willing to work together with others on something to improve their neighbourhood</b>, compared to 59%.</p> <p>[higher than IMD decile 10 for the UK, which is 71%]</p>		<p>area is run, compared to 51%.</p> <p>[higher than IMD quintile 5 for England, which is 56%]</p> <p>•77% of those surveyed from both programmes agreed that they would be <b>willing to work together with others on something to improve their neighbourhood</b>, compared to 59%.</p> <p>[higher than IMD decile 10 for the UK, which is 71%]</p>
Safety after dark	Benchmarking analysis and descriptive statistics	<p><b>Local Conversations:</b> 64% of surveyed participants reported they <b>felt safe walking alone in their area after dark</b>.</p> <p><b>Active Communities:</b> 54% of</p>	<p>•60% of those surveyed from both programmes agreed that they <b>feel safe walking alone in their area after dark</b>, compared to 84% of the people living in areas with similarly high levels of disadvantage in the UK.</p>	<p><b>Local Conversations:</b> 65% of surveyed participants reported they <b>felt safe walking alone in their area after dark</b>.</p> <p><b>Active Communities:</b> 49% of surveyed participants reported they <b>felt safe</b></p>	<p>•59% of those surveyed from both programmes agreed that they <b>feel safe walking alone in their area after dark</b>, compared to 84% of the people living in areas with similarly high levels of disadvantage in the UK.</p>

		surveyed participants reported they <b>felt safe walking alone</b> in their area after dark.		walking alone in their area after dark.	
Life satisfaction	Benchmarking analysis and descriptive statistics	<p><b>Local Conversations:</b> 65% of surveyed participants said they were <b>satisfied with life</b> nowadays.</p> <p><b>Active Communities:</b> 62% of surveyed said they were <b>satisfied with life</b> nowadays.</p>	<p>• 66% of surveyed participants gave a positive response when asked <b>how satisfied or dissatisfied they were with life</b> compared to 66% of the people living in areas with similarly high levels of disadvantage in the UK.</p>	<p><b>Local Conversations:</b> 58% of surveyed participants said they were <b>satisfied with life</b> nowadays.</p> <p><b>Active Communities:</b> 73% of surveyed said they were <b>satisfied with life</b> nowadays.</p>	<p>•65% of surveyed participants gave a positive response when asked how <b>satisfied or dissatisfied they were with life</b> compared to 66% of the people living in areas with similarly high levels of disadvantage in the UK.</p>
Participants had more positive perceptions of the 'wellbeing' factor (short version of the Warwick-Edinburgh Mental Wellbeing Scale,	Benchmarking analysis		<p>•43% of those surveyed from both programmes rated "<b>I've been feeling optimistic about the future</b>" as positive compared to 30% of the people living in areas with similarly high levels of disadvantage in the UK.</p>		<p>•44% of those surveyed from both programmes rated "<b>I've been feeling optimistic about the future</b>" as positive compared to 30% of the people living in areas with similarly high levels of disadvantage in the UK.</p> <p>[higher than IMD decile 10 for the UK, which is 38%]</p>

SWEMWBS) than people living in areas with similarly high levels of disadvantage.			<p>[higher than IMD decile 10 for the UK, which is 38%]</p> <ul style="list-style-type: none"> <li>•53% of those surveyed from both programmes rated “I’ve been feeling useful” as positive compared to 41%.</li> </ul> <p>[nearly equal to IMD decile 10 for the UK, which is 54%]</p> <ul style="list-style-type: none"> <li>•44% of those surveyed from both programmes rated “I’ve been feeling relaxed” as positive compared to 38%</li> </ul> <p>[nearly equal to IMD decile 9 for the UK, which is 43%]</p> <ul style="list-style-type: none"> <li>•48% of those surveyed from both programmes rated “I’ve been dealing with problems well” as</li> </ul>		<ul style="list-style-type: none"> <li>•54% of those surveyed from both programmes rated “I’ve been feeling useful” as positive compared to 41%.</li> </ul> <p>[equal to IMD decile 10 for the UK, which is 54%]</p> <ul style="list-style-type: none"> <li>•47% of those surveyed from both programmes rated “I’ve been feeling relaxed” as positive compared to 38%.</li> </ul> <p>[nearly equal to IMD decile 10 for the UK, which is 48%]</p> <ul style="list-style-type: none"> <li>•50% of those surveyed from both programmes rated “I’ve been dealing with problems well” as positive compared to 47%.</li> </ul> <ul style="list-style-type: none"> <li>•56% of those surveyed from both programmes rated “I’ve been thinking clearly” as positive compared to 52%.</li> </ul>
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			<p>positive compared to 47%.</p> <ul style="list-style-type: none"> <li>•54% of those surveyed from both programmes rated “I’ve been <b>thinking clearly</b>” as positive compared to 52%.</li> <li>•55% of those surveyed from both programmes rated “I’ve been <b>feeling close to other people</b>” as positive compared to 48%.</li> </ul> <p>[equal to IMD decile 8 for the UK, which is 53%]</p> <ul style="list-style-type: none"> <li>•65% of those surveyed from both programmes rated “I’ve been <b>able to make up my own mind about things</b>” as positive compared to 65%.</li> </ul>		<ul style="list-style-type: none"> <li>•56% of those surveyed from both programmes rated “I’ve <b>been feeling close to other people</b>” as positive compared to 48%.</li> </ul> <p>[nearly equal to IMD decile 8 for the UK, which is 55%]</p> <ul style="list-style-type: none"> <li>•66% of those surveyed from both programmes rated “I’ve <b>been able to make up my own mind about things</b>” as positive compared to 65%.</li> </ul>
Self-rated health	Benchmarking analysis and descriptive statistics	<b>Local Conversations:</b> 48% of surveyed participants rated their <b>general health</b> as good or very good.	•51% of those surveyed from both programmes rated their <b>general health</b> as good or very good, compared to 78% of the people living in	<b>Local Conversations:</b> 43% of surveyed participants rated their <b>general health</b> as good or very good.	•49% of those surveyed from both programmes rated their <b>general health</b> as good or very good, compared to 78% of the people living in areas

		<p><b>Active Communities:</b> 40% of surveyed participants rated their <b>general health</b> as good or very good.</p>	<p>areas with similarly high levels of disadvantage in the UK.</p>	<p><b>Active Communities:</b> 43% of surveyed participants rated their <b>general health</b> as good or very good.</p>	<p>with similarly high levels of disadvantage in the UK.</p>
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## 9.4 Regression analysis tables (survey of project participants)

*Note: The highlighted variables in the regression models below are statistically significant predictors.*

**Figure 1. Relationship between participation and confidence and skills (for participants in Local Conversations).**

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	5.54	0.25		0.00
Have been involved 1 month or more but less than a year	0.85	0.29	0.18	0.00
Have been involved 1 year or more but less than 3 years	0.99	0.27	0.25	0.00
Have been involved more than 3 years	1.15	0.28	0.29	0.00
I participate regularly in activities but not in steering or core group meetings	1.32	0.16	0.33	0.00
I participate in steering or core group meetings and other project activities regularly	1.68	0.18	0.39	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 4), Dependent Variable: 'Confidence and skills' factor, R Square = 0.182

**Figure 2. Relationship between participation and community power (for participants in Local Conversations).**

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	6.01	0.19		0.00
Have been involved 1 month or more but less than a year	0.31	0.22	0.08	0.17
Have been involved 1 year or more but less than 3 years	0.51	0.21	0.16	0.01
Have been involved more than 3 years	0.90	0.21	0.28	0.00
I participate regularly in activities but not in steering or core group meetings	0.85	0.13	0.26	0.00
I participate in steering or core group meetings and other project activities regularly	1.28	0.14	0.37	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 4), Dependent Variable: 'Community power' factor, R Square = 0.177

**Figure 3. Relationship between participation and community power (for participants in Active Communities projects).**

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	6.34	0.25		0.00
Have been involved 1 month or more but less than a year	0.02	0.27	0.01	0.94
Have been involved 1 year or more but less than 3 years	-0.04	0.27	-0.01	0.87
Have been involved more than 3 years	0.10	0.27	0.03	0.70
I participate regularly in activities but not in steering or core group meetings	0.51	0.15	0.18	0.00
I participate in steering or core group meetings and other project activities regularly	1.17	0.17	0.36	0.00

Active Communities participants, combined dataset (Wave 1 - Wave 4), Dependent Variable: 'Community power' factor, R Square = 0.08

**Figure 4. Relationship between 'confidence and skills' and 'feelings of belonging' factors and wellbeing (for participants in Local Conversations).**

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	16.35	0.94		0.00
Social connectedness factor	0.02	0.18	0.01	0.92
Confidence and skills factor	0.54	0.11	0.20	0.00
Feelings of belonging factor	0.61	0.15	0.21	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 4), Dependent Variable: SWEMWEBS. R Square = 0.113

**Figure 5. Relationship between 'confidence and skills' and 'feelings of belonging' factors and wellbeing, when the effect of health conditions (physical or learning disability or health problem) is taken into account (for participants in Active Communities projects).**



	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	18.83	1.44		0.00
Health limitations	-1.11	0.25	-0.20	0.00
Social connectedness factor	0.52	0.20	0.15	0.01
Confidence and skills factor	0.47	0.15	0.15	0.00
Feelings of belonging factor	0.03	0.17	0.01	0.85

Active Communities participants, combined dataset (Wave 1 - Wave 4), Dependent Variable: SWEMWEBS. R Square = 0.105

**Figure 6. Relationship between ‘confidence and skills’, ‘social connectedness’, and ‘feelings of belonging’ factors and ‘community power’ factor (for participants in Local Conversations).**

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	0.80	0.16		0.00
Social connectedness factor	0.33	0.03	0.34	0.00
Confidence and skills factor	0.28	0.02	0.36	0.00
Feelings of belonging factor	0.27	0.03	0.31	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 4), Dependent Variable: Community power factor. R Square = 0.683

**Figure 7. Relationship between ‘confidence and skills’, ‘social connectedness’, and ‘feelings of belonging’ factors and ‘community power’ factor (for participants in Active Communities).**

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	1.11	0.23		0.00
Social connectedness factor	0.34	0.04	0.37	0.00
Confidence and skills factor	0.19	0.03	0.24	0.00
Feelings of belonging factor	0.26	0.03	0.31	0.00

Active Communities participants, combined dataset (Wave 1 - Wave 4), Dependent Variable: Community power factor. R Square = 0.549

Figure 8. Relationship between the ‘community power’ factor and wellbeing (for participants in Local Conversations).

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	17.06	0.85		0.00
Community power	1.05	0.11	0.32	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 4), Dependent Variable: SWEMWEBS. R Square = 0.101

## 9.5 Additional benchmarking analyses based on the combined dataset between nations (waves 1 – 4)

The data collected for all the Local Conversations projects across the three nations was compared to respondents in the USS and CLS samples for 20% or 30% most deprived neighbourhoods in the UK.<sup>16</sup> Overall, Local Conversations respondents had **more positive perceptions of community power, social connectedness, and some aspects of belonging** than people living in areas with similarly high levels of disadvantage in the UK.

<sup>16</sup> UNDERSTANDING SOCIETY AND THE NATIONAL SURVEY FOR WALES WERE BROKEN DOWN BY IMD, SO THE SURVEY RESPONSES ARE BENCHMARKED TO NEIGHBOURHOODS FALLING IN THE BOTTOM 30% OF IMD. COMMUNITY LIFE SURVEY AND THE SCOTTISH HOUSEHOLD SURVEY WERE ALSO BROKEN DOWN BY IMD BUT THE SURVEY RESPONSES COULD ONLY BE MATCHED TO IMD QUINTILES INSTEAD OF DECILES. THIS IS WHY WE MATCHED THE COMMUNITY LIFE SURVEY AND SCOTTISH HOUSEHOLD SURVEY QUESTIONS TO THE BOTTOM 20% OF NEIGHBOURHOODS BY IMD SCORE.

