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Preparation, Participation and Impact (PPI): the best practice principles of Place-Based Approaches (PBAs)

Tanya Rong [a,*], Eli Ristevski [b], Matthew Carroll [a]

[a] Monash Rural Health–Churchill, Monash University, Northways Road, Churchill, VIC, 3842, Australia
[b] Monash Rural Health–Warragul, Monash University, 15 Sargeant Street, Warragul, VIC, 3820, Australia

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ABSTRACT

Place-based approaches (PBAs) are becoming increasingly popular across government, public health research and practice to improve health and wellbeing in areas of poor health and disadvantage. As a relatively new approach, the literature on best practice for PBAs is emergent, and delivery methods are often diverse. We explored the essential key principles and considerations for best practice, with the aim of developing a framework for PBAs. Using Grounded Theory methodology, 23 interviews were conducted with participants from Australia, United Kingdom, Canada and New Zealand. Purposive sampling was used to recruit community members, policymakers and funders, program officers, Aboriginal leaders and researchers. The data was analysed thematically. We identified three key principles of PBAs: Preparation, Participation and Impact (PPI) which are critical at all stages to reach the key outcomes of: 1. Understanding People and Place; 2. Connecting with Community; and 3. Shifting the System. At all times, the need to ensure that power is balanced is critical to fostering an inclusive engagement process. By following the principles outlined in this evidence-based framework, communities, funders and those involved in developing and delivering place-based programs can work together to address complex problems in a way that values the lived experience of community members and optimises the chances of achieving long-term health improvement.

1. Introduction

The connections between places, communities and health have been well-documented in the research literature (Baum, 2017; Klepac et al., 2024; McGowan et al., 2021). Variations in 'place' characteristics, such as lower education and high rates of disadvantage, can help explain the significant and persistent health inequalities observed between different locations (Byron, 2010; Jackson and Williams, 2024). These geographical health inequalities are often attributed to the characteristics of the individuals who live in the community (compositional) and the characteristics of the area (contextual) (McGowan et al., 2021). For many years, public health interventions have focused on compositional factors, such as weight loss, physical activity and healthy eating, based on the assumption that health of different places is a result of the socio-economic status (SES) and behaviour of people who live in them (Hillier-Brown et al., 2014). However, recent evidence suggests that large-scale interventions that target contextual factors such as the macro-level political decisions, public policies and infrastructure like healthcare services and green spaces are more effective in shaping health and reducing inequalities (Bambra et al., 2019).

With the understanding that places of socio-economic disadvantage are more likely to experience health issues, there has been increasing interest in place-based approaches (PBAs) for health improvement, especially by government (Rushton, 2014). PBAs aim to break down complex 'wicked' problems by addressing the issue in a localised way at a 'grassroots' level in partnership with the community (Marsh et al., 2016). Moreover, PBAs recognise that community engagement and collaboration are essential for sustainable improvements in health outcomes and wellbeing (Degeling et al., 2017). However, literature on best practice for PBAs is emergent, and delivery methods are diverse with mixed evaluation of their success (Griggs et al., 2008; Klepac et al., 2024; Rhodes et al., 2005). Much of the research on PBAs focuses on community engagement and participation, with a focus on short-term outcomes (Rong et al., 2023).

While PBAs are increasingly adopted to address entrenched health and social inequities, they have been subject to persistent criticisms. These include insufficient investment in time and/or funding that reduces the capacity to achieve long-term behaviour change, the risk of

* Corresponding author. Monash Rural Health–Churchill, Monash University, Northways Road, Churchill, VIC, 3842, Australia.
E-mail addresses: tanya.rong1@monash.edu (T. Rong), Eli.Ristevski@monash.edu (E. Ristevski), Matthew.Carroll@monash.edu (M. Carroll).

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overburdening already disadvantaged communities and the lack of adequate government support (Klepac et al., 2023; Orton et al., 2019). Additionally, measuring outcomes is challenging due to uncontrollable external factors such as environmental or economic conditions, unpredictable events like natural disasters and pandemics, and shifting priorities over time (Bambra et al., 2019; Orton et al., 2017; Rhodes et al., 2005). Additionally, a recent scoping review showed that less than one fifth of PBAs studies featured an evaluation framework for measuring outcomes, and there are gaps in the literature about what to measure and the validity of the process (Bambra et al., 2019; Powell and Moon, 2001; Rong et al., 2023).

Considering the growing use of PBAs by government, there is a need to understand the key principles underlying them. We conducted a study which aimed to develop a set of best practice principles for PBAs through interviews with diverse participants who play different roles in delivering place-based initiatives. The research was designed to answer the following research questions.

1. What community engagement strategies have been used in place-based approaches that have led to improved community participation?
2. What strategies have been used to measure the success of place-based approaches?
3. What factors influence the long-term sustainability of the initiative regarding the funding, policy and improved health outcomes?

2. Methods

2.1. Study design

We conducted a qualitative study using pragmatic Grounded Theory (GT) methodology, which was chosen for its suitability in exploring practical issues related to real-world contexts (Corbin and Strauss, 2014). Furthermore, a GT approach can draw on the lived experience of those involved in developing, implementing and evaluating PBAs.

