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From barriers to bridges: community researchers as methodological innovators in health intervention evaluation

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ABSTRACT

Gathering consistent and meaningful health intervention evaluation data from structurally disadvantaged communities presents significant challenges. Traditional external evaluation approaches often fail to capture authentic experiences due to linguistic barriers, cultural differences, and mistrust of formal systems. This study presents a systematic exploration of community researcher (CR) approaches across three diverse organisational contexts, examining what training, support, and skill development processes are necessary to ensure community researchers (CRs) can collect consistent and reliable evaluation data that meets both academic standards and authentically reflects community experiences and organisational needs. Through implementation assessment of four cases and stakeholder interviews with three organisations serving immigrants, refugees, asylum seekers, young offenders, and residents of socioeconomically deprived social housing estates, we demonstrate how different CR approaches address specific population challenges. Our findings reveal that CRs can enhance data authenticity through cultural competence and established trust relationships, although implementation requirements vary significantly across communities. The study provides an implementation model for embedding CR approaches within existing service delivery models, offering sustainable solutions for organisations requiring rigorous evaluation data without imposing additional burden on limited resources.

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1. Introduction

1.1. The data collection challenge in health intervention evaluation

Collecting consistent and meaningful evaluation data from structurally disadvantaged communities represents one of the most persistent methodological challenges in health intervention research (Hahn and Cella, 2003; Leyland, 2010; MacDonald et al., 2016). Non-governmental, voluntary and community-based organisations (commonly referred to as third sector organisations in the UK) delivering health interventions face pressure to demonstrate effectiveness through rigorous evaluation, yet struggle with fundamental data collection barriers that compromise validity and completeness (Campbell et al., 2000; Craig et al., 2008; Skivington et al., 2021; World Health Organization, 2023a)

These challenges intensify with communities experiencing multiple structural disadvantages including linguistic diversity, cultural differences, mistrust of formal systems, and practical barriers such as unstable housing or employment (Whitehead and Dahlgren, 2006). Traditional approaches often fail to capture authentic experiences, leading to incomplete or biased evaluations that inadequately represent intervention effectiveness (Sanders, 2013).

Inadequate data collection has broader consequences. Third sector organisations depend on competitive funding requiring continuous documentation of success (Billis and Glennerster, 1998; Carmel and Harlock, 2008; Kendall and Knapp, 2000). Organisations unable to demonstrate impact face reduced funding, creating a cycle where those serving structurally disadvantaged populations may struggle most to secure resources for continued service delivery.

1.2. Methodological barriers in diverse communities

Structurally disadvantaged communities present distinct challenges varying significantly across populations (Whitehead and Dahlgren, 2006). Linguistic diversity requires accommodating evaluation approaches ensuring conceptual equivalence across cultural contexts (Althubaiti, 2016). Standard wellbeing scales often lack direct translation equivalents, compromising data authenticity and validity when applied to diverse populations (ONS, 2018; Tennant et al., 2007; Wendelboe-Nelson et al., 2025).

We distinguish three barrier types. Linguistic barriers concern the absence of conceptual equivalence across languages, for example wellbeing terms such as “sluggish” that lack direct translation equivalents and so compromise measurement validity. Cultural barriers concern evaluation instruments that assume familiarity with abstract psychological constructs that may not map onto participants' own understandings of wellbeing. Trust-related barriers concern reluctance to disclose candidly, for example where fear of immigration or benefits consequences leads participants to under-report difficulty.

Cultural variations in conceptualising and expressing emotions create additional complexity (Asif and Kienzler, 2022; Castaños-Cervantes et al., 2024). Trauma or discrimination survivors may exhibit gratitude bias, reporting positive outcomes regardless of actual experiences (Althubaiti, 2016; Blair and Minkler, 2009). These challenges compound when instruments assume familiarity with abstract psychological frameworks misaligned with participants' cultural understanding of wellbeing.

Lacking trust represents a fundamental barrier to authentic data collection (Blair and Minkler, 2009; Sanders, 2013). Previous negative experiences with authorities, immigration fears, or service withdrawal concerns significantly influence participants' willingness to provide authentic feedback (Althubaiti, 2016; Asif and Kienzler, 2022; Marmot et al., 2010). Overcoming trust barriers requires considering who gathers data and how relationships are built (Blair and Minkler, 2009; Willging et al., 2025; World Health Organization, 2023b).

1.3. Historic use of community researchers

CRs encompass diverse forms of community involvement in research, including Patient and Public Involvement groups, advisory boards, and academic researchers from the communities being studied. This study focuses specifically on community members employed to conduct data collection and evaluation activities within their own communities, examining how this particular model of community-embedded research can be implemented effectively across different organisational contexts. In this model, a CR is recruited from, and employed by, a community organisation rather than the university. This distinguishes the role both from community members used as recruiters or research assistants from an academic or other external organisation, and from the embedded or insider academic researcher who, however long they spend in a community, remains within an academic structure that retains analytic authority. A defining, non-extractive principle of the model is that evaluation and research skills are intended to remain within the community after academic involvement ends.

CRs have historically served as engagement facilitators and cultural mediators in many early applications. Participatory traditions — including community-based participatory research, integrated knowledge translation, and patient-oriented research — have, over several decades, increasingly positioned people with lived experience and knowledge users as partners with status equal to academic researchers (Domecq et al., 2014; Graham et al., 2006; Israel et al., 2013). Our argument is therefore not that community members have never co-produced research, but that systematic comparison of how CR approaches must be adapted across contrasting organisational and population contexts, and practical guidance for treating CRs as independent data collectors employed by and accountable to community organisations, remain under-developed. Early applications in community development and participatory action research used community members as liaison facilitators to improve recruitment, build trust, and ensure cultural appropriateness (Arnstein, 1969; Israel et al., 2013, 2017; Wang and Burris, 1997). In health research, they have been valuable for reaching structurally disadvantaged populations where insider status enables participant contact (Rhodes et al., 2007; Spencer et al., 2010). However, roles typically focus on recruitment and navigation rather than research itself, with CRs often serving as assistants rather than independent experts (Muhammad et al., 2014; Ross et al., 2010). This model, while valuable for engagement and cultural sensitivity, does not fully utilise CRs' potential as co-developers and co-producers, capable of enhancing data authenticity through their unique perspectives and established community relationships (Cashman et al., 2008; Muhammad et al., 2014).

This study advances traditional approaches by positioning CRs as collaborators in co-development and co-production. Academics contribute validated measurement tools, research design expertise, and analytical frameworks, whilst CRs bring cultural competence, trust, and nuanced contextual understanding. This integration recognises that evaluation with structurally disadvantaged communities requires both academic rigour and community knowledge.

1.4. The insider advantage

CRs can address multiple data collection challenges simultaneously through their insider status. Possessing lived experience of challenges and interventions being evaluated, they shift evaluation from something conducted “on” communities to “with” and “by” communities, acknowledging community members' valuable expertise that external evaluators cannot achieve (Bindels et al., 2014; Blair and Minkler, 2009; Freire, 1999; Jones, 2023). This can enhance data authenticity through three mechanisms, established trust relationships that lower the threshold for candid disclosure, cultural and linguistic interpretation that preserves conceptual equivalence, and reduced observer effects relative to

Table 1

Overview of community researcher projects showing intervention contexts, target populations, wellbeing focus, research approach, sample characteristics, data collection methods and completion rates.