## 'Community power' factor

■ % of positive responses for Local Conversations participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

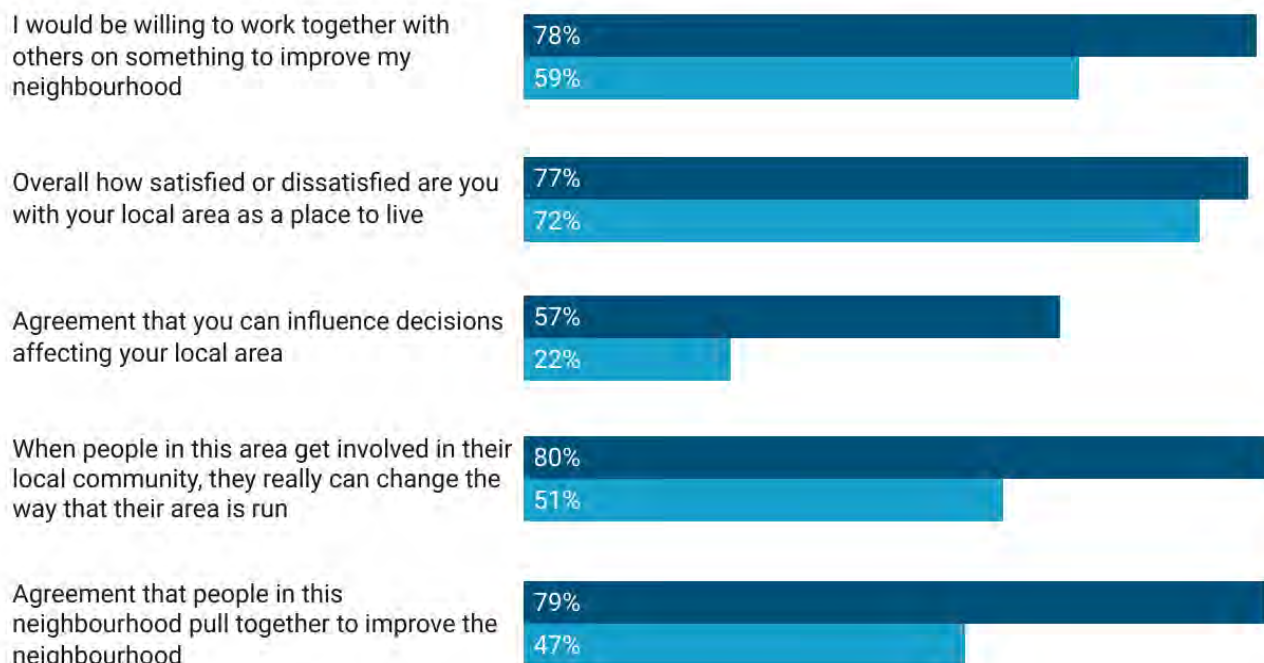


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life, Community Life Survey/Understanding Society Survey • Created with Datawrapper

## 'Social connectedness' factor

■ % of positive responses for Local Conversations participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

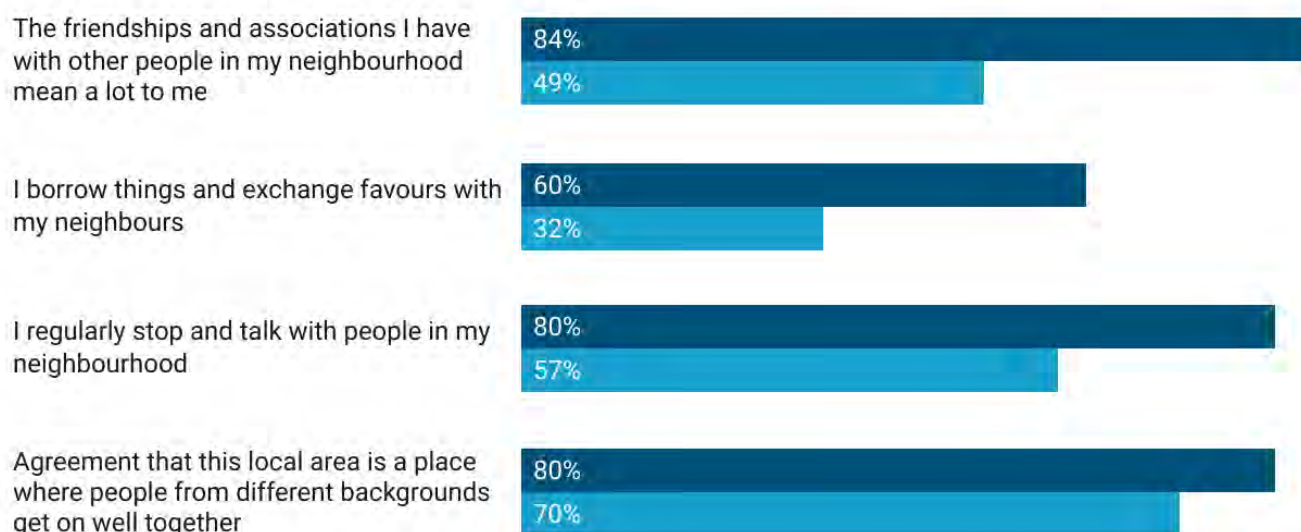


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life, Community Life Survey/Understanding Society Survey • Created with Datawrapper

## 'Feelings of belonging' factor

■ % of positive responses for Local Conversations participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

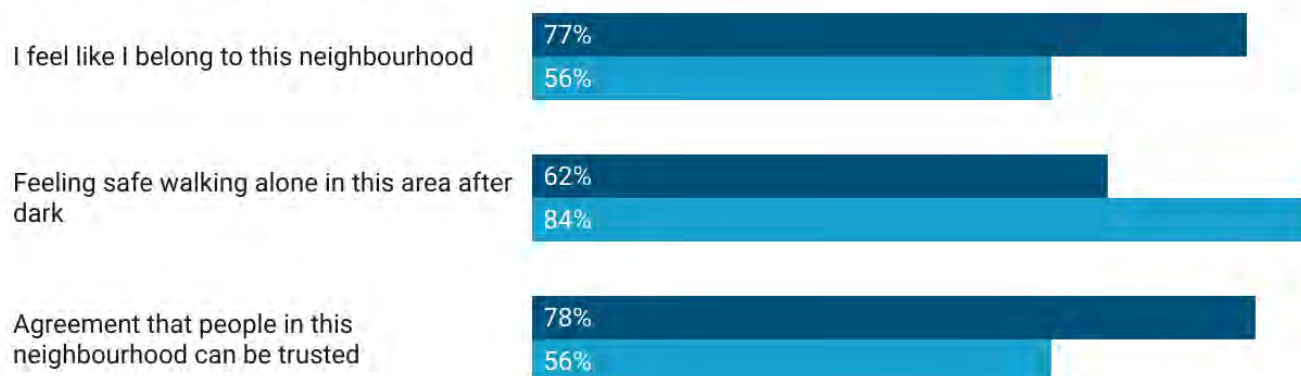


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Local Conversations respondents had **similar perceptions of life satisfaction (66%)**, and **less positive perceptions of safety after dark (62% compared to 84%)** and **self-rated health (53% compared to 78%)** compared to people living in areas with similarly high levels of disadvantage in the UK.



## SWEMWBS scale

■ % of positive responses for all surveyed project participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

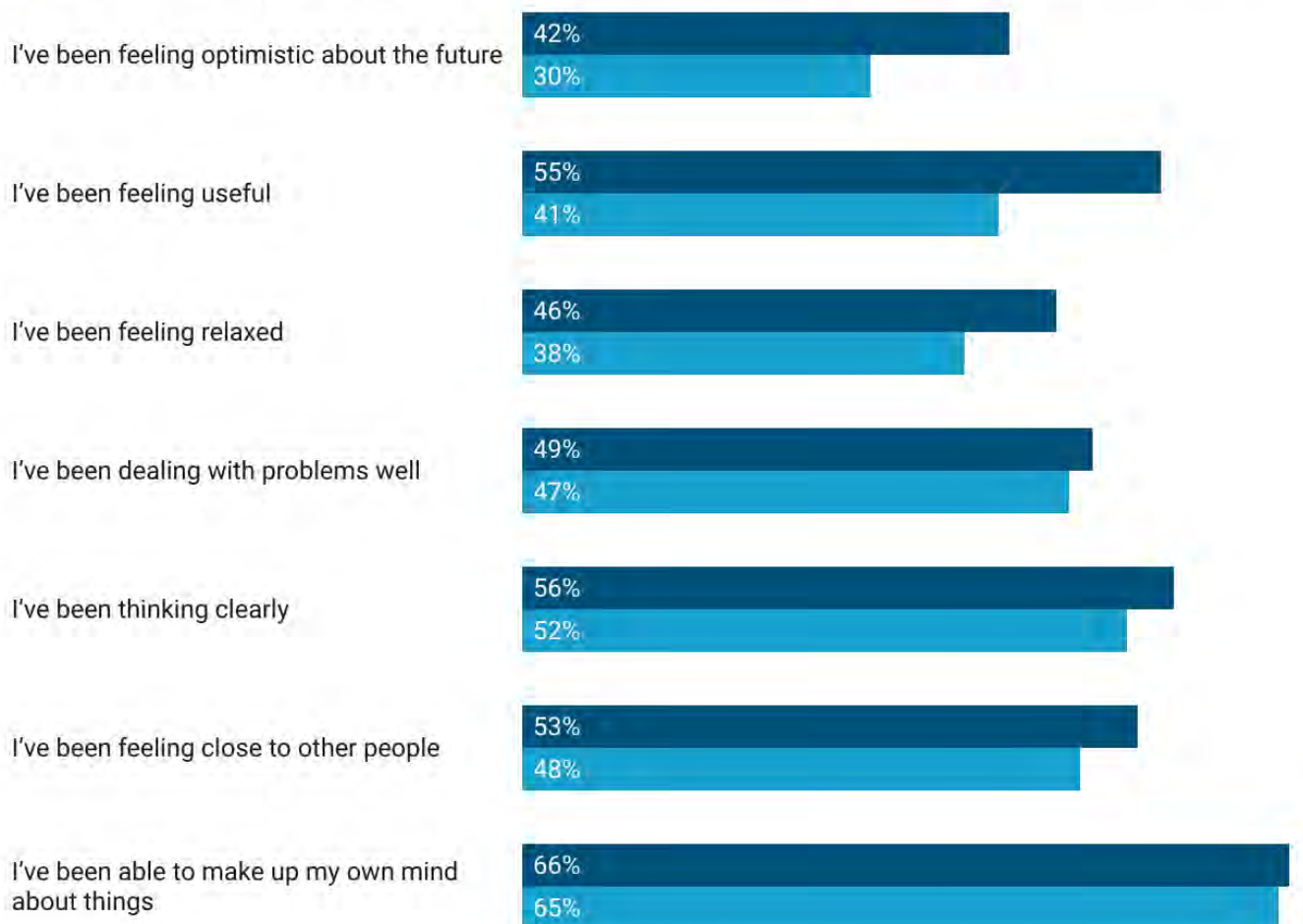


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

### Local Conversations - ENGLAND<sup>17</sup>

Data from the Local Conversations located in England was compared to respondents in the USS and CLS samples for 20% or 30% most deprived neighbourhoods in England. Participants in Local Conversations in England had **more positive perceptions of community power, social connectedness, trust and some aspects of belonging** than people living in areas with similarly high levels of disadvantage in England. Key findings include:

Perceptions of individual control over decisions affecting one's local area (61% compared to 28%)

Willingness to work together with others on something to improve the neighbourhood (76% compared to 58%)

<sup>17</sup> Two questions, "When people in this area get involved in their local community, they really can change the way that their area is run" and "To what extent do you agree or disagree that people in this neighbourhood pull together to improve the neighbourhood?" were part of the Community Life Survey and were only benchmarked against England data.

