February 2011

BIG LOTTERY FUND NATIONAL WELL-BEING EVALUATION

Progress report and interim findings prepared by

CLES Consulting

Presented to

The Big Lottery Fund

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EXECUTIVE SUMMARY

Introduction

In September 2008, CLES Consulting and the new economics foundation (nef) were commissioned by the Big Lottery Fund to undertake the Big Lottery Fund National Well-being Evaluation. This report marks the end of the second year of the evaluation and explores the impact to date on beneficiaries involved with projects from the Well-being Programme and two Changing Spaces award partner programmes. The National Well-being Evaluation is an innovative attempt to measure impact of well-being interventions in a standard, consistent manner, across both projects and portfolios. This is one of the first times that evidence of this type has been available to show the long term well-being benefits of these kinds of projects.

About the evaluation methodology

A set of quantitative measurement questionnaires (core, depth and mirror)[1] have been developed which enable us to collect standardised information about the impact of the interventions. These questionnaires are administered by project staff on three occasions: at the start of a person's involvement in the project (T_1); at the end of a person's involvement (T_2); and three to six months afterwards (T_3). We are also undertaking a significant amount of qualitative work in the form of nineteen project level case studies.

Evaluation progress

With 3,459 questionnaires returned (1,973 T_1; 1,273 T_2; and 213 T_3) and six case studies completed, we are now able to see widespread improvements in well-being across the portfolios. This is outlined in the next section.

A supportive policy environment

The Government has made a range of announcements about new and updated policy, many of which touch on personal and social well-being such as the development of the new National Measures of Well-being, transport policy, health and social care services and the big society. As well as setting out particular, policy-specific visions, these announcements also refer to a number of other themes which underpin much of Government policy including localism, nudge economics and big society.

Impacts and outcomes

Overall, well-being has improved significantly for respondents completing the core questionnaires, the over 65s questionnaire, the primary school questionnaire and the South West questionnaire (which we have analysed separately as there were far more returns from this portfolio than others). The only cohort of people who did not follow this pattern is those using the secondary school questionnaires.

People enjoyed physical activity more and were more active after participating in well-being projects

Physical activity increased to some degree for all groups of people, but was not significant in those completing the core questionnaires or secondary school questionnaire; the over 65s saw the greatest improvement. Meanwhile, primary schoolchildren reported performing significantly more physical activities than before. Many of the beneficiaries had also managed to incorporate physical activity and active behaviour into their everyday lives. Others had participated in informal kinds of exercise, such as conservation work or light exercise such as yoga. Most people we spoke to enjoyed physical activity more as a result of trying new activities and having more confidence in their ability. There were also knock-on effects from doing more exercise, such as sleeping better and losing weight. The greatest gains were made where people felt supported by project staff, volunteers and their peers.

[1] For an explanation of the different questionnaires please see 2.3.1

Knowledge of healthy foods increased, as did enjoyment of healthy foods, this had an impact on healthy eating behaviour

Healthy eating behaviour increased amongst adults.[2] In the case of those completing the core questionnaires, there were improvements in the number of freshly prepared meals they ate and in terms of fruit and vegetable intake. The case studies also revealed positive improvements to people's behaviour, in particular their eating habits. Many of the beneficiaries we spoke to said they enjoyed healthier food more, whilst others said their knowledge of healthy food was now much greater, which had an impact on healthy cooking and shopping. However, there was a marked decrease in healthy eating behaviour for those completing the South West questionnaire.

Mental well-being was enhanced and gains were also reported in terms of well-being assets

Mental health improved across a range of cohorts, as a result of engaging in formalised interventions such as counselling and less formalised activities such as physical activity, joining a club or enjoying greater social interaction. Improvements were seen in terms of happiness, motivation and energy. In addition, well-being assets such as feeling in control of their life, feeling useful and feeling optimistic about the future, increased for those completing the core questionnaires.

Positive improvements were evidenced in terms of social well-being which plays an important role in overall well-being

Increases were seen in people's social well-being through increased social interaction at events, activities and clubs, or more formally through befriending schemes or volunteering (both for the volunteer and the beneficiaries).

Indicators of likely future results are positive

The South West portfolio data provided some assurance that some of the less significant changes seen in the other questionnaires may become significant with increased returns.

There is evidence of sustained behaviour change and correlations between well-being strands

There were improvements from T_1 to T_3 in all domains of well-being, in particular in life satisfaction; feeling relaxed and good about oneself; feeling happy and engaged; sleeping well; undertaking vigorous physical activity; and eating freshly prepared meals and enjoying healthy eating. For children these improvements were sustained from T_1 to T_3 in terms of feeling like they have someone to play with and fitting in at school and older people feeling confident about housework.

Moreover there is continued evidence of correlation between improvements in one strand and another, improved feelings and healthier behaviour.

There is evidence of wider impacts upon beneficiaries' families, friends and communities

This has been in the form of better knowledge and understanding of healthy foods, more physical exercise and activity, improved relationships with parents, siblings and friends, and people making a greater contribution to their community.

Good practice and learning for the future

We have identified a number of areas of good practice. It is hoped that these will be of use to current and future well-being projects. In particular, we have identified that:

- holistic well-being projects help to reinforce the well-being gains that are made in other areas;
- volunteering can have significant benefits for the volunteer as well as those they work with;
- embedding activities in beneficiaries' everyday lives helps to sustain behaviour change.

There are also three key learning points emerging from the research. These are:

- it is important to make sure activities and services will help you achieve the set objectives;

[2] This was specifically those people completing the core and the over 65s questionnaire. Please note however that 11 people aged under 16 also completed the core questionnaires.

- challenging shopping habits and influencing retail planning is very difficult, but small changes and nudging people to reconsider old habits is still important and should be recognised;
- embedding new and updated practice in mainstream service provision works well.

Future reporting

This report marks the end of the second year of the Big Lottery Fund National Well-being Evaluation. There will be future reporting from the evaluation in 2011 and 2012 with a final report being produced in 2013.

As the evaluation progresses, we will continue to explore the impact of the project on beneficiaries' well-being. We will also explore the factors influencing success – when and under what circumstances different beneficiary groups or different project types have a greater or lesser impact on well-being. Finally, we will continue to assess the softer outcomes and wider impacts experienced by beneficiaries, their friends and families, and the wider community.

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 impact evaluation of a representative sample of projects funded by the Well-being Programme and two award partners funded through 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. This report details findings up to the end of the second year of the evaluation, December 2010. It outlines the overarching aims of the evaluation, the methodology employed and the findings to date, in particular focusing on the contribution the programme makes to improved well-being.

1.1 The Well-being and Changing Spaces Programmes

The Big Lottery Fund's £165 million Well-being Programme supports projects across England, focusing primarily on three themes or strands: healthy eating; physical activity; and mental health. It is delivered through seventeen portfolios; these are groups of projects coordinated by a single organisation or network:

- seven of the portfolios are thematic, focusing on a particular element of well-being. These portfolios are mostly managed by charities or consortiums of charities;
- there are also ten regional portfolios which are mostly managed by statutory organisations taking a lead and working in partnership with Voluntary and Community Sector (VCS) organisations, bringing together varied projects within a particular region.

The majority of portfolios began their operations late in 2007 or within the first six months of 2008. Two portfolios[3] were on an early funding route which meant their operations began in the summer of 2007.

The evaluation also encompasses some activity funded by the Changing Spaces Programme. This programme funds community groups who want to improve local green spaces such as play areas, community gardens, parks, wildlife areas and village greens, kick-about areas and pathway improvements. The activities of two Changing Spaces award partners are distinct groupings of projects, similar to well being portfolios. The award partners involved in the evaluation are EcoMinds[4] and The Local Food Programme.[5]

The Well-being and Changing Spaces Programmes are between three and five years in length. Most well-being projects will finish in 2011 and 2012; Changing Spaces projects will be complete by 2014.

More information on both programmes can be found in the first year evaluation report or at http://www.biglotteryfund.org.uk/er_eval_well_being_yr1_report.pdf.

The remainder of this report has the following structure:

Section 2	About the evaluation
Section 3	Policy context
Section 4	Findings: Impacts and outcomes
Section 5	Good practice and learning

There are two appendices comprising project level case studies, and a list of projects involved with the National Well-being Evaluation, their chosen questionnaires and the number of questionnaires returned to CLES Consulting.

[3] Food for Life Programme and the MEND Programme
[4] EcoMinds aims to encourage people with experience of mental distress to get involved in environmental projects, such as improving open spaces and wildlife habitats, designing public art and recycling
[5] Local Food funds a range of organisations who want to deliver a variety of food related projects to make locally grown food more accessible and affordable to local communities

2 ABOUT THE EVALUATION

2.1 About the evaluation

The National Well-being Evaluation attempts to measure impact in a standard, consistent manner across both projects and portfolios. A set of questionnaires have been developed which enable us to collect standardised quantitative evidence about the impact of the projects and portfolios, as well as the funding programme as a whole. We are also undertaking a significant amount of qualitative work in the form of project level case studies. Together, this methodology allows us to explore the Big Lottery Fund's overall contribution to well-being.

2.2 Evaluation aims

The overarching aims of the evaluation are to:

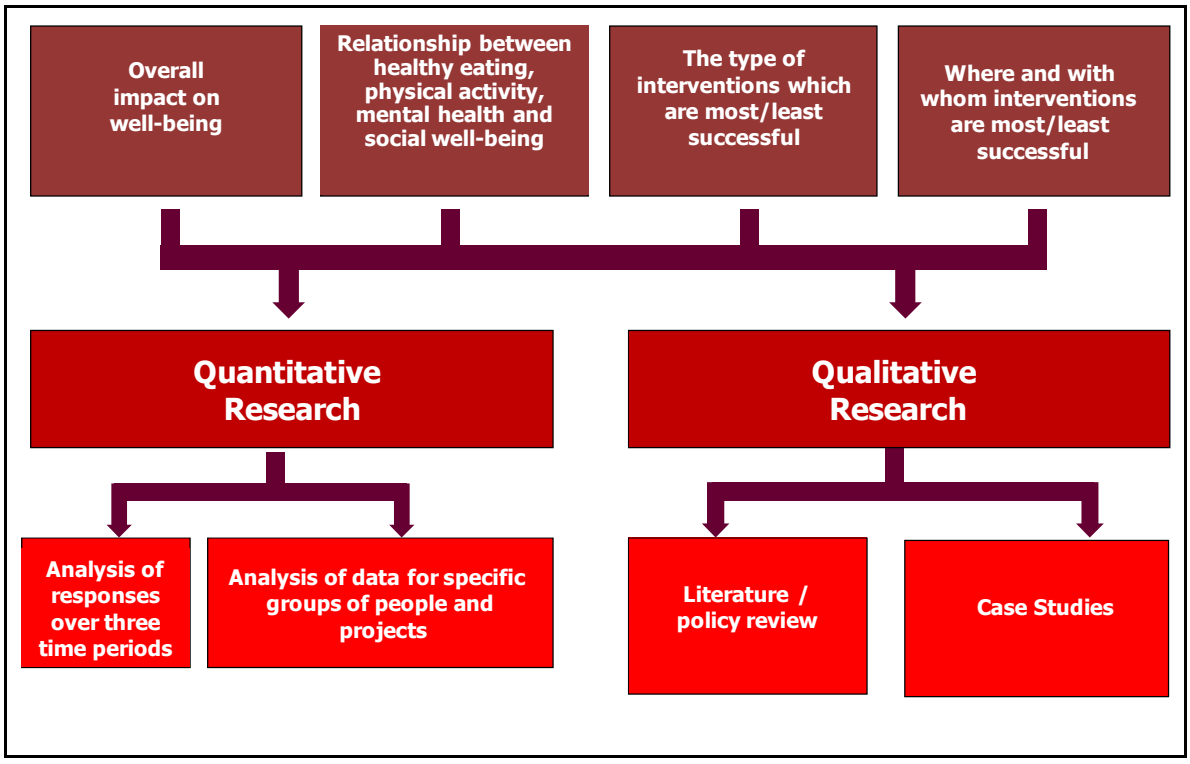
- evaluate the overall impact of services on mental health, physical activity, healthy eating and the general well-being of beneficiaries;
- describe the determinants of change in people's behaviour and feelings as well as overall levels of well-being;
- describe circumstances in which approaches are more or less likely to enhance well-being.

The first two explore the impact on individuals who use the services delivered by funded projects. The third explores why some types of interventions are more successful than others with different groups of people, thereby allowing good practice to be shared and lessons for the future to be identified.

2.3 Evaluation methodology

Figure 1 presents the way in which both quantitative and qualitative research techniques have been brought together to address the key evaluation aims.

Figure 1: Methodology overview



2.3.1 Quantitative research

A core element of the National Well-being Evaluation is the measurement and aggregation of well-being outcomes across a range of different projects and programmes. In order to provide a uniform approach to capturing this information, a series of questionnaires were developed to measure well-being outcomes. The questionnaires are structured according to a Core+ model. This means there is a core questionnaire and a number of additional questionnaires, separated into mirrored questionnaires and depth modules.

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

Mirrored questionnaires
These are to be used instead of the core questionnaires and designed for different age groups. The mirrored questionnaires broadly follow the same structure and content of the core questionnaire. There are three mirrored questionnaires 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.

More information on the evaluation can be found on the evaluation website.

