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DKSH



SIDE BY SIDE PROJECT

Baseline Report: Executive Summary
Right To Play Thailand, March 2022

Contents

Acknowledgements.....	2
Project Description	3
Baseline Purpose and Methodology	4
Findings and conclusions	7
Question 1: <i>What can the baseline assessment tell us about intended participants' life skills and psychosocial/physical well-being?</i>	7
Psychosocial wellbeing of children under age 13	7
Psychosocial wellbeing of children and young people ages 13 - 24.....	8
Life skills of children and young people ages 13 - 18	9
Physical fitness of children, young people, and community members.....	10
Activity levels of children, young people, and community members	12
Question 2: What can the baseline assessment tell us about social cohesion amongst intended participants in the targeted communities?	12
Sense of community cohesion amongst children and young people.....	12
Question 3: What can the baseline assessment tell us about the safety and functionality of play spaces in the targeted communities?	13
Safe and functional play spaces that children and young people have access to.....	13
Feelings of safety in local communities/play environments	15
Recommendations	16

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Project Description

The Side By Side project seeks to enhance the well-being of children, young people, and communities in 4 urban, disadvantaged communities (Haroon, Rimthang, Rongmoo, and Suanploo) within Bangkok using sport and play. Those living in these four communities are mostly low-income families and/or minority groups, including Muslim, LGBTQ, and migrant community members. The project is implemented by Right To Play's Thailand Office between January 2020 and December 2022, with funding from DKSH. It focuses on three key outcomes, aiming to reach 2,000 children and youth (aged 10 – 24) and 1,500 community members throughout the life of the project:

1. Improved life-skills for children and young people, specifically confidence, leadership, communication, interpersonal skills and physical fitness.
2. Increased community and social cohesion, leading to reduced levels of anti-social behaviour amongst community members.
3. Improved child friendly and safe play spaces, leading to improved learning environments.

The key assumption underpinning the Side by Side project's approach is that the key factor to reducing anti-social behaviours and increasing well-being is healthy relationships among children, youth, and community members through regular activities and events. To achieve the intended outcomes, the project will implement the following activities:

- **Youth participation and engagement:** The project aims to achieve these outcomes for children, young people, and community members by providing leadership development trainings for youth aiming to build their life skills, and supporting the youth to cascade the life skills to community members through youth-led sport and play-based learning sessions in the four communities. The assumption here is that if children and youth have the opportunity to engage in sport and play-based activity regularly, they can improve their life skills and physical fitness. If children and youth have opportunities to build and develop life skills, they are likely to take an active role in positively developing their own communities.
- **Community engagement:** The project will also lead interests and needs-based female empowerment activities for girls and young women and other community members in the four communities to address issues of gender inequality and improve social cohesion. The assumption here is that if community members, including volunteer coaches and caregivers/parents, develop knowledge and awareness of issues facing the children and youth in their communities, they will become active members of a more socially cohesive society supporting children and youth to achieve their potential.
- **Play Space Rehabilitation:** Lastly, the project will rehabilitate existing play spaces aiming to make them safer, more child friendly, and more accessible for young people in the four communities. The assumption here is that if play spaces are rehabilitated to be safer and more useful to community members, they will attract community activities that encourage positive collaboration and participation in sports and play-based learning activities.

Right To Play is implementing the Side-by-Side project in a collaborative and learning partnership with Liverpool Football Club Foundation (LFCF), who is implementing similar activities in Liverpool, U.K.

Baseline Purpose and Methodology

The purpose of the baseline evaluation is to identify the status of intended outcomes outlined in the project's MEL framework, before implementation began. This is intended to serve as a benchmark against which to identify changes in participants' outcomes measured at the end of the project, and to provide an understanding of how the situation varies across participants and communities in order to inform and recommend how interventions are implemented in target communities.

The baseline evaluation aims to answer the following questions:

1. What can the baseline assessment tell us about intended participants' life skills and psychosocial/physical well-being?
2. What can the baseline assessment tell us about social cohesion amongst intended participants in the targeted communities?
3. What can the baseline assessment tell us about the safety and functionality of play spaces in the targeted communities?

However, due to lockdowns implemented as a result of the COVID-19 pandemic, it was not possible to complete the baseline data collection process that took place in November 2020. The baseline data presented here was collected at three different points: some in November 2020 before project activities began and before COVID-19 lockdowns were introduced in Bangkok; some in December 2020 once lockdowns lifted, during project activities three months after project implementation began; and the remainder in March 2021, six months after the project launched in October 2020, and after the project completed rehabilitation of play spaces. This is explained in more detail in the table below, outlining which data was collected using certain tools at each point in time outlined above. Between the launch and the data collection period, weekly sports sessions were delivered to children and youth in communities. Due to these complications, the baseline data was likely compromised by the project activities and does not truly represent the situation of the children, youth, and community members before receiving the project's intervention. This should be taken into account during the endline evaluation. Additionally, due to the impact of the COVID-19 pandemic on staff capacity, data analysis and report drafting were delayed. Therefore, the baseline evaluation report was produced in June 2022 – over one year after data collection finished.

The baseline data collection was conducted internally by Right To Play staff and trained enumerators. Due to the dispersed nature of data collection, each tool involved a different sample size, presented in the table below. It is important to note that the sample size may not be representative of the wider project target population. This is a limitation of the design, and may limit the ability to generalize the results to the wider target population.

