



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

Flexible grant schemes: a systematic scoping review

This is the Published version of the following publication

Klepac, Bojana, Mowle, Amy, Fitzpatrick, Erin and Craike, Melinda (2025)
Flexible grant schemes: a systematic scoping review. BMC Public Health, 25
(1). ISSN 1471-2458

The publisher's official version can be found at
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-025-21543-8>
Note that access to this version may require subscription.

Downloaded from VU Research Repository <https://vuir.vu.edu.au/49255/>

SYSTEMATIC REVIEW

Open Access



Flexible grant schemes: a systematic scoping review

Bojana Klepac^{1*}, Amy Mowle¹, Erin Fitzpatrick¹ and Melinda Craike^{1,2}

Abstract

Background Governments can take a range of approaches to funding public health initiatives. One way is through grant-making to other organisations to support the delivery of programs, projects, services, or activities. There is a growing interest in non-traditional approaches to grant-making, including flexible grant schemes. While there is no universally accepted definition of flexible grant schemes, they are commonly understood as granting models that are, unlike traditional granting models, designed to be adaptable to the needs of grantees by allowing them more flexibility in the use of funds, project timelines or objectives. Interest in flexible grant schemes is, in part, a response to criticisms of traditional granting models that are often deemed inadequate to support multi-sectoral and place-based responses to complex public health problems. To the best of our knowledge, there have been no attempts to map the available evidence on flexible grant schemes. Therefore, this systematic scoping review aimed to explore the literature on flexible grant schemes, interpretations of flexibility across the grant schemes, the extent to which and how grant schemes have been evaluated, and key factors associated with the perceived success of grant schemes.

Methods A systematic search of academic and grey literature was conducted through eight databases. We followed a widely used five-phase methodological framework for scoping reviews and utilised PRISMA-ScR Checklist to enhance the methodological rigour of the review.

Results Out of 10,368 screened documents, 38 publications met the inclusion criteria. Fourteen of the 38 publications were related to public health, and 28 were published after 2010. We found a lack of clarity and consistency in the interpretation of flexibility in the included studies. Three dominant, interrelated themes were identified: adaptation, autonomy, and coordination. Five publications were self-described as evaluations, a range of service-level or infrastructure outcomes were examined, and findings were generally positive. Seven factors were identified as being associated with the perceived success of flexible grant schemes: collaboration and partnership building, staff capacity, clear and effective communication, alignment among diverse stakeholders, uncertainty, accountability, and administrative burdens.

Conclusion We found that the number of publications on flexible grant schemes has substantially increased since 2010. Although interest in flexible grant schemes has increased, there is a lack of clarity and inconsistent interpretations of 'flexibility'. We suggest greater clarity in grant guidelines to improve communication and alignment across grantees and funders. The capacity of grantees and funders to implement and administer flexible grant schemes was identified as critical to their success, suggesting that investment in capacity development is needed.

*Correspondence:
Bojana Klepac
bo.klepacpogrmilovic@vu.edu.au

Full list of author information is available at the end of the article



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

Finally, there are few published evaluations of flexible grant schemes, and robust evaluations are needed to determine their effectiveness and advance the evidence base.

Clinical trial number Not applicable.

Keywords Flexible funding, Public health, Public policy

Background

Government funding for public health, healthcare and other social and education-related initiatives can be delivered through a range of mechanisms. One of the mechanisms through which governments deliver funding is through grant schemes that support other organisations to deliver programs, projects, services, or activities [1–4]. Although broad in scope and application, traditional approaches to government grant-making share several characteristics that may impede their effectiveness when addressing complex health and social challenges [5]. For instance, grant guidelines often stipulate that funds should be used exclusively for specific, narrowly defined objectives, populations and/or outcomes. These predefined objectives and outcomes often do not allow for adaptation to the local context, changing external circumstances, or the integration of new insights. Further, traditional grants regularly include a range of administrative requirements. Although these administrative requirements ensure financial and program accountability [6], they can lead to administrative burdens and complicate program administration for grantees, particularly those receiving funding from multiple grants [7].

The limitations of traditional forms of grant-making have driven calls for increased flexibility in government grants over the past few decades. In particular, calls for increased flexibility are gaining traction in public health services, with expectations that increased flexibility in funding can help to “change systems”, “break down silos”, “advance health equity” [5], increase risk-taking and innovation [8], better support place-based approaches [9] and meet community needs [10, 11]. While there is no universally accepted definition of flexible grant schemes, they are commonly understood as granting models that are, unlike traditional granting models, designed to be adaptable to the needs of grantees by allowing them more flexibility in the use of funds, project timelines or objectives. Despite the high expectations for flexible grant schemes, some authors observe that there is limited academic research on flexible funding [8]. Additionally, we are not aware of any attempts to comprehensively review the available literature on flexible grant schemes.

Given the increasing focus on flexible grant schemes to support the delivery of public health initiatives [5, 12], and the absence of a review of the literature to inform future directions, systematically reviewing literature in this area is timely. A systematic scoping review that

includes literature across diverse sectors was deemed appropriate for two main reasons. First, the influence of non-medical factors, including social and economic determinants, on health outcomes is now widely accepted [13] and we thus anticipate that literature outside of health will be relevant to health outcomes. Second, including literature from different sectors creates the potential for cross-sectoral learning. Therefore, this systematic scoping review of academic and grey literature aimed to map the available evidence on flexible grant schemes to address the following four research questions: 1. What literature is available on flexible grant schemes, and from which sectors?; 2. How is flexibility interpreted across the grant schemes?; 3. To what extent have flexible grant schemes been evaluated, what methods were used, and what outcomes were examined?; 4. What are the key factors associated with the perceived success of grant schemes?

Methods

A scoping review was chosen as an appropriate methodology because we aimed to address broad research questions, synthesise diverse evidence from across sectors and disciplines, examine interpretations of ‘flexibility’, and identify research gaps by understanding the breadth and depth of existing literature on flexible grant schemes. This systematic scoping review followed a widely used five-phase methodological framework for scoping studies [14]. Additionally, the review utilised the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist [15] as an additional framework to enhance methodological rigour and transparent reporting (available as Additional file 1). A publicly available protocol was not published for this review.

Identifying research questions

This review is part of a broader program of research called Pathways in Place-Victoria University (www.pathighwaysinplace.com.au/victoria-university). The research questions were informed by the Program’s Theory of Systems Change [16], other work conducted throughout the Program and discussions with the Program’s stakeholders. We were interested in flexible grant schemes related to ‘public money’, as opposed to funding from private sources, such as philanthropy. This is because government funding tends to be more restrictive than

other forms of funding, often to support accountability, transparency, and the efficient use of public funds. In our discussions with Program stakeholders, the lack of flexibility in public funding was often experienced as a barrier, impeding organisational capacity to respond to community need or address changing priorities. As such, research questions were identified to enrich our understanding of both the different interpretations of flexibility across the literature, and the potential effectiveness of flexible grant schemes.

Identifying relevant studies

Pilot searches were conducted from September to November 2022 to identify the various terms used for 'flexible' grant schemes. We deliberately refrained from defining 'flexible'. Instead, to be more inclusive, we used multiple terms found in the literature that are sometimes used interchangeably with 'flexible'. We engaged in an iterative pilot process of reviewing the literature that we found and also reviewing literature that was suggested to us by stakeholders involved in the broader Program.

The final searches were conducted between November and December 2022. The primary search was performed through eight databases, seven academic and one grey literature database: Scopus, Web of Science 'Core Collection' (including Social Sciences Citation Index, Conference Proceedings Citation Index– Science, Arts & Humanities Citation Index, Science Citation Index Expanded, Conference Proceedings Citation Index– Social Science & Humanities, Book Citation Index– Social Science and Humanities, Book Citation Index– Science, Emerging Sources Citation Index), Business Source Complete, Education Research Complete, ERIC, Psych INFO, ProQuest Social Science Database and Overton, 'the world's largest collection of policy documents, parliamentary transcripts, government guidance and think tank research' [17]. In all databases, the search was performed using titles, abstracts, and keywords of the articles. This was not possible in Overton, so the search was performed using titles only. A specific search strategy was developed for each database using the key search terms. The search terms were divided into four groups. Group 1 included terms related to 'flexible' (e.g., flexible, alternative, adaptive), Group 2 included terms related to 'grant' (e.g., grant, fund*, financ*), Group 3 included terms related to government (e.g., government, public, federal), and Group 4 included terms related to expenditure (e.g., expenditure, spend*, resource*). All search terms and full search syntaxes are available in Additional file 2.

The secondary search was performed through 1. the authors' archives; 2. the Program's online library, to which more than 15 researchers contribute resources related to

the Program's work ($n \approx 4000$); and 3. the reference list of all studies included through the primary search ($n = 577$).

Study selection

The study selection was conducted in December 2022. The search results from all databases besides Overton were imported into Covidence [18], which automatically removed duplicates. Overton resources were extracted into an Excel spreadsheet. We then manually checked for duplicates that were not detected by the software. Three researchers - two authors (BK and AM) and one research assistant - conducted the screening and study selection process. Discrepancies in the study selection between two researchers were resolved by the third researcher.