Project	CR Model/ Approach	Intervention and setting	Target population	Wellbeing focus	Stage and duration	Sample Size (n)	Data Collection Method	Completion Rate
The Welcoming	Embedded Service Integration	Four-week outdoor, nature-based health programme embedded within existing integration services; Edinburgh; delivered winter 2023.	New Scots (refugees, migrants and asylum seekers).	Nature contact, social connection and integration.	Completed; published evaluation (Wendelboe-Nelson et al., 2025).	23	Paper questionnaires (pre-post activity)	100%
							Online questionnaires (baseline/follow-up)	65.2%
							Face-to-face focus groups	82.6%
							Photographic activities**	30.4%
Midnight & Beyond	Peer-Led	Outdoor health intervention; graded hiking expeditions including preparation for a Mont Blanc ascent (Go Beyond programme); Edinburgh.	Justice-involved young men.	Physical challenge, achievement and personal development.	Ongoing; completion scheduled summer 2026, with six- and twelve-month follow-ups; outcome evaluation reported separately.	30	Face-to-face (all three waves: baseline, midway, follow-up)	100%
						8*	Interview	100%
Edible Estates	Model 1 (New Scots)	Community gardening connecting recent immigrants with growing projects on social-housing estates; Edinburgh.	Recent immigrants (New Scots).	Community growing: social connection, contact with green space and attachment to place.	Ongoing; continues until mid-2026.	28	Online/email/face-to-face (baseline/follow-up)	71.4%
	Model 2 (Climate Adaptation)	Community-led climate adaptation across four social-housing estates; distributed model with 13 community researchers; Edinburgh.	Residents of social-housing (council) estates.	Community resilience and adaptive capacity, alongside growing and place.	Completed 2024; retrospective evaluation within a broader assessment of 29 climate action projects.	110 attendees	15 community workshops (13 researchers, 4 estates, 22 partners)	~10 per workshop

*All eight participants who completed the mountain hiking expedition abroad were interviewed. ** informed engagement observations only.

external evaluators, while also building capacity and providing employment opportunities (Cargo and Mercer, 2008).

Despite growing recognition of CRs' potential, gaps remain in understanding how to systematically identify, recruit, train, and support CRs across different organisational contexts and target populations. Previous research demonstrates evidence for specific contexts but lacks systematic comparison of implementation approaches or guidance for organisations seeking to adopt these methodologies (Ohmer et al., 2022; Padwa et al., 2023). Moreover, organisations may lack both the financial and human resources needed, leading to sub-optimal implementations that may compromise data quality. Yet, policy makers and funders need a reliable evidence base, especially in the context of public health outcomes.

1.5. Aims

This research forms part of GroundsWell, a consortium examining how urban green and blue space (UGBS) interventions can enhance health and wellbeing in structurally disadvantaged communities. The consortium recognises that UGBS interventions (e.g., outdoor gardening activities), represent a prime example of where CRs can enhance the validity and usefulness of evaluation data. CRs offer solutions to linguistic, cultural, trust, and practical barriers by combining insider cultural knowledge with pre-established trust (Althubaiti, 2016; Asif and Kienzler, 2022; Blair and Minkler, 2009; Whitehead and Dahlgren, 2006).

Here, we address these methodological gaps by systematically comparing CR approaches across three diverse organisational contexts, guided by two primary research questions:

RQ1: What are the methodological requirements for implementing community researcher approaches across different contexts?

RQ2: What practical implementation model can enable organisations to embed community researchers within existing service models without creating additional burden on limited resources?

This paper examines methodological processes required for successful implementation, systematically defining CR requirements and integrating academic and community expertise. We explore skills CRs bring, competencies academics contribute, and how insider experience and cultural knowledge enhance data authenticity and engagement. We systematically explore training, support, and skill development necessary to ensure CRs contribute to consistent, reliable data collection meeting academic standards and authentically reflecting community experiences.

2. Materials and methods

2.1. Research design

An iterative development process (Powers et al., 2006) examined how different CR approaches were implemented across diverse organisational contexts. The methodology involved three components: assessing implementation within organisations, diary notes and stakeholder interviews capturing multiple perspectives, and continuously refining practices based on emerging findings.

In this paper we focus on methodological processes to develop effective CRs, using systematic comparison across contexts, recognising that subsequent primary data analysis will be needed to examine intervention effectiveness and data validity. Successful implementation requires understanding both practical organisational requirements and stakeholder experiences.

To avoid conflation between implementation and evaluation, we clarify our terms. The interventions are the organisations' nature-based and outdoor health activities; this study does not evaluate their health

outcomes but rather the implementation of CR approaches to evaluating them. “Implementation” here refers to how CR-led evaluation was put into practice within each organisation, and “evaluation” to the data-collection activity the CRs undertook. Organisations were selected purposively as contrasting cases representing different structurally disadvantaged populations and organisational models. Within each case we sampled the CR(s), the organisation manager(s), and participants, the latter approached by their respective CR within their own community.

Ethics approval was granted by the University of Edinburgh Research Ethics Committee (No. 193,402-193,395-99,852,913 & NUST027s). All participants provided written consent for the study and were informed that data would be anonymised, securely stored, and analysed for publication. Participation was voluntary, and participants were free to withdraw from the study at any time without explanation.

2.2. Organisational contexts

Four case studies representing different structurally disadvantaged populations enabled comparison of CR approaches across varying community characteristics and organisational models (summarised in Table 1). Detail levels reflect different completion stages and author involvement. The Welcoming evaluation represents a completed study with published findings (Wendelboe-Nelson et al., 2025). The Go Beyond programme with Midnight & Beyond is ongoing, scheduled for completion in summer 2026. The New Scots project with Edible Estates continues until early 2026. The Community-led Climate Adaptation Plan was completed in 2024 but represents a retrospective evaluation conducted as part of a broader assessment of 29 climate action projects. As an implementation-focused study, systematic demographic data were not collected uniformly across the cases; participant characteristics are therefore reported where available, and their absence is stated where they were not collected.

2.2.1. The welcoming

The Welcoming supports 'New Scots' (refugees, migrants, asylum seekers) in Edinburgh, UK. The organisation's activity coordinator served as CR, co-producing an outdoor health intervention evaluation embedded within existing service delivery to minimise disruption and ensure cultural appropriateness. The four-week programme, delivered in winter 2023, was a nature-based health intervention through which wellbeing was understood as nature contact, social connection and integration; participants described being in nature as a means of acclimatising to a new environment. The cohort ($n = 23$) was culturally and linguistically diverse, spanning more than ten countries of origin.

The CR was identified through existing organisational relationships, having demonstrated cultural competence and communication skills across linguistically diverse participant groups during previous work with the organisation. Training needs were identified through initial conversations between organisation staff and the research team, and emphasised research ethics, confidentiality management, cultural sensitivity approaches, trauma-informed practices, research methods, analysis and interpretation, and dissemination. Particular attention was given to boundary management, helping CRs maintain their authentic community connections whilst fulfilling evaluation responsibilities.

2.2.2. Midnight & beyond

Midnight & Beyond works with young male offenders in Edinburgh, UK, through outdoor health interventions including mountain hiking expeditions. Their CR, recruited from previous participants, represented a peer-led model leveraging lived experience of the intervention and justice system to build trust and engage difficult-to-reach participants. The CR's training, delivered by CWN, emphasised relationship management and boundary setting, and a project manager provided ongoing support. These outdoor interventions, centred on a graded programme of hiking expeditions including preparation for a Mont Blanc ascent,

enhance wellbeing through physical challenge, achievement and personal development for justice-involved young men. As this paper concerns the implementation of community researcher approaches rather than intervention outcomes, systematic participant demographics were not collected; an outcome evaluation of the programme is ongoing and will be reported separately.

2.2.3. Edible estates

Edible Estates, a community interest company promoting community growing projects in Council (social housing) estates across Edinburgh, UK, implemented CRs across two projects, enabling comparison of methodological adaptations. The New Scots project used one CR connecting recent immigrants with community gardening. The Community-led Climate Adaptation Plan utilised 13 CRs across four housing estates, representing a distributed model. Across both projects, wellbeing was understood through community growing, social connection, contact with green space and attachment to place, with the Community-led Climate Adaptation Plan additionally framing wellbeing as community resilience and adaptive capacity. The distributed climate model engaged approximately 110 attendees across 15 workshops.

2.3. Data collection and analysis

2.3.1. Implementation assessment

We used a modified implementation evaluation framework (Proctor et al., 2011), documenting practical implementation rather than intervention effectiveness (Moore et al., 2015). We examined how evaluation activities integrated within existing service delivery, tracking completion rates, time investment, and adaptations, with attention to cultural considerations, language requirements, and contextual factors. The evaluation identified barriers to sustainable implementation and assessed data collection method effectiveness, documenting methodological adaptations required for each target community.

2.3.2. Iterative qualitative data collection

Qualitative data was collected iteratively, moving between data collection, analysis, and interpretation. We used semi-structured interviews, workshops, and regular catch-up sessions, all audio recorded. Two CRs wrote reflective diary notes. All data was analysed using thematic analysis (Braun and Clarke, 2019).

Data was gathered from three stakeholder groups:

- CRs ($n = 3$) through interviews (with CWN) and regular catch-up sessions (two provided written reflective diary notes), exploring training needs, data collection challenges, relationship management, and perceptions of data quality and authenticity;
- Community organisations and managers ($n = 3$) through workshops and interviews (with CWN), exploring organisational perspectives on resource requirements, staff training, integration, and sustainability;
- Participants from each organisation ($n = 59$) interviewed by their respective CR, exploring experiences of intervention evaluation and CR roles.

2.3.3. Iterative qualitative data analysis

Thematic analysis (Braun and Clarke, 2019) adopted a critical constructionist epistemology, recognising explicit meaning and latent themes whilst acknowledging power dynamics in community-academic partnerships. The analysis was conducted inductively, with themes actively constructed through deep engagement with the data, recognising that themes are generated through the analytic process rather than simply discovered within the data.

Coding proceeded iteratively. Initial coding was conducted collaboratively with CRs and organisation representatives, ensuring themes reflected stakeholder priorities rather than solely academic perspectives. This generated guiding questions directing subsequent coding and thematic development, maintaining participant perspectives rather than

imposing external frameworks. CRs contributed substantially during interpretation sessions, providing insights into findings' meaning and implications within local contexts.

Quantitative data comprised paper-based pre-post activity questionnaires, administered face-to-face by the CR, and online baseline and follow-up questionnaires completed at participants' convenience; qualitative data comprised semi-structured interviews, focus groups, workshops, regular catch-up sessions, and two CRs' reflective diary notes. The study is reported against the SRQR guidelines for qualitative research, provided as a supplementary file (O'Brien et al., 2014) (Table S1).

Community researcher involvement. CR involvement varied across cases. Where feasible, CRs contributed across the research process, from study and evaluation design and data collection through to collaborative coding and interpretation, reflecting a co-production ideal in which CRs participate as partners. Within this shared process the division of labour recognised distinct areas of expertise: academic researchers retained responsibility for research design, ethics approval, data management, formal statistical and qualitative analysis, and situating findings within the existing literature, while CRs led data collection within their own communities and contributed cultural interpretation of results, contextualising findings within community experiences and helping to ensure recommendations reflected authentic community perspectives. The CR model and the mode of data collection differed by case and are specified for each in the case descriptions (Section 2.2) and Table 1; the division of labour between the academic team and the CRs, including who collected data within each community, is set out below.

Positionality. The academic team works primarily in university settings and were not themselves members of the communities studied. The first author (CWN), a researcher in environmental health and the links between green space and wellbeing, with a background spanning the life sciences, environmental exposure science and participatory mixed-methods research, conducted all interviews with CRs and organisation managers and led the analysis. She was not a member of any of the communities studied, relating to them through collaborative research on nature-based health and green space. Each CR collected data from participants within their own community: the activity coordinator at The Welcoming, an established staff member with cultural and linguistic competence across the New Scots community served; a former programme participant with experience of the justice system at Midnight & Beyond; and the community member(s) at Edible Estates, residents of the social-housing estates where the growing projects ran, including one supporting recent immigrants in the New Scots project. This distribution of data collection shaped the data, and did so differently across the three insider relationships: a lived-experience peer, a long-standing staff member and resident community members. Participants may have spoken more candidly to a trusted member of their own community than to an external academic, though shared membership can equally encourage socially desirable answers or discourage disclosure to someone embedded locally; CRs' own accounts, meanwhile, were elicited by an academic interviewer to whom they were, in a sense, accountable. Because the academic team led the analysis from outside all three communities, our assumptions and social location will also have shaped what we treated as salient and how we framed the findings. We reflect on these dynamics, and their limits, when interpreting the results.

Based on comprehensive findings from implementation evaluation, interviews, workshops, and diary notes, we propose an implementation model for successful CR approaches.

3. Findings and discussion

In keeping with the participatory and qualitative orientation of this study, we present our findings alongside their interpretation, so that the meaning of each finding and theme is conveyed at the point it is reported

and its contribution to the implementation model can be traced. Broader methodological, organisational and policy implications are then consolidated in the Implications section.

3.1. Implementation assessment across contexts

CRs were successfully integrated within existing service delivery models across all three organisations, although implementation requirements varied based on community characteristics and organisational contexts. Where feasible, CRs participated throughout the research process, from study design and evaluation planning to data collection and preliminary analysis, demonstrating methodological value beyond simple data gathering.

CRs demonstrated enhanced access and communication capabilities facilitating engagement by addressing linguistic diversity, cultural differences, and mistrust of formal systems, challenges previously identified (Blair and Minkler, 2009; Rhodes et al., 2007; Spencer et al., 2010). However, evaluation identified substantial resource requirements, particularly for training and ongoing supervision. Organisations emphasised that successful implementation required embedding evaluation within daily service delivery processes rather than creating additional burden. One staff member noted *"the necessity to embed any evaluation element into the daily process of delivering the nature-based health intervention; not as an additional element, creating further work for the organisation, which is not a sustainable model."*

3.2. Four different community researcher approaches

The comparisons below should be read in light of the case descriptions in Section 2.2 and the positionality statement, because each approach was shaped by the particular population, programme and data-collection setting it served; differences between approaches therefore reflect these circumstances as much as the approaches themselves.

The Welcoming: Embedded Service Integration Model integrated evaluation into service delivery, minimising disruption. All participants completed session-based questionnaires, with engagement patterns revealing important methodological insights. The CR's cultural competence proved essential in serving a population from over twelve countries, navigating linguistic and cultural barriers that might have challenged external evaluators.

Midnight & Beyond: Peer-Led Model employed a former participant, demonstrating how young people with criminal justice involvement respond more positively to peers than professionals. The approach prioritised flexible scheduling through opportunistic data collection and multiple contact attempts, utilising participant-preferred platforms such as Snapchat and local language patterns. However, the dual role of peer mentor and data collector required intensive supervision to maintain both relationship authenticity and methodological rigour.

Edible Estates: Dual Model Comparison enabled within-organisation comparison. **Model 1** (New Scots) focused on intensive cultural and linguistic competence with one researcher supporting recent immigrants as both cultural interpreter and data collector, enabling sophisticated interpretation but limiting scalability. **Model 2** (Community-Led Climate Adaptation) distributed evaluation across 13 researchers and four housing estates, enabling broader reach but requiring complex coordination and potentially reducing cultural specificity.

3.3. Organisational integration and resource requirements

Implementation success varied based on organisational capacity and target population characteristics. Organisations serving communities with multiple structural disadvantages required more intensive support systems and careful navigation of financial benefits implications, academic-community timeline differences, and recruitment logistics.

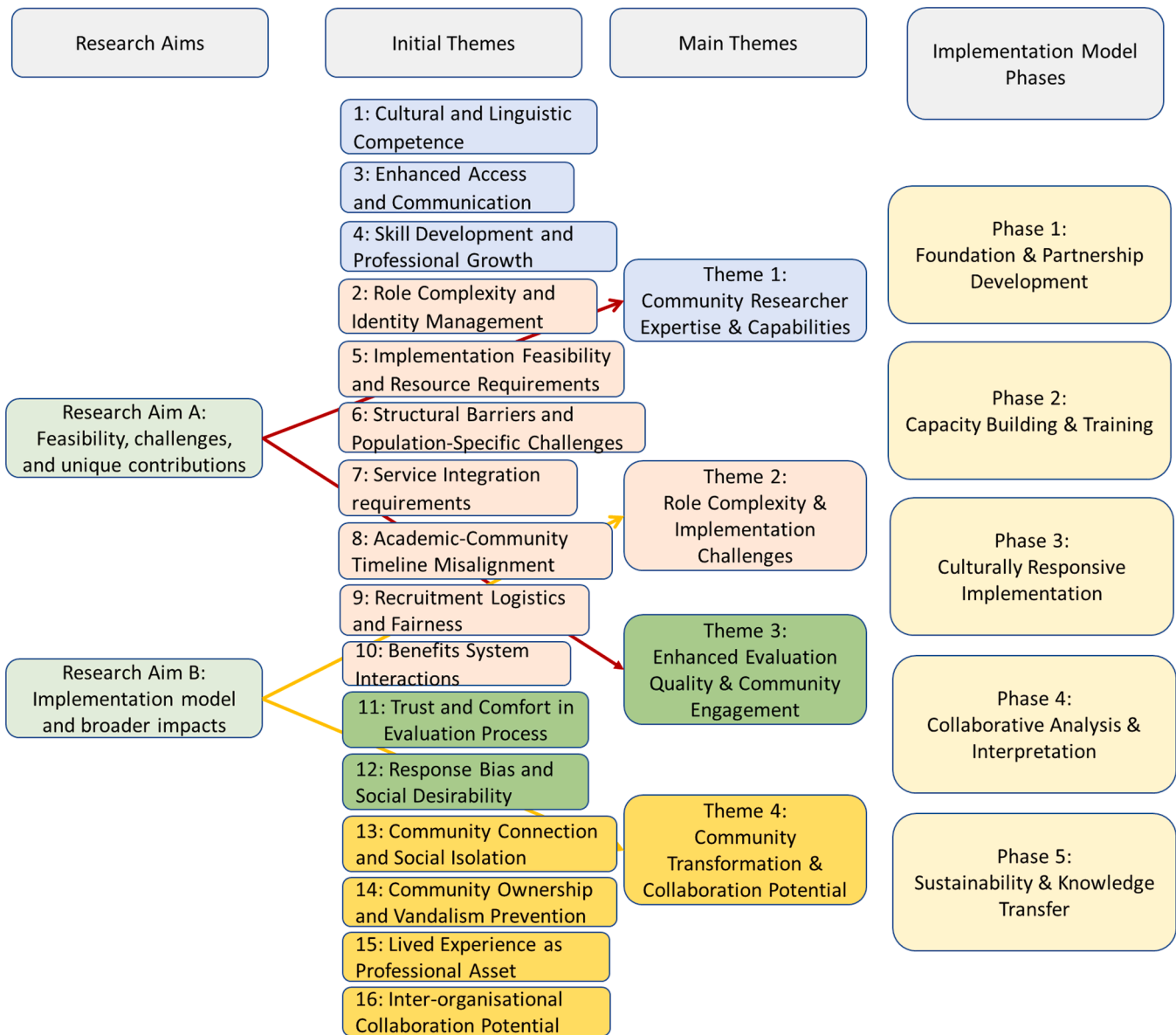


Fig. 1. Data analysis process - Alignment between research aims, thematic findings, and implementation model phases in community researcher approaches. The diagram illustrates the systematic progression from research aims through thematic analysis findings to implementation phases. Research Aim A examines feasibility, challenges, and unique contributions, connecting to Themes 1–2 which identify CR capabilities and implementation barriers. Research Aim B focuses on implementation models and broader impacts, linking to Themes 3–4 which demonstrate enhanced evaluation quality and community transformation potential. Initial themes were consolidated into four main themes. The five implementation phases (yellow boxes) systematically address thematic insights.

The peer-led model demonstrated enhanced recruitment and retention compared to traditional methods, with flexible data collection accommodating unstructured lifestyles and preferred communication platforms. Completion differed by mode of administration: in The Welcoming, paper pre-post questionnaires administered face-to-face by the CR were completed by all participants (100%) and face-to-face focus groups by 82.6%, whereas online baseline/follow-up questionnaires completed at participants' convenience reached 65.2% (Table 1). These descriptive differences, from a single case, are consistent with CR-facilitated, face-to-face administration supporting higher completion, but should be read as suggestive rather than as comparative evidence. The dual Edible Estates models revealed key trade-offs: intensive cultural competence enabling sophisticated translation of complex well-being concepts but limiting scale, versus standardised procedures enabling broader reach but requiring sophisticated coordination to maintain data quality consistency across multiple sites. Despite

attendance challenges, CRs' established networks facilitated broader institutional engagement and created inclusive spaces where residents contributed local knowledge. As one noted, "This is a common problem with community planning and engagement, however with a longer timeframe I believe these numbers might have been increased."

3.4. Stakeholder perspectives: methodological themes and implementation insights

Following thematic analysis, four main themes addressed the methodological challenges and innovations of CR approaches for data collection in structurally disadvantaged communities (Table S2) (Fig. 1).

3.4.1. Theme 1: community researcher methodological expertise

CRs demonstrated unique methodological expertise that distinguished them from traditional external evaluators, bringing distinctive

capabilities that enhanced data collection across multiple dimensions and developed transferable professional skills.

CRs demonstrated sophisticated understanding of **cultural and linguistic complexities** essential for authentic data collection. They served as cultural interpreters identifying challenges where *"certain words and concepts, such as 'sluggish,' was difficult due to the lack of direct equivalents in other languages"* (CR). This extended to recognising that evaluation concepts posed challenges even for native English speakers: *"even for participants with English as first language, some of these concepts are really difficult to comprehend and explain"* (CR).

CRs demonstrated **enhanced access and communication**, engaging participants in ways external researchers might not achieve. Organisational managers noted significant advantages: *"they can get access, can get time with the [programme participants] really quickly and really easily. Whereas if I'm trying to organise something, it can be a wee bit sluggish sometimes or the boys might not turn up."* Utilising platforms and approaches familiar to target populations allowed data collection aligning with participants' preferences: *"all the [programme participants] use Snapchat to communicate... being able to contact the boys through their normal mode of contact has been brilliant"* (Activity coordinator).

CRs experienced significant **professional growth and skill development**, enhancing both data collection and career prospects. Managers observed CRs *"quite often come up with quite nice little suggestions... they're asking structured questions, but in a more conversational way"* (Activity coordinator). This skill development represented both an outcome and a mechanism for building sustainable evaluation capacity. As one manager noted, *"they're learning new skills as well, that they might be able to use not just for this... it's important that they keep picking up sorts of skills that can be useful for them in the future."*

3.4.2. Theme 2: implementation barriers and methodological adaptations

Implementation of CRs revealed multiple interconnected challenges spanning individual, organisational, and systemic levels that required significant adaptations.

Managing identity and role boundaries proved challenging as CRs valued contributing to service improvement but experienced tension between service delivery and evaluation responsibilities. Concerns included *"I'm worried that my involvement with the university will be seen as a betrayal"* and *"I fear my involvement could jeopardise the trust I have built with the communities."* Training addressed these challenges through research ethics, confidentiality management, cultural sensitivity, and trauma-informed practices. For instance, CRs were supported in reframing data collection as conversational rather than formal interrogation, enabling them to ask structured questions naturally and recognise potential response bias where participants might provide socially desirable answers. The Midnight & Beyond CR balanced being a supportive peer mentor with collecting evaluation data; the manager described how repeated one-to-one sessions *"talking through the survey"* helped the CR understand *"the reason for the question"* and re-word items *"in a more familiar language,"* so that, while *"he's asking structured questions,"* administration became *"more conversational"* and *"didn't feel like ... sitting with a young person, just asking a list of questions"* — a balance that *"took him a wee bit ... of practice to get there."* The Welcoming's activity coordinator managed conflicts between service delivery and evaluation roles, and the New Scots CR navigated serving as both cultural interpreter and data collector, with particular focus on translating abstract wellbeing concepts and adapting evaluation tools. Role boundary complexity varied significantly across contexts, requiring tailored approaches.

Structural and systemic barriers manifested differently across organisations, with varying implementation challenges based on target population characteristics. One manager highlighted that *"the more vulnerable and the more barriers the targeted community has, the [more] completely different [is the role of] a community researcher."* For communities with multiple language barriers and recent migration experiences, methodological requirements became particularly complex: *"if you want*

a community member of the [organisation] to be a community researcher, that community researcher will need a lot of support."

Temporal misalignment between academic and community practices created additional methodological barriers, with university research deadlines and rigid scheduling often conflicting with community needs for flexible, relationship-based timelines that accommodate seasonal patterns, crisis responses, and the time required to build authentic trust relationships essential for meaningful data collection. Organisations emphasised that *"the timeline of the university . is very different... With community work we cannot just get an email one day and say, oh, the deadline is the day after tomorrow. Or if a programme is ready to start, we cannot wait 4 months for you to get ethics approval"* (organisational manager), highlighting the need for flexible, community-responsive methodological approaches.

An implementation barrier emerged around the UK benefits system, where potential CRs receiving unemployment benefits faced uncertainty about how temporary employment impacts existing financial support. One manager noted: *"If somebody who is looking for employment is probably on benefit and Universal Credit; how would six months [working as a community researcher] impact [their benefits]?"* This represents a significant structural barrier requiring careful navigation to ensure opportunities do not inadvertently harm participants' financial security.

Organisations recognised the methodological value of CRs but highlighted significant **resource and organisational requirements** that limited widespread adoption. Successful approaches required *"strong, collaborative, and integrated ways of working"* (Organisational manager). Sustainability concerns were also emphasised: *"our focus will be on delivering good activity programmes and we usually don't have time or money to engage in the necessary monitoring and evaluation. Evaluation is a bonus we often can't afford"* (organisational manager). The integration of evaluation within service delivery was beneficial for reducing additional burden, but organisations needed support to develop systems that could capture meaningful data without compromising service quality. During stakeholder workshops, third sector organisations agreed they *"must continuously prove the success of the activities and show a wellbeing value and cost effectiveness"*. (Organisational manager). However, one manager emphasised: *"more than 20 h for sure [will be needed] from the organisation to [train] the community researcher to enable them to do the amount of work that they need to do. Where will the time and money come from?".* This tension between advantages and limited resources represents a fundamental barrier to scaling CR approaches.

Stakeholder workshops revealed concerns about practical **recruitment logistics and equity** beyond simple identification of potential CRs: *"There is a big logistical part of this that is missing, like talking about community researchers as if they are already out there; we just pick them and bring them in the organisation. But that's not the reality."* Another highlighted managing high interest fairly: *"we could easily get 100 applications... how do you provide an opportunity that is fair for everybody to access, that is a lot of work?"*

These challenges underscore the need for clear role definitions, transparent selection processes, and comprehensive training infrastructure. Current funding structures typically do not accommodate substantial resources required for training, supervision, or administrative support. Without adequate funding, CR approaches risk remaining ad hoc rather than building sustainable evaluation capacity.

A cyclical training model embedded within sustained academic-community partnerships offers a potential solution, where experienced CRs mentor new cohorts and collaborate with academic researchers who provide methodological expertise and quality assurance. This requires long-term funding that recognises training and support as eligible costs, enabling communities to develop internal evaluation capacity that leverages complementary academic and community expertise.

3.4.3. Theme 3: data quality and methodological validity

We found that CR approaches can improve data collection through enhanced participant engagement, cultural appropriateness, and

sophisticated understanding of power dynamics that affect validity in research relationships with structurally disadvantaged communities.

Participants expressed **trust and comfort** with CRs, noting they felt more comfortable than with external evaluators. This rapport rested partly on shared experience, with one participant observing that CRs "understand a bit better, sort of personal experience of what we're going through" (participant), and on a sense of being understood without judgement: "I know they [the CR] don't find me silly for feeling that things are difficult" (participant). Such familiarity appeared to lower the threshold for candid disclosure, particularly where unfamiliarity with an external evaluator provoked unease — "Sometimes I would ... I'm scared of sharing. I don't know who I'm talking to ... really know" (participant) — whereas the established relationship with the CR was characterised by trust: "I trust them [the CR] that they will not do anything stupid" (participant). This indicates more authentic data collection and enhanced engagement are possible. External researchers can disrupt community activities through observer effects, altering participants' behaviour and community dynamics (Israel et al., 2013; Trickett et al., 2011). The Welcoming study found that using CRs 'minimised disruptions to the activities' (Wendelboe-Nelson et al., 2025).

CRs' understanding of community dynamics enabled them to capture subtle responses shared outside formal evaluation activities, noting, for example, that participants spoke about how "being in nature triggers old memories" and serves as "acclimatising with their new environment." This sophisticated qualitative observation captured deeper psychological processes revealing rich insights that external evaluators might have missed.

The CR approach proved particularly effective for establishing trust. One manager noted: "the communities we work with find it much easier to trust our community researcher and speak to them about what's going on in their life. I don't think they would confide in me." This enhanced trust translated into stronger data collection relationships benefiting both participant wellbeing and data quality.

The CR's dual role as facilitator and observer provided unique advantages for **cultural appropriateness and data quality**, particularly in recognising participant resilience and coping strategies. They observed that ongoing challenges participants faced were not always visible, but that "high levels of resilience were apparent... with participants putting on a brave face, looking at the positives, showing good emotion regulation." (CR). This insider perspective proved particularly valuable with structurally disadvantaged populations where trust barriers and cultural differences significantly impact evaluation data quality (Alan Danaher et al., n.d.; Castaños-Cervantes et al., 2024).

The CR approach appeared to enable different data collection insights compared to traditional methods, though definitive comparative evidence is limited. Qualitative findings suggest potential improvements in access and data authenticity through enhanced trust relationships, where participants shared personal information they would not disclose to external evaluators. CRs demonstrated cultural competence in recognising translation challenges and identifying response patterns such as gratitude bias, while capturing nuanced experiences, including how activities triggered memories and served as means of environmental acclimatisation. However, without direct comparative data, these findings indicate potential for enhanced evaluation authenticity rather than proving improved data quality. The evidence suggests that CR approaches may generate different insights that could complement traditional methods, particularly regarding cultural appropriateness and participant comfort levels.

CRs demonstrated **recognition of bias and power dynamics**, acknowledging that participants might provide socially desirable responses. In some contexts, they identified gratitude bias where they considered participants felt obligated to report positive outcomes. Given structural challenges facing participants, including immigration concerns, benefits system interactions, and service dependency, CRs' insider understanding potentially enabled more nuanced interpretation, although the extent of enhanced data validity requires further

investigation. However, CRs themselves may face power dynamics as employees of organisations delivering interventions, potentially influencing their willingness to report negative findings. This dual power dynamic requires careful consideration in training, supervision structures, and data interpretation protocols to maintain evaluation integrity.

3.4.4. Theme 4: sustainable implementation and community development

Stakeholder workshops showed that sustained community involvement built capacity and engagement. Whether CR approaches can achieve these same outcomes through long-term implementation requires further investigation.

CR approaches demonstrated several mechanisms for sustainable implementation. CRs developed **protective ownership** of evaluation processes, embedding research within valued community activities. Their established **social connections** enabled data collection that simultaneously **addressed social isolation**, creating dual benefits. The potential for **inter-organisational collaboration** emerged, with one manager noting: "there's definitely great opportunities for our organisations to work together. And perhaps our community researcher could even cover other organisations in the same area." Most significantly, recognition of **lived experience as a professional asset** was evident across all case studies: "That's sort of the perfect scenario [community researchers with lived experience] that we would like to replicate... that sort of [community researcher] model would work really well in other contexts as well." This positioning of experiential knowledge as methodological expertise suggests pathways for developing sustainable, community-embedded evaluation capacity.

The evidence raises important questions about **evaluation complexity for community engagement interventions**. CRs' sustained involvement enabled them to capture complex, gradual processes that unfold over months or years, including development of protective ownership of evaluation processes and embedding of research within valued community activities. Their established social connections facilitated data collection that simultaneously addressed social isolation, demonstrating how insider knowledge can reveal transformational changes that external researchers conducting short-term evaluations may struggle to identify.

3.5. Community researcher implementation model

Building directly on the four themes presented above (the analytic procedure is described in Section 2.3), we propose a five-phase implementation model grounded in these findings. Fig. 1 visualises this qualitative data analysis process, demonstrating how each implementation phase draws directly from specific thematic findings generated through stakeholder interviews, focus groups, diary notes and implementation evaluation, illustrating the analytical pathway. It shows how our empirical findings informed development of a theoretically grounded model addressing the methodological and practical challenges identified. The model is proposed — grounded in, but not yet tested by, these findings. Specifically, recruitment-logistics, structural-barrier and trust-building findings inform Phase 1 (Foundation and Partnership Development); professional-growth, identity-management and role-boundary findings inform Phase 2 (Capacity Building and Training); cultural and linguistic competence and enhanced-access findings inform Phase 3 (Culturally Responsive Implementation); trust, comfort and cultural-appropriateness findings inform Phase 4 (Collaborative Analysis and Interpretation); and community-ownership, inter-organisational-collaboration and lived-experience-as-asset findings inform Phase 5 (Sustainability and Knowledge Transfer).

The proposed implementation model recognises that effective CRs possess lived experience of the community characteristics and structural disadvantages facing the target population, enabling them to maintain established trust relationships and cultural understanding essential for authentic evaluation. However, stakeholder interviews revealed significant implementation challenges indicating a disconnect between the

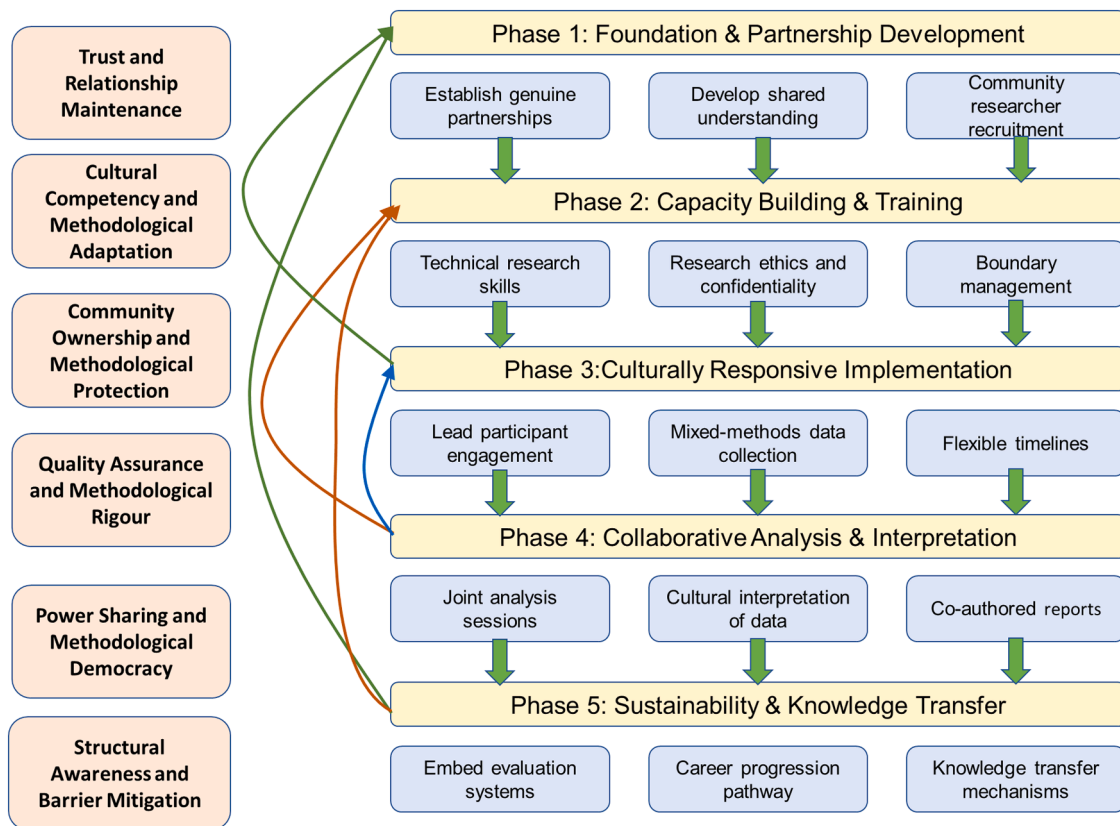


Fig. 2. Community Researcher Implementation Model. A comprehensive model for implementing community-based participatory research using CRs. The model consists of five sequential phases (yellow) connected by downward progression arrows (green), with five critical feedback loops (curved arrows) demonstrating the iterative nature of the process. The six red boxes illustrate the overarching themes (see main text and Fig. 1).

theoretical appeal and practical realities. These challenges encompassed benefits system interactions, timeline misalignments between academic and community working practices, recruitment logistics requiring equitable selection processes, and the need to embed evaluation within existing service delivery. Addressing these interconnected considerations requires structured pathways, flexible partnership frameworks, and fundamental reconceptualisation of how evaluation activities are delivered within third sector organisations.

3.5.1. Implementation model components

Based on our empirical findings, we propose a CR implementation model comprising several interconnected components that address the practical requirements for sustainable CR approaches in health intervention evaluation.

Phase 1: Foundation and Partnership Development (Fig. 2). The foundation phase establishes genuine partnerships between academic researchers, third sector organisations, and community representatives, addressing methodological requirements for valid data collection. This includes developing shared understanding of evaluation purposes, securing adequate resource allocation, and creating transparent governance structures accommodating different working timelines and practices.

CR recruitment focuses on identifying individuals sharing the lived experiences, structural disadvantages, and life circumstances of the target population. Selection processes should prioritise candidates demonstrating cultural competency and maintaining established trust relationships within target communities. Recruitment protocols must address benefits system implications and ensure fair, transparent selection processes valuing lived experience over conventional qualifications. Initial relationship-building activities facilitate trust development across all stakeholder groups (CRs, academic partners, and

organisational staff), establishing clear role boundaries and expectations.

Phase 2: Capacity Building and Training. Comprehensive training programmes address both technical research skills and complex navigation between service delivery and evaluation roles. Training encompasses research ethics, confidentiality management, cultural sensitivity approaches, trauma-informed practices, research methods, analysis, interpretation, and dissemination. Particular attention is given to boundary management, helping CRs maintain authentic community connections while fulfilling evaluation responsibilities. Ongoing supervision structures provide continuous support and professional development opportunities, recognising CRs as skilled practitioners.

Phase 3: Culturally Responsive Implementation. This phase focuses on integrating evaluation activities seamlessly within existing service implementation to minimise organisational burden. CRs lead participant engagement and recruitment, drawing upon cultural understanding and established relationships to enhance participation rates and data quality. Mixed-methods data collection approaches are implemented collaboratively, with regular reflection sessions enabling continuous adaptation based on community feedback and emerging insights. Flexible timelines accommodate community rhythms rather than imposing rigid academic deadlines.

Phase 4: Collaborative Analysis and Interpretation. Research design and instrument selection are developed collaboratively, with academic researchers contributing methodological expertise and CRs ensuring cultural appropriateness. Analysis planning begins with collaborative sessions where CRs, academic researchers, and service providers jointly review data and identify key analytical priorities. Throughout analysis, CRs work alongside academic researchers, providing contextual insights informing coding frameworks, thematic development, and interpretation of statistical patterns. Academic

researchers retain final responsibility for formal statistical and qualitative analysis due to specialised technical training, although this analysis is conducted in ongoing dialogue with CRs who contribute essential understanding of cultural nuances, community dynamics, and contextual factors shaping findings. Joint interpretation sessions integrate analytical results with community knowledge, with CRs serving as equal partners in determining meaning and communication of findings. This ensures recommendations authentically reflect both analytical rigour and community perspectives. Co-authored reports acknowledge the complementary expertise of all partners, maintaining analytical integrity whilst ensuring findings remain grounded in community experience.

Phase 5: Sustainability and Knowledge Transfer. The final phase embeds evaluation systems within organisational structures to ensure continuity beyond project funding while addressing structural barriers to sustainability. Sustainable funding strategies support ongoing CR roles, including navigation of benefits system implications and career progression pathways. Knowledge transfer mechanisms enable replication of successful approaches across different organisations and contexts.

A critical component involves establishing ongoing university-community partnerships for analytical support. CRs excel at accessing data that traditional researchers may struggle to obtain, but transforming this data into rigorous analysis, reports, and funding applications requires sustained academic involvement. Universities should develop formal partnership arrangements with community organisations, creating exchange processes whereby CRs collect culturally appropriate data and university researchers provide analytical expertise. This addresses potential conflicts of interest by ensuring third-party analytical rigour while avoiding the burden of training CRs in advanced statistical methods. Such arrangements require dedicated university funding streams recognising analytical support as an ongoing responsibility, enabling community organisations to leverage their unique data collection capabilities for credible evaluation outcomes securing continued funding. Researcher training is also needed to ensure that the academic community understands its role, is equipped to support CRs effectively and understand the power-sharing implications of this, and is able to plan and justify realistic time-frames in seeking research funding.

3.5.2. Cross-Cutting themes

Six cross-cutting themes operate throughout all implementation phases. **Trust-building strategies and relationship maintenance** occur continuously, recognising that authentic partnerships require ongoing investment accommodating different organisational cultures and working practices. **Cultural sensitivity and linguistic considerations** are embedded throughout all activities, with particular attention to translation needs and culturally appropriate expression of wellbeing concepts. Recognition of **community ownership and methodological protection**, whereby community engagement transforms problematic behaviours into protective ownership, underpins the approach. **Quality assurance and methodological rigour** are maintained through rigorous quality standards without compromising cultural appropriateness or community engagement principles. **Power sharing and methodological democracy** require shared decision-making authority and recognition of different forms of expertise contributed by all stakeholders. **Structural awareness and barrier mitigation** necessitate that implementation account for structural barriers including benefits systems, academic-community timeline differences, and organisational capacity constraints.

The model emphasises iterative rather than linear processes, acknowledging that implementation rarely unfolds as planned. Trust-building, capacity development, and relationship maintenance are ongoing requirements throughout the evaluation lifecycle, necessitating flexibility. The model recognises that different communities and organisations will require tailored approaches based on their specific contexts, populations, and structural constraints.

4. Implications

Set against the wider community-researcher literature, the present cases extend the role CRs have conventionally played, and it is this shift that underpins the implications below. In earlier applications, community members were used mainly as liaison facilitators, improving recruitment, building trust and ensuring cultural appropriateness, while analytic authority remained with academic teams (Arnstein, 1969; Israel et al., 2013; Wang and Burris, 1997). In health research specifically, their value has been framed largely in terms of access, with insider status enabling contact with structurally disadvantaged populations that external researchers struggle to reach (Rhodes et al., 2007; Spencer et al., 2010), and across this body of work CRs have typically functioned as assistants rather than independent experts (Muhammad et al., 2014; Ross et al., 2010). Our cases are consistent with these access and trust contributions — the peer-led model at Midnight & Beyond and the embedded coordinator at The Welcoming both reached and engaged participants in ways external evaluators would be unlikely to manage — but they also extend the role beyond facilitation. Here CRs acted as independent data collectors whose contributions reached into the measurement process itself: re-wording items into more familiar language, translating abstract wellbeing concepts for linguistically diverse participants, and recognising gratitude bias and socially desirable responding. This positions CRs as co-producers of the data rather than recruitment aids (Cashman et al., 2008; Muhammad et al., 2014), and the accounts of trust, comfort and reduced disruption reported above are consistent with, and add first-hand participant detail to, prior claims about insider data collection and observer effects (Blair and Minkler, 2009; Israel et al., 2013; Trickett et al., 2011). The methodological, organisational and policy implications that follow are best read in this light: as the requirements for supporting a co-producing data collector, not merely a community liaison.

4.1. Methodological implications

CRs offer distinct methodological advantages for evaluation with structurally disadvantaged communities, particularly in addressing cultural and linguistic barriers compromising traditional data collection approaches. Their insider status enables access to participants and cultural interpretation that external evaluators struggle to achieve. Their sustained community involvement may further position them to capture gradual, relational processes that unfold over months or years, which short-term external evaluation can struggle to detect. However, this research reveals that CR approaches require sophisticated implementation models rather than simple substitution of external evaluators.

The evidence suggests the approach offers potential improvements in data authenticity and participant engagement, although definitive claims about enhanced data quality require comparative studies. CRs demonstrated awareness of response bias and power dynamics potentially enabling more nuanced interpretation, particularly regarding gratitude bias and social desirability effects. Their cultural competence proved essential for adapting evaluation tools and translating abstract concepts across diverse populations.

4.2. Implementation and organisational implications

Successful implementation demands substantial organisational adaptation and resource allocation, extending beyond traditional evaluation budgets. The research identified critical structural barriers including benefits system interactions, academic-community timeline misalignments, and complex recruitment logistics that organisations must navigate systematically.

The embedded service integration model proved most sustainable, requiring evaluation activities to be woven into existing service delivery rather than imposed as additional requirements. This necessitates fundamental rethinking of evaluation approaches within third sector

organisations, moving from external assessment models to integrated community-led methodologies. Different community contexts require distinct implementation approaches, with communities facing multiple structural disadvantages demanding more intensive support.

Beyond resourcing and integration, realising the benefits of CR approaches depends on role clarity. Clarifying roles in community-academic partnerships is essential to understanding what CRs uniquely add, rather than treating them as a substitute for external evaluators. The model leverages complementary strengths: academic researchers provide methodological rigour and analytical expertise, while CRs offer cultural competence and contextual understanding that enhance the validity and relevance of conclusions.

4.3. Policy and funding implications

Current funding models inadequately support CR approaches, creating cycles where organisations serving the most structurally disadvantaged populations struggle to demonstrate impact through credible evaluation data. Dedicated funding streams recognising initial investment are required for training, relationship-building, and sustainable infrastructure development.

Understanding current funding practices, perceived barriers to adequate resourcing, and funder expectations for evaluation quality would provide essential insight into how funding models might better support these methodologies. Such research would establish a foundation for engaging funders in developing appropriate indicators and evaluation frameworks for CR approaches.

Funders should consider requiring CR approaches for interventions targeting structurally disadvantaged communities, with resource allocation and timelines reflecting implementation complexity rather than assuming simple cost substitution. Investment in accredited training pathways and career progression opportunities could create sustainable CR infrastructure and provide employment opportunities.

However, implementing such requirements necessitates a fundamental shift in how evaluation costs are conceptualised. Major public research funders including the ESRC, Wellcome Trust, and MRC increasingly stipulate involvement of people with lived experience in research design and delivery. Yet challenges persist in how this involvement is funded and operationalised, particularly when third sector organisations commission evaluation or health service providers contract external evaluators. Funding structures must adequately resource not only participation of people with lived experience but also organisational infrastructure required to support CRs throughout the evaluation process.

Adequate funding must account for full infrastructure required, including organisational time for recruitment and support, ongoing academic partnerships for methodological guidance and quality assurance, and navigation of practical barriers such as benefits system interactions. Without such investment, the cycle persists whereby organisations serving the most structurally disadvantaged populations remain least able to demonstrate impact through credible evaluation data, ultimately limiting their capacity to secure future funding and continue essential services.

4.4. Limitations and future research

This research examined specific organisational contexts in Edinburgh, UK, serving particular populations, limiting generalisability across different geographical, cultural, and service contexts. The time-frame prevented assessment of long-term sustainability and impact, and the focus on implementation processes rather than comparative effectiveness limits claims about enhanced data quality. A further tension concerns the CR involvement in the measurement process itself. To aid comprehension, CRs sometimes re-worded questionnaire items into more familiar language and translated abstract wellbeing concepts for linguistically diverse participants. While this supported participant

understanding, it may also have reduced the comparability and external validity of previously validated scales, whose psychometric properties assume standardised wording; results from those instruments should therefore be interpreted with this trade-off in mind, and future work could examine how far responsive re-wording can be reconciled with measurement standardisation. The distribution of data collection — academic-led interviews with CRs and managers, and CR-led interviews with participants — together with the organisation-led identification of CRs, shaped what could be said and by whom. In particular, recruitment may have privileged those most visible to organisations over those most trusted within communities. Comparative and more participatory designs should address these limitations in future work.

Future research should include comparative designs examining data quality differences between CR and traditional evaluation approaches with matched populations. Testing the implementation model across diverse contexts and intervention types would establish broader applicability. Investigation of cost-effectiveness and long-term sustainability mechanisms remains essential for scaling these approaches.

The complexity of CR roles and substantial support requirements suggest that these approaches may not be universally applicable or cost-effective across all evaluation contexts. Whether CRs are necessary rather than simply preferable for evaluating such interventions remains an open question that only systematic comparison with external evaluators can resolve. Research should examine which specific circumstances and population characteristics make CR approaches most beneficial relative to traditional methodologies.

5. Conclusion

This research demonstrates that CR approaches offer valuable methodological advantages across diverse contexts serving structurally disadvantaged communities, revealing the sophisticated implementation frameworks, timelines and substantial resources required to realise this potential. Across three organisational contexts, the study documents successful implementation of four different models: embedded service integration, peer-led approaches, single CR as cultural interpreter, and distributed multi-researcher models, each addressing specific population characteristics and organisational needs.

We challenge assumptions about CR approaches as simple, cost-effective alternatives to external evaluation. Successful implementation requires training, ongoing supervision, administrative support systems, and careful navigation of structural barriers. The five-phase implementation model provides evidence-based guidance for organisations, emphasising that evaluation activities must be embedded within existing service delivery rather than imposed as additional requirements.

This research contributes to participatory evaluation methodology by documenting the complex realities of CR implementation. As health systems increasingly recognise the importance of addressing structural determinants of health, CR approaches offer pathways towards more equitable evaluation practices that centre community voices in evidence-based decision-making. This model provides guidance for ensuring evaluation processes authentically engage with community experiences while maintaining methodological rigour, contributing to fairer, more inclusive approaches to generating evidence that shapes health policy and practice.

Ethics statement

This study was approved by the University of Edinburgh Research Ethics Committee (reference number 193,402-193,395-99,852,913 & NUST027s). All participants provided written informed consent prior to participation in the study.

Participants were informed that their data would be anonymised, securely stored, and analysed for publication. Participation was voluntary, and participants were free to withdraw from the study at any time

without explanation. Participant information materials were provided in English, and the community researcher was available to provide additional explanation and support to ensure that consent was fully informed and that participants understood the aims of the project and what their involvement entailed.

Given the sensitive nature of this research involving structurally disadvantaged communities, particular care was taken to protect participant confidentiality and wellbeing throughout the study. Data are not publicly available due to confidentiality restrictions.

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The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Declaration of generative AI and AI-assisted technologies in the manuscript preparation process

During the preparation of this work the author(s) used Claude.ai in order to improve language, clarity and conciseness. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the published article.

CRediT authorship contribution statement

Charlotte Wendelboe-Nelson: Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Anissa Thabet Mammar:** Investigation, Formal analysis. **Lizzie Ashworth:** Investigation, Formal analysis. **Bailey Stevenson:** Investigation, Formal analysis. **Sian De Bell:** Writing – review & editing. **Julius C. Alejandro:** Writing – review & editing. **Jessica C. Fisher:** Writing – review & editing. **Tanja M. Straka:** Writing – review & editing. **Rita Sousa-Silva:** Writing – review & editing. **Claudia Menzel:** Writing – review & editing. **Rachel R Y Oh:** Writing – review & editing. **Aletta Bonn:** Writing – review & editing. **Melissa R. Marselle:** Writing – review & editing. **Stephen Malden:** Writing – review & editing, Validation, Methodology, Conceptualization. **Andrew J. Williams:** Writing – review & editing, Validation, Methodology, Conceptualization. **Catharine Ward Thompson:** Writing – review & editing, Validation, Supervision, Methodology, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.wss.2026.100462](https://doi.org/10.1016/j.wss.2026.100462).

Data availability

The participants of this study gave written consent for their anonymised data to be analysed by participating academic researchers and shared in research publications. Due to the sensitive nature of the research, supporting data is not available.

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