Table 1 Evaluation design matrix

Evaluation question	Indicator	Evaluation method, data source, data collection period	Data collection tool	Sample size
What can the baseline assessment tell us about intended participants' life skills and psychosocial/physical well-being?	% of participants that report an overall improvement in their psychosocial well-being	Data collected from children via questionnaire in Nov 2020, and completed in March 2021 after COVID-19 lockdowns were lifted	Kidscreen-27	145 (M=67, F=78) children under age 13
	% of participants that report an overall improvement in their psychosocial well-being	Data collected from children/young people via questionnaire in Nov 2020, and completed in March 2021 after COVID-19 lockdowns were lifted	Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS 13+)	129 (M=66, F=63) children/young people aged 13 - 24
	% of children and youth that demonstrate life skills	Data collected from children/young people via questionnaire in Nov 2020, and completed in March 2021 after COVID-19 lockdowns were lifted	Developmental Assets Profile (DAP)	253 (M=122, F=131) children/young people age 13 - 18
	% of participants achieving increased physical fitness	Data collected from observation of children/young people conducting the 12 minute walk test in December 2020, 3 months after project implementation began	Cooper's 12 Minute Walk test	116 (M=59, F=57) community members: 48 children (age 8-12) M=37, F=11; 33 youths (age 13-25) M=16, F=17; 25 adults (age 25-60) M=4, F=21; 10 elderly (age 60+) M=2, F=8

	% of participants with increased weekly physical activity levels	Data collected from children/young people via questionnaire during the 12 minute walk test in December 2020, 3 months after project implementation began	Sport England Active Lives Survey	111 community members (M=54, F=57) 44 children (age 8-12) M=33, F=11 31 youths (age 13-25) M=14, F=17; 25 adults (age 25-60) M=4, F=21; 11 elderly (age 60+) M=3, F=8
		Data collected from children/young people via questionnaire during the 12 minute walk test in December 2020, 3 months after project implementation began	Single Item Measure for Physical Activity	116 (M=59, F=57) community members: 48 children (age 8-12) M=37, F=11; 33 youths (age 13-25) M=16, F=17; 25 adults (age 25-60) M=4, F=21; 10 elderly (age 60+) M=2, F=8
What can the baseline assessment tell us about social cohesion amongst intended participants in the targeted communities?	% of participants who report an increased sense of community cohesion	Data collected from children/young people via questionnaire in Nov 2020, and completed in March 2021 after COVID-19 lockdowns were lifted	Brief Sense of Community Scale (BSCS)	274 children and youths (M=135, F=139) 130 children (age 8-12) M=66, F=64; 144 youths (age 13-25) M=69, F=75
What can the baseline assessment tell us about the safety	% of safe function play spaces that children and	Data collected via observations by program staff in March 2020 before	Community mapping checklist; and	4 communities observed

and functionality of play spaces in the targeted communities?	youth have access to regularly	project implementation began	Minimum standards tool	
	% of participants reporting feeling safer in their local community/play environment	Data collected from children/young people via questionnaire in March 2022 after all play spaces were rehabilitated by the program	Community Life Survey	274 children and youths (M=135, F=139) 130 children (age 8-12) M=66, F=64; 144 youths (age 13-25) M=69, F=75

Findings and conclusions

Question 1: What can the baseline assessment tell us about intended participants' life skills and psychosocial/physical well-being?

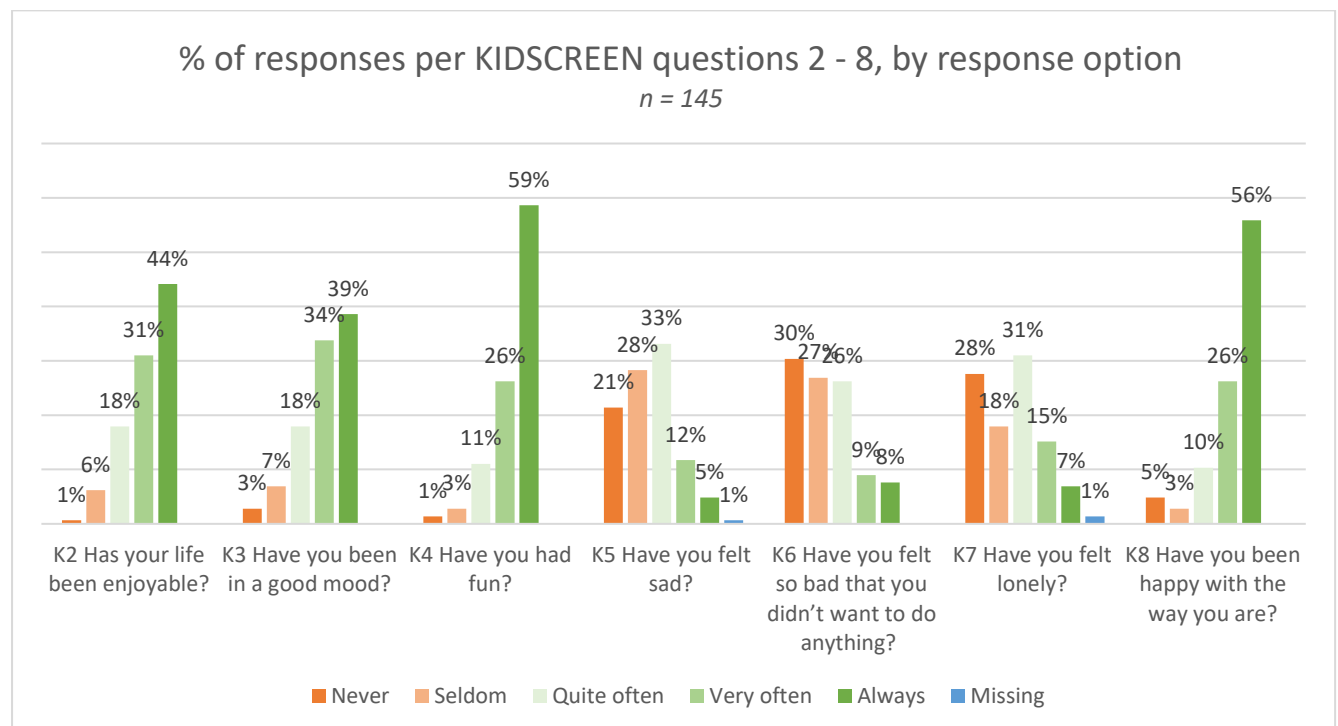
Psychosocial wellbeing of children under age 13

At baseline, we found that children under the age of 13 generally reported themselves to be in good health and reflect positive psychosocial well-being, but also report struggling with feelings of sadness, loneliness, and generally feeling bad. There is room for improvement over the life of the project in this age group's psychosocial well-being.

