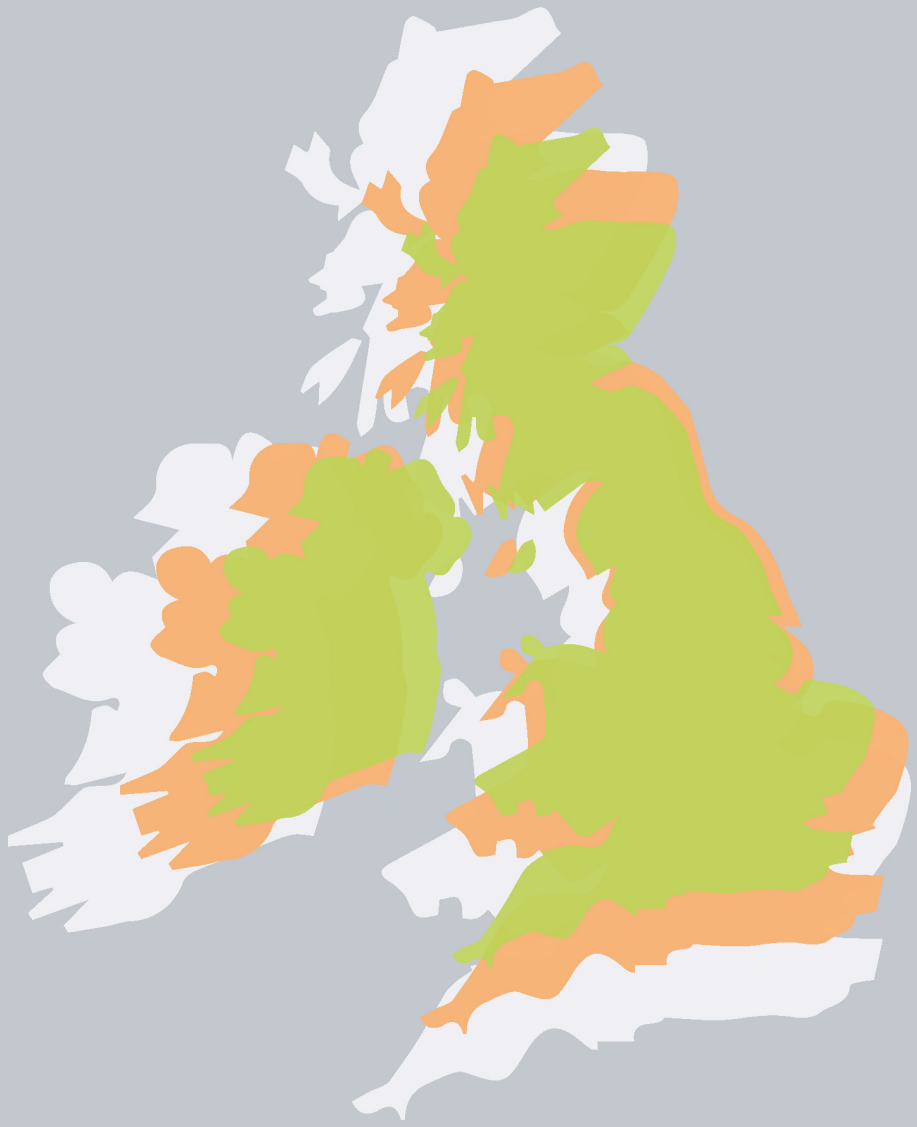


Assessing the impact of participation in People's Health Trust programmes

Key findings (Wave 3)

July 2023

people's health trust

SOCIAL LIFE

About this report

This report describes the key results from three 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/

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 collective control 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 and hope the report will provide useful insight.

The report was written and published by Social Life
(text by Dr Olimpia Mosteanu with contributions from Lavanya Kumaran and statistical modelling by Alix Naylor).

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.

www.social-life.co @SL_Cities

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.

www.peopleshealthtrust.org.uk @Peoples_health

Table of contents

1.	Summary	2
2.	Key findings	5
3.	Methods: surveys of project participants and practitioners	9
4.	Key results: survey of project participants	14
5.	Key results: survey of practitioners	35
6.	Conclusion	45
Appendix		47

1. Summary

This report discusses key results from three waves of research aimed at assessing the impact of participation in People's Health Trust's Local Conversations and Active Communities programmes. The three waves took place between April 2021 and March 2023.

Building on **People's Health Trust's theory of change**, the goal of this research is 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. 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 funds 12 Local Conversations and the programme, launched between 2014 and 2016, will be concluding at the end of 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 research answers three interrelated research questions:

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

The third wave of research took place between February and March 2023, about a year after the second wave. At the time of the research, COVID-19 restrictions had been lifted for some time but the impact of the pandemic on local communities was still being felt across Great Britain. The cost-of-living crisis was another key concern for many local groups and individuals. When considering the key findings from the research, it is important to remember these factors 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 come together and join activities, projects also impact positively on participants' skills. Participation in local projects had a positive impact on participants' social networks, supporting them to expand their social links and ties. 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

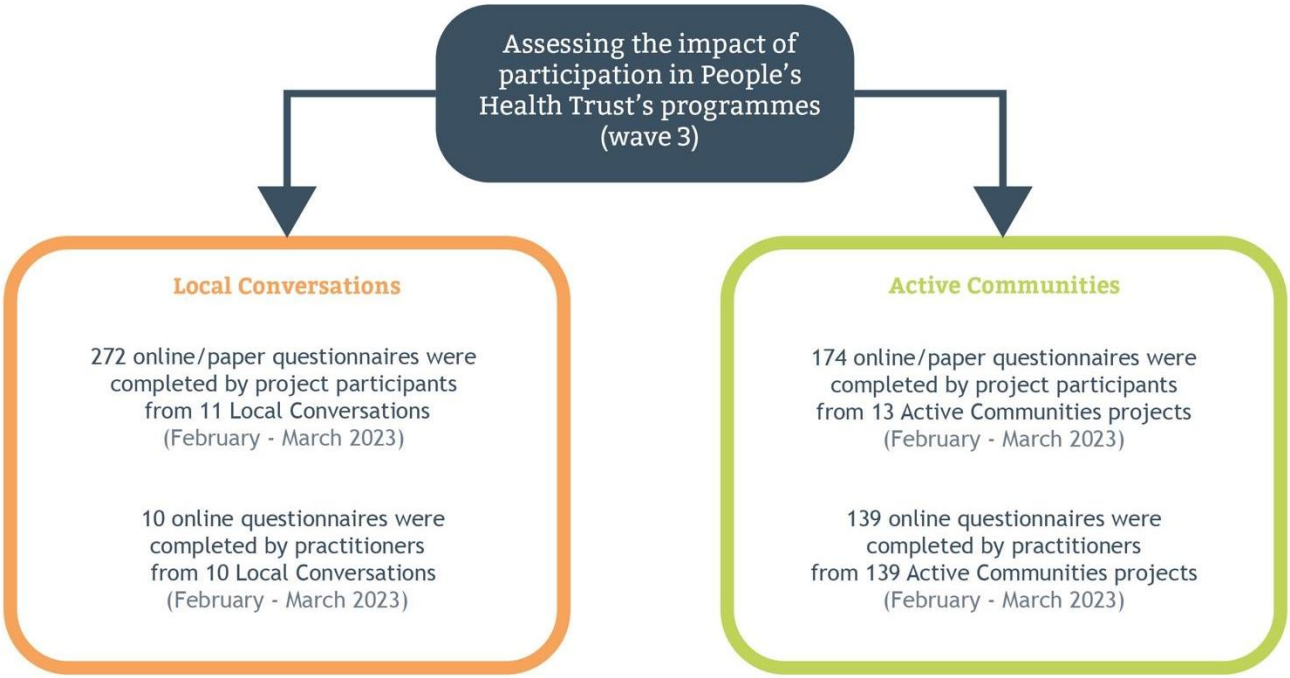
Increasing participation in the two programmes had a positive impact on participants' levels of community power. On both programmes, stronger social networks, improved confidence and skills and more cohesive communities had a positive impact on participants' community power. Improved experience of community power, achieved through participation in Local Conversations, had a positive impact on the wellbeing of project participants. Improved community power had a positive impact on the self-reported health of participants in Active Communities projects.

3. The role of local contexts

Across the two programmes, the cost of living and job opportunities were identified as key local challenges by participants in the projects funded through People's Heath Trust. Participants on both programmes see relationships with people in the local area and the accessibility of nature (parks, gardens, green spaces) as assets.

4. Practitioners' perceptions of the programmes

Practitioners and participants largely agreed on the positive impacts the projects have on participants' health and wellbeing, skills development and social connections. The majority of practitioners found that projects created opportunities for partnership work, supporting longer-term positive change locally.



The research draws upon studies previously commissioned by People's Health Trust and their theory of change, and adds to the findings from the previous two waves of research carried out in April-July 2021 and in March 2022. It makes use of comparisons with nationally available datasets (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 the 2018-2019 data, while the Scottish Household Survey questions were benchmarked on the 2019 dataset.

11 Local Conversations (272 participants) were involved in the third wave of the research. Across projects, 68% of the surveyed participants were female and 32% male. The majority self-identified as White (62%), 26% as Other, 9% as Black, 2% as Asian, and 1% as Mixed. There was a somewhat even split between the 30-44 age group (28%), the 45-64 age group (34%) and the over 65 age group (22%), with 9% of participants aged between 25 and 20, and 7% aged between 18 and 24.

13 Active Communities projects (174 participants) took part in the third wave. Across projects, 76% of the surveyed participants were female, 22% male, and 1% non-binary. 53% of the Active Communities participants were White, 32% were Asian, 4% Mixed, 3% Black, and 8% other ethnic group. In terms of their age distribution, 34% were in the 45-64 age group, 31% in the over 65 age group, while 19% of participants were aged between 30 and 44, 8% between 25 and 29, and 8% aged between 18 and 24.

The data gathered across **the three waves of research** gives us insight into how effective community-led projects are in affecting short- and longer-term change in health equity against an uneven background shaped by demographic, economic and geographic factors. By repeating the research over a period of time, we have been able to work with a larger dataset, observe changes over time and increase the robustness of the overall analysis.

Local Conversations invited to take part in Wave 3 (left); Active Communities projects invited to take part in Wave 3 (right)

1. Key findings

1. What is the effect of participation in the Trust's programmes on local people?

1.1 Short-term changes (analysis based on combined dataset, Waves 1 - 3)

The projects funded through People's Health Trust programmes had a positive impact on **participants' confidence** (in the third wave, 75% of surveyed participants in Local Conversations and 92% of those in Active Communities programme reported that the projects helped them to feel more confident).

By creating opportunities to come together and join activities, projects **impacted positively on participants' skills**. In the third wave, 91% of surveyed participants involved in Active Communities projects and 74% of those involved in Local Conversations projects said they had learnt or developed new or existing skills through the project.

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

- 84% 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.
- 78% 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.

- 80% 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.

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:

- 76% 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.
- 60% 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.

In the third wave of research, we further explored whether perceptions of safety after dark are influenced by survey demographics such as gender and factors such as self-rated health, seeking to understand the impact this might have on the wider analysis. This is discussed in detail on p21.

Achieving community power and its impact on longer-term changes (analysis based on combined dataset Waves 1 – 3)

Projects funded by People's Health Trust had a **positive impact on collective action** and **community power**, adding to the evidence base substantiating 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**.

Improved experience of community power, achieved through participation in Local Conversations, had a positive impact on the wellbeing of project participants. Improved community power had a positive impact on the self-reported health of participants in Active Communities projects.

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:

- 80% 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.
- 57% 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.
- 74% 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.

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

Many surveyed participants who answered an open-ended question about whether the project is making a difference in their lives (an open-ended question), gave between one and four reasons for the impact. In the third wave of research, Local Conversations participants mentioned that projects **impacted positively on a variety of aspects of their lives,** including their networks (37% of those who answered), collective

action (23%) and improved mental health and wellbeing (18%). Active Communities participants noted that projects made a positive impact on their social links and ties (64% of those who answered), improved health and wellbeing (42%) and provided an opportunity to attend activities (40%).

2. What is the role of local contexts in supporting or hindering outcomes for individuals and communities? (findings from Wave 3 only)

Across the two programmes, **the cost of living** and **job opportunities** were both identified as key local challenges by project participants. For participants in both programmes, **relationships with people in the local area** and **the accessibility of nature** (parks, gardens, green spaces) were both seen as assets. These results corroborate findings from the previous waves of research.

Continuing trends from the first two waves of research, most surveyed participants **became involved in the projects** funded by People's Health Trust because of a combination of individual and community-driven motivations. The top two reasons given by participants across the two programmes were wanting to meet people (62% of those who answered) and wanting to help the community (54%).

The survey of practitioners helped us **understand whether local projects were able to return to normal operations once the COVID-19 restrictions had been lifted**. 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.

Practitioners from both programmes were also asked **whether any particular groups of people had been hard to engage in the past six months or were not involved in project activities**. 70% of surveyed Local Conversations practitioners said they struggled to engage certain local groups, although the data shows they are finding it easier to engage these groups than in wave 2 (75%). Only 38% of the Active Communities practitioners said that was the case for the project in which they were involved (compared to 46% in wave 2).

When asked what made steering groups or sub-groups work well and less well in the past six months, **Local Conversations practitioners noted the deterioration of participants' mental health and wellbeing**. The surveyed practitioners sought to adapt project schedules to make it easier for participants to engage. Nonetheless, they mentioned that the difficulties participants faced in their lives affected their ability to engage with the project.

3. How do practitioners evaluate the progress of each programme in relation to key elements of the theory of change? (findings from Wave 3 only)

Practitioners and participants largely agreed on the positive impacts the projects have on participants' health and wellbeing, developing skills and improving social connections. This corroborates the results from the previous waves of this research.

The practitioners' survey finds the majority of practitioners feel projects created opportunities for partnership work, supporting longer-term change locally. These results are largely consistent with the previous waves of research:.

- 78% of the Local Conversations practitioners who responded to the survey and 33% of Active Communities practitioners reported that the projects increased influence over neighbourhood services.

- 89% of the Local Conversations practitioners and 72% of Active Communities programme practitioners answered that the projects supported local services.
- 89% of the surveyed Local Conversations practitioners and 76% of Active Communities programme practitioners said that the projects facilitated new partnerships between local projects or organisations with common goals or interest.
- 78% of the surveyed Local Conversations practitioners and 56% of Active Communities programme practitioners noted that the projects increased the community's access to assets (e.g. money, places to get together).

2. Methods: surveys of project participants and practitioners

1. Survey of project participants

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.

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 and the 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, older people or people from very low-income backgrounds) who either lack the skills or digital devices to complete the online questionnaire. 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 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".

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).

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.[1] 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.[2] 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.[3] 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.[4] The benchmarking was run on the Scottish Household Survey for 2019.

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 were broken 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 were also broken down by IMD but the survey responses could only be matched to IMD quintiles instead of deciles. This is why we

[1] 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/
[2] For more information, see https://www.gov.uk/government/collections/community-life-survey#:~:text=The%20Community%20Life%20Survey%20is,social%20action%20and%20empower%20communities
[3] For more information, see https://gov.wales/national-survey-wales
[4] For more information, see http://www.scottishhouseholdsurvey.com/

matched the Community Life Survey and Scottish Household Survey questions to the bottom 20% of neighbourhoods by IMD score.

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 the UK and Wales (Scotland census data is not available at the time of writing, as it was run in 2022 not 2021).

Benchmarking data over the three 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 third wave and then on the combined dataset from all three 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 3) 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 funding programmes' theory of change, and they remained consistent with the ones used in the first two 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. [5] A comprehensive list of descriptive statistics is included in the Appendix.

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

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."

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. 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 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.

The participants' quotes we included in this report have been edited for clarity and, when necessary, they have been amended to ensure anonymity.

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. Ten practitioners from Local Conversations and 139 from Active Communities projects took part in the online survey in Wave 3. 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.

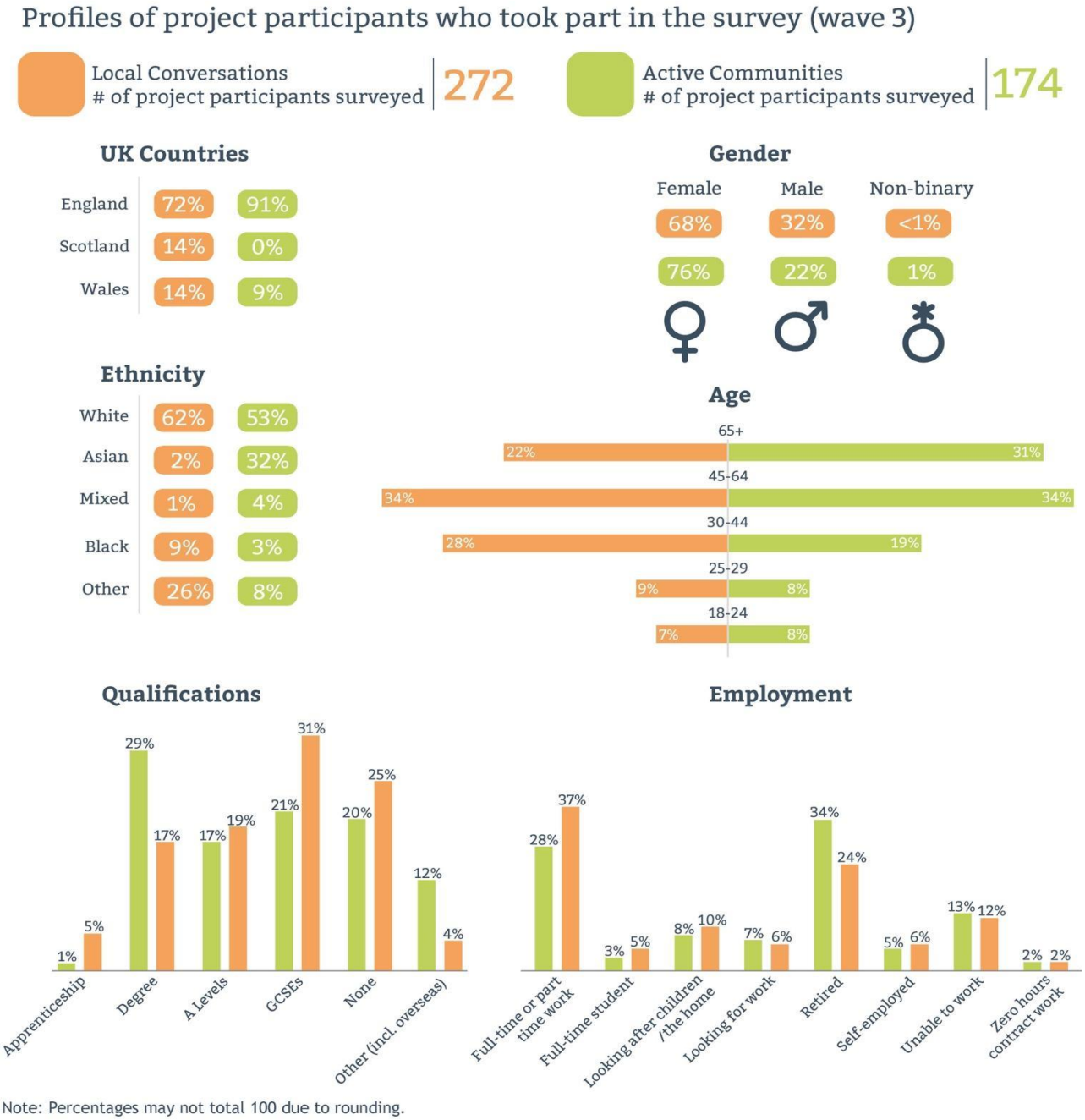
The questionnaires also include programme-specific questions, allowing us to focus on experiences and impact specific to each programme. For Local Conversations, the questionnaire for practitioners includes additional questions about collective control, power sharing, and about wider engagement events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

The practitioners' quotes we included in this report have been edited for clarity and, when necessary, they have been amended to ensure anonymity.

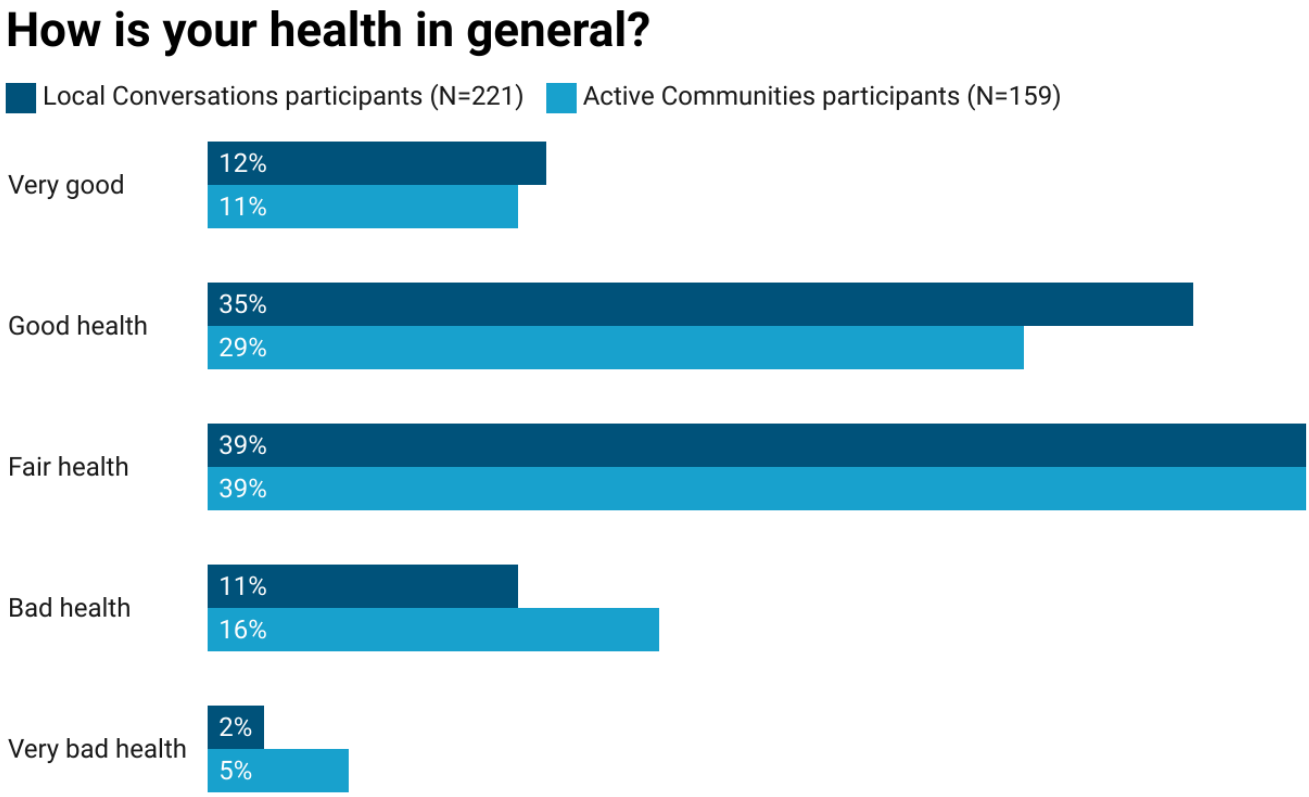
3. Key results: survey of project participants

Between 5 February and 10 March 2023, **446 questionnaires were completed by participants in 24 projects - 11 Local Conversations and 13 Active Communities projects**. The infographic provides an initial snapshot of the characteristics of the participants who took part in the research across the two programmes.



