Multisector collaboration to improve community wellbeing: pre-pandemic evidence review

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Contents

Introduction

The **Wales Centre for Public Policy** (WCPP) and the **Resourceful Communities Partnership** (RCP) have been working together on research to better understand the role of **multisector collaboration in improving community action and wellbeing**. The project responds to interest across the RCP in determining not only what makes collaboration effective but also how it can be developed and enhanced in specific contexts. While existing research sheds light on what successful collaboration looks like, less is known about how to initiate and sustain collaboration where ideal 'ingredients' are absent or harder to achieve. Thus, this project focuses on identifying tangible actions to develop collaboration suited to different contexts and aims.

The project had two phases. Phase one entailed a review of evidence published since the start of the Covid-19 pandemic on how **multisector collaboration can support community action and wellbeing**, drawing from practice-based case studies, UK-based grey literature, and academic literature. To accompany this review and locate its findings within wider evidence on what makes multisectoral collaboration effective in supporting community action and wellbeing, the team commissioned the Centre for Health Promotion Research (CHPR) at Leeds Beckett University to review the pre-pandemic research evidence base. This report summarises the findings from that review.

It begins by outlining the methods used for the evidence review (further details on methods are provided in Appendix A). The findings section reports on ten factors supporting multisector collaboration and provides examples of established collaboration models under four categories: Strengthening communities; Collaborations and partnerships; Volunteer and peer roles; Access to community resources. Each heading includes summaries of key messages and links for further reading.

Phase two involved a workshop to engage with key findings from the evidence reviews, explore their relevance to different practice and policy contexts, and incorporate practice-based experience and expertise into the phase one evidence base. Insights from the workshop on how multisector collaboration can support community action and wellbeing are detailed in the main report, **Multisector collaboration to improve community wellbeing**.

Definitions

By **'multisector collaboration'**, we refer to collaboration between the public and community or voluntary sectors (e.g., public services and/or local and national government, with community, voluntary, and third sector organisations or groups). We acknowledge the significance and value of collaborations that involve wider sectors (e.g., the private sector). However, the focus of this review, as collaboratively determined, is specifically on public-community sector collaboration.

By **'community action'**, we mean any activities, formal or informal, aimed at supporting the wellbeing of individuals and communities, and undertaken by groups based on shared geography (e.g., neighbourhoods) or shared interests (e.g., hobbies, identities, or life experiences).

By **'wellbeing'**, we mean how people feel emotionally and physically. This encompasses experiences at an individual level (e.g., self-worth, sense of purpose), and at a community level (e.g., social cohesion, support networks/services, or environmental quality). Improving emotional and physical wellbeing is both a motivator and an outcome of the activities explored in this research. However, we recognise that many do not explicitly use the term 'wellbeing', and that emotional and physical experiences are understood and supported in various ways.

Methods

We undertook a rapid review of evidence from research prior to the pandemic on how multisector collaboration involving community and public sector organisations can support community action and community wellbeing outcomes. This included factors aiding its development and establishment; delivery and implementation; helping to sustain multisector collaboration; and overcoming challenges or barriers.

We conducted a thorough search for academic research held on electronic databases and relevant online reports and resources (grey literature) relating to multisector collaboration supporting community action and wellbeing outcomes. We focused particularly on factors, mechanisms, approaches, and activities facilitating various forms of collaborative working. This review prioritised existing reviews, process evaluations, and other research that reports in detail on how collaboration is developed and maintained, how these practices facilitate community action and wellbeing outcomes, and what actions can be take when collaboration falters. Further details on the review methods can be found in Appendix A.

A total of 718 references were screened for inclusion: 641 titles and abstracts from electronic database searches and 77 from other sources. After reviewing abstracts/summaries and assessing against the inclusion and exclusion criteria (see Appendix A), 137 references were deemed relevant to the review. The full-text papers of these 137 articles were retrieved and read in detail. Of these, 46 were found to be relevant (satisfied the inclusion criteria) and were included in this rapid evidence review (see Figure 1).

Findings

The review analysed 46 papers in detail, extracting information on models of or approaches to collaboration, involved parties (public and community sector partners), supported community action types, and the outcomes on wellbeing. It also identified facilitators and barriers to successful collaboration, actions taken when collaboration went awry, and reflections, learning, and recommendations for policy and practice.
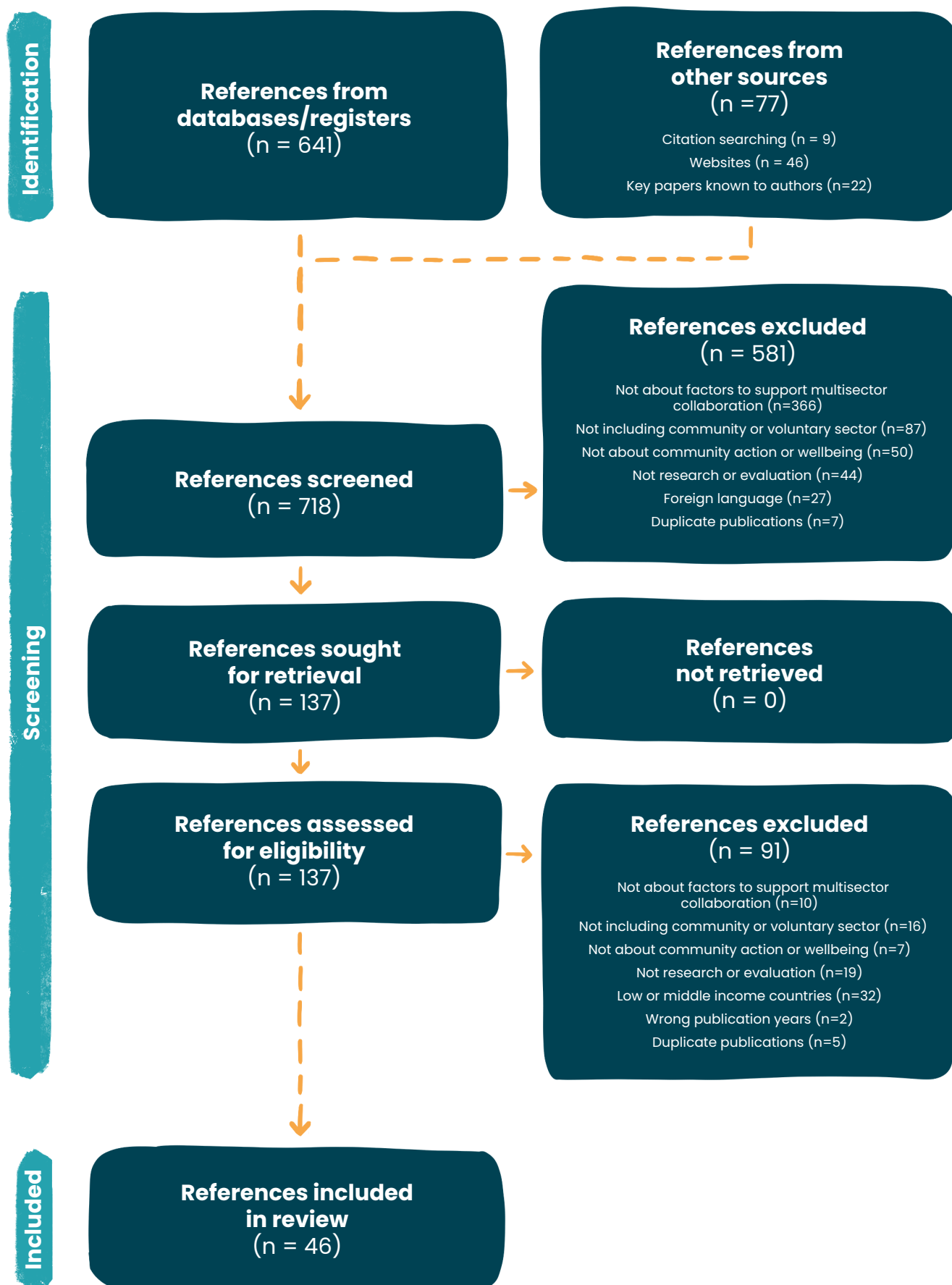
Identification