For inclusion in the review, publications needed to fulfil the following criteria:

1. The key focus of the publication is the application of one or more flexible grant schemes.
2. Funding must refer to the intentional, non-repayable transfer of 'public money' (i.e., from national or subnational level of government) to another organisation to support specific programs, projects, services, or activities.
3. The full text is available in English.

The first author (BK) examined the reference lists of all included publications to identify any additional eligible studies. A decision on the inclusion/exclusion of these additional resources was then made by three authors (BK, AM, EF). No limitations were placed on the type of document, publication date, study design or country of origin.

To comprehensively identify and include a wide range of relevant studies we used a broad definition of a grant scheme; that is, a structured agreement through which financial assistance is provided by, or on behalf of, the government to another organisation (i.e., other levels of government, private businesses, third sector organisation...) to support specific programs, projects, services, or activities. We included publications that explicitly characterised the grant scheme as 'flexible'. Additionally, besides publications that explicitly characterised the grant scheme as 'flexible', we included those that used synonymous terms such as 'alternative' or 'adaptive' (See Group 2 terms in Additional file 2). Finally, we broadened the scope of the review to include publications where the concept of flexibility was implicitly conveyed. For instance, this included cases where grant schemes allowed funds to be obtained from various sources, where grantees could modify their use of funds during the project lifecycle, or where timelines and objectives could be adjusted to accommodate emerging needs or changing circumstances. By doing so, we aimed to capture a wider range of publications and grant schemes that

demonstrate characteristics associated with flexibility, even if the term ‘flexible’ itself was not explicitly used.

Charting the data

We developed a data extraction sheet using Microsoft Excel. The following information was extracted from included publications: author, title, year of publication, type of publication (i.e., peer-reviewed or grey literature), subtype of publication (e.g., evaluation, report, original research), sector, name of the grant scheme, country of the grant scheme, interpretation of flexibility (e.g., definition of the scheme, implied definition), and factors associated with the perceived success of the flexible grant scheme. One author (EF) extracted all the data, after which two authors (BK and AM) cross checked data from 20% of the studies. We extracted additional data from self-described evaluation studies. Information on evaluation aims, research questions, design, type of data collected, outcomes examined, and main findings were extracted by one author (MC).

Collating, summarising, and reporting the results

To summarise the general characteristics of the publications and grant schemes, counts and percentages were calculated using Microsoft Excel (research question 1). The data on interpretations of flexibility (research question 2) and factors associated with the perceived success of flexible grant schemes (research question 3) were synthesised through qualitative content analysis [19, 20]. Three authors (BK, AM and EF) explored emergent themes and patterns in the data with no a priori guidance or specific framework. At least two authors independently coded all groups of data, and any discrepancies or disagreements in coding were resolved through open discussions among authors. In cases where consensus could not be reached, another author (MC) assisted in resolving coding discrepancies. To answer research question 4, we summarised the characteristics of the evaluations according to the evaluation design, methods, outcomes examined and main findings.

Results

General characteristics

In total, we screened 10,368 documents. Of these, 38 publications [7, 21–57] met the inclusion criteria (Fig. 1). Most publications (28/38) were published after 2010 (see Fig. 2). Of the 38 included publications, 19 were peer-reviewed articles, and 19 were categorised as grey literature. Fourteen publications were related to public health and healthcare. The number of publications by sector is available in Fig. 3.

Fifty flexible grant schemes were identified across the included publications, with some publications including descriptions of multiple grant schemes. Most of the

grant schemes were from high-income countries (47/50). No publications focused on flexible grant schemes in low-income countries. The number of grant schemes by country is available in Fig. 4.

Interpretations of flexibility

We found a lack of clarity in the interpretation of flexibility within some schemes (i.e., flexibility was not explained or defined), and a lack of shared understanding about what flexibility entails across the schemes. Based on a content analysis of interpretations of flexibility across grant schemes, three dominant, interrelated themes were identified: *adaptation*, *autonomy*, and *coordination*.

- *Adaptation* describes the ability to adapt or customise services/activities/projects to local contexts to better respond to local needs or priorities (e.g. see [7, 29, 52]).
- *Autonomy* describes minimal intrusiveness from the funder and broad administrative discretion for grantees on how services/projects/activities are delivered and with what purpose (e.g., authority to conduct a wide range of activities; (e.g. see [33, 43, 53]).
- *Coordination*, from the funders’ perspective, included ‘pooling’ funds together from a range of sources or programs to achieve greater alignment of spending (i.e., to support a specific aim) across different portfolios/jurisdictions/sectors and for grantees the flexibility to pool funds from different funders for the same project/program (e.g., see [21, 39, 54]).

Evaluation methods and outcomes examined

Out of the 38 publications, five [23, 24, 48, 56, 57] were self-described as evaluations. These five publications described evaluations of four grant schemes: Preventive Health and Health Services Block Grant [48]; chronic disease mini grant initiative [57]; microgrants [56] and; the Flexible Funding programme, which included an interim and final report [23, 24]. The evaluation aims/questions focused on both the implementation of the grant scheme and outcomes at the service or infrastructure level. Client-level outcomes were not examined in any of the evaluations.

Evaluations of three of the four funding schemes were retrospective, post-project assessments only [48, 56, 57] and one scheme included an interim and a final assessment [23, 24]. Evaluation designs were often not explicitly described. Primary data was mainly collected from grantees and/or other stakeholders through end-of-project surveys [48, 56, 57] or interviews at two time points [23, 24]. Regarding secondary data, two publications included analyses of final reports from grantees [56, 57],

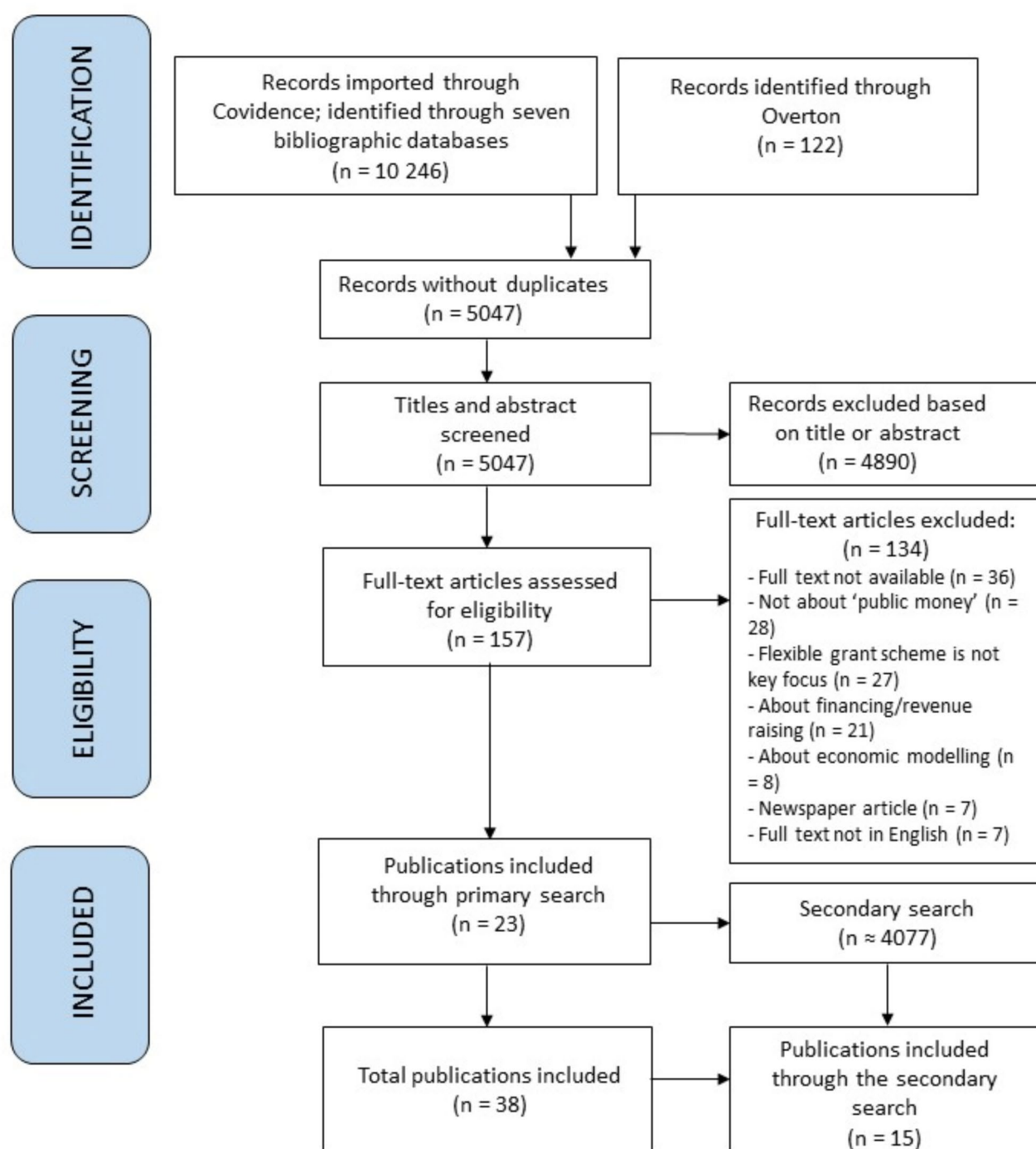


Fig. 1 Flow diagram of the search and study selection process

and two publications (interim and final) included analysis of grant guidance and quarterly monitoring reports from grantees [23, 24] as well as a desk-based policy and literature review to identify context [23, 24].