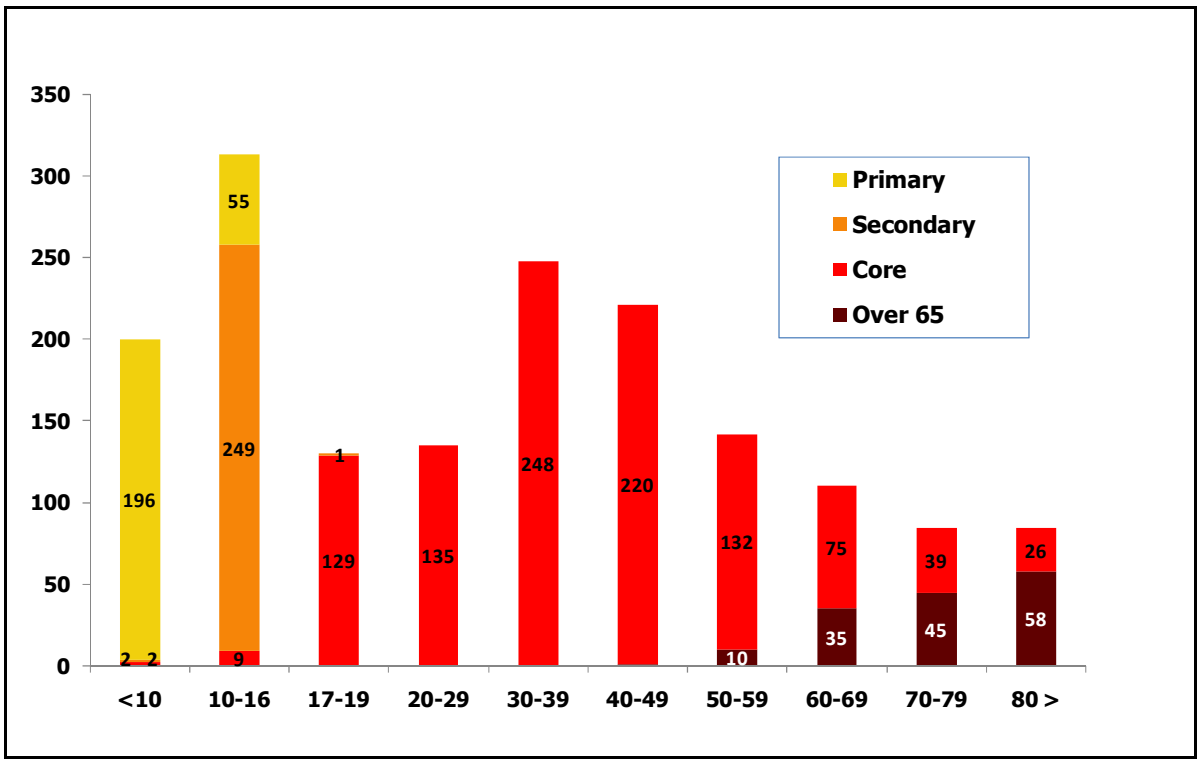
Project managers administer the questionnaire three times with project beneficiaries: at the start of their engagement with the project (T_1); at the end (T_2); and from three to six months following their exit from the project (T_3). Tracking the same individual enables us to measure distance travelled. 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 we receive the requisite number of responses to analyse.

2.3.2 About our analysis and description of the findings from each of the questionnaires

Despite the structure of the questionnaires and mirror questionnaires, we can only guide individuals to complete the questionnaires most appropriate to their age group. Other circumstances specific to the individual and the project they are engaging with also impact on which questionnaires they will complete. Although the wording and some questions are slightly altered to meet the general need of the target audience, and to make them as easy as possible to use, there is no other reason to force individuals to complete a specific questions. As long as the person completing the questionnaires uses the same questionnaires each time, the research is not compromised. Figure 2 shows both the age of the respondent and the type of questionnaires they have completed. As can be seen, a significant number of respondents over the age of 65 have used the core questionnaires; similarly nine secondary schoolchildren have used the core questionnaires.

For this reason, and for accuracy when commenting on the analysis of each questionnaires, we largely refer to beneficiaries as those completing the secondary school questionnaire or respondents to the over 65 questionnaire. We sometimes refer to the various groups of respondents as secondary school pupils or over 65s with a footnote to precisely describe the group we are talking about. Although this may appear overly complex, it ensures that readers are accurately able to interpret our analysis. Similarly we refer to T_1, T_2 and T_3 rather than entry, exit and follow as small differences in each project means this is sometimes different in each project.

Figure 2: The age of respondents and the questionnaires used[6]



2.3.3 Administration of T_3 questionnaires

Projects and portfolios have been advised to administer T_3 questionnaires between 3-6 months after the T_2 questionnaire has been administered and the project has ended. The reality so far has been more variable than this. All the 61 primary schoolchildren that completed a T_3 questionnaire did so precisely 27 days after project completion (i.e. less than a month). The 16 secondary schoolchildren that completed both a T_2 and a T_3 all did so within the recommended 3-6 months. However, for 18 secondary schoolchildren who had completed the T_3 (and indeed the T_1), we were unable to identify matching T_2 data. Almost half (20 out of 43) of over 65 questionnaire respondents completed the T_3 before 3 months (typically between 2-3 months) whilst only 5 of 64 core questionnaire respondents did so. As a result, the most reliable data for long term change thus far arises from core questionnaire respondents in seven projects, for whom we have 59 responding over 3 months after completing the project.

2.3.4 Qualitative research

The broad scope of the qualitative research is to explore what types of project are most successful with which groups, as well as the connections between the three strands of well-being and the contribution these make to individual well-being. The qualitative research is also being used to explore additional benefits that were not necessarily planned or expected. Throughout the lifetime of the evaluation, we will undertake 19 project level case studies (a mixture of those using the questionnaires as well as a selection which are not). Six case studies are now complete and contained within the case study annex.

2.3.5 Principles of the evaluation

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

1) the evaluation uses standardised questionnaires to measure cross-programme impact;
2) the evaluation acts as a learning experience for those involved;
3) impact is to 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.

[6] For more information on how the questionnaires are administered and who uses which tools please see sections 2.3.1 and 2.3.2 or the well-being evaluation website, http://www.cles.org.uk/big-lottery-fund-national-well-being-evaluation/

3 POLICY CONTEXT

In recent months the Government has made a range of announcements about new and updated policy priorities. Many of these priorities link to or impact on, people's personal and social well-being, for example the development of the National Measures of Well-being, transport policy, health and social care services and big society. Each of these announcements has set out the vision for that policy area and how it will respond to key challenges, whether that is climate change or health administration. However, there are also a number of cross cutting themes underpinning several of these policy areas. These include localism or the devolution of powers and responsibilities to local authorities, other local agencies and indeed local people who are encouraged to play a greater role in determining and then solving local problems. The second theme is 'nudging'. The health and the transport white papers emphasise personal behaviour change through enabling and encouraging people to make positive choices, rather than enforcing behaviour change through regulation and intervention. This approach draws upon theories of 'nudge' economics.[7] The final cross cutting theme is that of big society or more practically VCS organisations, community groups/organisers and ordinary citizens too, all playing a greater role in identifying problems and solutions to them, and most likely delivering services.

3.1 Measuring well-being

On November 25 2010, the Office for National Statistics (ONS) launched a national debate on measuring well-being. ONS is developing new measures of national well-being to meet a range of uses. The new measures are intended to cover the quality of life of people in the UK, the environment and sustainability, as well as the economic performance of the country. One of the main aims of the national measures is to fill the current gap in official statistics regarding subjective well-being in the UK compared with other aspects of well-being, for example objective quality of life indicators such as life expectancy and housing conditions.

With an increasingly diverse range of commissioners and providers, brought about by wider changes to how public services are procured and delivered, and significant cuts to public spending, understanding the well-being impacts of public services is even more important. This includes how they make people feel, what are people are able to do as a result and what difference it makes to people's goals, aspirations and intentions as well as the wider social impact.

There is significant potential for the tools used in this evaluation to compliment the National Measures and for evidence from this evaluation to help policy makers, funders and commissioners to appraise and evaluate well-being interventions, understand what works and identify areas of unmet need.

3.2 Sustainable transport and well-being

In January 2011, the Government published the 'Creating Growth, Cutting Carbon: Making Sustainable Local Transport Happen'[8] White Paper that outlined its vision for the future development of the transport system to achieve the twin goals of driving economic growth and cutting carbon emissions. The White Paper stresses that the most effective, efficient and quickest way of achieving these goals is to ensure that support is available for small scale, locally focused projects that aim to influence the way people think and act in relation to travel.

The White Paper set out plans to simplify local transport funding by introducing the Local Sustainable Transport Fund that will provide £560 million capital and revenue funding over four years for small scale local transport investment. It encourages partnership working across the public, voluntary and community sectors and the decentralising of decision making powers to local authorities, Local Economic Partnerships (LEPs) and VCS organisations. Finally it also emphasises the importance of walking as an element of a healthier lifestyle, and has committed to continuing a number of programmes in the short term, including Bikeability.

Given that the White Paper is supportive of the often small scale and locally focused, active transport projects that have previously been funded by the Well-being Programme, it is essential that the findings from this evaluation are communicated to policy makers, travel planners and

[7] Thaler et al (2009), Nudge: Improving Decisions about Health, Wealth, and Happiness, Yale University, New York.
[8] Department for Transport, 2011. Available at: http://www.dft.gov.uk/pgr/regional/sustainabletransport/pdf/whitepaper.pdf

transport specialists outlining the impact of these different interventions. This should include reporting of what works well and highlighting any additional well-being outcomes that flow from these projects.

What will be most challenging for policy makers and commissioners is to look at the economic case for investment in these smaller-scale projects, both in terms of cost savings but also in terms of the wider impact on confidence, autonomy, skill and employability and how these outcomes can help meet the objectives outlined in White Paper. Our evaluation looks in detail at these wider outcomes and can help provide policy makers with the evidence they need to do this.

3.3 Public health and well-being

The Government has recognised the importance of physical activity in the Public Health White Paper (Dept. of Health, 2011) and this link is likely to be further reinforced with the publication of a paper that will specifically outline the Government's plans to address rising levels of obesity.

The Public Health White Paper draws upon the Marmot review of health inequalities in England. Amongst other issues Marmot[9] described how lifestyle choices in areas could have an effect on the long term health of individuals and communities. He also argued that the lifestyles of children and young people were critical in determining health into adulthood. With this in mind it emphasises the role that local communities should play in addressing issues related to public health and encourages local public sector agencies to think about health issues in all that they do.

The White Paper is only one element of recent changes to the delivery and commissioning of health services. The Health and Social Care Bill, currently passing through parliament, is also very important in that it set outs how health and social care will be commissioned and provided in the future. There will be:

- an independent Board to allocate resources and provide guidance on commissioning;
- increases to GPs' powers to commission services on behalf of their patients;
- an enhanced role for the Care Quality Commission;
- an economic regulator to oversee aspects of access;
- cuts in the number of health bodies to reduce administration costs by a third.

Importantly for well-being, the Bill also paves the way for the Health and Well-being Boards, which local authorities will be required by law to set up. As well as scrutinising commissioning arrangements, the boards will be required to lead on the joint strategic needs assessment and develop a health and well-being strategy.

Given their new roles, both GP consortia and Health and Well-being Boards will need to know what works best in terms of public health and well-being interventions, and for whom. They will also need to understand where the inequalities in well-being are – this will hopefully be available through the new National Well-being Measures but our evidence from this evaluation will also play a crucial role here.

Finally, the requirement to develop health and well-being strategies means that the focus on well-being should remain high, and it means that it will be important for members of these boards to have a broad understanding of what contributes to, and impacts on, improved well-being. Again this research and future findings will be crucial in this.

[9] Marmot (2010), Fair Society, Healthy Lives

4 FINDINGS: IMPACT AND OUTCOMES

This section of the report presents the findings of the National Well-being Evaluation at the end of 2010. It combines information on the baseline for each domain and information on distance travelled. It is based on questionnaire responses from 1,973 individuals across more than 60 projects and 6 case studies. The analysis was based on responses from 1,973 respondents who completed a T_1 questionnaire and 1,273 of whom completed a T_2 questionnaire. We now also have 213 T_3 questionnaires which allow us to look at long term change in well-being for the first time.

We go through each domain of well-being (healthy eating; physical activity, mental health; and social well-being), before presenting a final table showing overall change in well-being for each of the questionnaires. We also explore the findings from the qualitative research.

4.1 Returns to date

We have now analysed 3,459 returns from a sample of over 60 projects in 15 portfolios. Appendix 2 contains a table showing the returns broken down into T_1, T_2 and T_3 questionnaires, with portfolios ranked in order of the number of questionnaires returned.[10] Of the 15 portfolios that have returned questionnaires, 14 have returned some T_2 questionnaires and 9 have returned some T_3 questionnaires (though only three have returned more than 20).

Since the analysis was started, we have received more returns and the total number is now 3,520 from 16 portfolios. We are on track with the number of returns received thus far and feel confident of being able to make the 2,500 T_1 and T_2 we initially aimed for. With 2,500 T_1 and T_2 we will have a sampling error of +/-2%. Securing less than 2,500 will result in a greater sampling error meaning that, when broken down by questionnaires and project type, some of the analysis will be limited, although current performance and continual liaison and support for projects mean we are confident that we will reach this total by the end of the evaluation in 2013.

By far the largest number of questionnaires came from the Well-Being in the South West portfolio, with over half the T_2 data coming from this portfolio alone (671 in T_1 and T_2). This is because their portfolio evaluation questionnaire is based on the national evaluation questionnaire thus we were able to use their data directly. For the purpose of this report we will report results from the South West in parallel to results from the rest of the portfolios where relevant. In the final evaluation, we will have to adopt weighting methodologies to ensure that the two sets of data can be integrated without allowing the South West to dominate the national pattern.

4.2 Overall change

This section will report the baseline levels at T_1 and change over time from T_1 to T_2. The focus is not on the final levels of well-being but on the distance travelled. We will look at some key figures for each domain before looking at all the results together. The findings from T_1 to T_3 are presented later in this report. We also look at the findings emerging from the case study research we have completed, taking each domain separately. Six case studies have been completed thus far, all of which are presented in the appendices which accompany this report. The best way to look at the overall change is shown in Table 1 which includes T_1 and T_2 scores for each of the domains and sub-domains of well-being for each respondent group and whether the change represents a significant improvement or not. The legend below explains the colour coding used in the table.