The importance of friendships and associations with people in the neighbourhood (82% compared to 49%).

## 'Community power' factor

■ % of positive responses for Local Conversations participants in England ■ % of positive responses for people living in areas with similarly high levels of disadvantage

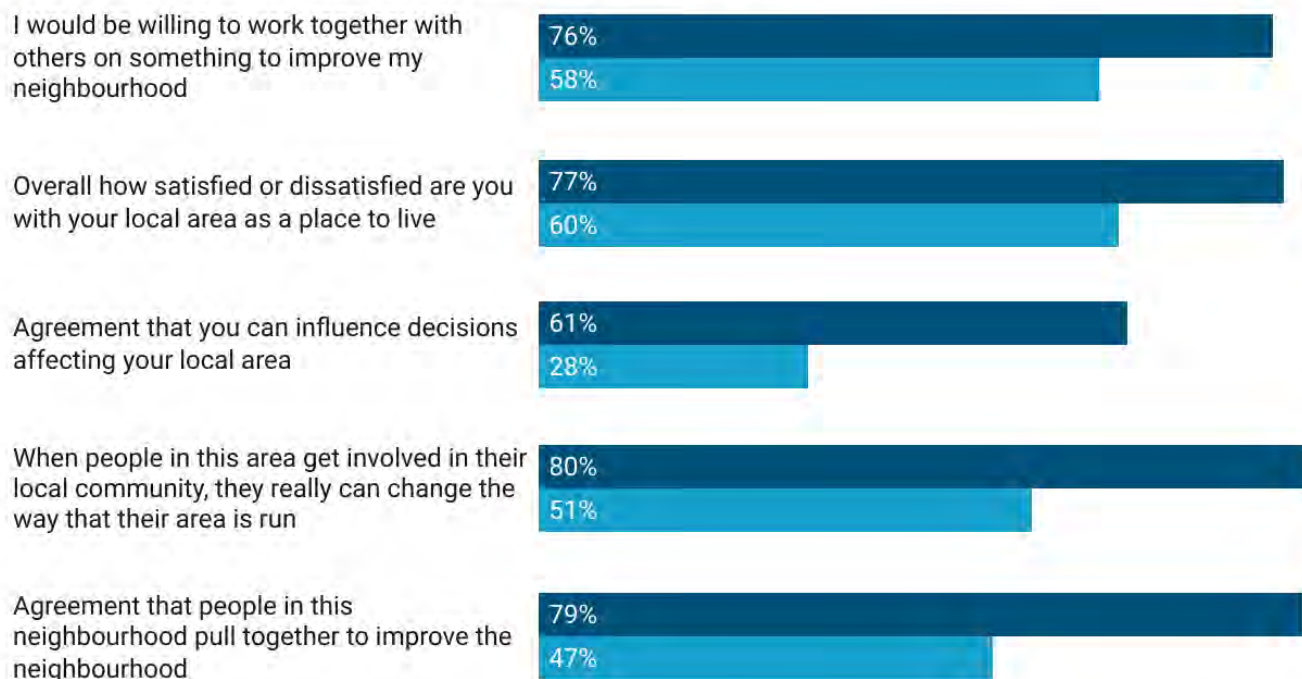


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life, Community Life Survey/Understanding Society Survey • Created with Datawrapper

## 'Social connectedness' factor

■ % of positive responses for Local Conversations participants in England ■ % of positive responses for people living in areas with similarly high levels of disadvantage

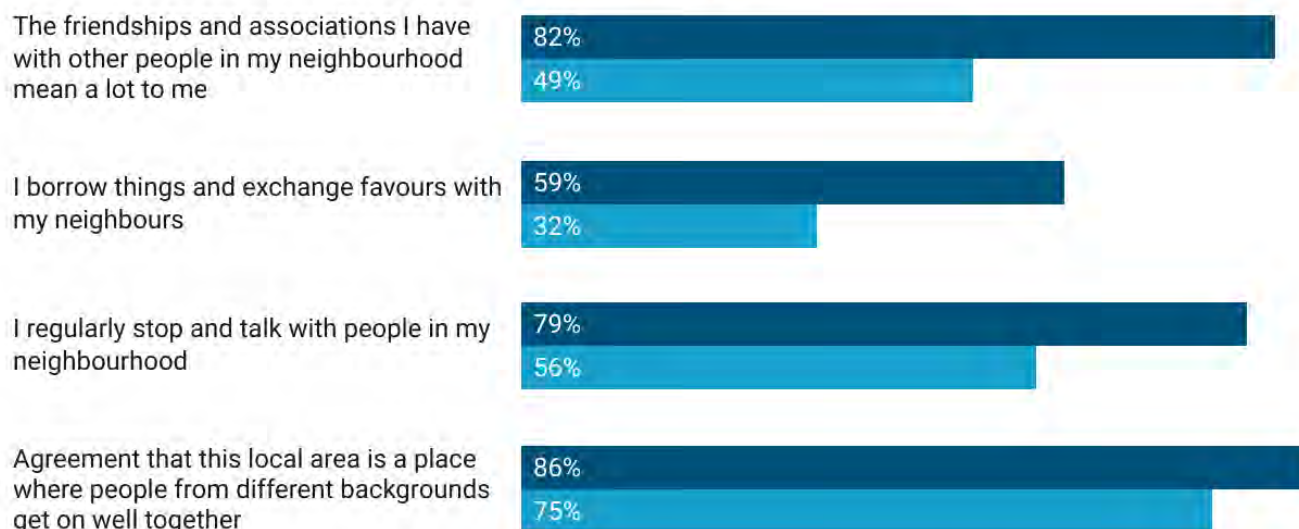


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life, Community Life Survey/Understanding Society Survey • Created with Datawrapper

Participants in the Local Conversations projects in England were **less positive about perceptions of safety after dark** (59% compared to 83%) and **self-rated health** (44% compared to 78%) than respondents living in areas with similarly high levels of disadvantage in England. The surveyed Local Conversations participants had only **slightly less positive perceptions of life satisfaction** compared to respondents living in areas with similarly high levels of disadvantage in England (65% compared to 66%).

## 'Feelings of belonging' factor

■ % of positive responses for Local Conversations participants in England ■ % of positive responses for people living in areas with similarly high levels of disadvantage

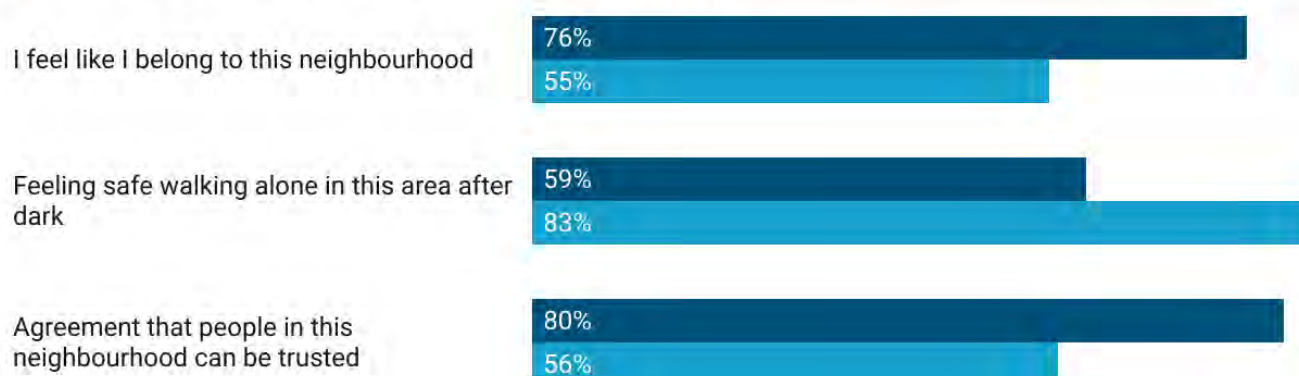


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life, Community Life Survey/Understanding Society Survey • Created with Datawrapper

## SWEMWBS scale

■ % of positive responses for Local Conversations participants in England ■ % of positive responses for people living in areas with similarly high levels of disadvantage

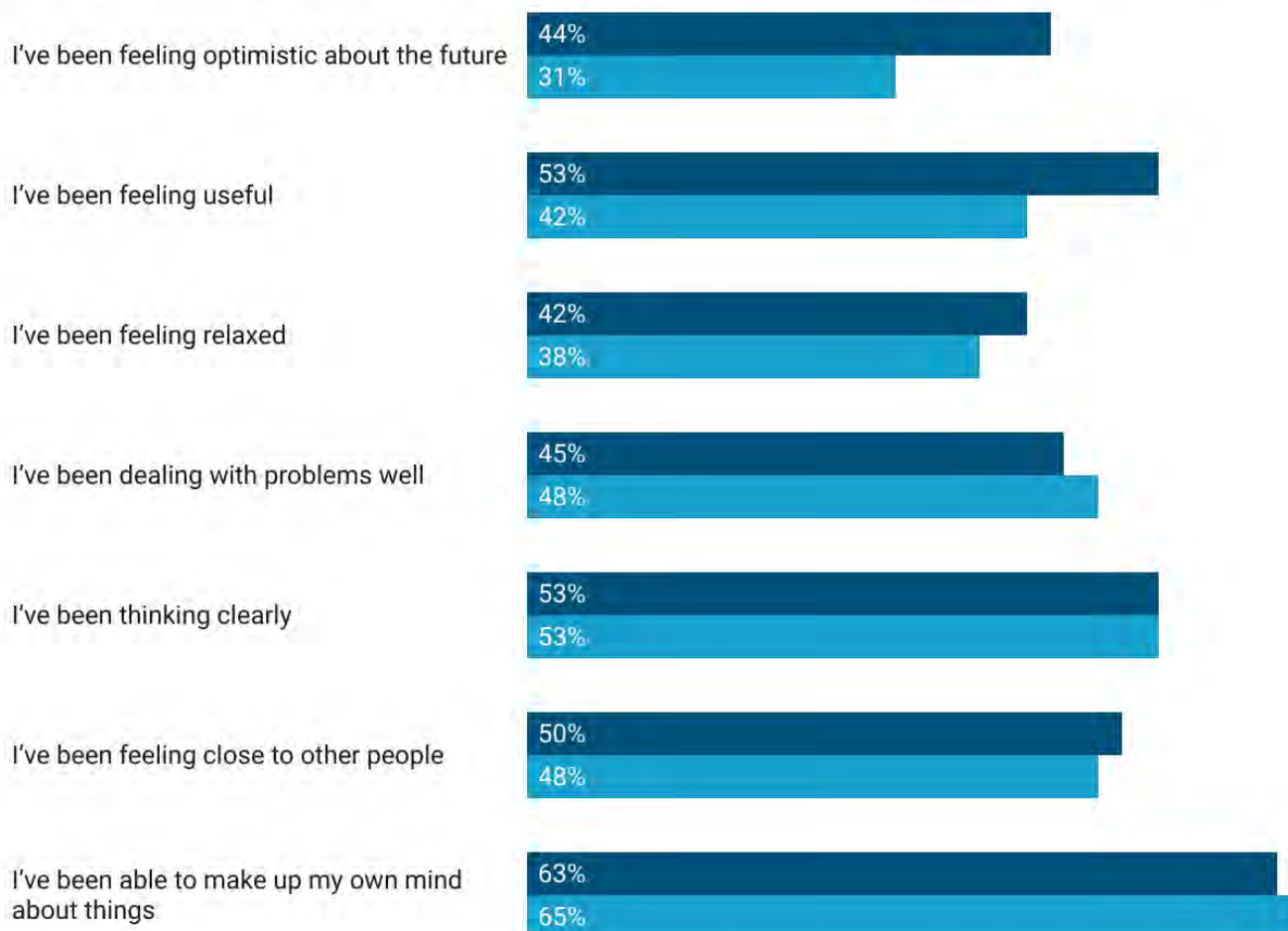


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

### Local Conversations - SCOTLAND

Participants in the Local Conversations projects were more positive about most aspects of community power, social connectedness, and some aspects of feeling of belonging. Key findings include:

Perceptions of individual control over decisions affecting one's local area (61% compared to 17%)

Willingness to work together with others on something to improve the neighbourhood (77% compared to 63%)

The importance of friendships and associations with people in the neighbourhood (84% compared to 51%)

Perceptions of borrowing things and exchanging favours with neighbours (69% compared to 29%).