References from databases/registers
(n = 641)

References from other sources
(n = 77)

Citation searching (n = 9)
Websites (n = 46)
Key papers known to authors (n=22)

Screening

References screened
(n = 718)

References excluded
(n = 581)

Not about factors to support multisector collaboration (n=366)
Not including community or voluntary sector (n=87)
Not about community action or wellbeing (n=50)
Not research or evaluation (n=44)
Foreign language (n=27)
Duplicate publications (n=7)

References sought for retrieval
(n = 137)

References not retrieved
(n = 0)

References assessed for eligibility
(n = 137)

References excluded
(n = 91)

Not about factors to support multisector collaboration (n=10)
Not including community or voluntary sector (n=16)
Not about community action or wellbeing (n=7)
Not research or evaluation (n=19)
Low or middle income countries (n=32)
Wrong publication years (n=2)
Duplicate publications (n=5)

Included

References included in review
(n = 46)

Figure 1: Identification of included references

Factors supporting multisector collaboration

Factors supporting multisector collaboration to support community action and wellbeing were grouped into 10 thematic categories:

1. Quality of existing relationships

2. Establish or build on existing partnerships and networks

3. Actions to promote and support good relationships

4. Deliberate trust building

5. Support, training and capacity building

6. Organisational culture, attitudes and practices

7. Investing in infrastructure and planning for delivery

8. Clarity and transparency about expectations and plans

9. Joint decision making

10. Long term approach

1. Quality of existing relationships

Established long-term relationships of trust, within communities and between organisations in the 'system' (such as local government, NHS, and other health and social care agencies), as well as between the 'system' and communities (including voluntary and community sector organisations), are core mechanisms supporting community action. Relationships within and between all organisations within the wider system, relationships between people at the community level, and relationships between the 'system' and the community (often mediated by community leaders and the VCSE sector) are all crucial. Relationships facilitate collaborative practices, fostering engagement and buy-in based on mutual respect.

- Having good links and networks established is noted as an important facilitator for **community engagement**. Conversely, a history of poor relationships, leading to cynicism and mistrust, can hinder community involvement (Harden et al., 2015) and collaboration among agencies (Alderwick et al., 2021).

- **Local knowledge, enthusiasm, and 'buy-in'** from VCSOs and community leaders at the neighbourhood level are crucial for effective multisector collaboration, enabled by existing high-quality relationships (Community Health Exchange, 2012; Fountain and Hicks, 2010; Harden et al., 2015; Hatzidimitriadou et al., 2012; Lunt et al., 2021).

- Respect – organisations and their staff being **respected and valued** by the community (and vice versa) is a good starting point (Community Health Exchange, 2012; Fountain and Hicks, 2010; Harden et al., 2015; Hatzidimitriadou et al., 2012). If lacking, trust-building processes are essential (see "deliberate trust-building").

- Good quality relationships are supported by inclusive and accessible practices (Community Health Exchange, 2012; Harden et al., 2015; PHE & NHSE 2015), and outreach activities (Harden et al., 2015).

2. Establish or build on existing partnerships and networks
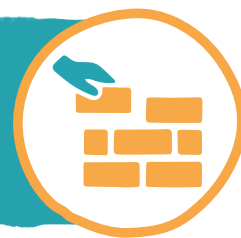
In Harden et al (2015) and other systematic reviews, successful partnerships fostering community engagement included these ingredients:

- being able to reach a **common ground and shared language and understanding**, which could be facilitated **by a co-production approach** (Bagnall et al., 2020; Fountain and Hicks 2010, Hatzidimitriadou et al., 2012; PHE & NHSE 2015)

- setting aside any previous negative experiences and **recognising the contribution** that each side of the partnership can make (Bagnall et al., 2023; Community Health Exchange, 2012; Stansfield et al., 2020)

- **New posts and link roles** developed expressly to overcome organisational barriers (Lunt et al., 2021; Windle et al., 2009).

Existing poor relationships – for example, previous 'tokenistic' involvement not linked to joint decision making, as well as outright antagonism – breeds mistrust, cynicism, and disengagement with any offered support (Harden et al., 2015). New initiatives can be seen as 'just another bandwagon' or as a threat to existing initiatives (see also, **investing in infrastructure and planning for delivery**).

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"Residents have been consulted to death, you know, and 'Do you know what? We would like another bin' and they'd get a bench because that's what the service providers have said... So they just think, well, what's the point of saying anything?... You're not going to listen to me anyway" (Bagnall et al., 2015)

3. Actions to promote and support good relationships

The following are actions that statutory services could potentially take to promote good relationships to support community action:

- **Co-location of organisations and services in shared physical spaces** (also see infrastructure). Windle et al. (2009) note that multi-agency, multidisciplinary teams facilitated easy discussion, mutual respect, and advice and referrals across agencies, which was particularly successful when staff were co-located in a physical space rather than operating as a 'virtual' team.

- **Accountability and good governance.** This includes setting up infrastructure for participation, such as neighbourhood forums, that bring agencies and community members together to develop long-term trusting relationships between and within communities, professionals and organisations (Stansfield et al., 2020). Alderwick et al. (2021) noted that good governance means involving all relevant agencies and staff, including front-line staff and community members, while Harden et al. (2016) noted that unsupportive practices, such as short notice for attending meetings and non-reimbursement of expenses, made building relationships towards joint working more difficult. Strong leadership support and clarity on roles and responsibilities of the agencies involved were also noted as important enabling factors (Alderwick et al., 2021).

- **Regular, open and clear communication.** Alderwick et al. (2021) noted that issues with communication are common, with poor communication making collaboration more challenging. Good communication is open, frequent, involving sharing of information and best practice, and includes setting up infrastructures that allow and encourage the sharing of information, such as protocols for information sharing, regularly scheduled meetings, and committees (formal and informal). This approach was seen in the Age Friendly Cities initiative, where new partnerships formed between communities of older people, schools, businesses, government, and NGOs, helping to build capacity and raise awareness (Bagnall et al., 2020). In one example, Ageing Well in Northumberland, the statutory services' role in sharing information was seen as a 'critical enabler'.