2.2. Participants and recruitment

Purposive, snowball and theoretical sampling were used to identify participants who work or have experience in the design, implementation or evaluation of PBAs. We recruited participants who are involved in PBAs in Australia, Canada, New Zealand and the United Kingdom. This selection was based on our previous scoping review, which identified that the majority of PBA activities were located in these four countries (Rong et al., 2023).

Purposive sampling was used in the first instance to identify participants, guided by the aforementioned scoping review undertaken by the authors. Four organisations were initially chosen because they were delivering place-based initiatives across diverse settings, characterised by their use of collaborative, community-based, participatory decision-making. Lead contacts from each organisation were emailed an invitation to participate in the study and sent an Explanatory Statement. Snowballing was also utilised, with email invitations including a request for recipients to identify other potential participants or to nominate a more suitable person to participate in the study. The snowballing aimed to increase engagement with people from diverse perspectives, including people within policy and community settings who were not publicly accessible. The participants represent diverse viewpoints amongst those who fund, design, deliver, research and participate in PBAs. This included government, funders, researchers, Indigenous leaders and community members, each offering a unique perspective that included lived experience, place-based knowledge and research methodology in participatory processes and governance structures.

As the interviews progressed and with concurrent data analysis, it was identified that there was a need to speak with people who bring other knowledge such as co-design, collective impact and knowledge of Australian Indigenous approaches to place-based interventions. Therefore, theoretical sampling was employed. Theoretical sampling is unique to GT whereby the researchers seek to widen their sources and deepen their understanding of the research area (Birks and Mills, 2023). Theoretical sampling continued until analysis of the data revealed no new data emerging. It is at this point that theoretical saturation was achieved, categories were sufficiently well developed and the theory is dense and logical (Corbin and Strauss, 2014).

2.3. Data collection

Semi-structured individual interviews were conducted using the Zoom videoconferencing platform or face-to-face if participants were in proximity to the lead researcher and the participant preferred an in-person discussion. All participants received an Explanatory Statement prior to the interview and informed verbal consent was obtained prior to commencement. A semi-structured interview guide was used, with questions on enablers and barriers of PBAs, participatory decision-making and sustainable systems change. The interviews were conducted by author (TR) between May 2023 and April 2024. Interviews were approximately 60min in length, audio recorded and transcribed verbatim.

The lead researcher also wrote reflective notes (memos) after each interview and during data analysis. In GT, memos are a crucial part of the research process as they collect the thoughts, feelings, insights and ideas that emerge during the research, providing another source of data. Memoing can help with idea generation, facilitating a deeper analysis as well as assist in situating the researchers' feelings and assumptions about the research, which in turn can help to mitigate potential bias (Birks and Mills, 2023).

After completion of each interview transcription, a summary of key themes from the interview was sent to each participant as part of a member checking process. Member checking is recommended to minimise bias, correct inaccuracies, validate findings and generate trustworthiness in the data (Birt et al., 2016).

2.4. Data analysis

The transcribed interview data and memos were uploaded into NVivo 14 software (Lumivero, 2023) where the data was coded. In accordance with the GT methodology, constant comparative analysis was undertaken. In this process, codes and categories are compared against each other to develop categories and concepts that are grounded in the participant data (Birks and Mills, 2023; Chun Tie et al., 2019). The initial coding was undertaken by author (TR) and then co-researchers (ER and MC) assisted to modify the codes and categories and triangulate the data analysis.

The data was analysed using the three-step process designed by Corbin and Strauss (2014) to help researchers build a theory that is grounded in the data collected. The initial step began with open coding as soon as data collection commenced in an emergent and inductive process. This process involved sentence by sentence analysis to identify patterns in the raw data known as codes (Chametzky, 2016). Open coding resulted in a considerable number of descriptive codes that were then expanded, merged or modified as the analysis progressed, and more interviews were conducted.

The next step, titled axial coding, builds on the initial coding and is where data saturation is reached through constant comparison, and connections are made between codes (Birks and Mills, 2023). In this step, possible connections and relationships between the codes emerge, with codes grouped into categories and sub-categories. This helps to refine the concepts and make the data more coherent and structured (Chun Tie et al., 2019).

The last step, selective coding, is where the analysis is continued until a theory is generated that explains the phenomena under study. It involved revisiting the categories and subcategories generated in the

previous steps to find frequently occurring themes that capture the core of the data. This core category should be central to the research question/s and provide a comprehensive explanation of the phenomenon being studied. This process is iterative, ensuring that the core theory is well-grounded in the data (Chun Tie et al., 2019).

This study was approved by the Monash University Human Research Ethics Committee (Project ID 35467). Due to the confidential nature of the interviews, specific details such as the location of the place-based activity, age, gender and any other identifiable information are not reported, and participants have been assigned pseudonyms.

3. Results

3.1. Participant characteristics

A total of 23 participants were recruited to this study, including community members, policymakers and funders, program officers, Aboriginal leaders and researchers involved in PBAs in Australia, Canada, New Zealand the United Kingdom. There were eighteen participants from Australia, three from the United Kingdom, one from Canada and one from New Zealand. The PBAs under consideration ranged from smaller scale community initiatives to large organisations who deliver in multiple locations. As PBAs require a diverse skillset, it was important to speak with people who have experience in place-based interventions in different ways and at different levels (see Table 1 for participant details).