Legend	
	Very significant improvement
	Marginally significant improvement
	No significant change
	Insufficient data
	Marginally significant reduction
	Very significant reduction

[10] There is also a table in Appendix 1. This table show the latest in terms of returns (end of January 2011). The table in Appendix 2 shows the number of reruns the analysis is based on

Table 1: Overall change (T_1 to T_2)

	Core	Over 65	Secondary	Primary	South West
Overall well-being					
• well-being assets					
• life satisfaction					
• resources					
• functioning/energy					
• relations/social					
Social well-being					
• intimate					
• activities					
• community					
• support					
Mental health					
• depression					
• stress					
• anxiety					
Healthy eating					
• behaviour					
• enjoyment					
• confidence					
• importance					
Physical activity					
• behaviour					
• enjoyment					
• confidence					

The only negative change is in healthy eating for the South West portfolio. It is unclear why there has been a significant reduction in the two healthy eating behaviour questions across the portfolio, whilst all other measures of well-being demonstrate significant improvements. Analysing the data revealed that the decrease in eating freshly prepared meals:

- occurred even for those who reported an increase in healthy eating[11];
- occurred across all ages;
- seems to be the result of a large number of people who reported eating freshly prepared meals daily at T_1 but only three times a week or less at T_2. This affected 78 out of 190 respondents who were eating freshly prepared meals daily at T_1.

We have not further analysed the questions on fruit and vegetable consumption (e.g. how many portions of fruit and vegetables are eaten), though it is worth noting that it was asked slightly differently in the South West portfolio (as a single question rather than one each for fruit and vegetables); however if this pattern of negative change persists in future reports, we will do so.

[11] A decrease of 0.48 on the 1-6 scale, N=278

4.3 Healthy eating

Summary of findings

Our research found that after participating in well-being projects, the beneficiaries had a better understanding of healthy food and were more likely to eat a healthier diet, in particular adults and teenagers were eating more vegetables. After participating in the well-being projects beneficiaries were also eating more freshly prepared meals and enjoying making an effort with their food more than before. They were also more confident selecting healthy foods and trying new foods.

Younger beneficiaries understood the importance of a healthy diet and had more knowledge of what was, and what was not healthy. Adults were more likely to adjust their shopping and cooking habits.

4.3.1 Methodology

The questionnaires assess healthy eating in two ways:

- the core questionnaires measure behaviour (fruit and vegetable intake and freshly prepared meals) and attitudes towards healthy food;
- the healthy eating depth module assesses confidence in terms of healthy food behaviours and the importance of healthy food.

We have also explored a range of issues and outcomes in relation to diet and healthy eating through the case studies. The findings from the case studies and the questionnaires are presented below.

4.3.2 Low levels of healthy eating at start of engagement

By looking at the results from the questionnaires, we know that baseline levels of healthy eating are low:

- 48% did not meet the five-a-day target for fruit and vegetable intake;
- amongst those completing the core questionnaires, the percentage not meeting the five-a-day target was even higher at 59%;
- similarly, 48% of respondents did not eat a cooked meal at least four times a week (53% for core questionnaires respondents) and 30% reported not enjoying putting effort into their food.

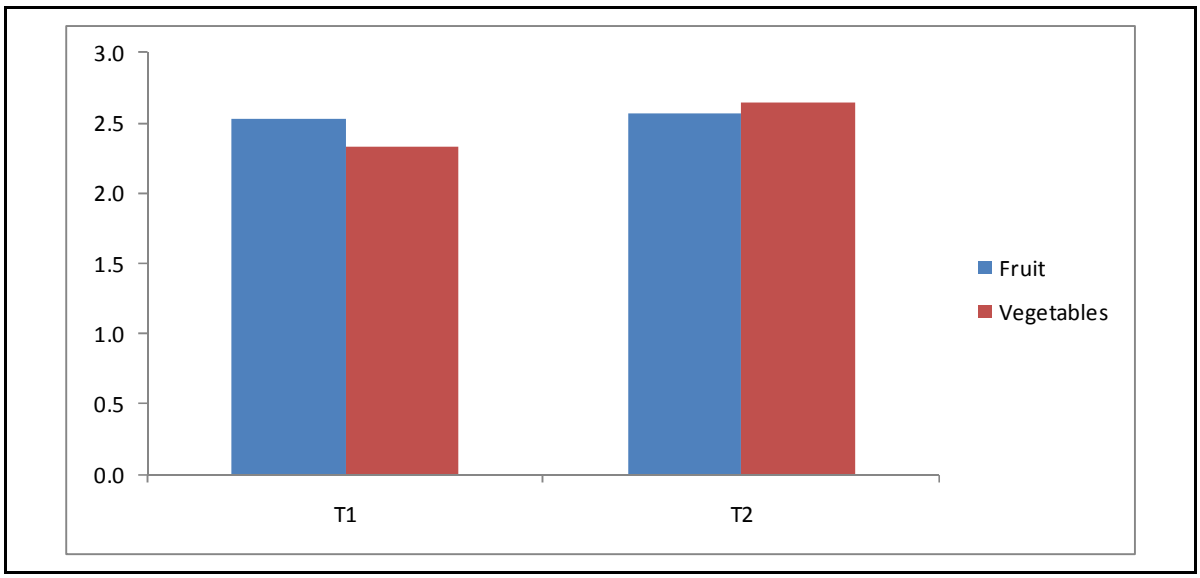
4.3.3 People eat more vegetables

Figure 3 shows the change in fruit and vegetable consumption (number of portions) between T_1 and T_2 for adults and young people.[12] Whilst there is no change in fruit consumption, there is a significant 14% increase in vegetable consumption. Note that no increase at all was seen in the primary school mirror respondents. Despite that the proportion of all respondents not meeting their five-a-day requirement fell from 48% at T_1 to 33% at T_2.

Looking at the South West portfolio, there is a decrease in the mean number of fruit and vegetable portions consumed per day (from 3.9 at T_1 to 3.5 at T_2). However, these findings mask a positive intervention effect of those projects focusing specifically on the promotion of healthy eating. Sub-group analysis[13] of respondents participating in healthy eating focused activities (272/671) shows a significant increase in fruit and vegetable intake both in terms of average daily portions and the proportion meeting five-a-day guidelines. Overall there was also no change in the proportion of participants meeting the five-a-day public health guidelines.

[12] This was primarily those who completed the core and secondary school questionnaires.
[13] This was undertaken by the portfolio's own evaluators, the University of the West of England.

Figure 3: Fruit and vegetable consumption, number of portions (N=393)



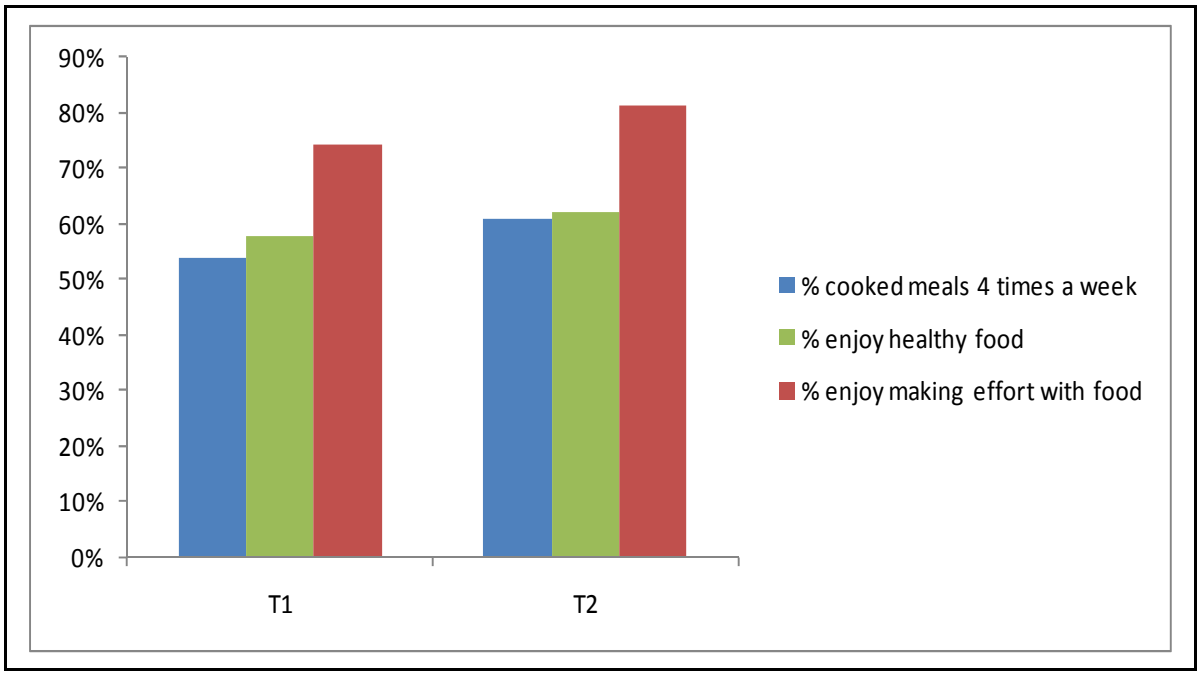
4.3.4 A better attitude towards healthy food and healthier behaviour

Figure 4 shows that the percentage engaging in other healthy eating behaviours and attitudes is increasing. Significant improvements were seen in the number of people eating freshly prepared meals (from 54% eating four freshly prepared meals a week or more up to 61%) and enjoying making an effort with food (from 74% up to 81%); however the increase in the number of people enjoying healthy food was not significant.

Looking at the South West portfolio, there is still a significant increase in the number of people enjoying making an effort with food (69% to 83%), despite the decrease in the numbers reporting eating freshly prepared meals (down from 65% to 52%) and the mean number of fruit and vegetable portions consumed per day (from 3.9 at T_1 to 3.5 at T_2).

The data from the 140 respondents who completed the healthy eating module at T_1 and T_2 also reveals significant change, with confidence in terms of choosing healthy food, cooking, following a recipe and eating healthily all increasing significantly (by, on average, 0.42 on a 1-7 scale).

Figure 4: Healthy eating behaviours and attitudes (N=360-395)



Participating in the MEND Programme on the Fylde Coast, which is part of the portfolio of MEND projects, has also had an impact on the eating habits, confidence and enjoyment of food of beneficiaries. The main outcome for almost all beneficiaries is a reduction in their weight compared to when starting the course. This is tracked in terms of BMI (body mass index) and waist circumference measurements. As with outputs, these outcomes are also reported to delivery partners. The children participating also demonstrated greater knowledge of healthy eating and this resulted in changes in shopping, cooking and eating behaviours.

In addition to the immediate benefits to the young people participating, the involvement of family members helps to ensure that parents, siblings and other members of the immediate and wider family also benefit (e.g. other siblings who attend project sessions often adopt healthier behaviours and the lifestyles of whole families have improved). Depending on social interaction, outcomes can also play out amongst peers at school and the wider community.

MIND sessions are also delivered to the parents/carers of children attending the MEND sessions. These take place during the young people's exercise session, and look to support and embed behavioural change, encourage positive role models and explore why children eat what they do. This session also covers issues such as how you choose to reward children and how to proactively play and engage them. Parents/carers taking part in the programme (particularly the MIND sessions) also gained confidence from talking to other parents/carers who were facing similar challenges. They were able to derive support from this, as well as learn from the experience of others.

Beneficiaries involved in the Dudley Healthy Retail project, which is part of the Living Well West Midlands portfolio, are also benefiting from the healthy food message delivered through the food preparation classes in school. There was a broad understanding that fruit and vegetables were a healthy option and something which could be chosen other than crisps and chocolate.

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

In addition, amongst primary school questionnaire respondents, there were significant increases in the number of children who reported helping grown-ups cook,[14] from 81% reporting sometimes helping to 85%, and there were significant increases in the percentage reporting enjoying eating vegetables[15] from 85% to 91%. However, as we saw earlier, there was no comparable improvement in terms of fruit and vegetable intake or in terms of enjoying fruit.[16]

4.3.5 A better understanding of the importance of healthy food

Although the composite scores from the questionnaires did not show a significant improvement in terms of the importance of healthy food, the case studies revealed a different story.

Beneficiaries of Well-being in the East's Food and Fitness project, which is aimed at adults with learning disabilities, reported feeling healthier since participating in a range of healthy workshops. Indeed, many have lost weight and their blood pressure has fallen too. Many are now actively involved in the shopping for 'good' foods, and now understand the difference between 'friendly' and 'unfriendly' food groups. Several of those consulted are now cooking their own meals.

[14] N=125
[15] N=123
[16] N=118

A selection of comments from the beneficiaries is shown below:

'I've enjoyed doing it and it makes me happy.'

'The session was very good and interesting, drawing different foods was fun!'

Volunteers and volunteering is a key part of the Penwith Pathways to Health and Well-being project. As part of this, volunteers have received training in healthy eating and food, and are to provide guidance and signposting to people as part of their volunteering activities:

'When I started I was sent on all the healthy living courses and activities (e.g. diet, exercise, stress management) so now when people ring up or come in for information I can tell them what it's all about... and a little of how it helped me. I learnt a lot on the courses; especially the healthy diet/cooking one.'

'Volunteering did two things: it gave me something to do; and the courses reminded me about the importance of eating healthy and looking after yourself... I'm careful what I eat now. The volunteer office always has fruit in, so when you snack it's on that.'

For the children participating in the Dudley Healthy Retail project there was also a broad understanding 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.'

4.3.6 Feeling confident choosing, buying and cooking healthy food

Research with residents of Poole Quay Foyer,[17] undertaken as part of the case study research, revealed that many of the young people have learnt more about healthy food, with many reportedly trying different types of food and being more adventurous in their choices of food and meals:

'I used to live off take-aways and ready meals.'