## 'Community power' factor

■ % of positive responses for Local Conversations participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

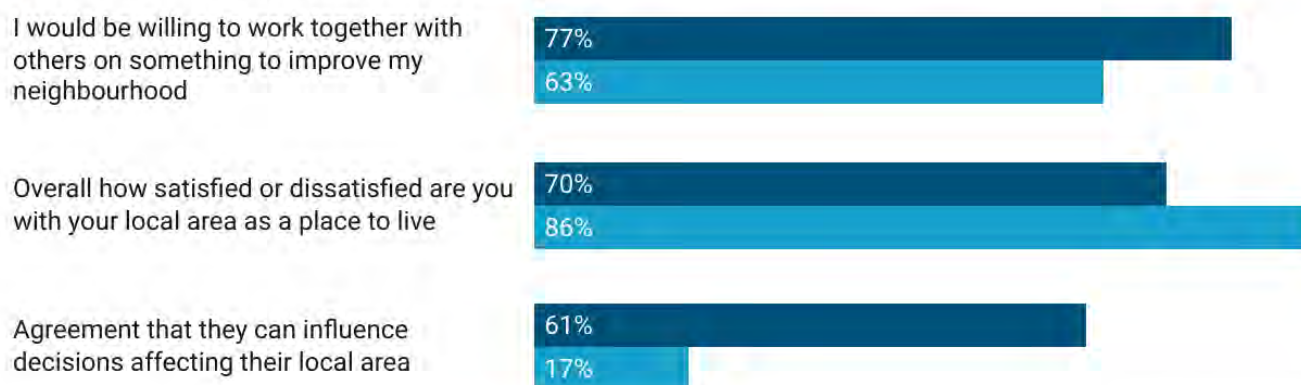


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## 'Social connectedness' factor

■ % of positive responses for Local Conversations participants in Scotland ■ % of positive responses for people living in areas with similarly high levels of disadvantage

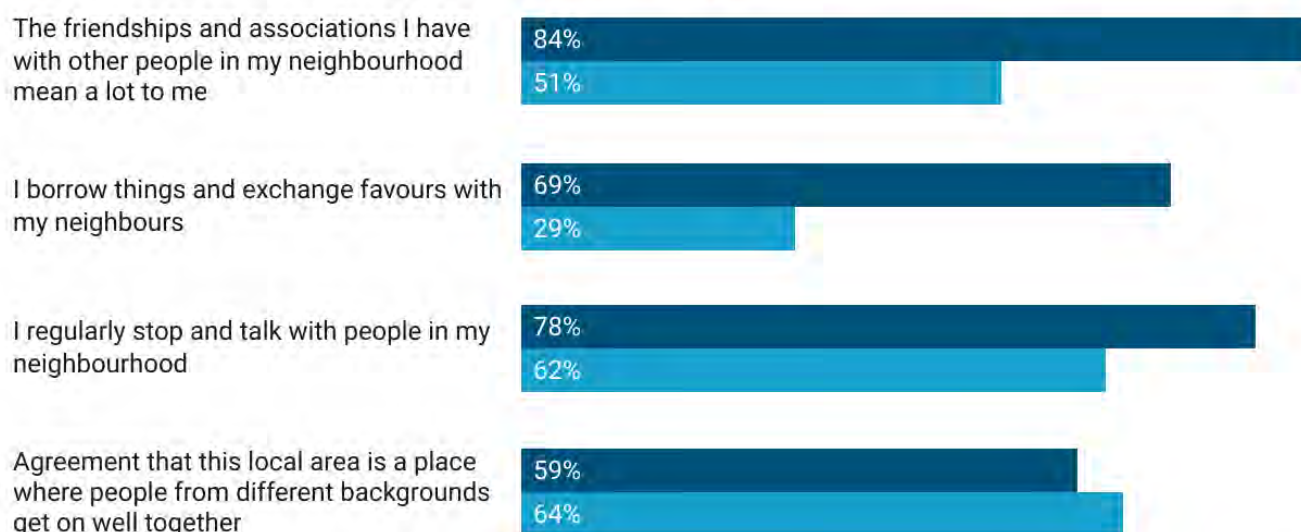


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Surveyed Local Conversations participants were less positive about satisfaction with the local area as a place to live, agreement that the local area is a place where people from different backgrounds get on well together, safety after dark, and life satisfaction (44% compared to 64%) than respondents living in areas with similarly high levels of disadvantage in Scotland. These trends corroborate the evidence from the second wave of research.

## 'Feelings of belonging' factor

■ % of positive responses for Local Conversations participants in Scotland ■ % of positive responses for people living in areas with similarly high levels of disadvantage

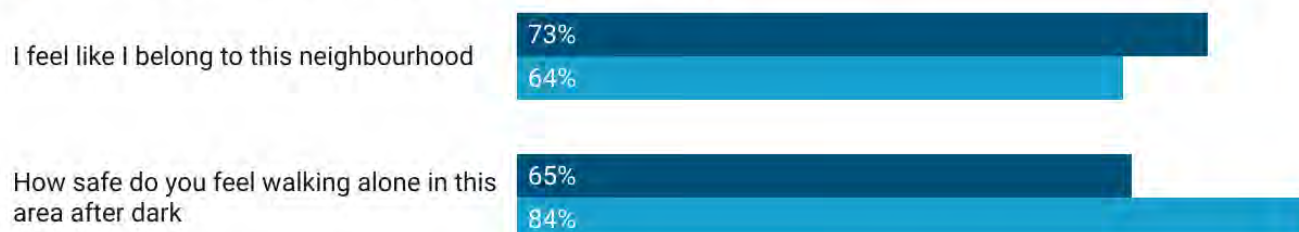


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## SWEMWBS scale

■ % of positive responses for all surveyed project participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

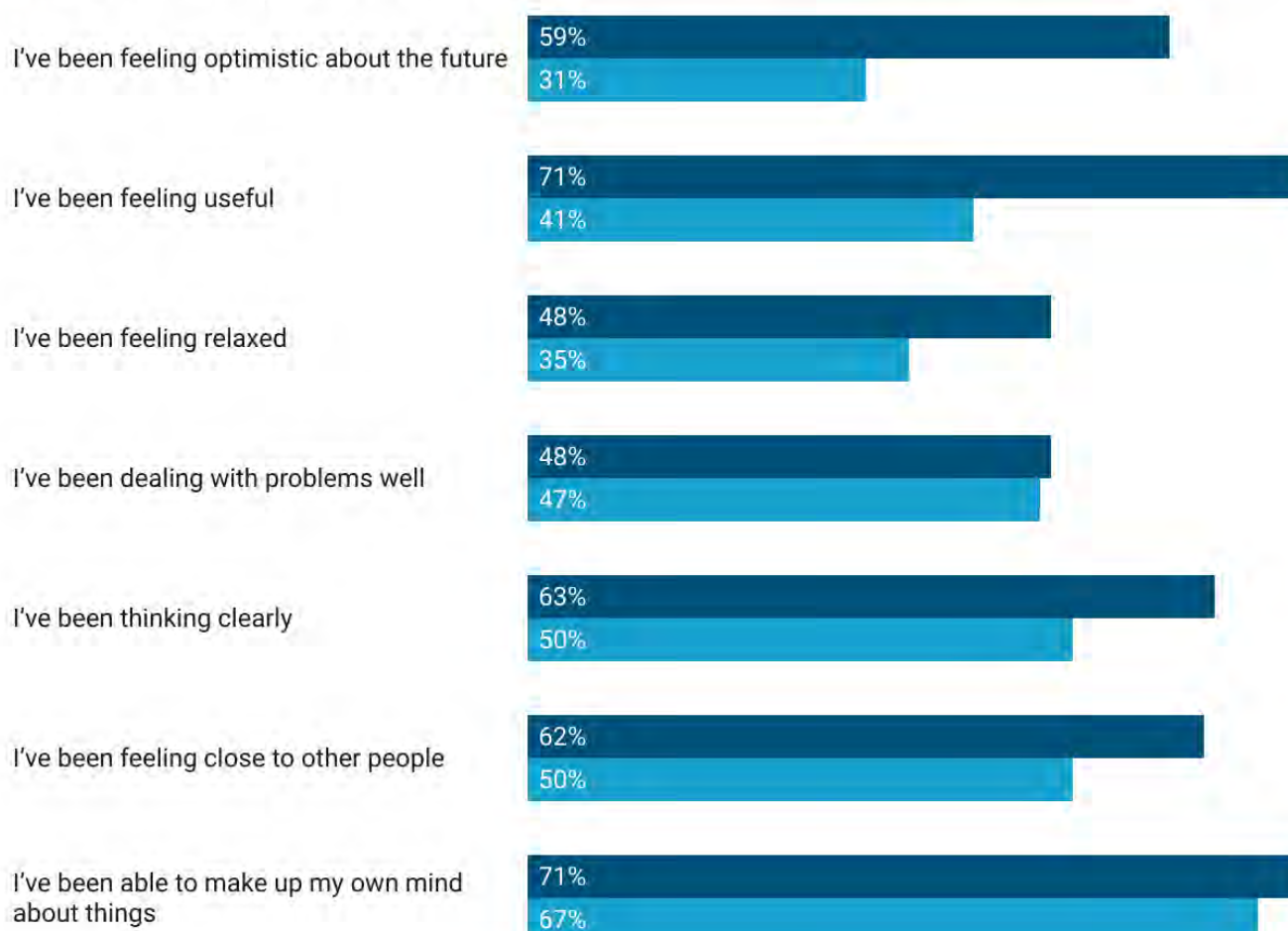


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## Local Conversations - WALES

The surveyed participants had more **positive perceptions of community power, social connectedness, and some aspects of feelings of belonging** than respondents living in areas with similarly high levels of disadvantage in Wales. Key findings include:

Perceptions of individual control over decisions affecting one's local area (46% compared to 17%)

Willingness to work together with others on something to improve the neighbourhood (83% compared to 58%)

The importance of friendships and associations with people in the neighbourhood (88% compared to 50%).