Note: Percentages may not total 100 due to rounding.

The survey included two questions about participants' perceptions of their health. **Perceptions of general health** and of **day-to-day health limitations** may impact on participants' levels of participation in their projects. It is key to understand how they affect the short- and longer-term outcomes associated with projects.



In the third wave of research, 48% of participants in Local Conversations answered that their health was very good or good, down from 53% in the second wave and 56% in the first wave, while only 40% of participants in Active Communities projects reported that their health was very good or good, down from 44% in the second wave and 62% in the first wave.

When we look at participants' **perceptions of day-to-day health limitations**, the difference between the two programmes is maintained, with participants in Local Conversations presenting slightly better self-rated health than those involved in Active Communities projects. 31% of participants in Local Conversations and 40% of participants in Active Communities projects said that their day-to-day activities were limited due to a physical or learning disability or health (third wave data).[6]

The survey used the 2021 United Kingdom census question to compare the participant survey data to nation-specific averages and to data from areas characterised by similarly high levels of disadvantage. Surveyed 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).

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

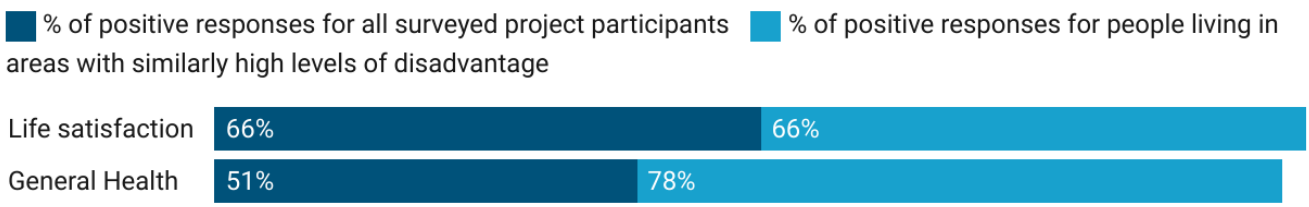


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Understanding Society Survey/The 2021 United Kingdom census • Created with Datawrapper

In the third wave, across the two programmes, **perceptions of life satisfaction** (64% of all respondents) were lower than in the second wave of research (75% of all respondents) but still slightly higher than in the first wave (61% of all respondents). 65% of participants in Local Conversations (62% in the first wave, 72% in the second wave) and 62% participants in Active Communities projects (59% in the first wave, 79% in the second wave) gave a positive response when asked how satisfied or dissatisfied they were with their life overall.

1. Shorter-term changes

In this section, we examine how the two programmes impacted on short-term outcomes connected to People's Health Trust's health equity theory of change, which seeks to create greater health equity (pertinent metrics include feelings of belonging, satisfaction with area, trust, perceptions of safety after dark, satisfaction with life, and health). This will be followed by a discussion about community power and its impact on longer term individual- and community-level changes.

Participation

Following People's Health Trust's theory of change, the analysis explored how participation in projects funded by People's Health Trust impacts social connections, feelings of belonging, community power, wellbeing, and general health.

The survey of project participants allows us to examine both the length of participation, which is calculated as the number of months or years that participants have been involved in a project, and the depth of participation, given by the regularity of involvement and the types of meetings attended.

Across both programmes, the majority of survey participants have taken part in their project for more than a year. Slightly more Active Communities participants said they had been **involved in the project** for less than a year. The difference is not surprising if we take into account the underlying differences between the two programmes and the longer-term nature of Local Conversations projects. The relatively high number of Active Communities participants who said they had been involved in the project for more than three years may also 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). Across the two programmes, the numbers of participants who said they had been involved in the project for less than a year are lower than in wave 2.

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

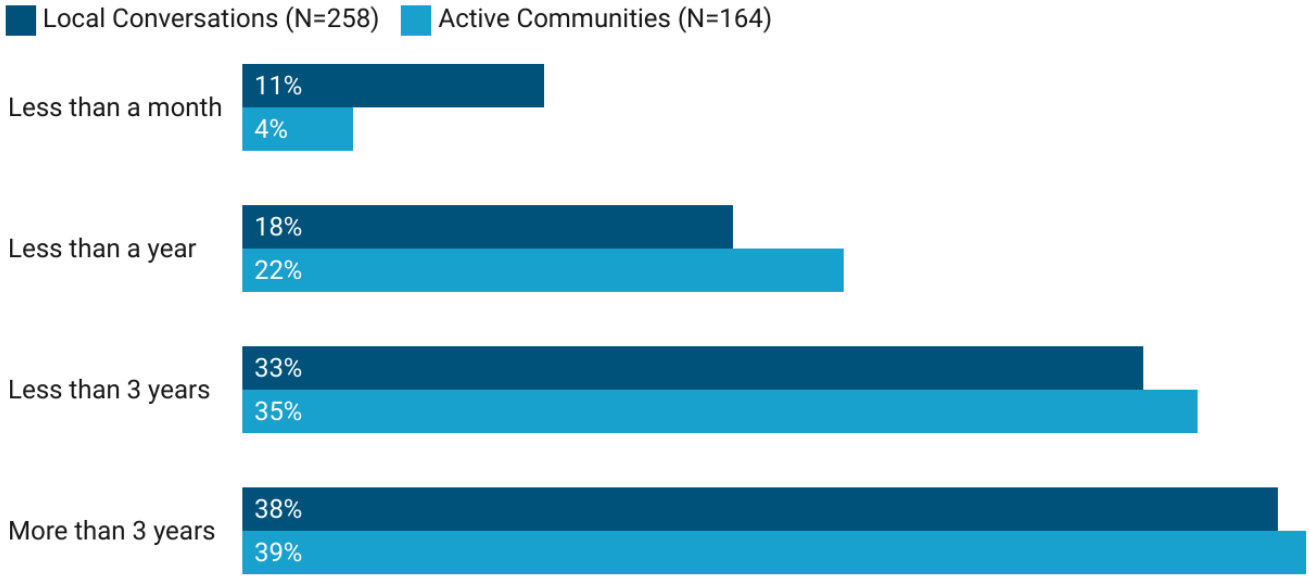


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 3 (February – March 2023), Social Life • Created with Datawrapper

When we look at the depth of participation across the two programmes, there is a small difference between the number of those who participate regularly in project activities but not in steering or core group meetings, as well as those who join project activities when they have time but do not participate regularly. These numbers are a snapshot of the project participants who took part in the survey and may not be representative for all project participants. It is worth noting though that these numbers have not changed significantly since wave 2.

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

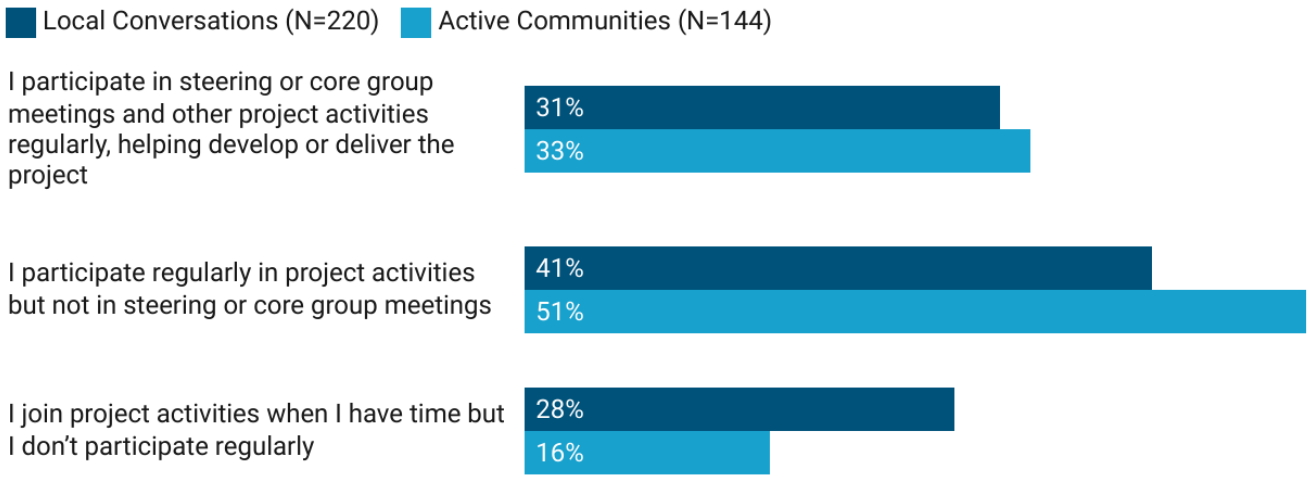
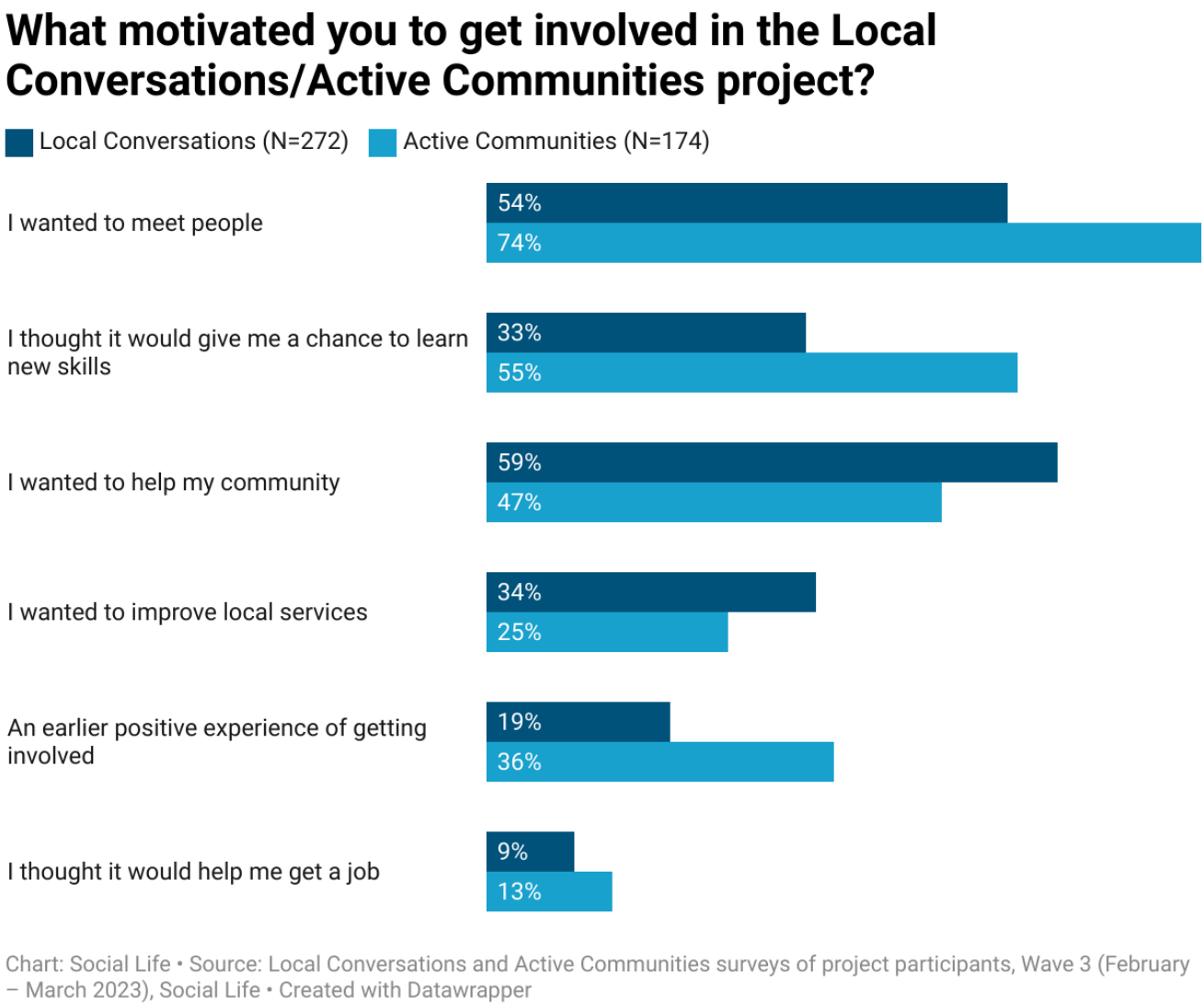


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 3 (February – March 2023), Social Life • Created with Datawrapper

Participation in projects had a **positive impact on participants' social networks**, supporting participants to expand their social links and ties. 97% of surveyed Active Communities participants and 89% of the Local Conversations participants said they made new friends by taking part in project activities (wave 3 data).

When asked about their **motivations** to get involved in the project funded by People's Health Trust in their local area, participants listed a mix of things. In Wave 3, the key motivation for participants in Local Conversations was wanting to help the local community, followed by wanting to meet people. For participants in Active Communities projects, the key motivation was meeting new people, and thinking that the project would give a chance to learn new skills was ranked second (wave 3 data).

These results differ slightly from the previous two waves. In the second wave, wanting to meet people was the most important motivation across the two programmes, and wanting to help one's community was a close second (wave 2 data). In the first wave of research, participants in Local Conversations listed helping their community as the first motivation and meeting new people as the second. However, these difference between the two sets of findings might be related to the impact of the COVID-19 pandemic restrictions on participants' daily lives and their changing needs during those difficult times. Across the three waves, the least cited motivation by participants was *"I thought it would help me get a job"*.



The regression models also explored the relationship between participation in projects and wellbeing. In the previous wave, analyses on the combined dataset that included data from waves 1 and 2 indicated

that higher levels of participation correspond to higher wellbeing scores (on average), but the regression model had a limited predictive power. In other words, it was difficult to say whether increased participation in projects had an impact on wellbeing. As we ran the regression models again on the combined dataset from wave 1 to wave 3, the same results emerged. 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). This lack of variation in the data limits the predictive power of the regression model.

Confidence and skills

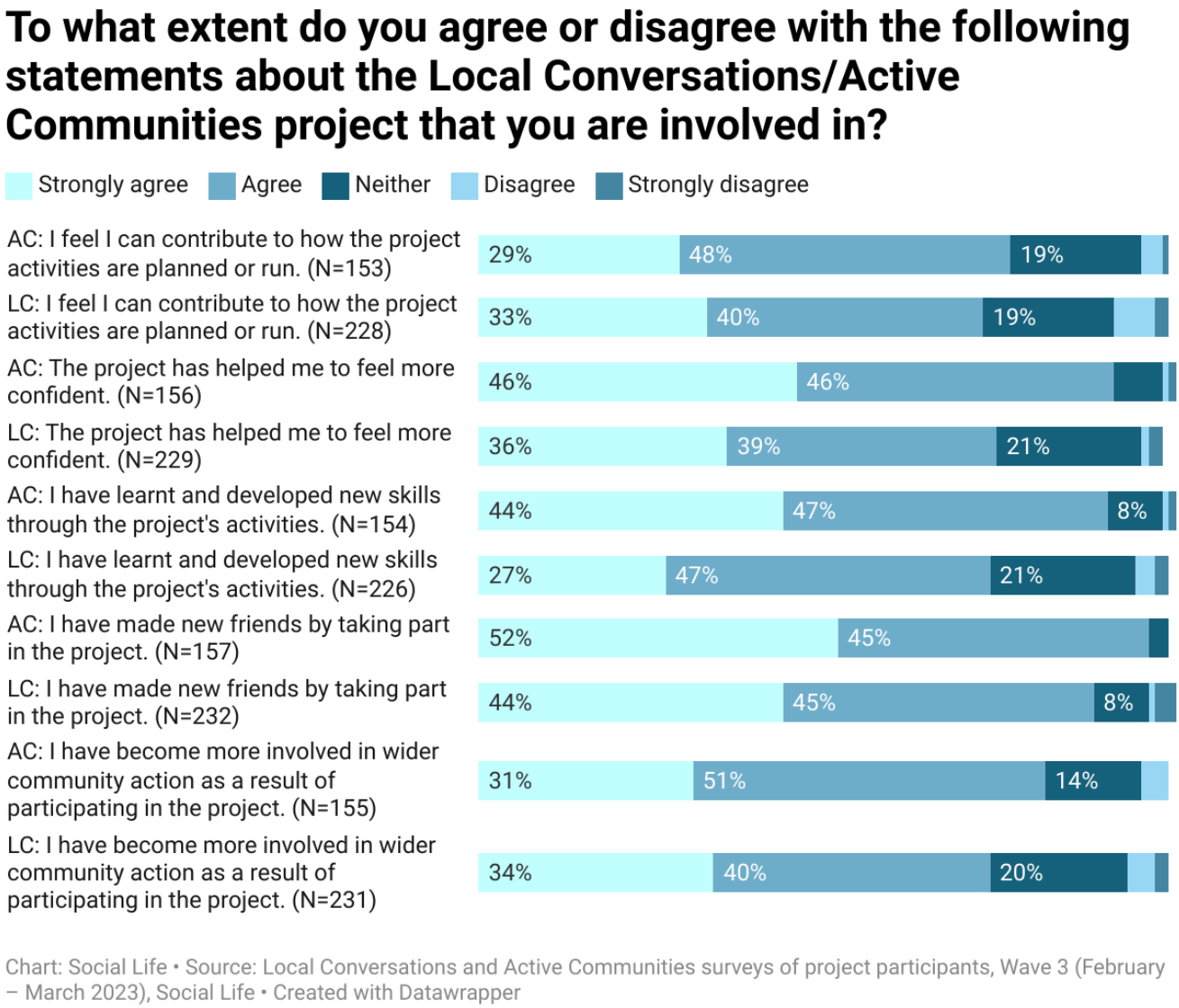
The projects funded through People's Health Trust programmes had a **positive impact on participants' confidence**. The third wave of research shows that 93% of surveyed participants involved in Active Communities projects, and 75% of those taking part in Local Conversations reported that the projects helped them to feel more confident.

By creating opportunities for people to come together and join a range of activities, projects **impacted positively on participants' skills**. Data from the third wave of research reveals that 91% of the surveyed participants involved in Active Communities projects and 74% of those involved in Local Conversations projects noted that they had learnt or developed new or existing skills through the project.

The survey asked project participants if, over the past six months, they **participated in any consultations about local services** (for example, about local schools, housing, regeneration plans, green spaces, etc). Responses to this question gave us additional information about the project's impact on individual participants, zooming in on whether participants have become more actively involved in local projects were also engaged in consultations and wider community action. 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). However, the results from this wave mirror those from the first wave, as slightly more participants in the Local Conversations (38%) than in the Active Communities projects (26%) said they participated in consultations in the past six months. Regardless of the slight variation across waves, there is a clear pattern in the data that corroborates the other results of the research concerning the project's impact on wider community participation.

To further unpack the impact of Active Communities and Local Conversations projects, the survey of participants included a number of questions about 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.

More participants in Active Communities projects (97%) than Local Conversations (89%) agreed that they **made new friends** by taking part in the project. At the same time, fewer participants in Local Conversations projects (74%) than Active Communities (82%) reported that they **became more involved in wider community action** as a result of participating in the project. This difference aside, these results corroborate the ones from the previous wave of research, when more than two-thirds of participants across both programmes reported that they became more involved in community action.



Regression analyses run on the third wave of data and on the combined datasets (waves 1 - 3) indicate that **participation in Local Conversations leads to improved confidence and skills for those involved** (Figure 1, Appendix 3). The analysis showed that both the depth and duration of participation are statistically significant predictors. In other words, increased project participation had a positive impact on participants' confidence and skills. The highlighted variables are statistically significant predictors. These results corroborate the evidence from Wave 2.

For surveyed Active Communities participants, the third wave of data and the combined datasets (waves 1 - 3) do not evidence the same relationship between the length and depth participation, on the one hand, and confidence and skills, on the other. These findings are similar to the findings from Wave 2, however, they are surprising given the wider evidence base for the programme. Considering the target groups funded through the Active Communities programme, a possible explanation is that even people who only take part in the project for a short while may benefit from a confidence boost and may feel it helps them develop skills. This lack of variation in the data limits the predictive power of the regression model, concealing the positive relationship between participation and confidence and skills.

This alternative explanation is supported by 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 two quotes below 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.

> ***I've met new people and built up my confidence quite a bit. It has been nice to share my gardening experiences with other people and learn from them too!***
>
> *AC survey participant, 1 month or more but less than 1 year*

> ***More active, become more fit and confident, make friends.***
>
> *AC survey participant, 3 years or more*

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 third wave and the combined datasets waves (waves 1 - 3). For both programmes, 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).

In the second wave, participation was not a robust predictor of social connectedness for the two programmes. In this case, the lack of variation in the data may once again limit the predictive power of the regression model, concealing the impact that participation may have on the strength of participants' social networks. This would explain why the larger dataset from Wave 3 managed to pinpoint the relationship. This is to say that 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. The percentage of people who agreed with the statement that they made friends by taking part in the project substantiates this explanation (97% of Active Communities and 89% of Local Conversations participants).

The regression analysis also examined **the impact of the length and depth of participation on the 'feelings of belonging' factor** (metrics including perceptions of trust, belonging, safety, and agreement that people from different backgrounds get on well together). In terms of perceptions of **safety after dark**, there were slight differences between participants in the two programmes, with 53% of Active Communities participants and 64% of Local Conversations participants giving positive answers.

It is important to highlight that these findings about **perceptions of safety after dark** could be influenced by survey demographics, especially the unequal numbers of male and female respondents in our samples. For instance, in the third wave, 68% of the surveyed participants involved in Local Conversations were female and 76% of those taking part in Active Communities projects.

The larger dataset from the third wave of research allowed us to explore whether perceptions of safety after dark are indeed influenced by survey demographics. Our analyses do not single out gender as the only factor with an impact on perceptions of safety after dark. Self-rated health and project target groups also play a role, making it difficult to attribute the low perceptions of safety after dark to only one factor.

For Local Conversations, regression analyses show that only the depth of participation has some limited impact on the 'feelings of belonging' factor (metrics including perceptions of belonging, trust, safety after dark and people from different backgrounds get on well together). However, the regression model has low explanatory power. For Active Communities, neither form of participation is a statistically

significant predictor of the 'feelings of belonging' factor. These results are consistent with the findings from the first and second waves of research.

