



January 2010

BIG LOTTERY FUND NATIONAL WELL-BEING EVALUATION

Year 1 report prepared by

CLES Consulting and the New Economics Foundation

Presented to

The Big Lottery Fund

CONTENTS	PAGE NO.
EXECUTIVE SUMMARY	3
1 INTRODUCTION	7
1.1 The Well-being Programme	7
1.2 About the Changing Spaces award partners	8
1.3 Report structure	9
2 EVALUATION AIMS	10
2.1 The Big Lottery Fund: An outcomes based funder	10
2.1.1 Key programme outcomes	10
2.2 About well-being – a holistic picture	10
2.2.1 What is meant by well-being?	11
2.2.2 Cross-strand linkages	11
2.2.3 From strands to well-being assets	12
2.2.4 From assets to strands	12
2.3 Evaluation aims	13
2.4 Principles of the evaluation	14
3 EVALUATION METHODOLOGY	15
3.1 Introduction	15
3.2 Quantitative research	15
3.2.1 The evaluation tools	15
3.2.2 Piloting	16
3.2.3 Administering the survey and data collection	16
3.3 Qualitative research	17
3.4 Dissemination	17
3.4.1 Workshops	17
3.4.2 Policy papers	18
3.4.3 Submissions to academic journals	18
4 EARLY FINDINGS	19
4.1 Introduction	19
4.1.1 Healthy eating	19
4.1.2 Physical activity	21
4.1.3 Mental health	23
4.2 Social well-being	25
4.3 Inter-relations between different elements of well-being	26
4.3.1 Life satisfaction	26
4.3.2 Life satisfaction, healthy eating and physical activity	28
4.3.3 Distance travelled	28
4.3.4 Determinants of distance travelled	29
4.4 Factors influencing success	30
4.4.1 Beneficiary groups	30
4.4.2 Portfolio approach	31
4.5 Exploring attribution	32
4.6 Wider impacts	32
4.6.1 Communities	32
5 CONCLUSIONS	34
5.1 Supporting projects and evaluation progress	34
5.2 Responses	34
5.3 Findings	35
5.3.1 Successful targeting of those with below average levels of well-being	35
5.3.2 At the entry point, the majority of beneficiaries are not meeting five-a-day targets	35

5.3.3	Limited physical activity data	35
5.3.4	Mental health, positive outcomes	35
5.3.5	Social well-being	35
5.3.6	Distance travelled	36
5.4	Next steps	36

FIGURES

Figure 1:	Model of well-being	11
Figure 2:	Methodology diagram	15
Figure 3:	Enjoyment of food	19
Figure 4:	Beneficiaries reporting that they meet exercise target of five times a week at 30 minutes	22
Figure 5:	Low mental health on seven indicators	24
Figure 6:	Percentage of respondents reporting low levels of social well-being	25
Figure 7:	Average reported levels of life satisfaction when completing the entry questionnaire	27
Figure 8:	Interaction between life satisfaction and healthy eating	28
Figure 9:	Distance travelled – physical activity	29
Figure 10:	Distance travelled in relation to fruit and vegetable consumption	30
Figure 11:	Gender	xiii
Figure 12:	Age group	xiii
Figure 13:	WEMWBS questions	xv

TABLES

Table 1:	Well-being portfolios: Funding amount	8
Table 2:	Changing Spaces award partners: Funding amount	8
Table 3:	Well-being Programme target outcomes	10
Table 4:	Changing Spaces award partners target outcomes	10
Table 5:	Relation between IPAQ and single item question	22
Table 6:	Mean life satisfaction broken down by age	27
Table 7:	Strata used to develop project sample	ii
Table 8:	Ethics committee members	iv
Table 9:	Evaluation workshops	v
Table 10:	Project and portfolio returns	xi
Table 11:	Returns for core tools and mirrors	xi
Table 12:	Returns for depth modules	xi
Table 13:	Month when tools were officially administered	xii
Table 14:	Correlations between healthy behaviour, and mental health and well-being	xv
Table 15:	Distance travelled 65+ respondents	xvi
Table 16:	Projects participating in the national well-being evaluation: November 2009	xviii
Table 17:	Key to project tools used	xix

APPENDICES

1	Evaluation progress to date	i
2	Quantitative analysis	x
3	Participating projects	xvii
4	Tool administration flowchart	xx

EXECUTIVE SUMMARY

The Big Lottery Fund Well-being Programme

The Big Lottery Fund Well-being Programme is a £165 million programme supporting projects across England, focusing primarily on three strands:

- 1) healthy eating;
- 2) physical activity;
- 3) mental health.

The Well-being Programme fundamentally aims to support the development of healthier lifestyles and improve well-being. The programme is being implemented by seventeen portfolios of projects, seven of which are thematic, focusing on a particular element of well-being. These portfolios are mostly managed by charities or consortiums of charities. The majority of portfolios began their operations late in 2007 or within the first six months of 2008. Two portfolios¹ were on an early funding route which meant their operations began in the summer of 2007.

The concept of well-being and associated policy has gained significant currency in recent years, and has been incorporated into almost all aspects of government policy. Well-being has been defined as:

'A dynamic state, in which an individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community.'²

The three strands (healthy eating, physical activity and mental health) of the Well-being Programme feed into this; however in order to hold them together personal and social well-being are also identified as key assets (characteristics and/or behaviours) which are integral to the development of well-being. As such, these elements are also central to the Big Lottery Fund's programme.

Academic research has found a number of links between strands and well-being assets, both personal and social. This is important for the Big Lottery Fund's Well-being Programme as increasing well-being assets, particularly in terms of sustaining strand specific outcomes, may be one benefit of programme and project activities. This is because benefits may spill over from one strand to another (e.g. increased exercise or physical activity may result in improved mental health).

About the Big Lottery Fund's national well-being evaluation

In September 2008, CLES Consulting and the Centre for Well-being at the new economics foundation (nef), (the national evaluators) were commissioned by the Big Lottery Fund to undertake the national well-being evaluation. The evaluation covers a period of several years, mirroring the long term nature of programme delivery, and will end in September 2013. Two award partners funded under the Big Lottery Fund Changing Spaces Programme are also involved in the national well-being evaluation due to them having very similar aims and objectives to the Well-being Programme portfolios. This brings the total number of Well-being Portfolios and Changing Spaces award partners participating in the national well-being evaluation to nineteen.

Based on the latest research and anticipated outcomes of the Well-being Programme, the overall aims of the national well-being evaluation are to:

- ❑ evaluate the overall impact of projects on mental health, physical activity, healthy eating and the well-being of beneficiaries;
- ❑ describe and evaluate the circumstances in which approaches are more or less likely to enhance well-being.

To date, five overarching principles have informed both the development and delivery of the evaluation:

- 1) the evaluation uses a set of standardised tools to seek robust measurement of cross-programme impact;

¹ Food for Life Programme and the MEND Programme

² DIUS Foresight Review on Mental Capital and Well-being, 2008

- 2) wherever possible, the evaluation acts as a learning experience for those involved with the national well-being evaluation team;
- 3) impact can be understood at programme level;
- 4) it is not about monitoring individual project or portfolio performance or counting outputs;
- 5) it is firmly outcome focused.

Evaluation progress to date

The first year of the national well-being evaluation has focused on establishing administrative processes for working with portfolio holders and projects to implement the evaluation procedures. Over sixty projects have been sampled to participate in the Big Lottery Fund national well-being evaluation; over fifty of these are currently using the national well-being evaluation tools. Other key developments which have taken place over the past year have included:

- ❑ the establishment of an ethics committee to oversee the research;
- ❑ a large scale event to launch the national well-being evaluation;
- ❑ the hosting of seven workshops to inform sampled projects about the national well-being evaluation;
- ❑ the production of three national well-being evaluation newsletters;
- ❑ two well-being policy papers;
- ❑ the development of a website related to the Evaluation and the undertaking of three case studies as part of the qualitative element of the national well-being evaluation.

Prior to the appointment of the national evaluators, a series of bespoke evaluation tools were developed by the Centre for Well-being at nef which were designed to measure well-being outcomes. These tools form the foundation of the national well-being evaluation. The key characteristics of the tools are that they:

- ❑ take the form of a set of questionnaires;
- ❑ capture self-reported information (i.e. beneficiaries views, perceptions and attitude);
- ❑ use primarily closed or ranking scale questions, which ask respondents to choose from predetermined options or to rate themselves on a scale;
- ❑ are designed to be used with direct project beneficiaries;
- ❑ are designed to capture distance travelled with data being collected from beneficiaries on at least two occasions.

The tools follow a core+ model, meaning there is a core questionnaire and a number of additional questionnaires, separated into mirror tools and depth modules.

Headline findings

The first annual report presents the analysis of 173 questionnaires returned by projects to the national evaluators to date (November 2009), and three case studies undertaken as part of the qualitative research side of the national well-being evaluation. The vast majority of returns to date have been entry questionnaires – in light of this it has not been possible to provide a detailed commentary on distance travelled at this stage. Where this has occurred, it relates specifically to respondents in the 65+ group. The key findings are as follows.

Portfolios are successfully targeting beneficiaries with below average levels of well-being

Analysis of questionnaires has raised some interesting early findings and areas for future in depth investigation. Project beneficiaries are coming into the projects with below average levels of well-being. This is particularly the case in terms of healthy eating, mental health, life satisfaction and well-being assets.

However, life satisfaction was found to be particularly high for older people completing the 65+ questionnaire. The reasons for this and the targeting of beneficiary groups by projects will be explored in future work.

Strand specific outcomes – healthy eating

At the point at which projects ask beneficiaries to complete the entry questionnaire, the majority of beneficiaries are not meeting recommended government five-a-day targets (with the exception of those aged 65+). On average, respondents ate 3.1 portions of fruit and vegetables a day, whilst people in the 65+ age group ate 5.0 portions. The results suggest that projects are successfully targeting client groups who are not meeting the five-a-day targets, although it would initially appear that older people are meeting these targets. Interestingly, whilst most respondents report a positive attitude towards healthy food, in practice this does not necessarily impact on their actual cooking or eating habits.

Case study research identified a number of positive outcomes for project participants with regard to healthy eating, including better budgeting skills (owing to being taught how to cook) and losing weight through an increased ability on the part of project participants to identify which foods are unhealthy.

As levels of returns for the exit questionnaires grow, the impact which the projects (and therefore the programme) are having on healthy eating will become evident. Additionally, cross strand linkages, including the links between healthy eating and physical activity, will also be analysed in detail.

Strand specific outcomes – physical activity

The majority of respondents are generally reporting higher levels of physical activity (when compared to national averages and targets) than they are healthy eating at the point of completing the entry questionnaires. This does not translate to those completing the 65+ questionnaires. Again, case study research has highlighted specific examples of the way in which becoming more physically active can impact on other well-being strands (e.g. some projects are supporting individuals to become more active which is having a positive impact on how beneficiaries feel about their bodies; this in turn is having an impact on raising confidence and levels of self-esteem).

Strand specific outcomes – mental health

Mental health is assessed in the core and 65+ questionnaires through a series of seven questions, which are combined to produce a score from 0-28 (higher numbers indicate more symptoms of depression). 64% of those completing the core questionnaire at the entry point showed depressive symptoms; the mean score being 12.7, which is well above average for the general population, again, illustrating that the projects are targeting those most in need. Approximately one third of those completing the 65+ questionnaire can be categorised as having depressive symptoms (the mean score being 8.1).

The most common symptom expressed, in terms of suffering from poor mental health, was 'never feeling energised or lively' or 'never feeling happy or contented'. From the detailed qualitative case study research undertaken, projects are having significant positive outcomes on the mental health of the beneficiaries they are working with. For example, projects seeking to enable individuals with mental health problems to participate in part-time volunteer work are reducing levels of social isolation, increasing confidence and developing employability skills.

Strand specific outcomes – social well-being

Just less than half (42%) of all respondents to date have completed the social well-being questionnaire. That this has been such a popular choice of questionnaire amongst project staff suggests it is an important outcome, with lots of projects interested to find out whether their project is having an impact in this area. In many cases, this is one of the main aims of the projects which are using the social well-being tools. Levels of social well-being have been found to be higher than levels of personal well-being, particularly from those completing the social well-being depth module. Seven different elements are used to score social well-being, of these the one which was reported by beneficiaries as being lacking most frequently was 'a sense of belonging to their neighbourhood'. Only a few respondents reported that they did not have anyone who cared about them or did not have the opportunity to meet friends or neighbours socially.

Positive outcomes which relate specifically to social well-being have been increased by projects which have encouraged participants to meet, socialise and talk about shared concerns. For one particular project which supports those moving from supported living or homelessness to independent living, impacts on social well-being are evident through increases in confidence and a reduction in social isolation through developing new friendships.

Distance travelled

Two of the main areas of interest for the national well-being evaluation are the relationships between different elements of well-being and the distance travelled by beneficiaries. Early correlations have been found between beneficiaries in the 65+ category who are meeting healthy eating targets and those who have higher levels of life satisfaction.

Correlations which will be explored in more detail as the number of questionnaires returned increases include:

- healthy eating → life satisfaction;
- physical activity → mental health;
- physical activity → well-being assets.

The national well-being evaluation has also started to explore the factors influencing success in terms of the impact of projects on well-being. Evidence to date suggests that projects are successfully targeting those with low levels of well-being; additionally those which have a well developed rationale or reason for their activities are more likely to be successfully addressing the specific needs of beneficiary groups.

To what extent project activities are directly responsible for well-being impacts has also been explored and, to date, findings would suggest that the contact that individuals have with projects is the predominant reason for any change in their levels of well-being. Early results also suggest that some projects are starting to have an impact on the wider communities in which they are based, despite the fact that this is often not a direct objective of many projects.

All of this points towards a positive future for the programme and the portfolios it supports, both in terms of targeting individuals with low levels of well-being and positively impacting on their overall levels of well-being over time.

Next steps

In its year one evaluation report, the Big Lottery Fund national well-being evaluation demonstrates that it has started to pull together interesting findings from both the quantitative and qualitative research undertaken to date. These findings will be built upon during the second year of the evaluation as the volume of questionnaires available for analysis grows. This data will then be supplemented by further qualitative research with projects, including case studies. Project specific reports are also in production for those projects who have returned significant numbers of questionnaires to the national evaluators.

1 INTRODUCTION

In September 2008, CLES Consulting and the Centre for Well-being at the new economics foundation (nef) were commissioned by the Big Lottery Fund to undertake the national well-being evaluation. This involved undertaking an evaluation of the Well-being Programme and the activities of two award partners that have been funded under the Changing Spaces Programme. The evaluation covers a period of several years, mirroring the long term nature of programme delivery, and will end in September 2013.

The Centre for Local Economic Strategies (CLES) is a Manchester based registered charity and not-for-profit organisation with expertise in impact evaluation. The consultancy arm of CLES, CLES Consulting, is undertaking this evaluation. nef is a London based registered charity and an independent think and do tank. nef's Centre for Well-being specialises in the field of well-being research and measurement. The national evaluators comprise CLES Consulting and nef – both organisations are hereafter referred to as the national evaluators throughout this report.

This report outlines the overarching aims and methodology, evaluation progress to date, and early findings mapped against key Well-being Programme outcomes.

1.1 The Well-being Programme

The Big Lottery Fund's Well-being Programme is a £165 million programme supporting projects across England, focusing primarily on three themes or strands:

- 1) healthy eating;
- 2) physical activity;
- 3) mental health.

The majority of portfolios began their operations late in 2007 or within the first six months of 2008. Two portfolios³ were on an early funding route which meant their operations began in the summer of 2007.

The Well-being Programme funding has been implemented by seventeen portfolios, seven of which are thematic, focusing on a particular element of well-being. These portfolios are mostly managed by charities or consortiums of charities. Four of these portfolios have developed and are delivering relatively uniform projects across the country. The remaining three thematic portfolios are delivering projects that share similar ambitions but have been developed separately with different foci and activities. In addition, there are ten regional portfolios which are mostly managed by statutory organisations, bringing together varied projects within a particular region of the country. All of the regional portfolios and four of the thematic portfolios have set out to address all three of the well-being strands outlined above.

The names of the portfolios/award partners, and the bodies responsible for project implementation within each programme, are listed in Table 1.

³ Food for Life Programme and the MEND Programme

Table 1: Well-being portfolios: Funding amount

Well-being portfolio	Portfolio type	Delivery body	Funding amount
A Healthier Way to Live – Well-being in the South West	Regional	Westbank	£3.96m
Activate London	Regional	The Peabody Trust	£4.6m
Travel Actively	Thematic	Sustrans	£20m
Altogether Better	Regional	Yorkshire & Humber Strategic Health Authority	£6.8m
Chances for Change	Regional	NHS South East	£5.6m
England on the MEND, Fitter, Happier, Healthier	Thematic	MEND	£8m
Fit as a Fiddle	Thematic	Age UK	£15.1m
Food for Life	Thematic	The Soil Association	£16.9m
Healthy Transitions	Thematic	The Foyer Federation	£2.6m
Living Well West Midlands	Regional	West Midlands Regional Assembly	£6.9m
New Leaf New Life	Regional	North East Strategic Health Authority	£4m
North West Networks for Healthy Living Partnerships	Regional	Stockport Metropolitan Borough Council	£7.2m
Let's Get Cooking	Thematic	School Food Trust	£20m
Target Well-being	Regional	Federation of Groundwork Trusts	£8.9m
Time to Change	Thematic	MIND	£16m
Well-being in the East – Delivering a Healthy Active Future	Regional	North Essex Mental Health Partnership Trust	£3.9m
Well London	Regional	Greater London Authority	£9.5m

1.2 About the Changing Spaces award partners

The evaluation also encompasses the activities of two Changing Spaces award partners. The names of the award partners, and the bodies responsible for project implementation within the programme, are listed in Table 2.