4. Deliberate trust building

Harden et al. (2015) emphasise the need to invest time, effort and resources into building relationships and trust between agencies wishing to engage with communities, and the communities themselves, especially those with difficult past relationships or conflicts with other agencies.

Although there is considerable overlap with **'actions to promote good relationships'**, a very specific process to build trust where it is lacking is described in the **7 step Connecting Communities** (C2) experiential learning programme (Durie, Wyatt & Stuteley, 2004; Durie & Wyatt, 2013):

Step 1   Begin **creation of enabling conditions** and initiating new relationships needed for transformation at strategic, frontline service delivery and community levels. C2 Strategic Steering Group (SSG) and scope the target neighbourhood. Appoint a local C2 facilitator and identify 'key' residents to jointly self-assess baseline community connectivity, hope and aspiration levels.

Step 2   Establish C2 **Partnership Steering Group** (PSG) comprising key frontline service providers and residents, who **share a common interest** in improving the target neighbourhood. Hold connecting workshop and identify team of 6-8 members to attend two-day C2 '1st wave' Experiential Learning Programme (ELP)

Step 3   PSG plans and hosts **Listening Event** (LE) to identify and prioritise neighbourhood social issues and produces report at a feedback event to residents and SSG a week later. Commit to forming and coaching a resident-led partnership to develop an action plan to jointly tackle issues.

Step 4   Constitute the partnership to operate from an **easily accessed hub** in a community setting, opening **clear communication channels** to residents via social media and estate 'walkabouts'. Plan site visits to established C2 community sites and host reciprocal visits. Identify 6-8 new learners to '2nd wave' C2 ELP.

Step 5   Hold monthly **operational partnership meetings** to coordinate LE action plan. Visible celebrate early 'wins', such as successful bids supporting community priorities and promote positive media coverage, leading to increased levels of community confidence, volunteering and momentum towards change. Undertake partnership training where needed to further consolidate resident skills.

Step 6   **Community strengthening evidenced by resident self-organization**, such as establishing new groups for all ages and developing innovative social enterprises. Experience accelerated responses in service delivery leading to increased community trust, cooperation, coproduction and local problem solving.

Step 7   Firmly establish the partnership with an **effective 'voice'**. Move forward on a trajectory of improvement. Fund key residents to coordinate activities. Observe measurable outcomes and evidence of visible transformational change, such as new play spaces, improved environments and reduction in anti-social behaviour, all contributing to measurable health and social improvement with parallel gains for other public services.

5. Support, training and capacity building

Training in co-production and community engagement is important for both organisational staff and for community members participating in multisector collaborations.

- For **staff**, the 'soft skills' that are required for effective collaboration can be developed by training or support/ mentoring:

> **"Developing the skills of staff in building relationships, real listening, responsiveness and 'being real'"** (Hatzimidriaou et al., 2012)

- Mentoring and support for **community members** was also found to be important, to enable them to feel confident in having an equal voice within decision-making bodies (or, in other words, to sit at the 'top table of decision making') and to take an active role in matters that impact on their lives (Fountain and Hicks, 2010; Harden et al., 2015)

Training and capacity building should be **integrated into collaborations and partnerships** as an end goal in itself, rather than merely a means to an end (Alderwick et al., 2021; Bagnall et al., 2020; Harden et al., 2015; South et al., 2021). This is closely linked to the clarity and transparency of the collaboration or partnership's purpose. Some steps found to enhance the positive impact of support, training, and capacity building include:

- **Acknowledgement** of existing capacity and capability within the community and participating organisations (and taking action to build capacity). This is a fundamental aspect of an asset-based approach and involves ongoing discussions about capacity and capability, rather than making assumptions about participating members' existing skills and capabilities (Bagnall et al., 2020). It is also crucial to recognise other responsibilities and demands on people's time – both community members and organisational staff – to gain a clear picture of existing capacity and any additional resources that might be needed (Harden et al., 2015).

- Provision by organisations of appropriate **accessible meeting spaces** and materials for communications – particularly important for community members. It may be necessary to meet in local community spaces rather than central organisational 'office' space if genuine engagement with community organisations and members is the goal (Bagnall et al., 2015; Harden et al., 2015).

- **Flexibility/revision to training schedules and materials** – planned training materials may not suit community members' literacy levels or learning styles, and scheduled training may clash with caring responsibilities or cultural or religious observances. In organisations, staff time needs to be protected for training and engagement as other priorities arise (Bagnall et al., 2015; Harden et al., 2015).

6. Organisational culture, attitudes and practices

Differences in organisational culture, attitudes, and practices between participating organisations can pose potential difficulties in multisector collaborations. Each organisation may encounter resistance to sharing power and control, whether due to governance structures that impede information sharing or strongly held professional beliefs about what is best for the community, or simply unease about adopting a different approach. Strong commitment and 'buy-in' to a shared purpose from each participating organisation can overcome this potential barrier, facilitated by collaboration and power sharing being a stated requirement by funders and commissioners.

- **Organisational commitment** – Harden et al. (2015) found that a lack of organisational commitment (and associated lack of dedicated staff, time, and money) was a significant barrier to effective engagement (Robinson et al., 2010). Other reviews highlighted commitment at a leadership level as an enabler to collaboration and power sharing (Alderwick et al., 2021; PHE & NHSE 2015; Stansfield et al., 2020).

- Building community engagement into **funding requirements** was found to be effective in creating a supportive organisational culture, with an impact that communities felt a true sense of ownership over projects (Harden et al., 2015).

- **Overcoming resistance to sharing power and control** – Harden et al. (2015) reported several examples of organisational resistance to sharing power and control, demonstrated by practices that make it difficult for community organisations to participate in discussions, such as giving too short notice for meetings, and non-reimbursement of travel expenses. Professional resistance to community-based approaches was also noted as a significant barrier in other reviews (Alderwick et al., 2021; Bagnall et al., 2020). In contrast, in an evaluation of coproduction processes in a community-based mental health project in Wandsworth, Hatzimidriaou et al. (2012) found that when service providers accepted that community organisations have a better understanding of their members' needs and expectations, community and NHS organisations were able to work together more effectively to deliver. This sentiment was reflected in a national survey on whole community approaches conducted by Public Health England:

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"the power of a grassroots-driven strategy should not be considered 'a challenge to authority' but as a way to develop shared ownership of progress towards self-determined goals" (People's survey finding, Stansfield et al., 2020)

7. Investing in infrastructure and planning for delivery

Much evidence pertains to how multisector collaboration is funded, emphasising the importance of investing in the 'infrastructures' that support collaboration (e.g., staffing/capacity, VCSE organisations, community networks and activities, as well as physical infrastructures).