For participants in Local Conversations, the impact of depth of participation on the 'feelings of belonging' factor becomes even stronger when we compare people with similar perceptions of general health (self-rated health). For Active Communities, when we analyse separately people with similar perceptions of general health, the effect of depth of participation on the 'feelings of belonging' factor becomes significant. It is also worth noting that when we compare the impact of depth of participation on the 'feelings of belonging' factor for similar gender groups the results of the regression models do not change.

Overall, these findings about the impact of participation on 'feelings of belonging' factor highlight the importance of understanding the role played by self-rated health and project target groups. The depth of participation has an impact on the 'feelings of belonging' factor especially when the effect of self-rated health is taken into account. One possible explanation is that participants who perceive themselves as having poor health find it more difficult to feel safer after dark or more trusting even as they take part in regular project activities, sub-groups or steering group meeting. Following this explanation and considering the target groups funded through the Active Communities programme, it is not surprising that the effect of self-rated health on these relationships is quite substantial.

Social connectedness and feelings of belonging

In the third wave of research, 72% of surveyed Active Communities participants and 82% of those involved in Local Conversations said that they felt they **belong to their local area.**[7] A higher percentage of surveyed participants in Active Communities (69%) than Local Conversations (81%) reported that they **trusted people who live in their neighbourhood**.[8]

The analysis of the combined dataset from the three waves of research shows 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).[9]

- 84% 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.
- 62% 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.
- 78% 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.
- 80% 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.

[7] "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.

[8] "Thinking about the people who live in this neighbourhood, to what extent do you believe they can be trusted?"; Many, Some, A few, None.

[9] 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?

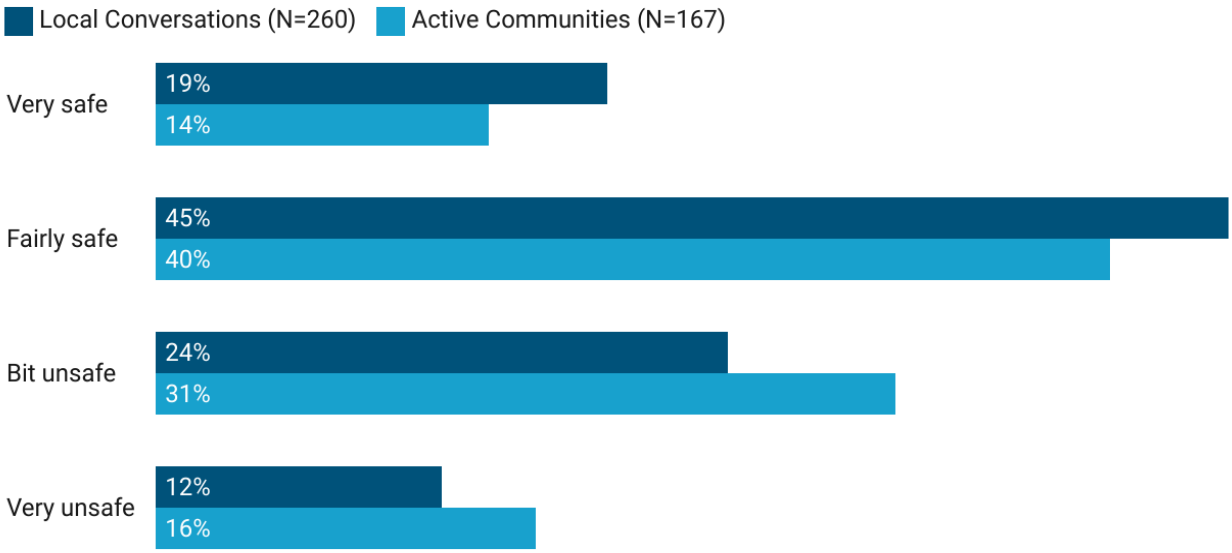


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 3 (February – March 2023), Social Life • Created with Datawrapper

'Feelings of belonging' factor

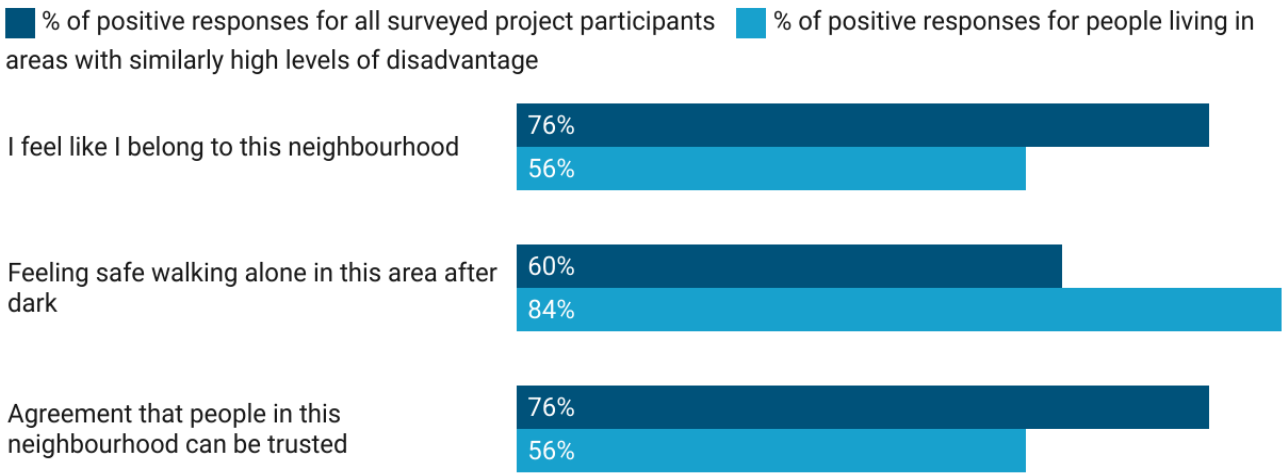


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Across programmes and nations, project participants were **less positive about safety after dark** (60% 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.

63% of those surveyed agreed that they borrow things and exchange favours with their neighbours.

78% 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

74% 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

59% of those surveyed agreed that they borrow things and exchange favours with their neighbours

84% of respondents agreed that the local area is a place where people from different backgrounds get on well together

73% of respondents agreed that people in the neighbourhood can be trusted

The benchmarking analysis also considered each programme separately. Local Conversations respondents **had more positive perceptions of community power**, **social connectedness, and some aspects of feelings of belonging** than people living in areas with similarly high levels of disadvantage in the UK. Local Conversations respondents had, however, **less positive perceptions of safety after dark** than people living in areas with similarly high levels of disadvantage in the UK.

As with Local Conversations comparisons, benchmarking reveals that overall, the surveyed Active Communities respondents **had more positive perceptions of community power, social connectedness and some 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 also had **less positive perceptions of safety after dark.**

By exploring the data comparatively across the three nations, some differences between them emerged.

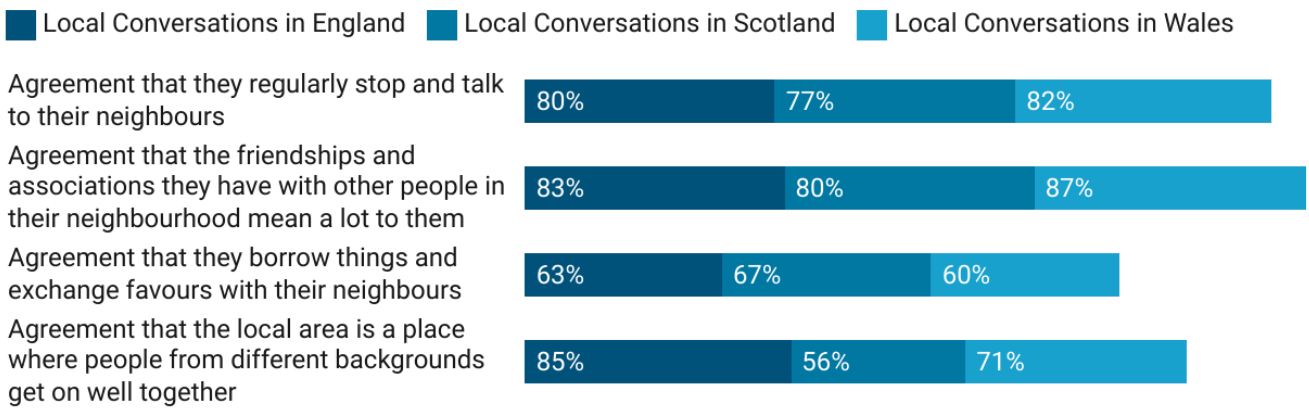
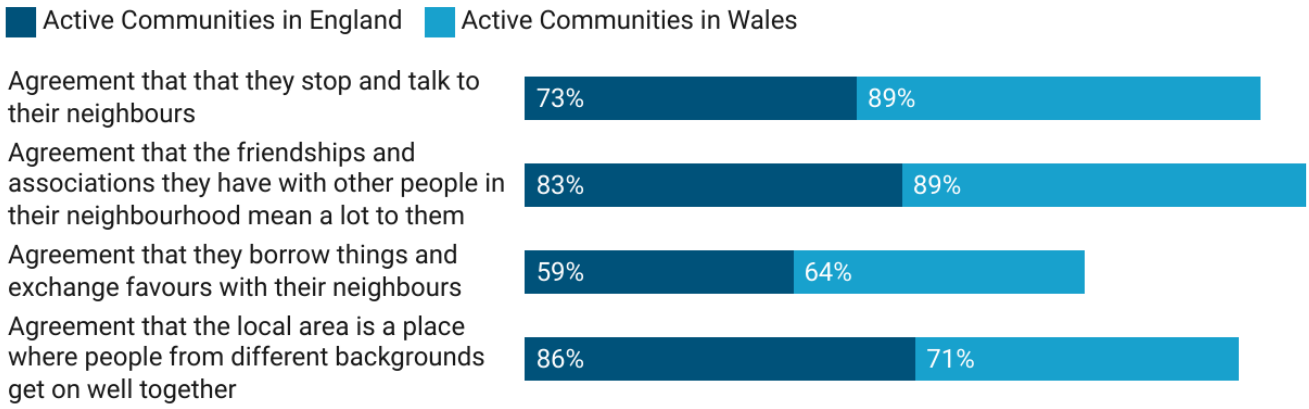


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life. • Created with Datawrapper



The sample of participants in Active Communities projects based in Scotland is very small so the data is not included

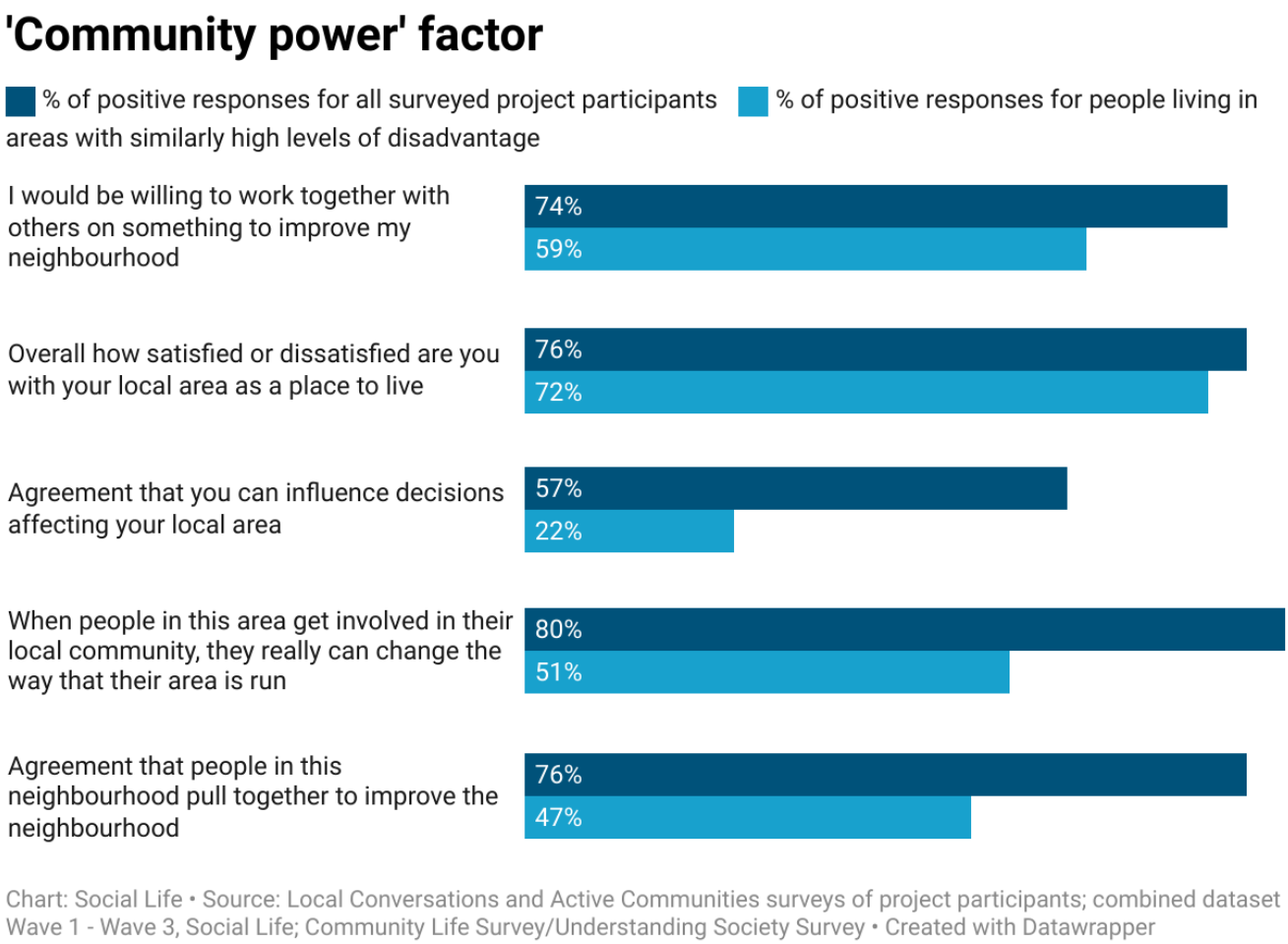
Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life. • Created with Datawrapper

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

Following People's Health Trust's theory of change, this section explores the community power outcome and its impact on the surveyed respondents involved in the projects funded by People's Health Trust. The focus is on changes in participants' social connections, feelings of belonging, wellbeing, and general health.

Across programmes, the analysis of combined wave 1 to wave 3 dataset shows that over 75% of the surveyed participants reported that they were **satisfied with their local area**, regardless of the programme in which they were involved.

Overall, surveyed project participants had **more positive perceptions of community power, social connectedness** and **some aspects of feelings of belonging** than people living in areas with similarly high levels of disadvantage.



Regression models based on the third wave and the combined waves dataset shows that participation in Local Conversations projects is a good predictor of community power (Figure 2, Appendix 3). Both the length and depth of participation in Local Conversations have a positive impact on participants' experience of community power. This corroborates the findings of the previous two waves of research. The highlighted variables are statistically significant predictors.

The same regression models were run separately for the Active Communities programme, both on the third wave and the combined waves (Figure 3, Appendix 3). The depth of participation has a small positive impact on community power, but the length of participation does not. Like in the previous two waves of research, these results are different from the findings for Local Conversations – but this is not surprising given the differences between the two programmes.[10]

Next, we looked at the relationship between social connectedness, confidence and skills, and feelings of belonging on the one hand and wellbeing on the other, as they are key elements of People's Health Trust's theory of change.

For Local Conversations participants, both **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) **have a positive impact on participants' wellbeing** (results evidenced by regression models based on both the third wave and the combined dataset - Figure 4, Appendix 3). This result corroborates the findings of the first two waves of research. The third wave findings resemble

[10] It is also worth noting that this regression model is less robust for Active Communities than the Local Conversations one, which means the depth of participation is a limited predictor of community power for the programme.

those of the first two waves in so far as the 'social connectedness' factor is not a good predictor of wellbeing.

In the case of the surveyed Active Communities participants, only the '**confidence and skills' factor is a statistically significant predictor of wellbeing**, showing that improved confidence and skills through the programme leads to increased perceptions of wellbeing (Figure 5, Appendix 3). This finding is supported by regression models run both on the third wave and the combined dataset, but the models have low explanatory power. These results are consistent with the findings from the previous wave. This evidences that, when it comes to wellbeing, confidence and skills makes more of a difference than social connectedness and feelings of belonging.

We also ran regression analyses to understand whether these three factors **(confidence and skills, social connectedness, and feelings of belonging) might also impact on community power**. For Local Conversations, this is very much the case (Figure 6, Appendix 3).

These results corroborate the findings from the first two waves of research and evidence the Local Conversations theory of change (results hold for regression models run on the third wave and the combined waves). The data collected so far show that confidence and skills, social connectedness, and feelings of belonging are robust predictors of community power.

Like with Local Conversations, **stronger social networks, increased confidence and skills, and improved feelings of belonging lead to improved perceptions of community power for participants in Active Communities projects** (results hold for regression models based on the third wave and the combined waves - Figure 7, Appendix 3) and are consistent with findings from previous waves.

Two other series of regression analyses explored the relationship between **the 'community power' factor and wellbeing**, and **the 'community power' factor and self-rated health** for both programmes.

For the surveyed participants in Local Conversations, **the 'community power' factor is a statistically significant predictor of wellbeing**. This result holds for regression models run on the third wave and the combined dataset, and it is also supported by findings from the previous two waves. This shows that, **for Local Conversations, increased community power leads to more positive perceptions of wellbeing (**Figure 8, Appendix 3). When taking into account the effect of age on the relationship, community power remains a significant predictor of wellbeing and the regression model is slightly more robust. Gender had no impact on the relationship.

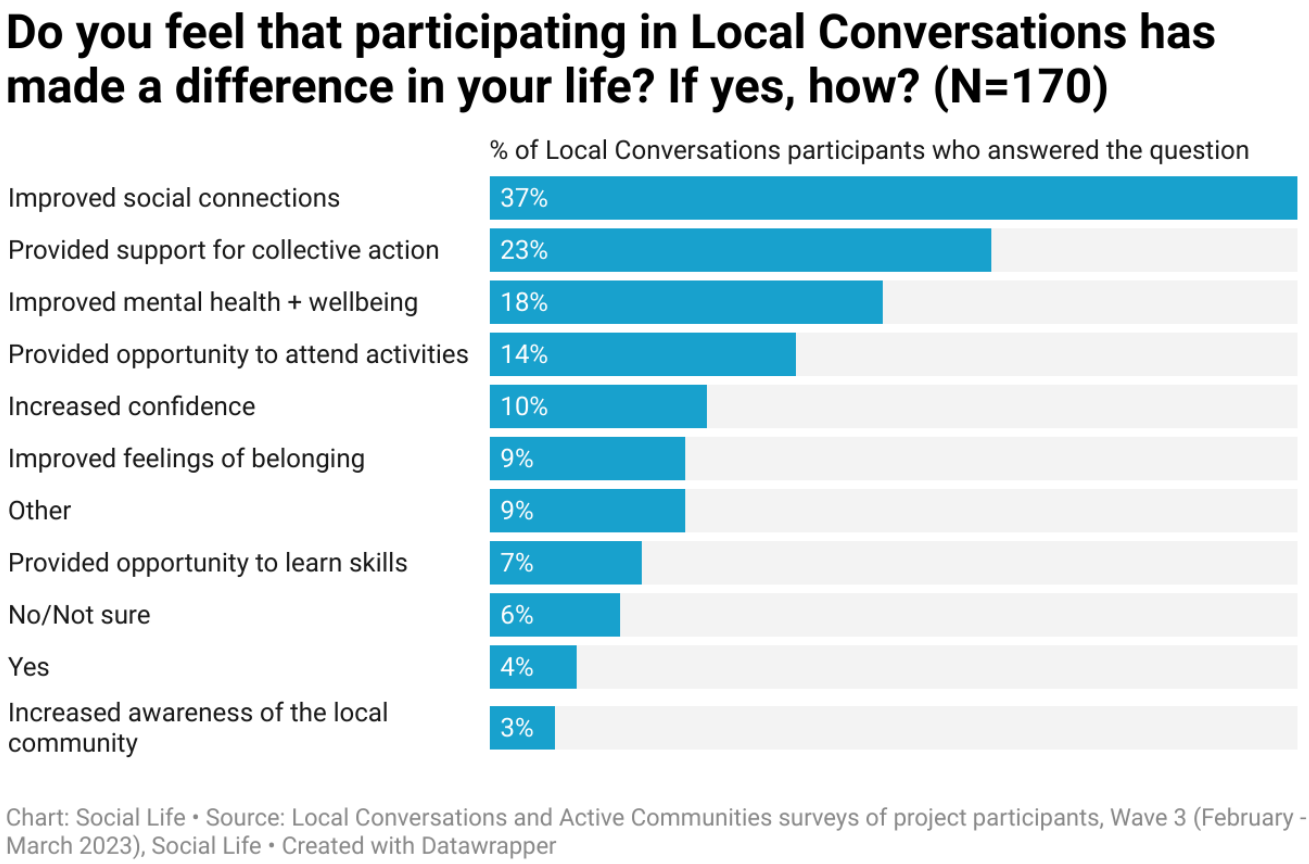
For Local Conversations, the regression analysis run on the combined dataset shows that the 'community power' factor is not a statistically significant predictor of predictor of self-rated health. In wave two, this regression model had very low explanatory power. However, when taking into account the effect of health conditions (physical or learning disability or health problem), the impact of 'community power' factor (individual and collective action and control) on self-rated health becomes a statistically significant predictor. In other words, when the health conditions are held constant, **increased community power leads to more positive perceptions of health (**Figure 9, Appendix 3). Similarly, when taking into account the effect of age on the relationship, community power becomes a significant predictor of health and the model becomes more robust. Gender had no impact on the relationship.

For Active Communities projects, community power is a statistically significant predictor of self-rated health. Higher levels of individual and collective action and control (community power) lead to more positive perceptions of health (Figure 10, Appendix 3). The patterns identified here support the findings from the previous two waves. However, in the previous two waves community power was also a statistically significant predictor of wellbeing, which is no longer the case.

To summarise, for Local Conversations, these analyses add to the evidence base for the theory of change by substantiating a series of relationships across all 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 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 experience of community power had a positive impact on participants' wellbeing.

The thematic analysis of an open-ended question from the participant survey corroborates the results of regression models. 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, community power, mental health and wellbeing, and their opportunities to take part in activities.



Participants' responses provide important insight into the relationships explored by the statistical models. These corroborate the relationships we identified between participation in Local Conversations and participants' social networks, perceptions of community power and wellbeing.

Local people make me feel safe, secure and wanted.

LC survey participant, 1 month or more, but less than 1 year

Definitely made a positive difference in my life. I got back involved after giving up years ago. It was that we, the community, got to choose how the funds were spent and what projects we undertook that made the difference, not the usual suspects. councillors or authorities. Didn't like it towards the end when it appeared the rules changed, and councillors and the like could get involved. This disempowers. Personally, I've made some good friends, strengthened existing friendships and made one friendship that will hopefully be lifelong. It has led to other things [...] which I doubt I would have done if it hadn't been for the LC. The LC has been probably the most empowering project I have seen, heard of, or taken part in. Giving the people of the community the opportunity to direct and fund projects they think will aid their community was refreshing, just wish more funding bodies would do it.