Table 2: Changing Spaces award partners: Funding amount

Changing Spaces award partner	Delivery body	Funding amount
EcoMinds	MIND	£8.8m
The Local Food Programme	Royal Society of Wildlife Trusts	£50m

The Well-being and Changing Spaces Programmes are between three and five years in length. Most Well-being projects will finish in 2012 (with others completed within the period 2010-2012); Changing Spaces projects will be complete by 2014.

1.3 Report structure

The remainder of this report has the following structure:

Section 2	Outlines overarching aims of the evaluation, including the Big Lottery Fund's role in developing these aims within its status as an outcomes based funder.
Section 3	Summarises the evaluation methodology, including: evaluation tools; piloting; workshops; administering the survey; data analysis; qualitative research; and dissemination of findings.
Section 4	Provides details of our early findings based on both quantitative and qualitative results. Commentary is provided on well-being impacts on the three strands, cross strand linkages, factors influencing success and attribution.
Section 5	Draws the report together in a concluding section.

A number of appendices have been added. They include:

Appendix 1	Provides a commentary on the progress of the evaluation to date, including: designing the sample; establishing an ethics committee; providing support to grant holders; survey administration; data analysis; and qualitative research.
Appendix 2	Presents further detail from our quantitative analysis.
Appendix 3	Outlines our first three project case studies in detail: Dudley Healthy Retail; Gateshead Community Café; and Poole Foyer Federation.
Appendix 4	List of projects involved with the national well-being evaluation and their chosen tools.
Appendix 5	Tool administration flowchart.

2 EVALUATION AIMS

2.1 The Big Lottery Fund: An outcomes based funder

The Big Lottery Fund is a non-departmental public body sponsored by the Department for Culture, Media and Sport (DCMS) and is responsible for distributing half of the money the National Lottery raises for good causes. The Big Lottery Fund considers evaluation to be important in ensuring money is spent effectively and in a way which helps to improve the lives of both individuals and the wider communities in which they live, in terms of learning lessons for the future and identifying what does and doesn't work.

The national well-being evaluation attempts to measure impact in a standard, consistent manner, across both projects and portfolios. A set of quantitative measurement tools or questionnaires have been developed by nef, which enable the Big Lottery Fund to collect standard information about their grant, compare impacts and explore and measure the Big Lottery Fund's overall contribution to well-being.

As such, the national evaluators devised a methodology that takes this into account, measuring impact against the main strands of well-being in a standard, consistent manner, across both projects and portfolios and the programme as a whole.

2.1.1 Key programme outcomes

In light of the emphasis on the measurement of outcomes, the Big Lottery Fund developed a number of outcomes for both the Well-being Programme and the Changing Spaces award partners.

Table 3: Well-being Programme target outcomes

Well-being Programme
People and communities have improved mental well-being.
People are more physically active.
Children, parents and wider community eat more healthily.

Table 4: Changing Spaces award partners target outcomes

Changing Spaces
Involving people with direct experience of mental distress in environmental projects that improve mental and physical health, and local communities.
Help reduce the stigma and social exclusion of people with mental distress.
Improve health and well-being through exercise and better nutrition.
Strengthen local economies through the creation of social enterprises.
Help communities become more sustainable through better use of resources such as food redistribution and composting.

In light of these distinct but inter-related outcomes, the Big Lottery Fund recognised there was a need to undertake an evaluation, capturing the impact of project activity on individuals while recognising the breadth of delivery across the different programmes.

2.2 About well-being – a holistic picture

The term 'well-being' has gained currency in recent years, having been incorporated in almost all aspects of government policy, including:

- health, children and young people⁴;
- place-shaping role of local government⁵;
- work and productivity, and sustainable development⁶.

⁴ Every Child Matters framework (2003)

⁵ Local Government White Paper 'Strong and prosperous communities' (2006)

⁶ Securing the Future (2005)

In the 2007 spending review, a number of government departments incorporated specific well-being targets in their new Public Service Agreements.

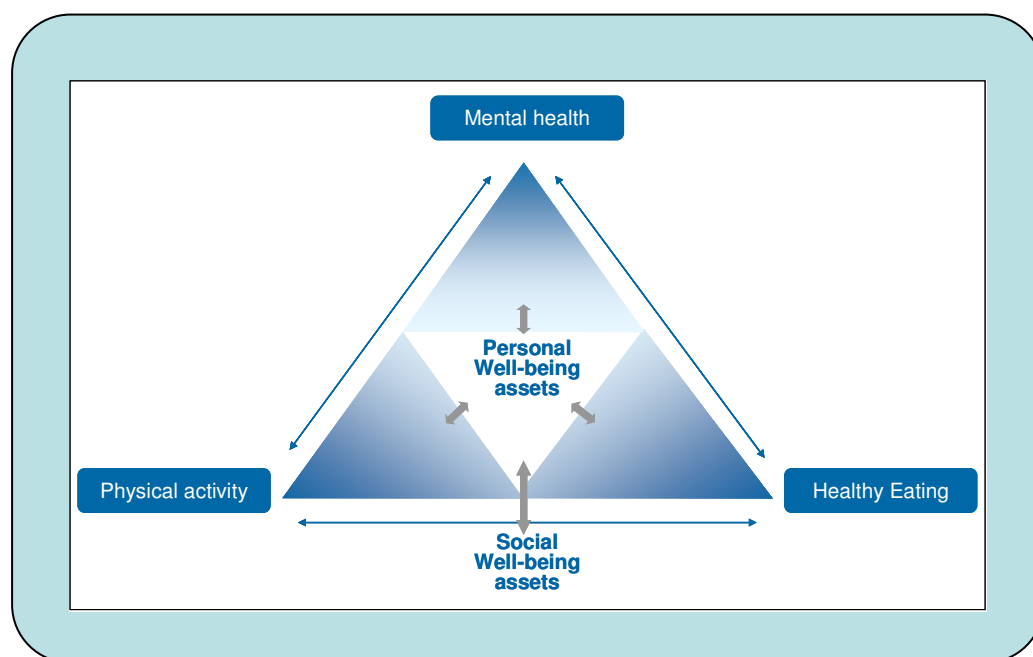
2.2.1 What is meant by well-being?

The Department for Innovation, Universities and Skills (DIUS) Foresight Review on *'Mental capital and well-being'*, released in 2008, defined well-being as:

'A dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community.'

The three strands (healthy eating, physical activity and mental health) of the Well-being Programme feed into this; however in order to hold them together personal and social well-being are identified as key assets central to the Big Lottery Fund's programme.

Figure 1: Model of well-being



2.2.2 Cross-strand linkages

Physical activity and mental health

There is extensive evidence about the benefits of moderate physical activity on many aspects of mental health⁷, including:

- reduced depressive symptoms;⁸
- reduced levels of stress and anxiety;⁹
- alleviation of some of the symptoms of schizophrenia.¹⁰

Mental illness aside, it is also known that small bouts of exercise can improve short term mood through the release of endorphins.¹¹ Contact with the natural world, which can often be combined with physical activity, is also known to improve mental health.¹²

⁷ Department of Health (2004) 'At least five times a week: evidence on the impact of physical activity and its relationship to health'; and Mental Health Foundation (2005) 'Up and running: exercise therapy and the treatment of mild or moderate depression in primary care'

⁸ Dunn AL, Trivedi MH, Kampert JB, Clark CG, and Chambless HO (2005) 'Exercise treatment for depression: efficacy and dose response', *American Journal of Preventative Medicine*, 28, pp.1-8

⁹ Taylor AH (2000) 'Physical activity, anxiety and stress'; and SJH Biddle, KR Fox and SH Boutcher (eds) 'Physical activity and psychological well-being, pp.10-45, London, UK: Routledge

¹⁰ Faulkner G. and Taylor AH (2005) 'Exercise, health and mental health: emerging relationships', London, UK: Routledge

¹¹ Acevedo EO and Ekkekakis P (2006) 'Psycho-biology of physical activity, Champaign, IL: Human Kinetics

¹² Chu A, Thorne A and Guite H (2004) 'The impact on mental well-being of the urban and physical environment: an assessment of the evidence', *Journal of Mental Health Promotion* 3, pp.17-32

Of course, the link can run the other way too (e.g. depression has been linked to increased risk of cardiovascular disease as a result of inactivity).¹³

Healthy eating and mental health

There are two known main benefits of healthy eating with respect to mental health:

- 1) essential fatty acids (found in fish) have been found to protect against depression, Attention Deficit Hyperactivity Disorder (ADHD) and schizophrenia;
- 2) dementia has been linked to high intake of saturated fats and low vegetable consumption.¹⁴

Healthy eating and physical activity

Evidence of a relationship here is more limited; however the Health Survey for England consistently shows a positive correlation between healthy eating measures (e.g. fruit and vegetable consumption) and physical activity measures (e.g. amount of sport per week). This is not surprising, given what we know from cognitive psychology – cognitive dissonance means that changes in behaviour in one domain should lead to change in the other, as individuals start identifying themselves as being health conscious.

2.2.3 From strands to well-being assets

Both the academic literature, and evidence from evaluations of previous programmes, demonstrate the impact that efforts to achieve strand specific outcomes may have on wider well-being assets, both personal and social. These are just a few examples:

- ❑ a community gardening project in an inner city area of Sydney, Australia, ostensibly aimed at encouraging residents to grow their own food, also led to improvements in community feel, and an increase in individuals' sense of purpose;
- ❑ a controlled study found increased life satisfaction amongst gardeners compared to non-gardeners;¹⁵
- ❑ the MEND anti-obesity programme has been proven to improve self-esteem;
- ❑ a controlled trial found nutritional supplements reduced anti social behaviour amongst young offenders.¹⁶

2.2.4 From assets to strands

Perhaps most relevant for Well-being Programme portfolios who have only set explicit targets in terms of one or two strands, are the benefits of well-being assets, in terms of sustaining strand specific outcomes and producing spill over of benefits from one strand to another.

Many reviews have identified the relevance of social well-being:

'Participation in civic society, social support networks, and even levels of neighbourliness (how often one speaks to one's neighbours) have been found to reduce risks of mental ill health.'¹⁷

This is particularly relevant for the elderly and vulnerable, for whom social isolation is also associated with poor physical health.¹⁸ At a strand specific level, eating with others has been found to lead to healthier eating.¹⁹

¹³ Keyes C (2004) 'The nexus of cardiovascular disease and depression revisited: the complete mental health perspective and the moderating role of age and gender', *Ageing and mental health*, pp. 266-274

¹⁴ Mental Health Foundation (2004) 'Feeding minds'

¹⁵ Waliczek TM, Zajicek JM and Lineberger RD (2005) 'The influence of gardening activities on perceptions of life satisfaction', *Horticultural Science*, pp.1360-1365

¹⁶ APHO (2007) 'Indications of public health in the English regions', *Mental Health* (Stockton-on-Tees: NEPHO)

¹⁷ APHO (2007) *op cit.*; and Coggins T, Cooke A, Friedli L, Nicholls J, Scott-Samuel A and Stansfield J (2007) 'The mental well-being impact assessment toolkit', *Care Services Improvement Partnership* (North West)

¹⁸ Iliffe S, Kharicha K, Harari D, Swift C, Gillmann G and Stuck AE (2007) 'Health risk appraisal in older people', *British Journal of General Practice*, April 2007; Findlay R (2003) 'Interventions to reduce social isolation amongst older people: where is the evidence?' *Aging and Society* 23, pp. 647-658

There is similarly strong evidence in relation to personal well-being. Positive personal well-being is seen to be an important tool in helping people feel able and motivated to exercise choice and control and to adopt healthy lifestyles. Enhancing feelings of control is recognised as a fundamental aspect for changing lifestyles in relation to physical activity and healthy eating – a fatalistic attitude can lead to neglect and stagnation. As previously noted, mental health problems can be a barrier to increasing physical activity. This is even the case for people who do not have diagnosed mental health problems, but do have a lack of positive well-being – a state that has been described as languishing. Individuals who are languishing show the same increased risk of cardiovascular disease as those with depression. Furthermore, the most dramatic reduction in risk of cardiovascular disease is seen amongst those identified as flourishing, with high positive well-being. Only 8% of flourishing individuals suffered cardiovascular disease, compared to 12% amongst other healthy individuals.

The National Institute for Mental Health in England builds a strong case for focusing on mental well-being and mental health. Based on the gathered evidence, they conclude that:

'Even small improvements in mental well-being will achieve significant cost benefits through improvements in physical health, productivity and quality of life.'

These findings fit well with recent developments in the field of positive psychology. Barbara Frederickson's 'broaden and build' model explains how positive emotions such as resilience and creativity serve as resources, allowing one to grow and develop. The model is built upon a large battery of studies which have found that people's abilities and approaches to problems change as a result of their mood, with positive moods helping people think creatively and flourish. Such positivity is required if people are to change their lifestyles, as is the intention of many of the projects in the Well-being and Changing Spaces Programmes.

2.3 Evaluation aims

In light of the latest research on well-being and the key outcomes of the Well-being Programme, the overarching aims of the evaluation are therefore to:

- ❑ evaluate the overall impact of services on mental health, physical activity, healthy eating and well-being of beneficiaries;
- ❑ describe and evaluate the circumstances in which approaches are more or less likely to enhance well-being.

The first assesses the impact on individuals who use the services delivered by funded projects. The second explores why some interventions are more successful than others and allows good practice and lessons for the future to be identified.

More specifically, the evaluation aims to address the following questions:

- ❑ how have beneficiaries' behaviours, feelings and goals changed as a result of being involved with a Big Lottery funded project?;
- ❑ how do the three key strands (healthy eating, physical exercise and mental health) and social well-being impact on each other and link together?;
- ❑ how do the three strands contribute to overall well-being?;
- ❑ what types of projects or interventions are most successful in improving the well-being of beneficiaries? What types of projects are less successful?;
- ❑ what factors influence how successful or not projects are in improving well-being?;
- ❑ which beneficiary groups show the greatest gains in well-being and why? What gains do they make?;

¹⁹ Larson NI, Neumark-Sztainer D, Hannan P and Story M (2007) 'Family Meals during Adolescence Are Associated with Higher Diet Quality and Healthful Meal Patterns during Young Adulthood' *Journal of the American Dietetic Association* 107, pp. 1502-1510

- ❑ which beneficiary groups benefit the least and why?;
- ❑ what is the wider impact of funded projects on communities?

Through the exploration of these questions, an assessment can be made of how successfully the Well-being Programme outcomes have been met.

2.4 Principles of the evaluation

Five overarching principles have informed both the development and delivery of the evaluation:

- 1) the evaluation will use a standardised set of tools to seek robust measurement of cross-programme impact;
- 2) wherever possible the evaluation acts as a learning experience for those involved with the national evaluation team;
- 3) impact can be understood at the programme level;
- 4) it is not about monitoring individual project or portfolio performance or counting outputs;
- 5) it is firmly outcome focused.

The following section of the report goes on to outline the evaluation methodology.

3 EVALUATION METHODOLOGY

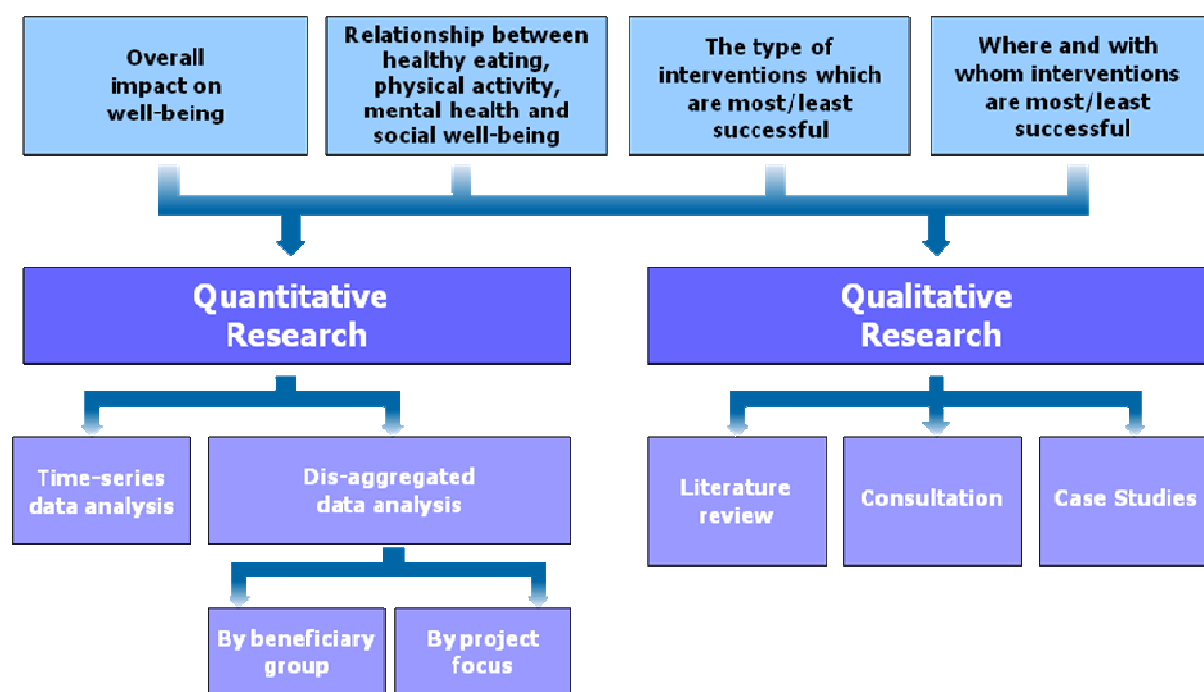
3.1 Introduction

The national well-being evaluation began in September 2008. Given the longitudinal nature of the Well-being and Changing Spaces Programmes, the evaluation will continue until 2013. In light of this, the evaluation methodology will be undertaken on a rolling basis throughout this period. This section of the report outlines the evaluation methodology and is divided into the following three sections:

- 1) quantitative research;
- 2) qualitative research;
- 3) dissemination.