'The cooking sessions have helped me to eat better.'

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

The Food and Fitness project also works with carers of adults with learning disabilities. The carers felt the workshops had changed diets and practice significantly, in particular how they as carers shop and cook for their clients and family members. They are now much more involved in meal planning and goal setting for those they care for, including involving those with learning disabilities, to help understand what types of food and activities they like to make it more fun. The carers' commented that:

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

'I have found this course to be really interesting for my job and my family. It has been a real eye opener.'

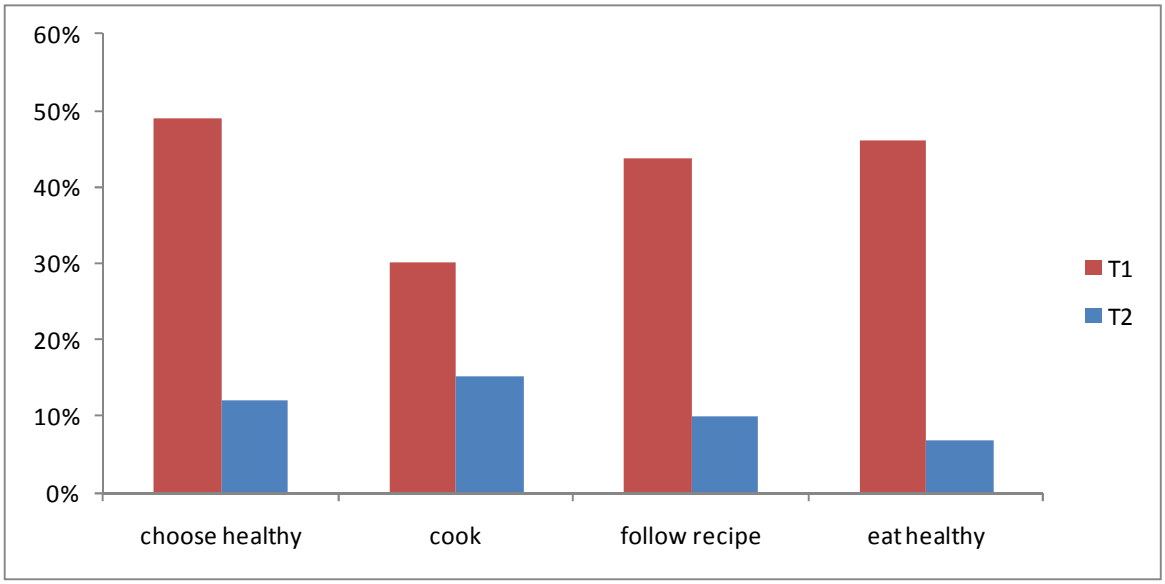
'Excellent content, made me realise what can be achieved with moderate effort.'

'Very interesting, shocked at some of the foods which I thought were healthy but were not. [I] will be checking fat and sugar content in future.'

The percentage of respondents who reported not feeling confident with regard to healthy eating fell substantially between T_1 and T_2, as shown in Figure 5. For example, the percentage reporting not feeling confident about being able to eat healthily fell from 21% to 7%).

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

Figure 5: Percentage not confident with food related activities (N=138-142)



Not confident is 3 or less on scale of 1-7

Beneficiaries of the Poole Quay Foyer Healthy Transitions project also commented that they have learnt how to buy healthy but cheap food and are better at budgeting as a result of the cooking sessions they attended. Some residents also commented 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.'

In terms of responses to the questionnaires, and looking at the healthy eating composite scores, there were significant improvements in all aspects except for the importance of the healthy food component, which was measured in the healthy eating module.[18]

4.3.7 Encouraging healthy shopping and retailing

Several parents consulted as part of the Dudley Healthy Retail case study commented that they were using the stall to top-up on fruit and vegetables as a supplement to their weekly shop.

Many parents do not have access to a car, meaning both the cost and availability of fresh fruit and vegetables was a barrier to buying this twice a week. The stall therefore provides an opportunity for parents who would not normally have been able to buy fresh food locally, to do so.

Some of the schoolchildren's parents have participated in the parental cookery classes, leading to them trying healthier recipes at home, which the children have benefited from. Several children consulted as part of the case study research said they could now cook simple recipes from scratch.

[18] In the case of this component, there was a large improvement, but it marginally failed to reach significance (p=0.06), perhaps partly due to a smaller sample (N=122)

4.4 Physical activity

Summary of findings

Our research found that after participating in well-being projects, beneficiaries were more active and undertaking more frequent and intense exercise. Overall the percentage of all people not meeting the Chief Medical Officer's (CMO) recommendation of 5x30 minutes a week exercise, dropped significantly. Beneficiaries also reported enjoying exercise more, were more confident exercising, and had a greater knowledge of what was available locally. As a result they were integrating it into their everyday lives. This was particularly the case amongst older and young people, many of whom were dealing with important transitions in their lives. Many older people were also finding alternative ways to stay active.

4.4.1 Methodology

The core questionnaires provide three ways to categorise respondents based on their physical activity, two of which are based on the IPAQ (International Physical Activity Questionnaire). The first is the recommended approach, according to the IPAQ, which categorises respondents as either having low, moderate or high physical activity based on a complex set of criteria. The second uses the responses to the IPAQ to estimate whether the respondent has met the 5x30 minutes recommendation for exercise as set by the CMO,[19] however this approach can severely overestimate numbers meeting this target.[20]

The third approach is to use the single item question (question 12 in the core questionnaire) which asks how many days a month beneficiaries do thirty minutes of physical activity, excluding housework and physical activity at work. A target of 20 days a month equates to 5 days a week. However, this method can underestimate numbers meeting the 5x30 target as it does not include physical activity at work or housework.[21]

We have also explored a range of issues and outcomes in relation to physical activity and exercise through the case studies. The findings and questionnaires from the case studies are presented in the following sub-sections.

4.4.2 Low levels of physical activity at start of engagement

At the start of the project, according to the single item question, 79% of beneficiaries were not meeting the 5x30 target[22] and 15% were categorised by the IPAQ as having low physical activity.[23] 34% of respondents reported not enjoying physical activity,[24] a proportion which rises to 40% for core questionnaire respondents, compared to only 21% for secondary school mirror respondents. This shows that the projects are effectively targeting the least active people in society.

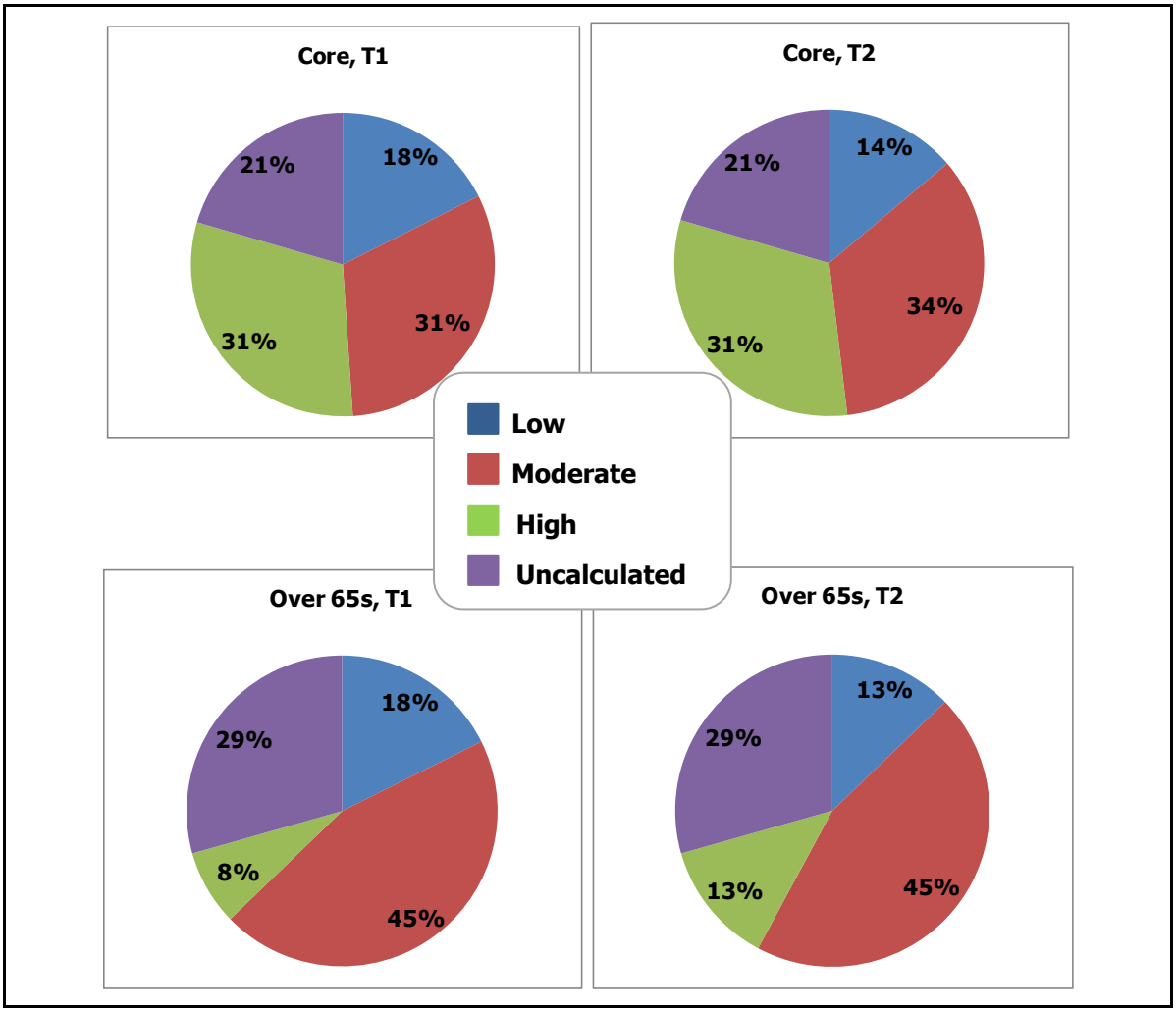
4.4.3 Being more active and enjoying exercise

Although people were generally reporting being more active after participating in well-being projects, the intensity varied depending on people's abilities and fitness levels. Figure 6 shows that there was some impact based on the IPAQ categories; 3-4% of core questionnaire respondents increased their activity levels from low to moderate, whilst 5% of over 65 mirror respondents moved from low to high activity. The change of 3-4% for those using the core questionnaire was not significant but the change for over 65s was marginally significant. This was accompanied by a substantial increase in the IPAQ score and an increase in the number of days of activity per month

[19] Thirty minutes of moderate activity five times a week as recommended by the Chief Medical Officer
[20] If someone reports doing 30 minutes of vigorous activity 3 days a week, and 30 minutes of moderate activity 3 days a week, it is possible that they are, overall, doing 30 minutes of activity 6 days a week (this is the assumption made in our calculations). However, it is also possible that they are doing 60 minutes of activity only 3 days a week, thereby not meeting the target. Such a respondent would be categorised as meeting the 5x30 target in our calculations when they are not in fact doing so
[21] Although each measure has its advantages and disadvantages using all three means we can cross check the result to ensure that have accurate evidence as regards physical activity. The differing structure in each measure makes this difficult but by using all three we hope to overcome this.
[22] N=710
[23] N=778
[24] N=950

as measured by the single item questionnaire (from 8.7 days per month to 11.2 days per month). We have found however that, overall, the percentage of people not meeting the 5x30 recommendation is still around 51% at T_2. However, this is better than comparable scores for the rest of England.[25] Together, this indicates that for those who completed the over 65s questionnaire there were significant improvements in the levels of physical activity they were undertaking after engaging with well-being projects.

Figure 6: Categorised by IPAQ physical activity levels (core N=190 and over 65s N=72)[26]



Primary school beneficiaries reported significant increases in the number of places[27] in which they did physical activity and in the range of physical activities[28], with the median increasing from 4 to 5 activities. There was also an increase in the reported enjoyment of physical activities from 78% to 84%[29] [30].

From the South West portfolio, we only had data on the single item question[31]; this showed a statistically significant improvement being observed, though in absolute terms the change was very small (an average of 0.1 days improvement).

[25] The Sport England Active People survey found that between January 2009 and January 2010 16.6% of adults undertake 3x30 minutes of sport a week (three sessions a week, moderate intensity, 30 minutes)
[26] Uncalculated refers to those people who did not answer the question either at T_1 or at T_2 and therefore their change cannot be shown.
[27] N=126
[28] N=124
[29] N=113
[30] For secondary school mirror respondents, there were substantial problems in terms of response rates for the IPAQ questions. An IPAQ category could only be calculated for one third of beneficiaries completing this mirror at T_1.
[31] N=670

Our case study research also found that beneficiaries were more likely to exercise after participating in projects; many had built it into their everyday lives and were enjoying it more.

Consultation with young people participating in the MEND project found that, as a result of attending, they were fitter and more enthusiastic about exercise. In some cases, this had also led to greater involvement in school clubs, extra-curricular activities, and take-up of other opportunities outside of school. The combination of a better diet and more exercise has led to real health improvements for those children who participate.

Importantly, nearly all people participating in the Food and Fitness project, which is part of the Well-being in the East portfolio, now have their own individual and bespoke food and fitness action plans in place as a result of the programme, illustrating the long lasting legacy that the project should have.

The Healthy Transitions project in Poole also impacted on the physical health and fitness of residents. Several residents reported being fitter, with many more tuned into the benefits of exercise and being 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 become a regular player with 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.

4.4.4 Accessible and alternative exercise options

Beneficiaries of Penwith Pathways to Health and Well-being project, which is part of the South West Well-being portfolio, also noticed improvements in their physical health and exercise habits. The project has just started a community yoga programme; one of the beneficiaries who regularly attends the yoga sessions told us she might like to do something like that for a little while:

'The leaflet I picked up was the prompt to do it... it was really straight forward finding out more and, in any case, the information was on the leaflet.'