LC survey participant, 3 years or more

Speaking to people that I wouldn't have, in some ways gave me a sense of well-being, made friends, nice being in a group with people who want to make a difference to where we live, I really look forward to meeting up at the hub it gives me a sense of worthiness.

LC survey participant, 1 year or more, but less than 3 years

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 community power
- Improved experience of community power has a positive impact on participants' self-rated health.

These findings are supported by participants' responses to the open-ended question focused on whether the projects made a difference in their lives. The majority of Active Communities participants who answered this question noted that 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=131)

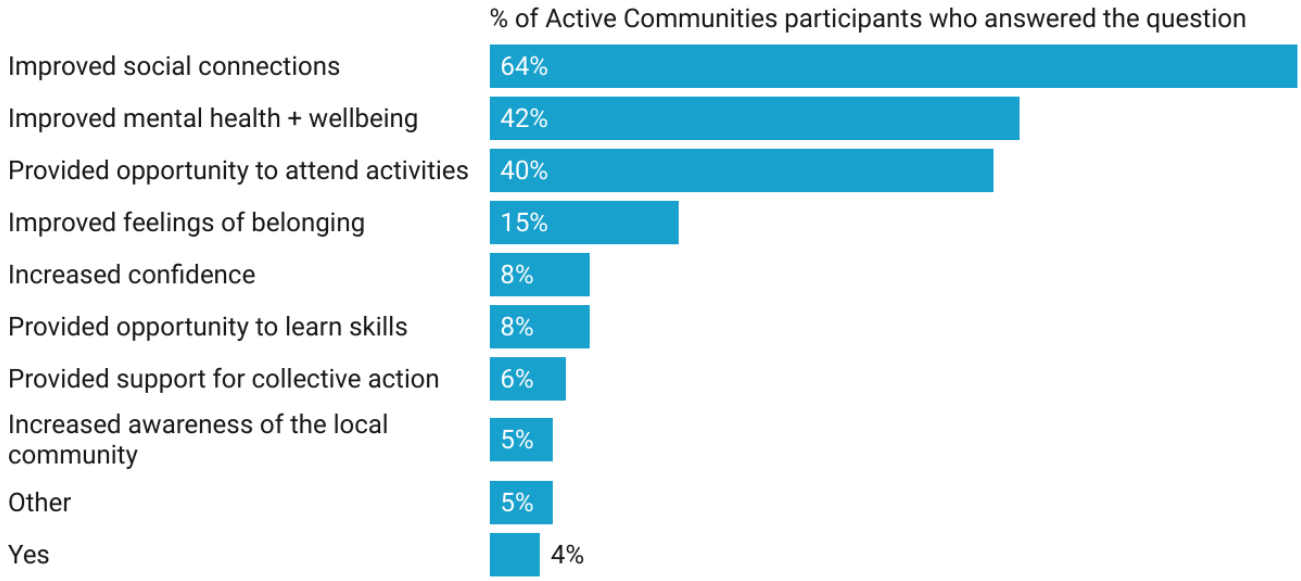


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 3 (February - March 2023), Social Life • Created with Datawrapper

Like with Local Conversations participants, the in-depth accounts shared by the Active Communities respondents focused on how the projects made a difference in their lives, corroborating the statistical evidence. The quotes below capture some of the most common responses.

I love coming down to the group. I have lots of mental health problems and coming here helps me get support and get out of the house. I never used to get out of the house.

AC survey participant, 1 year or more, but less than 3 years

There can be no overnight changes, but friendships are being formed and lives enriched by encountering other communities in the area and sharing food, experiences and support.

AC survey participant, 3 years or more

I have met new people and found there are more people who care about what [my local area] looks like and feels like. This has been really nice as it's not just me complaining that the streets round me feel dirty and not safe, and now I also sometimes travel to the shops with people I have met not just on my own, which I enjoy a lot.

AC survey participant, 1 month or more, but less than 1 year

I have met some older community members which has been really good, and I feel sorry for them as they don't feel as safe as me, I would like this to change, and this has made me think more about my neighbours and my community.

AC survey participant, 1 month or more, but less than 1 year

Data from the three waves has improved the reliability of these analyses and it has allowed us to better understand the mechanisms of change outlined in the Trust's programmes' theory of change.

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 at a series of opportunities and barriers that have shaped their communities. These structural aspects of their neighbourhoods 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)

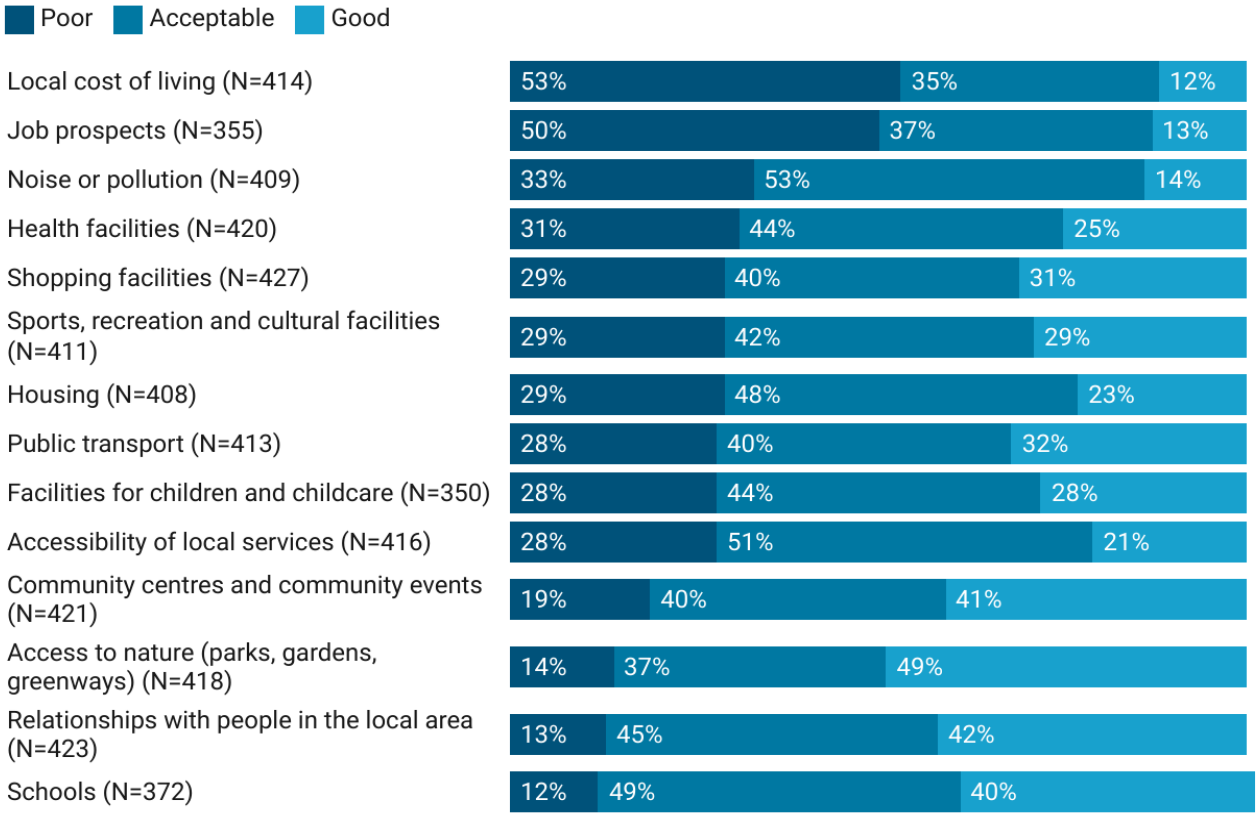


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 3 (February - March 2023), Social Life • Created with Datawrapper

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

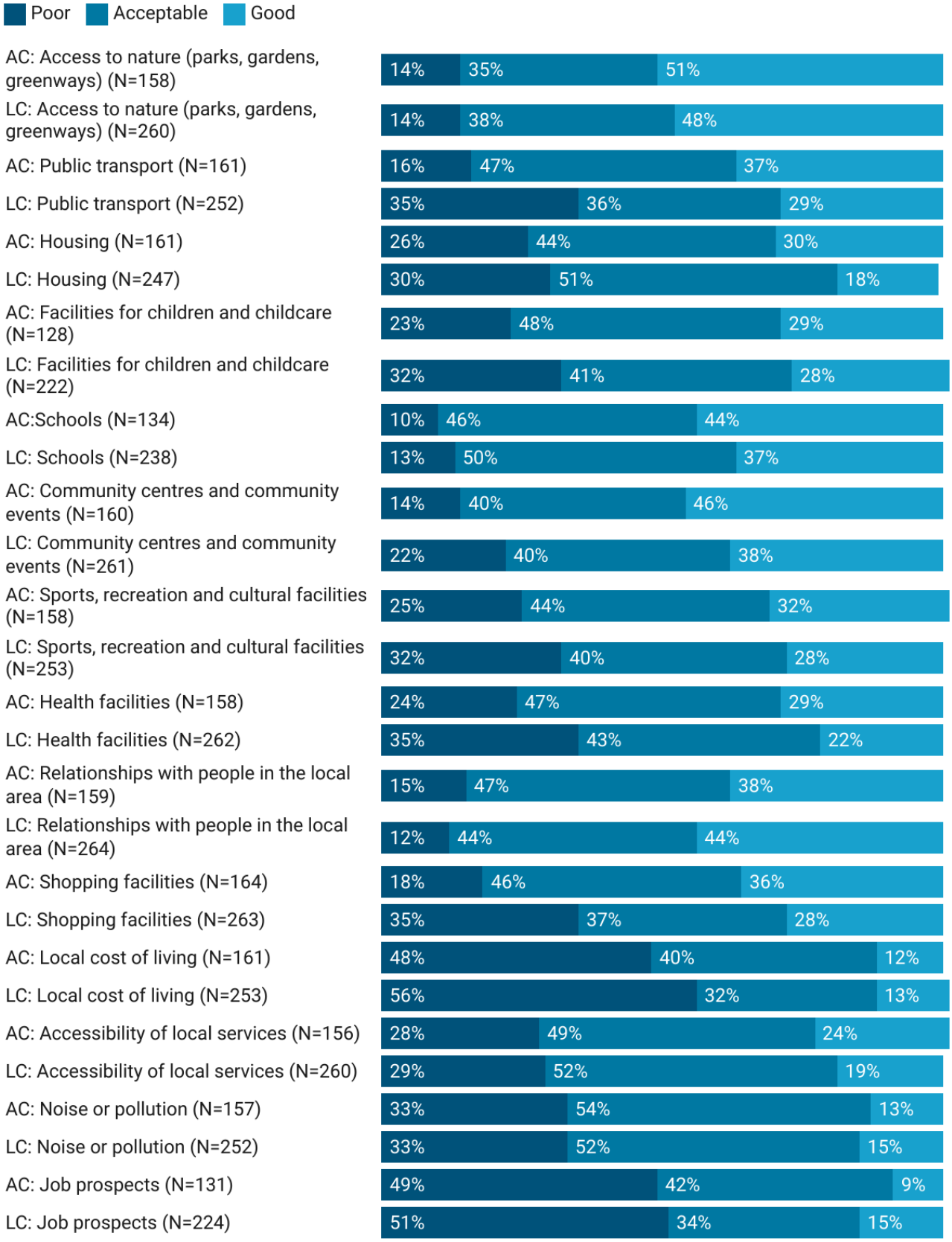


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants, Wave 3 (February - March 2023), Social Life • Created with Datawrapper

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 Heath Trust. These findings are consistent with the results of the previous two waves of research. The aggregated data for all the surveyed participants shows that a bit over half of the respondents rated 'Local cost of living' as 'Poor'. The accessibility of nature (parks, gardens, green spaces) and relationships with people appeared as the most important local assets for participants in both programmes.

There are also some differences between the two programmes, relating to participants' perceptions of public transport, the cost of living, and some of the local facilities. Similarities between the two programmes include both positives, such as perceptions of 'access to nature' and 'relationships with people in the local area" (with the highest ratings), and negatives, such as 'Noise or pollution' and 'Job prospects' (with some of lowest ratings across both programmes).

4. A brief comparison across programmes (findings from the combined dataset, Wave 1 to Wave 3)

Local Conversations – across projects

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

58% those surveyed agreed that they can influence decisions affecting their local area

Active Communities – across projects

72% of those surveyed agreed that they would be willing to work together with others on something to improve their neighbourhood

54% 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** (61% 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%).

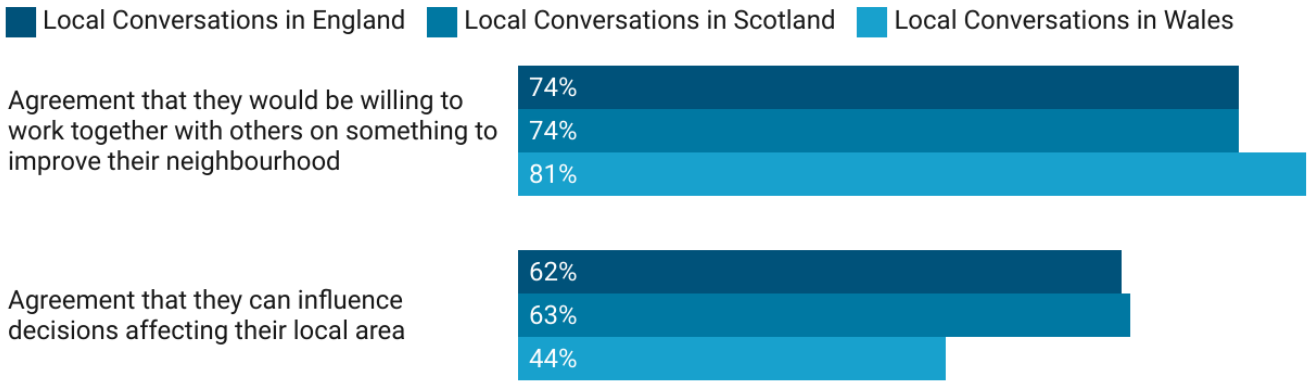


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Active Communities - comparative overview

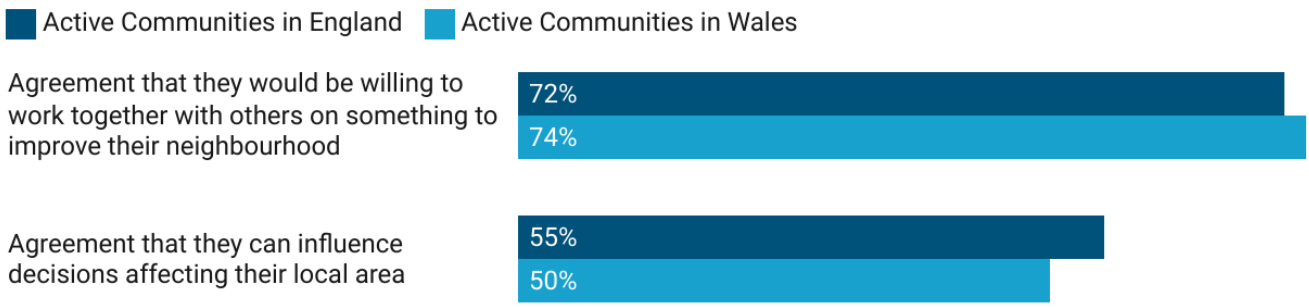
Perceptions of individual control over decisions affecting one's local area (54% compared to 22%)

Regularly stopping and talking with people in the neighbourhood (74% compared to 57%)

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

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:

Participants in the Active Conversations projects were **less positive about perceptions of safety after dark** (58% compared to 84%) than respondents living in areas with similarly high levels of disadvantage in the UK.

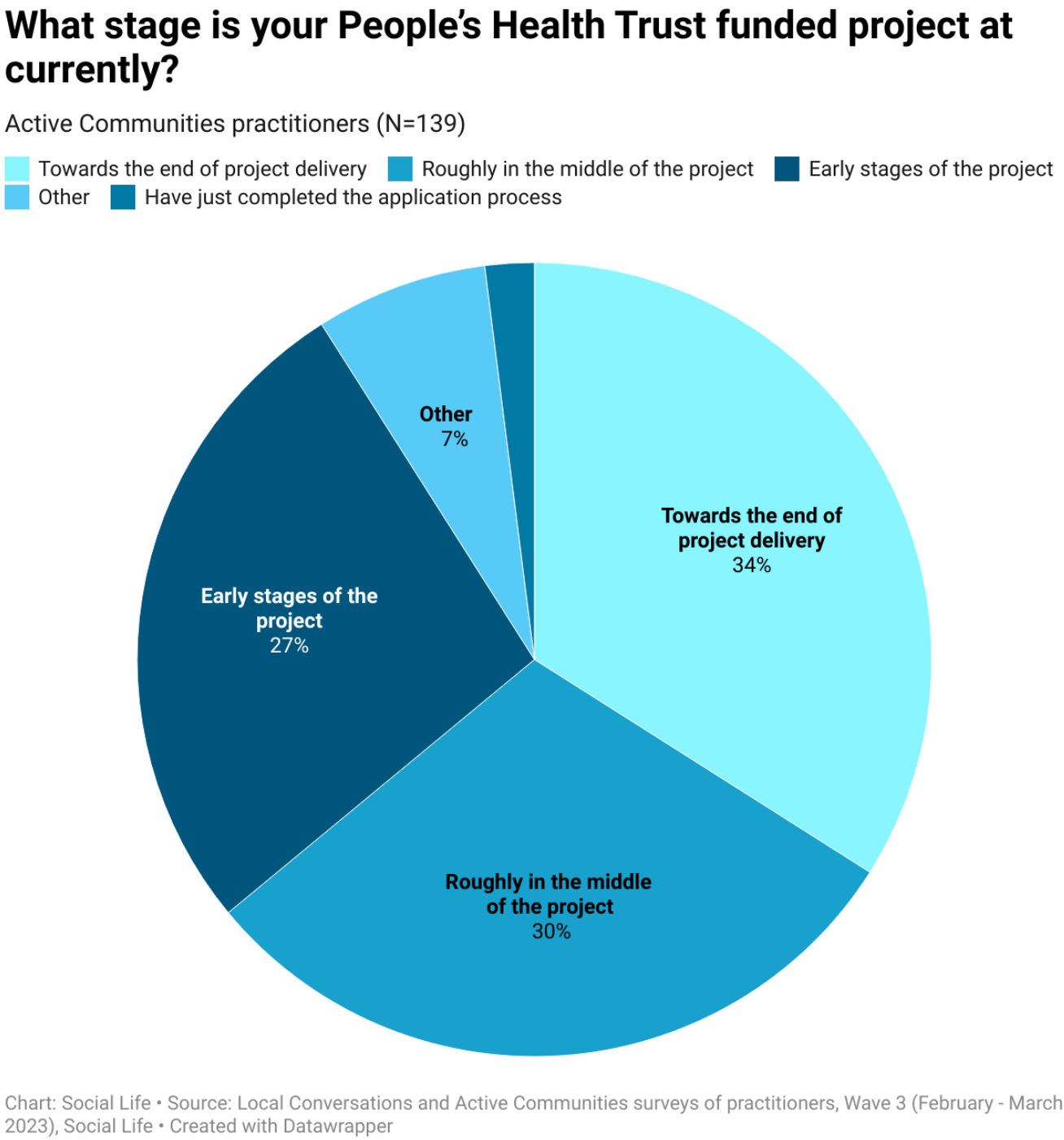


The sample of participants in Active Communities projects based in Scotland is very small so the data is not included.

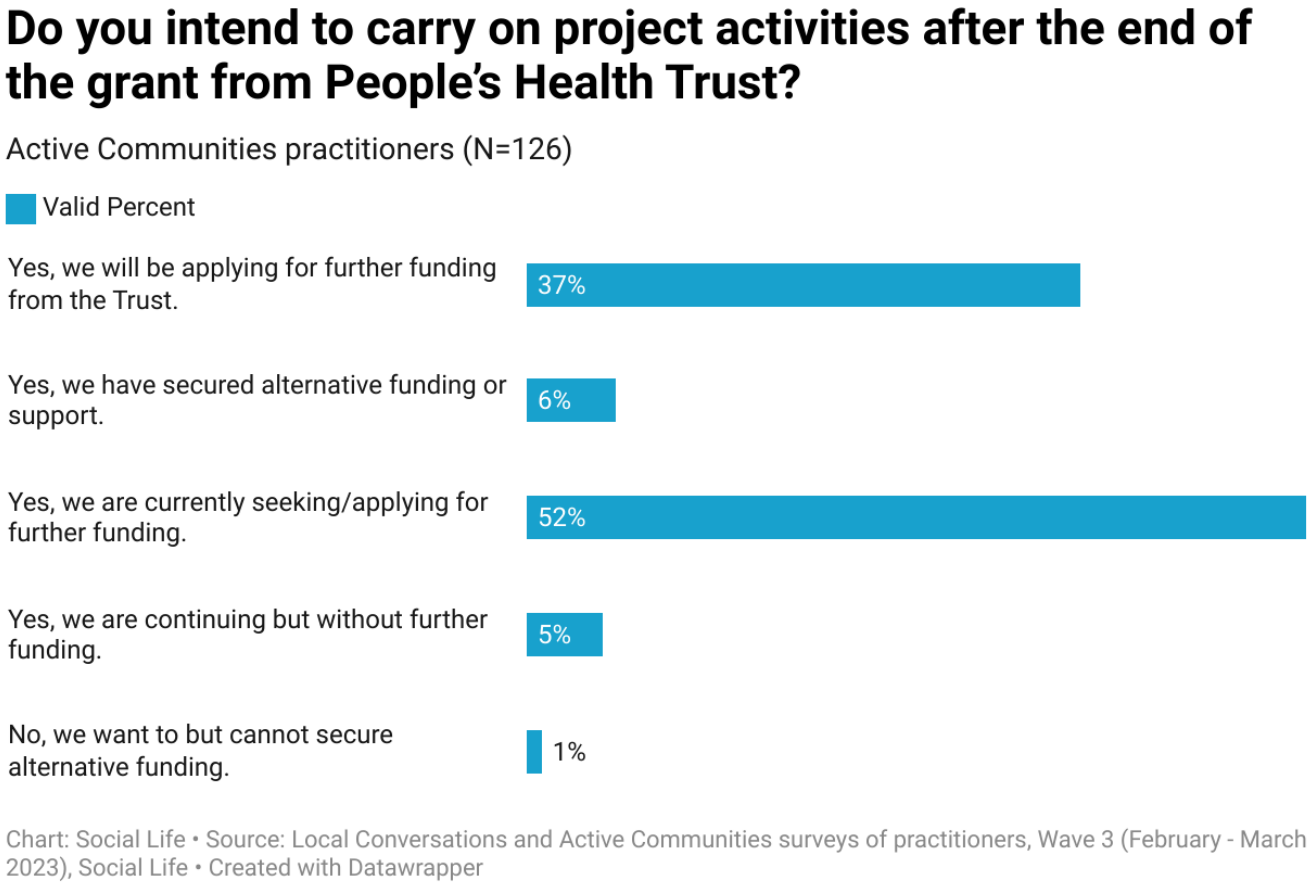
Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

4. Key results: survey of practitioners

This section describes the results of the survey of practitioners carried out between February and March 2023. About a third of respondents participating in Active Communities projects were in the early stages, 30% in the middle of the project, 34% towards project completion, while 2% had just completed the application process.



