



# Big Lottery Fund Well-being Conference

## National Well-being Evaluation: Interim findings

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March 14<sup>th</sup> & 15<sup>th</sup> 2011





# Principles of the evaluation



- Evaluation as a learning experience
- Not about monitoring individual project / portfolio performance or bean counting!
- Outcome focussed



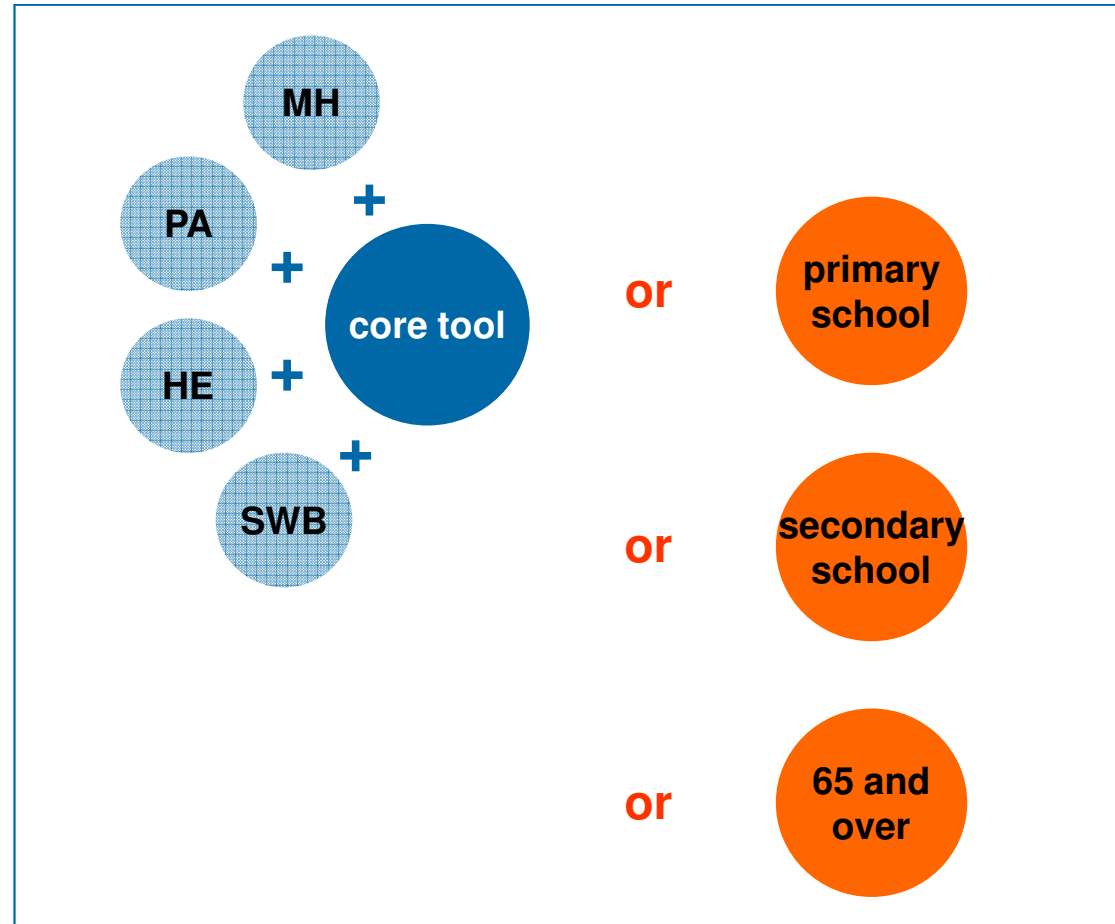
# About the evaluation methodology



- Using a set of standardised tools to seek robust measurement of cross programme impact.
- Uses a number of recognised measures/scales, including:
  - Warwick Edinburgh Mental Well-being Scale
  - CES – Depression Scale
  - International Physical Activity Questionnaire
  - Single Item Physical Activity measure (28 days)
  - 5 a day fruit and vegetables
  - Life satisfaction (Sustainable Development Indicator Set, European Social Survey and the Gallup World Poll)
- Case studies
  - to explore impact with projects not suitable for the tools
  - to triangulate results



# Quantitative tools





## Case studies to date



- **Poole Quay Foyer** – Healthy Transitions
- **Dudley Healthy Retail** - Living Well West Midlands
- **Mind in Gateshead** - New Leaf New Life
- **Penwith Pathways** - South West Wellbeing
- **Fylde Coast YMCA** – England on the MEND
- **Food and Fitness project** – Wellbeing in the East
- **Family Cookery** – Chances4Change
- **Cockney Sparrow** – Peabody Trust
- **Growing food for life** – Target Wellbeing

19 in total, remainder this year and early next year.