### 'Community power' factor

■ % of positive responses for Local Conversations participants in Wales ■ % of positive responses for people living in areas with similarly high levels of disadvantage

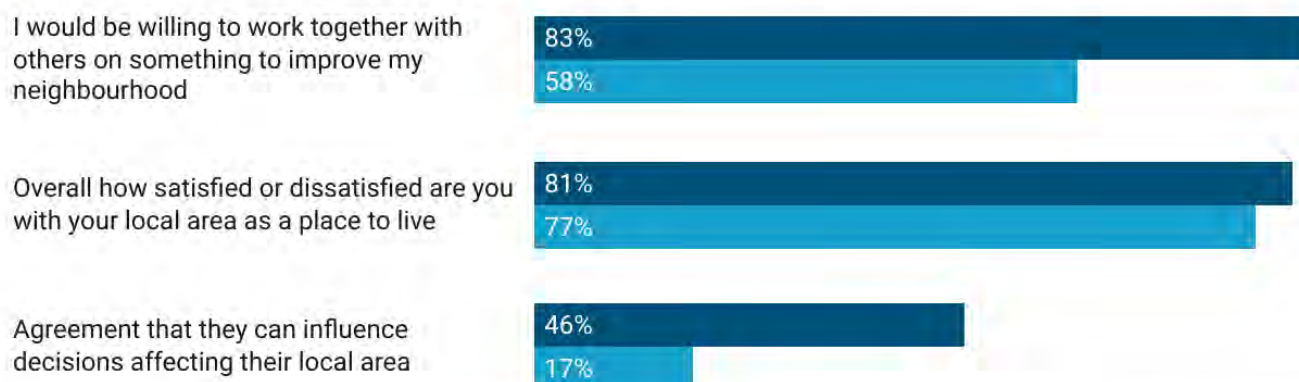


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Participants in the Local Conversations projects in Wales reported **less positive perceptions of safety after dark** (70% compared to 88%), and **self-rated health** (65% compared to 74%) than respondents living in areas with similarly high levels of disadvantage in Wales.



## 'Social connectedness' factor

■ % of positive responses for Local Conversations participants in Wales ■ % of positive responses for people living in areas with similarly high levels of disadvantage

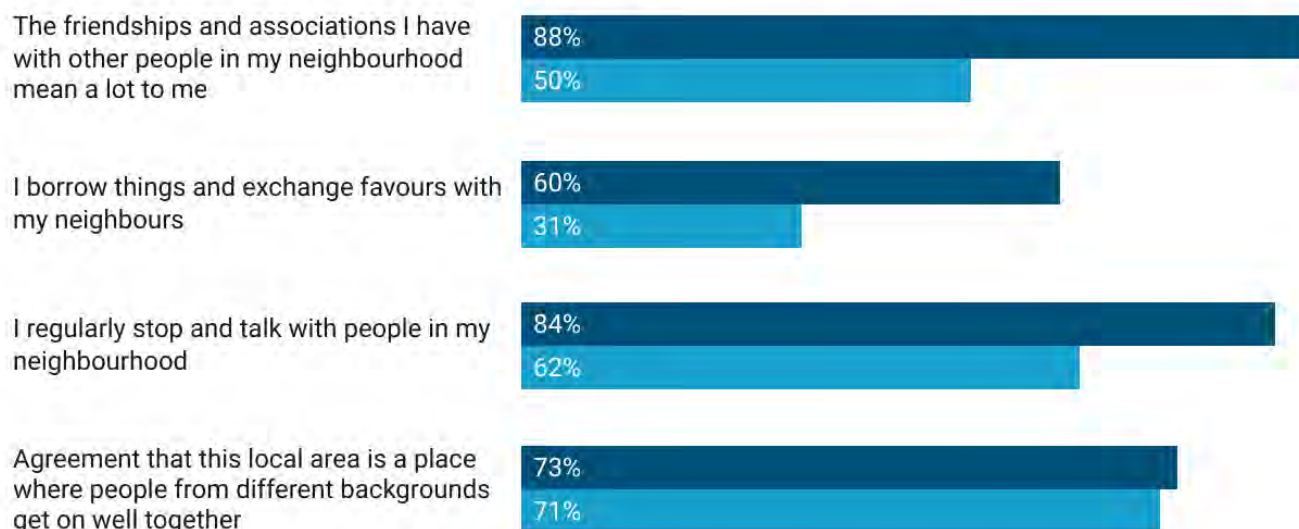


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## 'Feelings of belonging' factor

■ % of positive responses for Local Conversations participants in Wales ■ % of positive responses for people living in areas with similarly high levels of disadvantage

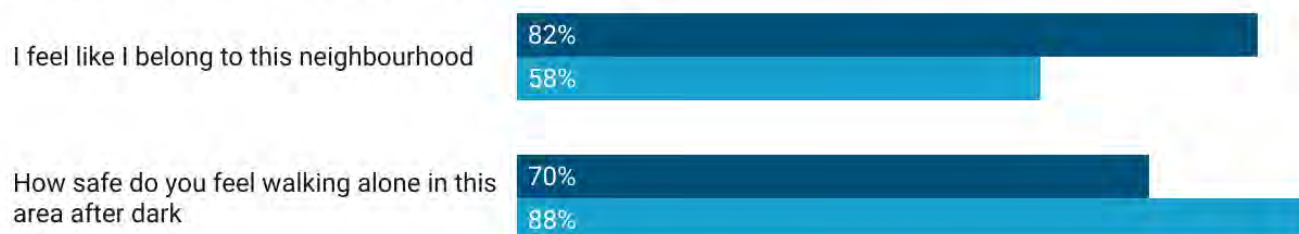


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper



## SWEMWBS scale

■ % of positive responses for Local Conversations participants in Wales ■ % of positive responses for people living in areas with similarly high levels of disadvantage

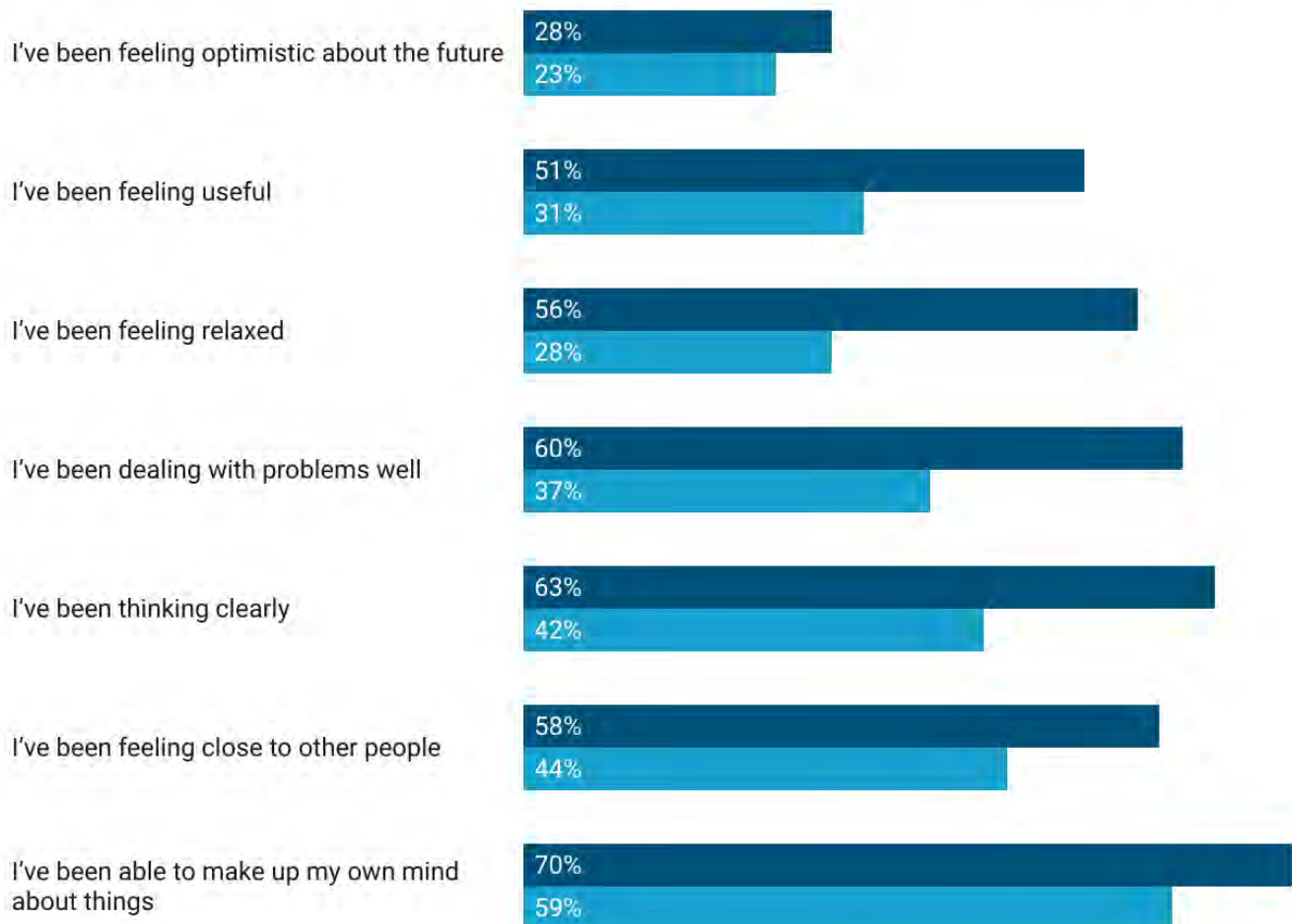


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## Benchmarking Active Communities projects across the three nations

As with Local Conversations comparisons, benchmarking against the USS and CLS samples for 20% or 30% most deprived neighbourhoods in the UK reveals that overall Active Communities respondents had more positive perceptions of **community power**, **social connectedness** and **most aspects of belonging** compared to people living in areas with similarly high levels of disadvantage in the UK.

### 'Community power' factor

■ % of positive responses for Active Communities participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

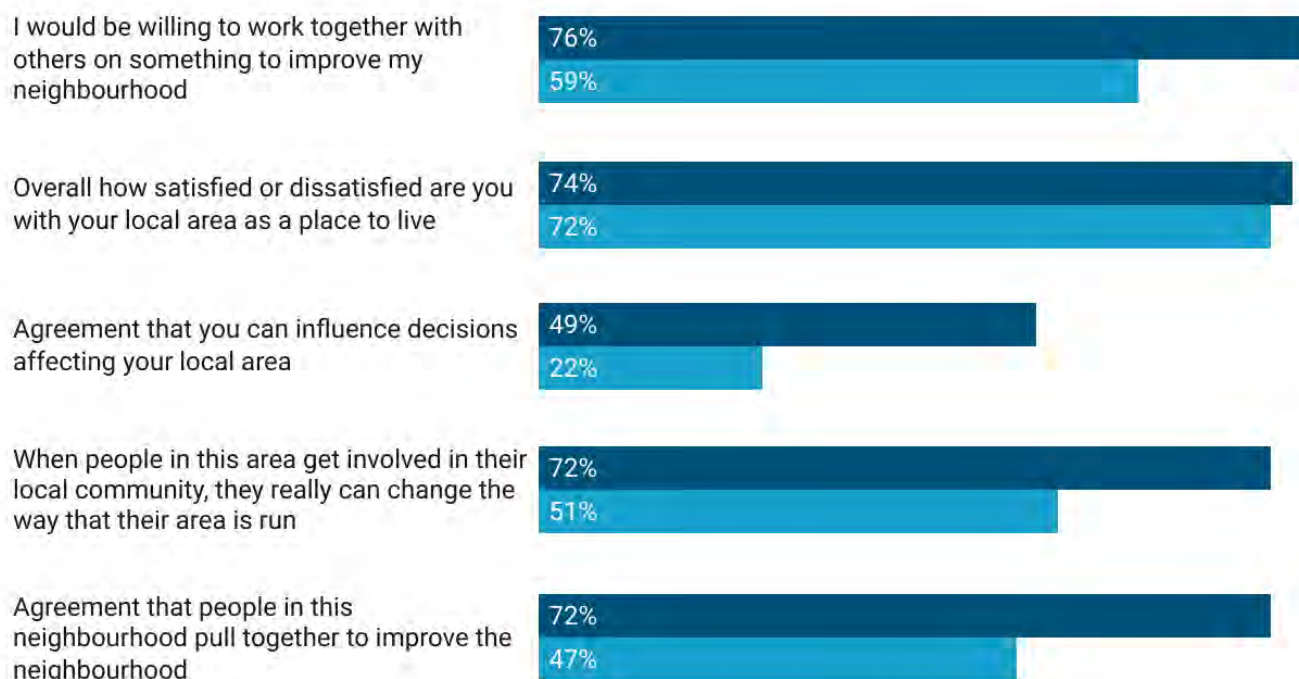


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, combined dataset Wave 1- Wave 4, Social Life, Community Life Survey/Understanding Society Survey • Created with Datawrapper

