

### Big Lottery Fund National Well-being Evaluation



### Big Lottery Fund, National Well-being Event, March 4<sup>th</sup> 2010, Newcastle

Jonathan Breeze, Director of Consultancy (CLES)

Natalie Qureshi, Consultant (CLES)

Saamah Abdallah, Researcher at the Centre for Wellbeing (**nef**)

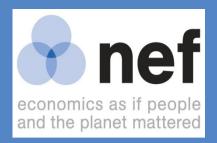








# Today's presentation



- 1) Principles of the evaluation
- 2) Key developments over year one
- 3) Early findings
- 4) National Evaluation, next steps



#### **About CLES**



- **CLES** (the Centre for Local Economic Strategies) is an independent, 'think doing' organisation with charitable status:
  - regeneration
  - local governance
  - local economic development
- Established in 1986, offer policy research, publications, training, information service, events and a consultancy trading arm
- O Key areas of CLES Consulting's work:
  - evaluation and best practice
  - research and scoping
  - strategy and planning
  - facilitation and training
  - profiling, baselining and mapping
  - appraisal and scrutiny



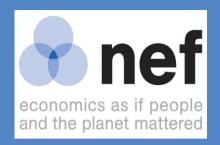
#### **About nef**



- **nef** (the new economics foundation) is an independent, charitable 'think and do' tank:
  - social justice
  - environmental sustainability
  - people's well-being
- **nef** has run a well-being programme for over 5 years; the Centre for Well-being was set-up in 2006
- Other areas of **nef**'s work:
  - measurement and evaluation
  - thriving communities
  - global interdependence
  - future economy
  - nef consulting



### Principles of the evaluation



- Standardised tools used to seek robust measurement of cross-programme impact
- Evaluation as a learning experience
- Understanding impact at a programme level
- Not about monitoring individual project/portfolio performance or bean counting!
- It is firmly outcome focussed



#### **Evaluation aims**



#### **Overarching**

- Importance of outcome based funding
- Evaluate the overall impact of services on:
  - mental health
  - physical activity
  - healthy eating
  - well-being of beneficiaries
- Describe and evaluate the circumstance in which approaches are more/less likely to enhance well-being



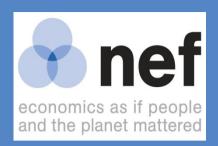
#### **Evaluation tools**



- Designed by the Centre for Well-being at nef
- Set of questionnaires
- Self-reported information
- Primarily closed or ranking scale questions
- To be used with direct project beneficiaries
- Capture distance travelled
- Data collected from beneficiaries on at least two occasions.



### **Key developments: Year One**



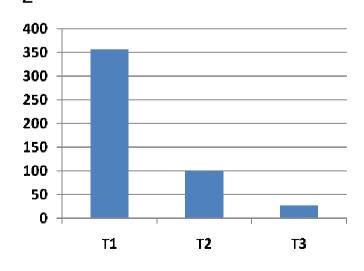
- Sampling of projects
- Establishing an ethics committee
- Workshops: eight held during March 2009 to January 2010
- Evaluation newsletters ,'Well-being matters'
- Survey administration
- Qualitative research:
  - Foyer Federation
  - New Leaf New Life
  - Living Well West Midlands

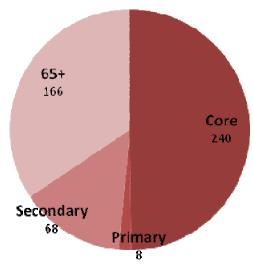




#### Returns

- 482 questionnaires
- Majority of questionnaires, at the entry point/ $T_1$ .
- $T_2$  data from core and 65+ questionnaires









#### **Demographics**

#### Age

<10	5 5
10-16	68 68
17-19	41 41
20-29	34 34
30-39	41 41
40-49	44 44
50-59	23 23
60-69	36 36
70-79	33 33
80 >	25 <mark>25</mark>
(blank)	6 6

#### **Ethnicity**

White British	297 297
White Other	6 6
Indian	9 9
Pakistani	14 14
Bangladeshi	2 2
Asian Other	2 2
Black / Black British	5 5
Mixed	9 9
(blank)	3
(other ethnic group)	9





#### **Baseline data**

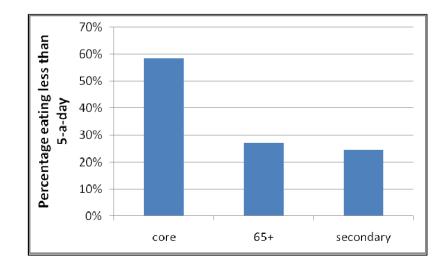
- Projects successfully reaching beneficiaries with below average levels of well-being
  - Low levels of life-satisfaction
  - Low levels of healthy eating, mental health, life satisfaction and well-being assets.