## Returns to date



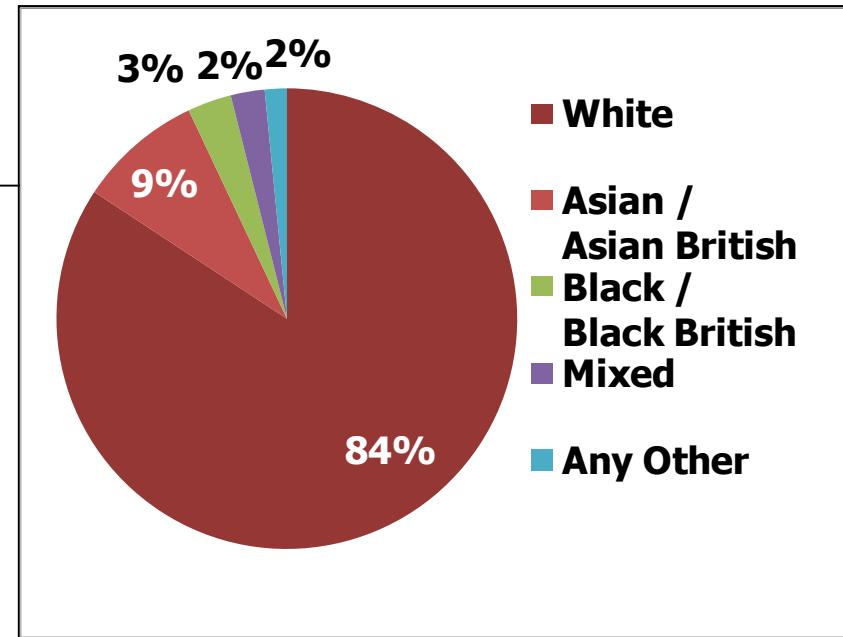
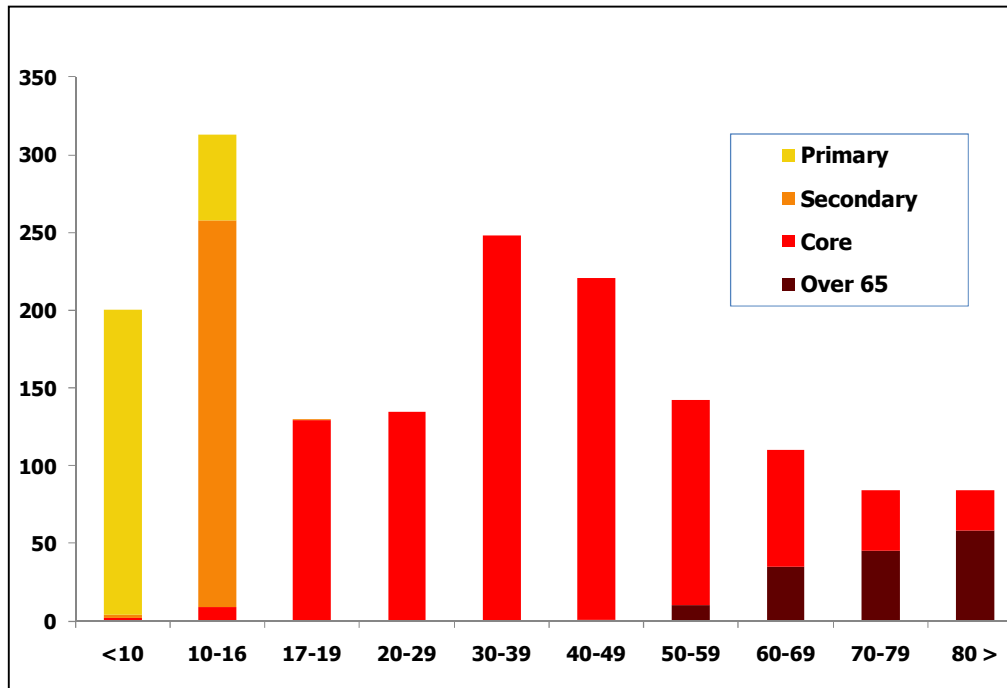
- Analysis based on 3459 returns from over 40 projects in 15 portfolios
- 1973 at  $T_1$  or entry (2,345)
- 1273 at  $T_2$  or exit (1,373)
- 213 at  $T_3$  or follow up (264)
- 671 from South West
- More since mid November when analysis started – 3,982
- Aiming for 2,500 of  $T_1$  and  $T_2$  and 1000  $T_3$