## 'Social connectedness' factor

■ % of positive responses for Active Communities participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

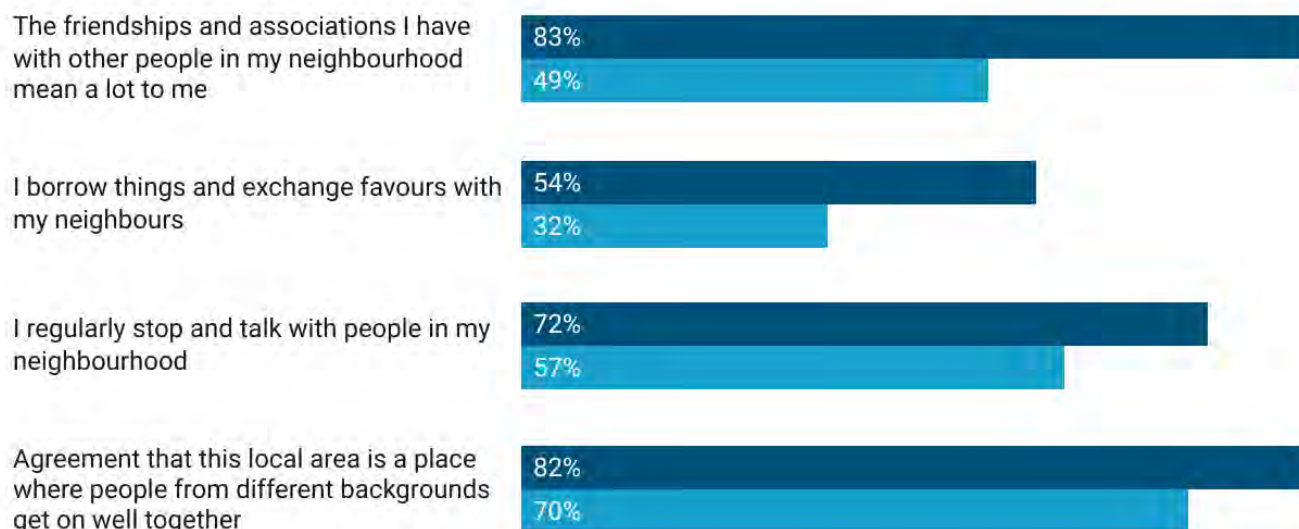


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Similar to the Local Conversations benchmarking, Active Communities respondents had **less positive perceptions of safety after dark, self-rated health** (47% compared to 78%) and slightly higher **perceptions of life satisfaction** (68% compared to 66%) than people living in areas with similarly high levels of disadvantage in the UK.

## 'Feelings of belonging' factor

■ % of positive responses for Active Communities participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

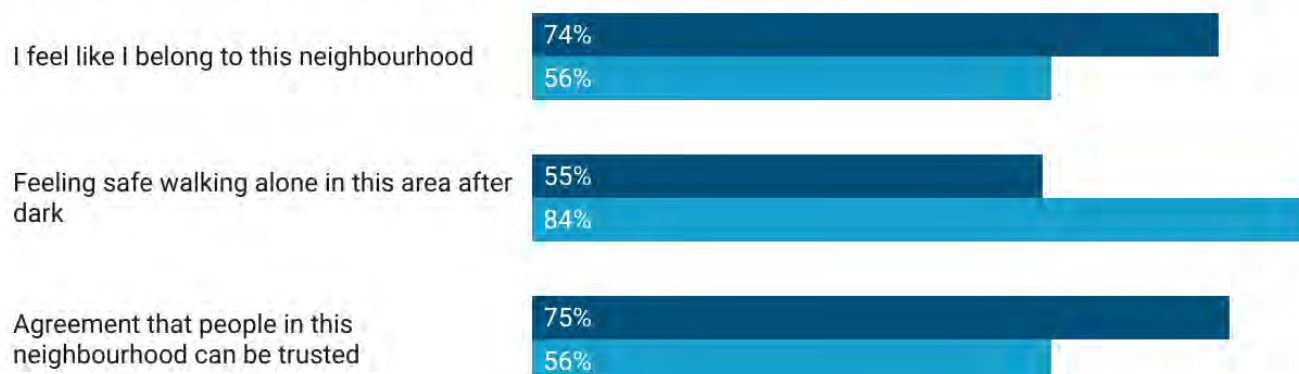


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## SWEMWBS scale

■ % of positive responses for all surveyed project participants ■ % of positive responses for people living in areas with similarly high levels of disadvantage

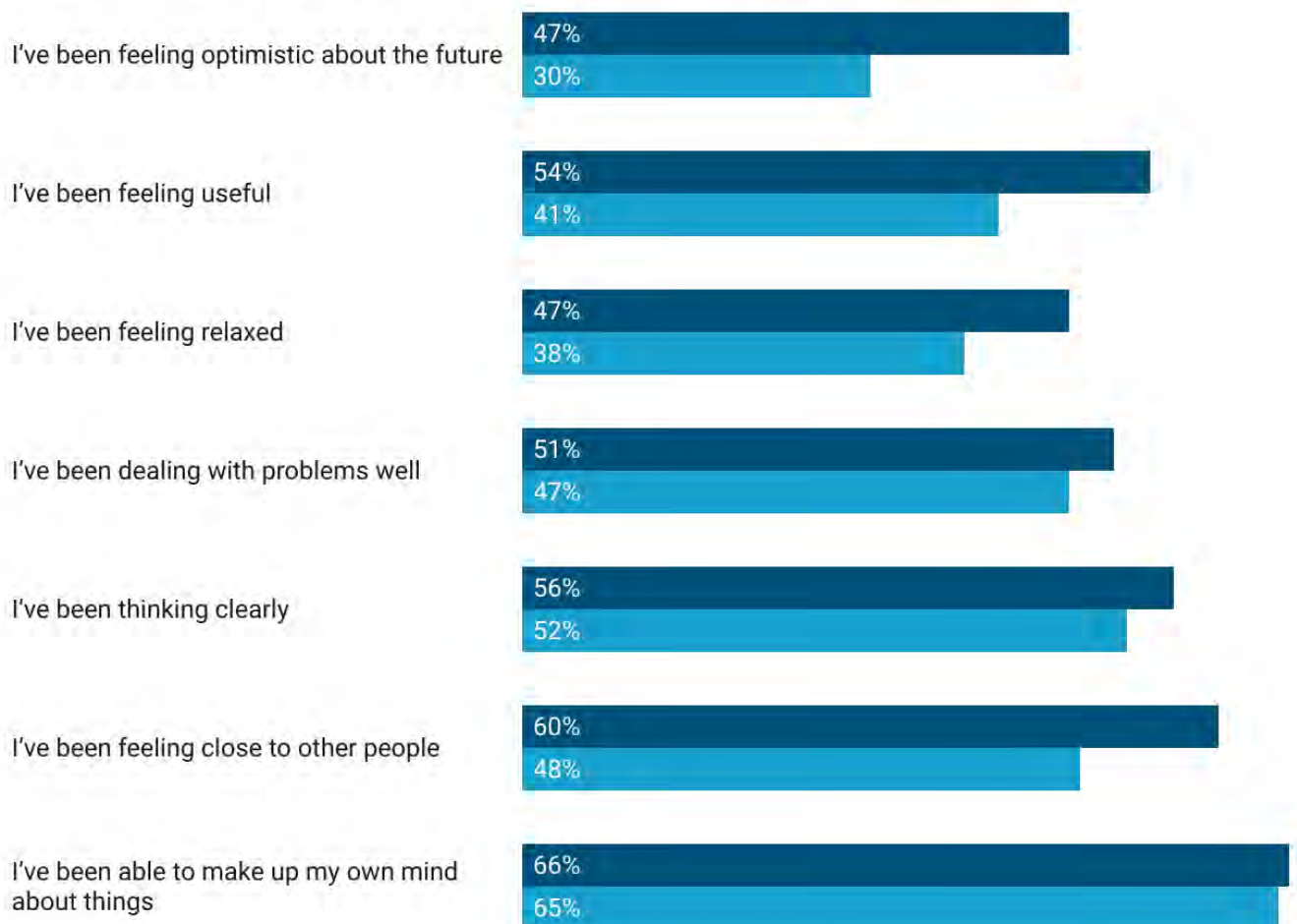


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

### Active Communities projects – ENGLAND

The surveyed participants had **more positive perceptions of community power, social connectedness, trust and belonging** than respondents living in areas with similarly high levels of disadvantage in England:

Perceptions of individual control over decisions affecting one's local area (51% compared to 28%)

Willingness to work together with others on something to improve the neighbourhood (75% compared to 58%)

The importance of friendships and associations with people in the neighbourhood (83% compared to 49%).



## 'Community power' factor

■ % of positive responses for Active Communities participants in England ■ % of positive responses for people living in areas with similarly high levels of disadvantage

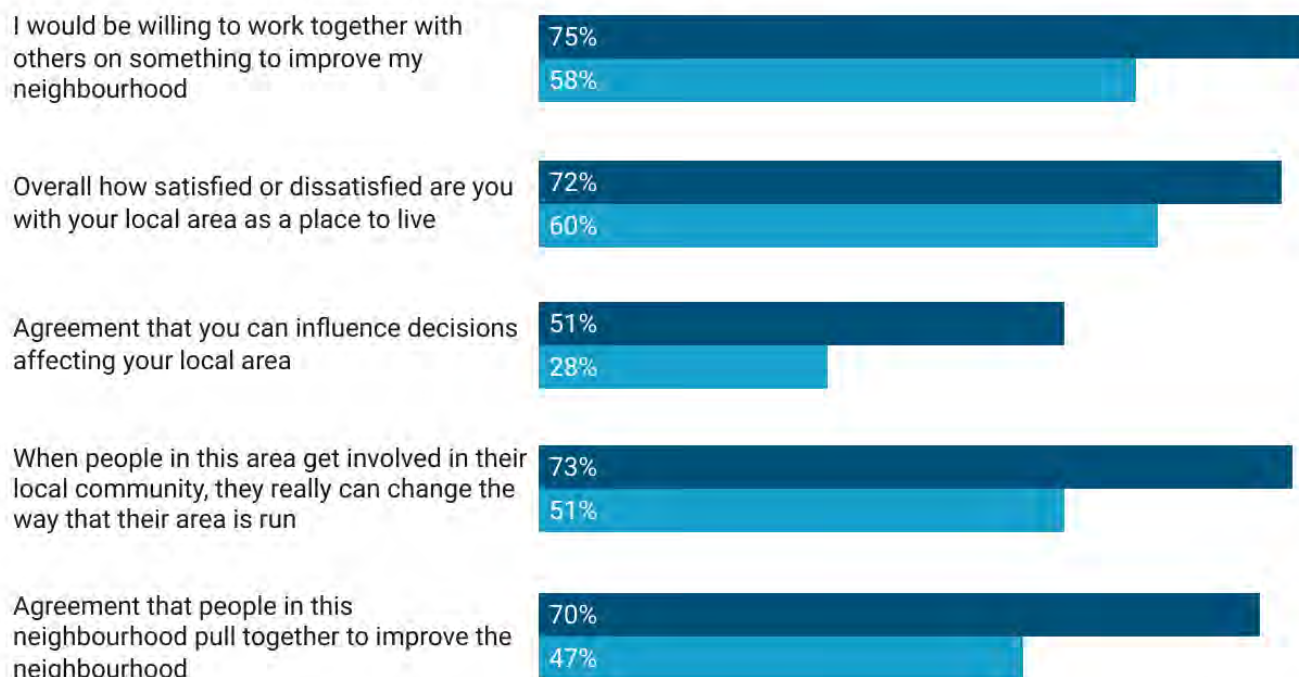


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life, Community Life Survey/Understanding Society Survey • Created with Datawrapper