Table 1
Participant overview.

Pseudonym	Role	Description of Role
Alex	Researcher	Involved in health campaigns to address health inequities.
Alice	Community Member	Community member who is involved in shaping place-based initiatives.
Amy	Researcher	Part of a place-based research team focused on systems change.
Angela	Health Consultant	Specialises in co-design and place-based prevention.
Eliza	Researcher	Oversees evaluation of a PBA.
Elsa	Community Developer	Place-based initiative supporting community-led practice.
Felix	Indigenous Leader	Working in a place-based organisation.
Fiona	Community Member	Involved in PBAs and community groups.
George	Researcher	Specialises in collaborative action research.
Grace	Community Member	A community advocate who leads change for health improvement.
Henry	Government	Oversees place-based interventions.
James	Indigenous Leader	Community engagement leader who fosters relationships.
Jeff	Systems Leader	Leads and advocates for systems change to reduce inequity.
Kate	Researcher	Co-design facilitator who delivers behaviour change programs.
Lily	Capacity Builder	Supports community change through collective impact.
Maria	Community Member	Strengthens communities through collaboration.
Matilda	Funder	Manages place-based initiatives as part of a philanthropic organisation.
Molly	Social Impact Consultant	Works with partners to address disadvantage through systems change and advocacy.
Peter	Health Leader	Leader in a community-based organisation who delivers place-based interventions.
Polly	Researcher	Focuses on supporting partnerships and collective change in PBAs.
Sasha	Indigenous Leader	Works with community to deliver health interventions.
Tom	Community Member	Involved in co-designing and delivering place-based initiatives.
Zoe	Capacity Builder	Works in a team that builds capacity and shifts systems to create change.

3.2. Overview of principles of best practice for place-based approaches

Through GT methodology, principles of best practice for PBAs were identified and developed into a framework (Fig. 1). The key best practice principles centred on *Preparation, Participation* and *Impact* (PPI) across three key outcomes: 1. Understanding People and Place; 2. Connecting with Community; and 3. Shifting the System. Overarching the principles and outcomes is a focus on balancing power. Each of the PPI principles need to be considered throughout all stages of a PBA in an ongoing cyclical and fluid fashion, rather than in a linear process. (e.g., preparation is required at each stage rather than just at the beginning of a PBA). Balancing power among relevant parties and fostering an inclusive engagement process will increase the likelihood of successful health outcomes for the community.

3.3. Preparation

Preparation ensures that all relevant parties, or stakeholders as referred to by some participants, (community, government, organisational representatives, researchers) are adequately prepared at all stages of a place-based intervention. It involves gaining a deep insight into the cultural, social, and economic contexts of the place and people. It includes building strong relationships with community members to foster trust, encourage active participation and to ensure the initiative is community-driven and supported. *Preparation* also includes developing clear outcomes and measures of success collaboratively to create sustainable change. During *preparation*, relevant parties must be equipped with the necessary skills, tools, and knowledge to contribute in a meaningful way.

3.3.1. Preparation: understanding people and place

Participants described the need to understand the connection to place, which can be different for the diverse people and groups within a community. For Indigenous peoples, connection to place is cultural, spiritual and ancestral. As described by Felix (an Indigenous Leader), it relates to identity and is significant for land ownership and belonging.

> Some of the uniqueness around place-based models for Aboriginal communities is acknowledging that Aboriginal communities have a

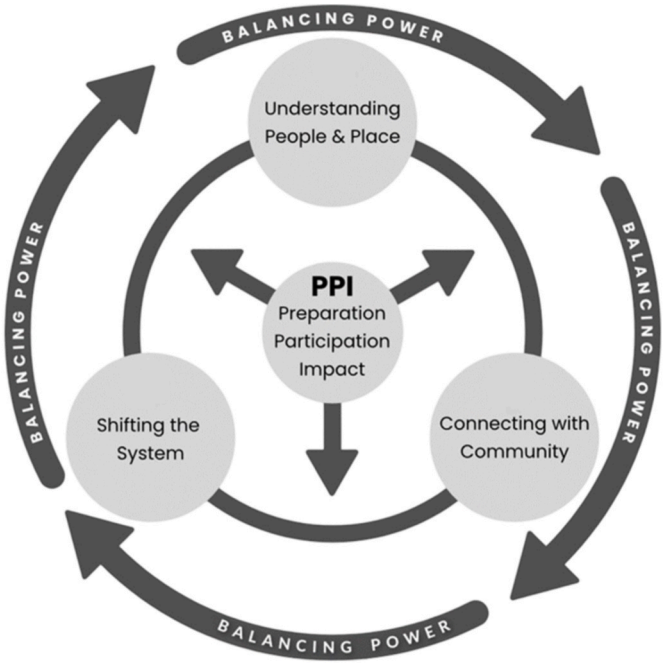

Fig. 1. Preparation, Participation, Impact Framework.

greater sense of connection to place because of that level of ownership but also acknowledging that we're there forever.