Figure 2 presents the way in which both quantitative and qualitative research techniques have been brought together to address the key evaluation aims.

Figure 2: Methodology diagram



3.2 Quantitative research

3.2.1 The evaluation tools

As outlined in Section 2, the core element of the national well-being evaluation is the measurement and aggregation of outcomes across a range of different projects and programmes. In order to provide a uniform approach to capturing this information, a series of data collection tools (or questionnaires) were developed to measure well-being outcomes. These tools form the foundation of the evaluation.

Prior to the appointment of the national evaluators, a series of bespoke evaluation tools were created by nef for the Big Lottery Fund as part of a separate research and development contract. The tools were produced following an intensive research period. The research was informed by the input of academic advisors and experts in the measurement of well-being, consultation with portfolio holders and an extensive piloting period with well-being project managers.

The key characteristics of the tools are:

- ❑ a set of questionnaires;
- ❑ their ability to capture self-reported information (i.e. beneficiaries' views);

- ❑ use of primarily open-ended questions, asking respondents to select from pre-determined options or to rate themselves on a scale;
- ❑ a design to be used with direct project beneficiaries;
- ❑ a design to measure distance travelled with data being collected from beneficiaries on at least two occasions.

The tools are structured according to a Core+ model. This means there is a **core** questionnaire and a number of additional questionnaires, separated into **mirrored** tools and **depth** modules.

Core tool

This is the standard questionnaire for use by the majority of portfolios and projects.

Mirrored tools

To be used instead of the core tool and designed for different age groups. The mirrored tools broadly follow the same structure and content of the core questionnaire. There are three mirrored tools for primary schoolchildren, secondary schoolchildren and those aged 65+.

Depth modules

The depth modules are designed to be used in addition to the core questionnaire and for projects or portfolios interested in exploring the following specific areas. The depth modules are designed to explore additional constructs rather than simply exploring the same constructs in greater detail:

- ❑ **Healthy Eating (HE)** – goals, intentions and confidence (autonomy);
- ❑ **Physical Activity (PA)** – goals, intentions and confidence (autonomy);
- ❑ **Mental Health (MH)** – stress and anxiety;
- ❑ **Social Well-Being (SWB)** – engagement/participation, belonging and support.

3.2.2 Piloting

During the research and development contract period which informed the development of the tools, extensive piloting was undertaken; however further minor piloting was required following the appointment of the national evaluators with the 65+ mirror tool. This was undertaken prior to the evaluation launch event. Following qualitative feedback from project managers, minor amends were made.

3.2.3 Administering the survey and data collection

The administration of the questionnaire and collection of data is central to the success of the evaluation. This has been important in ensuring that the process is as simple as possible for project managers and that the national evaluators receive the requisite number of tools to analyse.

Project managers administer the questionnaire three times with project beneficiaries: at the start of their engagement with the project; at the end; and from three to six months following their exit from the project. Tracking the same individual enables the national evaluators to measure distance travelled.

The collection of the information required within the questionnaire is undertaken in one of five ways depending on the nature of the project:

- 1) by the project beneficiary completing the paper based questionnaire alone;
- 2) by the project beneficiary completing a paper based questionnaire alongside a project manager or other appropriate staff member;
- 3) by the project beneficiary answering questions posed by an interviewer (the project manager or other staff member);
- 4) by the project beneficiary completing an online questionnaire alone;
- 5) by the project beneficiary's guardian completing the questionnaire on their behalf.

Although using several different collection methods may have a slight impact on the way in which questions are answered (the interviewer effect), it is important to have a variety of methods on offer in order that a maximum number of responses can be secured.

Ensuring confidentiality

Unique Identifiers (UI) have been used to track an individual's entry, exit and follow up responses. This enables the national evaluators to track an individual's progress without the need to identify individuals.

UIs are created by asking grant holders to record the initials, gender and date of birth of the beneficiary on the tool. This information is then turned into a code, which maintains a level of anonymity whilst being used to track the responses of a particular individual.

On a practical level, each project manager has been provided with brown envelopes in which to place each completed questionnaire, in order that each respondent understands the project manager will not see their response.

Further information on how the sample was created to select projects to participate in the national well-being evaluation, and what practical support to project managers has been available from the national evaluators, can be found in Section 4 of the report.

3.3 Qualitative research

The broad scope of the qualitative research is to explore the connections between the three strands of well-being and the contribution these make to individual well-being. A combination of research methods will be utilised for each project selected in accordance with the nature of each particular project, including:

- desk review;
- interviews with project staff (including project managers);
- interviews with project stakeholders;
- beneficiary interviews;
- focus groups.

Twenty projects will be focused on throughout the lifetime of the evaluation. In order to illuminate the findings from the questionnaire, a selection of the case studies undertaken will be with projects that have used the questionnaires as well as a selection who have not. The case studies will be used to highlight good practice, promote shared learning at dissemination workshops, and as part of evaluation reports. The first three case studies are now complete and contained within Appendix 3.

The qualitative data generated through the interviews and focus groups has been analysed using interpretive techniques. We have examined the data and interpreted it, identifying key issues and common themes.

3.4 Dissemination

It is important that the findings of the evaluation are disseminated to a wide audience, including project managers, portfolio holders, award partners, Big Lottery Fund staff, policy makers, academics and practitioners.

Four predominant mechanisms have been identified to share evaluation findings:

- 1) regular reporting;
- 2) workshops;
- 3) policy papers;
- 4) submissions to academic journals.

3.4.1 Workshops

Annual workshops are a key means of disseminating evaluation findings, an opportunity to share best practice, and contribute to the development of public policy. The first year of the evaluation has focused on workshops which have been practical in nature and designed to inform project managers about how to administer the tools.

3.4.2 Policy papers

Producing policy papers to disseminate knowledge and practice in the field of well-being is another way in which knowledge gained through the evaluation will be shared. Policy papers will be produced on an ongoing basis as the evaluation progresses, as findings emerge and as national policy shifts.

3.4.3 Submissions to academic journals

Where possible, it is planned that learning from the evaluation will be further disseminated by publishing papers in academic journals. It is envisaged that these papers will be co-authored by expert academic advisors. Journals to which papers may be submitted include:

- Psychology and Health;
- Health Psychology Review;
- International Journal of Qualitative Studies on Health and Well-being;
- Journal of Public Health Policy;
- Social Indicators Research.

It is likely that papers will be produced towards the end of the evaluation period once a more substantial body of data has been collected and analysed.

The following section of the report outlines the work which has occurred to date as part of the national well-being evaluation.

4 EARLY FINDINGS

4.1 Introduction

This section of the report presents the early findings of the national well-being evaluation and is based upon an analysis of 173 questionnaires returned to date and three case studies. The vast majority of questionnaires available are entry questionnaires. In light of this, it is not possible to provide a detailed commentary on change over time/distance travelled at this stage of the evaluation.

The majority of projects who have submitted responses to date are seeking to have an impact across all three of the well-being strands. As a result (with the exception of mental health, which one project is focusing on), it is not possible to breakdown findings according to the impact or status which individual projects may be having on specific strands.

Additional information on the quantitative analysis and full case study reports can be found in Appendices 2 and 3 respectively.

4.1.1 Healthy eating

Healthy eating is assessed in the core module in terms of behaviour (fruit, vegetable and cooked meal intake) and attitudes towards healthy food. High numbers of returns were received from those completing both the 65+ mirror questionnaire and the healthy eating depth module. Results outlined below have therefore been compared with the healthy eating responses contained within the core module.

The majority of beneficiaries were not meeting the five-a-day fruit and vegetable target at the point of completing the entry questionnaire, and low levels of consumption were a problem amongst people aged 18-60 who are classified as core respondents (e.g. 74% of core respondents did not meet the five-a-day target, whereas only 32% of the 65+ respondents failed to do so).

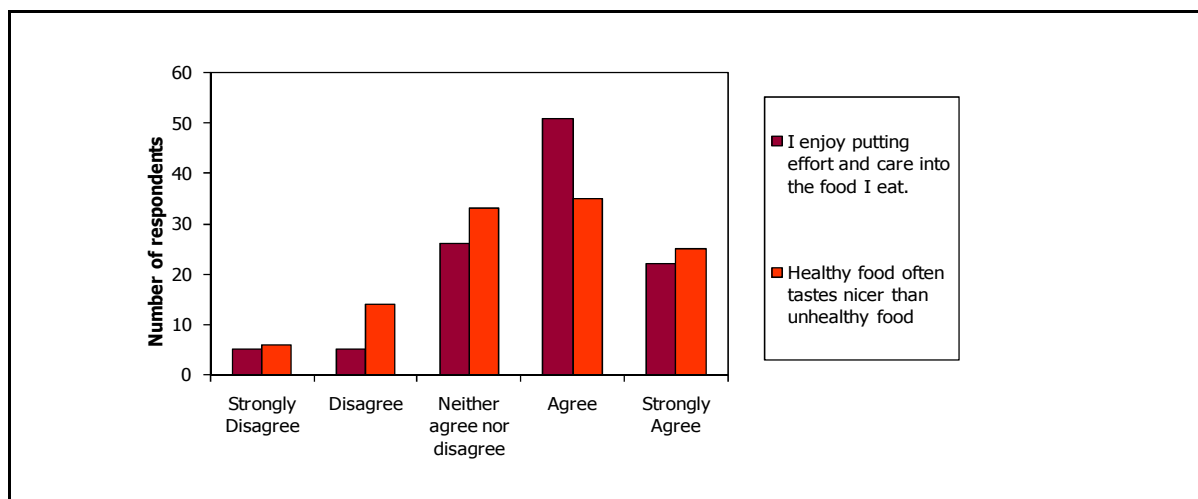
On average, the core respondents ate 3.1 portions of fruit and vegetables per day, whilst the 65+ ate 5.0 portions per day. 65+ respondents also tended to eat many more cooked meals, although 68% of core respondents ate cooked meals no more than three times a week.

These results suggest that projects are targeting a client group who are not meeting the five-a-day recommended target, although it would initially appear that older people are more likely to meet these targets.

Interestingly, attitudes towards healthy food were found to be much more positive than behaviour towards making and eating healthy food. 67% of respondents (out of 115) said they enjoyed putting effort into their food, and less than one in five disagreed with the statement that healthy food:

'Tastes nicer than unhealthy food.'

Figure 3: Enjoyment of food



This indicates that whilst respondents might report positive attitudes towards healthy food, in practice they do not eat healthily on a day-to-day basis. There was however a correlation between attitudes and behaviour, with those who reported²⁰ enjoying healthy food eating almost twice as many vegetables, and over 50% more fruit than those who reported not enjoying healthy food.

As returns for exit questionnaires grow, the impact which projects are having on individual well-being in terms of healthy eating will become evident. Additionally, cross strand linkages (e.g. the link between healthy eating and physical exercise) will also be analysed in detail.

The following case study provides detail on the Poole Quay Healthy Transitions project, a project which is part of the Foyer Federation portfolio.

Poole Quay Foyer, The Foyer Federation

The Quay Foyer is a UK registered charity operating in Poole, Dorset. They provide accommodation, personal support and access to activities, training, and employment opportunities for disadvantaged, socially excluded young people aged 16-25. The Quay Foyer opened in October 1999 and will be celebrating their 10th Birthday this year.

The Foyer Federation's mission is to turn young people's experiences of disadvantage into solutions that support this transition to adult independence. The Foyer Federation develops and encourages new approaches to supporting young people at risk, including developing transformational programmes and campaigns that fill gaps in community services and inspire policy and decision makers to make a more effective investment in young people.

The Healthy Transitions project is a three year programme, developed and funded by the Foyer Federation, using well-being fund monies from the Big Lottery Fund. The programme was developed by the Foyer Federation so that all Foyers across England could participate in the programme and, as such, the Foyer Federation could develop and pilot new ways to embed a holistic approach to fostering a positive sense of well-being amongst Foyer residents.

Research with residents of Poole Quay Foyer, undertaken as part of the case study research, revealed that many of the young people have learnt more about healthy food further to taking part in the cooking sessions, with many reportedly trying different types of food and being more adventurous in their choices.

*'I used to live off take-away's and ready meals.'
'The cooking sessions have helped me to eat better.'*

Others commented that they have learnt how to buy healthy but cheap food and are better at budgeting as a result of the cooking session, with some saying that the focus on healthy eating had helped them to lose weight and address eating disorders they had suffered from in the past.

'In the past, I just wouldn't eat for a few days because I'd used all my money at the start of the week.'

'I am healthier... I have lost four stone in a year. I know what I should and shouldn't be eating.'

The following case study provides detail of Dudley Healthy Retail, a project which is part of the Living Well West Midlands portfolio. The project is taking an innovative approach to encouraging parents and children in a deprived part of Dudley to eat more fresh fruit and vegetables through seeking to stimulate both supply and demand.

²⁰ Respondents pooled from those answering both the core and older persons tool.

Dudley Healthy Retail, Living Well West Midlands

Dudley Healthy Retail has used a social marketing approach to increasing both the supply and demand of fresh fruit and vegetables on the Hawbush Estate in a deprived area of Dudley. Social marketing is an approach to health improvement and health service design which uses:

'The systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals for a social or public good.'

The development of the project has included undertaking primary research in the 20% most deprived areas of Dudley, focusing on mapping:

- food retail outlets;
- quality and price of fresh fruit and vegetables;
- level of fresh fruit and vegetable consumption.

Three areas were then focused on in detail and qualitative research undertaken. The Hawbush Estate was identified as the target area for the project, particularly Hawbush Primary School.

Hawbush has the highest proportion of overweight and obese children in Year 6, a low proportion of households without access to a vehicle, and the highest proportion of children in the Dudley Borough of pupils in Years 5 and 6 who eat only one portion (or less) of fruit and vegetables per day.

The project aims to increase the supply of fruit and vegetable consumption amongst children and their parents at Hawbush Primary School by paying a small subsidy of £20 per session to a fruit and vegetable stallholder to attend the school twice a week. The project is also seeking to increase demand for fruit and vegetables by running healthy cookery classes and taster sessions for parents and children. Despite early efforts by the project, the project manager is still encountering resistance from parents using the stall who cite price as a barrier to making purchases.

The National Social Marketing Centre (NSMC) is undertaking an evaluation of the project, which has included the collation of baseline information on eating habits and levels of fruit and vegetable consumption. The survey is due to be replicated in January 2011. The project has already been chosen by the NSMC as a learning demonstration site for the social marketing approach and has won an award for its work, presented at the House of Lords in early 2009.

The project has over a year of project delivery activity remaining and may be rolled out to other primary schools if the approach proves successful.

Some of the volunteers we consulted for the case study on the Mind Community Café in Gateshead (more information in Section 4.1.3) commented that, as a general result of working in the café, they tended to eat more healthily, and had become more interested in their diet and physical well-being – they had learnt more about food, and how to cook new recipes.

4.1.2 Physical activity

The core questionnaire has used three different methods of categorising respondents based on levels of physical activity, two of which are based on IPAQ²¹. One method categorises respondents as having low, moderate or high levels of physical activity based on a complex range of indicators. The second method uses responses to estimate whether the respondent has met the 5x30²² target set by the Government. The third approach asks how many days a month someone undertakes thirty minutes of physical activity (excluding housework and physical activity undertaken at work).