Funding as an enabler and barrier

The vast majority of publications identify funding or investment as a facilitating factor, or an underpinning mechanism. Conversely, the lack of sustainable funding is commonly cited as a significant barrier. Having resources and access to funding is an essential condition for effective collaborative work with communities (Alderwick et al., 2021; Bagnall et al., 2020; Harden et al., 2015). Harden et al. (2015), in their review of barriers and facilitators to community engagement, highlight infrastructure as a major theme, including investment in infrastructure and planning. Funding was also emphasised in other reports on specific collaboration models, such as neighbourhood networks (Dayson et al., 2022), Community Planning Partnerships, and Community Organisers (Cameron et al., 2015). In a report about collaboration between the housing sector and local government, three of the top five barriers were related to resources: insufficient funding; lack of financial flexibility by local government; and financial structures not incentivising integration (Wilkes, 2015). Investment as a factor impacted collaborations with communities at different levels from strategic to local, and various solutions were proposed, as discussed below.

Value of long-term investment in VCSE organisations and communities

The value of long-term investment in communities and VCSE organisations is emphasised in numerous publications (Coutts et al., 2021; Dayson et al., 2022; Locality & Power to Change, 2022; South et al., 2021a; South, et al., 2021b; Stansfield et al., 2020). Coutts et al. (2021) suggest that a realignment of budgets is needed to reflect community views and needs. Investment helps build capacity in the VCSE sector (Coutts et al., 2021; Locality et al., 2022), enabling communities to engage with planning, development, and delivery of local action. A publication by the Local Government Association concludes that investment in VCSE is crucial to support collaborative work (LGA, 2022). An example is given in South Gloucestershire, where the council has initiated 'micro-funding' for strategic activities in VCS, e.g., leadership grants to support involvement.

Investment has been constrained by the national climate of austerity, affecting the resources available for communities. The contraction of funding to VCSE infrastructure bodies in this climate was highlighted by Jopling and Jones (2018), and austerity was found to be a negative factor in an evaluation of a community microgrant programme administered by national VCSE infrastructure bodies (New Economics Foundation & People's Health Trust, 2022). Baker et al. (2022) also highlighted the lack of funding for public authorities 'feeling the pinch' as a potential driver for further multisector collaboration:

"Funding cuts may have dismantled local authority capacity for community engagement, but by joining up with Big Local areas, new routes into the community can be established."

Access to core funding

VSCE organisations having access to sources of core funding to develop and sustain local action is a key theme. Perpetual short term funding cycles are identified as an issue constraining community development and undermining partnerships (Alderwick et al., 2021). Community organisations require access to long term and sustainable funding streams (Locality & Power to Change, 2022):

"One of the biggest issues which organisations identified is access to sustainable funding and revenue streams, to enable community projects to become established, scale and build"

Sustainable funding streams would entail providing access to a range of grants, from large to small, and focusing on different aspects of building community action – from small or microgrants for specific community-led activities (such as those provided by the People's Health Trust) to programme grants and resources for capacity building in the VCSE sector, such as training and staff (Locality et al., 2023).

Adequate funding is linked to the capacity to deliver

A review of collaboration between healthcare and 'non-healthcare' organisations (Alderwick et al., 2021) highlighted inadequate resources (funding, equipment, and staff) as a common barrier. In an evaluation of Leeds Neighbourhood Networks, core funding was identified as essential to the functioning of the network, allowing for flexibility and staff retention (Dayson et al., 2022). Dayson et al. (2022) recommend a different funding model for neighbourhood networks based on core funding rationale and links with the health and care system:

"In terms of resources, we recommend working with the LNNs [Leeds Neighbourhood Networks] and other local stakeholders to co-design a new transparent and logical funding model that provides LNNs with minimum baseline core funding at a level that will assure NNs' stability and form a basis for growth."

The significance of resources in terms of recruiting and retaining paid staff was underscored in several publications (Baker et al., 2022; Coutts et al., 2021; Locality et al., 2023; New Economics Foundation & People's Health Trust, 2022; South et al., 2021a). Lack of dedicated staff and resources emerged as a barrier in a review of community engagement (Harden et al., 2015). Locality provides more specific recommendations regarding investment in VCSE workforce, including link workers/social prescribers and leadership/coordination roles (Locality et al., 2023). This supports VCSE organisations in delivering on health targets.

Access to funding to support community activity

Flexible funding is crucial for building local action (Locality et al., 2022). Funding for local community groups was identified as a facilitator in the 'Local People' programme (People's Health Trust et al., 2020). However, a lack of clarity regarding financial and budgetary processes was a barrier in a similar programme - Local Conversations (New Economics Foundation & People's Health Trust, 2022). Micro-commissioning was also found to be an enabler in a review of community-based support for older people (Bagnall et al., 2020).

At the community level, volunteers and community members can encounter direct and practical barriers to engagement due to a lack of funds and associated costs (Jopling & Jones, 2018).

Pollard and Hashmi (2023) highlight that resources reached communities during the pandemic, but there are risks that the new ways of working and investment are not sustained.

Funding models

The review has identified alternative funding models to the short-term project-type funding that undermines community action. Effective commissioning can support strategic relationships between VCSE and local government (Local Government Association, 2022).

Some publications advocate for a systems approach (Stansfield et al., 2020). Systems approaches are grounded in an understanding of the complexity of societal and health challenges, highlighting the need for multi-level action and robust partnership working, including with communities, to develop and implement solutions. Place-based working shares a similar ethos, focusing on multisector collaboration in localities and neighbourhoods, or across a local authority. Tiratelli (2020) explores different stances that organisations across sectors can adopt to mobilise communities – "a place-based strategy" is one approach that seeks to create the right conditions for community mobilisation through investment in infrastructure. Investment in VCSE infrastructure is also a central theme of the Locality report on the role of VCSE organisations in neighbourhood health ecosystems (Locality et al., 2023).

Shifting funding decisions to communities by funding them directly is an alternative approach linked to empowerment (Pollard et al., 2021). This entails channelling funds to neighbourhood organisations so that local people can identify their priorities and then design and deliver local improvements together. This principle underpins initiatives like Big Local (Baker et al., 2022), which have led to tangible improvements in local infrastructure and spaces. Independence from authorities was a factor in the success of the programme (Baker et al., 2022).

Direct funding to communities was also the model in projects like Local Conversations (People's Health Trust et al., 2020) and Local People (New Economics Foundation & People's Health Trust, 2022), as well as in some empowerment projects identified by Pollard et al. (2021). A systematic review on joint decision-making found that participatory budgeting may enhance people's sense of belonging to the community and trust in local government (Pennington et al., 2018).

Flexible, asset-based approaches to commissioning aim to identify, mobilise, and further strengthen assets within communities. Commissioners support community building over time by implementing actions identified by communities. Lloyd and Reynolds (2020) examine the adoption of Asset-Based Community Development (ABCD) models by councils: "At first, commissioning something where nothing much happened for the first seven months felt risky, but building trust and connections takes time." (p28). They advocate avoiding rigid funding models and instead adopting an open, enabling approach to commissioning, allowing for the nurturing of grassroots initiatives. They also stress the importance of developing a shared understanding with commissioners (Lloyd & Reynolds, 2020). The Wigan Deal is an example of a shift of funding across a whole council using an asset-based approach, collaborating with community members and staff to drive improvements (Pollard et al., 2021). Locality underscores the significance of this investment:

"The 'Community Investment Fund' has put £10m into VCSE initiatives across the borough since 2013, to develop community capacity. A programme of community asset transfer (CAT) is also strengthening community power through models of local ownership and enterprise." (Locality et al., 2022).