# Demographics

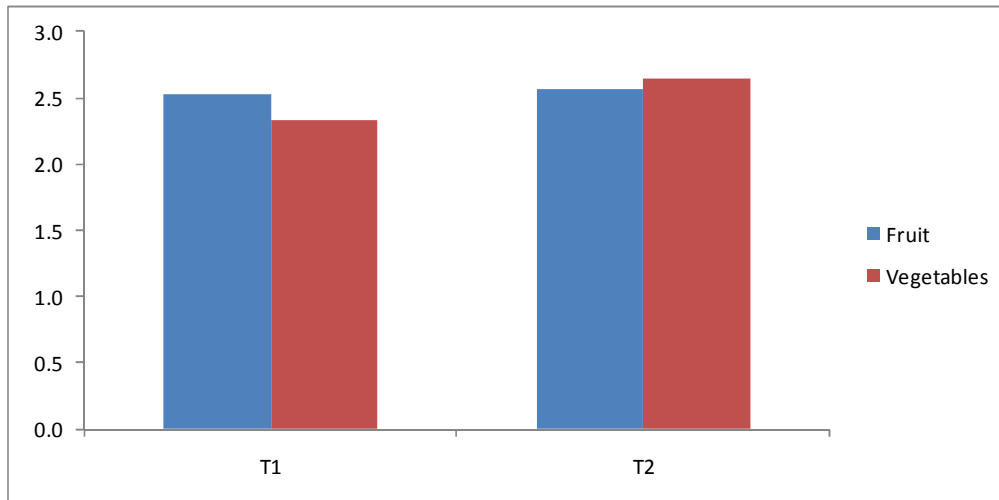


- Projects have reached a wide range of ages
- Most common age 30- 49
- Greater ethnic mix than UK population
- More women except in primary school



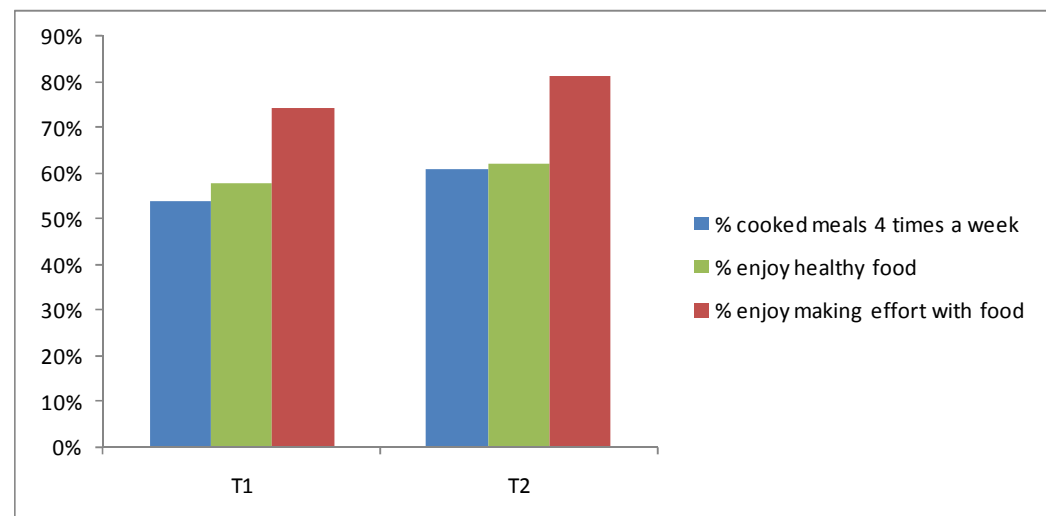


# Interim Findings: Healthy Eating



- No change in fruit consumption
- Significant, 14% increase in vegetable consumption
- The proportion not eating 5 a day down from 48% at T<sub>1</sub> to 33% at T<sub>2</sub> (58% NW)

- Proportion eating freshly prepared meals up from 54% to 61%
- Those who said they enjoyed making an effort with food was up from 74% up to 81%