The KIDSCREEN tool was used to collect baseline measurement of the % of participants under the age of 13 who report an overall improvement in their psychosocial well-being. 25% (36/145) of the children who responded to the questionnaire reported having either excellent or very good health. 8% (12/145) reported having good health. None of the children reported having fair or poor health, however 67% (97) of the 145 children did not respond to this question.

The chart below shows the responses to the remaining KIDSCREEN questions regarding children's self-reported psychosocial well-being, demonstrating that children under 13 generally report high levels of psychosocial well-being, but that significant proportions of the children also reported struggling with feelings of sadness, loneliness, and generally feeling bad. The majority of the children – 93% (135/145) – reported that their life is enjoyable either quite often, very often, or always. Similarly, 90% (131/145) reported that they are quite often, very often, or always in a good mood, 96% (139/145) reported having fun quite often, very often, or always, and 92% (134/145) reported being happy with the way they are either quite often, very often, or always. However, 50% of the children (72/145) reported feeling sad

either quite often, very often, or always. Similarly, 53% (77/145) reported feeling lonely quite often, very often, or always, and 43% (62/145) reported feeling so bad that they didn't want to do anything either quite often, very often, or always.



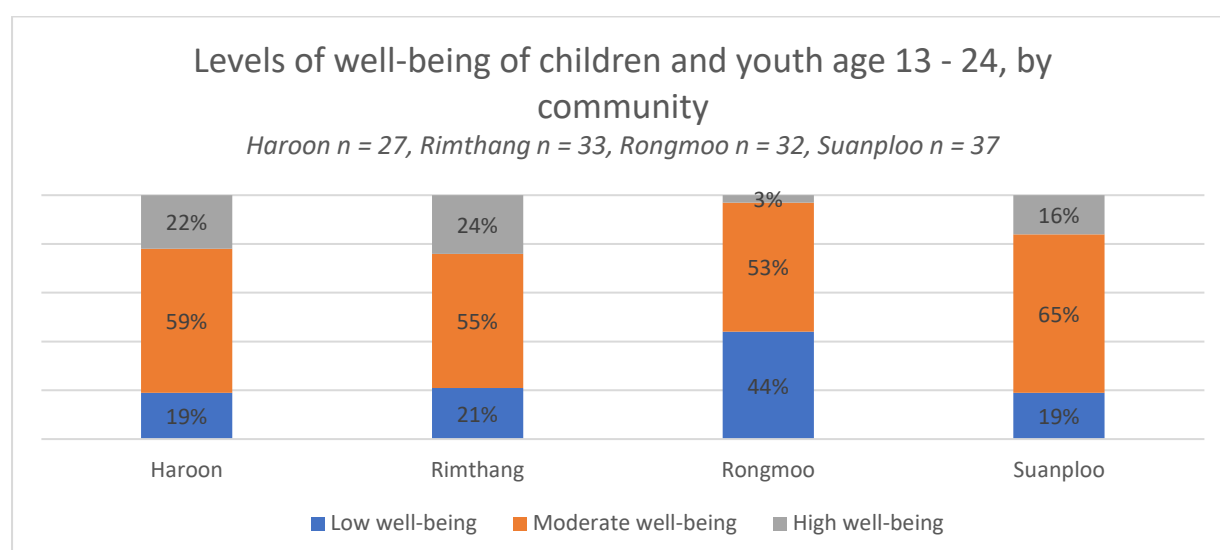
Psychosocial wellbeing of children and young people ages 13 - 24

At baseline, we found that the majority of children between the ages of 13 and 24 had moderate levels of well-being. Two communities in particular – Rongmoo and Suanploo – demonstrate lower levels of well-being on average compared to the other two communities. The findings suggest significant room for improvement in the levels of well-being of youth in this age group, with particular focus on these two communities.

The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) tool was used to collect baseline measurement of the % of participants between age 13 and 24 who report an overall improvement in their psychosocial well-being, assessing respondents' levels of well-being on a scale of low, moderate, and high well-being. Overall, 26% of the children/young people had a low level of well-being, 58% had a moderate level of well-being, and 16% had a high level of well-being. The overall mean well-being score, on a scale of 7 – 35, was 25.5. Boys had a slightly higher mean than girls, 25.6 and 25.3 respectively, and youth age 16 – 24 had a slightly higher mean than children age 13 – 15, 26.4 and 24.3, respectively. However, the sample size is not sufficient to conduct statistical tests of significance.