More than half of the Active Communities projects were 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.



When asked whether, over the past six months, work related to Local Conversations helped their organisation secure funding from other sources, 80% of the Local Conversations practitioners said 'Yes'. The amounts they secured differed from project to project and ranged from £2,000 to £55,000.

1. Understanding local barriers and enablers

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, a lack of employment opportunities, and the accessibility of local services are identified as major local challenges by practitioners across the two programmes.

The survey of practitioners substantiates the evidence about what enables and what limits daily life in the areas where the projects are based. The evidence thus helps us better understand **how lived experience is shaped by multiple intersecting factors**.

The survey of practitioners also provided insight into **whether local projects were able to return to normal operations once the COVID-19 restrictions had been lifted**. All the Local Conversations practitioners who answered the survey said the projects were running normally, while 90% of the Active Communities practitioners agreed that the projects were back to normal operations (out of 126 who answered the question).

70% of Local Conversations practitioners and 38% of Active Communities practitioners said that certain groups were harder 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 using door-knocking, community events, and involving local leaders more closely. Improving the support offered to existing members was also seen as key. This could take the form of changing event times or premises, or finding innovative ways to encourage less confident members or local people who are less fluent in English.

> ***We do try to use google translate to speak with people and invite them along to events and activities that don't require a lot of talking, but we hope to find some key group members who may be able to translate and help us reach these communities in a more meaningful way going forward.***
>
> *Local Conversations practitioner, February - March 2023*

Like in the previous wave, regular contact was also mentioned by practitioners in both programmes, and some highlighted tailoring communication to the needs of their members. Practitioners across programmes worked with other organisations to reach particular groups; for instance, they might advertise with community organisations for minoritised ethnic groups, disabled or LGBTQ+ groups.

> ***We have delivered bespoke sessions in […] college and skills groups, offered listening/pizza sessions to reach out to this group.***
>
> *Active Communities practitioner, February - March 2023*

When asked if there was anything missing in terms of support that would help projects reach their long-term goals, Local Conversations practitioners highlighted two interconnected issues, funding (especially funding beyond the Local Conversations funding period) and participants' growth. They felt that there could be more opportunities for participants to learn and grow, and continued funding was seen as a way of achieving that. Local Conversations practitioners noted that more opportunities for training would also encourage participation and help build local people's confidence.

The survey also inquired into any types of support that might help the project achieve its longer-term goals. 33% of the Active Communities practitioners noted that there could be more opportunities for projects to increase their capacity. Active Communities practitioners said they would like to increase their staff and volunteer numbers to be able to deliver more services to their users. 24% of the practitioners wanted long-term security to ensure they can continue their work on the project. Practitioners mentioned that additional funding opportunities during and beyond the timeline of the project would provide a sense of stability and security for members and the activities they provide. 42% of the Active Communities practitioners who answered this question reported that they did not need any additional support, noting that nothing was missing. However, about a third of those who answered the survey had only started their activities recently, therefore they had not had enough time to identify any gaps in support at the time of the survey.

> ***Assured funding that will allow the project to carry on afterwards and core funding that will allow [us] as an organisation to develop and provide more services on a regular basis.***
>
> *Active Communities practitioner, February - March 2023*

Practitioners from both programmes were also asked if there was anything that working with other local organisations could do to support the project's goals. The majority of the Active Communities

practitioners stated that they are already working with other organisations. The most cited benefits were spreading the word about the benefits of the project and sharing resources. Active Communities practitioners also mentioned cross-referring between organisations and increasing project participation as other benefits.

Yes, a number of organisations locally have referred participants to us and the relationship has been mutually very supportive; but other organisations sounded very positive but haven't then referred anybody. If we had been able to work more closely or effectively with these organisations, we might have had more success recruiting additional participants. We are not sure at this stage what the barriers have been here, but we believe that if we had built more outreach time into the project on an ongoing basis rather than just during the setup phase we might have had more success here.

Active Communities practitioner, February - March 2023

Most Local Conversations practitioners said they had a history of collaborative partnerships with local organisations that support the delivery of services to their communities. They targeted organisations that could provide specific skills and share common interests. These organisations included local schools, youth hubs, health services and local authorities. Some of the partnerships led to support with local food distribution, trainings and engaging with local youth.

For many of the surveyed Local Conversations practitioners, partnering with other organisations showed that sharing responsibilities and resources could be beneficial. Practitioners mentioned that some collaborations highlighted that Local Conversations could make more of an impact and influence more systemic change when collaborating with others. They said local voices and efforts were strengthened by establishing partnerships.

We have worked with other local organisations and services to create a network within the area to better collaborate and leverage strengths to support the community, specific partnerships with other organisations that specialise in the areas residents want to learn and progress. Collaborative and partnership working has been really successful and important to achieve project goals and has allowed residents to have more trust in local orgs when they see them working together.

Local Conversations practitioner, March 2022

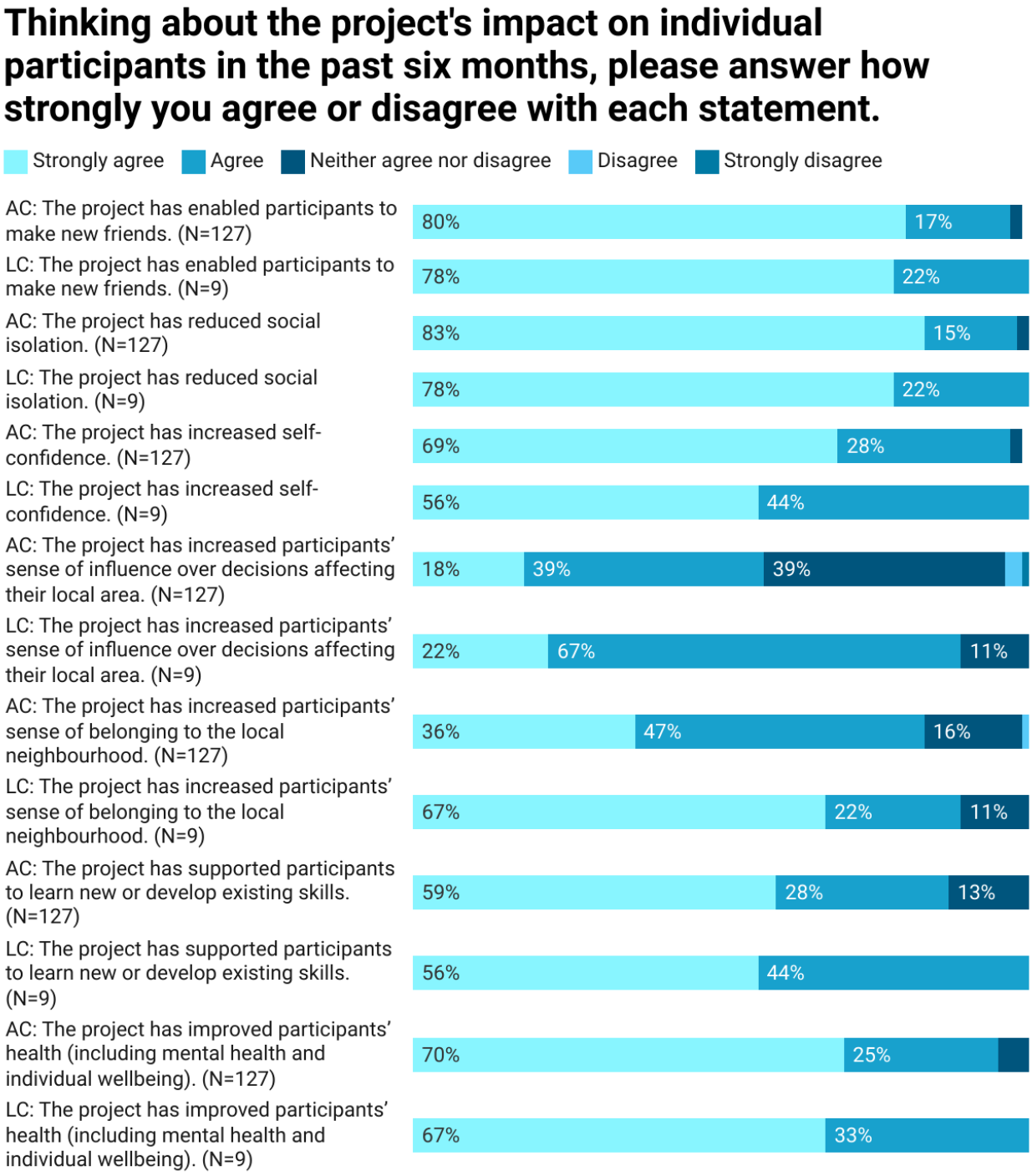
2. Projects' impact on individual participants

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 noted it was done by taking part in sub-groups. 90% of Local Conversations practitioners also said this was done informally (by talking to someone who is part of decision-making group, or posting suggestions on social media, etc.), by participating in regular project activities (attending project meetings, filling out evaluation surveys, etc.), and by attending steering groups.

83% of the Active Communities practitioners answered that participants became involved by participating in regular project activities. 48% of the practitioners said that participants also got involved by taking part in steering group or other type of decision-making group.

62% of the Active Communities practitioners mentioned that a steering group or other type of decision-making group was established for the project. While most were formed of project participants and other community members, there were also groups that worked with board of trustees. 43% of the practitioners mentioned that the decision-making group had regular meetings in response to project needs. A smaller number of practitioners flagged that their projects adjusted their schedules to make it easier for participants to engage.

These results are consistent with the evidence about how informal and formal processes of coming together provide support for collective action and how they work to reduce health inequality. This interpretation of local experiences is corroborated by the analysis of project participants' responses, especially their comments on the project's impact on their lives discussed in the previous section.



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 notice is that practitioners from both programmes held more positive perceptions of the projects' impact on self-confidence (AC: 97% for practitioners, compared to 92% for participants; LC: 100% for practitioners and 75% for participants).

3. Projects' impact on communities

Like previous research waves, projects in both programmes created opportunities for collaborations. Practitioners from both programmes said **projects supported relationship building across communities**, with an impact on wider local change.

Most practitioners from both programmes thought that the project facilitated new partnerships between local projects/organisations with common goals/interests (76% of Active Communities and 89% of Local Conversations practitioners). 78% of Local Conversations practitioners and 33% 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, nearly all said these were a good opportunity to learn from the knowledge available in the community and share information. Some Local Conversations also partnered with local experts to find solutions for local issues affecting the community.

> ***We have been working continuously, to try to align our sustainability plan with the [local authority's] Wellbeing Plan. This it is felt, gives greater opportunity for existing provision to live beyond the Local Conversation programme.***
>
> *Local Conversations practitioner, February - March 2023*

Some of the Local Conversations used these engagement opportunities to **ensure they made informed decisions involving the people who would be most affected by them**. Practitioners highlighted that Local Conversations relied on local expertise to make decisions.

> ***[Seek] feedback on priorities to ensure decision-making is reflective of the broader community, and try to get people involved in future activities and initiatives.***
>
> *Local Conversations practitioner, February - March 2023*

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.

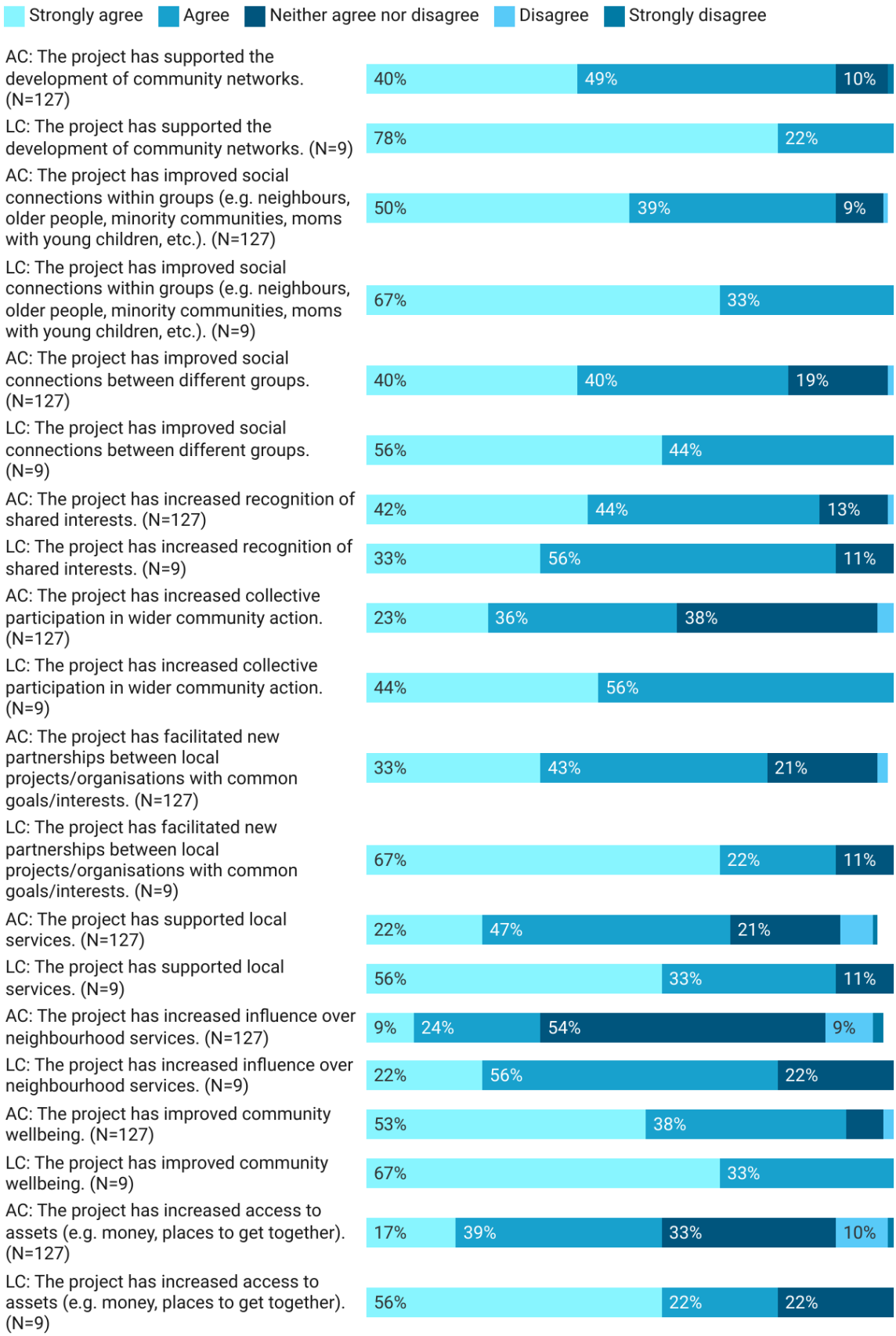


Chart: Social Life • Source: Local Conversations and Active Communities surveys of practitioners, Wave 3 (February - March 2023), Social Life • Created with Datawrapper

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 89% 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.).

89% of the Local Conversations practitioners and 69% of Active Communities programme practitioners answered that the projects have **supported local services.**

78% of the surveyed practitioners involved in the Local Conversations programme and about a third of the practitioners involved in the Active Communities programme reported that the projects have increased their **influence over neighbourhood services.**

89% of the surveyed Local Conversations practitioners and 76% of Active Communities programme practitioners said that the projects have **facilitated new partnerships** between local projects or organisations with common goals or interest.

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 being flexible and establishing good communication with users and wider local communities. Both findings resonate with the evidence gathered in the previous waves.

The Active Communities practitioners listed a range of lessons learnt but three emerged as key – **the importance of being flexible, the importance of listening to the community and the importance of partnerships**. Setting project goals while being aware that adjustments may be needed along the way was a key insight. Practitioners also remarked that their staff need to acknowledge the team's capacity, especially when extra time and support is needed to achieve project goals. Setting up contingency plans, asking for additional funding, and trying out different ways of delivering activities were seen as possible solutions to these challenges.

We put in extra time to help to support people who had additional needs, and introduced a befriending element, such as weekly telephone calls. We sometimes did home visits to talk to service users and their families, and helped people to travel to the project, if they were a bit nervous. This worked really well in maintaining engagement within the group. Regular communication was key, texting people to remind them about activities, and making sure they were at the forefront of decision making.

Active Communities practitioner, February - March 2023

Like in the previous wave, listening to the community was an important lesson for Active Communities practitioners. They mentioned the importance **of taking feedback regularly, supporting users to feel ownership over activities, and facilitating relationship building across the wider community**.

Connecting and sharing […] and encouraging participants to 'spread the word' can help with accommodation, finding tutors and helping participants to return.

Active Communities practitioner, February - March 2023

Learning that the community was facing challenges was an important insight for a few Active Communities practitioners. In some cases, it was noted that the cost-of-living crisis has exacerbated the challenges faced by local groups.

The cost-of-living crisis is having a huge impact on individuals resulting in [our project] providing advice and support to maximize income, assist[ing] with job search, and C.V. as more women want to return to work to make ends meet. We have a directory of local support that individuals can access to alleviate poverty as well as providing in-house support such as food packs, Housing Support Fund payments, food vouchers, and so on.

Active Communities practitioner, February - March 2023

The key lesson learnt by most of the Local Conversations in the past six months was **the benefit of establishing collaborations and partnership working**. Practitioners found that having support from other local organisations allowed projects to have more impact in the community. Also, **recognising participants' achievements had a positive effect, as it helped build up their confidence**. It also allowed participants and practitioners to keep the momentum of the projects and to focus on their priorities.

Local Conversations practitioners also learnt that **being flexible with timescales helped the projects stay on track**. They flagged that ensuring good communication across project members and participants was a key aspect. For instance, practitioners noted that clear communication about changes to the project's timescales and about the group's incremental achievements improved overall outcomes.

[Working] in partnerships has been a key learning and will be especially significant to build into the work of our sustainability plans towards the end of the project.

Local Conversations practitioner, February - March 2023

Lessons that we have learnt is that not everything runs according to your timeframe. Making the volunteers and steering group understand that to lay the foundations, especially when securing a building, can take a long time. Having the backing from someone within the local authority and support from your local councillors, especially any one the [executive] board gives you a place where you can influence change and makes things happen. Constant feedback, positive and negative, helps the understanding of the process whilst making small changes to help continue the momentum of the project.

Local Conversations practitioner, February - March 2023

5. Conclusion

1. Key impact as reported by participants

Local Conversations programme

The research adds to the evidence base for the theory of change by substantiating a series of relationships across all 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 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 experience of community power had a positive impact on participants' wellbeing

Active Communities programme

The research expands 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 community power
- Improved experience of community power has a positive impact on participants' self-rated health

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 Heath Trust. These findings are consistent with the results of the previous two waves of research. The accessibility of nature (parks, gardens, green spaces) and relationships with people appeared as the most important local assets for participants in both programmes.

2. Key changes between Wave 2 and Wave 3

The relationship between **community power and participants' wellbeing** changes from Wave 2 and Wave 3. In Wave 2, the data shows that improved experiences of community power led to improved wellbeing for surveyed participants in both programmes. In Wave 3, this relationship holds true only for Local Conversations participants.

The relationship between **community power and participants' health** also shifted between waves. In Wave 2, the data shows that improved community power led to improved self-reported health only for Active Communities participants. In Wave 3, however, data shows that improved experiences of community power led to improved self-reported health for surveyed participants in both programmes (when we compared people with similar perceptions of general health).

On both programmes, **perceptions of life satisfaction** changed between waves. In Wave 2, 72% of Local Conversations participants and 79% of Active Communities respondents said 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.

Perceptions of general health (self-rated health) also shifted from Wave 2 on both programmes, with a slightly bigger decline for the surveyed participants in Local Conversations. In Wave 2, 53% of Local

Conversations participants rated their health as good or very good, while 43% of Active Communities participants rated their health as good or very good. In Wave 3, 48% of Local Conversations participants rated it as good or very good, and only 40% of Active Communities surveyed participants.

3. Key insights from the practitioner survey

The survey of practitioners substantiates the evidence about what enables and what limits daily life in the areas where the projects are based. The evidence helps us better understand **how lived experience is shaped by multiple intersecting factors**.

Practitioners and participants largely agreed **on the positive impacts the projects have on participants' health and wellbeing, developing skills and improving social connections**. This corroborates the results from the prior waves of this research.

The research also shows the two programmes **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 89% 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.).
- 89% of the Local Conversations practitioners and 69% of Active Communities programme practitioners answered that the projects have supported local services.
- 78% of the surveyed practitioners involved in the Local Conversations programme and about a third of the practitioners involved in the Active Communities programme reported that the projects have increased their influence over neighbourhood services.
- 89% of the surveyed Local Conversations practitioners and 76% of Active Communities programme practitioners said that the projects have facilitated new partnerships between local projects or organisations with common goals or interest.

The survey of practitioners provided insight into **whether local projects were able to return to normal operations once the COVID-19 restrictions had been lifted**. All the Local Conversations practitioners who answered the survey said the projects were running normally, while 90% of the Active Communities practitioners agreed that the projects were back to normal operations (out of 126 who answered the question).