She also spoke about the appeal of yoga over other forms of exercise:

'I had done yoga before, but this appealed because it was drop in. Before it was cheaper if you paid for a block of ten lessons but then you'd end up missing some or whatever. I have just had chemotherapy and so any exercise has to be gentle and the drop in meant if it wasn't good or I struggled, there was no commitment to continue... Plus the class is only one hour which is long enough for me.'

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

'It's also a good way to end to the week... it's good to stretch out and it puts you in a good frame of mind.'

Beneficiaries also reported that they always sleep well after the yoga and there are regulars as well as new people at the classes each time.

4.4.5 Facilitating access to exercise

Alongside the community yoga, another core element of the Penwith Pathways to Health and Well-being project is the Well-being Facilitator. The facilitators work with GPs at Stennack Surgery and Bodriggy Health Centre to signpost patients to well-being activities to benefit their health. With the support of a Well-being Facilitator based at each surgery, patients are encouraged to try activities to improve their health and well-being, ranging from training and volunteering to sailing and swimming.

Since it started, the Well-being Facilitator has helped to refer people to services and support with regard to weight management and smoking therefore helping to improve health directly. However, he has also referred people to projects with less of a direct link but which have nonetheless helped to improve their physical fitness and change their exercise habits. Projects include Green Gym type projects and walking and cycling schemes run by the Primary Care Trust and community groups, such as the choir or tennis club. There is a short video about this which can be viewed here. The Well-being Facilitator at Stennack Surgery commented that:

'Sometimes referrals are very specific but other times not. Sometimes it is straight forward, such as weight management, but other times a bit less tangible and it's a case of meeting up and having a consultation. Perhaps the GP hasn't identified these issues due to a lack of time or perhaps the patient hasn't really thought about what might help. I refer to a broad range of services and activities. I look at the underlying causes to the health problems that have caused them to seek a doctor's appointment in the first place (e.g. social isolation) as well as more standard things such as weight management groups. I try to look for things like the walking project, Mobilise, which starts from Stennack and offers people a chance to be active and talk to people too.'

Comments from those who have been referred included:

'I attended the Steeple Woodlands project, I'm enjoying meeting new people and working outdoors as part of a team.'

'I have gained confidence and [am] living life to the full, it was very helpful.'

4.4.6 Staying active in retirement

Significant gains were seen for over 65s in terms of exercise and activity (as see in Figure 6). A key part of this is staying active in their retirement. Volunteers with the Penwith Pathways to Health and Well-being project noted that becoming a volunteer had helped to keep them active and raised their awareness of activities or projects they could join. One volunteer spoke about her volunteering as a way to stay motivated, meet people and gain news skills:

'Getting involved has been great because when I retired there was a big risk of becoming a couch potato, not bothering with cooking or exercise.'

'It's easy to become de-motivated in retirement but volunteering in the office is good because you are in a lively environment and there's always conversations going on... I've benefited because being in the office I've had to get used to using computers, I had been a bit wary but was helped and encouraged... and now I even have broadband at home.'

4.5 Mental health

Summary of findings

Our research found that after participating in well-being projects, beneficiaries enjoyed better mental well-being. Adults in particular were more likely to feel happy, energised and engaged, and less likely to have restless sleep and feel lonely. Adults, older people and young children, but not teenagers, were also less likely to report depressive symptoms. We also found that beneficiaries had better self esteem, were more confident, less lonely, better able to cope with new situations and put the past behind them. Once more, this was often those who were facing important life transitions.

4.5.1 Methodology

Mental health is assessed in the core questionnaire, secondary school mirror and the 65+ mirror using a set of seven questions adapted from the CES-D scale.[32] These seven questions can be combined to produce a score from 0-28, where higher numbers indicate more symptoms of depression. Whilst no strict guidelines exist for our set of questions, a figure of 12 or more can be equated with having significant depressive symptoms. The mean CES-D score at T_1 was 11.1 for core respondents[33], 9.2 for secondary school mirror respondents[34] and 8.3 for 65+ respondents.[35] As a result, 42% of core respondents were classified as having depressive symptoms, 25% of secondary school mirror respondents and 23% of over 65 mirror respondents.

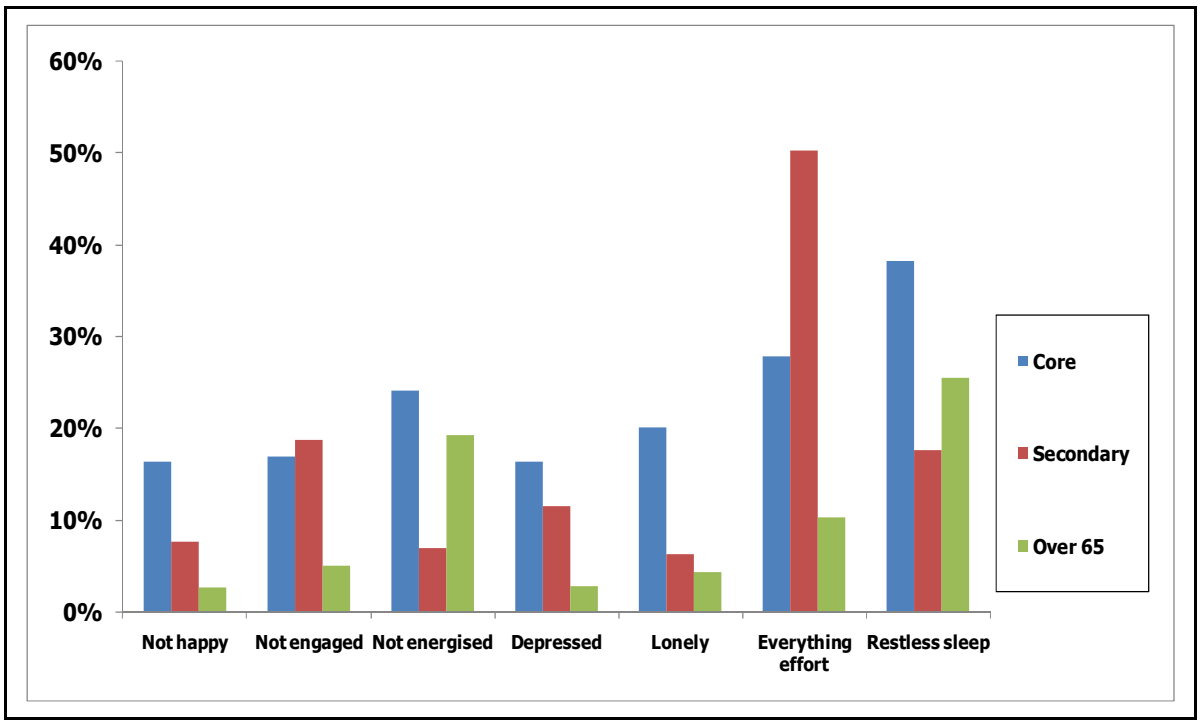
We have also explored a range of issues and outcomes in relation to mental and emotional well-being through the case studies. The findings from the case studies and the questionnaires are presented below.

4.5.2 Low levels of mental well-being at start of engagement

Figure 7 shows depressive symptoms were common amongst those adults and young people surveyed.[36] Overall, the most common symptoms were feeling that everything was an effort and having restless sleep. In the case of the former, this was particularly prevalent amongst secondary school aged children, in the case of the latter core questionnaire respondents (mostly adults aged 17-70).

[32] The Centre for Epidemiologic Studies Depression Scale (CES-D Scale) was developed for use in studies of the epidemiology of depressive symptomatology in the general population. Its purpose differs from previous depression scales which have been used chiefly for diagnosis at clinical intake and/or evaluation of severity of illness over the course of treatment.
[33] N=559
[34] N=227
[35] N=129
[36] 11 under 16's completed core questionnaires

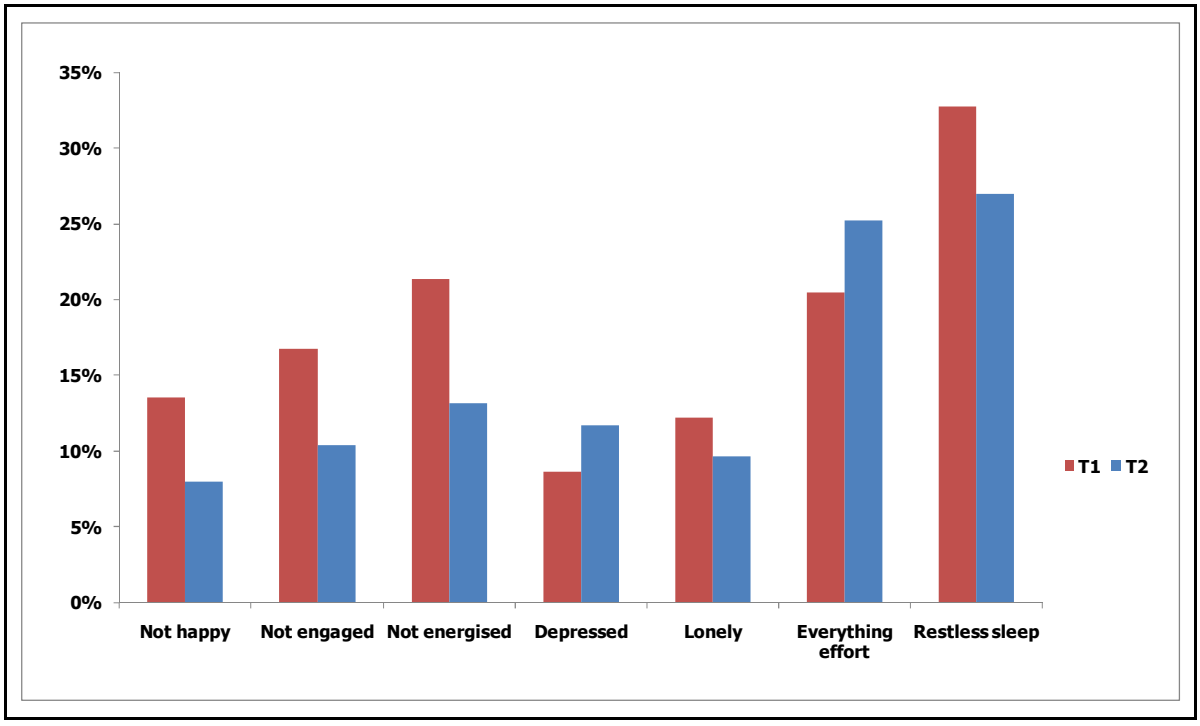
Figure 7: Low mental health on seven indicators at T_1



4.5.3 Improved mental well-being

Improvements were seen for most symptoms, particularly amongst adults[37] (as seen in Figure 8). There are two apparent increases (feeling depressed and feeling everything was an effort) but these are not statistically significant.

Figure 8: Change in mental health for core respondents between T_1 and T_2 (N=220-229)



Alongside the Well-being Facilitator, Penwith Pathways to Health and Well-being also offers a free counselling scheme. As part of our research, we spoke to one of the volunteer counsellors who had been involved since the start of the service. She was keen to emphasise the effectiveness of the

[37] Or more specifically core respondents

scheme and how accessible it was to people looking for counselling. She felt this was in part due to how well managed it was and the great supervision of the volunteer counsellors:

'The staff at the children's centre have been a pleasure to work with and over the last year strong links have been built between staff and the counsellors... There is no waiting list so clients can be seen quickly which helps to support clients through crises in a responsive and efficient way.'

'The scheme has offered us volunteers great supervision, much more than we would have received on other schemes and has been very well managed by Dilys and the team.'

'We feel that counselling has been of great value for the clients... who are often under privileged and vulnerable and do not have close family or friends who they can share their inner thoughts with. Clients have acknowledged that receiving counselling has been a positive experience which has benefited their psychological and physical health.'

For reasons of confidentiality, we were not able to speak to any recipients of the counselling service although we were able to access testimonials from clients:

'I started the counselling sessions with an open mind and no expectations but what I have gained from them has changed my life for the better, my future now seems so much more important than problems from my past.'

'The counselling has improved my health and well-being, confidence and self-esteem, reduced stress and anxiety and I feel more positive.'

'I found the sessions invaluable, most definitely a very positive experience for me which has really changed my thoughts of the past and my future.'

'The most helpful thing about the counselling I received was being able to talk and for someone to listen without judging me; to trust my counsellor enough to talk about things I've never been able to in the past.'

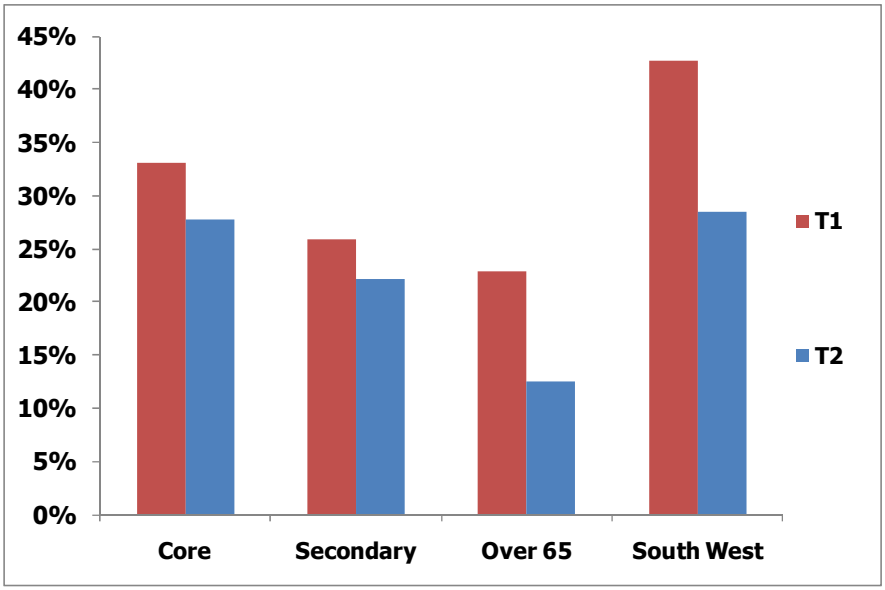
4.5.4 A reduction in depressive symptoms

Improvements in mental well-being led to a large drop in the percentage of beneficiaries reporting significant depressive symptoms, as is shown in Figure 9. The largest drop is seen amongst those completing the South West questionnaire, but significant drops are seen for all beneficiaries with the exception of those completing the secondary school questionnaire, where the change was not significant. Our results show that, compared with the high percentages of beneficiaries with significant depressive symptoms at T_1,[38] after participating in well-being projects the percentage experiencing significant depressive symptoms is reduced and is much closer to the average found by the Defra research.[39]

[38] Mental health is assessed in the core questionnaire and 65+ mirror questionnaire using a set of seven questions taken from the well-established Centre for Epidemiological Studies Depression Scale (CES-D). The seven questions used are also 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;[38] the only difference being that the Defra survey asks about feelings in the last *two* weeks, whereas the Well-being evaluation questionnaires 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 questionnaires; we would suggest a threshold of about 12 for identifying individuals with significant depressive symptoms.