The mean well-being score for each community at baseline is as follows: Haroon - 26.6 (N: 27, SD: 4.5); Rimthang – 26.7 (N: 33, SD: 5); Rongmoo – 23.1 (N: 32, SD: 4.4); Suanploo – 25 (N: 37, SD: 5). The chart below shows the difference in levels of well-being by community. While the levels of well-being found in Haroon and Rimthang communities are relatively similar, children and young people surveyed in Rongmoo have the highest proportion of low well-being levels across the four communities, at 44%. Only 3% of children/young people in

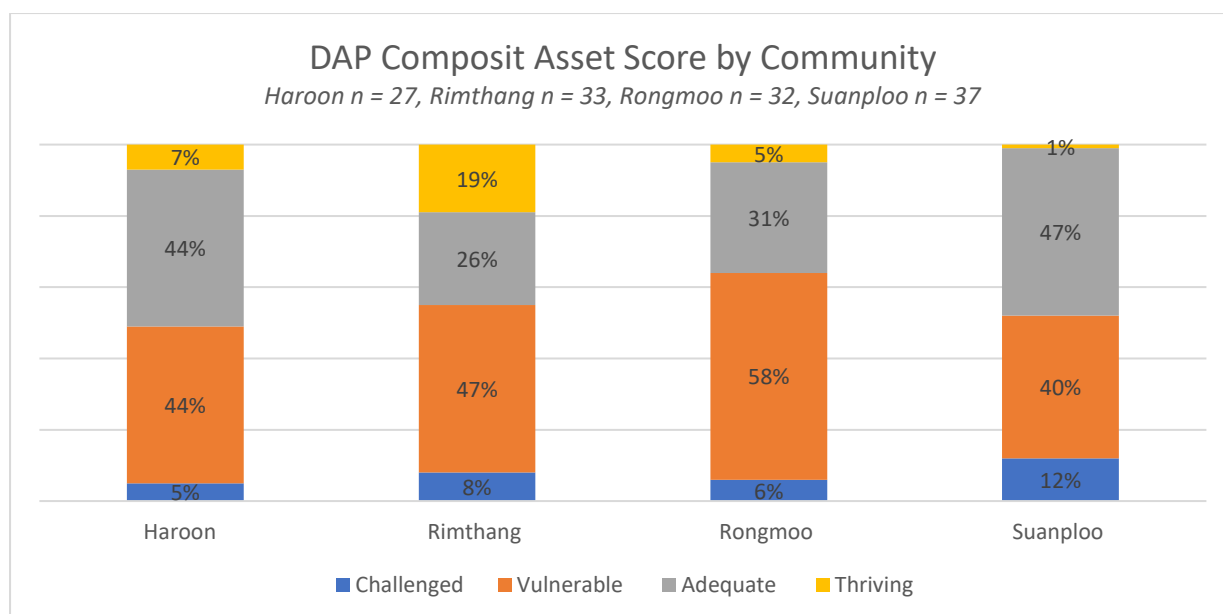
Rongmoo have high levels of well-being at baseline. In Suanploo, a higher proportion of children and young people have moderate levels of well-being compared to the other communities – 65%. This is reflected in the fact that a lower proportion have high levels of well-being compared to other communities – 16%.



Life skills of children and young people ages 13 - 18

At baseline, we found that the majority of children between the ages of 13 and 18 across the four communities fall into the ‘vulnerable’ category when it comes to the strength of their foundation of support. While this children/young people in all four communities require significant support to build their life skills, those in the Suanploo and Rongmoo communities had the lowest overall scores and thus require intensive focus. The findings highlight a need to focus on building skills and relationships in personal, social, school, and community contexts.

The Development Assets Profile (DAP) tool was used to collect baseline measurement of the % of participants between age 13 and 18 who demonstrate life skills, assessing the strengths and support that young people experience in their lives. The tool presents a Composite Asset Score, which demonstrates the overall strength of the children/young people’s foundation of support. This score is categorized by ‘challenged’, ‘vulnerable’, ‘adequate’, and ‘thriving’. The baseline findings show that, amongst the four communities, children and young people in Haroon demonstrate the highest levels of strength and support within their lives, with 51% of those surveyed scoring in the adequate or thriving range. This is followed by Suanploo, where 48% of those surveyed scoring in the adequate or thriving range. However, Suanploo had the highest proportion of respondents - 12% - falling into the ‘challenged’ category. Those surveyed in Rongmoo and Rimthang communities demonstrate lower levels of strength and support within their lives, with 45% of those surveyed in Rimthang and 36% in Rongmoo scoring in the adequate and thriving range.



The perception of the children/young people's strengths and support in different contexts was also assessed. At baseline, in Rimthang and Rongmoo communities, respondents scored the lowest in the community context, which reflects experiences in community settings other than school. In Haroon, respondents scored the lowest in the social and school contexts, which reflects experiences in school and through personal relationships with others, particularly their friends. In Suanploo, respondents scored the lowest in personal and social contexts, which reflects experiences through personal relationships with others, particularly their friends, and experiences that shape the character of young people, including their self-concept, values, attitudes, and capabilities. Across all four communities, respondents scored high in the family context.

Table 2 Mean Scores for 5 Asset-Building Contexts, by Community (Range: 0–30)