The outcomes examined in the Preventive Health and Health Services Block Grant were improvements in public health infrastructure, addressing emerging needs and practicing evidence-based public health [48]. The findings

of the evaluation were positive, the scheme “helped strengthen the public health system by enabling state, tribal, local, and territorial agencies to use grant funds to improve public health infrastructure, address emerging public health needs, and practice evidence-based public health” [48, p. 8]. The outcomes examined in the chronic disease mini-grant initiative related to changes in policy, systems and environment and the findings were

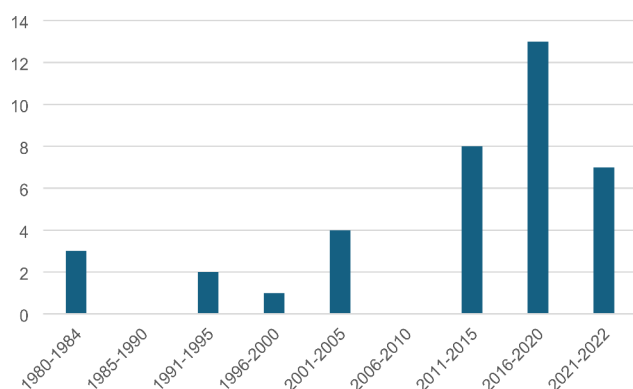


Fig. 2 Number of publications by years of publication

again positive. The authors stated “a variety of organizations—primarily non-health oriented—implemented 126 policy, systems and environment changes....Mini-grants are a promising approach to build community capacity and drive PSE [policy, systems, and environmental] changes at the local level” [57, p. 451]. The outcomes of the community microgrants were increasing awareness and mobilising resources to address Healthy People 2010 objectives and the findings were again positive: “96.1% of the respondents reported that they were familiar with the Healthy People 2010 objectives....an estimated 52,739 hours of CBO [community-based organisation] staff and volunteer time were contributed to microgrant programs. All Healthy Carolinians partnership coordinators responded to a survey; 100% stated that they had new access to priority populations within their community” [56, p. 1]. The interim and final reports for the Flexible Funding program did not report on outcomes [23, 24]. A range of factors associated with implementation were

reported in the evaluations. These factors are examined further in the next section, which examines key factors associated with the perceived success of the grant scheme. Key characteristics of evaluations, including aims/questions, data collection methods, and main findings, are available in Additional file 3.

Key factors associated with the perceived success of the grant scheme

Seven key factors were identified as associated with the perceived success of flexible grant schemes: collaboration and partnership building, staff capacity (e.g., knowledge, skills, and time), clear and effective communication, and alignment among diverse stakeholders - were positively associated with the perceived success of grant schemes; and uncertainty (e.g., related to ongoing funding, budget cuts, continuity, and sustainability), accountability, and increased administrative burdens - were negatively associated with the perceived success of grant schemes. Summary descriptions of factors, exemplar quotes, and a list of publications discussing each factor are available in Table 1.

Discussion

General characteristics

The substantial increase in publications post-2010 indicates a growing interest in flexible grant schemes. Although calls for increased flexibility in government grants emerged in the 1980s, the recent surge in interest may be related to a growing interest in approaches such as place-based and systems change approaches. These are collaborative, involving multiple stakeholders working together to address complex problems, often in a defined

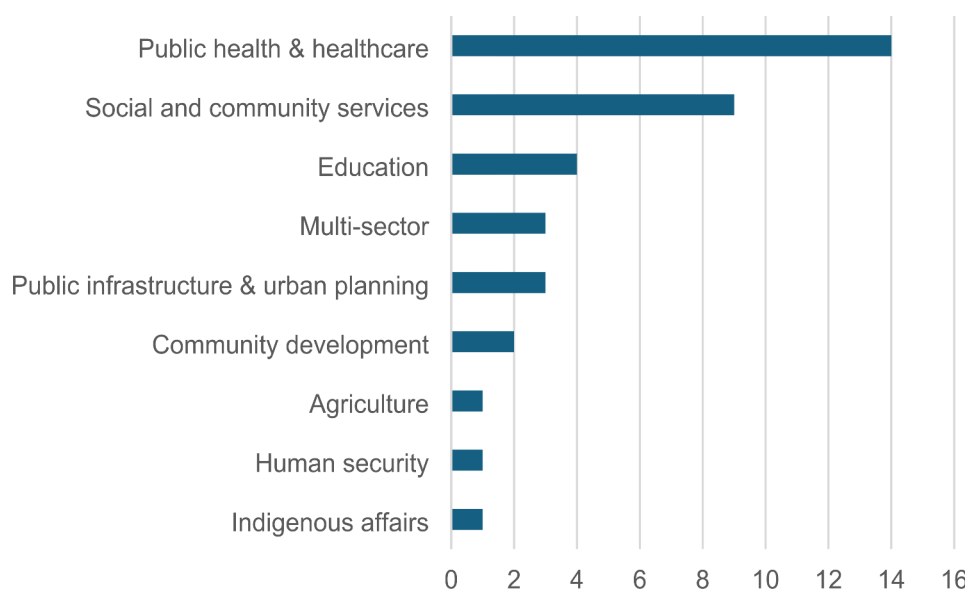


Fig. 3 Number of publications by sector

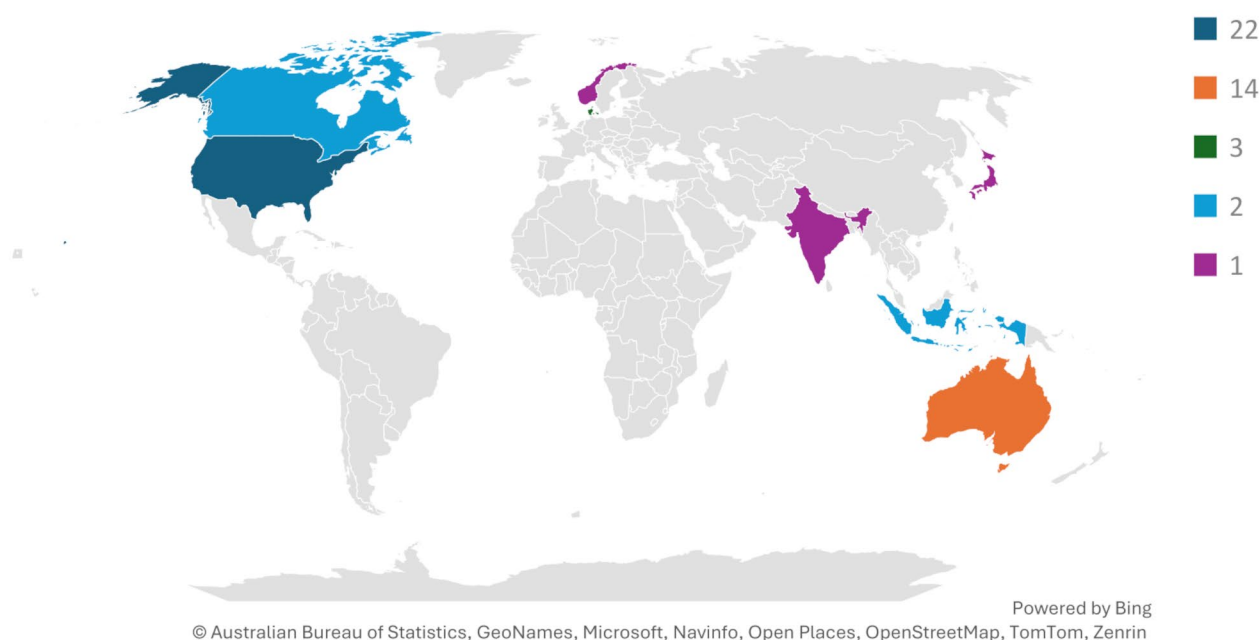


Fig. 4 Number of grant schemes by country. United States of America = 22; Australia = 14; Denmark, Wales = 3; Canada, Indonesia = 2; England, India, Japan, Norway = 1

geographical location [5, 8–11], which have drawn attention to the limitations of traditional grant schemes and require greater flexibility to adapt to community needs and alignment across sectors [58–64]. The prevalence of publications in public health and healthcare sectors, followed by social and community services, may indicate these sectors need flexibility in funding to, for instance, drive innovation, respond to emerging public health challenges, and tackle disparities in service access [5]. The absence of publications focused on flexible grant schemes in low-income countries raises important equity considerations, suggesting potential barriers to implementing such schemes in resource-constrained countries. However, additional research is needed to investigate the causes of this absence.