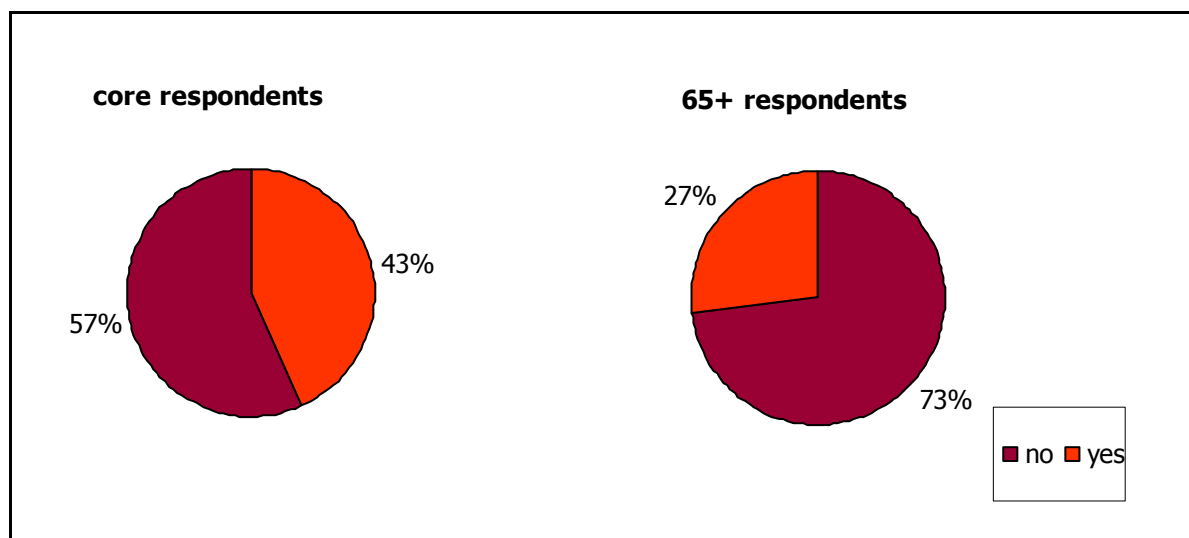
²¹ The IPAQ questionnaire categorises respondents as either having low, moderate or high physical activity based on a complex set of criteria

²² That an individual takes at least 30 minutes of exercise, five times a week

Combining the results based on the above criteria, and distinguishing between respondents completing the core tool and the 65+ mirror tool, most respondents generally reported higher levels of physical activity than healthy eating at the point of completing entry questionnaires. 57% of respondents were categorised by IPAQ as having high levels of physical activity. The single item question responses were less positive suggesting only 28% of people met this target. As would be anticipated, for those responding to the 65+ mirror tool, the results were less positive:

- ❑ only three out of 41 were classified as having high scores according to IPAQ (although IPAQ has been modified for older respondents such that they were not given the option to indicate vigorous physical activity as distinct from moderate physical activity);
- ❑ only one in three were categorised as having low levels of physical activity (as opposed to moderate) which suggests relatively good levels for this group;
- ❑ Likewise over half reported doing some form of physical activity outside the home or workplace on at least five days a month.

Figure 4: Beneficiaries reporting that they meet exercise target of five times a week at 30 minutes²³



Overall, early indications analysed from the tools indicate there is a substantial mismatch between the findings reported from IPAQ and those from the single item questions. The correlation between the total number of metabolic units (calculated from the IPAQ) and the number of days of physical activity from the single item question is only $r=0.22$, which is significant but modest. Table 5 shows how this maps out in terms of categories, pooling core tool and 65+ mirror respondents. Numbers in red indicate beneficiaries whose responses to the two indicators of physical activity diverge. Whilst there are few respondents who reported high physical activity according to the single item question, but low according to the IPAQ categories, there were 11 respondents who reported only performing physical activity on 0-4 days based on the single item question, but were categorised as having high physical activity on the IPAQ.

Table 5: Relation between IPAQ and single item question

Response to single item question (no. of days)	IPAQ category			
	Low	Moderate	High	All
0-4	14	14	11	39
5-19	2	19	12	33
20+	0	7	16	23
All	16	40	39	95

²³ The percentages in the diagram above relate to the responses of 74 core respondents (42 that responded no and 32, yes) and 41 65+ respondents, 30 who responded no and 11, yes

Who are these people?

In some cases, one suspects inaccurate responses to the IPAQ (e.g. one respondent reported 0 days of physical activity in the single item, but reported walking for 5 hours every day of the week and doing moderate activity for 5 hours every day of the week). In some cases, it may be that the single item question isn't able to capture all physical activity (e.g. one respondent reported carrying out vigorous physical activity seven days a week, but reported 0 days on the single item question). It may be that this activity takes place at work and therefore wasn't reported.

The Healthy Transitions project in Poole has also had an impact on the physical health and fitness of residents. Several residents said they were now fitter, with many more tuned into the benefits of exercise and more likely to exercise for fun with their friends (e.g. playing beach volleyball as they had done in one of the taster sessions). Many had simply found walking much more enjoyable, whilst others had joined in the football classes or the Foyer team. Some had overcome their fear of heights by participating in the trip to the high ropes and assault course.

For several of the residents, an additional benefit of exercising and eating more healthily was that they had lost weight or become more toned. In some cases, this led to them feeling more confident and positive about their body, which in turn impacted on their mental or emotional well-being.

For the children participating in the Dudley Healthy Retail project there was also a broad understanding among the children that fruit and vegetables made them stronger and had a knock-on effect in terms of enabling them to participate in physical exercise.

'I always have a piece of fruit before I go to my boxing club, because it gives me energy.'

4.1.3 Mental health

Mental health is assessed in the core tool and 65+ mirror tool using a set of seven questions taken from the well-established Centre for Epidemiological Studies Depression Scale (CES-D). The seven questions used are almost identical to questions used in the 2007 Defra *Survey of Public Attitudes and Behaviours Towards the Environment*, which included several questions on well-being;²⁴ the only difference being that the Defra survey asks about feelings in the last *two* weeks, whereas the Well-being evaluation tools only ask about the past week.

Scores on the scale are combined to produce a total score from 0-28, where higher numbers indicate more symptoms of depression. No formal threshold for identifying depressive symptoms has been established with this particular set of questions from the CES-D, but based on other similar tools, we would suggest a threshold of about 12 for identifying individuals with significant depressive symptoms.²⁵ In the Defra survey, which is based on a representative sample of 1661 individuals in June 2007, 20.8% of individuals reported such levels of depressive symptoms.

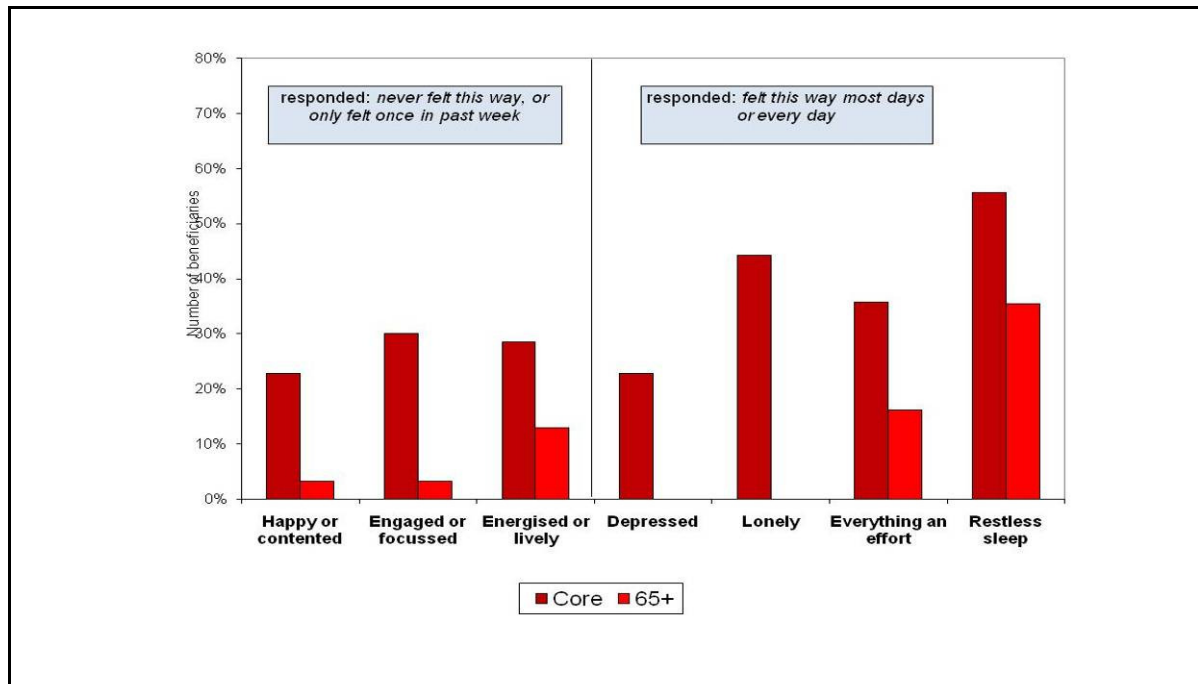
At the point of completing the entry questionnaire, the mean score for those completing the core tool was 12.7 for core respondents and 8.1 for those completing the 65+ mirror tool. As a result, just over half of core respondents (53%) who answered all the mental health questions can be categorised as having depressive symptoms. This is well above the figure of 20.8% found for the general population, indicating that projects are targeting those most in need. Amongst the 65+ respondents, approximately one fifth can be categorised as having depressive symptoms, which is closer to the population norm.

Figure 5 shows the number of respondents (out of 115 in total) who reported low levels of mental health in response to each question. When respondents were asked to explain why they have low levels of mental health, 24 respondents reported 'almost never feeling energised or lively'. Seventeen people reported 'never feeling happy or contented'. 31 respondents reported feeling lonely at least on most days of the week, whilst 50 (almost half the respondents) reported their sleep to be restless every day or on most days in the last week.

²⁴ See, for example, Defra (2007) Sustainable development indicators in your pocket 2007

²⁵ This is based on thresholds for other surveys, and also the fact that the prevalence of depressive symptoms in the general population, as classified by the full-length CES-D scale, tends to be between 16-22%

Figure 5: Low mental health on seven indicators



Further evidence of successful targeting of appropriate beneficiary groups by project managers can be seen in one project which focused exclusively on mental health. Here, the mean score was 15.1, significantly higher than that for all other core respondents. Out of 28 respondents, 19 reported that their sleep was restless during the week prior to completing the questionnaire.

The case study below highlights the Community Café in Gateshead, which is run by Mind and is part of the New Leaf New Life portfolio, which is starting to have a substantial impact on project beneficiaries.

Community Café, New Leaf New Life, Gateshead

The Community Café offers volunteering opportunities for local people with mental health issues. Its focus is on two groups – individuals with mental health issues and the wider community. The project’s aims are to help individuals to cope with their mental health issues in order to avoid them becoming socially excluded. The project also aims to reach out to members of the local community and enable them to access the café as customers. Its goal is to raise awareness of mental health issues, and to reduce the stigma associated with people with mental health problems. The project chimes clearly with two of the three objectives of the Well-being Programme: people and communities having improved mental well-being; and children, parents and the wider community eating more healthily.

The project is generating significant personal outcomes for the volunteers working in the café. Some of the volunteers have previously led very solitary existences and working at the café has reduced their feelings of social isolation, providing a safe environment in which they can gradually build relationships and communication skills, both with fellow volunteers, Mind staff and café customers. *‘Doing something meaningful’* was commented by one of the volunteers as one of the main benefits.

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

Two café volunteers have moved on to volunteer for Mind in a different capacity. One helps with reception and administrative duties, and another is helping to develop a new Mind in Gateshead newsletter. Although the project is focused upon individual development and personally defined goals, rather than the end goal of individuals moving into employment, evidence also exists that the project is supporting people in developing employability skills, such as getting to work on time, communicating with colleagues and taking responsibility for tasks.

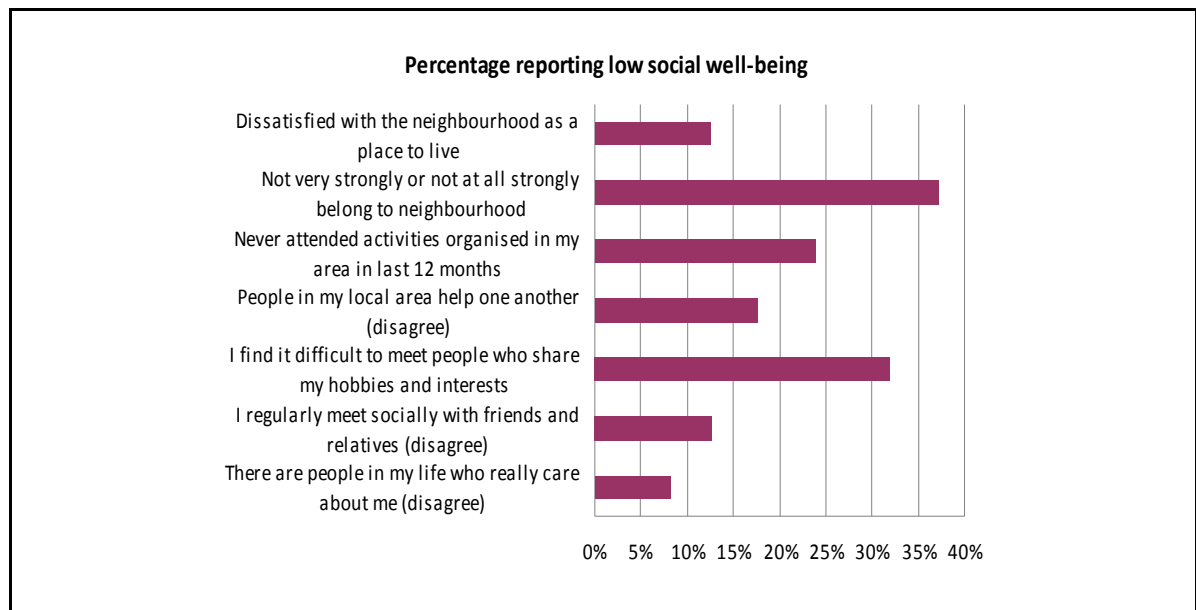
Additionally, many of Poole Quay Foyer’s²⁶ residents reported that the Healthy Transition project challenged them, giving them something to do and something to look forward to. They reported that they enjoyed the opportunities to socialise with other residents, and to get out of the Foyer rather than sitting in their room all day. In particular, the residents felt the taster sessions and football sessions were a chance for them to do something they would not otherwise be able to do. They also reported enjoying the opportunity to socialise with different members of staff and, for some, the opportunity to talk to their key worker in an informal atmosphere was particularly useful. As a result, they felt more positive about life.

In terms of life coaching, the Foyer residents felt this provided them with an opportunity to think more clearly about what they wanted to achieve in the shorter and longer term and how they might go about doing so. They felt the support provided by staff was invaluable. In particular, they highlighted the fact that it was an opportunity to look more holistically at the issues related to well-being and to think about the connections between the strands. In addition, residents said they appreciated the opportunity to talk to someone else other than their key worker about these types of issues.

4.2 Social well-being

The way in which respondents scored themselves in terms of social well-being appears to be slightly higher than levels of personal well-being. This is based on the social well-being depth module, which was completed by 74 beneficiaries at the entry point. Figure 6 shows the proportions of respondents who reported what can be considered low social well-being on each of the seven items in the module.

Figure 6: Percentage of respondents reporting low levels of social well-being



Of the different elements which make up social well-being, the element which was most lacking at the point of completing the entry questionnaire was a sense of belonging to their neighbourhood. Only a few people reported not having anyone that cared about them or not meeting their friends and relatives socially.

A wide range of positive outcomes relating to social well-being were identified by residents of Poole Quay Foyer. It was made clear that these were positive outcomes experienced as a result of participating in the Healthy Transitions project. The outcomes experienced by the young residents included:

²⁶ Foyer are integrated learning and accommodation centres, providing safe and secure housing, support and training for young people aged 16-25

- ❑ increased confidence;
- ❑ the opportunity to meet new people and socialise with other residents, resulting in reduced social isolation;
- ❑ develop new friendships.

'The activities mean I spend less time alone and I'm more involved in what's going on.'

'They have provided me with opportunities to talk to my key worker in an informal setting – we talk about things other than the Foyer.'

All but one of the residents we spoke to (15) said they had a better understanding of what is meant by well-being as a result of being engaged with the Healthy Transitions project. They also felt they had a better understanding of the importance of well-being, in particular the connections between healthy eating, physical activity and emotional well-being. Many reported that they now realised that well-being is about all of these elements and that negative behaviour with regard to one element will affect all three.

Finally, the taster sessions provided residents with a better understanding of the type of activities that were available to them at little or no cost, and how to go about doing them. By broadening the residents' perception of their own abilities and capabilities, the young people felt they were more able to improve their own well-being by undertaking such activities (e.g. prior to participating in the project, some residents would not have thought about going to the beach or having a picnic in the park, despite the fact that these activities can be undertaken without having to travel too far or cost too much money).

For some of the beneficiaries of the Mind Community Café in Gateshead, the project has had a positive impact on their levels of social well-being. Previously, some of the volunteers led very solitary existences and working at the café has enabled them to gradually build relationships and communication skills, both with fellow volunteers and Mind staff, and also with café customers. According to Mind staff, one of the volunteers:

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

Further evidence of the impact of the project on the confidence and assertiveness of the volunteers is detailed in the narrative reports that are prepared quarterly as part of the reporting process to the portfolio holder. One of the reports presents a case study of a volunteer who when he first came to the café needed to attend with his support worker as he did not have the confidence to be there on his own; however when he had settled in, he was happy to travel to the café on his own and did not require any support once there.

4.3 Inter-relations between different elements of well-being

This section of the report considers indicators of the inter-relationship between different elements of well-being and includes levels of life satisfaction and the relationship between this, healthy eating and physical activity. We also point to early indicators of distance travelled and where interesting relationships between the different strands have started to become apparent.

4.3.1 Life satisfaction

The well-being core tool seeks to understand an individual's level of life satisfaction using a ten point scale, where one is extremely dissatisfied and ten is extremely satisfied. Average life satisfaction figures in the UK hover between 7 and 7.5 on a ten point scale (e.g. the European Social Survey found life satisfaction of 7.0, 7.2 and 7.0 in 2004, 2006 and 2008 respectively).