[39] See above also. 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.

Figure 9: Percentage of beneficiaries with significant depressive symptoms at T_1 and T_2[40]



4.5.5 Increased self esteem and confidence

Children who had participated in the MEND programme on the Fylde Coast reported being more confident, had higher levels of self-esteem and were generally happier and more motivated young people. According to the YMCA Programme Manager, many children completing the course go on to join clubs inside and outside of school (some focused on physical activity but others with a different remit), indicative of their increased confidence and motivation. Participants also gained new friends through their involvement with the programme.

For some of the beneficiaries of the Mind Community Café in Gateshead, the project has had a positive impact on their confidence. One volunteer previously attended the café with his support worker as he did not have the confidence to be there on his own; however when he settled in he was happy to travel to the café on his own and did not require any support once there.

The café also develops the volunteers self esteem by helping them to feel valued, and to gradually build relationships and develop their 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.'

4.6 Social well-being

Summary of findings

Our research found that after participating in well-being projects, beneficiaries enjoyed greater social well-being. Beneficiaries were more confident, had people to speak to, had met new people, made new friends and were less socially isolated. This was particularly the case for older and young people. Adults were more likely to meet friends and find activities in their local neighbourhood. They were also more likely to feel like they belonged and to feel there was someone they could turn to for help, locally.

[40] N=200 for Core, N=79 Over 65 mirror, N=58 for Secondary School mirror, N=670 for South West questionnaire

4.6.1 Methodology

Social well-being is measured through the depth module and data from the South West portfolio. In addition the case studies explored outcomes, including:

- reduced social isolation;
- opportunities to socialise;
- a sense of belonging;
- feeling valued;
- improved relationships with family and friends.

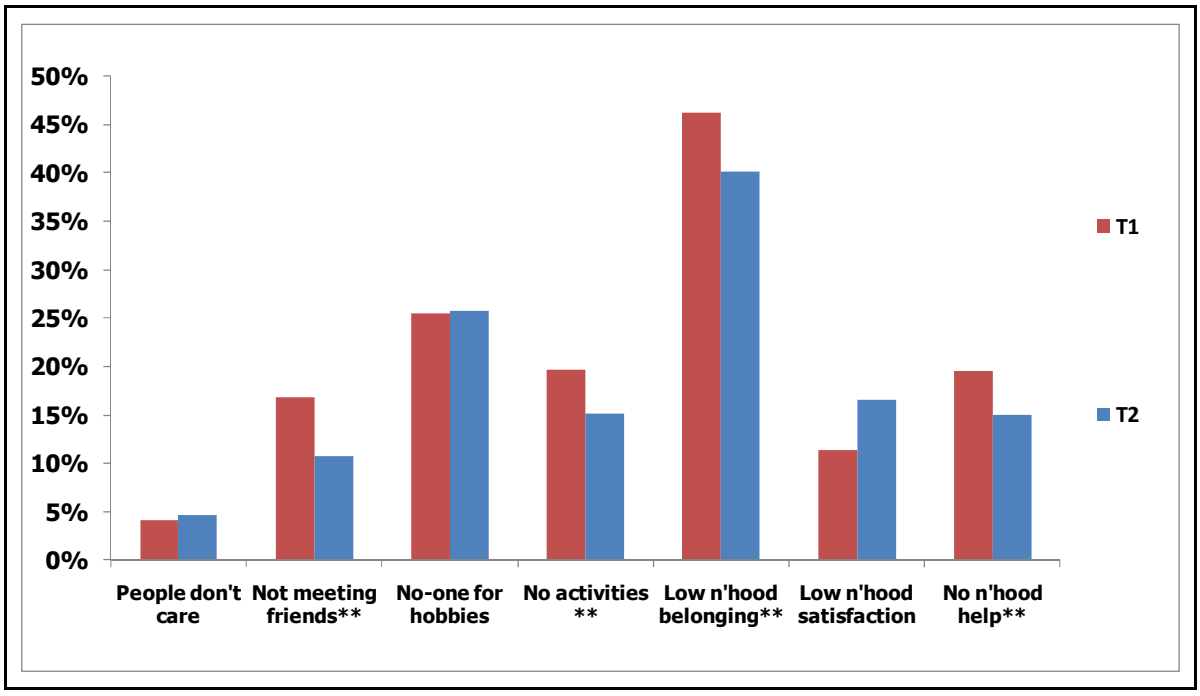
4.6.2 Greater interaction with friends and neighbours, getting involved in community activities and feeling like you belong

The social well-being module did not reveal many significant improvements amongst adults and older people[41]. However, the larger sample sizes from the South West portfolio, where every respondent completed the questions from the social well-being module, did produce some interesting results. Significant improvements were seen in relation to:

- meeting friends;
- being involved in community activities;
- feeling like you belong to a neighbourhood;
- feeling that people in the neighbourhood would help if in need.

The apparent decline in neighbourhood satisfaction is not significant, but is of some concern.

Figure 10: Percentages reporting low social well-being in South West portfolio (N=610)[42]



On a similar theme, the Penwith Pathways to Health and Well-being project also runs a volunteer befriending scheme. The scheme works by recruiting local people to provide support and companionship for individuals and to actively promote a positive lifestyle. It also helps to improve the confidence and self-esteem for individuals through volunteering.

As part of the consultation we spoke to both volunteers and beneficiaries. Rose had been visiting Bill almost every week for two years; she got involved through the Penwith Volunteer Bureau having

[41] Core questionnaire or over 65 depth module respondents
[42] The asterisks on indicate statistical significance, ** represents very significant change

initially thought she might use her computer skills to help at beginner IT classes, but was asked if she was interested in the Penwith Pals scheme.

Rose and Bill said they *'hit it off straight away'* and that they *'can talk about anything, politics, the lot.'*

Rose helps Bill to do some of the things he used to like doing but would otherwise struggle to do, such as the crossword, talking to someone and just getting out of the house:

'Most weeks we'll do the crossword together as Bill would struggle to read it if he was alone. Sometimes I use the internet on my phone when we get stuck. We drink tea and we chat.'

'Everyone needs a daily challenge and talking can be a beautiful challenge.'

Many of Poole Quay Foyer's residents also reported that the Healthy Transitions project challenged them, giving them something to do and something to look forward to. They reported enjoying the opportunity 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.

4.6.3 Volunteering and feeling valued

The Penwith Pathways to Health and Well-being befriending scheme also resulted in significant social and personal well-being benefits for the befrienders. By volunteering, Rose has kept active, met new people and feels valued. She said:

'We've been out a few times to restaurants... It's nice to have someone to go out with.'

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

4.6.4 Improved family relationships

At the MEND Programme on the Fylde Coast there has also been some evidence of improved family relationships and dynamics. For some families that habitually spend little time enjoying meaningful interaction, the MEND sessions have provided a useful window to communicate with one another, spend time together, and work towards common goals.

4.6.5 Meeting new people and a greater sense of community

A wide range of positive outcomes relating to social well-being were identified by residents of Poole Quay Foyer. Participating in the Healthy Transitions project provided residents with an opportunity to meet new people and 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.'

4.7 Well-being assets

Summary of findings

Our research found that after participating in well-being projects, there were significant improvements in beneficiaries' well-being assets – these assets include things such as self esteem, motivation, confidence and decision making ability. We also found that beneficiaries were more motivated, energised and had aspirations for the future. Adults also reported being generally more satisfied with their life in general.

4.7.1 Methodology

Well-being assets provide people with the resources to allow them to overcome any health difficulties they might have and sustain positive outcomes. 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.

Well-being assets can be quite broad, but include feelings of:

- competence and autonomy;
- being able to deal with problems;
- feeling able to exercise choice and control;
- being able to make up your own mind;
- feeling like you belong.

The core questionnaire addresses general well-being in two ways:

1) 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';

2) 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 the S-WEMWBS.

4.7.2 Low levels of well-being at start of engagement

In both scales we found the Well-being Programme projects are, on the whole, successfully reaching people with low[43] well-being. The mean life satisfaction of our respondents at T_1 was 6.4 compared with a UK average of between 7 and 7.5.

For adults aged 17+[44] this was down to 6.0[45], whereas over 65 respondents[46] reported mean life satisfaction of 7.4.[47]

Well-being Programme beneficiaries also reported having lower S-WEMWBS scores at T_1 than the general population.[48] [49] The mean score in the general population (in the North West) is 25.6 on a scale of 7-35 compared with Well-being Programme beneficiaries who reported a mean score of 22.7.[50] [51]

Figure 11 breaks down the well-being assets into nine questions and shows the percentage of respondents reporting 'never' or 'rarely' feeling that way. From this, it is clear that core respondents have the lowest well-being across all questions, apart from dealing with problems, where secondary school mirror respondents score lower. For older people, the lowest score is for the question on being optimistic about the future.

[43] Average life satisfaction figures in the UK are typically between 7 and 7.5 on a 10-point scale. For example, the European Social Survey has found average life satisfaction of 7.0, 7.2 and 7.0 in 2004, 2006 and 2008 respectively, whilst the Gallup World Poll found an average life satisfaction of 7.4 in 2008

[44] Core respondents and those completing the South West questionnaire

[45] N=1279

[46] It is also worth noting that older people typically report having higher life satisfaction in the UK. For example, mean life satisfaction in 2006 for respondents aged 65 and over in the European Social Survey was 7.4 vs. 7.2 for the rest of the population

[47] N=143

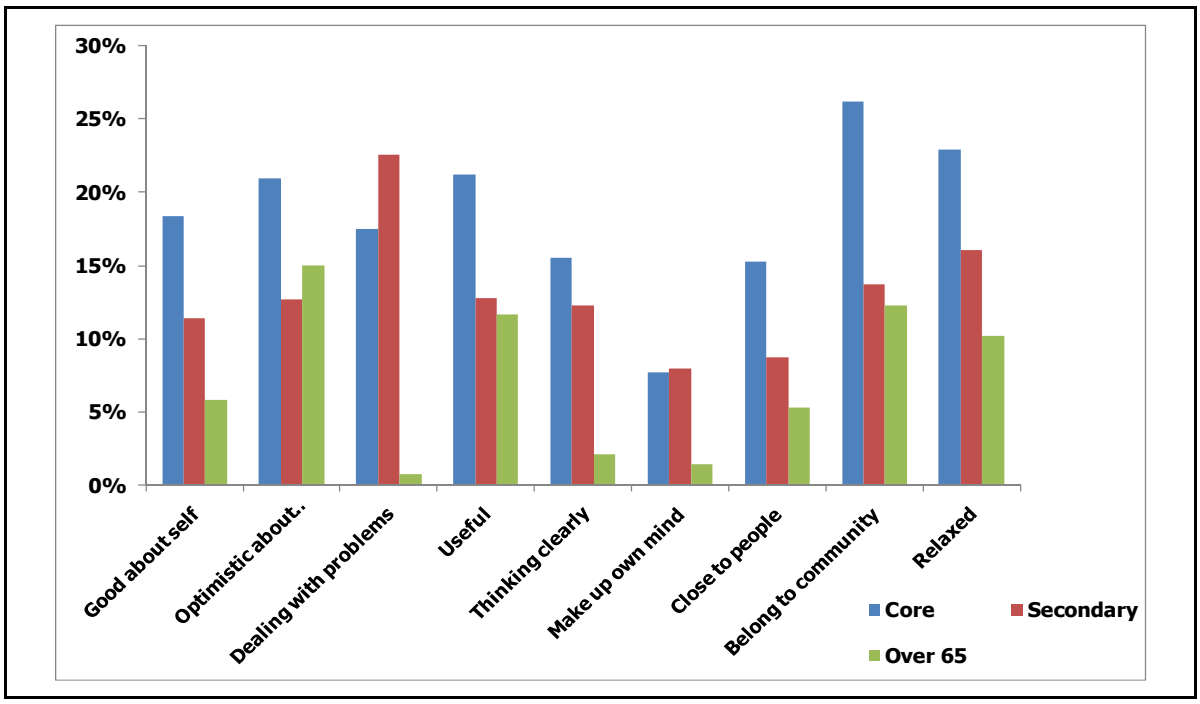
[48] S-WEMWBS scores are transformed onto a metric scale, from 7-35 using a Rasch model

[49] 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

[50] N=1500

[51] Low levels of well-being are indicated by a score of less than 23 and high of above 32. For more information see: http://www.nwph.net/nwpho/publications/NorthWestMentalWellbeing%20SurveySummary.pdf