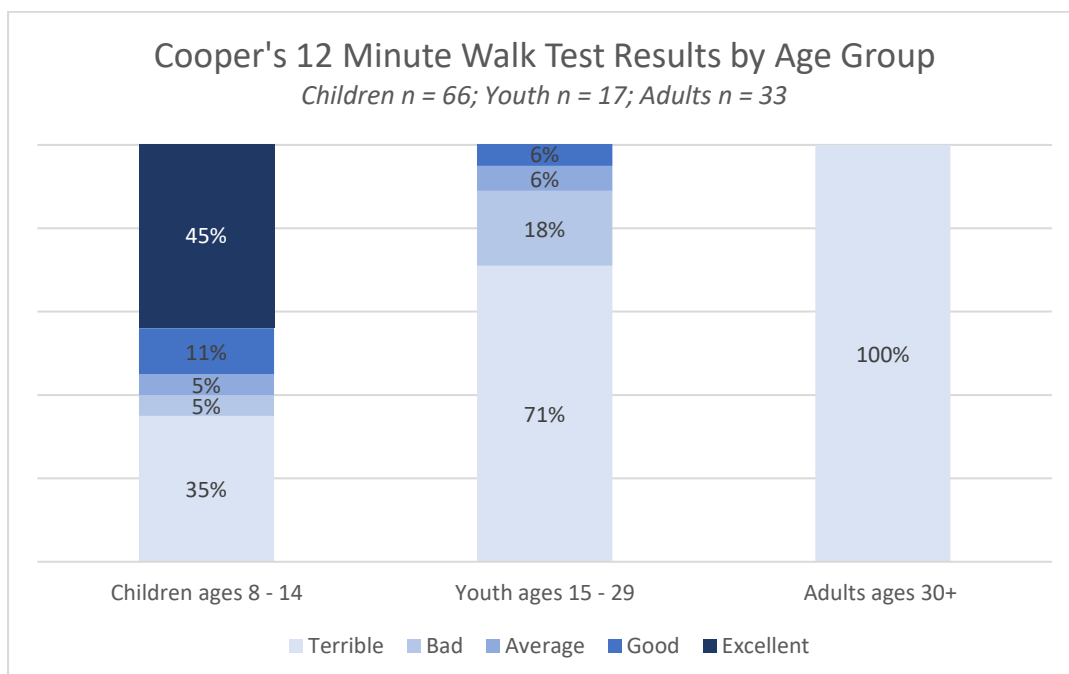
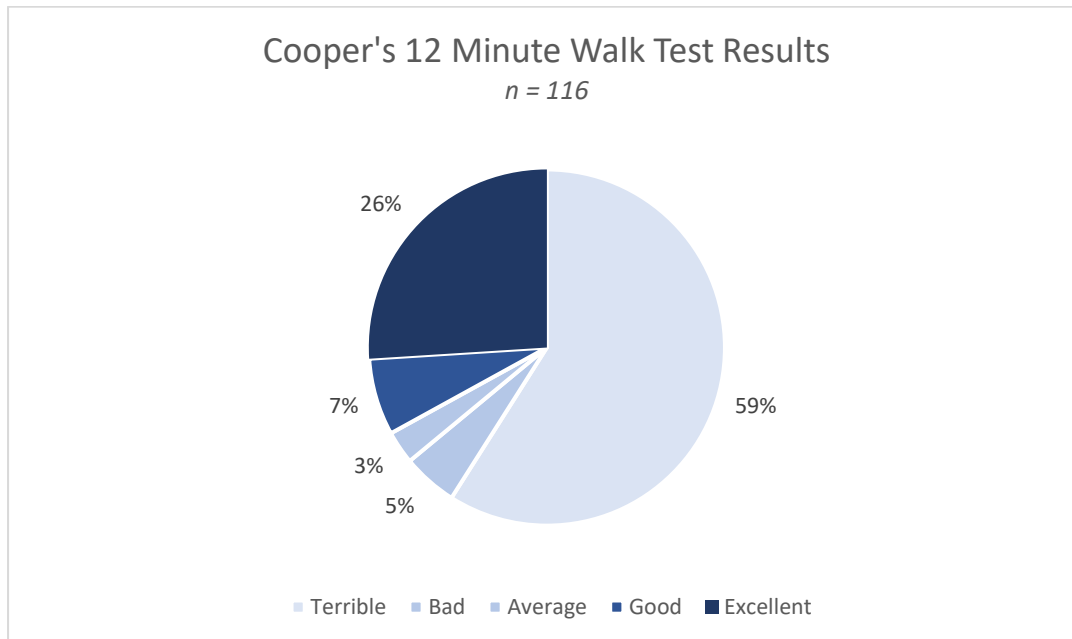
	Personal	Social	Family	School	Community
Haroon	20.9	20.8	21.3	20.8	28.3
Rimthang	20.5	20.1	22	21.6	19.5
Rongmoo	19.3	19.3	21.1	20.4	18.1
Suanploo	19.3	19.3	20.8	20.4	19.6

Physical fitness of children, young people, and community members

At baseline, we found that the majority of participants in the 12 Minute Walk event had 'terrible' physical fitness levels. This was heavily skewed by youth age 15 – 29 and adults age 30+. The majority of children had 'excellent' physical fitness levels at baseline, though a large proportion also scored in the 'terrible' category. Therefore, there is significant room for the project to support improvement in physical fitness levels of community members, with special focus on youth age 15 – 29 and adults age 30+.

The Coopers 12 Minute Walk Test was used to measure the distance participants walked in 12 minutes during events held in the four project communities. The further a participant can walk in this time, the better their physical fitness is according to a scale from 'terrible' to 'excellent', developed based on standardized expected distance walked according to age

group. The chart below shows the overall results amongst all participants in the four communities. The majority of participants (59%, 68 participants) scored as 'terrible'. However, the chart below displaying the results by age group shows that this result is skewed by adults, 100% of whom fall in the 'terrible' category regarding their physical fitness. While the majority of youth age 15 – 29, 71% (12 participants) fall in the terrible category, this is the case for only 35% (23) of children age 8 – 14. The majority of children are found to have excellent physical fitness levels at baseline.



For adults it is recommended to be active for at least 30 minutes per day; for children and youth it is recommended to spend at least 60 minutes per day being active. Through the Sport England Active Lives Survey, two specific questions were asked around the feeling of participants about the ability to be physically active and having the opportunity to play sport.