Lack of clarity around ‘flexibility’

We found a lack of clarity around what flexibility entails *within* some schemes and different interpretations *across* grant schemes. There are a range of potential consequences from a lack of clarity. First, a lack of clarity could result in misalignment between funders and grantees, who may differ in their expectations and interpretations of flexibility [23, 24]. Clarity around what flexibility means is necessary for clear and effective communication, which we identified as a critical factor associated with the success of flexible grant schemes. Second, a lack of clarity around what constitutes flexibility can lead to challenges with evaluating flexible grant schemes, as the evaluand (the subject of the evaluation) is unclear

[65]. The challenge of defining and clarifying ‘flexibility’ extends beyond government-funded grants, with reports on flexible funding schemes managed by international organisations also reporting a lack of clear definitions and varied expectations and interpretations of flexibility among stakeholders [66].

A lack of shared understanding of flexibility across the schemes could be expected given the review’s broad scope, encompassing a range of publications, countries, and sectors. Although developing a shared understanding of flexibility across different grant schemes across countries and/or sectors might not be achievable, we suggest that clarity within grant schemes is both possible and essential. Additionally, some degree of shared understanding across grant schemes within a country/sector is necessary to accumulate knowledge about flexible grant schemes and allow comparison across evaluations to determine in what context they are most appropriate and effective. A unified understanding of flexibility within and across grant schemes within the same country/sector can also surface the underlying assumptions about flexible grant schemes and the proposed mechanisms through which they are expected to influence outcomes, which can then be empirically tested.

To aid in the development of a shared understanding of flexible grant schemes, we propose using the following framework as a heuristic device to communicate what is meant by ‘flexibility’ in grant schemes (Table 2). This framework draws on the major aspects of flexibility identified in the reviewed publications (adaptation,

Table 1 Key factors associated with the perceived success of a flexible grant scheme

Key factors	Descriptive summary	Exemplar quotes	References
Collaboration and partnership building	<p>Collaboration and partnership building were perceived as important for the success of a flexible grant scheme, but it was acknowledged that this takes time and can cause frustrations and setbacks. Some suggestions related to improving collaboration included:</p> <ul style="list-style-type: none"> • funding beyond the project timeframe to enable more sustainable collaboration; • investment in developing trusting relationships between all project partners; and • broad consultations, public participation and involvement of all partners (including community). 	<p>"There is still work to be undertaken with the Welsh Government to enable programme leads to collaborate more closely and adopt more consistent approaches to working with local authority leads (Flexible Funding and programmes) in order to deliver the Flexible Funding approach." ^{1(p11)}</p> <p>"Recipients address public health needs that are priorities within their jurisdictions in collaboration with public health agencies and community-based organizations. Current legislation requires recipients to establish and engage an advisory committee and align their public health priorities to relevant <i>Healthy People</i> national health objectives." ^{2(p3)}</p> <p>"Importantly, although we document a positive relation between the number of funding sources and program quality, it is unlikely that benefits continue to accrue at the highest number of funding sources. Therefore, policies aimed to merely increase the sheer number of funding sources will likely fail to improve a program's overall quality. Instead, policies directly targeted to encourage collaborations between funding sources while also reducing administrative and parental burden is crucial." ^{3(p23)}</p>	1–13
Increased administrative burdens	<p>Increased administrative burdens were perceived as potential obstacles to the scheme's success. The perception of administrative burdens (e.g., excessive or inconvenient reporting requirements or staff capacity for schemes' implementation) was context dependent and varied across (and within) the schemes. Within the same scheme administrative burdens were sometimes perceived differently by different partners. While burdens increased for some they also reduced for others (e.g. on a state level administrative burden initially increased because staff needed to assist grantees with some extra support, smaller organisations with less staff capacity are especially affected by it). Support in several areas was suggested to decrease administrative burdens such as:</p> <ul style="list-style-type: none"> • more time allowed to complete reporting, evaluating, and relationship building/maintenance, • dedicated staff to complete these tasks, and • the availability of funding for core tasks unrelated to specific schemes which ensure these programs can be run within the context of a well-functioning organisation. 	<p>"Service providers who informally use DHS funds flexibly add that they carry an extra administrative burden when reporting on integrated services because they have to 'unpick' service activity to report multiple sets of targets to the various DSH program funding sources. Service providers who would like to use DHS funds flexibly say that the reporting complexities act as a disincentive to setting up integrated services... Service providers say that the reporting requirements are sometimes onerous." ^{5(pp4–12)}</p> <p>"There have been very considerable administrative costs, first to define and approve the project proposals received from municipalities, second to follow up and enforce repayment of grants. The grant payments stopped in 2001, but four years later considerable work still needs to be done to ensure that the grant money has been spent correctly." ^{14(p63)}</p> <p>"Significant 'pre-application' resources were required to plan a new programme of work. GRs [Grant recipients] from small organizations felt disadvantaged where they needed to factor in staff or overheads in their budgets, whereas larger organizations had the capacity to leave these 'core' costs out." ^{15(p6)}</p>	1,3,5,6,10–12,14–21

Table 1 (continued)

Key factors	Descriptive summary	Exemplar quotes	References
Staff capacity	<p>Staff capacity (e.g., knowledge, skills, time) was perceived as important for a scheme's success. Some suggestions to address lack of staff capacity include:</p> <ul style="list-style-type: none"> • a focus on workforce development to enable staff to respond and/or adapt to new roles, responsibilities, and ways of working; and • reducing high turnover of staff by adequate funding and other incentives to retain staff. 	<p>"The Funding Alignment team have faced delivery pressures due to staff turnover, which has rendered the management of relationships with 22 local authorities difficult. in all authorities, irrespective of the progress made in the delivery of the local Flexible Funding approach, they will also need to possess a concentrated focus on workforce development and on support for staff to respond to new working practices and roles arising from the approach." ¹(p10–13)</p> <p>"In the absence of established practice, the learning curve was steep for the pioneering sites who often "learned by doing." This worked best in an open, collaborative environment where challenges and barriers were openly discussed, and solutions and strategies were arrived at in a collaborative manner and fed back into the implementation cycle. This environment was fostered through a sense of shared vision and mission, and frequent communication." ¹¹(p190)</p> <p>"Having extra funding doesn't mean that you're going to get extra programs or better programs... because people have got to have the capacity to be able to run them." ¹⁵(p4)</p>	1,6,11,15,16,19–21
Uncertainty	<p>Uncertainty related to ongoing funding, budget cuts, continuity and sustainability was perceived as a potential threat to a grant scheme's success because it can negatively affect:</p> <ul style="list-style-type: none"> • trust and relationships • collaboration efforts • overall motivation for program implementation • innovation efforts • staff retention. 	<p>"There is a reticence amongst some authorities to be innovative because they are not sure Welsh Government will continue with the Flexible Funding approach and are concerned that resources might be wasted without full implementation. The current context of repeated cuts to services does not provide a healthy environment to generate motivation and energy for new programmes, especially one so ingrained in some of the key grant funded routes for local authorities." ⁶(p7–62)</p> <p>"In adopting a project approach, based on annual bids, we passed down the dysfunctions of short-term funding for what often needed to be long-term initiatives." ⁸(p3)</p> <p>"Furthermore, they noted sustainability challenges related towards operating on a grant-to-grant basis. Financial capital barriers in the form of spending restrictions, like prohibitions on paying salaries, created difficulties operating programming and retaining staff. This was doubly difficult as staff increasingly devoted time to applications instead of implementation. They conveyed a trend of using more resources on training members to construct grant applications, indicating that application making was an essential skill for a CBO [community-based organization]. The interviewee viewed this training as essential, as many volunteers found it difficult to navigate the hurdles inherent in many grant processes." ¹⁹(p212)</p>	1,6,8,10,14,15,19,21–24
Clear and effective communication	<p>Clear and effective communication was perceived as important for the success of a grant scheme as it can contribute to the resolution of conflicts and misunderstandings, and serve as a facilitator of meaningful discussions. Clear and effective communication may include:</p> <ul style="list-style-type: none"> • unambiguous grant-related guidance; • consistent messaging; and • accessible and inclusive use of language. 	<p>"Several Welsh Government programme leads identify that many local authorities still seek significant amounts of guidance from them with regard to what programmes should be doing within the Flexible Funding approach... There have been occasions on which conflicting advice on a Flexible Funding approach and its alignment with programme guidance has needed to be resolved." ¹(p10)</p> <p>"A range of early delivery approaches have mainly focused on bringing people together, facilitating 'new' conversations, reviewing and assessing the nature of the service user journey, and finding that the current programme management infrastructure (IT) doesn't currently provide the right information on service user journeys." ⁶(p6)</p> <p>"The most immediate and obvious type of barrier relates to the language abilities of potential applicants. All of the SGSs [small grant schemes] examined here exhibited a form of linguistic barrier that immediately limited the actors capable of accessing the audience and thereby positive a claim. The habitual use of English... - sometimes dominant to the point of exclusivity- across calls to proposals, information packages, application forms, auditing/reporting templates, and so on creates an immediate barrier to any applicant without the ability to read or write English, or find a capable translator." ¹⁹(p215)</p>	1,6,11,12,16,18,19,25

Table 1 (continued)