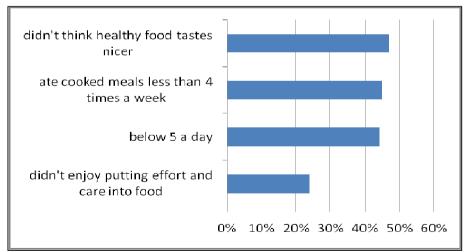


#### **Baseline data – Healthy Eating**

- 44% respondents not meeting five-a-day target
- Worst for core respondents



 In comparison, people do report enjoying putting effort into food



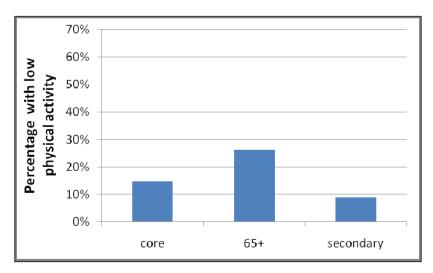
Future analysis to include links between healthy eating and physical activity.





#### **Baseline data – Physical Activity**

- Analysis based on IPAQ (International Physical Activity Questionnaire)
- Higher levels of physical activity than levels of healthy eating at T1





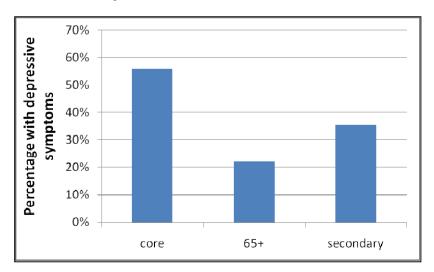
- 36% of core respondents reported high activity, but only 11% of 65+
- 15% did not fully complete tool





#### **Baseline data - Mental Health**

- Assessed using seven questions
- Overall 44% with severe depressive symptoms
- Worst amongst core respondents

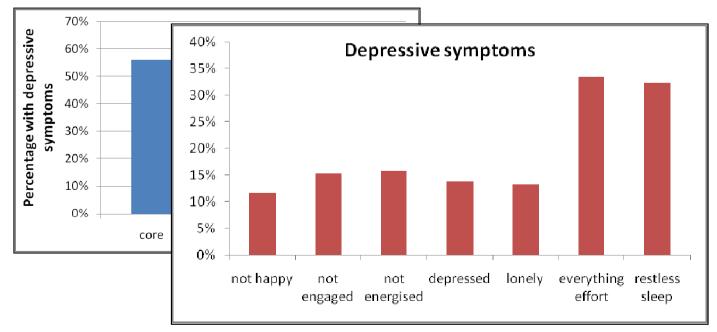






#### **Baseline data - Mental Health**

- Assessed using seven questions
- Overall 44% with severe depressive symptoms
- Most common symptoms: everything was an effort, and restless sleep

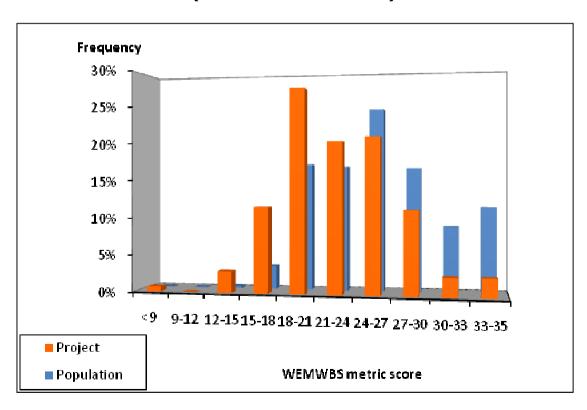




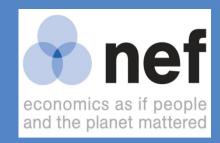


#### **Baseline data – General well-being**

- 35% with life satisfaction of 5 or below (on scale of 0-10)
- Mean: 6.5 (vs. UK 7.2)
- Common deficits in S-WEMWBS:
  - community (22%)
  - useful (21%)
  - relaxed (20%)