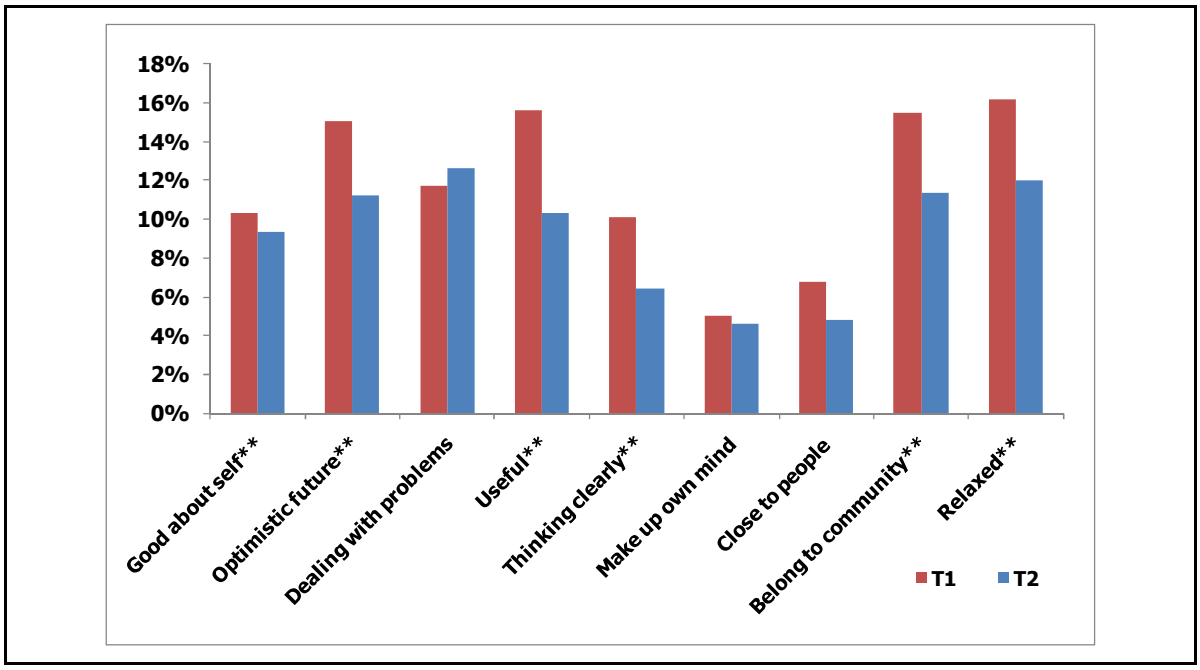
Figure 11: Percentage never or rarely feeling this way at T_1[52]



4.7.3 Improvements in well-being assets

The Poole Quay Foyer activities helped residents to feel good about themselves with a greater sense of belonging and community, both within the Foyer and more widely in the local area. The activities left 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' perceptions 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).

Figure 12: Change in percent never or rarely feeling this way (N=370)[53]



[52] N=580 for Core, N=138 for Secondary School mirror, N=240 for Over 65 mirror
[53] The asterisks on indicate statistical significance, ** represents very significant change

Figure 12 shows the change over time for all respondents. The questions marked with asterisks indicate significant improvements in six out of the nine questions. The biggest improvements come in terms of feeling optimistic and feeling useful. Looking only at adults[54], all improvements are significant. Similarly, for the South West portfolio, there were significant improvements in all nine questions. The reason this significance declines when including secondary school pupils and older people[55] may be due to the higher starting point for these groups.

4.7.4 Feeling motivated and having greater aspirations for the future

Volunteers involved with the Penwith Pathways to Health and Well-being project also reported increases in overall well-being and life satisfaction. In particular, they suggested they have more motivation and energy after becoming a volunteer:

'I volunteer three days a week at the Volunteer Office at a centre for disabled children, a local library and at a local history society. Often I am the only volunteer and people find it really interesting, they ask lots of questions about how, why, what I volunteer for.'

'When I'm volunteering I feel cheerful and healthy, it's good to get out of the house.'

'I feel very lucky that it was so easy for me to find volunteering opportunities… the routine is motivating, when you have a volunteer role you've got to get up, get out... because they rely on you. It keeps you healthy.'

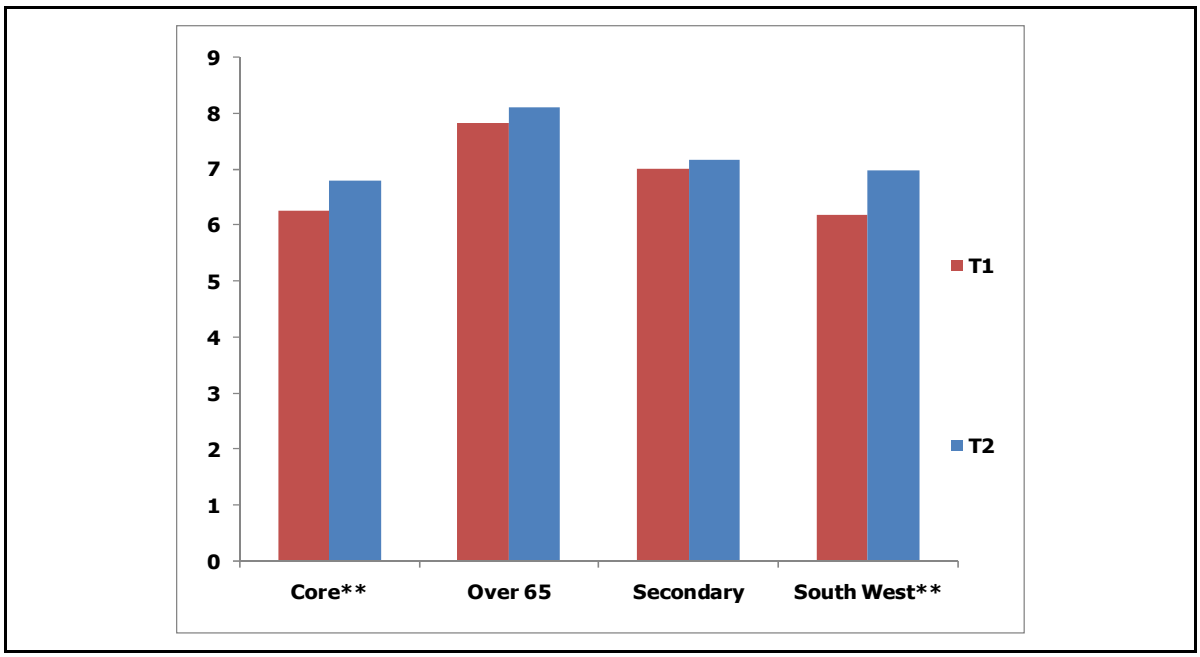
The Poole Quay Foyer residents believed the life coaching offered as part of the healthy transitions project provided them with an opportunity to think more clearly about what they wanted to achieve in the shorter and longer term and how they might go about doing so, thereby raising their aspiration and helping them feel more motivated. 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.

4.7.5 Improved life satisfaction

In terms of life satisfaction (Figure 13), there are significant improvements for adults[56] (from 6.3 to 6.8 on the 0-10 scale) and people living in the South West[57] (from 6.2 to 7.0) which are quite substantial given the relative insensitivity of this measure to other 'hard' effects. According to one data source, someone's income doubling leads on average to an increase of life satisfaction of 0.2 – much less than the average increase seen here.[58]

[54] Core questionnaire respondents
[55] Over 65 mirror respondents and secondary school mirror questionnaire users
[56] Core questionnaire respondents
[57] South West questionnaire respondents
[58] Based on analysis of the 2004 European Social Survey data for the United Kingdom

Figure 13: Change in life satisfaction (core N=236 and South West N=635)[59]



Amongst primary school children[60], significant improvements were seen in relation to three questions – fitting in at school, having someone to play with and feeling that they have enough energy. These led to overall significant increases in the composite indicators for energy and social well-being and well-being assets overall.

4.8 Overall change

The best way to look at overall change is shown in Table 2 which includes T_1 and T_2 scores for each of the domains and sub-domains of well-being for each respondent group and whether the change represents a significant improvement or not. Each score is out of 10. The numbers in brackets represent the sample sizes for which these changes were being assessed. Where there are dashes this indicates insufficient data. The legend below explains the colour coding used in the table which represents the significance score of each category.

Legend	
	Very significant improvement
	Marginally significant improvement
	No significant change
	Insufficient data
	Marginally significant reduction
	Very significant reduction

[59] The asterisks on indicate statistical significance, ** represents very significant change
[60] Primary school mirror respondents

Table 2: T_1 and T_2 composite scores for all questionnaires

Respondent group	Core Questionnaire			Over 65 Questionnaire			Secondary Questionnaire			Primary[61] Questionnaire			South West Questionnaire		
Timing & No. of returns	T_1 score	T_2 score	No. of returns	T_1 score	T_2 score	No. of returns	T_1 score	T_2 score	No. of returns	T_1 score	T_2 score	No. of returns	T_1 score	T_2 score	No. of returns
Domains and sub-domains of well-being															
Overall well-being	**6.1**	**6.6**	(158)	**7.1**	**7.3**	(62)	**6.5**	**6.6**	(47)	**6.9**	**7.4**	(84)	**5.9**	**6.5**	(336)
• well-being assets	5.6	6.2	(202)	6.7	6.8	(78)	6.2	6.2	(56)	7.5	7.9	(91)	5.5	6.2	(529)
• life satisfaction	6.2	6.8	(236)	7.8	8.1	(92)	7.0	7.2	(66)	-	-		6.2	7.0	(635)
• resources	5.7	6.3	(218)	6.6	6.8	(84)	6.1	6.1	(62)	-	-		5.7	6.3	(574)
• functioning/energy	6.4	7.0	(220)	7.3	7.4	(88)	6.7	6.6	(60)	6.9	7.7	(87)	6.2	6.9	(608)
• relations/social	6.3	6.8	(199)	7.5	7.6	(87)	7.4	7.2	(60)				5.4	6.2	(616)
Social well-being	6.7	7.0	(54)	7.9	8.0	(38)	-	-		7.8	8.7	(84)	6.2	6.7	(598)
• intimate	7.2	7.5	(54)	8.1	7.9	(40)	-	-		-	-		7.2	7.6	(589)
• activities	6.4	7.1	(54)	7.7	7.8	(38)	-	-		-	-		5.9	6.4	(571)
• community	6.4	6.4	(40)	8.0	8.2	(40)	-	-		-	-		5.6	6.0	(571)
• support	-	-		9.5	9.4	(94)	-	-		-	-		-	-	
Mental health	6.5	7.0	(200)	7.1	7.4	(79)	6.5	6.8	(58)	-	-		5.9	6.8	(539)
• depression	3.8	3.3	(200)	2.8	2.6	(79)	3.5	3.2	(58)	-	-		4.1	3.2	(539)
• stress	3.8	3.3	(60)	-	-		-	-		-	-		-	-	
• anxiety	3.0	2.5	(57)	-	-		-	-		-	-		-	-	
Healthy eating	6.6	7.1	(230)	7.6	7.8	(94)	6.9	7.0	(61)	7.0	7.3	(121)	6.5	6.5	(528)
• behavior	6.3	6.8	(230)	7.4	7.8	(94)	7.1	7.2	(61)	7.0	7.3	(121)	6.1	5.5	(528)[62]
• enjoyment	6.8	7.4	(204)	7.7	7.7	(87)	6.6	6.7	(59)	6.8	7.3	(115)	7.1	7.7	(632)
• confidence	7.5	8.3	(97)	7.8	8.0	(41)	-	-		-	-		-	-	
• importance	6.9	8.0	(87)	8.0	7.4	(35)	-	-		-	-		-	-	
Physical activity	6.1	6.2	(206)	6.3	6.8	(82)	6.7	6.8	(62)	6.4	7.1	(111)	-	-	
• behavior	6.0	6.0	(206)	5.3	6.0	(82)	6.3	6.3	(62)	6.0	6.5	(122)	5.5	5.7	(529)
• enjoyment	6.5	6.7	(203)	6.9	7.2	(87)	7.7	7.8	(65)	7.5	8.4	(113)	-	-	
• confidence	-	-		8.2	8.3		-	-		-	-		-	-	

[61] For the primary school mirror, the row for functioning is filled with the 'energy' component of well-being

[62] Although the data shows fruit and vegetable intake has declined overall, there was no overall change in the proportion of participants meeting the five-a-day public health guidelines. In addition these findings mask a positive intervention effect of those projects focusing specifically on the promotion of healthy eating. More on this can be found in section 4.3.3.

4.9 Change over time and sustainability

This section presents some preliminary findings from the T_3 data, showing which changes remain significant on T_3 and the patterns that appear over time.

As we already noted, over 200 T_3 questionnaires were returned, allowing us to look at longer term impact of such projects on well-being for the first time. In future, we will be able to do complex analyses to look at how change in well-being to T_2 influences change in well-being to T_3. For now, we simply report the changes that have been recorded.

4.9.1 Significant changes

Overall, there were improvements from T_1 to T_3 in all domains of well-being. The following items from the questionnaires saw significant improvements:

- life satisfaction[63];
- feeling relaxed and feeling good about oneself[64];
- feeling happy,[65] feeling engaged[66] and sleeping well[67];
- having someone to play with, fitting in at school[68];
- feeling confident about housework[69];
- eating freshly prepared meals and enjoying healthy eating[70];
- vigorous physical activity[71].

As a result of the positive changes outlined above, there were significant improvements for the following composite scores[72]:

- for well-being assets, mental health, and healthy eating for the core questionnaire;
- for well-being assets for the over 65 mirror;
- for well-being assets and physical activity for the primary school mirror.