The mean score on these questions about the ability and opportunity to be physically active are 3.86 (children), 3.70 (youths), 3.36 (adults), 3.53 (elderly) out of 5, showing there is still some room for improvement for all age groups. It can be concluded that there is a lot to win in terms of the level of physical activities and therefore the physical well-being of participants. Most of the findings show that children, youth and adults are not reaching the required minimum time or distance in physical activities, and there is room to improve the ability and opportunity to be physically active for all age groups.

Activity levels of children, young people, and community members

At baseline, we found that all children, youth, and adult community members surveyed are achieving below the recommended amount of physical activity per day. This is concerning, as physical activity contributes significantly to both physical and psychosocial well-being. The project can address this by providing opportunities for community members to engage in physical activity and by improving play spaces so community members have a safe, functional environment in which to engage in physical activity. However, since the majority of respondents report that they have the opportunity to play sport and feel that they have the ability to be physically active, there may be other contributing factors to the general inadequate physical activity levels, which should be further investigated during regular project activities.

The above findings are reflected in the activity levels reported by children, youth, and adult community members surveyed by the project at baseline. Activity levels and perceptions of abilities and opportunities to be active were collected through the Sport England Active Lives Survey and the single Item Measure for Physical Activity, which asked respondents to identify the average amount of time for which they are active each day. 100% (116) of child youth, and adult participants fell into the 'less active' category, reporting that they spend less than an average of 30 minute each day performing physical activities. Of these, 91% reported spending an average of 10 – 30 minutes performing physical activity per day, and 9% reported spending less than 10 minutes performing physical activity per day.

Additionally, 60% (66) of respondents reported feeling that they have the ability to be physically active and 62% (69) reported that they have the opportunity to play sport. This demonstrates that there may be more factors contributing to their lack of adequate physical activity than the availability of safe play spaces and opportunities to join play activities. This is an issue that the project can further investigate during regular play activities.

Question 2: What can the baseline assessment tell us about social cohesion amongst intended participants in the targeted communities?

Sense of community cohesion amongst children and young people

At baseline, we found that children and young people generally feel emotionally connected to their neighbourhoods, and feel like they belong as a member of their community in their neighbourhood. However, there is room for improvement in children and young people's feelings of having influence in their neighbourhood and whether their neighbourhood fulfils their needs. The majority of scores in the social cohesion domains hovered between 'neutral' and 'agree', so the project can work to improve participants' feelings of social cohesion towards 'strongly agreeing' with the survey questions.

The Brief Sense of Community Scale (BSCS) tool was used to collect baseline measurement of the % of participants who report an increased sense of community cohesion. The tool assesses community connectedness amongst 274 respondents, between 8 and 25 years old, in four categories: needs fulfilment; group membership; influence' and emotional connection. The findings of the DAP tool, assessing life skills, found that children age 13 – 18 scored the weakest in terms of life skills associated with the community (non-school) context. The results from the BSCS tool expand upon this finding, showing that some aspects of community cohesion are stronger than others amongst children and youth between 8 and 25 years old.

The strongest aspect of community cohesion was emotional connection (mean = 4.1 on a 5 point scale), reflecting feelings of connection to their neighbourhood and a good bond with others in the neighbourhood. This was followed by group membership (mean = 3.9), reflecting feeling like a member of their community and belonging to the neighbourhood. Respondents scored weakly in needs fulfilment (mean = 3.7), reflecting ability to get what they need in their neighbourhood and whether the neighbourhood fulfils their needs, and scored the weakest in influence (mean = 3.6), reflecting feeling like they have a say about what goes on in their neighbourhood and that people in their neighbourhood are good at influencing each other. These findings are reflected in the breakdown by community, shown in the table below, where needs fulfilment and influence consistently score the lowest, and group membership and emotional connection consistently score the highest.

	Needs Fulfillment	Group Membership	Influence	Emotional Connection
Haroon	4.0	4.1	3.6	4.1
Rimthang	3.5	3.8	3.6	4.2
Rongmoo	3.3	3.7	3.4	4.0
Suanploo	3.8	4.0	3.6	4.2

Figure 1 Mean scores (scale of 1 - 5) per community for Brief Sense of Community Scale (BSCS)

Question 3: What can the baseline assessment tell us about the safety and functionality of play spaces in the targeted communities?

Safe and functional play spaces that children and young people have access to

Open and safe play spaces are important for creating positive learning environments. They can also instigate social cohesion by providing opportunities for community members and vulnerable children and youth to come together and engage in play-based learning activities. At baseline, we found that generally the play spaces within the four communities are well-suited for use, but require rehabilitation and some engagement with community leaders to increase the accessibility for boys and girls. Play spaces in Rimthang and Rongmoo were found to be up to standard. However, in Haroon, it was observed that boys and girls refrain from using the play spaces at the same time, restricting inclusive access to safe play spaces. In Suanploo, it was found that community members are prevented from using the play spaces for the majority of the day due to the lack of shaded areas to protect from the intense heat. The same challenge of a lack of cultural acceptance of boys and girls

using the play spaces at the same time was observed. The project can work closely with community leaders in these two communities to identify the best, most sustainable way forward to ensure both boys and girls have access to safe play spaces.

Before project implementation began, project staff observed the situation of the play spaces within the four project communities using a Minimum Standards Tool, identifying whether the play spaces met minimum standards to qualify as a safe and functional play space. Project staff also collected basic information about each community using the Community Mapping Checklist. This section presents the findings overall, and within each community.

Overall, all four communities had basic play spaces available at baseline, though some need for rehabilitation was identified as was anticipated during project design. Some communities were found to have a system to maintain the play spaces, but most did not. Ideally, the play spaces would be open and publicly accessible to children and youth in the communities and surrounding areas. However, in practice, futsal-playing-boys in all communities usually were observed by project staff to take up most of the time spent on the play space. Other sports, such as skateboarding, badminton, and chair ball, were rarely observed, and girls and young women were seen to be minorities amongst users of the play spaces.