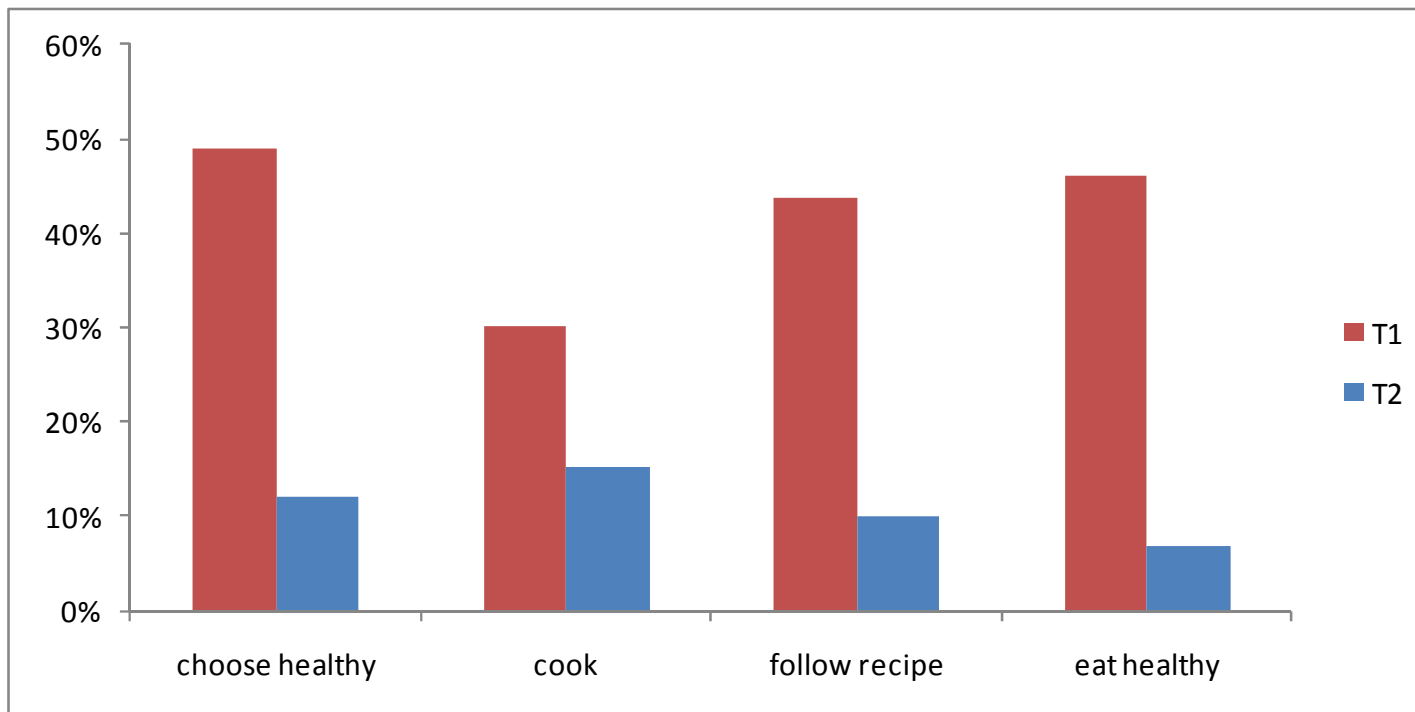




# Interim Findings: Healthy Eating



- % not feeling confident about being able to eat healthily fell from 21% to 7%





# Interim Findings: Healthy Eating



## Outcomes identified through the case studies included:

- Better understanding of the importance of healthy food
- Learning about healthy shopping and food preparation

*'Excellent course, really motivational, informative and very well presented. Good paperwork to take back to the work place and good access links to get things moving.'*

- Embedding healthy eating and enjoyment of healthy food in everyday life
- Trying new and healthier foods
- Better food on a budget
- Volunteering as route to healthier lifestyles
- Encouraging healthy shopping