Participants emphasised the importance of understanding the historical, political, and societal context of place, recognising that health is shaped not only by the social determinants but also by the structural and spatial inequities embedded within places. This included mapping what already exists in the community, including programs, services, networks and relationships, as described by Amy (Researcher),

> Really understanding the community and what it looks like through talking and consulting with community, but also looking at the data about what it tells you.

As part of *preparation,* participants suggested a need to identify community leaders to support recruitment, buy-in, local knowledge and ensure a *'ground-up'* approach. Henry (Government) saw this as providing the community with *"greater voice and greater power to be more creative, have new ideas, and challenge existing current policy parameters."* Participants saw that community leadership enabled shared decision-making, self-determination and a way to balance power and build trust.

Participants emphasised the importance of building community capacity to contribute to PBAs; however, this was often skipped or rushed due to limited time and funding. As Polly (Researcher) noted, *"year-long* funding *is just ridiculous. How can you develop the trust and understanding and implement and do all of those type of things in a year?"* Capacity building included skills such as grant writing, learning how to chair meetings and facilitate discussions, building confidence, and understanding funding and governance processes. Often overlooked was the need to build capacity within government and organisations, such as how to work at the pace of community, collaborative practices and authentic community engagement. Participant Jeff (Systems Leader) described the gap,

> The capacity and capability building we need to do within government is, so they understand the nature of the work and how to build trust, to build relationships, to strengthen and to build networks. All takes lots of time.

3.3.2. Preparation: connecting with community

Participants emphasised that informal work, such as attending community gatherings and having *'kitchen table'* conversations is crucial for building trusted relationships as part of *preparation*. However, they noted that gaining trust is challenging. As Polly (Researcher) pointed out *"they're [government] not* funding *the intangible, and it's the intangible that will develop the trust, that will enable decision-making on the part of community"*.

Participants found that building trust with community leaders was key to engaging the wider community. For the Australian Indigenous participants in this study, there was a need to be welcomed onto Country to gain permission from an Elder before engaging with community, termed as a *'warm referral.'* Due to past experiences, Indigenous communities often distrust government and organisational initiatives,

> Trust is easily broken. That's why it is a slowly, slowly process, being extremely transparent. Because being consulted a million times and that information's gone, taken, and nothing's come back to the community (James-Indigenous Leader).

Forming collaborative partnerships was also important in the *preparation* principle. Participants highlighted the need for a shared goal and strategic alignment, as well as a desire and willingness to work together. Suggestions included clearly documented accountabilities, responsibilities and agreed outcomes at the commencement of the collaboration so that *"everyone is on the same page" (Kate-Researcher)*.

3.3.3. Preparation: shifting the system

While evaluation and systems change are often considered at the end of an initiative when *impact* is being assessed, they are an important part of the *preparation* of PBAs. Participants emphasised the need for a plan outlining the *'change you are trying to create'* and how it will be evaluated before commencing place-based work. Participants in this study recognised the importance of building evaluation and key indicators for systems change into the start of PBAs so that there is a plan from the beginning to guide future investment and sustainability.

> Building sustainability from day one and having those conversations with funders and stakeholders from day one, so that they can be identifying the necessary drivers and barriers and challenges (Angela-Health Consultant).

However, sustainability is not just about funding, participants also described that it could include changing policy or practice, building capacity of relevant parties, as well as individual and population level health improvements.

3.4. Participation

The second key principle, *participation* in PBAs, is grounded in community engagement, collaboration and trust. Community engagement includes participant recruitment, reimbursement and delivery of the place-based intervention. Trusted relationships built during *preparation*, are key to genuine inclusion and integrating community needs into PBAs.

3.4.1. Participation: understanding people and place

Although most of the groundwork for understanding the local context is undertaken as part of *preparation*, it is during *participation* that the local understanding and knowledge is crucial to target recruitment and boost participation. One of the key strategies for community member recruitment is the need to *"go where they are gathering rather than expecting them to come to you" Kate (Researcher)*. Participants explained that they use word of mouth, advertising in local newspapers and social media for recruitment as well as networking through local organisations. There was acknowledgement by participants that there is difficulty in recruiting people who are not ordinarily heard, such as those who are marginalised or disadvantaged.

3.4.2. Participation: connecting with community

While trust is built during *preparation*, it is maintained through *participation* by demonstrating action. This was seen as particularly important when engaging with Indigenous peoples, with participants describing that listening was a way of building trust.

> So, for me it would be sitting down with First Nations Elders and community groups and yarning with them about what they think would be the best way to go about it [building trust] and listening to them. Just showing people not just with my words, but with my actions (Polly-Researcher).

All participants agreed that reimbursing community members for *participating* in PBAs is considered best practice, and that reimbursement in the form of a voucher or gift card demonstrated that community member's time and insights were valued. It was also seen to help in balancing the power between the community and paid people in the room, such as government and organisational representatives. Other incentives for *participation* included provision of childcare, transport and catering.

> If you're talking a co-design process, then both community and organisational representatives are equal weight and so you've got folk being paid to attend a co-design session, professional folk, then you should have community folk being paid as well (Angela-Health Consultant).