Appendix

1 Benchmarking questions included in the survey of project participants

Sections	Survey question (italics indicate different questions used for England, Scotland and Wales)	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)	Overall, how satisfied or dissatisfied are you with your local area as a place to live?	Community Life Survey (England); National Survey for Wales	IMD quintiles matched to LSOAs		WIMD deciles matched to LSOAs
	Thinking about the neighbourhood you live in, how would you rate it as a place to live - very good to very poor	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
	My local area is a place where people from different backgrounds get on well together.	Community Life Survey (England); National Survey for Wales	IMD quintiles matched to LSOAs		WIMD deciles matched to LSOAs
	This is a neighbourhood where people from different backgrounds get on well together	Scottish Household Survey		SIMD quintiles matched to Data Zones	
Community and individual control	I can personally influence decisions affecting my local area	Community Life Survey (England)	IMD quintiles matched to LSOAs		
	I can influence decisions affecting my local area	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

2. A comparative review of results across the three waves (survey of project participants)

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

Overall programme impact	Evidence base	Wave 2 impact	Combined datasets Wave 1 and Wave 2 impact	Wave 3 impact	Combined datasets Wave 1 - Wave 3 impact
Increase in participants' confidence	Descriptive statistics	**Local Conversations:** 74% of surveyed participants **Active Communities:** 83% of surveyed participants		**Local Conversations:** 75% of surveyed participants **Active Communities:** 92% of surveyed participants	
Learnt or developed new or existing skills	Descriptive statistics	**Local Conversations:** 73% of surveyed participants **Active Communities:** 87% of surveyed participants		**Local Conversations:** 74% of surveyed participants **Active Communities:** 91% of surveyed participants	
Participation had a positive impact on participants' social networks, supporting participants to expand their social links and ties.	Benchmarking analysis, statistical modelling, and descriptive statistics	**Local Conversations:** 89% of surveyed participants agreed that they made new friends by taking part in the project **Active Communities:** 92% of surveyed participants agreed that they made new friends by taking part in the project **Local Conversations and Active Communities programmes:** participation is not a robust predictor for the	• 84% of those surveyed from both programmes agreed that the friendships and associations they had with other people in their neighbourhood meant a lot to them, compared to 49%. [higher than IMD decile 10 for the UK, which is 58%] • 75% of those surveyed from both programmes agreed that they regularly stop and talk with people in their	**Local Conversations:** 89% of surveyed participants agreed that they made new friends by taking part in the project **Active Communities:** 97% of surveyed participants agreed that they made new friends by taking part in the project **Local Conversations and Active Communities programmes**: model shows that increased participation has some impact on the strength of	•84% of surveyed participants from both programmes agreed that the **friendships and associations they had 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. [higher than IMD decile 10 for the UK, which is 58%] •78% of those surveyed from both programmes agreed that they **regularly stop and talk with people in their neighbourhood**, compared to 57%.

		strength of participants' social networks.	neighbourhood, compared to 57%. [higher than IMD decile 10 for the UK, which is 66%] •55% of those surveyed from both programmes agreed that they borrow things and exchange favours with my neighbours, compared to 32%. [higher than IMD decile 10 for the UK, which is 43%] Local Conversations and Active Communities programmes: participation is not a robust predictor.	participants' social networks.	[higher than IMD decile 10 for the UK, which is 66%] •62% of those surveyed from both programmes agreed that they **borrow things and exchange favours with my neighbours**, compared to 32%. [higher than IMD decile 10 for the UK, which is 43%] **Local Conversations and Active Communities programmes:** model shows that increased participation has some impact on the strength of participants' social networks.
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.	Benchmarking analysis		• 77% of those surveyed from both programmes agreed that **people in their neighbourhood can be trusted**, compared to 56% [benchmarked against England only]. [nearly equal to IMD quintile 3 for England, which is 76%] • 76% of those surveyed from both programmes agreed that **they feel they belong to their neighbourhood**, compared to 56%.		•76% of those surveyed from both programmes agreed that **people in their neighbourhood can be trusted**, compared to 56% [benchmarked against England only]. [equal to IMD quintile 3 for England, which is 76%] •76% of those surveyed from both programmes agreed that **they feel they belong to their neighbourhood**, compared to 56%. [higher than IMD decile 10 for the UK, which is 71%]

			[higher than IMD decile 10 for the UK, which is 71%]		
Increased participation had a positive impact on participants' confidence and skills.	Statistical modelling	**Local Conversations:** model shows that increased participation leads to improved confidence and skills. **Active Communities programmes:** participation is not a robust predictor.	**Local Conversations:** model shows that increased participation leads to improved confidence and skills. **Active Communities programmes:** participation is not a robust predictor.	**Local Conversations:** model shows that increased participation leads to improved confidence and skills. **Active Communities programmes:** participation is not a robust predictor.	**Local Conversations:** model shows that increased participation leads to improved confidence and skills. **Active Communities programmes:** participation is not a robust predictor.
Increased participation had a positive impact on participants' community power.	Statistical modelling and descriptive statistics	**Local Conversations:** 70% of surveyed participants agreed became more involved in wider community action as a result of participating in the project. **Active Communities:** 78% of surveyed participants agreed became more involved in wider community action as a result of participating in the project	**Local Conversations and Active Communities programmes**: Model shows that increased participation leads to increased experiences of community power.	**Local Conversations:** 74% of surveyed participants agreed became more involved in wider community action as a result of participating in the project **Active Communities:** 82% of surveyed participants agreed became more involved in wider community action as a result of participating in the project	**Local Conversations and Active Communities programmes:** model shows that increased participation leads to improved experiences of community power.
Stronger social networks, improved confidence and skills and more cohesive communities had a positive impact on participants'	Statistical modelling	**Local Conversations and Active Communities programmes:** model shows that stronger social networks, improved confidence and skills and more cohesive communities lead to increased	**Local Conversations and Active Communities programmes:** model shows that stronger social networks, improved confidence and skills and more cohesive communities lead to increased	**Local Conversations and Active Communities programmes:** model shows that stronger social networks, improved confidence and skills and more cohesive communities lead to increased experiences of community power.	**Local Conversations and Active Communities programmes:** model shows that stronger social networks, improved confidence and skills and more cohesive communities lead to increased experiences of community power.

community power.		experiences of community power.	experiences of community power.		
Improved 'confidence and skills' factor and 'feelings of belonging' factor had a positive impact on participants' wellbeing.	Statistical modelling	**Local Conversations:** model shows improved 'confidence and skills' and 'feelings of belonging' factors lead to improved wellbeing. **Active Communities:** model shows increased 'confidence and skills' factor leads to improved wellbeing.	**Local Conversations:** model shows improved 'confidence and skills' and 'feelings of belonging' factors lead to improved wellbeing. **Active Communities:** model shows increased 'confidence and skills' factor leads to improved wellbeing.	**Local Conversations:** model shows improved 'confidence and skills' and 'feelings of belonging' factors lead to improved wellbeing. **Active Communities:** model shows improved 'confidence and skills' factor leads to improved wellbeing.	**Local Conversations:** model shows improved 'confidence and skills' and 'feelings of belonging' factors lead to improved wellbeing. **Active Communities:** model shows improved 'confidence and skills' factor leads to improved wellbeing.
Improved community power had a positive impact on participants' wellbeing.	Statistical modelling	**Local Conversations and Active Communities programmes:** model shows that improved experiences of community power leads to improved wellbeing.	**Local Conversations and Active Communities programmes:** model shows that improved experiences of community power leads to improved wellbeing.	**Local Conversations:** model shows improved experiences of community power leads to improved wellbeing. **Active Communities:** community power is not a robust predictor.	**Local Conversations:** model shows improved experiences of community power leads to improved wellbeing. **Active Communities:** community power is not a robust predictor.
Improved community power had a positive impact on participants' health.	Statistical modelling	**Active Communities:** improved community power leads to improved self-reported health. **Local Conversations:** community power is not a robust predictor for improved self-reported health.	**Active Communities:** improved community power had leads to improved self-reported health. **Local Conversations:** community power is not a robust predictor.	**Active Communities:** improved community power leads to improved self-reported health. **Local Conversations:** 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.	**Active Communities:** improved community power leads to improved self-reported health. **Local Conversations:** 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.
Participants had more positive	Benchmarking analysis		• 81% of those surveyed agreed that **when people in their**		•80% of those surveyed from both programmes agreed that when people in their area get

perceptions of community power than people living in areas with similarly high levels of disadvantage.			**area get involved in their local community, they really can change the way that their area is run**, compared to 51%. [higher than IMD quintile 5 for England, which is 56%] • 86% of those surveyed from both programmes agreed that **they would be willing to work together with others on something to improve their neighbourhood**, compared to 59%. [higher than IMD decile 10 for the UK, which is 71%]		involved in their local community, they really can change the way that their area is run, compared to 51%. [higher than IMD quintile 5 for England, which is 56%] •74% of those surveyed from both programmes agreed that they would be willing to work together with others on something to improve their neighbourhood, compared to 59%. [higher than IMD decile 10 for the UK, which is 71%]
Safety after dark	Benchmarking analysis and descriptive statistics	**Local Conversations:** 63% of surveyed participants reported they felt safe walking alone in their area after dark. **Active Communities:** 57% of surveyed participants reported they felt safe walking alone in their area after dark.	• 60% of those surveyed from both programmes agreed that they **feel safe walking alone in their area after dark**, compared to 84% of the people living in areas with similarly high levels of disadvantage in the UK.	**Local Conversations:** 64% of surveyed participants reported they felt safe walking alone in their area after dark. **Active Communities:** 54% of surveyed participants reported they felt safe walking alone in their area after dark.	• 60% of those surveyed from both programmes agreed that they **feel safe walking alone in their area after dark**, compared to 84% of the people living in areas with similarly high levels of disadvantage in the UK.
Life satisfaction	Benchmarking analysis and descriptive statistics	**Local Conversations:** 72% of surveyed participants said they were satisfied with life nowadays.	• 67% of surveyed participants gave a positive response when asked how satisfied or dissatisfied they were	**Local Conversations:** 65% of surveyed participants said they were satisfied with life nowadays.	• 66% of surveyed participants gave a positive response when asked how satisfied or dissatisfied they were with life compared to 66% of the people

		Active Communities: 79% of surveyed participants said they were satisfied with life nowadays.	with life nowadays compared to 66% of the people living in areas with similarly high levels of disadvantage in the UK.	**Active Communities:** 62% of surveyed said they were satisfied with life nowadays.	living in areas with similarly high levels of disadvantage in the UK.
Participants had more positive perceptions of the 'wellbeing' factor (short version of the Warwick-Edinburgh Mental Wellbeing Scale, SWEMWBS) than people living in areas with similarly high levels of disadvantage.	Benchmarking analysis				•43% of those surveyed from both programmes rated "I've been feeling optimistic about the future" as positive compared to 30% of the people living in areas with similarly high levels of disadvantage in the UK. [higher than IMD decile 10 for the UK, which is 38%] •53% of those surveyed from both programmes rated "I've been feeling useful" as positive compared to 41%. [nearly equal to IMD decile 10 for the UK, which is 54%] •44% of those surveyed from both programmes rated "I've been feeling relaxed" as positive compared to 38% [nearly equal to IMD decile 9 for the UK, which is 43%] •48% of those surveyed from both programmes rated "I've been dealing with problems well" as positive compared to 47%. •54% of those surveyed from both programmes rated "I've

					been thinking clearly" as positive compared to 52%. •55% of those surveyed from both programmes rated "I've been feeling close to other people" as positive compared to 48%. [equal to IMD decile 8 for the UK, which is 55%] •65% of those surveyed from both programmes rated "I've been able to make up my own mind about things" as positive compared to 65%.
Self-rated health	Benchmarking analysis and descriptive statistics	**Local Conversations:** 53% of surveyed participants rated it as good or very good. **Active Communities:** 43% of surveyed participants rated it as good or very good.	•50% of those surveyed from both programmes rated their general health as good or very good, compared to 78% of the people living in areas with similarly high levels of disadvantage in the UK.	**Local Conversations:** 48% of surveyed participants rated it as good or very good. **Active Communities:** 40% of surveyed participants rated it as good or very good.	•51% of those surveyed from both programmes rated their general health as good or very good, compared to 78% of the people living in areas with similarly high levels of disadvantage in the UK.

3. 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)	5.45	0.28		0.00
Have been involved 1 month or more but less than a year	0.93	0.32	0.19	0.00
Have been involved 1 year or more but less than 3 years	1.05	0.31	0.25	0.00
Have been involved more than 3 years	1.10	0.31	0.27	0.00
I participate regularly in activities but not in steering or core group meetings	1.38	0.18	0.34	0.00
I participate in steering or core group meetings and other project activities regularly	1.83	0.20	0.43	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 3), Dependent Variable: 'Confidence and skills' factor, R Square = 0.187

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

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	6.14	0.22		0.00
Have been involved 1 month or more but less than a year	0.23	0.25	0.06	0.36
Have been involved 1 year or more but less than 3 years	0.39	0.24	0.11	0.12
Have been involved more than 3 years	0.92	0.25	0.28	0.00
I participate regularly in activities but not in steering or core group meetings	0.71	0.15	0.22	0.00
I participate in steering or core group meetings and other project activities regularly	1.14	0.16	0.33	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 3), Dependent Variable: 'Community power' factor, R Square = 0.153

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	0.29		0.00
Have been involved 1 month or more but less than a year	0.15	0.31	0.05	0.63
Have been involved 1 year or more but less than 3 years	0.17	0.31	0.06	0.57
Have been involved more than 3 years	0.20	0.31	0.06	0.51
I participate regularly in activities but not in steering or core group meetings	0.44	0.18	0.15	0.02
I participate in steering or core group meetings and other project activities regularly	1.16	0.20	0.37	0.00

Active Communities participants, combined dataset (Wave 1 - Wave 3), Dependent Variable: 'Community power' factor, R Square = 0.082

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)	17.25	1.05		0.00
Social connectedness factor	-0.29	0.20	-0.09	0.15
Confidence and skills factor	0.67	0.12	0.25	0.00
Feelings of belonging factor	0.65	0.17	0.22	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 3), Dependent Variable: SWEMWEBS. R Square = 0.103

Figure 5. Relationship between 'confidence and skills' and 'feelings of belonging' factors and wellbeing (for participants in Active Communities projects).

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	16.34	1.61		0.00
Social connectedness factor	0.45	0.24	0.12	0.06
Confidence and skills factor	0.47	0.18	0.15	0.01
Feelings of belonging factor	0.15	0.19	0.05	0.44

Active Communities participants, combined dataset (Wave 1 - Wave 3), Dependent Variable: SWEMWEBS. R Square = 0.059

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)	0.72	0.18		0.00
Social connectedness factor	0.34	0.03	0.35	0.00
Confidence and skills factor	0.27	0.02	0.34	0.00
Feelings of belonging factor	0.29	0.03	0.33	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 3), Dependent Variable: Community power factor. R Square = 0.697

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)	1.19	0.28		0.00
Social connectedness factor	0.34	0.04	0.35	0.00
Confidence and skills factor	0.16	0.03	0.20	0.00
Feelings of belonging factor	0.30	0.03	0.36	0.00

Active Communities participants, combined dataset (Wave 1 - Wave 3), Dependent Variable: Community power factor. R Square = 0.552

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)	17.30	0.95		0.00
Community power	0.99	0.13	0.30	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 3), Dependent Variable: SWEMWEBS. R Square = 0.09

Figure 9. Relationship between the 'community power' factor and self-rated health (for participants in Local Conversations).

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	

(Constant)	3.63	0.16		0.00
Health conditions	-0.55	0.04	-0.54	0.00
Community power	0.11	0.02	0.20	0.00

Local Conversations participants, combined dataset (Wave 1 - Wave 3), Dependent Variable: Self-rated health. R Square = 0.327

Figure 10. Relationship between the 'community power' factor and self-rated health (for participants in Active Communities).

	Unstandardized Coefficients		Standardized Coefficients	Sig.
	B	Std. Error	Beta	
(Constant)	1.90	0.23		0.00
Community power	0.21	0.03	0.32	0.00

Active Communities participants, combined dataset (Wave 1 - Wave 3), Dependent Variable: Self-rated health. R Square = 0.102

4. Additional benchmarking analyses based on the combined dataset between nations (waves 1 – 3)

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.[11] 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.

Local Conversations - all three nations

[11] 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

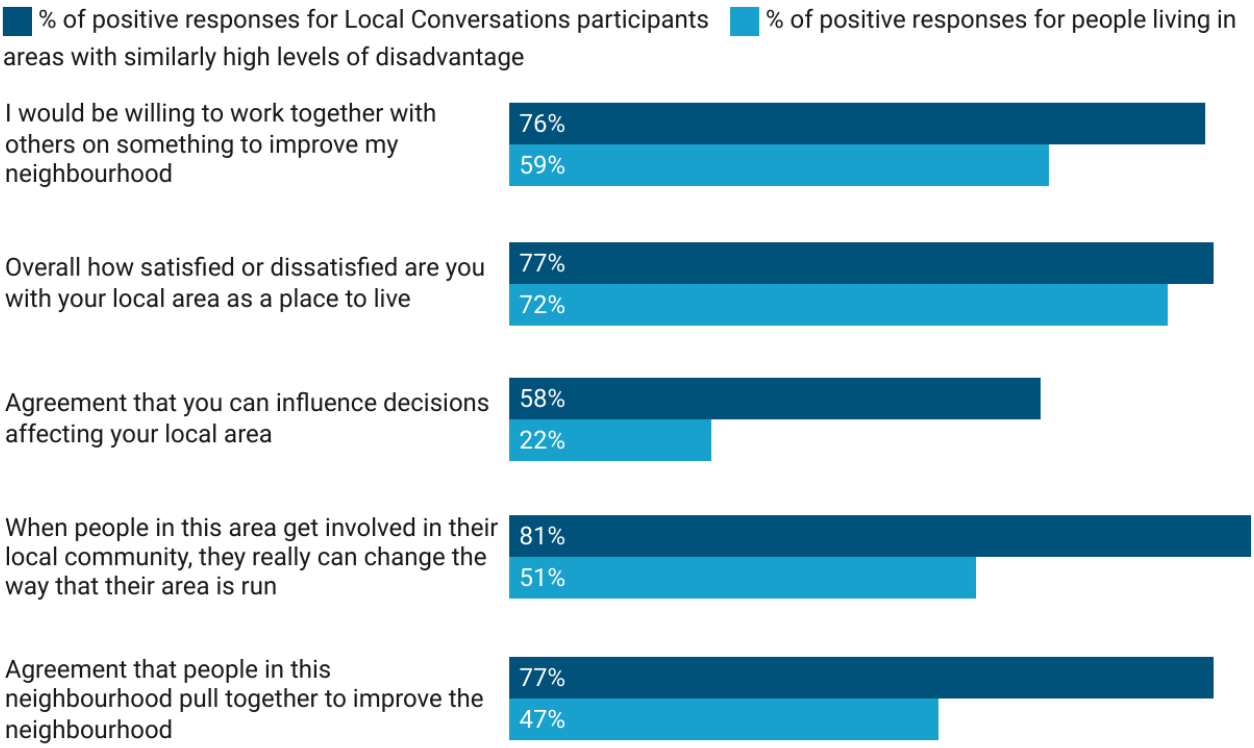


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

'Social connectedness' factor

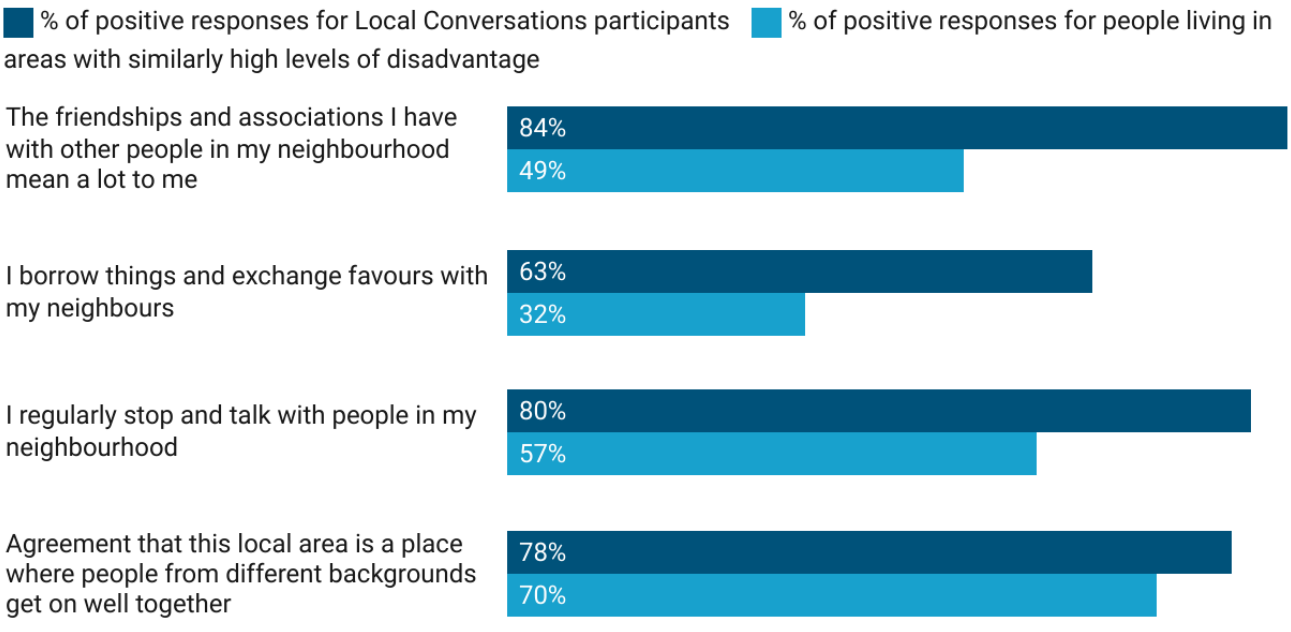
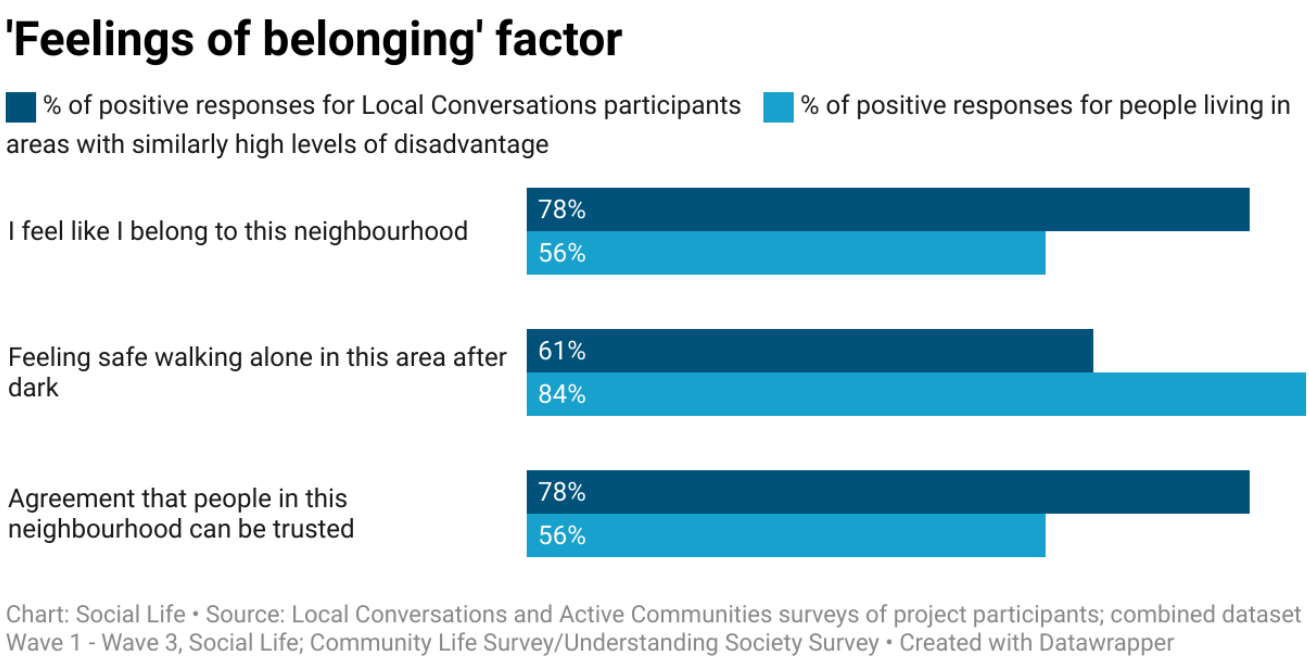


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper



Local Conversations respondents had **similar perceptions of life satisfaction** (66%), and **less positive perceptions of safety after dark** (61% 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.