Key factors	Descriptive summary	Exemplar quotes	References
Alignment among diverse stakeholders	<p>Alignment was perceived as important for the success of a grant scheme during the development, implementation, and administration of the scheme. It was described as the need for coordination and/or harmonisation of, for example:</p> <ul style="list-style-type: none"> • shared vision; • perceived needs and preferences; and • administrative processes among diverse stakeholders engaged in a grant scheme. 	<p>"Braiding and layering funding demands the active engagement of leadership, a shared sense of purpose and vision, formalized communication and collaborative decision-making processes, well-established administrative procedures for cost allocation and reporting functions, and dedicated staff." ¹¹(p186)</p> <p>"Federal and state agencies responsible for administering ECE programs can work to create greater alignment between programs with identical fiscal periods, similar eligibility criteria, and increased flexibility for reporting and other program requirements." ³(p23)</p> <p>"There are many models of working that provide insight into how Welsh local authorities can respond to the opportunity within the Flexible Funding programme. Examples have indicated the challenges that local authorities have faced in developing strategic and operational alignment across social care, health, mental health, and a range of other services including voluntary services." ⁶(p21)</p>	1,3,6,10,11
Accountability	<p>There is a tension between providing increased flexibility and autonomy to grantees and the need to maintain effective oversight of the funds. As such, issues related to accountability (e.g., unclear lines of accountability) were perceived as negatively influencing a scheme's success due to changes in reporting processes and requirements. Some suggested addressing these issues required a shift from rigid rule adherence to outcome-based accountability, advocating for approaches that emphasise results while retaining essential top-down oversight, such as in fiscal monitoring and anti-discrimination practices.</p>	<p>"One of the principal goals of block grants is to shift responsibility for programs from the federal government to the states. This includes priority setting, program management, and, to a large extent, accountability. However, the Congress and federal agencies maintain an interest in the use and effectiveness of federal funds. Paradoxically, accountability may be critical to preserving state autonomy. When adequate program information is lacking, the 1981 block grant experience demonstrates that the Congress may become prescriptive. For example, funding constraints were added that limited state flexibility, and, in effect, "recategorized" some of the block grants. . . . Across the government, we have recommended a shift in focus of federal management and accountability toward program results and outcomes with correspondingly less emphasis on inputs and rigid adherence to rules. This focus on outcomes is particularly appropriate for block grants, given their emphasis on providing states flexibility in determining the specific problems they wish to address and the strategies they plan to employ to address those problems." ⁴(pp11–12)</p> <p>"Moreover, issues of accountability and risk management are barriers for funders themselves, requiring a triage approach to rendering aid. As such, many barriers are connected to the self-interest of the funders; however, this is sometimes done out of necessity and not merely self-serving." ¹⁹(p222)</p> <p>"Welsh Government programme leads also identify that several strategic challenges remain because the focus of the two grants is spread across several Ministerial portfolios, which dilutes the strength of the vision and accountability for progress towards the objectives of the Flexible Funding approach." ¹(p41)</p>	1,4–6,10,14,19,26

Table 1 (continued)

Key factors	Descriptive summary	Exemplar quotes	References
References			
	1. Tanner S, Allies O, Starks L. <i>Evaluation of the Flexible Funding Programme: Final Report</i> . Wavehill Social and Economic Research; 2019. Accessed February 21, 2023. https://www.gov.wales/evaluation-flexible-funding-programme-final-report		
	2. Lamia TL, Lowry GF, McLees AW, Frazier CM, Young AC. Improving outcome accountability of block grants: Lessons learned from the preventive health and health services block grant evaluation. <i>Am J Eval</i> . 2021;42 [2]:185–200. doi: https://doi.org/10.1177/1098214020904137		
	3. Duer JK, Jenkins J. Paying for preschool: Who blends funding in early childhood education? <i>Educ Policy</i> . 2022;37 [7]:1857–1885. doi: https://doi.org/10.1177/08959048221103804		
	4. United States General Accounting Office. <i>Block Grants: Characteristics, Experience, and Lessons Learned. Report to the Chairman, Committee on Economic and Educational Opportunities. House of Representatives</i> . United States General Accounting Office; 1995. https://www.gao.gov/assets/hehs-95-74.pdf		
	5. Department of Human Services. Implementing Flexible Funding Information Pack. Published online 2005. unavailable		
	6. Tanner S, Allies O, Starks L, Teifi I, Wilkinson L. <i>Evaluation of the Flexible Funding Programme</i> . Welsh Government; 2018		
	7. Haslam RHA, Walker NE. Alternative funding plans: Is there a place in academic medicine? <i>Can Med Assoc J</i> . 1993;148 [7]:1141–1177		
	8. Wright P. Creating opportunities for learning in Essex. <i>Adults Learn</i> . 2002;13 [6]:17–19		
	9. Cerulli C, Ward Allen C, Chin N, Reagh R, Mangold S. Does the money matter? Examining the source and type of child welfare dollars through the eyes of county child welfare services directors. <i>J Public Child Welf</i> . 2017;11 [3]:360–377. doi: https://doi.org/10.1080/15548732.2017.1279996		
	10. Dey K, Mishra PK. Mainstreaming blended finance in climate-smart agriculture: Complementarity, modality, and proximity. <i>J Rural Stud</i> . 2022;92:342–353. doi: https://doi.org/10.1016/j.jrurstud.2022.04.011		
	11. Ensign K, Kain JC. Braiding and layering funding: doing more with what we have. <i>J Public Health Manag Pract</i> . 2020;26 [2]:187–191. doi: https://doi.org/10.1097/PHH.0000000000001146		
	12. Comptroller General of the United States. <i>States Use Added Flexibility Offered by the Preventive Health and Health Services Block Grant. Report to the Congress of the United States</i> . Comptroller General of the United States; 1984. https://www.gao.gov/assets/hrd-84-41.pdf		
	13. Welsh Local Government Association. Fair and sustainable funding for essential local services: All our communities rely on local government. Published online 2018. chrome-extension://efaidnbmnnnibpcjpcglclefindmkaj/ https://www.wlga.wales/sharedfiles/download.aspx?pageid=62%26mid=665%26fileid=1754		
	14. Lotz J. Accountability and control in the financing of local government in Denmark. <i>OECD J Budg</i> . 2005;5 [2]:55–67. doi: https://doi.org/10.1787/budget-v5-art11-en		
	15. Loblay V, Garvey K, Shiell A, Kavanagh S, Hawe P. Icing or cake? Grant competitions as a model for funding chronic disease prevention in Tasmania, Australia. de Leeuw E, ed. <i>Health Promot Int</i> . 2022;37 [5]:1–9. doi: https://doi.org/10.1093/heapro/daac115		
	16. Tompkins NO, Wright J, Giacobbi P, et al. Maximizing the potential of mini-grants to promote policy, systems, and environmental changes: Outcomes and challenges. <i>Health Promot Pract</i> . 2022;23 [3]:445–452. doi: https://doi.org/10.1177/15248399211039788		
	17. Australian Government Department of Health. Flexible fund guidelines: Practice incentives for General Practices Fund. Published online January 2014		
	18. Rowangould G, Nadafianshahamabadi R, Poorfakhraei A. Programming flexible congestion mitigation and air quality program funds: Best practices for state DOTs. <i>Transp Res Rec J Transp Res Board</i> . 2018;2672 [51]:99–108. doi: https://doi.org/10.1177/0361198118782801		
	19. Holm NGL. Square Pegs, Round Holes: Barriers to Access in Small Grant Schemes as a Path to Human Security. <i>Forum Dev Stud</i> . 2019;46 [2]:203–225. doi: https://doi.org/10.1080/08039410.2018.1524395		
	20. Association of State and Territorial Health Officials. Preventive Health and Health Services Block Grant proposed guiding principles. Published online 2014. www.eafidnbmnnnibpcjpcglclefindmkaj/https://nasemso.org/wp-content/uploads/PHHSBG-Guiding-Principles-27May2014.pdf		
	21. Moran M, Porter D, Curth-Bibb J. <i>Funding Indigenous Organisations: Improving Governance Performance through Innovations in Public Finance Management in Remote Australia</i> . Australian Institute of Health and Wellness; 2014:63. Accessed February 21, 2023. https://www.aihw.gov.au/reports/indigenous-australians/funding-indigenous-organisations/summary		
	22. Imazeki J. Deregulation of School Aid in California: Revenues and Expenditures in the First Year of Categorical Flexibility. Published online 2011. https://edpolicy.inca.org/publications/deregulation-school-aid-california		
	23. Terrell P. Beyond the categories: Human service managers view the new federal aid. <i>Public Adm Rev</i> . 1980;40 [1]:47–54. doi: https://doi.org/10.2307/976108		
	24. Stecher B, Fuller B, Timar T, et al. More freedom to spend less money: What happened when California school districts gained spending flexibility and budgets were cut. Published online 2012. doi: https://doi.org/10.7249/RB9665		
	25. Chaiken L, Waddell LF, Sellers K, Jarris PE. Communicating the value of the preventive health and health services block grant. <i>J Public Health Manag Pract</i> . 2016;22 [3]:316–317. doi: https://doi.org/10.1097/PHH.0000000000000414		
	26. General Accounting Office. <i>Grant Programs: Design Features Shape Flexibility, Accountability, and Performance Initiative</i> . United States General Accounting Office; 1998:77. Accessed February 15, 2023. https://rosap.nli.bts.gov/view/dot/15592		

autonomy, and coordination) and integrates them with the classic 5W1H journalistic tool (who, what, when, where, why, how) [67].