In Haroon, the primary weakness identified was the lack of accessible and culturally appropriate play spaces for both boys and girls. Project staff observed that the community practices is to separate play-time by gender, so boys would not use the play space at the same time as girls. This community hosts a diverse group of people practicing various religions, including Buddhism, Christianity, and Islam. The project can investigate engaging with different community leaders to explore the best way forward to ensure accessible play spaces for boys and girls.

In Rimthang, all play spaces were deemed to be up to standard. This community is part of the largest slum in Bangkok, and the play space is located a fair distance from the surrounding community. While at baseline the community lacked support from local or international organizations to host activities within the play space, community leaders and youth took initiative to organize community and child-focused activities within the play space. This is a good opportunity for engagement from the project to further develop support for the children, youth, and adults in the community.

In Rongmoo, all play spaces were deemed to be up to standard. Right To Play previously implemented a Sport for Development project within this community, providing training and follow-up support for community coaches. The project found that a community coach is still actively implementing training for children in this area, even leading efforts to train volunteer coaches. However, they found a lack of sports equipment and coaching skills which hinders these efforts. This existing capacity and enthusiasm is a positive entry-point for the project to contribute to further community cohesion and children/youth development.

In Suanploo, as with Rongmoo, Right To Play had been operating in this community for two years before the Side by Side project began. Observations identified that the play spaces lacked shaded areas, which prevents community members from using the spaces between 10am and 4pm due to the intense heat. Additionally, project staff observed a lack of cultural acceptance in the community of boys and girls using the play space at the same time. The project can investigate engaging with different community leaders to explore the best way forward to ensure accessible play spaces for boys and girls.

Feelings of safety in local communities/play environments

At baseline, overall, we found relatively high perceptions of safety, community cohesion, and community life satisfaction amongst children and youth between the ages of 8 and 25. The majority of respondents felt safe in their community, trust their neighbours and can rely on them for help, and perceive that their community members are supportive of diverse groups and take action to improve the environment. However, respondents in Rongmoo consistently reported lower feelings of safety, trust, reliability, acceptance, and environmentally friendly actions amongst their community members compared to the other three communities.

In order to identify the baseline measurement of the % of participants feeling safe in their local community/play environment, five questions from the Community Life Survey (CLS) were used in a survey of participants in project activities. The survey found that community members had relatively positive perceptions of community life and safety.

Feeling safe: Overall, 72% (199/274) of respondents felt safe when walking around their neighbourhood. When analysed by community, we find that the proportion of respondents per community feeling safe when they walk around their neighbourhood is relatively similar to the overall percentage (72%), apart from in Rongmoo where only 67% (47) of respondents feel safe when walking around their neighbourhood. Sunaploo has the highest proportion of respondents feeling safe, at 80% (66).

Improving the environment: Overall, 69% (190) of respondents report that people gather in their neighbourhood to improve the environment. The results are above 70% in all communities apart from Rongmoo, where only 57% (40) of respondents report environmentally focused-improvements amongst their community members.

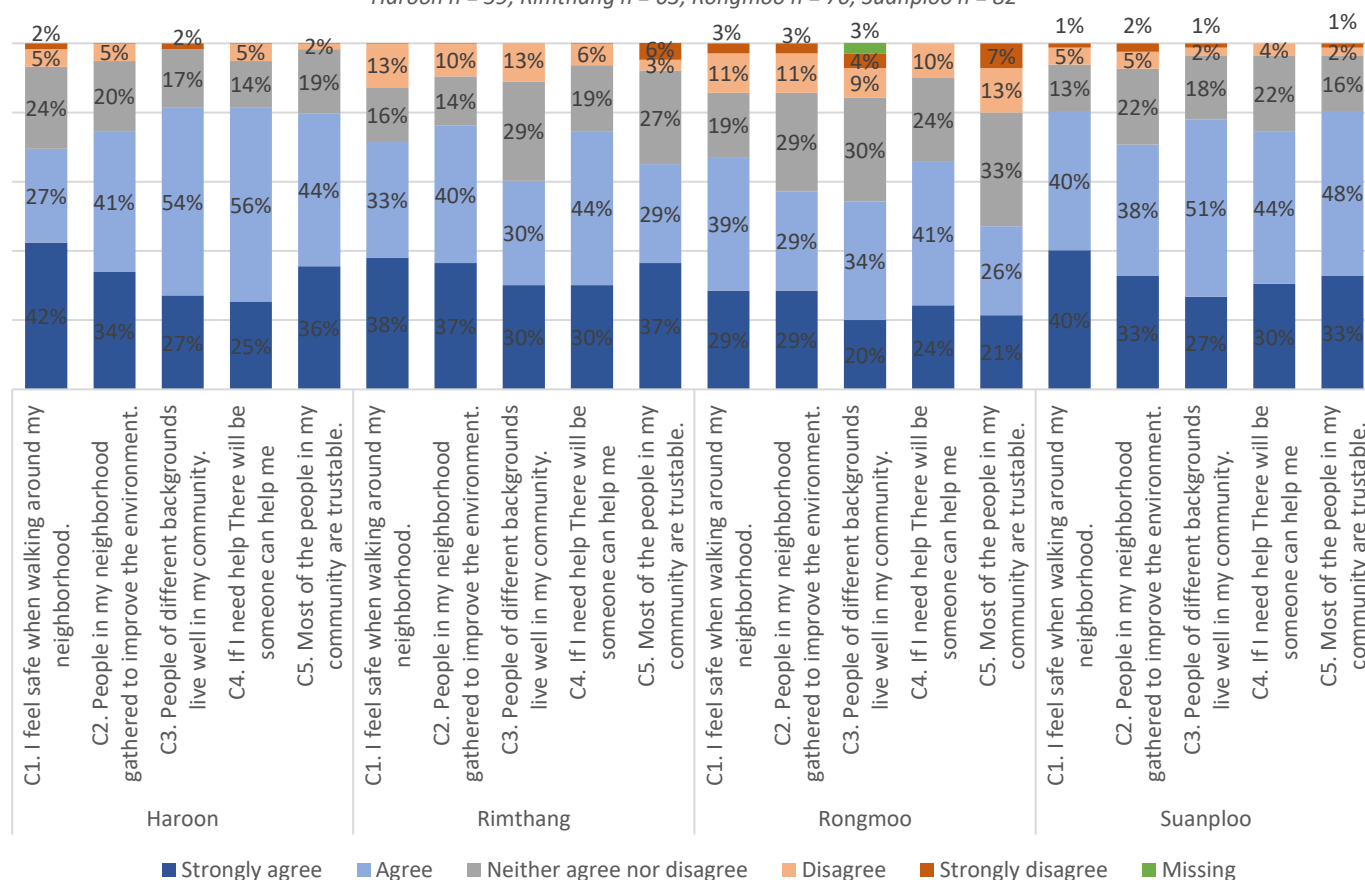
Quality of life of diverse groups: Overall, 68% (188) of respondents reported that people of different backgrounds live well in their community. The responses to this question varied widely across communities. 81% (48) of respondents in Haroon and 78% (44) of respondents in Suanploo felt people of different backgrounds live well in their community. However, only 60% (38) of respondents in Rimthang and 54% (38) of respondents in Rongmoo had this perception.