## 'Social connectedness' factor

■ % of positive responses for Active Communities participants in England ■ % of positive responses for people living in areas with similarly high levels of disadvantage

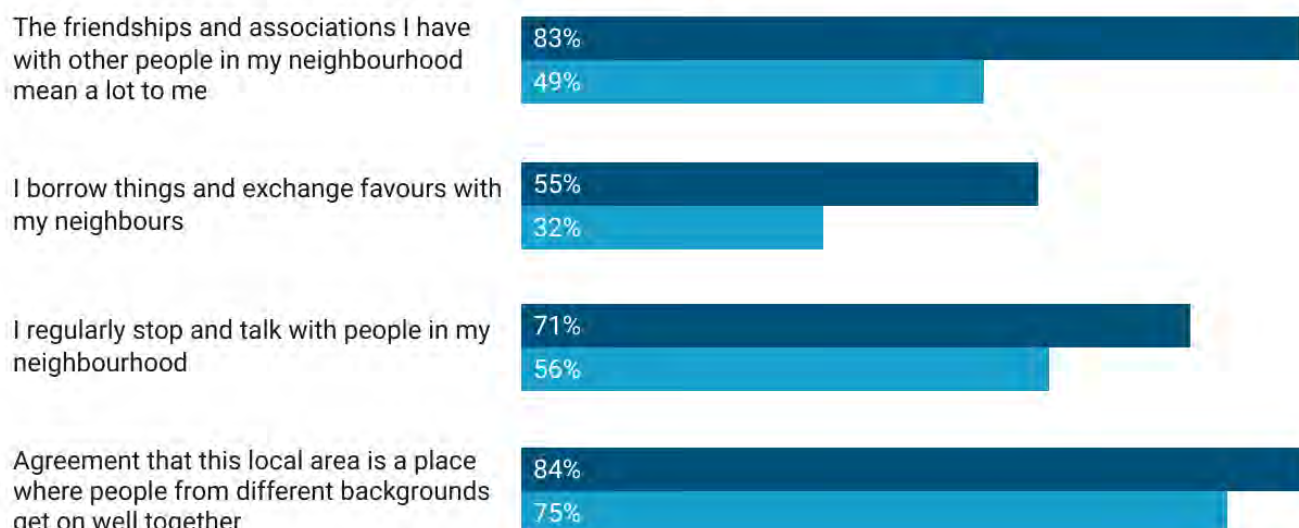


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life, Community Life Survey/Understanding Society Survey • Created with Datawrapper

Participants in the Active Communities projects in England reported **less positive perceptions of safety after dark** (57% compared to 83%), **self-rated health** (46% compared to 78%) and similar **perceptions of life satisfaction** (68%) compared to respondents living in areas with similarly high levels of disadvantage in England.

## 'Feelings of belonging' factor

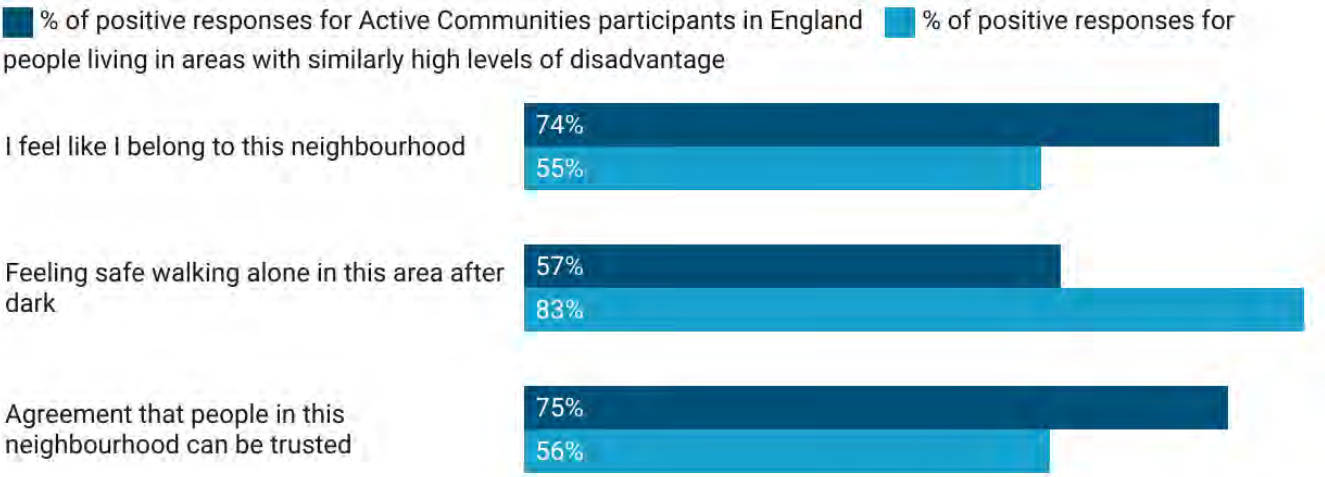


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## SWEMWBS scale

■ % of positive responses for Active Communities participants in England ■ % of positive responses for people living in areas with similarly high levels of disadvantage

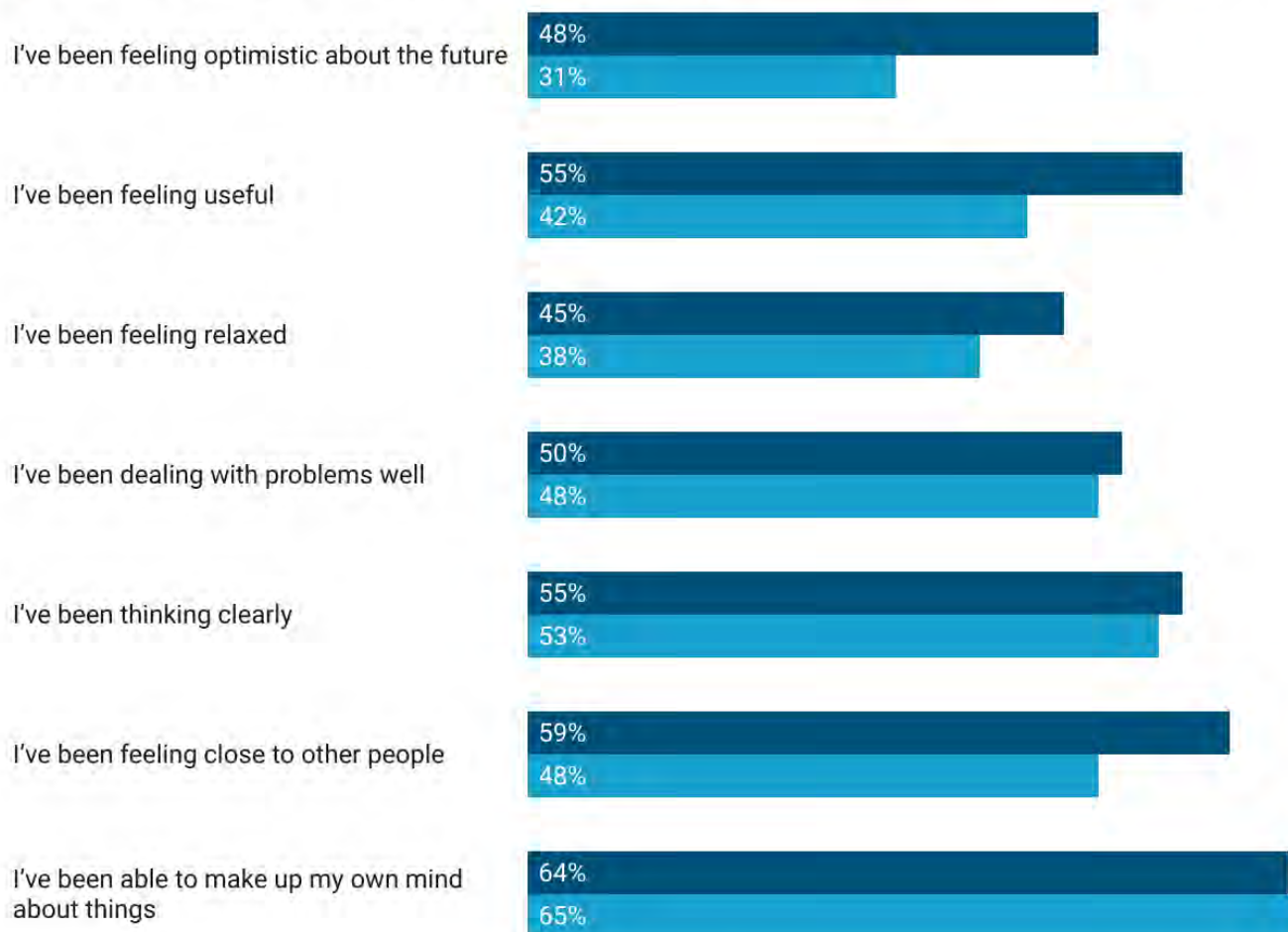
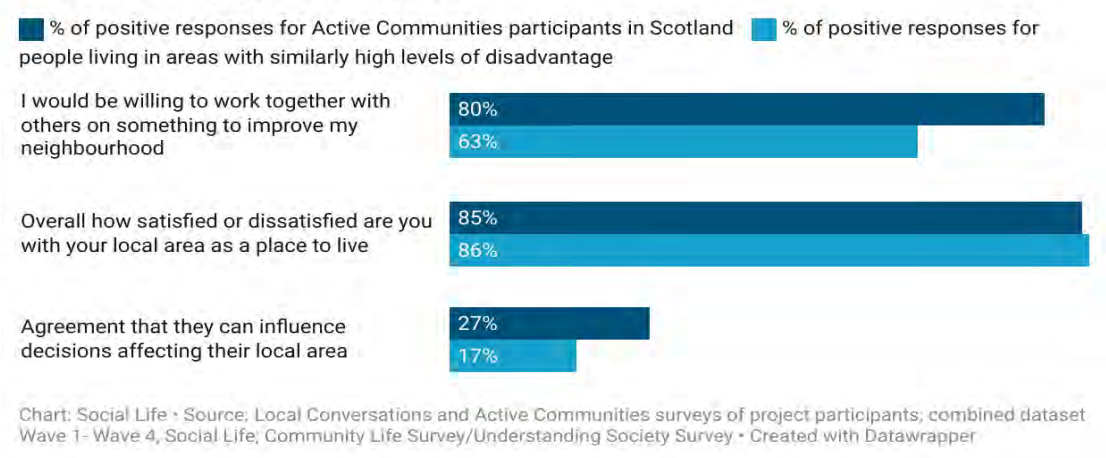


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

SCOTLAND

Participants in the Local Conversations projects were more positive about most aspects of community power, social connectedness, and some aspects of feeling of belonging. Key findings include:

‘Community power’ factor





## 'Social connectedness' factor

■ % of positive responses for Active Communities participants in Scotland ■ % of positive responses for people living in areas with similarly high levels of disadvantage