This framework provides a structured way to think about and communicate flexibility and can be used to guide the design of flexible grant schemes in ways that facilitate understanding and alignment between grantees and funders. The extent to which each aspect of flexibility is present (or absent) in the design of grant schemes can be perceived as a spectrum ranging from full flexibility—“loose as a goose”—at one side to no flexibility

or “buttoned right up” at the other [68, p. 3]. Drawing on this framework to support the design of flexible grant schemes may contribute to the evidence-base and clarify how flexibility can contribute to outcomes.

Lack of evaluation relative to implementation

Only five publications, based on four funding schemes, were self-described as evaluations. All evaluations included multiple data sources and were retrospective and descriptive. Many primarily relied on interviews with, or surveys of, grantees and their project reports.

Table 2 Framework to assist with clear communication of 'flexibility'

Aspects of flexibility	Areas for clarification
Who	<ul style="list-style-type: none"> • Ability to choose stakeholders involved in project design, delivery and/or evaluation • Freedom to select target population group or grant beneficiaries
What	<ul style="list-style-type: none"> • Scope to adapt grant activities to better meet local needs • Freedom to shift activities to address changing circumstances • Flexibility to redefine project goals as needed
Where	<ul style="list-style-type: none"> • Ability to pool funds from multiple/different sources • Freedom to expand or contract geographical focus based on community need
When	<ul style="list-style-type: none"> • Scope for temporal flexibility in responding to evolving local needs and priorities • Ability to adjust timelines/deadlines for project milestones
Why	<ul style="list-style-type: none"> • Flexibility to identify and target outcomes most important to the locality, region or population group • Freedom to define success metrics and evaluation criteria • Scope to prioritise different objectives based on emerging trends and data
How	<ul style="list-style-type: none"> • Freedom to select methods and approaches used in the design, delivery and evaluation of grant activities • Flexibility to innovate and implement new strategies • Ability to modify project plans based on real-time feedback and learning

None included pre- and post-funding data, objective measures of outcomes, or client-level outcomes. The reliance on self-reporting from grantees leaves the evaluations open to social desirability bias. A range of outcomes were examined at the service or infrastructure level. The findings reported were mostly positive. However, we caution against over-interpreting these findings because we did not formally assess the quality of the included studies, and none examined client-level outcomes. We further note the potential for a bias towards positive results due to publication bias [69] and funders suppressing unfavourable evaluation findings [70, 71].

The limited number of evaluations identified is consistent with reviews of other types of funding, which shows that although the interest in different types of funding is increasing, the evidence base is limited [72]. The small number of evaluations identified, relative to the interest in flexible grant schemes, indicates that robust evaluations of flexible grant schemes, along with other types of funding, are a priority to establish their effectiveness and to advance the evidence-base [72].

Evaluations of flexible grant schemes must ensure that the evaluand is clear [65, 73] and both the intended and unintended outcomes examined. Approaches such as theory-based evaluation, prevalent in public health [74, 75], are well-suited to evaluating grant schemes.

Theory-based evaluation allows testing of the underlying assumptions of flexible grant schemes; for example, when organisations have the autonomy to align their programs and services with local needs, they are more likely to contribute to desired client or community outcomes. Although several of the included publications presented theories of change or logic models [23, 24, 48, 57], it was not clear how the theory of change guided the evaluation, the theories of change did not articulate how initiatives that are funded flexibly achieve improved outcomes compared with traditional approaches to granting, and the pathways between the funding mechanisms, service/infrastructure/policy outcomes and client outcomes were not specified. Theories of change that connect the funding mechanisms unique to flexible grant schemes (compared with others) to service/program/infrastructure level and client outcomes are needed [76]. This requires the type of flexibility to be clearly articulated (see Interpretations of flexibility). To that end, applying our suggested framework to clearly articulate where flexibility lies, and the extent of flexibility could be useful.

Importance of capacity building

We examined the factors associated with the perceived success of flexible grant schemes. The seven identified factors likely apply to the success of other grant schemes. The success of a grant scheme will depend on the interplay of several factors, where improving one factor can affect improvement across others.

Our review identified staff capacity development as crucial for the success of flexible grant schemes. Flexible grant schemes incorporate new ways of working for grantees and funders, and the reviewed studies identified the need for workforce development to enable staff to respond and/or adapt to new roles and responsibilities [77–84]. Despite its importance, capacity building is sometimes out of the sight of funders and administrators. In many grant schemes, especially traditional ones, the only legitimate grant activities are those directed at addressing the specific priority area or risk factor [85, 86]. Our findings suggest that the government, as a funder, should build the capacity of grantees by investing in skill development and organisational systems and structures that support new ways of working, reduce administrative burdens, and support collaborative capacity and alignment. Here, lessons could be learned from philanthropic funders. Philanthropic funders have noted that offering technical assistance and capacity-building support is equally, if not more, vital than regular project funding [68, 87], especially for supporting the success of cross-sectoral initiatives that address the social determinants of health [5].

Capacity building is also needed at the funder (government) level. For instance, funder capacity could be

developed through the recruitment of “experienced and trusted ‘implementation brokers’ to offer support tailored to local contexts” [88, p. 12] and investing in organisational systems and procedures that support staff in managing flexible grant schemes. Previous studies indicate the need for research on how to support administrative and program management staff in coordinating contract-based services [89, 90].

Strengths and limitations

This review has several strengths. To our knowledge this is the first comprehensive review of flexible grant schemes, which provides an overview of the current state of literature in this area and directions for future research. Second, we used a range of sources to find publications, which reduced the likelihood of missing relevant publications. Third, we used a comprehensive search strategy which allowed us to identify relevant studies that not only explicitly characterised the grant scheme as ‘flexible’ but also those studies where the concept of ‘flexibility’ was implicitly conveyed. Fourth, the assessment of eligibility of publications was done in duplicate, minimising the risk of bias in study selection. Finally, we developed a new framework to clarify the concept of ‘flexibility’ to facilitate more precise communication and better alignment between grantees and funders. We recommend further testing and refining of this framework.

This review also has some limitations. The literature search was conducted with a language restriction (i.e., full text available in English), which might have led to the omission of relevant publications. Second, it was not possible to undertake a formal quality assessment because the included studies were conducted using a broad range of different study designs and methods. Third, we were only able to provide tentative information related to the effectiveness or outcomes of flexible funding schemes. Finally, although an inclusive search syntax was used and the search strategy and search terms were extensively piloted, there may be additional search terms that were unintentionally omitted.

Conclusion

Our review identified a growing number of publications on flexible grant schemes in high-income countries, especially in health, social and community services. Our main findings are threefold. First, there is a lack of clarity within grant schemes and differing interpretations across schemes of ‘flexibility’. Second, despite increasing interest, flexible grant schemes are rarely evaluated. The schemes that were evaluated showed positive findings related to service or infrastructure level factors. However, we caution against over-interpretation of these findings. Finally, we identified several factors that were perceived as important to the success of flexible grant schemes, including the capacity of grantees and funders to implement and administer them. Based on our main findings, we suggest: 1. applying

a new framework to clarify ‘flexibility’ within grant scheme guidelines for clearer communication and alignment across grantees and funders; 2. robust evaluations be undertaken to examine the effectiveness of flexible grant schemes and advance the evidence base, using appropriate approaches and examining both intended and unintended outcomes; and 3. investment in capacity development for funders and grantees to better support the new ways of working required for the success of flexible grant schemes.

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12889-025-21543-8>.

Additional file 1 - Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist.

Additional file 2 - Search terms and full search syntax for each database.

Additional file 3 - Key characteristics of evaluations.

Acknowledgements

We acknowledge the Traditional Owners of the lands where we work and live. We pay our respects to their Elders, past and present. We are very grateful to Dr Sarah Dash for assisting us with pilot testing search strategies and study selection process. We are also grateful to Pathways in Place-Victoria University stakeholders with whom we shared ideas and engaged in discussions relevant to this paper.

Author contributions

BK conceived the idea for the study. BK and MC conceptualised the study. BK and AM designed the search strategies and conducted the selection of documents. BK, AM, EF, and MC extracted and analysed the data. BK and MC jointly drafted the initial manuscript. AM and EF contributed to writing the manuscript. All authors read and approved the final manuscript.

Funding

The research was funded by the Paul Ramsay Foundation (grant number 681). Any opinions, findings, or conclusions expressed in this article are those of the authors and do not necessarily reflect the views of the Foundation.

Data availability

The data that support the findings of this paper are available from the corresponding author upon reasonable request.