Finally, asset transfer, linked to participatory budgeting, is a way of generating and supporting community action. In Cornwall, over 100 communities have had assets devolved to local ownership (Locality et al., 2022). Interestingly, only one report mentioned funding via philanthropy (Tiratelli, 2020).

8. Clarity and transparency about expectations and plans
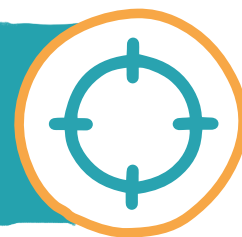
There is overlap between this theme and **'actions to promote good relationships'**. Several reviews highlight the importance of transparency in expectations and plans, supported by a long-term process to develop a shared vision, values, and principles (Alderwick et al., 2021; Stansfield et al., 2020). For example, Stansfield et al. (2020) noted that

"a whole system approach was sustained through having a strategic and long-term ambition for strengthening communities that was shared and communicated between agencies and communities."

• **Being transparent about and willing to acknowledge and discuss the balance of power** was also highlighted as important – not just between communities and other agencies, but also between agencies themselves. For instance, Wallace (2013) suggests that "in relation to health and social care, health is often the dominant partner".

• **National policies** can be used to support local partnerships (e.g., Alderwick et al., 2021). However, this does not always translate into effective collaboration, as seen in Wales's Community First Programme, where community members became frustrated by a lack of response to and awareness of the planned participatory democracy process from public service providers (Wallace et al., 2013).

• **Competing agendas** are seen as a barrier to effective collaboration to support community action. For example, professional resistance to community-led initiatives was raised repeatedly in relation to initiatives aimed at supporting traditionally vulnerable groups, such as older people (Bagnall et al., 2020). In the same study, it was also acknowledged that the nature of public institutions can make a community-focused agenda more difficult to achieve – the example given was that New Public Management models, with their emphasis on key performance indicators, decided what the outcomes were going to be from the outset, rather than allowing local solutions to emerge organically from the grassroots. However, it was also noted that where innovation exists in collaboration and the community action it supports, it was to a large degree due to local authorities championing this in the long term.

9. Joint decision making

Meaningful joint decision-making includes but is not exclusively a result of co-production. Acknowledgement and discussion of the goals and priorities that each member brings to the collaboration are essential for meaningful joint decision-making.

A systematic review found that joint decision making leads to effective community engagement, resulting in reduced health inequalities, improved health and wellbeing, physical environment, social connections, sense of community, pride and belonging (community spirit) (Pennington et al., 2018). The systematic review recommended four principles of meaningful involvement (Pennington et al., 2018):

• **Power** is agreed upon and acknowledged as being **held jointly** by all involved parties.

• There is **active and full involvement in all decisions** that impact the intervention or project.

• Potential **barriers** to access and participation **are acknowledged and tackled** (e.g. income, education, gender, ethnicity, age, illness, disability, language, culture, caring responsibilities, etc.)

• When appropriate and desired by the community, there is **full and active involvement in the implementation of change** in the community.

Feedback about the collaboration's impact and 'quick wins' have been reported to be helpful in maintaining engagement, along with open communication and an inclusive participatory process. Skilled facilitators are needed to support the decision-making process, and to avoid conflict.

These evidence-based principles are reflected in **Locality's Top tips for engaging your community**.

1. Make it relevant to people.

2. Make an effort.

3. Go to where people are.

4. Be hospitable and welcoming.

5. Make it easy for people to get involved.

6. Keep questions simple.

7. Listen carefully to what people are saying.

8. Improvise and adapt.

9. Share what people have said.

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"**Participation infrastructures are vital for ongoing engagement, co-production and participative decision making, such as neighbourhood forums that bring agencies and community members together for developing joint action and long-term trusting relationships between and within communities, professionals and organisations"** (Stansfield et al., 2020).

10. Long term approach

Most reviews emphasised the importance of long-term thinking and planning concerning projects, collaborations, relationships, and funding (Harden et al., 2015; Stansfield et al., 2020). It was considered particularly crucial to adopt a long-term approach to developing shared plans between agencies. A long term joint strategy needs to be shared and communicated between agencies and communities, aligning different agencies' agendas:

"

"Don't underestimate the time needed. Without this there is a tendency to revert to a service response rather than a change response" (Interviewee 8, Stansfield et al., 2020)

Lawless et al. (2007), in their evaluation of the 'New Deal for Communities', suggest that it is easy to underestimate the time and costs involved in establishing robust community partnerships that build capacity. With hindsight, they suggest that a 'year zero' should have been implemented to allow more time to establish working procedures, engage with agencies and communities, and devise longer-term programmes.

In Harden et al.'s (2015) review of factors affecting community engagement, it was noted that investing time in building trust was crucial, particularly where communities had difficult past relationships or conflicts with other agencies.

Collaboration models that support community action

Following on from the ten factors we identified to support multisector collaboration for community action, we discovered a range of models that integrated these factors into approaches that have been tried and tested in both local area and neighbourhood settings.

Some of the references we analysed for this evidence review explored various models and approaches to collaboration at a conceptual level (Arnold et al., 2018; Bagnall et al., 2020; Bagnall et al., 2023; Pollard et al., 2021), while others examined the practical implementation of these approaches, particularly through detailed case studies (Local Government Association, 2022; Wilkes, 2015). Other reviews also mapped or categorised interventions and approaches – for instance, the Public Health England 'family' of approaches outlined below – again illustrating the diversity of options. The Health as a Social Movement report focuses on social action (Arnold et al., 2018) and highlights various approaches that support community action at a local level, including peer support, advocacy, community asset ownership, and befriending. Of these, community asset ownership could be considered a model of multisector collaboration - the others are models that support community action and are themselves supported by multisector collaboration.

Coproduction approaches were frequently discussed both as a method for the shared development and delivery of community projects and as an underlying principle (Bagnall et al., 2020; Bagnall et al., 2023; Local Government Association, 2022; Wallace, 2013).

In summary, we found that there are various collaborative approaches used in practice, and none can be applied directly 'off the shelf'. The importance of local development and adaptation of models was emphasised in several publications (Alderwick et al., 2021; Arnold et al., 2018; Cameron et al., 2015; Wilkes, 2015).

The references we analysed for this review confirmed the broad findings of the Public Health England & NHS England framework for community engagement - the 'family of community-centred approaches' (PHE & NHSE, 2015). This framework outlines a wide range of evidence-based options for working with communities. Collaboration models that integrate some or all of the above ten factors into specific approaches to support community action were categorised into four categories:

- Strengthening communities

- Collaborations and partnerships

- Volunteer and peer roles

- Access to community resources

In practice, many effective collaboration models fall into more than one of these categories, as taking a multifaceted approach is often the most effective way to implement change, particularly at a place or system level.

Strengthening communities

Approaches involve building community capacities and sustainable collective action on health and the social determinants of health.

This group of approaches seeks to draw on and strengthen community capacity for collective action. These approaches can be applied at a neighbourhood level to address inequalities and can also be used more specifically to engage with communities experiencing the effects of social exclusion.