Relying on neighbours for help: Overall, 73% (202) reported that there will be someone to help them if they need it. The proportion of respondents in each community feeling they can rely on neighbours for help is above 70%, apart from Rongmoo where only 66% of respondents feel they can rely on neighbours for help. In Haroon, 81% of respondents feel they can rely on neighbours for help.

Trustworthy neighbours: Overall, 68% (187) of respondents reported that most of the people in their community are trustworthy. 80% of respondents in both Haroon (47) and Suanploo (66) reported that most people in their communities were trustworthy. However, 65% (41) of respondents in Rimthang and 47% (33) of respondents in Rongmoo reported that most people in their communities are trustworthy.

Community Life Survey Results by Community

Haroon n = 59; Rimthang n = 63; Rongmoo n = 70; Suanploo n = 82



Recommendations

Recommendation 1: Target life skills development for enhanced well-being amongst children under 13. Right To Play's interventions focusing on children under 13 should focus on holistic life skills to enhance well-being, addressing findings that children in this age group struggle with feelings of sadness, loneliness, and generally bad feelings getting in the way of them doing certain activities. This can be done through utilizing the play spaces the project will rehabilitate as a community gathering point for capacity building activities.

Recommendation 2: Target life skills development for enhanced well-being amongst youth age 13 – 24, particularly in Rongmoo and Suanploo. The project's activities should also focus on building the life skills of youth age 13 to 24, who were found to have overall low levels of life skills reflecting low levels of support within their community. In particular, this was the case for young people of this age group in Rongmoo and Suanploo communities, who demonstrated lower levels of well-being on average compared to the other two communities. These activities should particularly focus on building skills and relationships in personal, social, school, and community contexts. This can be done through utilizing the play spaces the project will rehabilitate as a community gathering point for capacity building activities.

Recommendation 3: Provide regular physical activity sessions in communities, engaging children and young people as well as parents/caregivers/community leaders, and utilizing rehabilitated play spaces to instigate community involvement in physical activity. It is

recommended that Right To Play provides regular physical activity sessions for children, young people, and adults in the community to reach healthy physical activity levels. These initiatives should also involve community members in order to instigate and develop a culture of physical activity, building positive role models for children amongst adults in the community and providing opportunities for increased social cohesion. The project's focus on rehabilitating play spaces will also significantly contribute to the opportunity for community members to engage in physical activity, and these rehabilitation efforts should be communicated widely in order to encourage community involvement in - and uptake of - the improved space. During these activities, the project should investigate further why participants feel they have the ability and opportunity to engage in physical activity, but choose not to. It could be that the project could deliver further interventions to address the underlying factors contributing to lack of adequate physical activity levels within the four communities.

Recommendation 4: Involve community members in activities tailored to increase community support for children, aiming for increased social cohesion, specifically through addressing children's emotional connection, feelings of safety and belonging, influence over their neighbourhood, and meeting children's needs within the community. This can be done by involving community members in project events and activities, and engaging parents/caregivers in regular program sessions and utilizing RTP's Youth Leadership approach to engage more young people in leadership roles in their communities. It is particularly important to investigate why respondents in Rongmoo consistently reported lower feelings of safety and social cohesion compared to the other three communities.

Recommendation 5: The project should prioritize efforts to rehabilitate play spaces in the four communities, ensuring involvement and meaningful consultation with community leaders to ensure all play spaces are accessible for all children and youth. These play spaces underpin all project interventions, and the sooner they can be made safe and accessible, the more opportunity there is for regular program activities to have an effect on children's life skills, well-being, and wider community cohesion. It is important that these rehabilitation activities involve a community-ownership element to ensure the sustainability of the rehabilitation efforts. This interaction with community leaders should also involve efforts to develop community-based solutions to challenges with the inaccessibility of play spaces in Haroon and Suanploo for both boys and girls to use simultaneously.