Co-design was the preferred method for *participation* in community engagement for PBAs, with participants explaining that co-design offers

shared decision-making, generates new ideas and has the potential to offer better outcomes for the community. There was recognition that co-design is more resource intensive, requiring extensive preparation and planning that considers existing politics, power dynamics and relationships.

Throughout *preparation* and *participation,* there is a need to consider the cultural needs within the community and use culturally appropriate community engagement strategies and language. Yarning, a traditional Indigenous Australian practice of storytelling and knowledge sharing, was identified as a culturally appropriate engagement method for Indigenous communities, fostering deep listening, and a more equal distribution of power through its informal style. Participants described a need to be flexible in language and strategies to encourage *participation* with multicultural communities, such as using local champions who can act as translators. *"The reality is they're comfortable running it in their own language, talking about what their needs actually are" (Kate-Researcher).*

3.4.3. Participation: shifting the system

During *participation* there is a need to assess key outcomes and report progress to the funder, as well as building a case for the ongoing sustainability of the initiative. It was suggested by participants that measures of success during *participation* should focus on evaluating the participants' experience in the community engagement process, the strength of the partnerships and the evidence of systems change, such as new ways of working.

3.5. Impact

As discussed in *preparation* and *participation*, assessing the *impact* of PBAs must be considered and measured from the very beginning of the initiative, including measures of success, planning for sustainability and mapping for systems change. This section will discuss the key considerations for program impact as it relates to evaluation, sustainability and systems change.

3.5.1. Impact: shifting the system

In PBAs, systems change involves transforming the underlying structures and interactions within a system to create sustainable health improvement. When considering the *impact* of the initiative, participants described it as multi-layered, including individual and community wide outcomes, organisational and policy changes as well as structural change.

3.5.2. Measures of success

The success of place-based initiatives looked different depending on the area of work, the funding requirements and the perspectives of different groups and individuals. Community participants saw success as *'making a difference'* for their community where they can see *'change is occurring'*. Researchers deemed success as *"a well-functioning system that is able to respond to their target population group with better outcomes" (Amy–Researcher).* Whereas others reported that if they walked into a room and *"it's not the usual suspects in the room and it's different, this is success" (Polly-Researcher).*

Some participants felt that government and organisations prioritised metrics like datasets and return on investment figures over community-valued outcomes such as social connection, improved partnerships and ways of working. Sasha (Indigenous Leader) described how her team had to collect data that did not fit with her community.

> They [funder] gave us all the things that they wanted us to deliver on and also all the data that they wanted, which was very structured in how they wanted it delivered. They were quite rigid; they were asking us to collect the data that wasn't going to count [for our mob].

Regardless of the measures of success, participants described the importance of celebrating outcomes throughout the place-based initiative. *"There is the need to see some quick wins along the way for both community and funders to show that something is happening that's positive for the community" (Matilda-Funder).*

3.5.3. Evaluation methods

Participants in this study recognised the importance of evaluating PBAs, however, they reported uncertainty about what should be measured because it is *"hard to understand what exactly we are trying to evaluate" (Jeff - Systems Leader).* For some participants, the lack of funding for evaluation meant that they focused on self-reflection rather than specific data monitoring. *"We have to harvest and mine our own learning. There's not enough money for evaluation that actually tells us what makes a difference in this space" (Elsa-Community Developer).*

Participants described a range of methods for evaluating PBAs. Some used more formal research methods such as *'theories of systems change'* and *'developmental evaluations'* whereas for others, limited funding meant that it was reflective practice that involved *"stepping back and thinking and learning from the process" (Elsa-Community Developer).*

3.5.4. Storytelling

A common theme that emerged from the interviews was that both data and stories were important when sharing the successes of PBAs. Participants described storytelling as a way of winning the *'hearts and minds of the people'* and influencing public policy. *"We want qualitative and quantitative data ….no story without data, no data without a story" (Lily- Community Developer).*

Indigenous participants in this study described storytelling as part of their culture and how they learn and pass on information to future generations. James (Indigenous Leader) believes that stories can be a part of everybody's culture.

> Our culture is storytelling. That's how we learn. We tell our stories about how Country was created, how all the stories make us better people. We dance to those stories. We sing to those stories. But bring people along, whether they're Indigenous, non-Indigenous, the more stories that we can tell, dancing, singing, the better.

3.6. Systems change

Participants identified systems change as the long-term goal for PBAs. This goal involves organisations becoming more collaborative across sectors and engaging in capacity building to inform practice or policy change. However, participants noted that achieving systems change is challenging. There is a lack of clarity and ownership regarding who is responsible for influencing or adopting change.

> Everybody is talking about systems change and I'm not quite sure if everybody quite understands what they mean by systems change. Because everybody's talking about systems change as if it's something somebody else does (Polly-Researcher).

Furthermore, participants shared that influencing change within government is challenging due to rigid policy and funding parameters and a siloed way of working. Participants identified local changes from their place-based work, such as increased engagement from policy-makers, improved local service delivery, and enhanced skills and training. However, they did not observe any broader policy changes.