Models identified in this review that fall into the 'Strengthening communities' category include:

- Asset-based Community Development (Lloyd & Randle, 2020; Lloyd & Reynolds, 2020; Pollard & Hashmi, 2023; Pollard et al., 2021): Asset-based approaches are grounded in a philosophy that focuses on individual and community strengths and capabilities as the basis for improving health and wellbeing. The process of identifying an inventory of assets (asset mapping) forms the foundation for planning and developing social action to enhance health and wellbeing. Asset-based community development (ABCD) is a specific methodology that originated in the US and centres on creating social change by identifying and building assets within a community. Assets may include local services, community associations, informal groups and networks, as well as the skills, knowledge, and commitment of residents.

- Community development (Bagnall et al., 2023): This is defined as 'a long-term value-based process which aims to address imbalances in power and bring about change founded on social justice, equality, and inclusion'[1]. Communities identify issues and determine joint actions to build healthy, sustainable, and more equitable communities.

- Community organisers (Cameron et al., 2015; Kadariya et al., 2023; Parsfield et al., 2015): Community organisers listen to what people say they want to change in their lives and communities and work with democratic structures to help them achieve this. Community organising involves building relationships in communities, mobilising people to take action, and supporting projects that make a difference to people's lives (Cameron et al., 2015). Typically, residents are trained and paid as community organisers.

- Connected Communities: An approach based on generating social networks initially through community-based research (Parsfield et al., 2015). The connected communities approach is underpinned by the concepts of ABCD, co-production, and sustainability. It involves six steps: train community researchers; survey residents; social network and wellbeing analysis; community playback; co-production of intervention project; evaluation and sustainability.

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1 Federation for Community Development Learning. A summary of the 2009 Community Development Occupational Standards. Sheffield: FCDL; 2009.

- Direct funding to support resident-led action – for example, Big Local (Baker et al., 2022): Big Local was a resident-led funding programme that provided 150 areas in England with £1.15 million each to spend over 10-15 years to create lasting change in their neighbourhoods. Each Big Local area had a Big Local partnership comprising at least eight people, guiding the overall direction of the area by producing an action plan to share and use to involve others. The partnership worked with one or more locally trusted organisations to administer and account for funding and/or deliver activities and services. Criteria for effective relationships in Big Local areas included mutual knowledge and understanding, trust and respect, a common language and shared goals, defined roles but willingness to be flexible, and the capacity and resources to follow through with agreed actions and decisions.

- Neighbourhood networks (Dayson et al., 2022): Also an informal volunteering model, neighbourhood networks are community-based schemes run by and for older people. They offer a range of activities and services with the aim of addressing the social determinants of health, promoting independence, community participation, and wellbeing.

Volunteer and peer roles

Approaches focus on enhancing individuals' capabilities to take on health roles.

This category of approaches focuses on enhancing the capabilities of individuals to provide advice, information, and support, and to organise activities around health and wellbeing in their own or other communities, in a non-professional and usually unpaid capacity. People are usually drawn from the community they work in and receive training and support. They use their own life experience, cultural awareness, and social connections to relate and communicate with other community members in a way that is understandable, reaching those who are not in touch with or resistant to messages from professional services.

Specific models identified in this review falling into the 'Volunteer and peer roles' category include:

- Health or community champions (Harden et al., 2015; South et al., 2021; Bagnall et al., 2021; Terry, 2017; Wallace, 2013) – these volunteers draw on their local knowledge and life experience to motivate and support family, friends, neighbours, and work colleagues to participate in healthy social activities, and establish groups to meet local needs. Champions play an important role in the wider public health workforce in England, and this well-established model was utilised during the pandemic to facilitate information sharing between marginalised communities and public health teams (South et al., 2021).

Although not a specific model, several publications also consider volunteering – both informal and formal - as part of social action (Arnold et al., 2018; Jopling & Jones, 2018; Terry, 2017).

Collaborations and partnerships

Approaches involve communities and local services working together at any stage of the planning cycle, from identifying needs through to implementation and evaluation.

This category of approaches involves partnership working between local services and communities to enhance planning and decision-making at any stage of the planning cycle. The premise is that involving communities in assessment, design, and development of solutions will result in services and health programmes that better match needs. The balance of power across the collaborations can vary from consultation processes with low community control to long-term sustainable partnerships with increasing community control. These approaches include capacity building to develop skills, knowledge, and community leadership, organisational change, and professionals committed to power sharing, with relevant skills to work in inclusive, empowering, and facilitative ways.

Models identified in this review that fall into the 'Collaborations and partnerships' category include:

- Neighbourhood regeneration/design (Bagnall et al., 2020; Bagnall et al., 2023; Locality & Power to Change, 2022; Wallace, 2013) – Neighbourhood regeneration can include regeneration of housing estates, town centres, and industrial or commercial areas. Neighbourhood design refers to the scale, form, or function of buildings or open space. Good neighbourhood design can play a vital role in promoting cohesion by providing public spaces that are comfortable and inviting for local people.

- Participatory budgeting (Lloyd & Randle, 2020; Locality et al., 2022; Pollard et al., 2021; Wallace, 2013) – a devolved form of decision-making, typically place-based, where community members and community groups collaborate with service providers to reconsider local issues and allocate resources. It can help to bring funding into deprived areas (Wallace, 2013).

- Community planning/design at the local level (Bagnall et al., 2023; Local Government Association, 2022). This approach is based on co-design and substantial community involvement in developing local plans, for instance, initiatives like Northern Ireland's Community Planning Partnerships (Coutts et al., 2021) and Big Local (Baker et al., 2022; Pollard et al., 2021).

- Community asset transfer (including park foundations) (Casey et al., 2020; Pollard et al., 2021; Wallace, 2013) – this involves transferring ownership of formerly public or private assets to community and voluntary sector groups for less than market value to achieve local social, economic, or environmental benefits.

Access to community resources

Approaches focus on connecting people to community resources and information.

This category focuses on connecting individuals and families to community resources such as information, services, practical help, group activities, and volunteering opportunities to meet health and wellbeing needs. These approaches draw on the assets of the VCSE sector to establish referral routes, reduce barriers to accessing services and social participation, and commission and coordinate group activities.

Models identified in this review that fall into the 'Access to community resources' category include:

- Community hubs/anchors (Bagnall et al., 2023; Local Government Association, 2022; Locality, 2020; South et al., 2021b). Community hubs are community centres or community anchor organisations focused on health and wellbeing, either locally-based or operating as a network. Community hubs such as healthy living centres typically provide multiple activities and services that address the wider determinants of health, most of which are open to the wider community. Community anchor organisations are independent, community-led, multi-purpose entities providing a voice for local people. In areas of deprivation they are a critical community asset for addressing health inequalities, working with people and communities who are marginalised, have low incomes or experience other barriers to good health.

- Timebanks (Harden et al., 2015) – also falls under 'Strengthening communities' –is a specific social network and community capacity model based on the assets and time that people can share as volunteers. People exchange services with each other based on 'time credits' to meet social, health, or wellbeing needs – leading to increased social capital and mutual learning. Many successful time banking schemes in the UK involve disadvantaged or excluded communities.