Declarations

Ethics approval and consent to participate

Ethics approval was not required for this study.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

Author details

¹Mitchel Institute, Victoria University, 70/104 Ballarat Road, 3011, Footscray Park, Melbourne, VIC, Australia

²Institute for Health and Sport, Victoria University, 70/104 Ballarat Road, Footscray Park, Melbourne, VIC 3011, Australia

Received: 13 August 2024 / Accepted: 20 January 2025

Published online: 10 February 2025

References

- Schang LK, Czabanowska KM, Lin V. Securing funds for health promotion: lessons from health promotion foundations based on experiences from Austria, Australia, Germany, Hungary and Switzerland. *Health Promot Int*. 2011;27(2):295–305.
- Fleming PJ, Spolum MM, Lopez WD, Galea S. The public health funding paradox: how funding the problem and solution impedes public health progress. *Public Health Rep*. 2021;136(1):10–3.
- Crowley R, Mathew S, Hilden D. Modernizing the United States' public health infrastructure: A position paper From the American College of Physicians. *Annals of Internal Medicine* [Internet]. 2023;176(8). Available from: <https://doi.org/10.7326/M23-0670><https://www.acpjournals.org/doi/>
- Shiell A, Garvey K, Kavanagh S, Loblay V, Hawe P. How do we fund Public Health in Australia? How should we? Australian and New Zealand. *J Public Health*. 2024;48(5):100187.
- Perrotte BM, Noorestani A. Going beyond Public Health 3.0: how flexible funding streams can help to break down silos, change systems, and advance health equity in local communities. *Am J Public Health*. 2021;111(53):S189–92.
- Ashoka, McKinsey & Company. Embracing complexity: towards a shared understanding of funding systems change [Internet]. Ashoka; 2020. Available from: https://www.ashoka.org/sites/default/files/2020-01/Embracing%20Complexity_Full%20Report_final.pdf
- United States General Accounting Office. Grant programs: Design features shape flexibility, accountability, and performance information. [Internet]. Washington D.C., USA: United States General Accounting Office. 1998. Report No.: GAO/GGD-98-137. Available from: <https://www.gao.gov/assets/ggd-98-137.pdf>
- Wiepking P, de Wit A. The perceived consequence of unrestricted funding for the effectiveness of grantee organizations: The case of the Dutch Charity Lotteries. Center for Grantmaking Research. 2020. Available from: <https://www.wgrantmakingresearch.nl/wp-content/uploads/2021/02/Wiepking-De-Wit-2020-Unrestricted-Funding-ARNOVA-Conference.pdf>
- ten20, Social Ventures Australia, The Australian Centre for Social Innovation. Funding community-led place based practice: Insights and actions for funders and communities [Internet]. 2019 May. Available from: <https://www.socialventures.com.au/assets/Funding-community-led-place-based-practice-report>
- Blaxland M, Cortis N. Valuing Australia's community sector: better contracting for capacity, sustainability and impact. Sydney: Australian Council of Social Service; 2021 Jun.
- Blueprint Expert Reference Group. Not-for-profit sector development blueprint issues paper. Department of Social Services. 2023. Available from: <https://apo.org.au/node/324868>
- DeSalvo KB, Wang C, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: a call to action for public health to meet the challenges of the 21st century. *Prev Chronic Dis*. 2017 [cited 2024 Feb 3];14(E78). Available from: https://www.cdc.gov/pcd/issues/2017/17_0017.htm
- Australian Government Department of Health. National Preventive Health Strategy 2021–2030. Commonwealth of Australia. 2021. Available from: <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030?language=en>
- Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. 2005;8:19–32.
- Tricco A, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Ann Intern Med*. 2018;169(7):467–73.
- Craike M, Klepac B, Mowle A, Riley T. Theory of systems change: a middle-range theory of public health research impact. *Res Evaluation*. 2023;00:1–19.
- Overton. 2024. What is Overton? [cited 2024 Apr 6]. Available from: <https://he.lp.overton.io/article/what-is-overton/>
- Veritas Health Innovation. Covidence systematic review software [Internet]. Melbourne, Australia; Available from: www.covidence.org
- Quinn Patton M. Qualitative research & evaluation methods: integrating theory and practice. Fourth. United States of America: Sage; 2014. p. 1245.
- Zhang Y, Wildemuth BM. Qualitative analysis of content. Applications of Social Research Methods to questions in information and Library Science. 2nd ed. Bloomsbury Publishing; 2016.
- Department of Human Services. Implementing Flexible Funding Information Pack. Department of Human Services; 2005.
- Fox H, Topp SM, Callander E, Lindsay D. A review of the impact of financing mechanisms on maternal health care in Australia. *BMC Public Health*. 2019;19(1):1540.
- Tanner S, Allies O, Starks L. Evaluation of the flexible funding programme: final report. Wavehill Social and Economic Research; 2019 [cited 2023 Feb 21]. Available from: <https://www.gov.wales/evaluation-flexible-funding-program-me-final-report>
- Tanner S, Allies O, Starks L, Teifi I, Wilkinson L. Evaluation of the Flexible Funding Programme. Cardiff: Welsh Government; 2018. Report No.: Social Research Number: 56/2018.
- Australian Government Department of Health. Flexible fund guidelines: practice incentives for General practices Fund. Australian Government Department of Health; 2014.
- Lotz J. Accountability and control in the financing of local government in Denmark. *OECD J Budg*. 2005;5(2):55–67.
- Haslam RHA, Walker NE. Alternative funding plans: is there a place in academic medicine? *CMAJ*. 1993;148(7):1141–77.
- Terrell P. Beyond the categories: human service managers view the new federal aid. *Public Adm Rev*. 1980;40(1):47–54.
- Chaiken L, Waddell LF, Sellers K, Jarris PE. Communicating the value of the preventive health and health services block grant. *J Public Health Manage Pract*. 2016;22(3):316–7.
- Wright P. Creating opportunities for learning in Essex. *Adults Learn*. 2002;13(6):17–9.
- Cerulli C, Ward Allen C, Chin N, Reagh R, Mangold S. Does the money matter? Examining the source and type of child welfare dollars through the eyes of county child welfare services directors. *J Public Child Welf*. 2017;11(3):360–77.
- Loblay V, Garvey K, Shiell A, Kavanagh S, Hawe P. Icing or cake? Grant competitions as a model for funding chronic disease prevention in Tasmania, Australia. *Health Promotion International*. 2022;37(5):1–9.
- Lamia TL, Lowry GF, McLees AW, Frazier CM, Young AC. Improving outcome accountability of block grants: lessons learned from the preventive health and health services block grant evaluation. *Am J Evaluation*. 2021;42(2):185–200.
- Lewis BD. Indonesian intergovernmental performance grants: an empirical assessment of impact. *Bull Indones Econ Stud*. 2014;50(3):415–33.
- Webb MD, Frescoln KP, Rohe WM. Innovation in US public housing: a critique of the moving to work demonstration. *Int J Hous Policy*. 2016;16(1):111–24.
- Dey K, Mishra PK. Mainstreaming blended finance in climate-smart agriculture: Complementarity, modality, and proximity. *J Rural Stud*. 2022;92:342–53.
- Stoker RP, Rich MJ. Obama's urban legacy: the limits of braiding and local policy coordination. *Urban Affairs Rev*. 2020;56(6):1607–29.
- Duer JK, Jenkins J. Paying for preschool: who blends funding in early childhood education? *Educational Policy*. 2022;37(7):1857–85.
- Cate D, Peters M. Preschool inclusion finance toolkit. 2017. The early childhood technical assistance center; 2017. Available from: <https://files.eric.ed.gov/fulltext/ED575673.pdf>
- Rowangould G, Nadafianshahamabadi R, Poorfakhraei A. Programming flexible congestion mitigation and air quality program funds: best practices for state DOTs. *Transp Res Rec*. 2018;2672(51):99–108.
- Holm NGL. Square Pegs, Round Holes: barriers to Access in small grant schemes as a path to Human Security. *Forum Dev Stud*. 2019;46(2):203–25.
- Falk G. The temporary assistance for needy families block grant: an introduction. *Congressional Research Service*; 2013 Oct.
- Jarosca J. Flexible federal funding: examining the community development block grant program and its impact on addressing local challenges [Internet]. Congressional Research Service; 2021 [cited 2023 Feb 21]. Available from: <https://www.everycrsreport.com/reports/TE10065.html>
- Furth S. Improving the community development block grant program. Mercatus Center George Mason University; 2021.
- Stecher B, Fuller B, Timar T, Marsh J, Han B, Katz B, et al. More freedom to spend less money: What happened when California school districts gained spending flexibility and budgets were cut. RAND Corporation; 2012 [cited 2023 Feb 15]. Available from: https://www.rand.org/pubs/research_briefs/RB9665.html
- Wolman H. The effects of block grants: lessons from experience. In: Sherman JD, Kutner MA, Small KJ, editors. New dimensions of the federal-state partnership in education. Washington, D.C: Institute for Educational Leadership; 1982. pp. 132–44.
- Ensign K, Kain JC. Braiding and layering funding: doing more with what we have. *J Public Health Manage Pract*. 2020;26(2):187–91.

48. Centers for Disease Control and Prevention. Preventive Health and Health Services Block Grant evaluation report: 2019 framework measures assessment - key findings. Atlanta, GA: US Department of Health and Human Services. 2021. Available from: <https://www.cdc.gov/phhsblockgrant/2019evaluationreport.htm>
49. Association of State and Territorial Health Officials. Preventive Health and Health Services Block Grant proposed guiding principles [Internet]. 2014. Available from: www.eafidnbmnnibpcjpcglcfindmkaj/https://nasemso.org/wp-content/uploads/PHHSBG-Guiding-Principles-27May2014.pdf
50. Comptroller General of the United States. States use added flexibility offered by the preventive health and health services block grant. [Internet]. Washington, D.C.: Comptroller General of the United States. 1984. Available from: <https://www.gao.gov/assets/hrd-84-41.pdf>
51. Lynch KE. The child care and development block grant: background and funding. Congressional Research Service; 2014.
52. Welsh Local Government Association. Fair and sustainable funding for essential local services: All our communities rely on local government [Internet]. 2018. Available from: chrome-extension://efaidnbmnnibpcjpcglcfindmkaj/https://www.wlga.wales/sharedfiles/download.aspx?pageid=62&mid=665&fileid=1754
53. United States General Accounting Office. Block grants: characteristics, experience, and lessons learned. Report to the chairman, committee on economic and educational opportunities. House of Representatives Washington, D.C., U.S.: United States General Accounting Office. 1995. Report No.: GAO/HEHS-95-74. Available from: <https://www.gao.gov/assets/hehs-95-74.pdf>
54. Moran M, Porter D, Curth-Bibb J. Funding Indigenous organisations: improving governance performance through innovations in public finance management in remote Australia [Internet]. Canberra, Australia: Australian Institute of Health and Wel fares. 2014 [cited 2023 Feb 21]: [63 p.]. Report No.: 11. Available from: <https://www.aihw.gov.au/reports/indigenous-australians/funding-indigenous-organisations/summary>
55. Imazeki J. Deregulation of school aid in california: revenues and expenditures in the first year of categorical flexibility. RAND Corporation. 2011. Available from: <https://edpolicyinca.org/publications/deregulation-school-aid-california>
56. Bobbitt-Cooke M. Energizing community health improvement: the promise of microgrants. *Prev Chronic Dis*. 2005;2:1–8.
57. Tompkins NO, Wright J, Giacobbi P, Alelaiwat B, Vance J, Gregory M, et al. Maximizing the potential of mini-grants to promote policy, systems, and environmental changes: outcomes and challenges. *Health Promot Pract*. 2022;23(3):445–52.
58. Parker E, Tach L, Robertson C. Do federal place-based policies improve economic opportunity in rural communities? *rsf*. 2022;8(4):125–54.
59. McGowan VJ, Buckner S, Mead R, McGill E, Ronzi S, Beyer F, et al. Examining the effectiveness of place-based interventions to improve public health and reduce health inequalities: an umbrella review. *BMC Public Health*. 2021;21(1):1888.
60. Foell A, Pitzer KA. Geographically targeted place-based community development interventions: a systematic review and examination of studies' methodological rigor. *Hous Policy Debate*. 2020;30(5):741–65.
61. McCann P. UK research and innovation: A place-based shift? UK: University of Sheffield. 2019 p. 21. Available from: https://www.ifm.eng.cam.ac.uk/uploads/Research/CSTI/UKRI_Place/McCann_-_UK_Research_and_Innovation_-_A_Place-Based_Shift_vFinal.pdf
62. Victorian Council of Social Service. Sayers. Communities taking power: using place-based approaches to deliver local solutions to poverty and disadvantage. The Victorian Council of Social Service; 2016 Oct.
63. Cabaj M, Weaver L. Collective impact 3.0: an evolving framework for community change. Tamarack Institute. 2016. Available from: https://cdn2.hubspot.net/hubfs/316071/Events/CCI/2016_CCI_Toronto/CCI_Publications/Collective_Impact_3.0_FINAL_PDF.pdf
64. Angeles RN, Dolovich L, Kaczorowski J, Thabane L. Developing a theoretical framework for complex community-based interventions. *Health Promot Pract*. 2014;15(1):100–8.
65. McGuire F, Vijayasingham L, Vassall A, Small R, Webb D, Guthrie T, et al. Financing intersectoral action for health: a systematic review of co-financing models. *Globalization Health*. 2019;15(1):86.
66. Food and Agriculture Organization of the United Nations. Evaluation of the flexible multi-partner mechanism (FMM). Rome, Italy: FAO. 2021 [cited 2024 Apr 8]. (Programme Evaluation Series). Report No.: 11. Available from: <https://www.fao.org/documents/card/en/c/cb7744en>
67. Waisbord S. The 5Ws and 1H of digital journalism. *Digit Journalism*. 2019;7(3):351–8.
68. Richardson K, Wiepking P, Presser J. Unrestricted funding: why grantmakers need it. Melbourne, Victoria: SmartyGrants; 2023.
69. Thornton A, Lee P. Publication bias in meta-analysis: its causes and consequences. *J Clin Epidemiol*. 2000;53(2):207–16.
70. Yazahmeidi B, Holman CDJ. A survey of suppression of public health information by Australian governments. *Aust N Z J Public Health*. 2007;31(6):551–7.
71. McCrabb S, Mooney K, Wolfenden L, Gonzalez S, Ditton E, Young S, et al. He who pays the piper calls the tune: researcher experiences of funder suppression of health behaviour intervention trial findings. *PLoS ONE*. 2021;16(8):e0255704.
72. Tebaldi D, Stokes J. Defining pooled' place-based' budgets for health and social care: a scoping review. *Int J Integr Care*. 2022;22(3):1–18.
73. Mason A, Goddard M, Weatherly H, Chalkley M. Integrating funds for health and social care: an evidence review. *J Health Serv Res Policy*. 2015;20(3):177–88.
74. Breuer E, Lee L, De Silva M, Lund C. Using theory of change to design and evaluate public health interventions: a systematic review. *Implement Sci*. 2016;11:63.
75. Connell J, Kubisch A. Applying a theory of change approach to the evaluation of comprehensive community initiatives: Progress, prospects and problems t. Aspen Institute. 1998. Available from: <https://www.edu-links.org/resources/applying-theory-change-approach-evaluation-comprehensive-community-initiatives>
76. Taplin DH, Clark H. Theory of change basics. A primer on theory of change. ActKnowledge; 2012.
77. Bagnall AM, Radley D, Jones R, Gately P, Nobles J, Van Dijk M, et al. Whole systems approaches to obesity and other complex public health challenges: a systematic review. *BMC Public Health*. 2019;19(1):8.
78. Li B, Alharbi M, Allender S, Swinburn B, Peters R, Foster C. Comprehensive application of a systems approach to obesity prevention: a scoping review of empirical evidence. *Front Public Health*. 2023;11:1015492.
79. Zurcher KA, Jensen J, Mansfield A. Using a systems approach to achieve impact and sustain results. *Health Promot Pract*. 2018;19(1 suppl):S15–23.
80. Foster-Fishman PG, Long R. The challenges of place, capacity, and systems change: the story of yes we can! *Foundation Rev*. 2009;1(1):69–84.
81. Brown AD, Whelan J, Bolton KA, Nagorcka-Smith P, Hayward J, Fraser P, et al. A theory of change for community-based systems interventions to prevent obesity. *Am J Prev Med*. 2022;62(5):786–94.
82. Fagan A, Hawkins JD, Catalano R, Farring D. Communities that care: Building community engagement and capacity to prevent youth behavior problems. New York: Oxford University Press; 2019. p. 345.
83. Provan KG, Nakama L, Veazie MA, Teufel-Shone NI, Huddleston C. Building community capacity around chronic disease services through a collaborative interorganizational network. *Health Educ Behav*. 2003;30(6):646–62.
84. Baillie E, Bjarnholt C, Gruber M, Hughes R. A capacity-building conceptual framework for public health nutrition practice. *Public Health Nutr*. 2009;12(8):1031–8.
85. Hawe P, Noort M, King L, Jordens C. Multiplying health gains: the critical role of capacity-building within health promotion programs. *Health Policy*. 1997;39(1):29–42.
86. Kavanagh SA, Hawe P, Shiell A, Mallman M, Garvey K. Soft infrastructure: the critical community-level resources reportedly needed for program success. *BMC Public Health*. 2022;22:420.
87. Pond A, Robert Sterling Clark F. 2019 [cited 2015 Sep 4]. Yes! Funders can prove general operating grants have impact (and grantees can help): Part 2. Available from: <https://www.rsclark.org/blog/2019/10/15/yes-funders-can-prove-general-operating-grants-have-impact-and-grantees-can-help-part-2>
88. Hudson B, Hunter D, Peckham S. Policy failure and the policy-implementation gap: can policy support programs help? *Policy Des Pract*. 2019;2(1):1–14.
89. McBeath B, Chuang E, Carnochan S, Austin MJ, Stuart M. Service coordination by public sector managers in a human service contracting environment. *Adm Policy Ment Health*. 2019;46(2):115–27.
90. Leeman J, Calancie L, Kegler MC, Escoffery CT, Herrmann AK, Thatcher E, et al. Developing theory to guide building practitioners' capacity to implement evidence-based interventions. *Health Educ Behav*. 2017;44(1):59–69.

Publisher's note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.