> The policy changes are the tricky ones, because it's really difficult for government. How does government fund the policy to reflect the interests of one community? What's the line in the sand where you move from universal application of policy to discrete policy interventions that are placed-based? (Jeff-Systems Leader).

The sustainability of place-based initiatives was an issue that was identified by participants, who reported that PBAs are often only provided with short-term *'seed'* funding to trial an initiative, and funding was not recurring or ongoing despite it being successful.

> I don't understand when our team deliver really well on these things and then the funding is not there again. How are you not gonna refund something? It's like, alright, here's one turn, here are the rules you have to follow and then nothing (Sasha-Indigenous Leader).

Once proven successful, a place-based initiative can be embedded into service delivery and scaled locally or more broadly. While Molly (Social Impact Consultant) noted it was not always possible to scale up all PBAs because many are context-specific, there is potential for some to be scaled up if there is strong support.

> If you're going to be trying to scale without a government adoption strategy or a government funding strategy, you're going to find it difficult. You need to have a really great funder or partners on board who are happy to take that risk with you. It really is hard, and I think that's why it's so challenging to get so many initiatives to scale. Those that have done well are ones where there's really strong collaboration.

3.7. Balancing power

The outer circle in Fig. 1 on 'Balancing Power' emphasises the importance of creating a more equitable power dynamic among all relevant parties. The concept of power is an important consideration throughout the *preparation, participation* and *impact* of PBAs, as according to participants, power can influence trust, decision-making, funding, and relationships.

During *preparation*, trust built through 'Understanding People and Place' can help equalise power and support community *participation*. Skilled facilitation was also seen as key to managing power imbalances during co-design.

> The thing with power is, it will always be there, there will always be power dynamics and I think it's about acknowledging that they do exist and having collaborative processes ….you level the playing field as much as you can (Amy-Researcher).

Participants recognised the potential for unequal power in PBAs when 'Connecting with Community'. This included having too many representatives from government or agencies that overpower the voice of community in a room, or by hosting meetings in *'official'* buildings and wearing intimidating clothes such as corporate attire. *"If you're a government person, I would suggest if you're going into communities, don't come suited up, no-one's going to take you seriously. I think, casual attire to a reasonable standard" (Sasha-Indigenous Leader)*.

For Indigenous communities, holding engagement sessions on Country in locations chosen by community members enables participants to feel safe and give them power in decision-making. For Indigenous Australians, 'on Country' holds cultural and spiritual significance. It refers to connection to land, ancestors and cultural practices and traditions (Korff, 2021). This is intertwined with trust, connection to place, and deep listening. *"They're more comfortable on their own turf. It's their safe place. They're welcoming us into their space" (Sasha-Indigenous Leader)*.

> During PBAs, the use of jargon or culturally inappropriate or inaccessible language was identified as a point of frustration for community participants and is another display of power imbalance. As Sasha (Indigenous Leader) pointed out *"no-one's going to read a brochure with 500 words on it ….they're comfortable when the information's short and simple"*. The use of highly complex data and statistics excludes community participation and perpetuates the power imbalance. Community member Alice explained, *"You can't sit there and say, 'Hello, I don't understand that' because that's taking time up in the meetings ….we didn't know the language"*.

In this study, participants identified that the funder '*holds the power*' and despite the view that government and agencies say they are giving power of decision-making to community, the final decisions may still be *'top-down'*.

> The power imbalance is always going to work in their [government] favour. You just got to deal with the decisions made by government (Felix-Indigenous Leader).

These findings highlight the importance of recognising existing power structures within a community and how they may influence community participation and decision-making. Effectively managing power dynamics is crucial for the success of PBAs and helps to create a more equitable and collaborative environment.

4. Discussion

We identified three key best practice principles that are likely to influence the outcome of PBAs: *Preparation, Participation* and *Impact (PPI)*. These principles highlight the importance of understanding both people and place, connecting with community and shifting the system. Surrounding all of this is the need to *'balance power'* through continuous monitoring and consideration. The key principles should be thoughtfully considered throughout all stages of PBAs to create supportive conditions and environments that are more likely to lead to lasting improvements in health and wellbeing. Furthermore, the principles of *preparation, participation* and *impact (PPI)* are fluid, and there may be a need to go back and forth at any given time to ensure that best outcomes are achieved. Unlike one-size-fits-all strategies, PBAs focus on specific geographic areas and develop localised solutions to address the unique characteristics of the people and place. Therefore, while it may not be feasible that all place-based initiatives will be scaled to other areas, the fundamental principles and framework offered in this study are applicable in any context to address the socio-spatial processes that contribute and sustain health inequities within and across places.

We argue that *preparation* is an essential component of building successful PBAs. While there is an abundance of research and frameworks that guide participatory engagement approaches (Han et al., 2021; Pallesen et al., 2020; Riccardi et al., 2023; Rong et al., 2023), recent research indicates there is a gap in the evidence on what needs to occur before community engagement commences. Labelled as largely 'invisible' work by Ní Shé and Harrison (2021), it is the time spent understanding the communities and the context of the place, identifying who needs to be involved and then building trust and relationships. This requires considerable effort before formal *participation* in co-design and engagement can occur.