#### **Baseline data - Social well-being**

- Most popular module (241 returns)
- Most frequently lacking:
  - 'a sense of belonging to their neighbourhood'

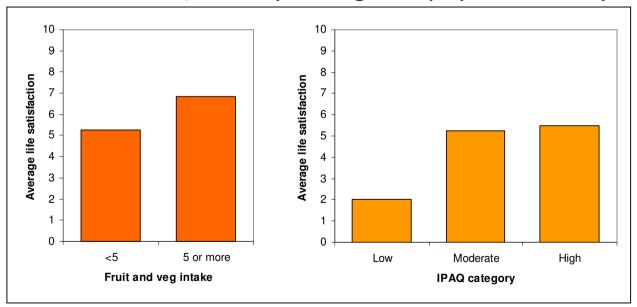
neighbourhood		
dissatisfied	13%	
don't feel belonging	40%	
close social bonds		
people do not care about me 9%		
not meeting friends & relative 11%		





#### Relationships between different elements of wellbeing

Life satisfaction, healthy eating and physical activity.



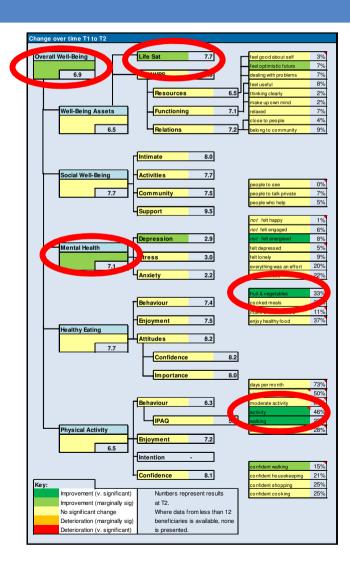
• 65+ group, correlation between walking and life satisfaction





#### Distance travelled $(T_1 \text{ to } T_2)$

- Based on under 100 respondents
- Significant improvements in:
  - Life satisfaction
  - Mental health
  - Fruit & veg intake
  - Physical activity and walking
  - Overall well-being
- Early T<sub>3</sub> data suggest stable significant improvements in life satisfaction and well-being assets





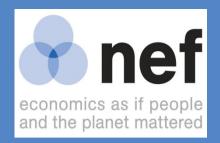


#### **Determinants of distance travelled (65+)**

- physical autonomy → healthy eating
- o age → physical activity
- o social well-being → healthy eating



### **Early Findings Case Studies**



#### Strand specific outcomes — Healthy Eating

- Positive outcomes identified:
  - better budgeting skills
  - identification of unhealthy foods.

(Dudley Healthy Retail, Living Well – West Midlands)

(Poole Quay Foyer - Healthy Transitions, Foyer Federation)





### **Early Findings Case Studies**



#### Strand specific outcomes - Mental Health

- Successful targeting taking place
- Qualitative research, reduced feelings of social isolation, increased confidence, increases in feeling valuable and of making a contribution

(Community Cafe, New Leaf, New Life Gateshead)







### **Early Findings Case Studies**



#### Strand specific outcomes — Social well-being

Key outcomes: increased confidence, developing friendships and opportunities to socialise led to decreases in social isolation

(Poole Quay Foyer – Healthy Transitions, Foyer Federation)





### **Early Findings**



#### **Factors influencing success**

- Targeting
- Exploring attribution
- Future work
- Impact on communities



### **Next Steps**



- 647, questionnaires received
- Well-being newsletter, and policy paper, March 2010
- Project and portfolio specific reports
- Ethics committee meeting, May 2010



### Big Lottery Fund National Well-being Evaluation



#### www.cles.org.uk/wellbeing

Username: Wellbeing

Password:BiG

#### **Rapid Response Team**

rrt@cles.org.uk 0161 236 7036









### Big Lottery Fund National Well-being Evaluation



### **Questions and Answers**