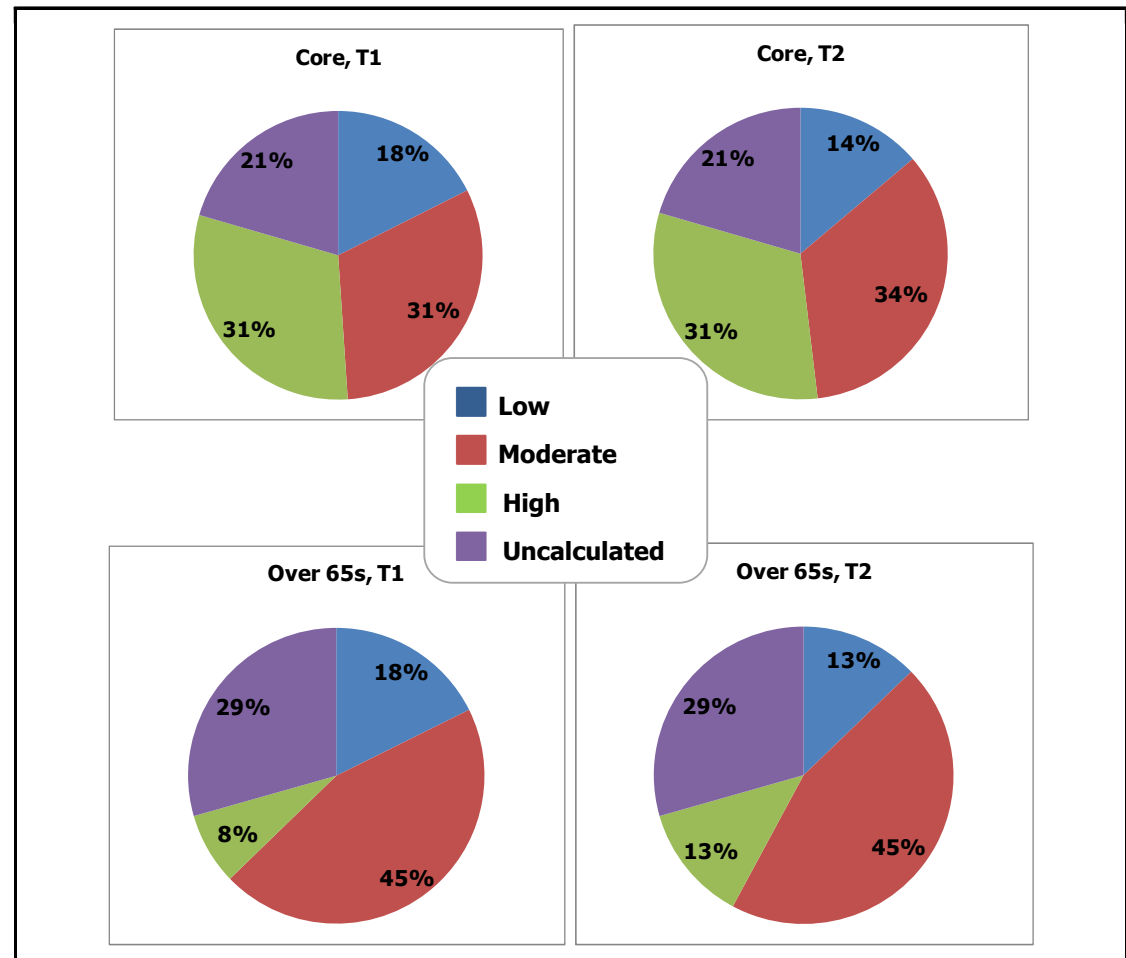




# Interim Findings: Physical Activity



- 3-4% of core tool respondents and 5% of over 65 mirror respondents moved from low activity to moderate activity
- Change for over 65s significant
- Over 65s also increased number of days of activity per month from 8.7 to 11.2 days per month
- 50% of beneficiaries still below 5x30 despite progress - indicates scale of challenge (69% NW)





# Interim Findings: Physical activity



## Outcomes identified through the case studies included:

- Increased enjoyment and frequency of exercise
- Accessible and alternative exercise options

*'You can just come along'... it's not intimidating and easy for beginners and if you have health issues/injuries you just let the teacher know.'*

- Facilitating exercise



*'I try to look for things like the walking project, Mobilise, which starts from the surgery and offers people a chance to be active and talk to people too.'*

- Enjoying every day exercise



# Interim Findings: Mental Health

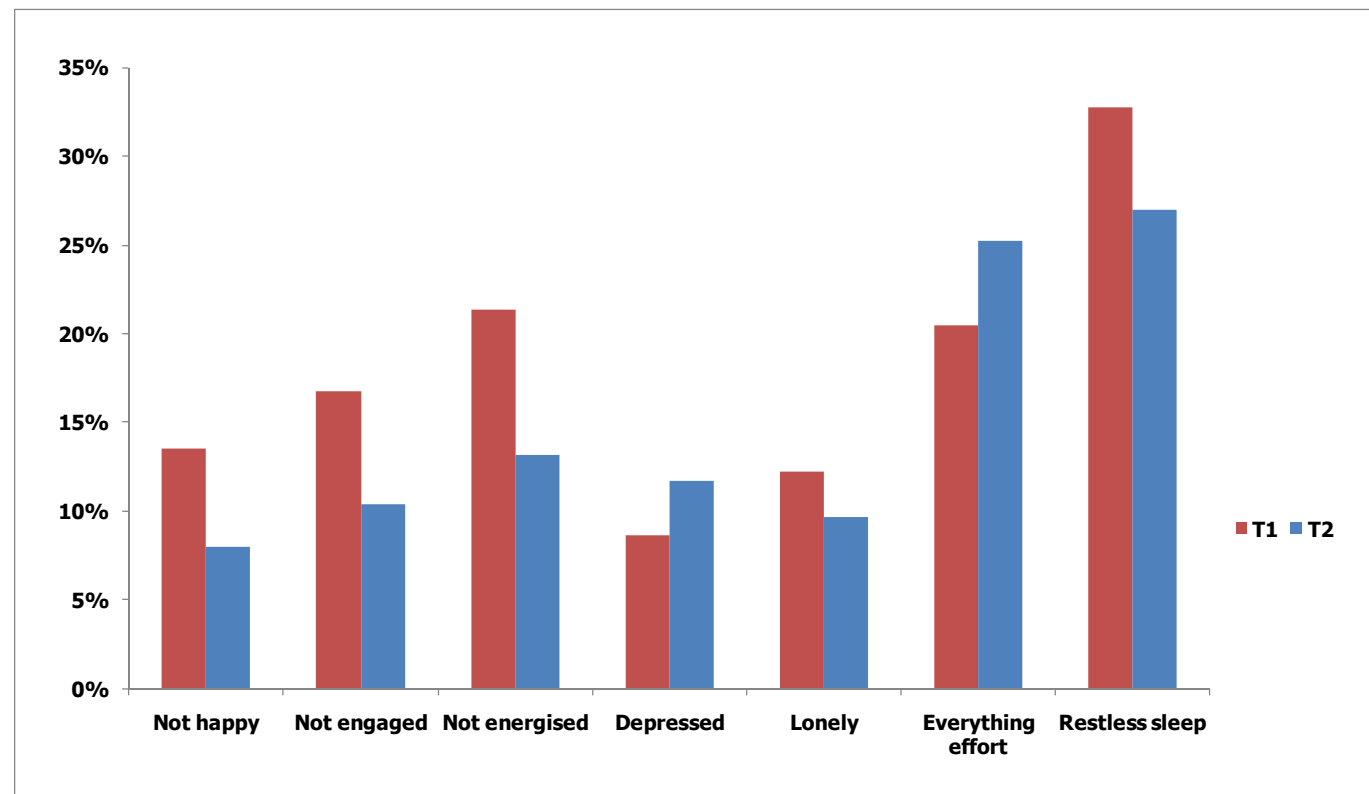


- Improvements were seen for most symptoms
- Also a large drop in the percentage of beneficiaries reporting significant depressive symptoms:

- Down from 33% to 28% for core respondents

- Compared to 20.8% in UK population (2007)

- Down from 23% to 13% for over 65s





# Interim Findings: mental well-being



## Outcomes identified through the case studies included:

- Improved mental well-being through client centred counselling

*'What I have gained from them has changed my life for the better, my future now seems so much more important than problems from my past.'*

- Increased self esteem and confidence
- Greater motivation and confidence

*'My confidence has increased massively – now I have a reason to get up in the morning.'*

- Opportunities to talk and socialise with other residents
- Aspirations of the future



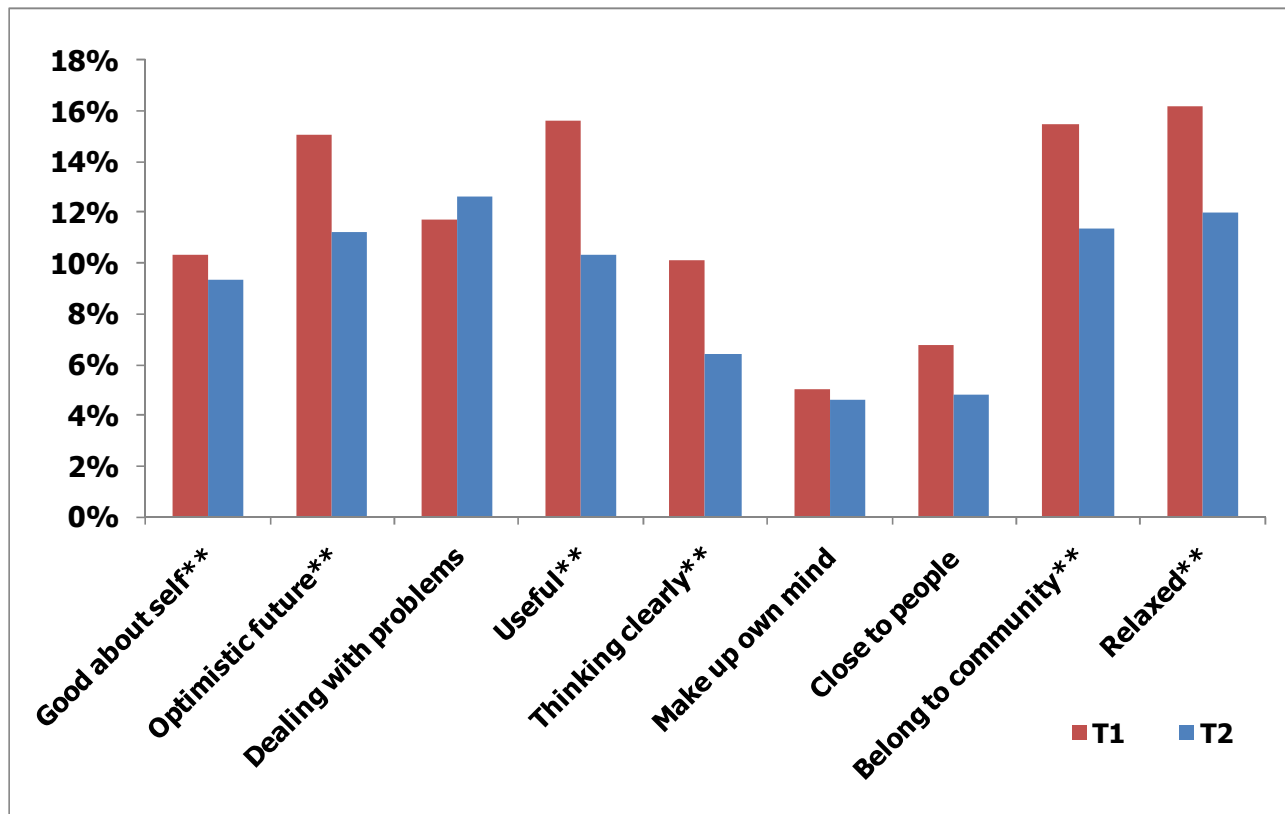




# Interim Findings: mental well-being



- Positive change in well-being assets
- Biggest improvements: feeling optimistic and feeling useful



- Significant improvements in life satisfaction. Up from 6.3 to 6.8 on 10 point scale.
- Quite substantial given the relative insensitivity of this measure to other 'hard' effects.



# Interim Findings: Social well-being



## Outcomes identified through the case studies included:

- Greater social interaction

*'He wouldn't speak to anyone at all when he arrived, but now he chats away to the customers without any difficulty.'*

- Volunteering and feeling valued

*'I like to listen... it's good for bringing out ideas, it makes me think. The visits are stimulating... plus volunteering gives me sense a purpose since retiring.'*



- Improved family relationships
- Meeting new people and a greater sense of community
- Reduced social isolation



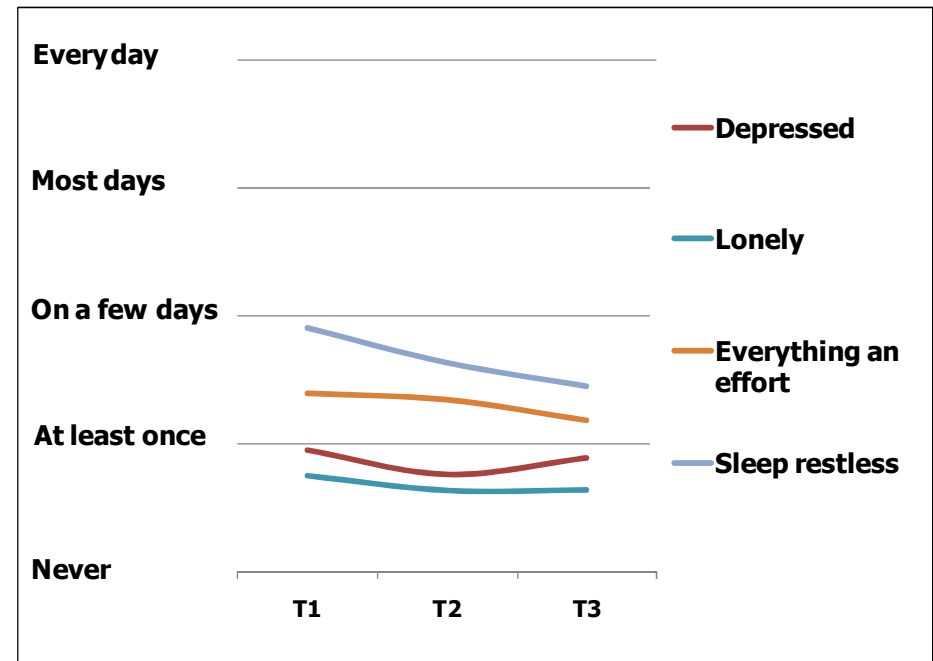


# Interim Findings: Sustainability



- Improvements from  $T_1$  to  $T_3$  in all domains of well-being. Significant improvements in:

- Feeling relaxed
- Feeling happy and good about oneself
- Life satisfaction
- Feeling engaged
- Sleeping well
- Eating cooked meals
- Enjoying healthy eating
- vigorous physical activity



- Only one question showed a significant reduction - Fruit and veg (primary school)



# Interim Findings: Inter-domain relations



- Rich inter-correlations between the various aspects of well-being
- Improvements in one of these tend to come with improvements in the other
  - Healthy behaviour & feelings

<b>healthy eating behaviour</b>	<b>improved mental health &amp; well-being assets</b>
<b>increased physical activity</b>	<b>improved mental health &amp; well-being assets</b>
<b>increased social well-being</b>	<b>increased physical activity</b>
<b>enjoying making an effort with food</b>	<b>increased social well-being</b>
<b>Increased fruit and vegetable intake</b>	<b>increased no. of days doing physical activity</b>



# Interim Findings: Inter-domain relations



- Correlation not causality, but relationship indicates that improved mood or feelings have an impact on healthy behaviours and visa versa
- Further T3 analysis will help us to look at causality in more detail.





# Challenges



- Making it meaningful for projects
- Reporting across different tools & comparing different age groups
- Getting the questionnaires back, especially T<sub>3</sub>
  - Appreciate all your efforts
  - Recognise not easy during project
- Completion of depth modules



# How you can use the findings



- Demonstrate impact
- Report to funders
- Bid for future work/funding
- Illustrate the value of health and well-being interventions
- Influence your own delivery / other practitioners
- Inform policy



## Future work



Further interim reports and a final report in 2013. We will continue to explore:

- More in-depth analysis of impact – by project type and demographics
- Sustainability of the outcomes – more analysis of T<sub>3</sub> returns
- Factors influencing success and wider impacts – case studies

Other areas of analysis (currently being considered)

- Analysis by type of beneficiary contact
- Comparison with local well-being context
- Socio-economic analysis
- Analysing starting points as a factor in behaviour change
- Analysing drop out
- Cost benefit analysis

What would be useful to you?



## About how we communicate



Key questions about reports, policy papers and the National Well-being Evaluation Website:

- Do you find the project/portfolio level reports helpful?
- What would you like them to look like/tell you?
- Do you use the well-being website?
- Is there a better way of sharing this information
- Do you read Well-being Matters?
- What topics would you like to see covered?

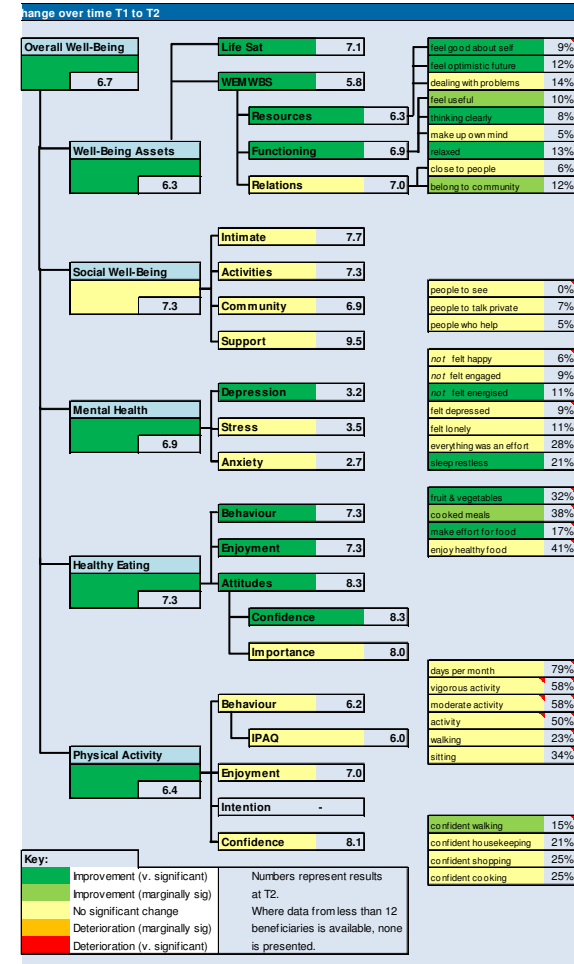
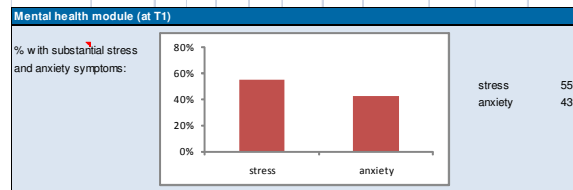
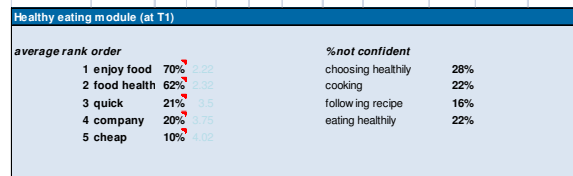
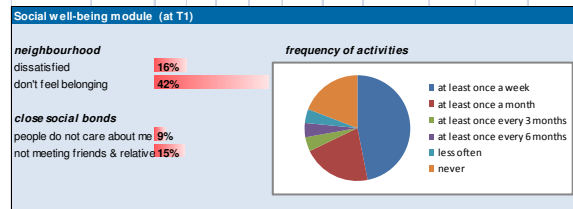
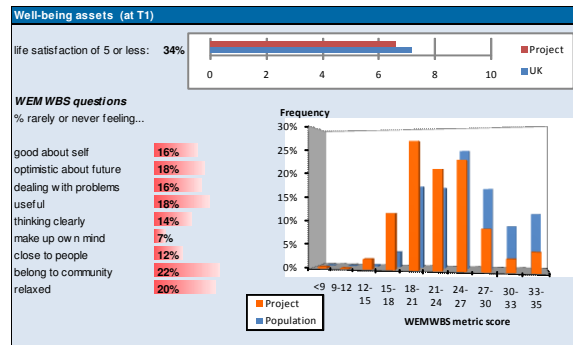


Questionnaire in pack and flip charts on the wall at the back

Want to make sure they work for you



# About how we communicate



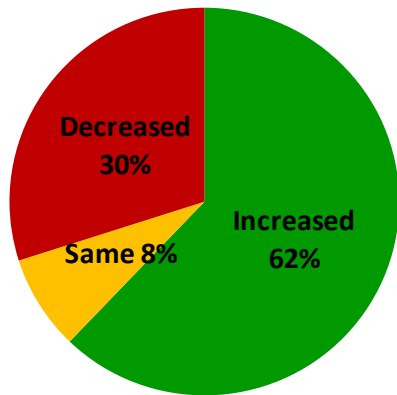




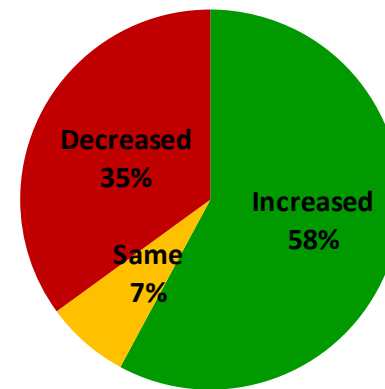
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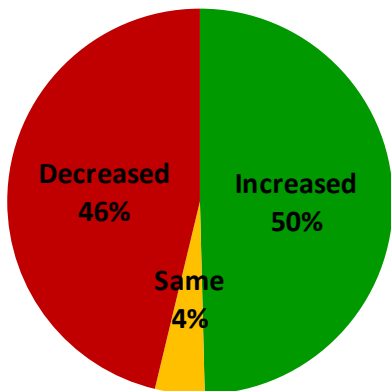
### Healthy Eating



### Social Well-Being



### Physical Activity



### Mental Well-Being