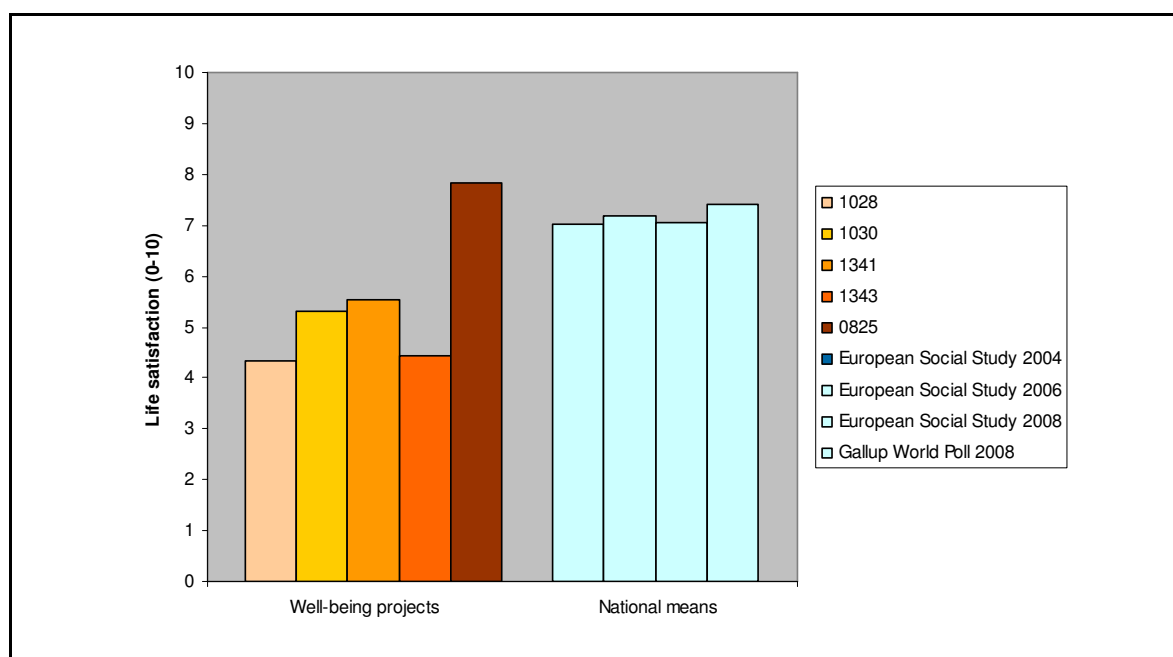
Table 6: Mean life satisfaction broken down by age²⁷

Age group	Mean
16-19	7.43
20-29	6.93
30-39	7.05
40-49	6.81
50-59	6.94
60-69	7.36
70-79	7.43
80-89	7.27
Total	7.08

By contrast, the mean life satisfaction of questionnaire respondents on completing the core questionnaire was 5.9, much lower than other surveys similar in nature. When broken down to individual project level, one project focusing on beneficiaries who were 65+ had a higher mean life satisfaction of 7.8²⁸, whereas all other projects with samples of ten or more had figures of 5.6 or below. This information again indicates that the Well-being Programme is on the whole successfully targeting individuals with low levels of well-being.

However, there appears to be a distinction between the levels of life satisfaction recorded by older people completing the 65+ tool and those completing the core tool – older people are generally recording higher levels of satisfaction at the entry point. As more data becomes available, we will explore the ways in which different projects are targeting beneficiary groups. This will enable us to provide analysis on the way in which projects are targeting different beneficiary groups and highlight differences between the starting points of beneficiaries when entering projects.

Figure 7 illustrates the average levels of life satisfaction amongst respondents completing the entry questionnaire in comparison to national levels. Project codes rather than project names have been used to ensure that information pertaining to individual projects remain anonymous.

Figure 7: Average reported levels of life satisfaction when completing the entry questionnaire

²⁷ European Social Survey (2008)

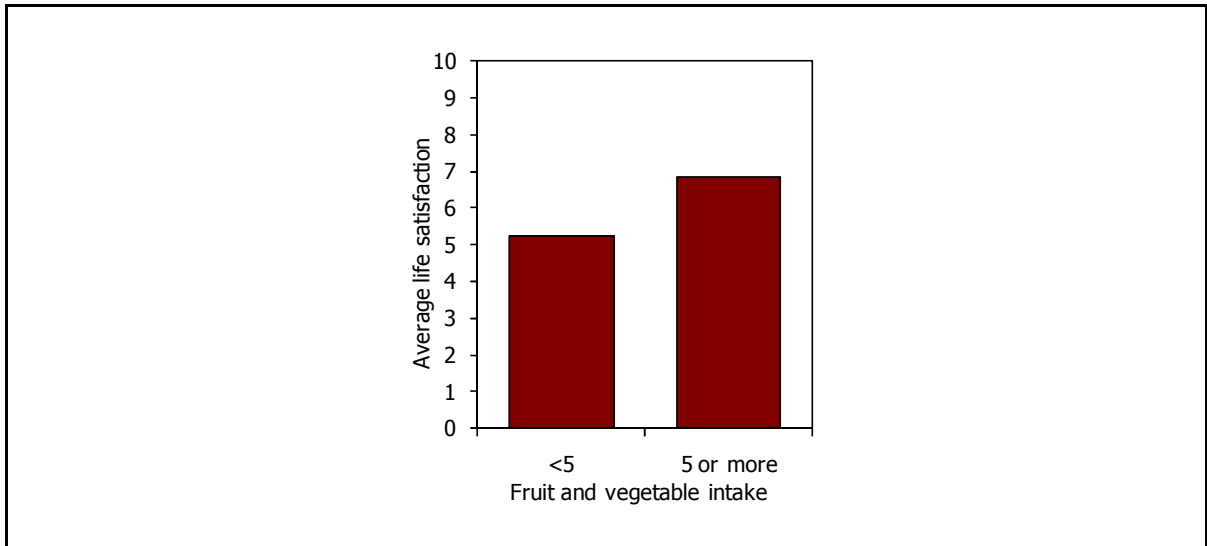
²⁸ Although older people in the UK do generally typically report having higher levels of life-satisfaction than other groups

4.3.2 Life satisfaction, healthy eating and physical activity

Those respondents who were meeting the five-a-day healthy eating targets were much more likely to enjoy higher life satisfaction than those who did not (e.g. fruit and vegetable intake correlates significantly with life satisfaction). Amongst 65+ respondents in particular there was a clear correlation between life satisfaction and walking, with respondents who walked on a more regular basis feeling more satisfied.

Figure 8 shows the correlation between those who ate more than five pieces of fruit and vegetables a day with higher levels of life satisfaction.

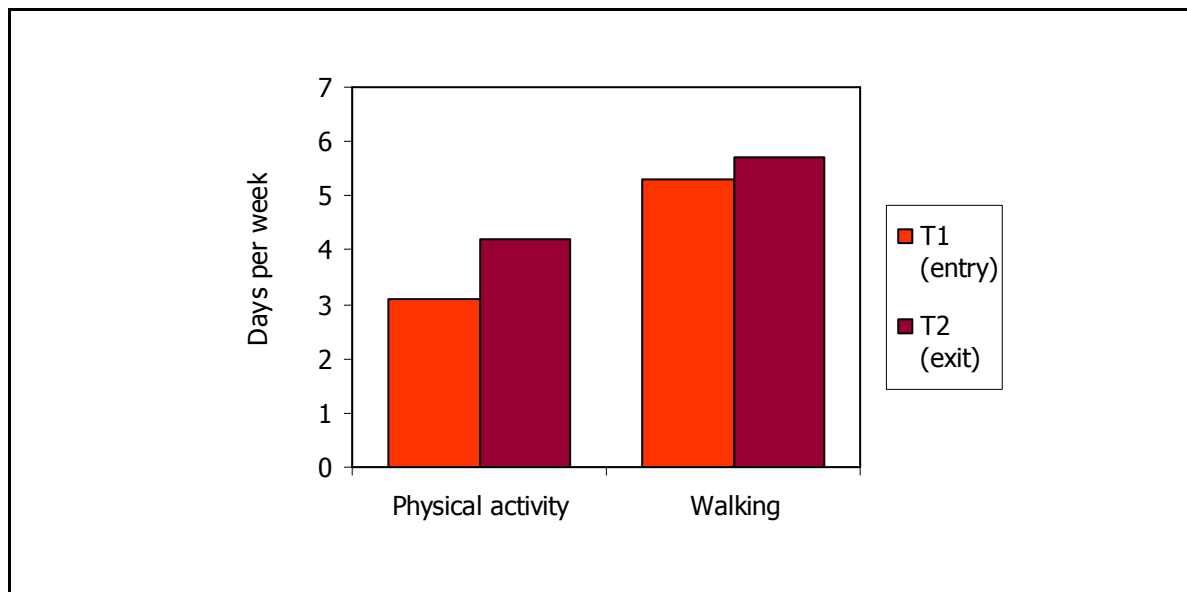
Figure 8: Interaction between life satisfaction and healthy eating



4.3.3 Distance travelled

One of the most fundamental constructs within the national well-being evaluation questionnaires are that they measure distance travelled and whether there has been any change in well-being over the period of the project’s intervention for the individual concerned.

At present, the majority of projects have returned results for questionnaires completed at the entry, rather than the exit point. We therefore only have data at this point for 46 respondents, 36 of which completed the 65+ mirror tool. As such, the numbers for those completing entry and exit questionnaires are low. This section of the report focuses primarily on those who have completed the 65+ mirror tool at the entry and exit point.

Figure 9: Distance travelled – physical activity

Significant gains were made in terms of physical activity, with respondents increasing the amount of physical activity they did from 3.1 days per week (at the entry point) to 4.2 days per week at the time they completed their contact with the project. The amount of time sitting, an indicator of a sedentary lifestyle, also reduced significantly. Gains were also made in terms of healthy eating, with increased vegetable consumption and an increased confidence in cooking.

In terms of non-behavioural changes (e.g. those changes relating to thoughts or feelings), the most significant increase was in relation to life satisfaction. This is a particularly surprising change, particularly in the 65+ group, as levels were fairly high to begin with. Life satisfaction increased from an average score of 7.8 to 8.7.

4.3.4 Determinants of distance travelled

Information presented at this stage is exploratory, as analysis has been undertaken with only one project. Future reports will examine this area in much greater detail; however three paths of particular interest are apparent:

- 1) physical autonomy → healthy eating;
- 2) age → physical activity;
- 3) social well-being → healthy eating.

Physical autonomy → healthy eating

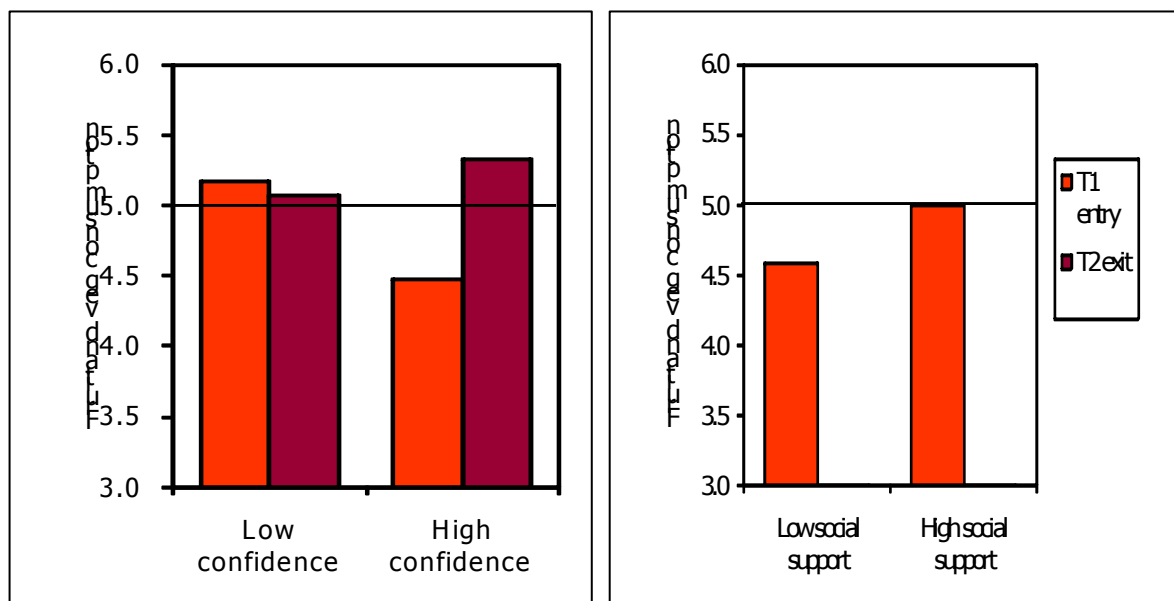
This is the best supported of the three paths. Increases in healthy eating seem to be enhanced within those older people who have greater physical autonomy. Respondents who felt more able to do daily chores, particularly cooking and shopping, were more likely and able to increase their fruit and vegetable intake. Respondents who were more comfortable walking were more able to increase their consumption of cooked meals. Finally, those who felt physically able to cook were more likely to report an increase in their enjoyment of cooked food.

Age → physical activity

Conversely, for those respondents who had low levels of physical autonomy (measured in terms of confidence) they were already eating more fruit and vegetables to start with. This suggests that, for elderly people, greater physical confidence may be necessary in order for behaviour change to occur rather than specifically being a prerequisite for healthy eating.

Social well-being → healthy eating

Better gains in fruit and vegetable intake were also found amongst respondents who reported having more social support and people who cared for them at the entry point. In these cases, those individuals who already had higher levels of social support were more likely to make gains, suggesting that social support may be a factor in enabling individuals to make positive changes.

Figure 10: Distance travelled in relation to fruit and vegetable consumption

There are theoretical reasons to believe that a stock of personal well-being assets, as well as social well-being assets, support changes in healthier behaviour. Tentative early results from the questionnaires suggest a link between increases in social well-being assets and increases in fruit and vegetable consumption.

A further three sets of correlations are interesting to note at this point and these will be examined in further detail as the data available for analysis increases:

- 1) **healthy eating** → **life satisfaction** – life satisfaction increases correlate significantly and positively with increases in fruit and vegetable intake, and overall confidence in terms of healthy eating. It does however correlate negatively with increases in enjoying making an effort with food, highlighting that caution must be exercised when making any assumptions at this stage;
- 2) **physical activity** → **mental health** – decreases in individual scores on the mental health scale also show a reduction when analysed with an increase in days undertaking physical activity;
- 3) **physical activity** → **well-being assets** – increases in overall well-being assets were evident on the WEMWBS²⁹ scale when examined in relation to increased levels of physical activity. This correlated significantly with increases in physical activity and decreases when examined alongside days spent sitting, which correlates with increases in feeling useful and relaxed.

4.4 Factors influencing success

As the national well-being evaluation moves forward, we will provide commentary and analysis on factors influencing success – when and under what circumstances different beneficiary groups or different project types have a greater or lesser impact on well-being. We have focused our early thoughts based on the evidence gathered through the qualitative case study research.

4.4.1 Beneficiary groups

The projects which participated in the case study research are targeting three different beneficiary groups:

- 1) parents and children in one of the most deprived areas of Dudley (Living Well West Midlands, Dudley Healthy Retail);

²⁹ WEMWBS, Warwick- Edinburgh Mental Well-being Scale, nine questions from this scale have been used within the tools to assess well-being. The scale covers a range of aspects of well-being including self-esteem, resilience and optimism, competence, autonomy and relatedness

- 2) adults with mental health problems who, as a result, are suffering from social exclusion (Mind in Gateshead, Community Café);
- 3) young people aged 16-25 who are homeless or at risk of homelessness (Foyer Federation, Poole Foyer).

Each of these groups is being targeted by portfolios and projects because they face specific challenges and problems, which the project feels it is best placed to assist with. This may include filling a gap in mainstream service provision through providing specialised support to an individual within the target beneficiary group.

What is clear from the research to date is that project managers and staff have a well developed reason or rationale underlying the project which drives wider project activities. When this is the case, projects are able to target their beneficiary group effectively, designing interventions which are more likely to have a positive impact on well-being. Taking this approach is more likely to have longer lasting well-being related impacts on beneficiaries. In the Mind Community Café in Gateshead, the project rationale is to enhance the overall well-being of its volunteers, helping to reduce isolation from the wider community, increasing confidence, self-esteem and aspirations. The project is clearly achieving these objectives through its work, providing volunteering opportunities in the café.

Targeting the right beneficiary groups is crucial to ensuring success in working to improve levels of well-being, as is an appreciation that the beneficiary groups which projects are targeting are facing multiple difficulties and challenges which take time and a sustained effort to address.

In the Dudley Healthy Retail project, despite the project being grounded in extensive research which has informed the project's rationale of *'improving attitudes to healthy food and healthy eating through providing fresh fruit and vegetables and cookery classes to children and parents'*, the project is still finding it challenging to encourage parents to engage with the project and to buy from the stall which is located in the school playground twice a week. The project manager is constantly seeking new ways to engage with parents to remove both real and perceived barriers to them having a more positive response to fresh fruit and vegetables. Structural barriers to parents purchasing fresh fruit and vegetables may include the low cost of processed food and supermarkets deliberately pricing goods cheaper than their true value.

When well-being impacts do occur, they are more likely to do so in instances where the project has an extremely well developed understanding of its beneficiary group and is able to make a sustained effort to work with individuals over what can be a significant period of project delivery time.

4.4.2 Portfolio approach

There are three main approaches to project development and delivery used by the seventeen different portfolios:

- 1) national portfolios that develop projects and roll them out across the country. These tend to be generic in nature (e.g. Let's Get Cooking developed and delivered by the School Food Trust);
- 2) national portfolios that develop a set of broadly similar types of projects based around a few core project approaches. When these projects are delivered across England, they tend to be tailored and shaped to suit local delivery styles and local needs (e.g. the Foyer Federation or Time to Change);
- 3) regional portfolios which use local needs and gaps in service provision to devise specific projects and operate across a smaller, more localised area (e.g. Altogether Better – Yorkshire and Humber Strategic Health Authority). These are the most flexible portfolios in terms of the types of project delivery.