Local Conversations - ENGLAND[12]

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 (62% compared to 28%)

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 (83% compared to 49%).

[12] 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.

'Community power' factor

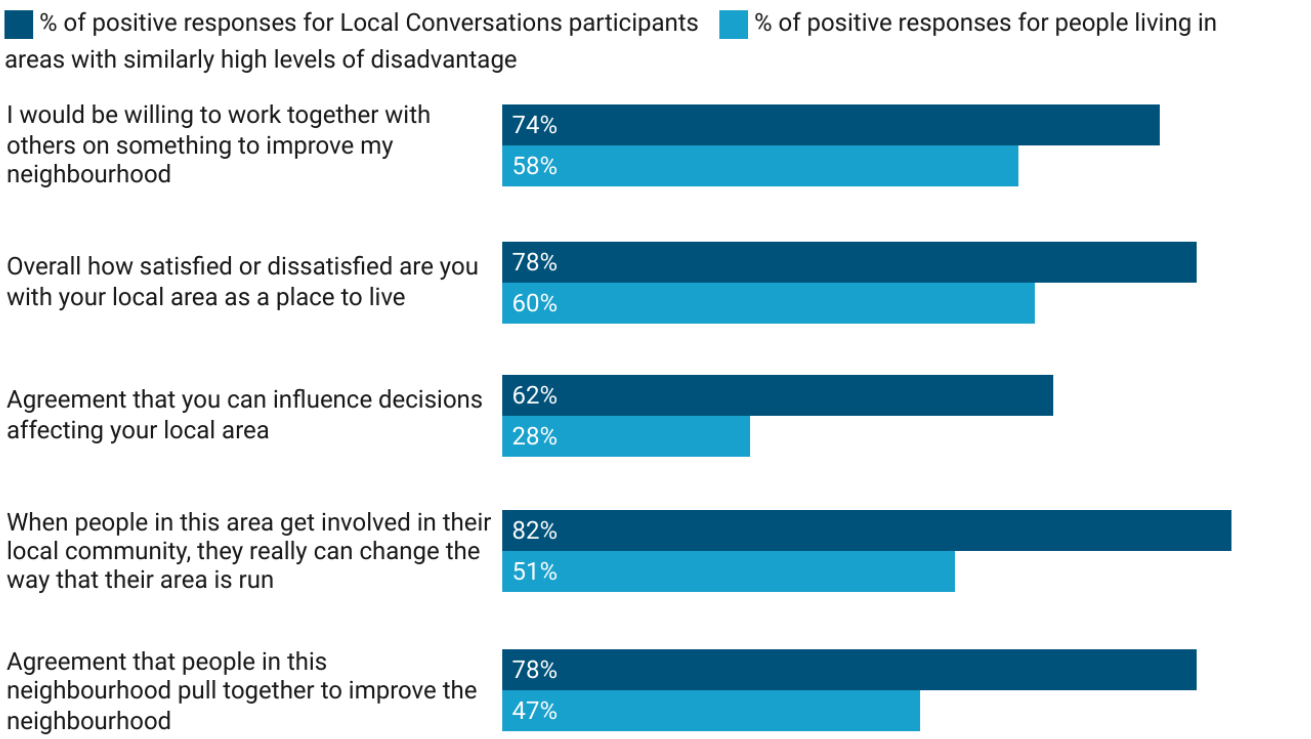


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

'Social connectedness' factor

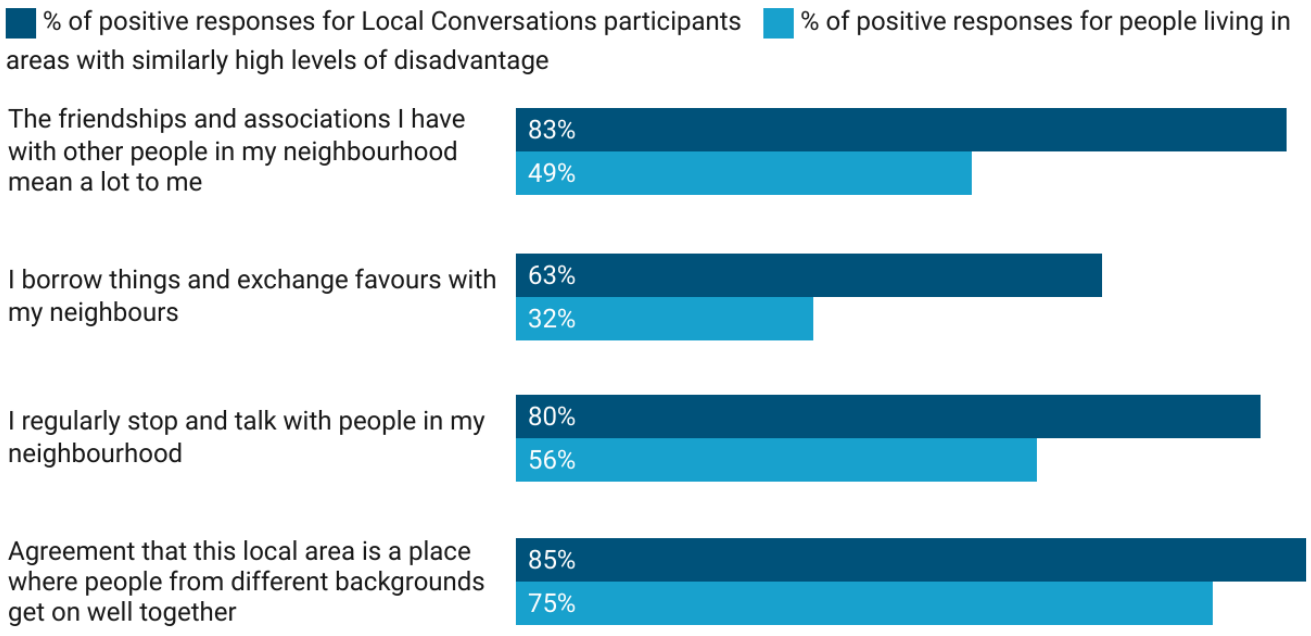
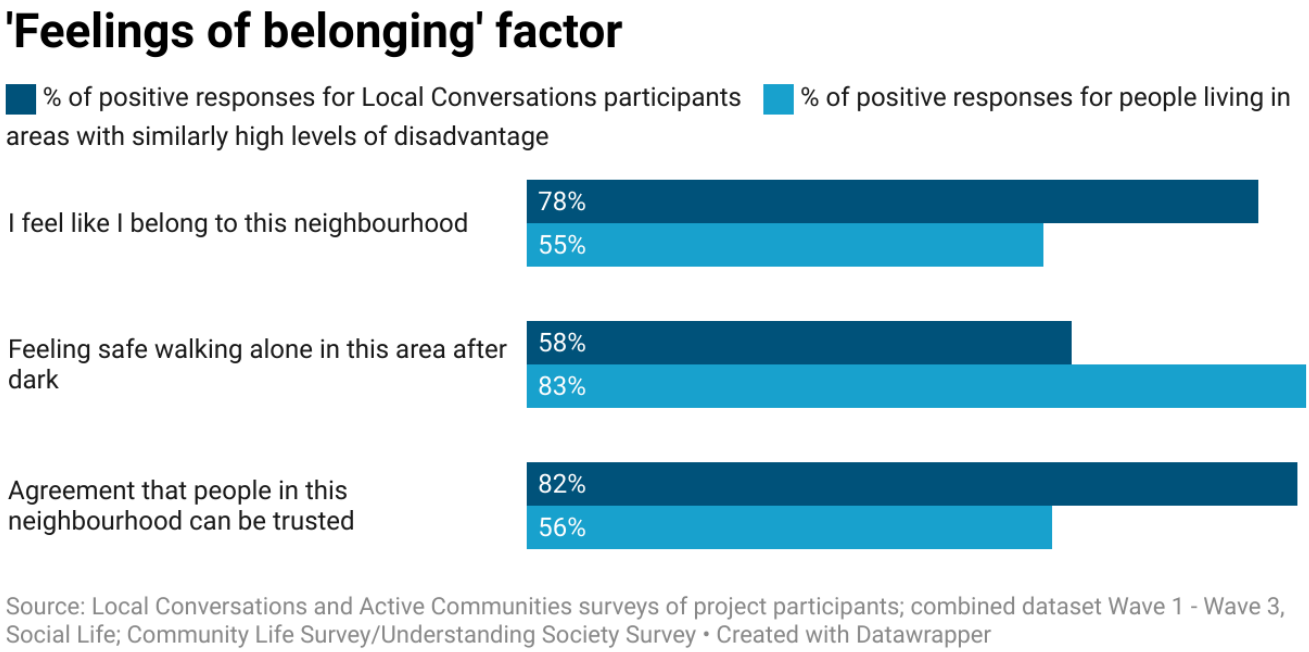


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Participants in the Local Conversations projects in England were **less positive about perceptions of safety after dark** (58% compared to 83%) and **self-rated health** (46% compared to 78%) than respondents living in areas with similarly high levels of disadvantage in England. The surveyed Local Conversations participants had only **slightly more positive perceptions of life satisfaction** compared to respondents living in areas with similarly high levels of disadvantage in England (70% compared to 66%).



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 (63% compared to 17%)

Willingness to work together with others on something to improve the neighbourhood (74% compared to 63%)

The importance of friendships and associations with people in the neighbourhood (80% compared to 51%)

Perceptions of borrowing things and exchanging favours with neighbours (67% compared to 29%).

'Community power' factor

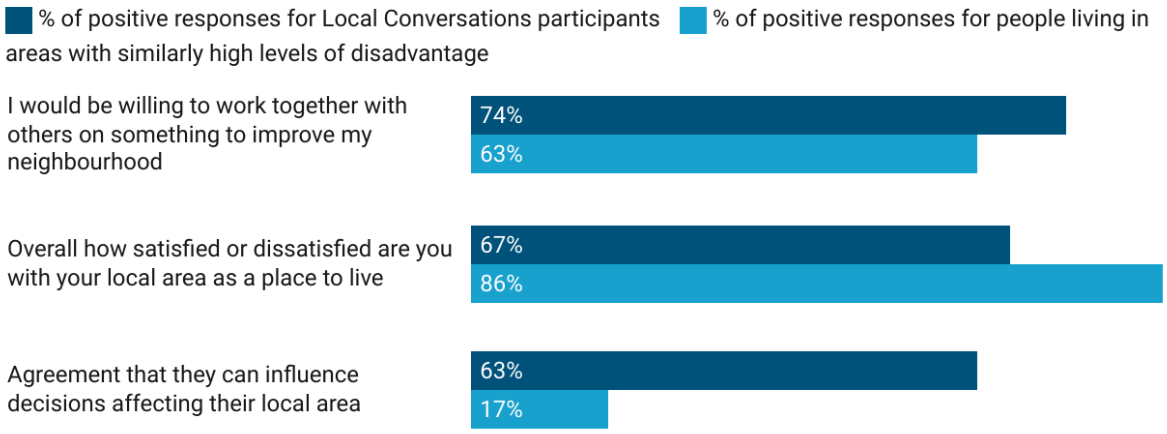


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

'Social connectedness' factor

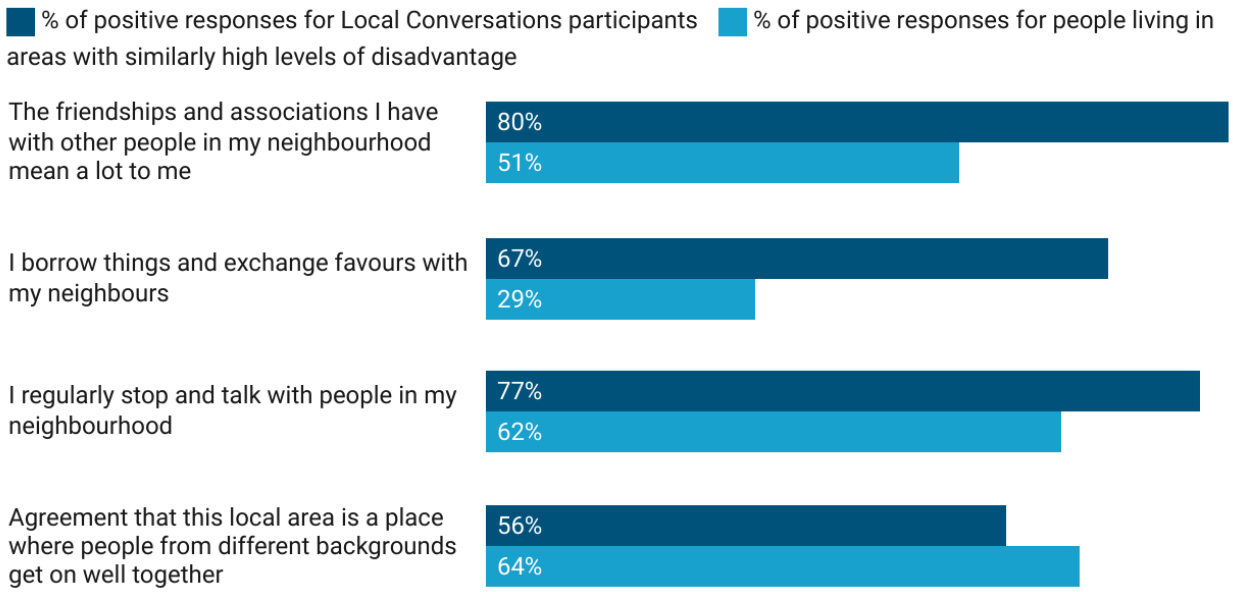
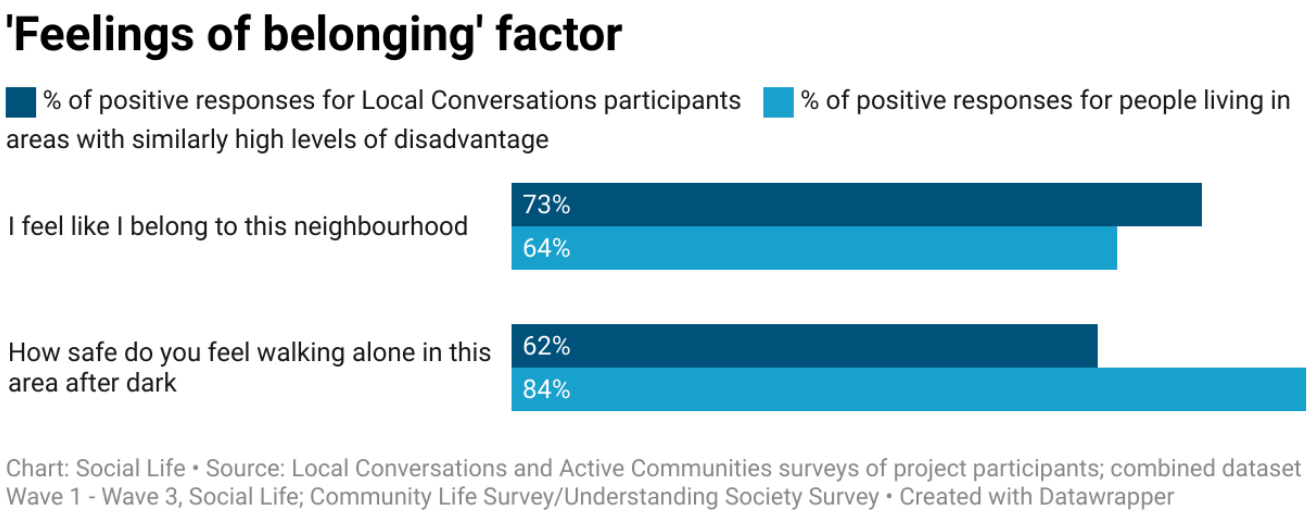


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

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** (40% 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.



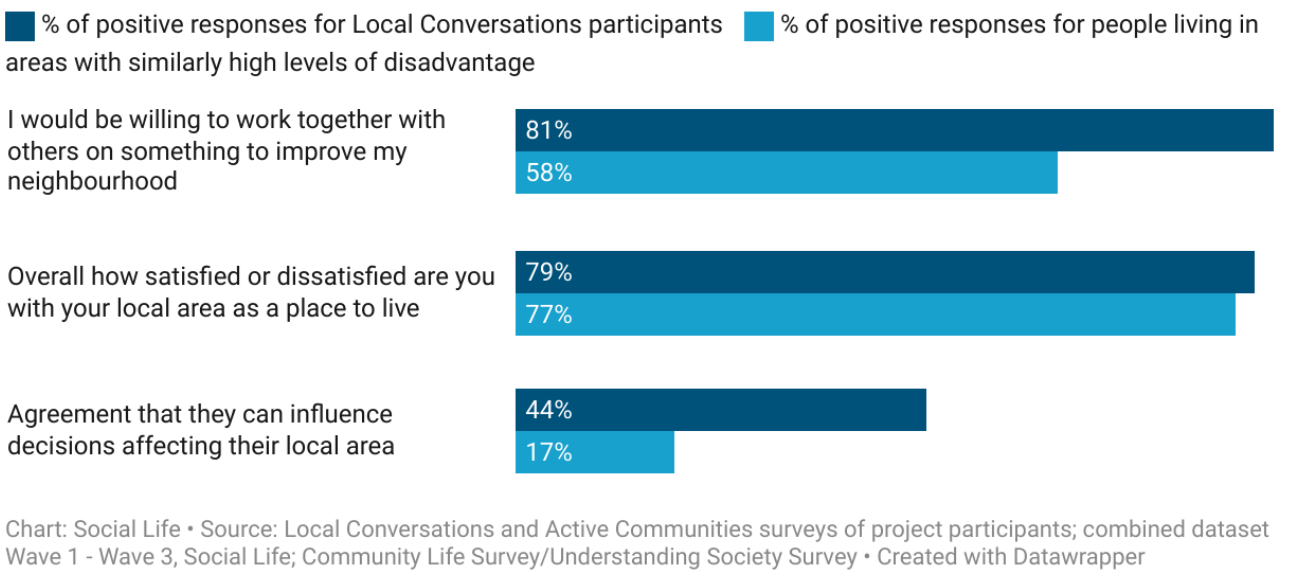
Local Conversations - WALES

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 (44% compared to 17%)

Willingness to work together with others on something to improve the neighbourhood (81% compared to 58%)

The importance of friendships and associations with people in the neighbourhood (87% compared to 50%).



Participants in the Local Conversations projects in Wales reported **less positive perceptions of safety after dark** (68% compared to 88%), and **self-rated health** (66% compared to 74%) than respondents living in areas with similarly high levels of disadvantage in Wales.