- Local area coordination (Lunt et al., 2021; Tiratelli, 2020) – an approach developed in the 1980s to support people with learning disabilities in Australia, and has since been adopted by many local authorities in the UK to support people who are considered vulnerable. It offers direct family support, signposting, and networking to improve access to services and promote social inclusion, leveraging community resources and seeking change through local collaborations and service redesign.

Conclusion

This evidence review has summarised findings from research published between 2010 and 2020 on how multisector collaboration can support community action and community wellbeing outcomes. It contributes to a wider project, coproduced by the WCPP and the RCP, aiming to respond to interest across the partnership in determining not just what makes community-public sector collaboration effective but how it can be developed and enhanced in specific contexts. This review analysed 46 papers in detail, focusing on understanding the factors, mechanisms, approaches, and activities facilitating various forms of collaborative working. Ten factors were identified to support multisector collaboration for community action and wellbeing outcomes:

• Quality of existing relationships

• Establish or build on existing partnerships and networks

• Actions to promote and support good relationships

• Deliberate trust-building

• Support, training and capacity building

• Organisational culture, attitudes and practices

• Investment in infrastructure and planning

• Clarity and transparency about expectations and plans

• Joint decision making

• Long term approach

The review also identified 14 discrete models of community-centred approaches to health and wellbeing involving multisector collaboration. The descriptions of the models suggest that most or all of the ten factors were present in each, but to varying degrees. For example, support, training, and capacity building are high priorities in multisector collaborations supporting volunteer and peer roles such as community champions, but less of a priority for initiatives like community design, where clarity and transparency about expectations and plans might be expected to be higher priorities.

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Appendix A:
Review methods

Review questions

1. What are the factors that help the **development and establishment** of multisector collaboration involving community and/ or public sectors to support community action and community wellbeing outcomes?

2. What are the factors that affect the **delivery and implementation** of multisector collaboration involving community and/ or public sectors to support community action and wellbeing outcomes?

3. What are the factors that help to **sustain** multisector collaboration involving community and/ or public sectors to support community action and wellbeing outcomes?

4. What does the evidence tell us about **overcoming challenges or barriers** to multisector collaboration involving community and/ or public sectors to support community action and wellbeing outcomes?

5. What does the evidence tell us about the **impact** of multisector collaboration involving community and/ or public sectors to support community action and wellbeing outcomes?

Search strategy

1. Draw on synthesised evidence in existing relevant reviews - both those we already know about and those picked up in electronic database searches.

2. Mine primary studies from existing reviews to pick up more detail.

3. Electronic database search – six electronic databases were searched (PsycInfo, MEDLINE, CINAHL, Social Policy and Practice (covers Social Care Online and Idox), SCOPUS, Academic Search Complete). See Appendix A for search strategy.

4. Search key websites for relevant grey literature (see Appendix B).

Inclusion criteria

Setting: Community and public sector organisations

Phenomenon of Interest: Factors/ mechanisms/ approaches/ activities that facilitate relationships, partnerships, coalitions, alliances, cooperatives, networks, commissioning, mutual aid platforms/ infrastructures, other shared ways of intersectoral working with intention to support community action/ higher levels of community participation.

Design: Process evaluations or other publications that report research findings about the development or implementation of partnerships or other shared ways of working; case study designs with multiple sites and/or time points; reviews of evidence.

Evaluation: Community action/ mutual aid or community wellbeing outcomes

Date: Last 10 years (2013-2023)

Exclusion criteria

Setting: health services; non-community-based e.g. workplace setting, higher education;

Phenomenon of Interest: partnerships and other collaborative structures that do not have the intention to support community action or have no/minimal community involvement in design or implementation.

Design: studies that do not report findings on factors/processes to support community action; descriptive case studies.

Study selection

Reviews and primary studies were screened against the inclusion criteria by two reviewers working independently. Disagreements were resolved by discussion with the wider team.

Data extraction

Data were extracted from included reviews and primary studies by one reviewer into standardised and piloted Word templates that include the following fields: Bibliographic details; Country/ region/ place; study design and methods; Model/ approach (if applicable); Community action that was supported; Sectors involved; Factors important to success; Outcomes in relation to community action and/ or community wellbeing; Factors acting as barriers to success; Specific learning/ reflection on ways of working together; Specific learning on what to do when things go wrong; Any other relevant recommendations, learning or frameworks.

Data synthesis

Several rounds of discussion informed a narrative synthesis which focused on grouping the factors and models into thematic categories.

Detailed search strategy

EBSCO (PsycInfo; MEDLINE; Academic Search Complete)

A. Collaboration

partnership OR alliance OR cooperat* OR collaborat* OR coalition OR network OR "social infrastructure" OR "joint working" OR "joint-working" OR "place based" OR "place-based" OR relation* OR co-production OR coproduction OR coordinat* OR co-ordinat* OR coalition

B. Voluntary/community sector

"voluntary sector" OR VCS* OR third sector OR "voluntary organisation" OR charit* OR "social enterprise" OR "community enterprise" OR "community business" OR "neighbourhood organisation" OR "community improve*" OR "not-for-profit" OR "non-profit" OR "co-operative" OR "cooperative" OR "social entrepreneur" OR "community interest company" OR "company limited by guarantee" OR "social business" OR "social firm" OR "affirmative business" OR "micro-enterprise*" OR "social interest company" OR "social business" OR "community interest corporation" OR "social interest company" OR "social interest corporation" OR "benefit society" OR "community anchor" OR "community hub" OR "mutual aid" OR ((community N2 (manag* OR run OR own* OR control* OR driven OR orient*))

C. Other sectors

((local OR city OR regional OR town OR parish OR municip* OR state) N2 (government OR council OR authority OR government OR board)) OR "public service"

D. Community action

((community OR social OR neighbourhood OR collective) N2 (action OR activism OR activist OR power OR empowerment OR leader* OR organising OR resilience OR control OR resourcefulness OR engagement OR mobilis*)) OR "social networks" OR "collective action" OR neighbourliness OR "social infrastructure" OR "mutual aid"

E. Community wellbeing

"well-being" OR wellbeing OR "quality of life" OR happiness OR satisfaction OR (positive N3 "mental health") OR wellness OR health* OR "physical welfare" OR "purpose in life" OR flourish* OR prosper* OR resilien* OR contentment OR "self-esteem" OR "overall health" OR belonging OR fulfil* OR capabilit* OR salutogen* OR eudaimon* OR eudaemon* OR eudemon* OR trust* OR thriv* OR vibran* OR "sense of community" OR "sense of belonging" OR empower* OR liveability OR livability OR sustainab*

F. Social relations

((Soci* OR community OR neighbour* OR public OR cultural) N3 (relation* OR cohesion OR capital OR inclusion OR inclusive OR interaction* OR network* OR connect* OR interconnect* OR bond* OR tie* OR support OR integration OR participation OR engag* OR exclu* OR isolat* OR marginali* OR disengag* OR fragment* OR disconnect* OR integration OR "capacity building" OR trust OR autonomy OR "positive relations" OR involvement OR loneliness)) OR "interpersonal relation*" OR connectedness OR "quality of relations" OR friend* OR companion* OR "close relationship*" OR "social routine" OR reciprocity