Once increasing numbers of questionnaire returns are available from the different types of portfolios, it will be possible to compare well-being impacts proportionally between these three types of approach.

4.5 Exploring attribution

In exploring attribution we seek to understand to what extent a project is directly responsible for impacting on an individual's level of well-being, or to what extent other factors or influences may also have an impact. One of the most straightforward ways of understanding attribution is through research with project beneficiaries. Our qualitative research included exploring a number of potential well-being outcomes with beneficiaries:

- ❑ increased enjoyment of food;
- ❑ cooking skills;
- ❑ feeling of engagement with the local community;
- ❑ the way in which an individual regards physical activity.

If beneficiaries felt they had gained in areas relating to well-being, they were always asked 'to what extent they felt this impact could be directly related to the project?' This line of questioning is helpful in trying to find out whether a well-being funded project has been key to any changes in a beneficiary's well-being (e.g. it may be the case that the individual has recently experienced something particularly pivotal in their life over and above the well-being project which may have had a greater impact on their overall sense of well-being). This line of questioning also offers the beneficiary the chance to explore and explain what has had an impact and what hasn't, and what may have decreased or increased any impact.

The methodology used in the case study research triangulates the opinions and perceptions of beneficiaries by also speaking with project staff and project partners. This allows the national evaluators to reduce the possibility of the beneficiary not knowing the answer to such questions; beneficiaries giving certain answers to please the interviewer or project manager; or other such situations.

Research to date suggests that project beneficiaries attribute positive impacts and changes in their overall levels of well-being to the projects they come into contact with. This is particularly evident in those cases where projects are providing a specialised service or support which beneficiaries would not otherwise have access to. The Mind Community Café project is providing an opportunity for individuals with mental health problems to volunteer in a secure and supportive environment. This specific type of volunteering opportunity would not be available elsewhere and therefore impacts arising from volunteering, increased confidence, self-esteem and social interaction are directly attributable to the project.

Similarly, the support offered to Foyer residents to focus on improving their personal and social well-being by improving dietary habits and learning about healthy eating and budgeting would not be available to the same extent if the Healthy Transitions project did not exist. Although the Foyer would still exist, staff would not have the time or resources to support residents in the same way; in particular, the budgeting would not be possible and taster sessions would not have taken place. These are two key elements of the programme and areas from which the residents have benefited greatly.

Case studies undertaken to date have been completed with projects that are not using the questionnaires. In the future, several case studies will be undertaken with projects that have used the questionnaires and show particularly unusual or interesting findings, in terms of well-being impacts between entry and exit questionnaires. Through triangulating the research findings, the national evaluators will be able to explore to what extent the projects were directly responsible for changes in well-being.

4.6 Wider impacts

4.6.1 Communities

The Big Lottery Fund's well-being projects do not operate in isolation, they are often grounded in local need and local expertise; there is evidence that some of them are starting to have an impact on the communities in which they are based. In certain portfolios, such as Altogether Better, community empowerment and reaching out to communities is a specific aim of the portfolio.

In the Altogether Better portfolio for example, projects train Community Health Educators whose aim is to enable local people from disadvantaged communities to explore key health concerns with other local people in their neighbourhood. In examples such as this, it is evident that there is a direct link between project activity and impact on the wider community.

In cases such as Dudley Healthy Retail, where projects have a very distinct target group, the parents and children of Hawbush Primary School have the potential to reach out to the wider community, and early indications suggest this may be the case. Having a fruit and vegetable stall at the primary school is starting to impact on local shop holders who feel they too should be stocking fresh fruit and vegetables in order that they do not lose out on business opportunities. The project employs a fresh produce consultant who will work with local shop holders to advise them on this area of their business. In this way, the project will have impacted on the fresh fruit and vegetable produce available and consumed within the wider community.

The Community Café in Gateshead also seeks to impact on the wider community through encouraging people without mental health problems to use the café in order to reduce stigma around people with mental health problems. Unfortunately, as the café is located within Mind's well-being centre, it is not as accessible to passing trade and members of the public as was originally hoped.

The Healthy Transitions project is helping young people with the transition to independence to address issues with regard to their well-being that could make this period of change more or less successful. As such, it is supporting young people to become healthy, positive members of the community and therefore able to play a valuable role within their local communities and thus can be seen to be having an indirect impact on the local community. The Healthy Transition project also coaches young residents to develop their confidence and enable them to achieve their goals and aspirations. By living a healthier and more positive lifestyle, the young people will be able to contribute more to their communities, for example by returning to education, securing employment or undertaking volunteering.

5 CONCLUSIONS

This section presents the conclusions of the first Big Lottery Fund national well-being evaluation report.

5.1 Supporting projects and evaluation progress

The Big Lottery Fund national well-being evaluation has now been underway for one year. The official launch of the evaluation for portfolio holders and project managers was held in December 2008. The majority of activity which has taken place in the first year has been dedicated to establishing the processes surrounding the implementation of the evaluation. This has included tasks such as:

- developing the sample;
- securing ethical approval for the methodological approach;
- designing consent forms;
- finalising administrative processes;
- building and consolidating relationships with portfolio holders and project managers.

Building relationships has been a particularly important task for the national evaluators, as early indicators at the start of the evaluation suggested that engagement might be challenging; this was partly due to the fact that many portfolios already had their own evaluators in place at the time of the appointment and were concerned about potential evaluation overload on project managers. Despite these early concerns, sixteen³⁰ out of seventeen of the well-being portfolios and the two Changing Spaces award partners are now participating in the national well-being evaluation.

Sixty projects have been selected from across the portfolios and award partners which represent a range of geographies, beneficiary groups and areas of focus within the well-being strands. Thirty eight projects are now in the process of using the tools. Portfolios/award partners who were granted funding later in the grant giving process are due to begin implementation over the forthcoming years of the evaluation.

5.2 Responses

A combination of seven different projects have made returns to the national evaluators to date, totalling 173 questionnaires, the vast majority of which have been entry questionnaires. This is unsurprising given the long term nature of the majority of project interventions; however one project has started returning exit questionnaires. Analysis of distance travelled at this point therefore refers to the 65+ age group. Three detailed case studies are now complete, the results of which have also been used to inform this report. A further three case studies will commence in early 2010.

Undertaking data analysis has raised a number of points in relation to the way project beneficiaries are completing the questionnaires, which will be resolved by the national evaluators over the forthcoming weeks. Three areas in particular require further consideration:

- 1) one of the questions relating to physical activity has a particularly low response rate (relating to the amount of physical activity undertaken to date);
- 2) some respondents are completing the whole of the physical activity depth module unnecessarily;
- 3) in the 65+ mirror tool, a question relating to how often individuals felt depressed has frequently been left blank.

The suggested solutions to these issues include:

- slight amendment of the tools in order that areas are highlighted in bold that respondents definitely do and do not need to respond to;

³⁰ The portfolio who has chosen not to use the evaluation tools is Living Well West Midlands. They have however participated in the case study research, the results of which are presented in this report

- ❑ asking individuals to complete the physical activity module in its entirety, in order that valuable information on distance travelled is not lost;
- ❑ speaking to respondents in the 65+ group in order to understand why individuals are not completing the questions on depression.

However, taking the latter approach would entail identifying respondents, which would go against protecting the confidentiality which the Big Lottery Fund and national evaluators have worked hard to embed. Further discussions with the Big Lottery Fund on this point would therefore be useful.

5.3 Findings

5.3.1 Successful targeting of those with below average levels of well-being

Analysis of questionnaires returned to date has raised some interesting early findings and areas for future in-depth investigation. It is evident that project beneficiaries are coming into contact with projects with below average levels of well-being. This is particularly the case in terms of healthy eating, mental health, life satisfaction and well-being assets (e.g. life satisfaction in the UK tends to fall between 7 and 7.5 on a ten point scale, meaning the response for those completing the core questionnaires received to date was much lower at 5.9). Life satisfaction was higher for older people completing the 65+ questionnaire, and the reasons for this and the targeting of beneficiary groups by projects will be explored in future work.

5.3.2 At the entry point, the majority of beneficiaries are not meeting five-a-day targets

In terms of specific findings from the different strands, a number of comments can be made. With regard to healthy eating (with the exception of those aged 65+), the majority of beneficiaries are not meeting the five-a-day target. Interestingly, whilst most respondents report a positive attitude towards healthy food, in practice this does not necessarily impact on their actual eating or cooking habits. The range of positive outcomes enjoyed by residents of Poole Quay Foyer, in terms of healthy eating, included better budgeting skills (owing to being taught how to cook) and losing weight through an increased ability to identify which foods were unhealthy.

5.3.3 Limited physical activity data

Commentary on impacts in terms of physical activity will be more substantial in future reports, as the national evaluators receive a greater number of returns at the exit point and, as outlined above, more beneficiaries are encouraged to complete all questions on the questionnaire.

5.3.4 Mental health, positive outcomes

For those individuals completing the core mental health questions, 64% of people had depressive symptoms. The most common symptom in terms of suffering from poor mental health was a feeling of 'never feeling energised or lively' and 'never feeling happy or contented.' Returns have been received for one project which specifically targets individuals with mental health problems. In this case, the tools have proven that the project is successfully focusing its efforts on these beneficiaries who score significantly lower in terms of mental health indicators. Case study research has also identified positive outcomes for those projects focusing on beneficiaries with poor mental health (e.g. the Mind Community Café in Gateshead has worked with clients to encourage them to volunteer in the community café). Positive outcomes include an increase in self-confidence, an increased ability to socialise with other people and reduced feelings of social isolation.

5.3.5 Social well-being

Less than half (42%) of all respondents to date have completed the social well-being depth questionnaire. That it has been a popular choice of questionnaire amongst project staff suggests this is an important outcome and, in some cases, the overarching aim of the well-being projects. Seven different indicators are used to score social well-being. Most people acknowledged that they felt 'not very strongly' or 'not at all strongly' about 'belonging to their neighbourhood'; however the case study research found that projects (e.g. the Poole Quay Foyer) were having a positive impact in terms of social well-being.

Residents of Poole Quay Foyer reported the project had enabled them to spend more time with other people, increased their feelings of connectedness with other people and provided them with opportunities to talk to staff and key workers in an informal environment, therefore building better relationships.

5.3.6 Distance travelled

Two of the main areas of interest for the national well-being evaluation are the relationships between different elements of well-being and distance travelled by beneficiaries. Early correlations have been found between beneficiaries in the 65+ category who are meeting healthy eating targets and those who have higher levels of life satisfaction. Future reports will explore this area in greater detail, however at present three initial paths of interest have been identified:

- 1) the relationship between physical autonomy and healthy eating (those who are more able to do daily chores are more likely to increase their levels of healthy eating);
- 2) age and physical activity (for older people, greater physical confidence is required in order for behaviour change to occur);
- 3) social well-being and healthy eating (those who have previously indicated that the more people who care for them are more likely to make gains in healthy eating).

Other correlations which will be explored in more detail as the number of questionnaires returned increases include:

- healthy eating → life satisfaction;
- physical activity → mental health;
- Physical activity → well-being assets.

Factors influencing success in terms of impacting on well-being have also started to be explored. Evidence to date suggests that projects that are successfully targeting those with low levels of well-being, and which have a well developed rationale or reason for their activities, are more likely to be successfully addressing the specific needs of beneficiary groups.

To what extent project activities are directly responsible for well-being impacts has also been explored and, to date, findings would suggest that the contact that individuals have with projects are the predominant reasons for changes in their levels of well-being. Early results also suggest that some projects are starting to have an impact on the wider communities in which they are based, despite the fact that this is often not a direct objective of all projects.

All this points towards a positive future for the programme and the portfolios it supports, both in terms of targeting individuals with low levels of well-being and impacting on their overall levels of well-being.

5.4 Next steps

The first annual report of the Big Lottery Fund's national well-being evaluation has started to glean interesting findings from both the quantitative and qualitative research undertaken to date. These will be built upon during the second year of the study when the national evaluators will be in receipt of greater numbers of questionnaires as the national well-being evaluation becomes ingrained in project plans. This data will be supplemented by further qualitative research with projects and case study development. Project specific reports are also currently in production for those projects who have returned significant numbers of questionnaires to the national evaluators.

APPENDIX 1

Evaluation progress to date

EVALUATION PROGRESS TO DATE

Sample design

One of the first tasks following the appointment of the national evaluators was the creation of a sample of projects that would participate in the evaluation.

Types of sample

There are two broad types of sample – probability and non-probability. The sample design used has been a probability sample, meaning each beneficiary has an equal and known probability of being selected to participate in the evaluation. In contrast, a non-probability sample comprises people who have a greater but unknown chance than others of selection.

Probability samples are preferable to non-probability samples as they are more likely to produce representative samples and enable estimates of the sample's accuracy. The most accurate way of providing equal probability of selection is to use the principle of random selection. Four strata have been used to develop the sample, these are: (i) programme; (ii) strand; (iii) geography; and (iv) target group.

Table 7: Strata used to develop project sample

Strata number	Strata name	Strata theme
One	Programme	Well-being Programme
		Changing Spaces Programme
Two	Strand	Mental well-being
		Healthy eating
		Physical activity
		All three strands
		Healthy eating and physical activity
		Mental well-being and healthy eating
		Mental well-being and physical activity
Three	Geography ³¹	South
		Midlands
		North
Four	Target group	BME
		Young people
		Children
		Women
		Elderly
		General (adults)

Project descriptions (provided by portfolio leads) were used to inform the sampling process. It was decided early on in the process that some projects would not be suitable to be included as it was felt the use of the questionnaire would be an inappropriate evaluative tool for their project delivery mechanisms. The types of projects which this applied to included:

- those projects which were working with people with severe disability or learning difficulties who would find it difficult to complete;
- projects which were volunteer led, where the evaluation process would be an additional burden on volunteer delivery time;
- projects with a low throughput of beneficiaries and who would struggle to return the requisite number of forms as a result;
- projects working with people for whom English is a second language and without access to translation facilities.

³¹ The geographical boundaries selected reflect the geography constructs used in making funding allocations by the Big Lottery Fund

Wherever possible, these types of projects were excluded from the long sample list. Once an initial project selection had been made, the national evaluators then contacted portfolio holders to test the feasibility of the projects selected, and to agree the next steps.

Project selection

The number of projects which have been selected from each portfolio or award partner ranges from two to six. Those portfolios containing high numbers of projects have also been the portfolios with a higher number of projects selected. This is due to the frequency of the portfolio projects occurring on the long list before sampling took place.

Some portfolios (e.g. the School Food Trust) are delivering projects similar in design but in various geographic locations over forthcoming years of portfolio delivery, the specific location of which may not yet have been determined by the portfolio or award partner. The number of projects required to participate in the national evaluation has been decided, but the specific projects to be chosen will be agreed later in the evaluation process when a full project list is available.

It was originally envisaged that sixty projects would be selected from across the portfolios and award partners to participate in the evaluation process. Each project would then use the questionnaire with sixty of their beneficiaries over the lifetime of project delivery.

The figure of sixty individuals per project was based upon calculations of the number of beneficiary portfolio holders estimated that would be involved in project activity, based upon information contained in funding submissions to the Big Lottery Fund.

Anecdotal evidence gathered through initial numbers of tools returned to date suggests that not all projects will be able to secure returns for sixty beneficiaries. In order to account for this shortfall, additional projects may need to be selected from some of the portfolios at a later date.

Project re-selection

A number of project re-selections have taken place due to factors such as:

- projects with pre-existing substantial evaluation commitments to their local evaluators;
- projects undergoing significant changes in project management and delivery;
- projects which do not work with beneficiaries over a prolonged delivery period.

Whenever re-sampling has occurred (in order that like-for-like changes have been made) every effort has been made to ensure substituted projects match the original criteria for selection.

A list of the projects participating in the national evaluation can be found in Appendix 4.

Establishing an ethics committee

Ethical considerations are a priority for both the Big Lottery Fund and the national evaluators. In light of this, establishing an ethics committee to guide the work of the national evaluation was an early priority. As not-for-profit think tanks, neither nef nor CLES is affiliated with either a Strategic Health Authority or university, both of which may have provided a natural route to the guidance of an established ethics committee.

The national evaluators therefore sought to appoint expert advisors who would be willing to guide the research process, particularly in the early days of the evaluation. This was undertaken to ensure both research methodologies and ethical considerations were approached in a robust manner. The national evaluators could also draw upon this expertise if required.

An ethics committee was therefore formed and met in London in January 2009. The members of the committee are shown in Table 8.

Table 8: Ethics committee members

Name	Role	Organisation
Dr Sean Cameron	Co-Director of the Continuing Professional Development Doctorate in Educational Psychology	University College London
Jaine Keable	South West Well-being Manager	A Healthier Way to Live – Well-being in the South West (Westbank)
Dr Rowan Myron	Associate Head of Research	Mental Health Foundation
Adrienne Cassidy	Grant Officer	Big Lottery Fund Well-being Team
Alison Pollard	Evaluation and Research Analyst	The Big Lottery Fund
In attendance		
Jonathan Breeze	Director of Consultancy	CLES Consulting
Nicola Steuer	Head of the Centre for Well-being	nef
Natalie Qureshi	Consultant	CLES Consulting
Victoria Bradford	Consultant	CLES Consulting

A number of items have been considered by the ethics committee, including:

- research methodology;
- key principles of the evaluation;
- changes to the questionnaires after piloting;
- plans for client confidentiality and data protection processes.