'Social connectedness' factor

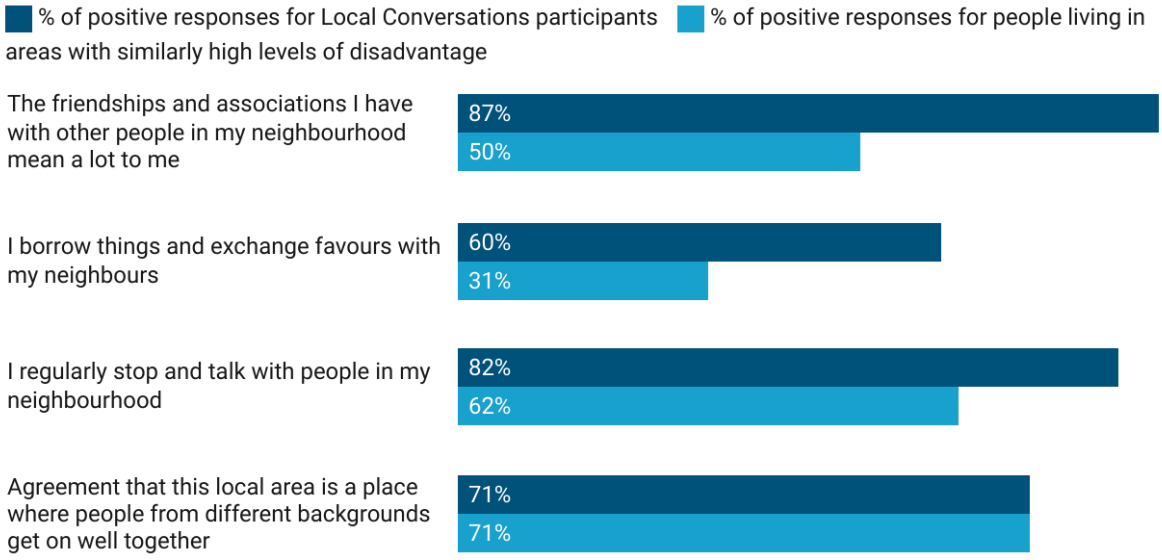


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

'Feelings of belonging' factor

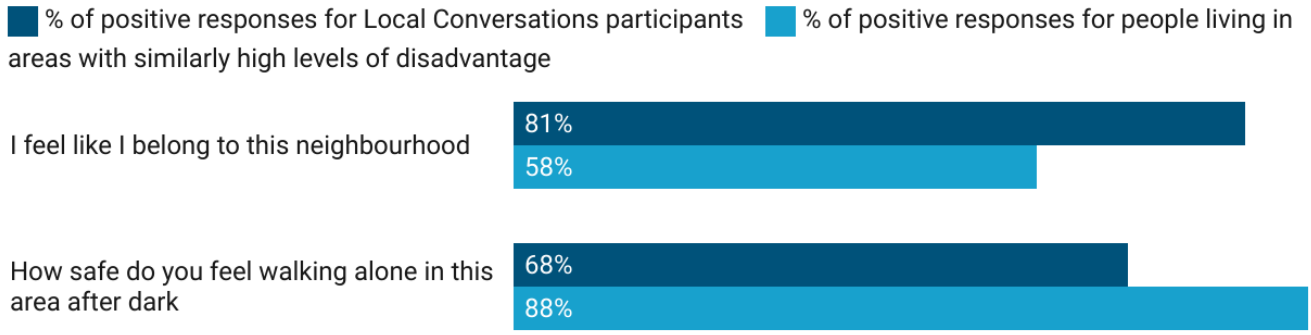


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

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

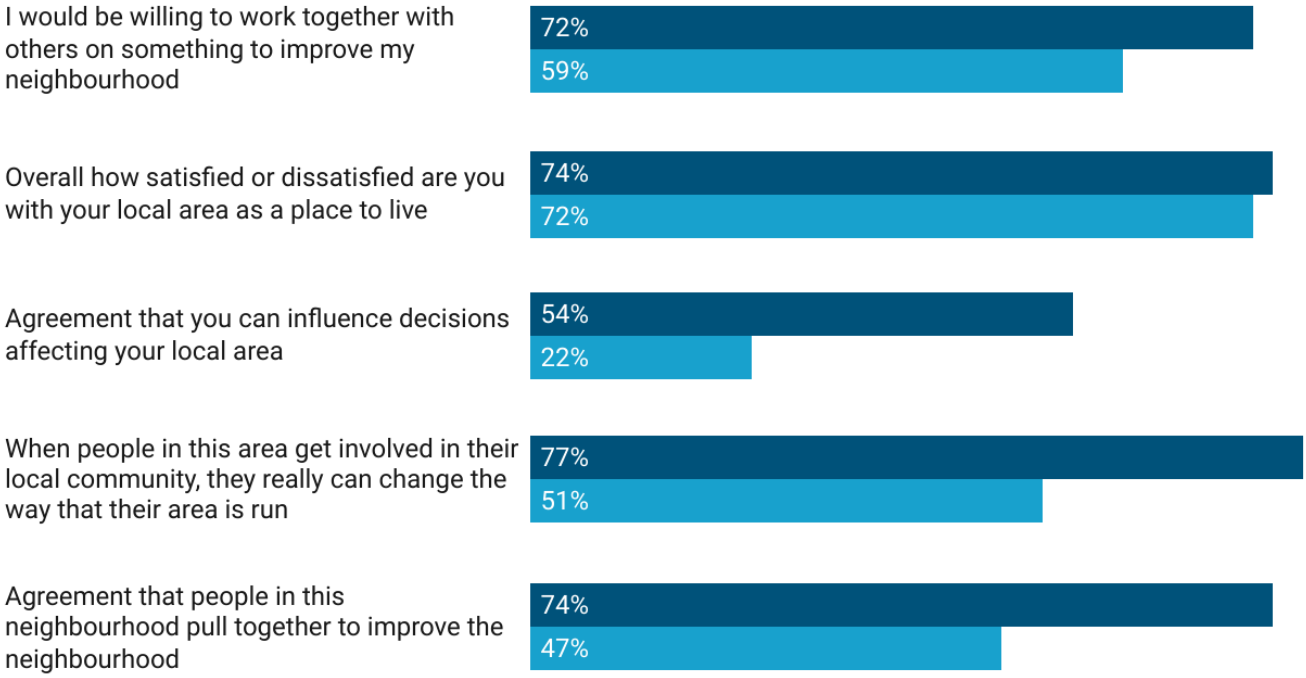


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

'Social connectedness' factor

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

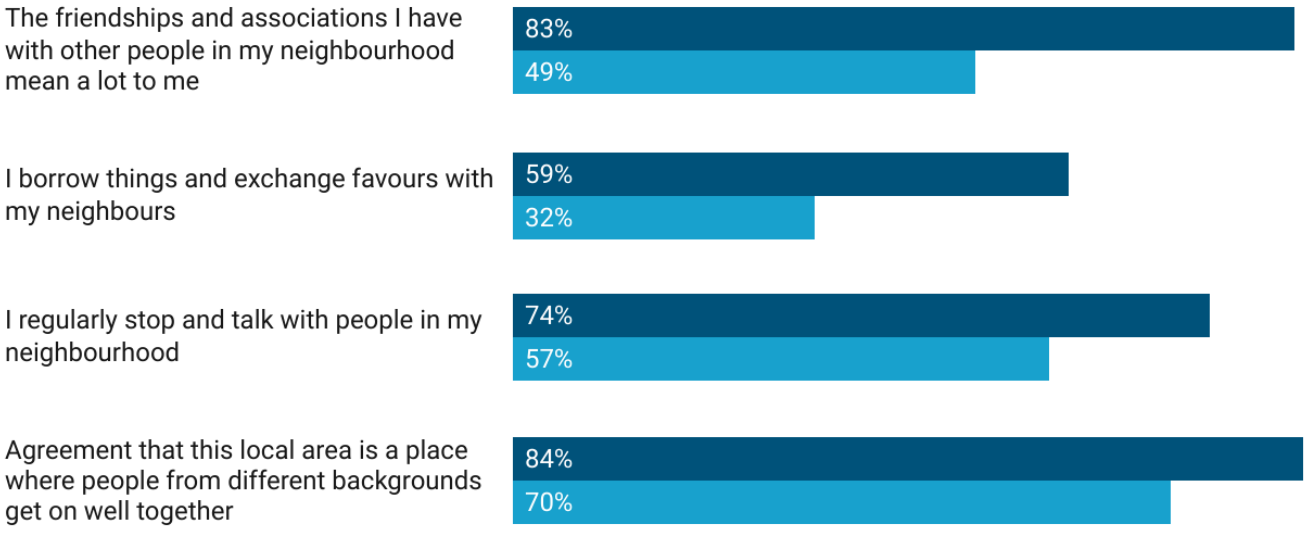
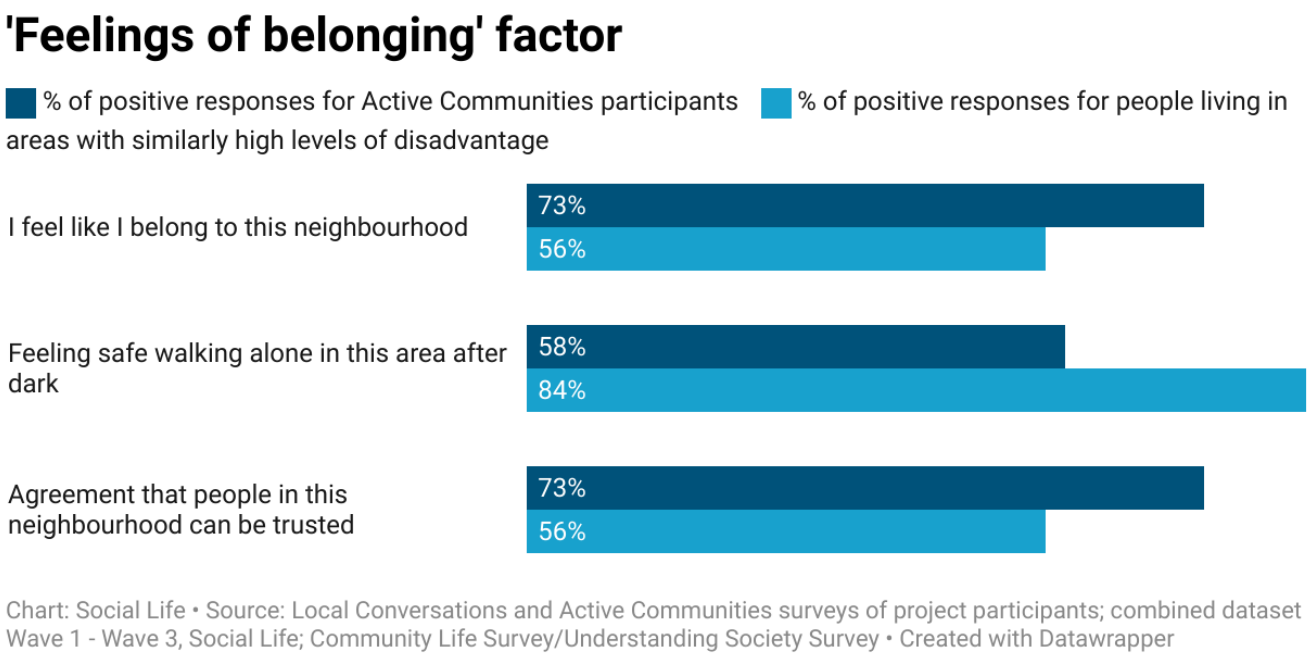


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Similar to the Local Conversations benchmarking, Active Communities respondents had **less positive perceptions of safety after dark**, **self-rated health** (48% compared to 78%) and roughly similar **perceptions of life satisfaction** (65% compared to 66%) than people living in areas with similarly high levels of disadvantage in the UK.



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 (55% compared to 28%)

Willingness to work together with others on something to improve the neighbourhood (72% compared to 58%)

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

'Community power' factor

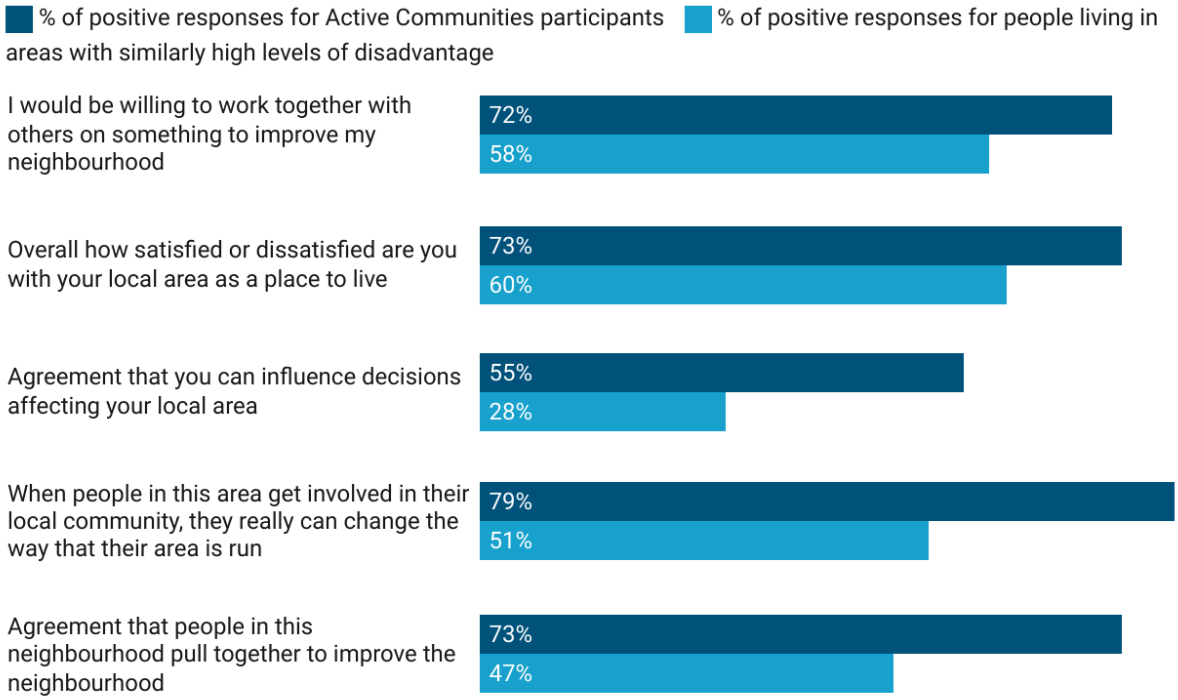


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

'Social connectedness' factor

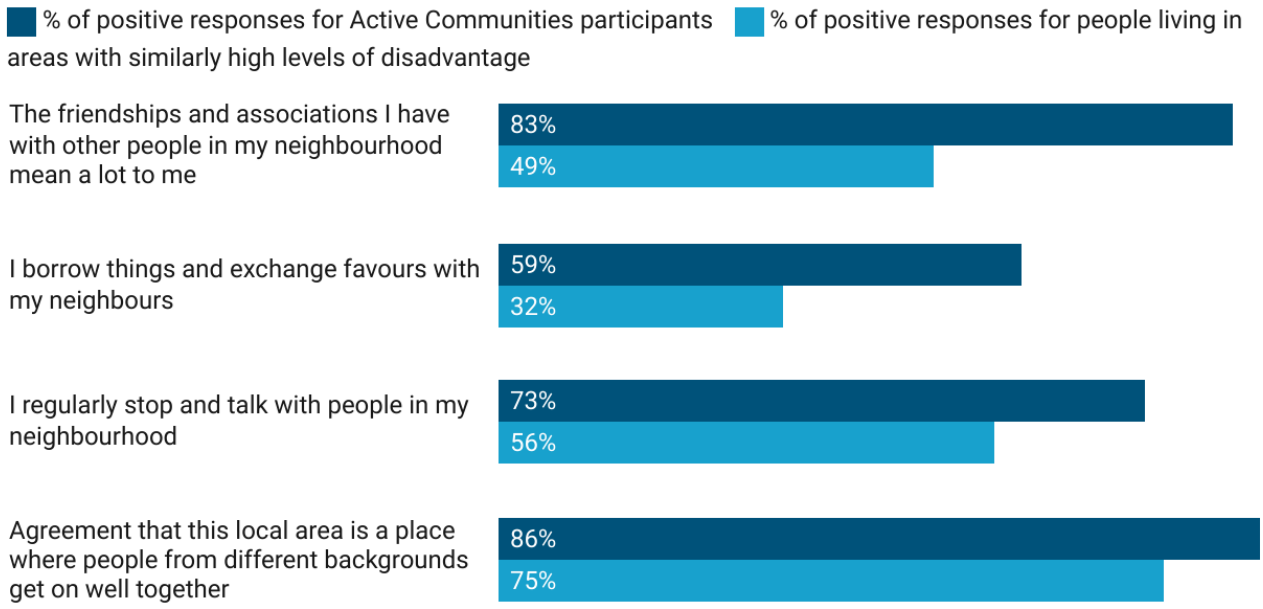
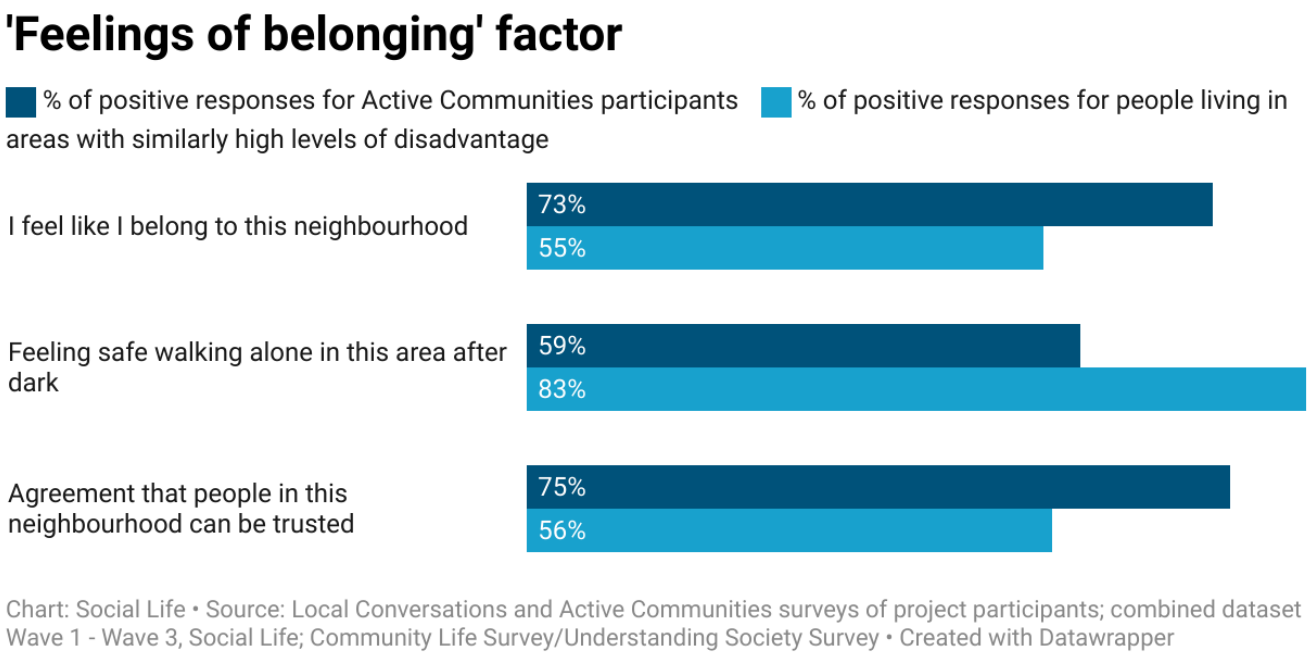


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Participants in the Active Communities projects in England reported **less positive perceptions of safety after dark** (59% compared to 83%), **self-rated health** (49% compared to 78%) and similar **perceptions of life satisfaction** (66%) compared to respondents living in areas with similarly high levels of disadvantage in England.



SCOTLAND

Across the three waves of data collection a few Active Communities projects based in Scotland were included. However, the sample for Active Communities projects for Scotland remains too small to ensure robust benchmarking. A Scotland-based strand of research might be needed to increase the reliability of benchmarking analyses.

WALES

The combined sample (wave 1 – wave 3) for Active Communities projects based in Wales is also relatively small (total respondents ranging from 12 to 38 depending on the question). Overall, 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

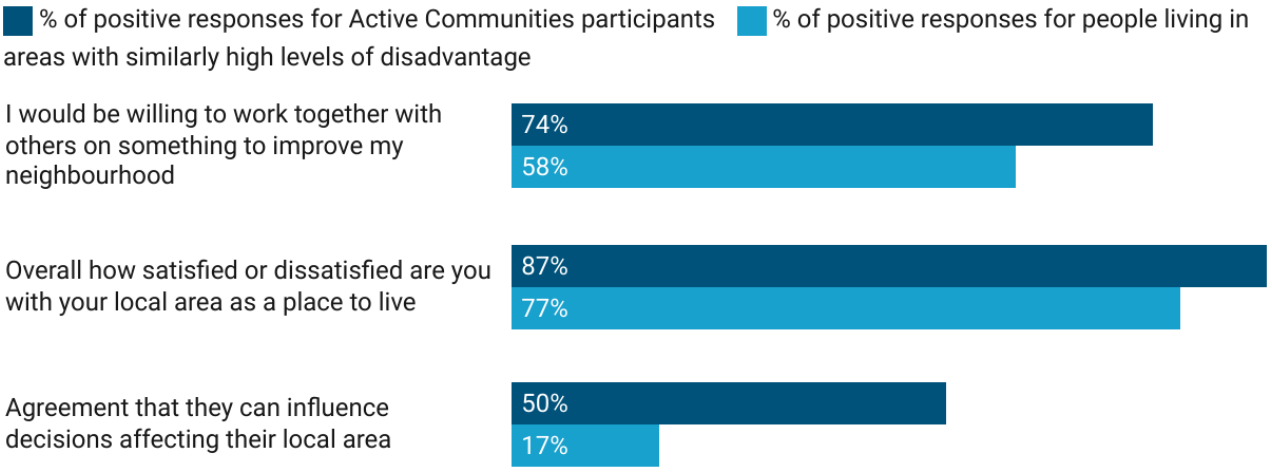


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

'Social connectedness' factor

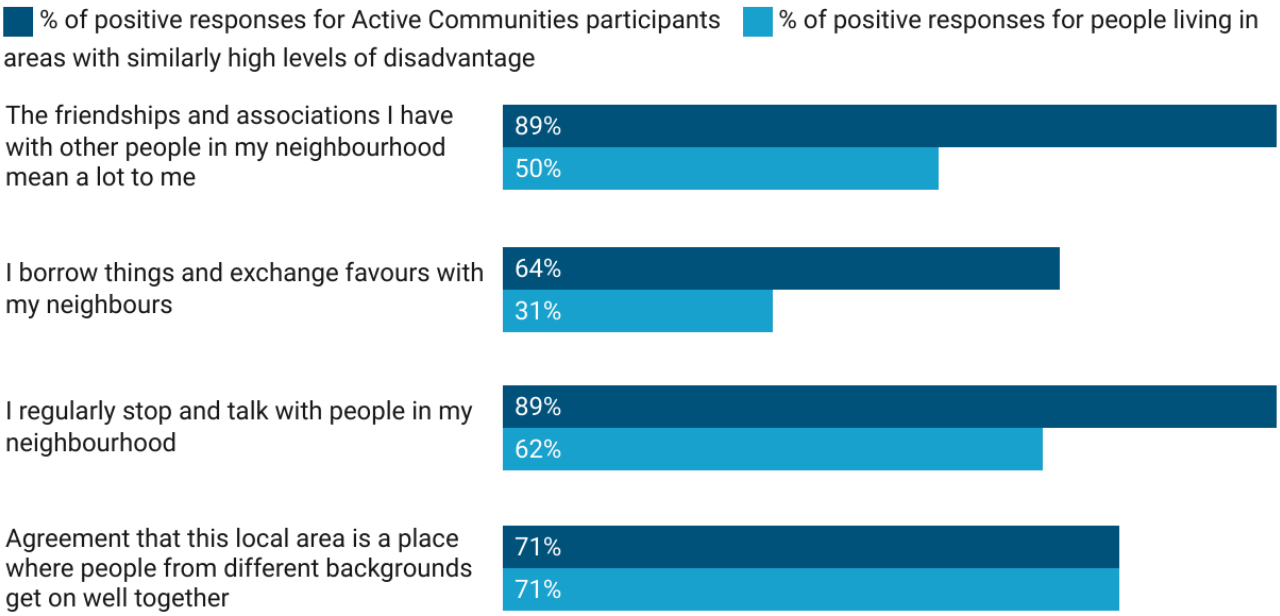


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

Participants in the Active Communities projects in Wales were less positive about **safety after dark** (51% compared to 88%), **self-rated health** (42% 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

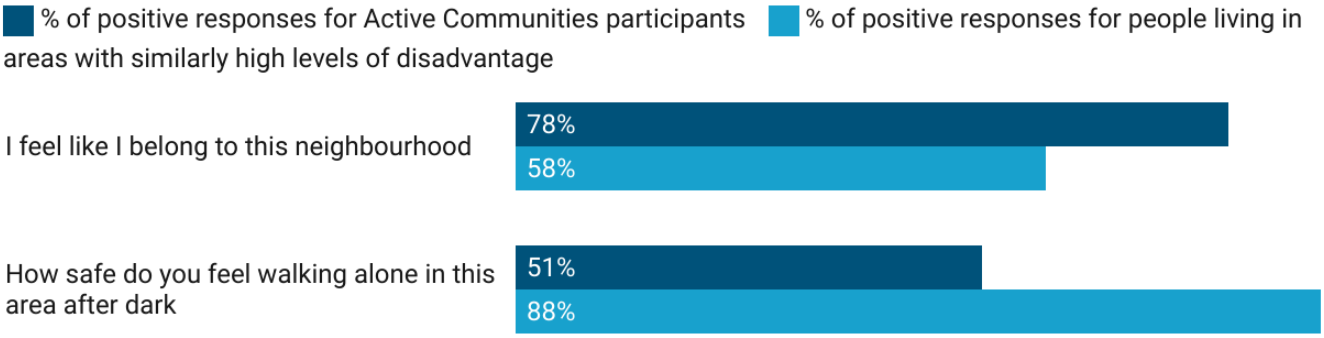


Chart: Social Life • Source: Local Conversations and Active Communities surveys of project participants; combined dataset Wave 1 - Wave 3, Social Life; Community Life Survey/Understanding Society Survey • Created with Datawrapper

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.

www.social-life.co @SL_Cities

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.

www.peopleshealthtrust.org.uk @Peoples_health

Registered Charity number England and Wales:1125537 Scotland: SC039848

Report commissioned by People's Health Trust