G. Review

Review OR synthesis OR meta-analysis OR scoping OR mapping

Social policy and practice

A. Collaboration

partnership OR alliance OR cooperat* OR collaborat* OR coalition OR network OR "social infrastructure" OR "joint working" OR "joint-working" OR "place based" OR "place-based" OR relation* OR co-production OR coproduction OR coordinat* OR co-ordinat* OR coalition

B. Voluntary/community sector

"voluntary sector" OR VCS* OR third sector OR "voluntary organisation" OR charit* OR "social enterprise" OR "community enterprise" OR "community business" OR "neighbourhood organisation" OR "community improve*" OR "not-for-profit" OR "non-profit" OR "co-operative" OR "cooperative" OR "social entrepreneur" OR "community interest company" OR "company limited by guarantee" OR "social business" OR "social firm" OR "affirmative business" OR "micro-enterprise*" OR "social interest company" OR "social business" OR "community interest corporation" OR "social interest company" OR "social interest corporation" OR "benefit society" OR "community anchor" OR "community hub" OR "mutual aid" OR (community ADJ2 (manag* OR run OR own* OR control* OR driven OR orient*))

C. Other sectors

((local OR city OR regional OR town OR parish OR municip* OR state) AND (government OR council OR authority OR government OR board)) OR "public service"

D. Community action

((community OR social OR neighbourhood OR collective) AND (action OR activism OR activist OR power OR empowerment OR leader* OR organising OR resilience OR control OR resourcefulness OR engagement OR mobilis*)) OR "social networks" OR "collective action" OR neighbourliness OR "social infrastructure" OR "mutual aid"

E. Community wellbeing

"well-being" OR wellbeing OR "quality of life" OR happiness OR satisfaction OR (positive AND "mental health") OR wellness OR health* OR "physical welfare" OR "purpose in life" OR flourish* OR prosper* OR resilien* OR contentment OR "self-esteem" OR "overall health" OR belonging OR fulfil* OR capabilit* OR salutogen* OR eudaimon* OR eudaemon* OR eudemon* OR trust* OR thriv* OR vibran* OR "sense of community" OR "sense of belonging" OR empower* OR liveability OR livability OR sustainab*

F. Social relations

((Soci* OR community OR neighbour* OR public OR cultural) AND (relation* OR cohesion OR capital OR inclusion OR inclusive OR interaction* OR network* OR connect* OR interconnect* OR bond* OR tie* OR support OR integration OR participation OR engag* OR exclu* OR isolat* OR marginali* OR disengag* OR fragment* OR disconnect* OR integration OR "capacity building" OR trust OR autonomy OR "positive relations" OR involvement OR loneliness)) OR "interpersonal relation*" OR connectedness OR "quality of relations" OR friend* OR companion* OR "close relationship*" OR "social routine" OR reciprocity

G. Review

Review OR synthesis OR meta-analysis OR scoping OR mapping

SCOPUS

A. Collaboration

partnership OR alliance OR cooperat* OR collaborat* OR coalition OR network OR "social infrastructure" OR "joint working" OR "joint-working" OR "place based" OR "place-based" OR relation* OR co-production OR coproduction OR coordinat* OR co-ordinat* OR coalition

B. Voluntary/community sector

"voluntary sector" OR VCS* OR third sector OR "voluntary organisation" OR charit* OR "social enterprise" OR "community enterprise" OR "community business" OR "neighbourhood organisation" OR "community improve*" OR "not-for-profit" OR "non-profit" OR "co-operative" OR "cooperative" OR "social entrepreneur" OR "community interest company" OR "company limited by guarantee" OR "social business" OR "social firm" OR "affirmative business" OR "micro-enterprise*" OR "social interest company" OR "social business" OR "community interest corporation" OR "social interest company" OR "social interest corporation" OR "benefit society" OR "community anchor" OR "community hub" OR "mutual aid" OR (community w/2 (manag* OR run OR own* OR control* OR driven OR orient*))

C. Other sectors

((local OR city OR regional OR town OR parish OR municip* OR state) w/2 (government OR council OR authority OR government OR board)) OR "public service"

D. Community action

((community OR social OR neighbourhood OR collective) w/2 (action OR activism OR activist OR power OR empowerment OR leader* OR organising OR resilience OR control OR resourcefulness OR engagement OR mobilis*)) OR "social networks" OR "collective action" OR neighbourliness OR "social infrastructure" OR "mutual aid"

E. Community wellbeing

"well-being" OR wellbeing OR "quality of life" OR happiness OR satisfaction OR (positive w/2 "mental health") OR wellness OR health* OR "physical welfare" OR "purpose in life" OR flourish* OR prosper* OR resilien* OR contentment OR "self-esteem" OR "overall health" OR belonging OR fulfil* OR capabilit* OR salutogen* OR eudaimon* OR eudaemon* OR eudemon* OR trust* OR thriv* OR vibran* OR "sense of community" OR "sense of belonging" OR empower* OR liveability OR livability OR sustainab*

F. Social relations

((Soci* OR community OR neighbour* OR public OR cultural) w/2 (relation* OR cohesion OR capital OR inclusion OR inclusive OR interaction* OR network* OR connect* OR interconnect* OR bond* OR tie* OR support OR integration OR participation OR engag* OR exclu* OR isolat* OR marginali* OR disengag* OR fragment* OR disconnect* OR integration OR "capacity building" OR trust OR autonomy OR "positive relations" OR involvement OR loneliness)) OR "interpersonal relation*" OR connectedness OR "quality of relations" OR friend* OR companion* OR "close relationship*" OR "social routine" OR reciprocity

G. Review

Review OR synthesis OR meta-analysis OR scoping OR mapping

A + (B or C) + D + (E or F) + G

Databases

1. PsycInfo

2. MEDLINE

3. CINAHL

4. Social Policy and Practice (covers Social Care Online and Idox)

5. Social Sciences Citation Index

6. Academic Search Complete

Appendix B: Websites / organisations searched

Carnegie UK Trust	www.carnegieuktrust.org.uk
Centre for Ageing Better	ageing-better.org.uk
Glasgow Centre for Population Health	www.gcph.co.uk
Local Government Association	www.local.gov.uk
Local Trust	localtrust.org.uk
Locality	locality.org.uk
NCVO	www.ncvo.org.uk
NESTA	www.nesta.org.uk
New Economics Foundation	neweconomics.org
New Local	www.newlocal.org.uk
People's Health Trust	www.peopleshealthtrust.org.uk
Social Care Institute for Excellence	www.scie.org.uk
Social Life	www.social-life.co
Wales Centre for Public Policy	www.wcpp.org.uk
What Works Centre for Wellbeing	whatworkswellbeing.org

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About the Wales Centre for Public Policy

Here at the Centre, we collaborate with leading policy experts to provide ministers, the civil service and Welsh public services with high quality evidence and independent advice that helps them to improve policy decisions and outcomes.

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