One of the key recommendations made following the meeting of the ethics committee was that the national evaluators develop a consent form.

Consent form

The Big Lottery Fund national well-being evaluation consent form was created by the national evaluators under the continued guidance of Dr Rowan Myron and Dr Sean Cameron. The consent form was developed in response to recognition that consent in the research should not be assumed by the national evaluators or the project managers, even if a beneficiary had verbally agreed to their participation in the research. Informed consent was felt to be crucial in ensuring project beneficiaries understood what the evaluation was about and why they were being asked certain questions.

The consent form provides information on key areas, including:

- what the research is about;
- how confidentiality is ensured;
- what happens to the results of the study;
- where to get more information about the research.

The Big Lottery Fund and the national evaluators are keen that the evaluation places minimal burden on project delivery staff. In light of this, it can be argued that the consent form introduces an additional stage into the evaluation process; it is however a positive development as it takes pressure off project managers to explain the well-being evaluation, secures informed consent and provides an information resource for beneficiaries to return to should they wish to do so in the future.

Support to portfolio holders and project managers

Ensuring portfolio holders and project managers have had the necessary support to participate in the evaluation has been a key focus of the national evaluators. This takes place on an ongoing basis in several different ways through the provision of:

- a portfolio holder and project manager evaluation dissemination event held in December 2008;
- undertaking bespoke workshops with project managers to guide them through what is involved with the evaluation;

- ❑ publication of national evaluation newsletters for portfolio holders and project managers;
- ❑ the creation of resources to ensure the evaluation is as straightforward as possible through the dedicated evaluation website: www.cles.org.uk/wellbeing, evaluation handbook and rapid response team.

The following section outlines the activities which have been implemented in each of these areas.

Portfolio event

In December 2008, an event was held at the National Council for Voluntary Organisations in London for a number of different groups involved with the evaluation, including:

- ❑ portfolio holders;
- ❑ project managers identified through the sampling process;
- ❑ Big Lottery Fund grant officers;
- ❑ portfolio level evaluators.

The event was attended by over eighty people and was designed to provide an opportunity for portfolio holders and project managers to meet the national evaluators, understand why the evaluation was taking place, and find out more about the evaluation questionnaires and how to administer them.

Workshops

In addition to the event, numerous workshops and meetings have been held over the previous year. These have been structured, yet informal occasions designed to enable portfolio holders and project managers to learn about the evaluation and explain the process for administering the evaluation tools. The workshops held to date are listed in Table 9.

Table 9: Evaluation workshops

Date 2009	Portfolio	Projects
March	Chances for Change	Hampshire Dance
		Sport Hampshire and IOW (SPAA)
		Active Workplace
		Obesity Awareness
April	Target Well-being	Men Behaving Healthily
		North Manchester Well-being Centre
		The Inspire Project
		Princes' Trust Plus
	Travel Actively	Generation Active
April	North West Networks for Healthy Living Partnerships	Healthy Beginnings, Bootle
		Community Food Worker Project
		New Grow
June	Altogether Better, Yorkshire & Humber	Fresh 'n' Fruity
		Calderdale Community Health Educators
December	Well London	Central YMCA
December	Target Well-being	Workshop with project delivery staff

In addition to workshops, numerous meetings have been held with portfolio holders and local evaluators in order to ensure the national and local level evaluations complement one another and requirements do not become overly burdensome on project managers.

Evaluation newsletter

The national well-being evaluation e-newsletter is a means for the national evaluators and the Big Lottery Fund to communicate with project managers and portfolio holders. Three editions of the newsletter have been produced to date. The types of themes which the newsletters have covered include:

- ❑ **January 2009** – details of how to log onto the evaluation website and available content, a synopsis of the findings of the ethics committee and contact details of the rapid response team;
- ❑ **May 2009** – information on the consent form, information on the administration of the evaluation for project managers, updates on the evaluation and the evaluation website;
- ❑ **October 2009** – evaluation update, copies of the second 'Well-being Matters' policy publication, and a reminder of how best to manage the administration process of distributing and returning the evaluation questionnaires.

Well-being website

The national well-being evaluation website went live in December 2008 to coincide with the evaluation launch event. The website is hosted by the Centre of Local Economic Strategies website, and can be found at www.cles.org.uk/wellbeing. The site is password protected and available only to those involved in the evaluation.

A number of areas that are relevant to projects and portfolios are included:

- ❑ why evaluate?;
- ❑ information about the evaluation tools;
- ❑ evaluation resources;
- ❑ how to administer the tools;
- ❑ frequently asked questions;
- ❑ details of how to contact the evaluation rapid response team.

Between December 2008 and November 2009, there have been 701 unique visitors on the national well-being evaluation website, equating to approximately 14 hits per week. Plans are currently being made for the development of additional web pages to provide a discussion forum for portfolio holders and project managers and to facilitate sharing of learning and good practice. Issues which could be covered include:

- ❑ where projects are working well;
- ❑ what factors have a particular impact on improving individual well-being.

Rapid response team

As previously highlighted, a key element of the evaluation process has been the provision of technical assistance to ensure project managers have sufficient support from the national evaluators in the evaluation. In light of this, a rapid response team has been established to provide one-to-one support to project managers over the telephone, e-mail or face-to-face. Since January 2009, enquiries by telephone and e-mail have averaged around ten per month.

Support has also been provided to those who have decided to use the questionnaires even though they are not part of the formal sample (e.g. two of the Chances for Change projects are now using the tools). Although the results from their questionnaires will not be used as part of the national evaluation, guidance has been provided in respect of administration and data analysis processes.

In addition to providing support to portfolio holders and project managers, the national evaluators have dedicated a substantial volume of time to working with portfolio and award partner evaluators. This has been necessary in order to ensure that the national, portfolio and award partner requirements do not become overly burdensome on project managers. It is also worth noting that several portfolio level evaluators have used versions of the national evaluation questionnaires to inform their own methodological processes. Portfolios where this has occurred include:

- ❑ Altogether Better, 'Yorkshire and Humber' (University of York);
- ❑ Food for Life, 'The Soil Association' (University of the West of England);
- ❑ A Healthier Way to Live, 'Well-being in the South West' (University of the West of England);
- ❑ Target Well-being, 'Federation of Groundwork Trusts' (North West Public Health Observatory).

The national evaluators have spent a significant amount of time working with these evaluators, both in terms of negotiating the use of the national evaluation questionnaires within the relevant portfolios and advising the evaluators on data analysis frameworks which they will need to develop in order to analyse the data gathered by the questionnaires.

Survey administration

An evaluation handbook has been produced for project managers. This has been updated since the start of the national evaluation to reflect refinement in this process. A flowchart diagram for project managers has been produced to explain when to distribute and return questionnaires to the national evaluators. This has been included in Appendix 5.

Data analysis

Analysis undertaken to date has been fairly simple in nature, due to the fact that the majority of information currently available stems from entry level questionnaires. Much of the data presented later in this report therefore relates to frequencies and counts.

Some data analysis required bringing together responses from several questions. In most cases, accepted algorithms were used (e.g. data from IPAQ³², WEMWBS³³ and CES-D³⁴ questions). In the case of WEMWBS and CES-D, scores were summed for each item. For fruit and vegetable consumption, numbers were summed for each. In future analysis more complex and novel aggregations will be carried out (e.g. social well-being); however at this stage this was inappropriate as we did not have sufficient data to determine the best aggregation method.

Distance travelled was calculated by subtracting responses at T_1 from responses at T_2 . This makes the acceptable assumption that the data can be treated as scalar, despite it technically being ordinal (e.g. we assume that a shift from 1-3 on a 5 point scale is equivalent to a shift from 3-5). A second approach to distance travelled data, which we may look at in future, is to compare the percentages of people scoring below a certain threshold at T_1 and T_2 .

Where we explored relationships between different elements of well-being, we frequently used correlations. Spearman's³⁵ correlations were used based on the assumption that, whilst the data is technically ordinal, it can be treated as scalar. Correlations were calculated when looking at T_1 data but also when looking at the distance travelled data (e.g. we used correlations to determine which variables at T_1 determine change from T_1 to T_2).

Lastly, we used standard paired T-tests for comparing results at T_1 from those at T_2 . Care was taken to ensure only those beneficiaries for which we had both T_1 and T_2 data entered the analysis. All significance tests were made with a significance threshold of 0.05.

The data analysis which has been completed to date has also brought to light a number of issues relating to the way in which some respondents have been completing the questionnaires. The national evaluators will be addressing this issue over the forthcoming months.

Response rates – physical activity depth module

The first question in the physical activity depth module is a logic question – if respondents answer 'yes' they do not need to complete the rest of the module; however two respondents completed the entire module despite it not being necessary. As such, the response rate was over 100%. In light of this, more guidance may be required for respondents completing this module.

Response rates – 65+ mirror tool

Generally, lower response rates were seen in the 65+ mirror tool than for those completing the core questionnaire; however this does not appear to be an issue relating to questionnaire fatigue. Whilst the mirror is somewhat longer than the core module, response rates do not decline over the questionnaire, with 95% responding to the final question which requests the beneficiary's initials.

³² International Physical Activity Questionnaire

³³ Warwick Edinburgh-Mental Well-being Scale

³⁴ Centre for Epidemiological Studies, National Institute for Mental Health Scale

³⁵ Spearman's correlation is a non-parametric test for the strength of the relationship between pairs of variables

Response rates below 80% were seen in three parts of the questionnaire. First and foremost, many respondents did not respond fully to the physical activity questions (e.g. only 75% of respondents reported how many days a week they carried out physical activity). Of those respondents who did respond to this question with a number greater than 0, many did not report how much time they spent on physical activity each day. Whilst we can assume that respondents who do not answer the first question simply do not do any physical activity, and can be assigned a value of 0 days, no such assumption can be made for respondents who do not answer the second question, therefore restricting the number of respondents for which overall IPAQ scores and categories can be calculated.

The other method for calculating physical activity – the single item question – also suffered from a low response rate of 77% in the 65+ mirror tool. In both cases, the most likely explanation for omission and inappropriate response is that the questions were too confusing for the respondents.

Some of the mental health questions also suffered low response rates in the 65+ mirror tool, particularly question 14b (feeling depressed – 77%) and 14d (feeling energised – 80%). Lastly, several of the well-being assets questions were omitted by many respondents – the first three in the set all had response rates below 80%. In these two cases, it is unclear why response rates are low.

Potential solutions to these issues are discussed further in Section 5.

Qualitative research

The national evaluators will be undertaking twenty detailed case studies with at least one project from each portfolio or award partner. Sampling of case studies took place in August 2009. Although a subjective selection was made, choices were based upon projects which were operating under one or more of the following categories:

- projects working with those with learning disabilities or learning needs;
- projects working with young children;
- projects using innovative ways of engaging project beneficiaries;
- projects using social marketing campaigns;
- projects with interesting findings from the tools to be tested through qualitative research;
- projects working with marginalised groups.

The categories were designed to ensure the projects for which the tools would be inappropriate would still have the opportunity to be represented in the evaluation through the qualitative element of the research.

The timings of each case study visit have been staggered over the next few years, with those portfolios which are due to finish taking priority. A Green Book Logic Flow structure has been used to guide the way in which the case study research has been undertaken. This has included considering:

- the project's background and rationale;
- project design and delivery;
- performance;
- the project's processes.

Each case study has included a desk based review, structured interview with the project manager or key project lead, structured interviews with project partners or stakeholders, and beneficiary research.

The projects which have been focused on for the first three case studies are:

- Living Well West Midlands: Dudley Healthy Retail;
- New Leaf New Life: Gateshead Community Café;
- Foyer Federation: Poole Foyer.

The analysis from the case studies has been combined with the findings from the quantitative research and brought together in Section 5.

Policy papers

As outlined in the methodology section, a number of policy papers have been produced by the national evaluators. Academic papers have not been produced to date, but will be undertaken once a more substantial body of data is available. The two main types of papers which have been produced to date have been CLES' *Local Work* and two well-being papers.

Local Work

CLES produces a number of different policy papers for its members, one of which is *Local Work*, which examines best practice within regeneration and, on occasion, is written by a guest author. '*Community Health Champions, one of the keys to unlocking health inequalities?*' was written by Roz Davies, Programme Director for Altogether Better, NHS Yorkshire and Humber.

The paper focuses on the approach offered by the Altogether Better portfolio which uses Community Health Champions to address health inequalities using a three pronged model of empowerment. The model focuses on:

- building capacity (knowledge and awareness);
- building confidence (self esteem and social capital);
- collectively supporting a systematic change of culture in policy and practice.

Well-being Matters

Two '*Well-being Matters*' policy papers have been produced and circulated to project managers and portfolio holders; the first paper was circulated with the January 2009 edition of the evaluation newsletter and focused on the national evaluator's understanding of the term well-being, and the evidence on which this is based. The paper also highlighted some of the latest findings from the field of well-being research.

The second focused on '*New Horizons – towards a shared vision of mental health*'. New Horizons is a major new strategy for mental health in England and has been produced by the Department of Health. The '*Well-being Matters*' paper outlines the key issues contained within the strategy and analyses what this might mean for projects and portfolio holders delivering activity as part of the Well-being and Changing Spaces Programmes. The paper also outlined what organisations or individuals could do to contribute their opinions and experiences to the consultation. The second '*Well-being Matters*' policy paper was distributed with the October edition of the national well-being evaluation newsletter.

Ideas for relevant newsletters are produced by the national evaluators in partnership with the evaluation steering group. The third policy paper is due to be published in early 2010, which will focus on the relationship between well-being and the environment.

APPENDIX 2

Quantitative analysis

QUANTITATIVE ANALYSIS

Returns

Appendix 1 of this report outlines the results of the national evaluation team's quantitative analysis to date.

Projects and portfolios involved

Data was analysed from seven projects from four portfolios. Table 10 shows how many beneficiaries have completed a questionnaire at both T₁ and T₂ for each of the projects below. The figures are correct as of October 2009.

Table 10: Project and portfolio returns

Project	Portfolio	T ₁ returns	T ₂ returns	Total returns
Onward and Upward	National Council on Ageing	41	40	81
Prince's Trust Oldham	Target well-being	12	14	26
Men Behaving Dadly	Target well-being	8		8
The Inspire Project	Target well-being	28		28
Eastbourne Foyer	Foyer Federation: Healthy Transitions	7		7
Swindon Foyer	Foyer Federation: Healthy Transitions	21		21
Brent Healthy Minds	Time to change	2		2
Total		119	54	173

The information presented in this appendix pools responses from the different projects. Project specific reports will be provided independently of this analysis for projects which have suitably high response rates.

Most of the projects outlined above are working on all three strands (mental health, healthy eating and physical activity) with the exception of Men Behaving Dadly, which focuses on healthy eating, and the Inspire project which focuses on mental health.³⁶

Modules and mirrors used

Tables 11 and 12 show how many depth and mirror modules were completed.

Table 11: Returns for core tools and mirrors

Tool	T ₁	T ₂	Total
Core questionnaire	74	14	88
Primary school mirror	4		4
Secondary school mirror			
65+ mirror	41	40	81

Table 12: Returns for depth modules

Project	T ₁				T ₂		
	SWB	MH	PA	HE	SWB	MH	HE
Onward and Upward	35	1		34	35		30
Prince's Trust Oldham		12				14	
Men Behaving Dadly	4			4			
The Inspire Project	28	27					
Eastbourne Foyer							
Swindon Foyer	5	12	19	13			
Brent Healthy Minds	2						
Total	74	52	19	51	35	14	30

³⁶ As we only received two returns from Brent Healthy Minds, we have not checked which strands it is working in

No projects returned data from the secondary school mirror and only four returned data from the primary school mirror, meaning that data from these tools cannot be analysed at this stage. Reasonable amounts of data were collected from all depth modules, with the exception of the physical activity depth module (with only 11 fully completed returns). The most substantial set of before and after data comes from the 65+ mirror, with data also available from the healthy eating depth module and the social well-being depth module.

When and how questionnaires were completed

The T₁ data should be collected as close as possible to the start of the project to ensure a true baseline. According to respondents, over half the T₁ data was indeed collected at the start (62 out of 114); however a substantial minority completed the T₁ questionnaire during their engagement with the project, in some cases long after they reported starting being involved. Furthermore, there were some apparent inconsistencies between the 'moment', as reported by respondents, and the dates they provided (e.g. 12 respondents reported completing the questionnaire 'at the start' of their engagement with the project, but then reported a start date more than two weeks prior to the date they completed the questionnaire).

Most of the data being analysed in this report was collected in the spring and summer of 2009 between April and August. Three respondents reported completing the questionnaire in the early months of 2009 (January to March) before the questionnaires were officially available.

Table 13: Month when tools were officially administered

When completed	T₁	T₂
January	1	
February	1	
March	1	
April	10	
May	36	
June	15	15
July	42	
August	10	23
September	1	1
October	0	14
Unknown	2	1

Aside from the 4 primary school respondents, most reported completing the questionnaire themselves, though 16 questionnaires were completed with a project worker reading out the questions for the beneficiary.

Demographics (at T₁)

In all cases, demographics related to all respondents who completed T₁ questionnaires. It is assumed that T₂ questionnaires were completed by a subset of these individuals.³⁷ In some cases, respondents provided further information on completing T₂ questionnaires. Where this could be matched to their T₁ data, this information was also used if it provided extra information.