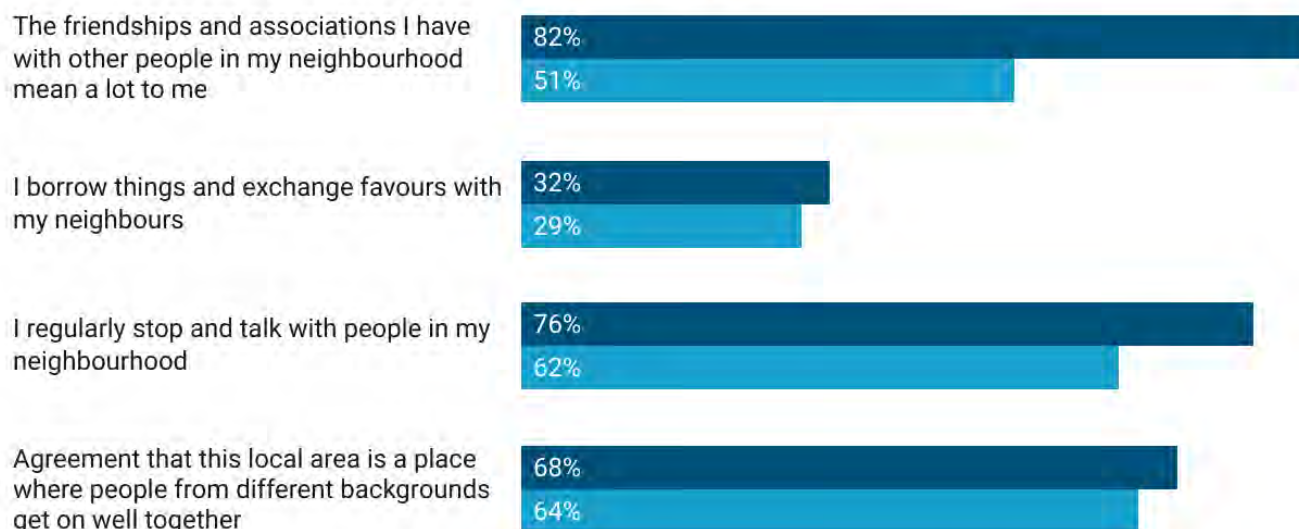


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## 'Feelings of belonging' factor

■ % of positive responses for Active Communities participants in Scotland ■ % of positive responses for people living in areas with similarly high levels of disadvantage

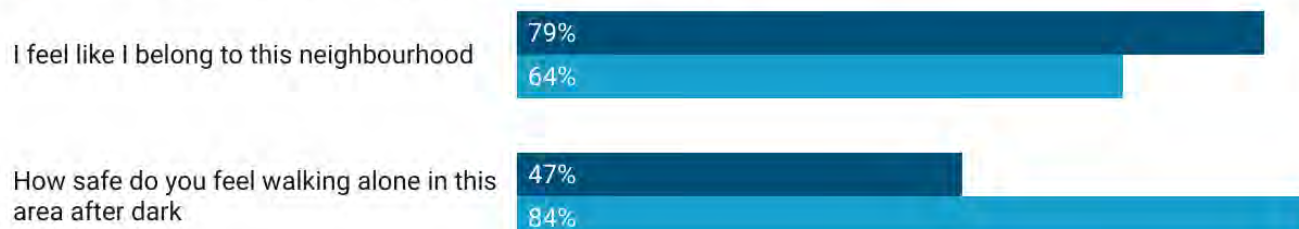


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## SWEMWBS scale

■ % of positive responses for Active Communities participants in Scotland ■ % of positive responses for people living in areas with similarly high levels of disadvantage

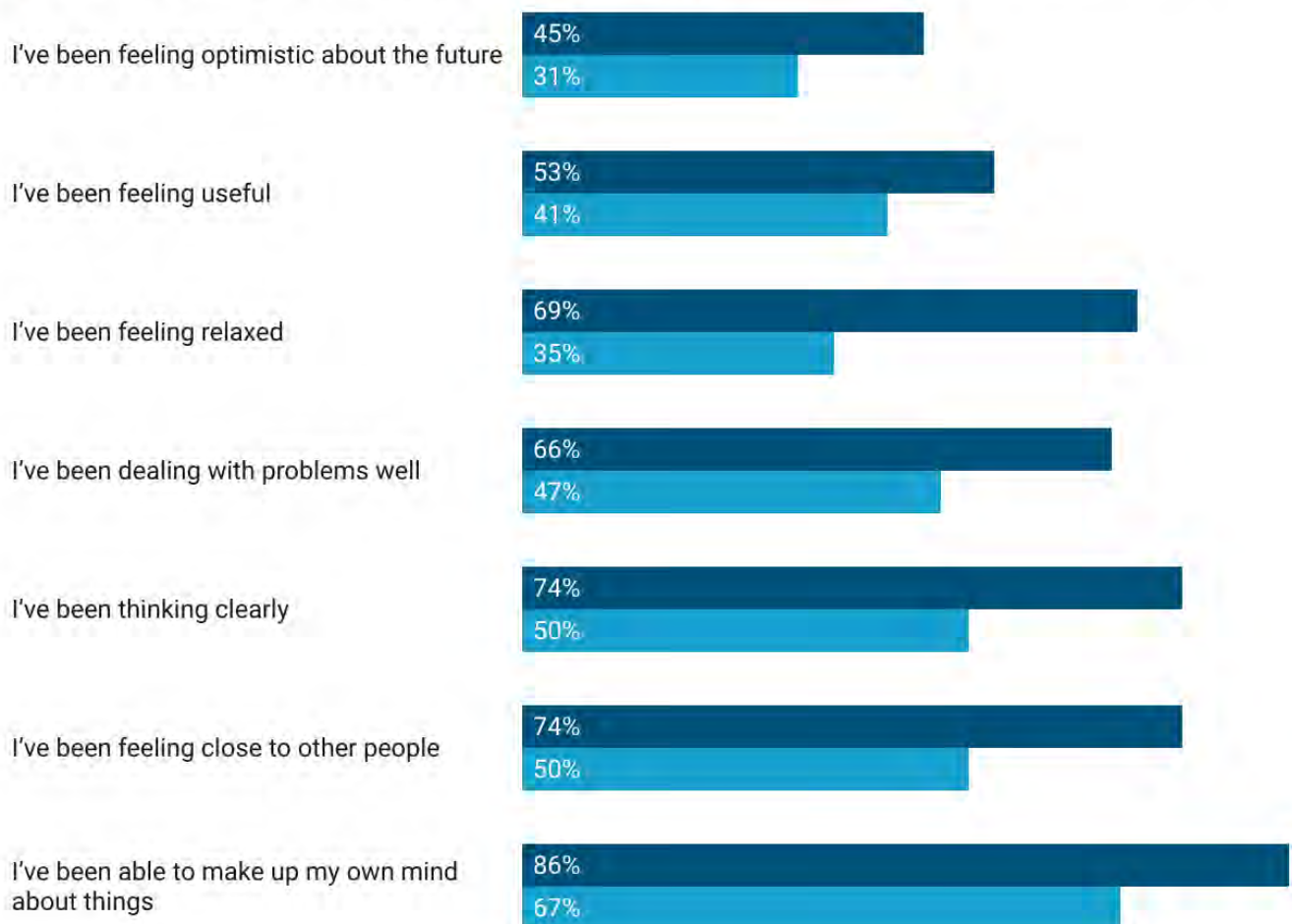


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## WALES

These analyses show that participants in the Active Communities projects in Wales had **more positive perceptions of community power and social connectedness** than respondents living in areas with similarly high levels of disadvantage in Wales:

Perceptions of individual control over decisions affecting one's local area (50% compared to 17%)

Willingness to work together with others on something to improve the neighbourhood (74% compared to 58%)

The importance of friendships and associations with people in the neighbourhood (89% compared to 50%)

I borrow things and exchange favours with my neighbours (64% compared to 31%).

### 'Community power' factor

■ % of positive responses for Active Communities participants in Wales ■ % of positive responses for people living in areas with similarly high levels of disadvantage

I would be willing to work together with others on something to improve my neighbourhood

74%

58%

Overall how satisfied or dissatisfied are you with your local area as a place to live

87%

77%

Agreement that they can influence decisions affecting their local area

50%

17%

Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

## 'Social connectedness' factor

■ % of positive responses for Active Communities participants in Wales ■ % of positive responses for people living in areas with similarly high levels of disadvantage

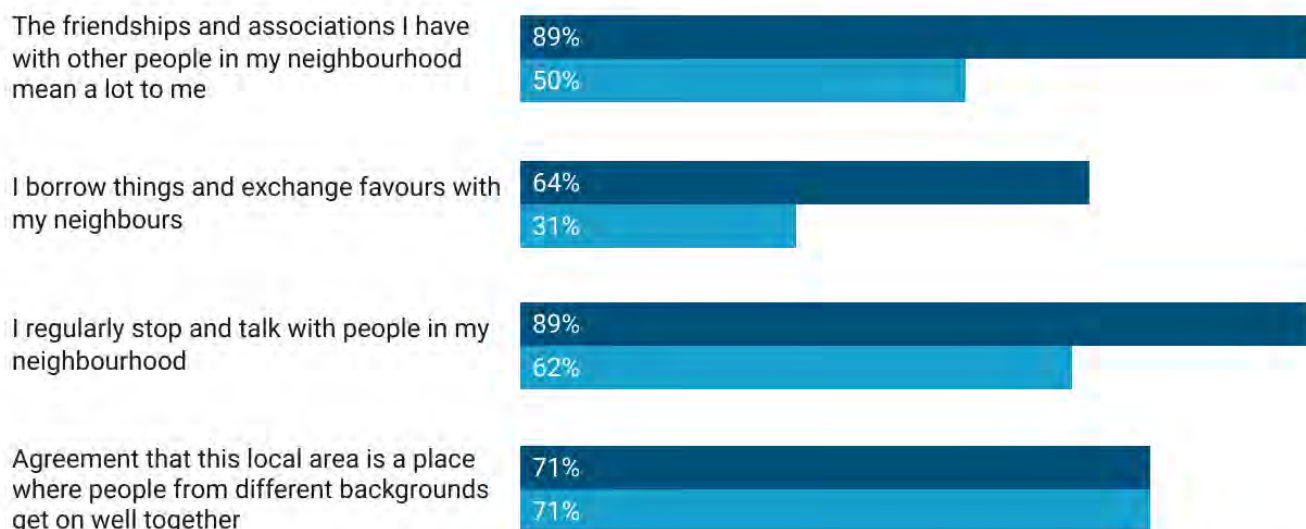


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Participants in the Active Communities projects in Wales were less positive about **safety after dark** (51% compared to 88%), **self-rated health** (33% compared to 74%) and similar **perceptions of life satisfaction** (65%) compared to respondents living in areas with similarly high levels of disadvantage in Wales.

## 'Feelings of belonging' factor

■ % of positive responses for Active Communities participants in Wales ■ % of positive responses for people living in areas with similarly high levels of disadvantage

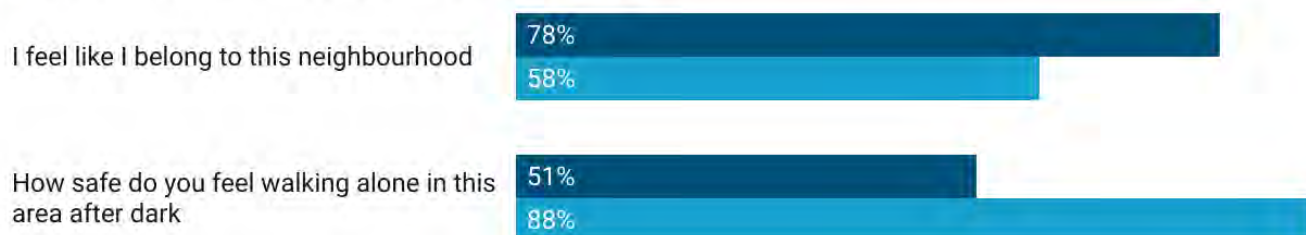


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1- Wave 4, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper