

Measuring the Maturity of Asset-Based Community Development: Findings and Implications Applied in a Community Walking Programme

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ABSTRACT

Background: Asset-Based Community Development (ABCD) mobilises the strengths of individuals, associations, institutions, and shared spaces to enhance community capacity. Empirical evidence quantifying ABCD maturity remains limited. This study introduces and applies the ABCD Maturity Index to examine baseline patterns, subgroup differences, and changes during participation in Beat the Street, a community-wide, gamified physical activity programme.

Methods: A matched-pairs pre–post design was used with adult participants (≥ 18 years) across six UK locations (March–June 2024). The ABCD Maturity Index measures six domains representing core ABCD foundations: *Individuals*, *Associations*, *Institutions*, *Place-based assets*, *Connections*, and *Stories*. Reliability and construct validity were evaluated using internal consistency and subgroup comparisons. McNemar’s test assessed paired change in dichotomised agreement scores.

Results: Internal consistency was good (Cronbach’s $\alpha = 0.80–0.83$). At baseline ($n = 5,734$), highest agreement was for *Place-based assets* (76.3%) and lowest for *Stories* (29.4%). ABCD maturity was lower among participants from more deprived areas, with disabilities, or long-term conditions. Matched-pair analysis ($n = 1,503$) showed a mean increase of 5.4 percentage points ($p < 0.05$), with largest gains in *Stories* (+7.8 pp) and *Institutions* (+7.5 pp).

Conclusion: The ABCD Maturity Index provides a reliable and valid framework for assessing community capacity and tracking change. Its application revealed both structural inequalities and the potential for inclusive, place-based interventions to strengthen ABCD maturity, particularly among groups starting from lower baselines.

Keywords: Asset-Based Community Development (ABCD), community capacity, social capital, place-based intervention

1. INTRODUCTION

Asset-Based Community Development (ABCD) is a transformative approach that focuses on mobilising the strengths and resources within a community rather than addressing its deficiencies. While ABCD has been implemented internationally across North America, Europe,

and Australasia, empirical research quantifying its maturity remains limited. Most evidence derives from case studies and qualitative work, with few attempts to measure relational and institutional aspects systematically (Mathie & Cunningham, 2003; Russell & McKnight, 2022). Reflecting the



increasing adoption of ABCD frameworks across North America, Europe, and Australasia (Russell & Hofman, 2024; Russell & McKnight, 2022), the UK context offers transferrable learning for other community systems. The UK offers a particularly relevant testbed due to its integrated public health and community development frameworks (Office for Health Improvement and Disparities, 2022), providing insights transferable to other contexts seeking to operationalise ABCD principles.

We hypothesised that participation in a large-scale, place-based intervention would be associated with measurable increases in ABCD maturity, particularly among groups starting from lower baseline levels. In contrast to deficit-based models that emphasise needs and service provision, ABCD prioritises the identification and animation of assets – from individual skills and associations to institutions and shared spaces – to foster sustainable development and resilience (Kretzmann & McKnight, 1993). This approach aligns with research on social capital, civic engagement, and public health, which highlights the role of strong community networks in improving wellbeing. Despite its growing adoption, there remains a lack of empirical tools to measure ABCD maturity and track its development over time. Without such measures, it is difficult for policymakers and practitioners to assess the effectiveness of ABCD-informed interventions or to target resources where they can strengthen community capacity most effectively. Prominent practitioners, including co-author Cormac Russell, have advanced ABCD globally, emphasising the shift from focusing on what is wrong to building on what is strong (Russell, 2020). This philosophy recognises that the most effective support arises from enabling communities to act on their strengths. Recent UK policy frameworks (Office for Health Improvement and Disparities, 2022) reinforce the importance of community-led initiatives, social connectedness, and participatory approaches in reducing health disparities. The present study addresses this measurement gap by examining the maturity of ABCD within the context of Beat the Street, a gamified physical activity and community engagement intervention. We measured ABCD maturity across six UK locations, using a pre–post design to assess changes over the course of the intervention. We hypothesised that participation in Beat the Street would be associated with increases in ABCD maturity.

2. METHODS

Study setting and population

In this study, the Beat the Street took place in Cinderford, Edmonton, Harwich and Dovercourt,

Maldon, Reading South & East, and South Derbyshire in England, UK. Delivery was coordinated by Intelligent Health, UK, with support from a range of local agencies and partner organisations. The programmes were implemented sequentially between 13 April 2024 and 6 November 2024, with each location running a six-week game accompanied by a short build-up period and an extended follow-up phase to encourage sustained activity and community engagement.

Beat the Street is a community-wide physical activity and engagement programme that transforms towns and neighbourhoods into large-scale walking and cycling challenges. Radio-frequency identification (RFID) sensors, known as Beat Boxes, are installed in accessible community locations such as streets, parks, and active travel corridors. Participants earn points by tapping a card or mobile device at two different Beat Boxes within one hour, contributing to individual and team totals. Local schools, workplaces, and community groups can form teams that compete for prizes, fostering collective participation and motivation.

The intervention has been shown in previous studies to increase physical activity and strengthen community engagement across diverse settings (Harris, 2018a; Harris, 2018b; Harris, 2019; Harris & Crone, 2020; Harris & Crone, 2021; Harris et al., 2024). Local engagement coordinators work before and during each game to build partnerships with anchor institutions, voluntary organisations, and grassroots networks, ensuring the programme is visible, trusted, and inclusive. Steering groups comprising local stakeholders oversee delivery, support community events, and align the initiative with broader local strategies and resources.

Participation is free and open to all residents. At registration, participants provide consent and are informed about data use and privacy. While the wider programme also engages families and schools, the present analysis draws exclusively on data from adult participants (aged 18 years and over) who completed the ABCD maturity survey and resided in one of the six intervention sites.

Study design

This study employed a matched-pairs pre–post design to assess changes in Asset-Based Community Development (ABCD) maturity during participation in a community-wide gamified physical activity intervention, Beat the Street (Harris, 2018b; Harris & Bird, 2020; Harris & Crone, 2020). The intervention was delivered in six UK locations

between March and June 2024. ABCD maturity was measured at baseline (week 0) and at the end of the six-week intervention (week 6) to capture change over time at the individual level.

Participants

Participants were adults (≥ 18 years) registered for Beat the Street in the selected locations. All participants were invited to complete an online survey containing the ABCD maturity items at two time points: pre-intervention and post-intervention. Respondents who provided both baseline and follow-up responses and gave informed consent were included in the matched-pair analysis. Participation was voluntary.

Procedures

Intervention – Beat the Street is a gamified, mass participation intervention that transforms a town into an interactive game to encourage walking, cycling, and community exploration. Participants earn points by tapping RFID-enabled Beat Boxes located across the local area and can compete individually or as part of teams representing schools, workplaces, or community groups. The design removes common barriers to participation and promotes inclusion across demographic groups. Previous evaluations have demonstrated significant increases in physical activity levels, active travel, and community engagement, particularly in disadvantaged areas (Harris, 2018b; Harris, 2019; Harris & Bird, 2020; Harris & Crone, 2020; Harris & Crone, 2021; Harris et al., 2024).

ABCD Maturity Index

The ABCD Maturity Index comprises six domains derived from established Asset-Based Community Development frameworks (Kretzmann & McKnight, 1993; Russell & McKnight, 2022). These foundations underpin sustainable community-led development by shifting focus from deficiencies to strengths:

Individuals – recognising that everyone has unique skills and talents to contribute to the community (McKnight, 2013).

Associations – informal groups such as clubs and volunteer organisations that enable people to connect through shared interests (Mathie & Cunningham, 2003).

Institutions – formal organisations, including businesses, schools, and public agencies, which can become assets when they actively support citizen-led initiatives (Russell, 2022).

Place-based assets – physical spaces such as parks, community centres, and cultural sites that contribute to local identity and wellbeing (Kretzmann & McKnight, 1993).

Connections – relationships between individuals and groups that create social capital and networks of mutual support (Putnam, 2000).

Stories – cultural narratives and local histories that reinforce identity, values, and pride within a community (Mathie & Cunningham, 2003).

To operationalise these domains, six survey statements were developed:

Individuals: “I have skills and capabilities to offer my local area, such as helping others or volunteering.”

Associations: “I take part in informal groups, clubs and societies of people in my local area that come together around common interests.”

Institutions: “I know of organisations and public agencies that I trust who work in my local area to help the community.”

Place-based assets: “I go to public places in my neighbourhood like parks and community centres.”

Connections: “I feel part of a network of residents, groups and organisations that collaborate in my local area.”

Stories: “I have stories I can tell or that I have heard that encapsulate the cultures and heritages of my community.”

Each statement was rated on a 5-point Likert scale from *Strongly disagree* to *Strongly agree*. The *Stories* statement was introduced partway through the project and was therefore measured in four of the six locations.

Data collection

Surveys were distributed via email to registered participants through the Beat the Street platform. Data collection took place between March and June 2024. Responses were collected using an online survey tool. To maintain confidentiality, no personally identifying information was included in the dataset.

Statistical analysis

Each item was rated on a 5-point Likert scale (1 = *Strongly disagree* to 5 = *Strongly agree*), with higher scores indicating stronger asset-based orientation. For the purposes of reliability and validity testing, analyses were conducted using the original 1–5 Likert scores. For descriptive and comparative analyses of ABCD maturity, responses were dichotomised into *Agree to some extent* (scores of 4 or

5) versus all other responses (1–3) and reported as the percentage agreeing. This approach allowed both psychometric evaluation and practical interpretation of community-level maturity. Matched-pair analysis was used to compare baseline and follow-up responses at the individual level. Agreement percentages were calculated with 95% confidence intervals. Statistical significance of changes over time was tested using McNemar's test for paired proportions. Analyses were conducted using standard statistical software (Python), with a threshold for significance set at $p < 0.05$ or $p < 0.01$.

Ethical considerations

This study was conducted in accordance with the principles of the Declaration of Helsinki. Informed consent was obtained electronically from all participants before survey completion. Ethical approval for secondary analysis of anonymised programme data was implicit within the privacy statement and informed consent of participants as per the Intelligent Health internal governance process.

3. RESULTS

Reliability and construct validity of the ABCD Maturity Index

Internal consistency analyses indicated that the ABCD Maturity Index demonstrates good reliability across both study samples. The five-item version, available across all areas, showed good internal consistency (Cronbach's $\alpha = 0.80$, $n = 5,734$), while the six-item version that additionally included *Stories* demonstrated very good reliability ($\alpha = 0.83$, $n = 2,807$). All item–total correlations exceeded 0.40 (range = 0.44–0.72), indicating that each item contributed meaningfully to the underlying construct of ABCD maturity. The inclusion of the *Stories* domain marginally improved internal consistency, suggesting that narrative and cultural identity are integral to mature community development processes.

Construct validity was assessed by examining differences in ABCD maturity across theoretically relevant subgroups. Consistent with expectations, respondents from the most deprived areas reported lower ABCD maturity ($r = 0.063$, $p < 0.001$) compared with those in the least deprived areas, indicating sensitivity to socioeconomic gradients. Participants reporting a disability ($d = -0.14$) or long-term condition ($d = -0.13$) also scored lower, reflecting barriers to participation and inclusion. By contrast, physically active participants scored substantially higher than inactive participants ($|d| \approx 0.25$ – 0.30 ,

$p < 0.001$), supporting convergent validity with community participation and engagement. No meaningful gender differences were observed.

Exploratory analyses further examined variation across ethnic groups. While overall ABCD maturity was slightly lower among ethnically diverse respondents, the domain-level pattern revealed complementary strengths. Non-White British participants reported higher scores on *Skills* and *Stories*, reflecting community know-how, mutual support, and rich cultural identity. In contrast, White British participants rated *Organisations* and *Places* higher, suggesting greater familiarity and trust with formal institutions and shared civic spaces. *Networks* and *Groups* showed minimal ethnic difference, implying comparable levels of associational and relational connection across communities. These differentiated patterns align with established distinctions between bonding and bridging social capital (Putnam, 2000) and support the construct validity of the ABCD Maturity Index in capturing diverse expressions of community capacity.

Together, these findings provide robust preliminary evidence that the ABCD Maturity Index is a reliable and valid measure of community development maturity. The scale demonstrates strong internal coherence and discriminates between groups in ways that are theoretically and contextually consistent with asset-based and relational models of community change (Mathie & Cunningham, 2003; Russell, 2022).

ABCD maturity survey results

At baseline, 5,734 participants completed the first five ABCD maturity statements, and 2,807 completed the sixth statement on community storytelling. The overall mean agreement across all statements was 45.87% (± 1.29). The highest baseline agreement was reported for *Place-based assets*, with 76.25% (± 1.10) of respondents agreeing that they visited public places in their neighbourhood such as parks and community centres. This was followed by *Individuals* (54.92% ± 1.29) and *Institutions* (43.81% ± 1.28). Lower agreement was reported for *Associations* (36.07% ± 1.24) and *Connections* (34.79% ± 1.23), with the lowest for *Stories* (29.40% ± 1.68) (Table 1).

Matched-pair analysis, based on 1,503 participants for five statements and 768 for *Stories*, demonstrated a statistically significant mean increase of 5.41 percentage points (± 3.57 , $p < 0.05$) in overall agreement following the six-week Beat the Street intervention. The largest gains were observed

in the *Stories* domain, with an increase of 7.77 percentage points (± 4.65 , $p < 0.05$), and in *Institutions*, with a 7.45 percentage point increase (± 3.56 , $p < 0.05$) (Table 2).

When examined by demographic subgroup, individuals with a long-term condition (LTC) reported baseline agreement levels ($45.94\% \pm 2.83$) similar to the overall sample, whereas those with a disability had lower agreement ($41.62\% \pm 4.89$), particularly in *Stories* ($16.06\% \pm 5.02$, $p < 0.01$) and *Place-based assets* ($69.69\% \pm 4.57$, $p < 0.01$). Post-intervention, the LTC group showed marked increases in *Institutions* ($+8.05$ pp ± 7.35 , $p < 0.01$) and *Stories* ($+8.51$ pp ± 9.16 , $p < 0.01$).

Ethnicity analyses revealed that Black respondents reported higher baseline agreement ($47.06\% \pm 6.60$), particularly in *Individuals* ($70.37\% \pm 6.05$, $p < 0.01$). Asian respondents demonstrated higher baseline scores for *Institutions* ($36.39\% \pm 5.02$, $p < 0.01$) and *Connections* ($40.69\% \pm 5.13$, $p < 0.05$), while White British respondents scored higher in *Institutions* ($45.81\% \pm 1.51$, $p < 0.05$) and *Place-based assets* ($77.89\% \pm 1.26$, $p < 0.05$) but lowest in *Stories* ($27.06\% \pm 2.17$, $p < 0.01$). Post-intervention,

White Other respondents recorded substantial gains in *Institutions* ($+13.64$ pp ± 12.27 , $p < 0.01$) and *Connections* ($+18.18$ pp ± 11.98 , $p < 0.05$).

Gender differences were modest, with men reporting slightly higher overall agreement ($46.85\% \pm 2.55$) compared to women ($45.60\% \pm 1.53$). Men scored significantly higher in *Associations* ($38.91\% \pm 2.49$, $p < 0.05$) and *Stories* ($34.02\% \pm 3.33$, $p < 0.01$), while women scored higher in *Place-based assets* ($77.55\% \pm 1.28$). Following the intervention, women showed significant improvements in *Institutions* ($+6.07$ pp ± 4.14 , $p < 0.05$), *Connections* ($+6.80$ pp ± 4.12 , $p < 0.05$), and *Stories* ($+9.75$ pp ± 5.42 , $p < 0.05$).

Socioeconomic status, assessed by Index of Multiple Deprivation (IMD) deciles 1–4, showed that participants from more deprived areas had lower baseline agreement ($42.19\% \pm 2.06$, $p < 0.01$), particularly for *Institutions* ($41.39\% \pm 2.06$, $p < 0.05$) and *Stories* ($23.41\% \pm 1.97$, $p < 0.01$). Nevertheless, these participants demonstrated post-intervention gains in *Stories* ($+9.13$ pp ± 6.19 , $p < 0.05$) and *Institutions* ($+4.11$ pp ± 5.98).

Table 1. Baseline ABCD maturity by foundation and demographic group

Group	Description	5 statements (n)	6 statements (n)	Individuals	Associations	Institutions	Place-Based Assets	Connections	Stories	Average
Conditions	Long Term Condition	1,187	586	55.01% +/-2.83	37.41% +/-2.75	46.08% +/-2.83	74.64% +/-2.47	34.88% +/-2.71	27.65% +/-3.61	45.94% +/-2.83
	Disability	386	205	52.59% +/-4.96	35.75% +/-4.76	44.56% +/-4.93	69.69%** +/-4.57	31.09% +/-4.6	16.06%** +/-5.02	41.62% +/-4.89
Ethnicity	Asian	349	293	61.03%* +/-5.09	34.67% +/-4.97	36.39%** +/-5.02	72.21% +/-4.68	40.69%* +/-5.13	34.47% +/-5.41	46.58% +/-5.21
	Black	216	197	70.37%** +/-6.05	36.57% +/-6.37	35.19%* +/-6.32	73.15% +/-5.87	30.56% +/-6.10	36.55%* +/-6.67	47.06% +/-6.60
	Mixed	138	101	54.35% +/-8.20	38.41% +/-8.01	39.86% +/-8.06	76.81% +/-6.98	30.43% +/-7.59	35.64% +/-9.18	45.92% +/-8.20
	White Other	516	360	52.13% +/-4.29	34.88% +/-4.10	39.53% +/-4.20	74.03% +/-3.77	30.81% +/-3.97	28.89% +/-4.66	43.38% +/-4.26
	White British	4,189	1,611	53.9% +/-1.51	36.31% +/-1.46	45.81%* +/-1.51	77.89%* +/-1.26	35.28% +/-1.45	27.06%** +/-2.17	46.04% +/-1.51
Gender	Female	4,093	1,933	53.99% +/-1.53	35.01% +/-1.46	44.3% +/-1.52	77.55% +/-1.28	34.79% +/-1.46	27.94% +/-2.00	45.6% +/-1.53
	Male	1,470	773	57.21% +/-2.53	38.91%* +/-2.49	42.11% +/-2.52	73.67%* +/-2.25	35.17% +/-2.44	34.02%** +/-3.33	46.85% +/-2.55
Index of Multiple Deprivation deciles 1-4		2,196	1,770	53.51% +/-2.08	33.93% +/-1.98	41.39%* +/-2.06	70.45%** +/-1.91	30.46%** +/-1.92	23.41%** +/-1.97	42.19%** +/-2.06
Physical Activity	Active	3,130	1,503	57.99%** +/-1.73	39.68%** +/-1.71	47.67%** +/-1.75	79.62%** +/-1.41	38.82%** +/-1.71	32.47%** +/-2.36	49.37%** +/-1.75
	Fairly Active	849	375	56.89% +/-3.32	37.34% +/-3.25	45.11% +/-3.34	79.27% +/-2.72	34.86% +/-3.2	29.87% +/-4.61	47.22% +/-3.35
	Inactive	1,742	917	48.62%** +/-2.34	29.05%** +/-2.13	36.34%** +/-2.26	68.89%** +/-2.17	27.61%** +/-2.10	24.65%** +/-2.79	39.19%** +/-2.29
Average		5,734	2,807	54.92% +/-1.29	36.07% +/-1.24	43.81% +/-1.28	76.25% +/-1.10	34.79% +/-1.23	29.40% +/-1.68	45.87% +/-1.29

Note: Significant difference within the ABCD domain for the cohort subgroup: * p < 0.05, ** p < 0.1.

Table 2. Change in ABCD maturity % agreement by foundation and demographic subgroup

Group	Description	5 statements (n)	6 statements (n)	Individuals	Associations	Institutions	Place-Based Assets	Connections	Stories	Average
Conditions	Long Term Condition	348	188	4.02% +/-7.30	5.17% +/-7.37	8.05%** +/-7.35	2.59% % +/-6.00	4.89% +/-7.31	8.51%** +/-9.16	5.54% +/-7.41
	Disability	115	65	-0.87% +/-12.68	4.35% +/-12.79	7.83% +/-12.79	2.61% +/-11.02	9.57% +/-12.47	1.54% +/-16.35	4.17% +/-12.91
Ethnicity	Asian	47	43	6.45% +/-20.08	17.74% +/-18.91	19.35%** +/-18.95	9.68% +/-15.85	12.9% +/-19.88	14.00% +/-9.94	13.35% +/-20.01
	Black	62	50	0.00% +/-14.41	-6.38% +/-17.5	2.13% +/-17.6	0.00% +/-11.75	-2.13% +/-17.34	2.33% +/-19.4	-0.68% +/-17.31
	Mixed	22	12	-1.61% +/-26.59	3.23% +/-19.79	4.84% +/-22.12	-3.23% +/-27.23	6.45% +/-20.73	4.00% +/-21.65	2.28% +/-22.96
	White Other	125	84	-4.55% +/-9.98	9.09% +/-11.87	13.64%** +/-12.27	-9.09%** * +/-8.43	18.18%* +/-11.98	16.67%* +/-14.03	7.32% +/-12.32
	White British	1,186	535	4.97%** +/-3.98	4.05%** +/-3.99	7.59%* +/-3.99	3.63%** +/-3.04	5.23%* +/-3.95	6.73%* +/-5.51	5.37%* +/-4.02
Gender	Female	1,103	564	3.45% +/-4.13	3.54% +/-4.15	6.07%* +/-4.14	2.90% +/-3.10	6.80%* +/-4.12	9.75%* +/-5.42	5.42%** +/-4.16
	Male	338	165	6.80% +/-7.38	4.73% +/-7.4	12.13%* +/-7.48	4.44% +/-5.98	2.66% +/-7.23	1.21% +/-10.3	5.33% +/-7.53
Index of Multiple Deprivation deciles 1-4		535	438	4.11% +/-5.96	2.43% +/-5.92	4.11% +/-5.98	4.30% +/-5.15	7.85%* +/-5.82	9.13%* +/-6.19	5.32% +/-5.98
Physical Activity	Active	838	410	4.77%** +/-4.69	6.09%** +/-4.77	9.90%* +/-4.71	3.34% +/-3.47	6.32%* +/-4.75	7.32%* +/-6.47	6.29%* +/-4.76
	Fairly Active	204	89	2.45% +/-9.50	-1.96% +/-9.67	1.47% +/-9.66	3.92% +/-6.96	0.98% +/-9.43	7.87% +/-13.39	2.45% +/-9.69
	Inactive	351	183	3.42% +/-7.39	3.13% +/-7.02	5.41% +/-7.35	3.99% +/-6.45	5.13% +/-6.95	6.56% +/-9.11	4.61% +/-7.34
	Increased Physical Activity	327	171	5.81% +/-7.60	0.31% +/-7.57	5.81% +/-7.65	5.20% +/-6.26	5.20% +/-7.45	7.60%** +/-9.64	4.38% +/-7.64
	Increased From Inactive	211	115	5.69% +/-9.51	1.90% +/-9.16	4.74% +/-9.46	5.69% +/-8.26	5.21% +/-9.13	4.35% +/-11.4	4.27% +/-9.44
Average		1,503	768	4.06%** +/-3.53	3.99%** +/-3.54	7.45%* +/-3.56	3.33%** +/-2.75	5.85%* +/-3.51	7.77%* +/-4.65	5.41%* +/-3.57

Note: Significant change * $p < 0.05$, ** $p < 0.01$.

4. DISCUSSION

Major original research statements

- Participation in Beat the Street was associated with measurable improvements in ABCD maturity, with the largest gains in *Stories* and *Institutions*.
- Improvements in ABCD maturity following participation in Beat the Street suggest that when communities are invited to take part in place-based, relational experiences, their civic capacities grow.
- Baseline strengths in *Place-based assets* and weaknesses in *Stories* highlight uneven development in community capacities.
- Participants with lower baseline ABCD maturity on average recorded above-average gains.
- The ABCD Maturity Index should be understood not as an evaluative tool for services, but as a lens through which institutions can learn how to support, rather than lead, community flourishing.

This study provides quantitative evidence that participation in a large-scale, place-based intervention was associated with measurable improvements in Asset-Based Community Development (ABCD) maturity. The largest gains were observed in storytelling (*Stories*) and trust in local organisations (*Institutions*), with improvements also evident in other domains. Communities with higher ABCD maturity appear better equipped to address challenges through local leadership and resource mobilisation, consistent with core asset-based principles (Kretzmann & McKnight, 1993; Mathie & Cunningham, 2003).

By leveraging local resources and social networks, ABCD-oriented approaches strengthen social capital, trust, and participation – factors repeatedly linked to improved community wellbeing (Putnam, 2000; Russell, 2022). These results align with prior research emphasising that inclusive, participatory initiatives can enhance both the relational and institutional foundations of community life (Bainbridge & Lunt, 2021; Morgan & Ziglio, 2007).

Strengthening community capacity through ABCD principles

The observed improvements in ABCD maturity support existing evidence that strong social networks and civic participation foster resilience and collective efficacy (Mathie & Cunningham, 2003; Russell, 2022). Our findings confirm that place-based initiatives can stimulate relational energy and expand associational life, echoing earlier

ABCD-informed projects where broad participation created sustained community momentum (Russell, 2020).

Policy implications: Trust, participation, spaces, and storytelling as assets

A relational model

The results support Russell's (2025) argument that public institutions must shift from a delivery model to a relational model. The growth in ABCD maturity following Beat the Street suggests that when communities are invited to participate in relational, place-based experiences, civic capacity expands. However, as cautioned in the literature, co-opting community development into institutional frameworks without changing institutional posture – from control to accompaniment – can undermine rather than strengthen community life. The ABCD Maturity Index should therefore be viewed as a learning lens, helping institutions understand where to support rather than lead.

Institutional trust and power-sharing

Trust in local organisations improved significantly. This mirrors research indicating that communities thrive when power is decentralised and residents are enabled to take ownership of local decision-making (Office for Health Improvement & Disparities, 2022; Russell, 2021). Consistent with Leeds City Council's ABCD adoption, acting 'from the edge' (Russell, 2025) appears to create space for civic energy to grow.

Participation and social networks

Broad participation remains essential for strengthening social capital. This study's findings reinforce prior work showing that grassroots initiatives and volunteerism enhance resilience and belonging, associated with ABCD maturity (Bainbridge & Lunt, 2021).

Public spaces and infrastructure

High baseline scores for *Place-based assets* and further gains during the intervention highlight the role of accessible public spaces in fostering interaction and participation, consistent with Harris (2018b), Harris and Bird (2020), and Harris and Crone (2021).

Cultural storytelling and identity

The substantial gains in *Stories* demonstrate the value of cultural narratives in reinforcing collective identity and cohesion. Storytelling, as recognised in ABCD theory, strengthens intergenerational relationships and local pride (Russell, 2020).

Addressing demographic variations and equity

Participants from disadvantaged backgrounds, including those with long-term conditions, disabilities, or living in deprived areas, recorded above-average gains. This finding supports evidence that asset-based approaches can be particularly effective for socially excluded groups by enhancing collective agency and belonging (Bainbridge & Lunt, 2021; Russell, 2021). The finding that the greatest improvements occur among groups with the lowest initial levels of ABCD maturity demonstrates alignment with the principle of *proportionate universalism*, as originally articulated by Marmot (2010) and reiterated by Marmot and Allen (2024) as fundamental to equitable policy design and implementation.

Leveraging ABCD maturity measures

Tracking ABCD maturity over time provides policymakers with an asset-based framework for identifying community strengths and gaps, complementing traditional deficit-oriented indicators (Morgan & Ziglio, 2007). The ABCD Maturity Index is best understood as a compass for alignment – a tool for surfacing where associational life is strong, where relational energy is growing, and where institutional overreach may suppress civic capacity (Russell, 2025). Policymakers can apply ABCD Maturity Index to: target resources towards communities with lower maturity; evaluate impact by integrating ABCD indicators into public health and development assessments; inform policy that enhances participation, trust, and place-based assets. As emphasised by the Intelligent Health Advisory Panel, a cross sectoral group brought together as part of Intelligent Health's Sport England System Partner role, there is a real risk that institutional adoption of community development language without a posture shift will lead to co-option rather than co-creation. ABCD metrics can help institutions protect – not possess – the civic conditions that enable community flourishing.

Contribution to the literature

These findings contribute to the growing body of evidence that asset-based approaches are effective in strengthening community capacity. The association between higher ABCD maturity and stronger community outcomes reinforces the case for policies that prioritise local strengths, build social capital, and enable participatory governance. Investing in trust, cultural narratives, and inclusive public spaces offers a pathway to more

resilient, sustainable, and connected communities. The ABCD Maturity Index showed good internal consistency and evidence of construct validity, providing preliminary support for its use in measuring asset-based capacity at community level. Future applications should continue to test its psychometric performance across different populations and cultural settings.

Limitations

Several limitations should be considered when interpreting these findings. The data relied on self-reported responses, which may be influenced by recall error or social desirability bias. In addition, the analysis captured short-term change only; longer-term trajectories of ABCD maturity and their relationship to sustained community outcomes remain to be examined. Although the ABCD Maturity Index demonstrated good internal consistency and construct validity, it remains a novel measure, and further application across diverse settings is needed to examine its robustness and relevance in different cultural and governance contexts. Finally, as the study was undertaken within a UK policy and cultural setting, the transferability of findings to other countries may be shaped by differing institutional arrangements and community infrastructures.

Despite these limitations, the study offers one of the first quantitative demonstrations of ABCD maturity change within a large-scale, place-based intervention.

5. CONCLUSIONS

As practitioners and system leaders increasingly orient towards community-led approaches, a persistent challenge remains: how to see, and act in support of, the relational fabric that sustains community life. The 'dark matter' of community power (Russell, 2025) – the informal associations, quiet leadership, mutual trust, and cultural rituals that animate neighbourhoods – is largely invisible to institutional logic models and policy frameworks. The ABCD Maturity Index offers a way to illuminate this hidden civic infrastructure. By surfacing changes in associational life, cultural storytelling, trust in local institutions, and the felt sense of belonging, the Index provides a translational tool – a civic Rosetta Stone. It helps systems listen to what communities already know and to recognise what makes them resilient in ways that transcend formal programmes or interventions. Importantly, the Index bridges the micro and macro. At the micro

level, it supports community builders and neighbourhood actors to affirm and grow civic capacity. At the macro level, it gives system leaders a language for investment that honours the relational, not just the transactional. Used well, it does not seek to measure communities into submission, but to create space for accompaniment, subsidiarity, and stewardship. This study reframes community strength not as a service outcome to be delivered, but as a condition to be noticed, nurtured, and aligned with. The ABCD Maturity Index, like community power itself, is most potent when used with – not on – communities. Future research should examine how changes in ABCD maturity interact with other measures of community wellbeing over time, and explore the Index's application in diverse cultural and policy contexts to strengthen its utility as a global tool for community development.

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