³⁷ In fact, it appears that we have T₂ questionnaires for at least two respondents for whom we have no T₁ data

Gender

Figure 11: Gender

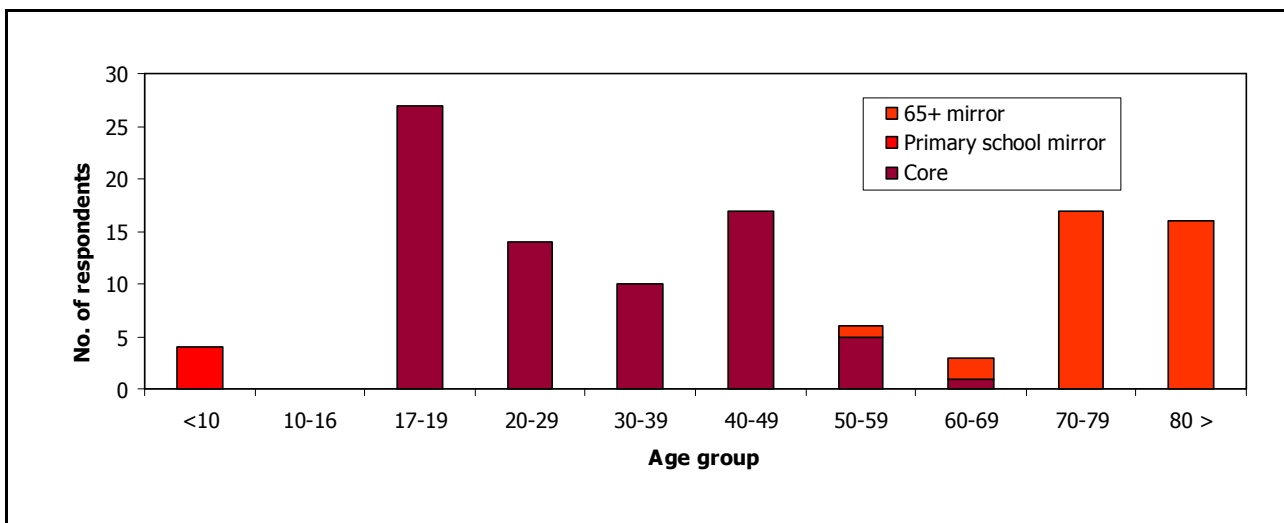


Age category

Respondents appear to have an unusual gender split. Amongst those completing the core questionnaire, the majority (49 out of 74) were male; however amongst those completing the 65+ mirror, the vast majority (36 out of 41) were female. Whilst this unbalanced gender split may not necessarily be a shortcoming – it may be that projects were targeting specific genders – it does make it difficult to compare gender groups (e.g. if one were to pool respondents from both the core and the 65+ questionnaires, comparing females with males would implicitly involve comparing older respondents with younger ones). We have not therefore provided further commentary on gender at this stage.

Age

Figure 12: Age group



Despite the lack of secondary school beneficiaries and the very low levels of primary school beneficiaries, we do have data across quite a wide range of adult age groups. Two projects, the Foyer Federation and the Groundwork Prince’s Trust project in Oldham, focus on the 17-19 age group and have fairly high returns within this age range. The South Lakeland Age Concern project ensures that we also have high numbers of respondents aged 70 and over, with the oldest respondent aged 95.

Ethnicity

The vast majority of respondents (91%) classified themselves as White British, including all respondents who completed the 65+ questionnaire and reported an ethnicity. This percentage is similar to the percentage of White British respondents in the last Census (87%); having said that, a true assessment of the ethnic representativeness of projects can only be made in comparison with local data on population. Other ethnic groups included in this data set were: White Other (2); Pakistani (3); Bangladeshi (1); and several Mixed (4). Ethnicities not represented at this stage include Indian and all Black or Black British groups. It is possible that this will change as returns from a wider variety of projects are received.

Long term illness

Exactly half the respondents who answered the question reported having a long term illness that limited their daily activity (55 out of 115 in total; five left the question blank). This is considerably higher than the national proportion of 18%, based on the last Census. The larger proportion is not just a result of the large group of older beneficiaries, out of 74 beneficiaries aged 60 and under, 38% reported a long term illness. This finding suggests projects are doing well at targeting beneficiaries who are most in need.

Response rates across questionnaires

Analysing response rates is a useful way to determine whether some questions are proving problematic for respondents, and also whether they are reaching the end of the questionnaires. Response rates were analysed combining data from T₁ and T₂.

Response rates were very high across the core tool, the lowest rate for a single question being 95% (for the question on walking time per day). Response rates did not decline over the course of the questionnaire, confirming that it is of a reasonable length for beneficiaries to complete without facing questionnaire fatigue.

Depth modules also enjoyed relatively high response rates; however there appears to be slightly lower response rates for the first part of the healthy eating depth module, which asks respondents to rank the importance of various factors when making food choices, with rates for some items in this set going down to 84%. However, this appears to be due to respondents not always ranking every item in the set, which is not surprising; sometimes two or three items were ranked, with the remaining ones left blank, suggesting they had low importance. Some re-coding will be required to fully analyse this question; however, overall, only six respondents omitted the question altogether, suggesting that it is generally understood.

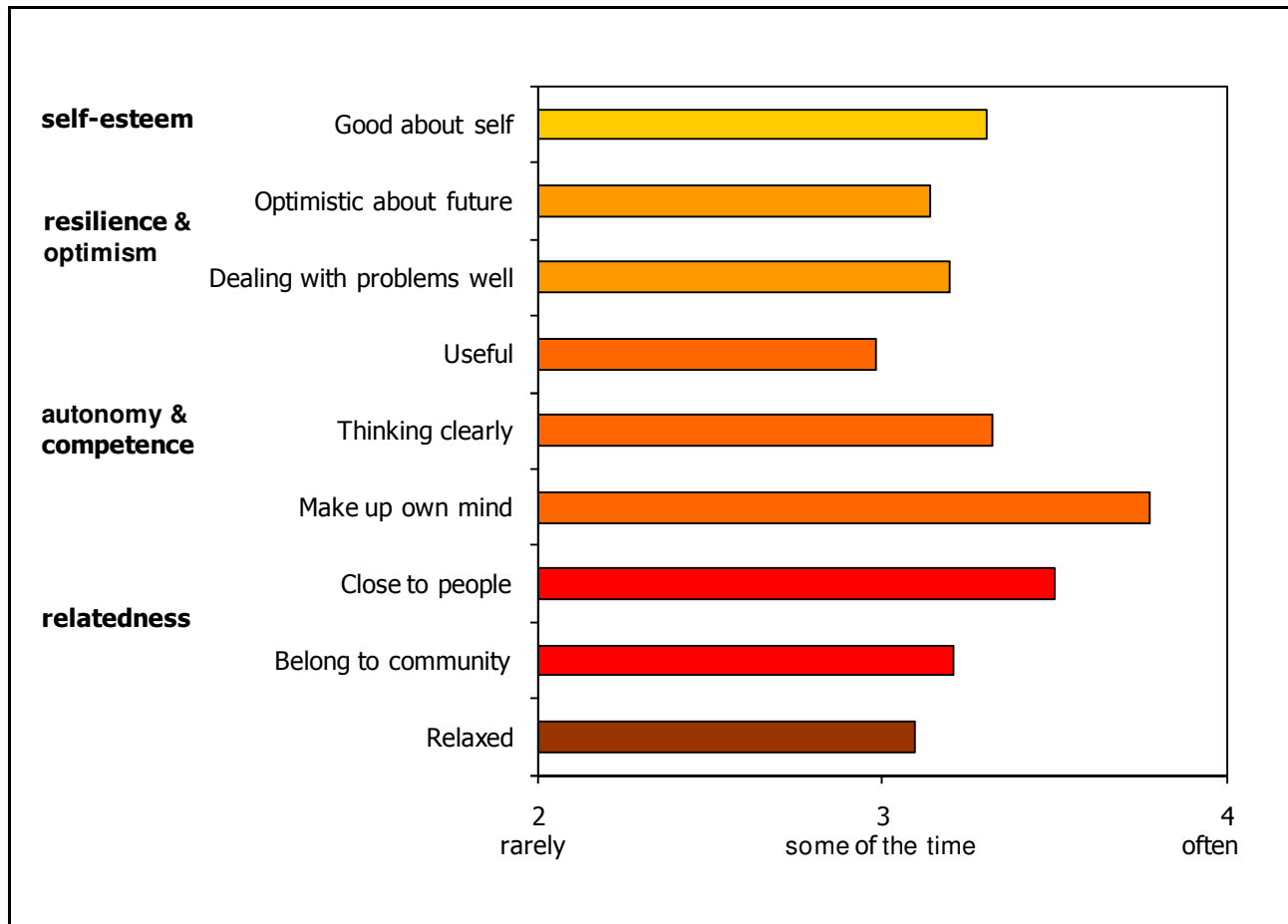
Inter-relations between different elements of well-being

The core questionnaire addresses general well-being in two ways. First, a simple life satisfaction question is used, which is replicated from a wide range of sources including Defra's sustainable indicator set, the European Social Survey and the Gallup World Poll. Respondents answer on a scale from 0-10 where 0 indicates dissatisfied, and 10 indicates satisfied; secondly we use a set of 9 questions from the Warwick Edinburgh Mental Well-Being Scale covering a range of aspects of well-being including self-esteem, resilience and optimism, competence and autonomy, and relatedness. As well as being able to look at each of these aspects separately, we can also calculate a score on the Short WEMWBS (S-WEMWBS) based on 7 of the 9 questions we used. This can be compared with a recent representative sample of almost 18,000 respondents surveyed by the North West Public Health Observatory using S-WEMWBS.

Well-being Programme beneficiaries also reported having lower S-WEMWBS scores at T₁ than the general population. S-WEMWBS scores are transformed onto a metric scale, from 7-35 using a Rasch model.³⁸ The mean score in the general population (in the North West) is 25.6. The beneficiaries surveyed reported a mean score of 21.2, which the North West Public Health Observatory categorises as 'low well-being'.

Figure 13 breaks down the well-being assets into the nine questions, showing mean scores on how often people reported feeling on a scale of 1-5 (1 meaning 'none of the time', and 5 meaning 'all of the time'). For reasons of space, the scale is only shown from 2-4. Overall, means hovered between feeling positive on these aspects some of the time, and often. The feelings that people enjoyed least often were feeling useful (2.98 on a scale of 1-5), relaxed (3.10) and optimistic about the future (3.14). Meanwhile, people felt able to make up their own mind the most (3.77 on a scale of 1-5).

³⁸ Stewart-Brown S, Tennant A, Tennant R, Platt S, Parkinson J and Weich S (2009) 'Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): a Rasch analysis using data from the Scottish Health Education Population Survey' Health and Quality of Life Outcomes 7:15

Figure 13: WEMWBS questions

The relations for physical activity are less clear. Significant relations were found between the single item question on the one hand, and life satisfaction and the CES-D score on the other ($r=0.30$, and $r=0.27$ respectively), but only when one looked at core respondents. The IPAQ category also correlated with life satisfaction ($r=0.35$), but not quite significantly with CES-D (though this appears to be a simple matter of statistical power). Pooling older and younger respondents is not an option due to such different patterns of results. Meanwhile, amongst 65+ respondents, there was a clear correlation ($r=0.43$) between life satisfaction and walking, with respondents who walked more reporting feeling more satisfied.

Table 14: Correlations between healthy behaviour, and mental health and well-being³⁹

	Fruit and veg intake	Cooked meals	IPAQ category	Physical activity single item question
Life satisfaction	0.41	0.39	0.35	0.30
CES-D	-0.36	-0.36	-0.26	-0.27
S-WEMWBS	0.30	0.28	0.10	0.18

³⁹ Numbers in red represent correlations significant at the 0.05 level. Healthy eating correlations calculated across all respondents, whilst physical activity correlations only calculated based on core respondents

Distance travelled data

65+ data, looking at significant change

Table 15: Distance travelled 65+ respondents

	T1	T2
Fruit consumption	2.7	2.9
Vegetable consumption	2.1	2.4
Cooked meals	4.8	4.9
Enjoy effort in food	4.1	4.2
Enjoy healthy food	3.9	4.1
Days of physical activity	3.1	4.2
Days walking	5.3	5.7
Time spent sitting	2.3	2.0
IPAQ score	1084	1563
IPAQ category	0.8	1.0
Single item physical activity question	7.7	9.7
Enjoy physical activity	5.0	5.3
Confident walking	6.0	6.0
Confident housekeeping	5.3	5.5
Confident shopping	5.4	5.6
Confident cooking	5.4	5.7
Life satisfaction	7.8	8.7
Happy	4.0	4.1
Depressed	1.7	1.5
Engaged	4.0	4.1
Energised	3.2	3.5
Lonely	1.6	1.8
Everything was an effort	2.3	2.2
Sleep was restless	2.8	2.5
CES-D score	8.3	7.3
Optimistic	3.3	3.4
Useful	3.1	3.4
Relaxed	3.4	3.7
Dealing with problems	3.7	3.8
Thinking clearly	3.9	4.1
Close to people	3.8	3.9
Able to make up own mind	4.1	4.4
Belong to community	4.2	4.4
Feel good about self	3.7	4.0
S-WEMWBS	25.3	26.8
All WEMWBS questions	33.2	35.3
See relatives	1.9	1.9
Talk to relatives	1.7	1.7
Help from relatives	1.8	1.8
See friends	1.9	1.9
Talk to friends	1.6	1.5
Help from friends	1.6	1.7

Table 15 presents all the results for the 65+ category. Paired T-tests were carried out to compare the results at T₁ with those at T₂ for each item in the questionnaire and for each composite score.⁴⁰ Significant differences are highlighted in red.

⁴⁰ T-tests are a statistical test used to see whether a difference in two sets of results is significant, and not just a matter of chance. Paired T-tests are particularly useful when the two sets represent the same people but at different times, as the statistical test is actually done on the *change* between the two sets of results, rather than the results themselves. Significance is tested at the 0.05 level

APPENDIX 3

Participating projects

Table 16: Projects participating in the national well-being evaluation: November 2009⁴¹

Portfolio	Projects	Geography	Tools
Well-being portfolios			
A Healthier Way to Live – Well-being in the South West	TBC (x3 projects)	South	TBC
Activate London	Bees Knees	South	Core
	Cockney Sparrow 2	South	Core + SWB
	Eat Well, Eat Wise	South	Core + HE
	Healthy Bodies, Healthy Minds	South	Core
Active Travel	Community Cycling Champions	North	TBC
	Generation Active (Hyndburn)	North	Core + PA, primary, secondary
	Bike it	North	TBC
Altogether Better	Fresh 'n' Fruity	North	AB Tool
	Calderdale Community Health Educators	North	AB Tool
Chances for Change	Hampshire Dance	South	Secondary
	Sport Hampshire and IOW SPAA	South	Core, 65+, PA, SWB
	Sussex Active Workplace	South	Core, PA, SWB
	Obesity Awareness	South	Primary (Edible Images) Core + HE (Snack Attack, Family Cookery)
England on the MEND, Fitter, Happier, Healthier	TBC		TBC
Fit as a Fiddle	Greenagers (<i>split into six projects</i>)	Various locations	Older persons (plus various DM depending on project)
	Onwards and Upwards	North	Older person, HE, SWB
Food for Life	TBC		TBC
Foyer Health	Eastbourne	South	Core + PA
	North Staffordshire	Midlands	TBC
	Swindon	South	Core + all 4 DM's
	Wolverhampton	Midlands	TBC
	Lewes	South	TBC
New Leaf New Life	Green Exercise	North	Core + 2 of each module
	Sunderland Headlight	North	Core + MH
North West Networks for Healthy Living Partnerships	Healthy Beginnings, Bootle	North	Core and Primary
	Community Food Worker Project	North	Core + HE
	New Grow Macclesfield	North	Core, primary and 65+
School Food Trust	X5 projects	South	Primary

⁴¹ Living Well West Midlands decided not to participate in the quantitative element of the national well-being evaluation (and are therefore not represented in the table above), but are participating in the qualitative case study research.

Portfolio	Projects	Geography	Tools
Target Well-being	Men Behaving Dadly	North	Core + HE + SWB, Primary, secondary
	North Manchester Well-being Centre	North	TBC
	Shimmy Shimmy Shake Shake	North	TBC
	The Inspire Project	North	Core + MH + SWB
	Prince's Trust Plus	North	Core + MH
Time to Change	Zest Herefordshire Mind	South	Core
	Green Growers Rethink	South	Core + SWB
	Brent Healthy Minds	South	Core + SWB
	TBC	TBC	TBC
	TBC	TBC	TBC
Well-being in the East – Delivering a Healthy Active Future	Active Life	South	Older person
	Community Health Coaches	South	Core + HE + PA, older person
	Sport for Health	South	Older person
Well London	Activate London	South	Core
	Be Creative Be Well	South	Core + SWB
Changing Spaces award partners			
Eco – Minds	TBC		TBC
The Local Food Programme	TBC		TBC

Table 17: Key to project tools used

Abbreviation	Tools
Core	Core
Older person	Older person
Primary	Primary tool
Secondary	Secondary tool
MH	Mental Health
HE	Healthy Eating
PA	Physical Activity
SWB	Social Well-Being
AB	Altogether Better Tool
DM	Depth Module

APPENDIX 4
Tool administration flowchart