Our study highlights a clear discrepancy between the high value that participants placed on trust and building relationships in *preparation* of the work and the absence of allocated time and funding to undertake these *'pre-work'* activities. The lack of time in building a genuine partnership can lead to distrust, and a 'tick-a-box' performative experience for community members (Ní Shé et al., 2020). Building trust is particularly important for cultural communities, illustrated by the Indigenous participants in this study, for whom trust is deeply relational, and is achieved through proving reliability and competence. Palmer et al. (2020) suggests that non-Indigenous researchers who work with Indigenous peoples can, over time, move from a 'thin' trust of the values, reputation and standards of an organisation to a 'thick' trust of personal relationships, care and empathy through displaying a sense of care, alignment of interests and friendship (Palmer et al., 2020). Similar to the way Aboriginal people care for the land, relationships need to be nurtured through trust and taking the time to learn about a community's past and future (Ingold, 2000; Ní Shé et al., 2020).

The term *'hard to reach'* continues to appear frequently in participatory health literature. However, rather than accepting the notion that certain populations are inherently difficult to engage, this framing warrants a more critical examination. Referring to communities as 'hard to reach' can operate as a form of symbolic violence (Bourdieu, 1991),

subtly reinforcing deficit-based assumptions that marginalised populations lack the skills, interest, or capacity to participate. This shifts the burden of engagement onto communities, while the professional norms, institutional structures, and practices of researchers and policymakers often remain unchallenged. Bonevski et al. (2014) argue that what is often labelled as 'hard to reach' is, in fact, the result of research and engagement practices that systemically exclude groups due to institutional, methodological or logical constraints, rather than any inherent characteristics of the communities themselves. In this sense, the framing functions to preserve existing power hierarchies under the guise of neutral or technocratic language. The PPI Framework, particularly in the *preparation* phase, invites a rethinking of these assumptions by emphasising reflexivity, relationship-building, and community-led definitions of engagement, rather than seeing *participation* as a matter of bringing communities into pre-existing systems.

Research indicates that communities with higher levels of capacity are more successful in implementing and participating in health promotion and prevention programs, thus capacity building does play a vital role in place-based interventions (Birgel et al., 2023; Millar et al., 2013; Williamson, 2022). However, it's value is often invisible or underestimated. In their scoping review on the tools and methods used to assess community capacity, Birgel et al. (2023) emphasise a need to understand community capacity such as leadership, sense of community, community power, knowledge and skills, and resources to enhance the effectiveness of public health interventions.

While participants saw the need for capacity building in community members, there was less recognition of the need for similar investment in government, researchers and organisational representatives. This suggests that a power imbalance remains in which community members are *'trained'* to be able to engage with parties such as government and researchers in a way that is standard or expected practice for them. This is echoed in the literature, where there is a scarcity of research on capacity building for government and organisations (not including community) who fund or deliver PBAs compared to a substantial amount on community capacity building (Birgel et al., 2023). We argue that there is a need to develop the capacity of all parties as a vital part of *preparation*. This approach addresses power imbalances and fosters a strengths-based model that incorporates local knowledge and experiences.

Power imbalances may emerge more overtly during *participation*, where community members and 'experts' gather in a room (Moll et al., 2020; Mulvale et al., 2019; Ní Shé and Harrison, 2021; Palmer et al., 2020). Therefore, *participation* requires a commitment to collaboration, recognition of lived experience and allocation of sufficient time and funding to enable diverse participation (Mulvale et al., 2019). The use of meeting spaces that are inclusive and safe is important to manage power imbalances. While community involvement has historically been a voluntary effort, reimbursement of people with lived experience removes barriers to encourage diverse participation and brings equity to the process. It also demonstrates respect for the invaluable expertise and knowledge they bring to the engagement process (Jordan et al., 2018).

In line with the literature, participants highlighted many challenges in enabling meaningful and mutually beneficial participation (Brown and Baker, 2019; De Weger et al., 2018; Reynolds, 2018). A co-design approach was the preferred method of participants in this study and is supported in the literature as an approach that enables authentic and equitable collaboration with better idea development, greater alignment to community needs and improved ownership of the initiatives (Benz et al., 2024; Moll et al., 2020; Mulvale et al., 2019; Pallesen et al., 2020; Wareing et al., 2019). Through creating equal partnerships, co-design enables researchers, policymakers and people who work in PBAs to understand the lived experience of community members which has benefits to all parties involved, including feeling appreciated and heard (Pallesen et al., 2020).

However, even in collaborative spaces, symbolic violence (Bourdieu, 1991) may occur when dominant professional norms such as formal meeting protocols, technical language, or time-limited consultation are imposed, marginalising community voices and reinforcing existing hierarchies under the veil of *participation.* If co-design is not implemented well, there can be unintended consequences such as further marginalising or adding burden to vulnerable populations (Ní Shé and Harrison, 2021). Additionally, a criticism of co-design is that vulnerable populations may be excluded or overpowered by the 'usual suspects', described as the louder voices in the room who have more confidence in participating (Geurts et al., 2024; Moll et al., 2020). This can be overcome by shifting professional practice to community-centred processes such as creating space for informal relationship and trust building, providing training and mentorship for participants and facilitators, and flexible methods that adapt to community preferences (Moll et al., 2020; Pallesen et al., 2020). As indicated in our study, one of the challenges of co-design relates to funding and time constraints that hinder the process, thus setting up the conditions for success in *preparation* is crucial.

Systems change in PBAs aims to create long-term sustainable change through transforming the way services and support are delivered within a community. However, achieving systems change is difficult due to the complex issues being addressed and challenges such as funding and time constraints, politics, and lack of ownership, as identified by participants in this study. Without a strategy that prepares the readiness of the system through advocacy, political buy-in and demonstrating evidence of health improvement that aligns with government priorities, many successful pilot programs fail to shift the system (Orton et al., 2019). Thus, building a case for systems change so that initiatives can be embedded in policy, scaled or sustained long-term is critical to achieve population health improvement.

The World Health Organisation (WHO) defines scaling up as "the deliberate effort to increase the impact of successfully tested health interventions to benefit more people and foster policy and program development on a lasting basis" (World Health Organization, 2009, p. 1). Our study highlighted challenges in scaling up actions in PBAs despite success of the initiative. Participants described short-term funding cycles as a barrier to creating sustainable health outcomes. This suggests that there remains a short-term mentality in funding and delivery of PBAs that requires a fundamental shift. According to Koorts and Rutter (2021), funding is one of the many reported factors that influence why public health interventions fail to achieve lasting impact, including a lack of political prioritisation, lack of resources and the ineffectiveness of current scale-up approaches to achieve system-wide impact. In current practice, interventions are scaled to fit into existing systems, which limits the ability to shift the system. They propose a shift to 'systems-orientated scale-up' to achieve population health outcomes that creates systemic readiness to accept an up-scaled intervention (Koorts and Rutter, 2021).

In a review exploring the extent to which government policy reflects the necessary conditions for place-based governance, Klepac et al. (2023) concluded that policy documents overly focus on a bottom-up approach, which could lead to reduced government interest in place-based strategies and overburdening disadvantaged communities. To avoid this, government should aim for an approach to actively building trust, fostering a supportive policy environment and integrating continuous learning into place-based initiatives (Klepac et al., 2023). This indicates a more 'hands-on' approach to PBAs is needed where government play a more active role throughout the PPI Framework.

While this study focuses on the process of implementing PBAs, it also contributes to a growing body of literature in health geography that emphasises the relational and political dimensions of place in shaping health outcomes. Research indicates that place is not only a geographic location, but a dynamic space where histories, power relations, and social identities converge to influence health and wellbeing. The PPI Framework aligns with this perspective by recognising that effective place-based interventions require more than spatial targeting; they demand an understanding of how place is experienced differently across communities. In this sense, the framework addresses health inequality in

calling for a redistribution of power and resources to communities whose relationships to place have been historically marginalised (Kearns and Moon, 2002; Pearce, 2018). Moreover, the PPI Framework offers a practical guide for users to navigate the complexity of PBAs, while emphasising the importance of the 'invisible work' of trust, capacity and relationship building. These elements are frequently underfunded or overlooked but integral to equitable engagement and long-term success.

5. Strengths and limitations

The key strength of this research is its ability to bring together diverse perspectives on PBAs from individuals working across multiple regions, settings and disciplines. Participants included those with extensive experience in place-based interventions across five regions, allowing us to identify recurring principles that transcend specific national contexts. One of the limitations in our research was a lack of balance in the participant numbers between community members and those in positions of power. While there were multiple attempts to recruit community members using snowballing, we were unable to gain access to the community, perhaps because organisational representatives were reticent to add additional demands on community members. This may have acted to reinforce the existing power imbalances and amplified the voices of those with more privilege.

Our decision to report the data in an aggregated format was intentional, given the study's exploratory aim to identify best practice principles rather than conduct context-specific evaluations. While the experiences reported were individual and came from participants in different countries, we found strong thematic alignment across contexts, particularly in relation to trust, power and equitable engagement. The principles derived from this research provide a flexible, transferable framework that can be adapted to diverse settings. Further research is needed to evaluate how these principles play out in specific cultural, political and geographic contexts.

6. Conclusion

Our study identified three key principles; Preparation, Participation and Impact (PPI), which are essential for achieving the outcomes of understanding people and place, connecting with community and shifting the system. The PPI Framework provides a practical, evidence-based approach that can be implemented by a wide range of people across diverse contexts. By adhering to these principles, PBAs can be tailored to the specific needs of the community with inclusive and equitable engagement to create community-driven solutions to address the systemic causes of health disparities.

CRediT authorship contribution statement

Tanya Rong: Conceptualization, Methodology, Formal analysis, Investigation, Writing – original draft, Writing – review & editing, Visualization. **Eli Ristevski:** Conceptualization, Methodology, Formal analysis, Writing – review & editing, Visualization, Supervision. **Matthew Carroll:** Conceptualization, Methodology, Formal analysis, Writing – review & editing, Visualization, Supervision

Ethics approval

This study was approved by the Monash University Human Research Ethics Committee (Project ID 35467).

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Declaration of competing interest

The authors declare no conflicts of interest.

Data availability

The data that has been used is confidential.

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