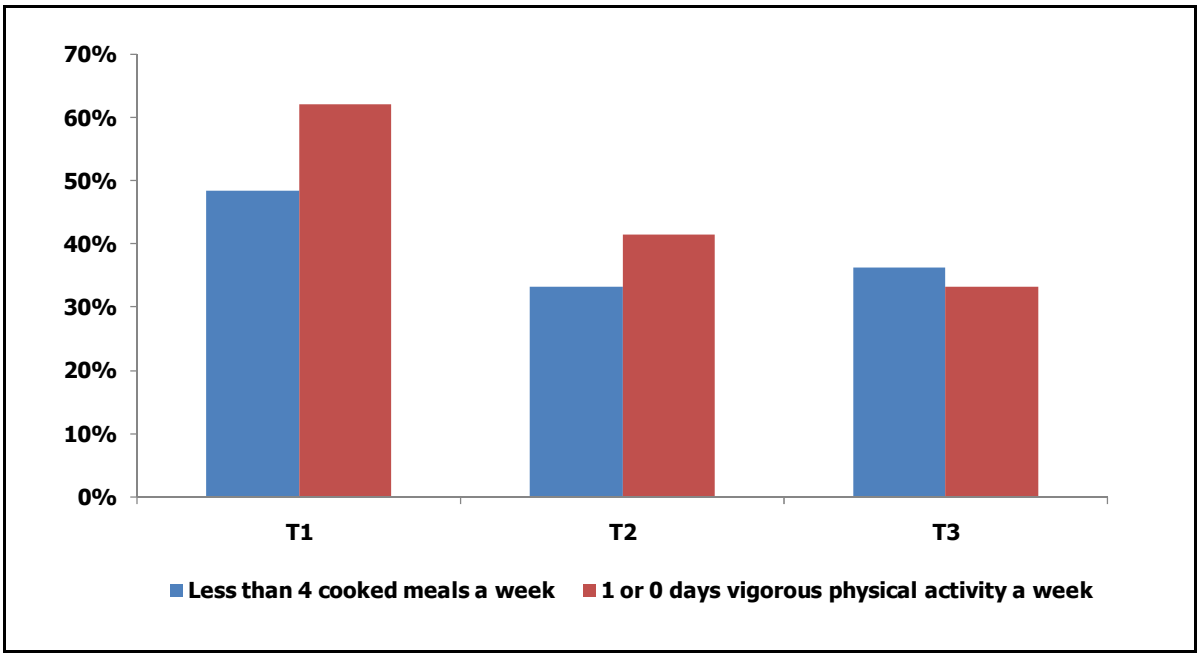
Only one question tracked a significant reduction in well-being, which was the fruit and vegetables question in the primary school mirror[73] however it is not clear what the cause of this may be.

There was also a significant improvement in overall well-being for the core questionnaire.[74] To understand how these changes emerge, Figures 14 to 16 demonstrate how a few key indicators have changed over time from T_1 to T_2 to T_3 for those core questionnaire respondents for which we have data at all three time points.[75]

Figure 14 shows two slightly different patterns. For eating freshly prepared meals, the change from T_1 to T_2 is slightly reversed to T_3, but the change between T_1 and T_3 is still significant.[76] For days of vigorous activity, the improvement continues beyond T_2 and only actually becomes statistically significant[77] by T_3.

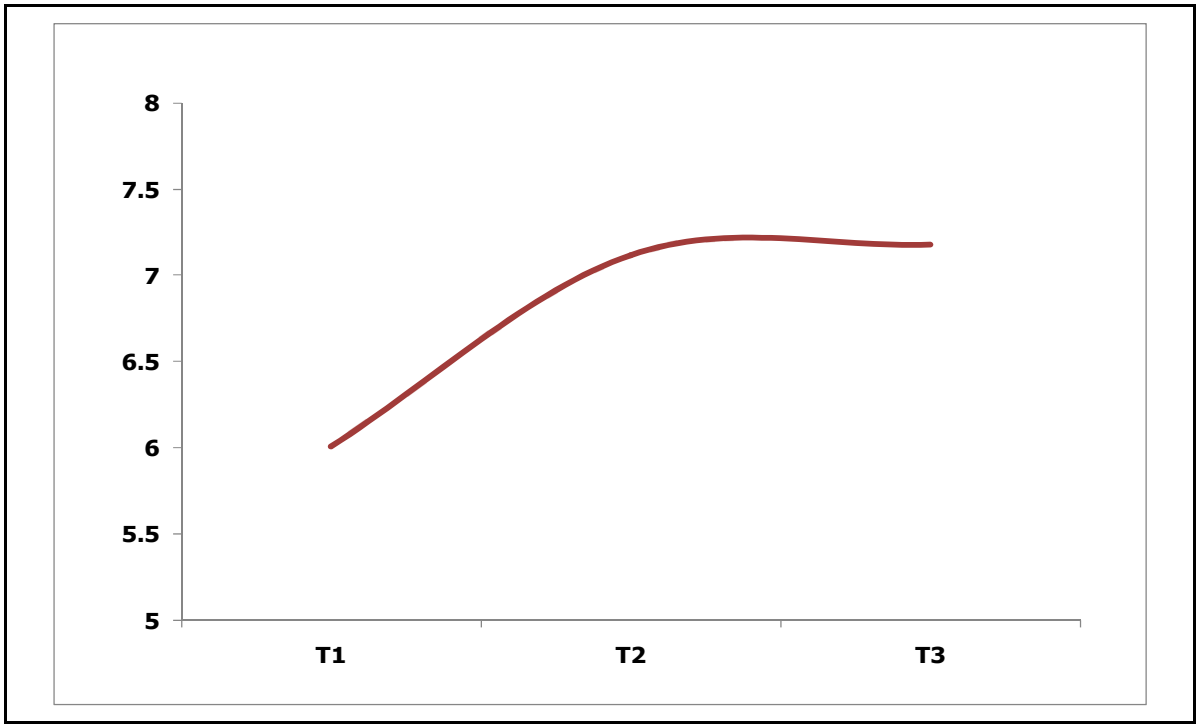
[63] Core questionnaire N=65 and over 65 mirror, N=40
[64] Core questionnaire N=64 & N=55
[65] Core questionnaire, N=64 and over 65 mirror, N=40
[66] Over 65 mirror only N=39
[67] Core questionnaire, N=64 and primary school mirror, N=37
[68] Primary school mirror, N=37
[69] Over 65 mirror, N=43
[70] Core questionnaire, N=66, N=54
[71] Core questionnaire, N=55
[72] These scores are composites of a number of measures and the significant change outlined in the individual measures means that we have also seen significant change in composite scores. This does not equate to correlation or attribution.
[73] N=56
[74] N=45
[75] In all cases, N=61
[76] $p<0.01$
[77] $p<0.01$

Figure 14: Percentage low well-being behaviours at different time points



For life satisfaction (Figure 15), a slightly different pattern is observed. The main improvement occurs between T_1 and T_2, little change is seen after that. What is particularly interesting is that the pattern does not start to reverse itself; this may be because engagement with a project provides the necessary support, skills and facilities to improve a person's life satisfaction. However, it would seem that once engagement ends, the pattern of improvement plateaus. It is possible that this is because they have been able to make sufficient change to prevent a reversal of this trend, but not enough to continue the improvement. That said, as can be seen below, this levelling is not always observed. As we receive more T_3 returns we will analyse this in more depth. Also important in this analysis will be to explore the length of engagement and the time lag between ending engagement with a project and completing the T_3 survey.

Figure 15: Average life satisfaction (N=66)[78]



[78] This is the score based only on those who have completed all three questionnaires and therefore results in a slightly different score at T_2 than the other T_1 to T_2 data

Figure 16: Core indicators for mental health (feelings in the last week) at entry, exit and follow up

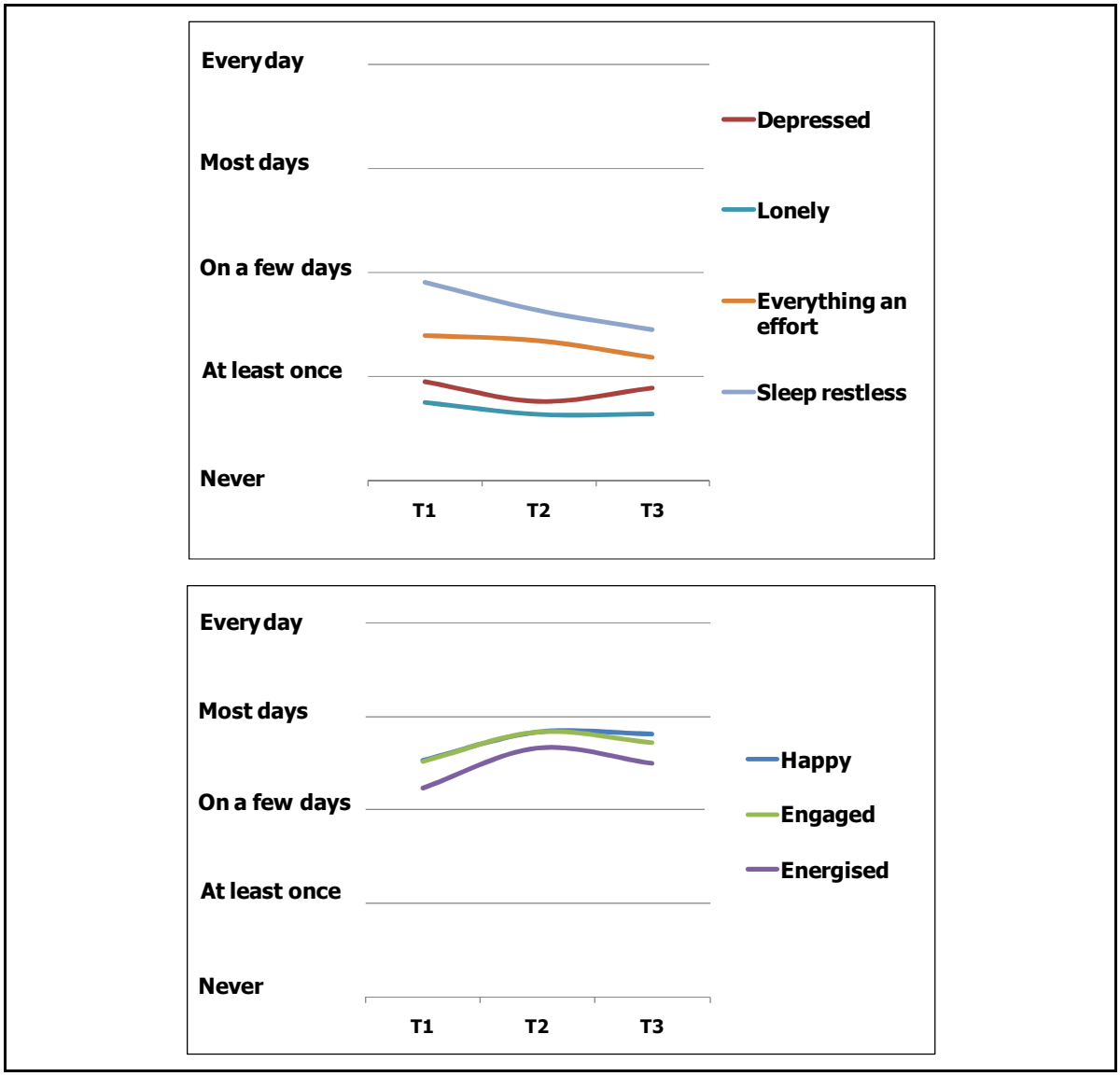


Figure 16 shows the full set of core questionnaire indicators for mental health. Overall, it shows all negative symptoms becoming less common between T_1 and T_2 and all positive symptoms becoming more common. After that, different patterns can be seen. For some symptoms, such as feeling depressed, rates returned to levels at T_1. However, for others, such as restless sleep, improvement continues from T_2 to T_3. Overall, only two changes are significant from T_1 to T_3 (restless sleep and feeling happy), whilst four are significant from T_1 to T_2[79]. At this point in time, it is unclear why some indicators continue to improve between T_2 and T_3. Further analysis of the driver of these improvements will be needed in future reports, once more data is available.

[79] The same two, as well as feeling engaged and feeling energised

4.10 Inter-relations between different elements of well-being

This section briefly explores some of the inter-correlations between strands and overall well-being, highlighting how improvements in one area are typically related to improvements in another.

4.10.1 Inter-domain correlations

As with the previous report, the current data reveals rich inter-correlations between the various aspects of well-being, both in terms of baseline well-being for beneficiaries and their change over time. It is not worth dwelling on the baseline levels, but with more T_2 data we can report more on how changes in one aspect of well-being accompany changes in another.

Behaviour

Perhaps most interesting for our purposes are the relations between how people say they feel and how healthy their behaviour is. In this analysis, we found plenty of evidence to support the idea that improvements in one of these tend to come with improvements in the other.

In terms of healthy eating behaviour, we found that change in the composite score correlated with improved mental health[80] and improved overall well-being assets[81]. The question that correlated most with increased healthy eating was the question on feeling relaxed.[82]

In terms of physical activity, there were also significant correlations with improved mental health[83] and well-being assets.[84] In particular, this seemed to be relevant for the secondary school mirror and over 65 mirror questionnaires, both of which asked for the number of days of physical activity without specifying intensity. For this question, correlations were higher[85] despite the smaller sample size.

Meanwhile, it is also worth noting that increases in the social well-being composite correlated significantly with increased physical activity.[86] Similar correlations were found in the data from the South West questionnaire. We only examined the increase of physical activity in terms of the single item question, but found a strong correlation with increases in overall well-being assets.[87] Meanwhile, interesting relationships were found in terms of healthy eating. Those who reported enjoying making an effort with food, also reported increased social well-being,[88] particularly in terms of the regularity with which they meet friends.[89]

Physical activity and healthy eating relations

There were also strong correlations between healthy eating behaviour and physical activity (e.g. change in the number of days doing physical activity correlated with overall healthy eating behaviour[90] and increases in fruit and vegetable intake correlated with overall physical activity behaviour).[91] Whilst we cannot be sure that any of these correlations imply causation, it is likely that there is some actual relation either in terms of improved feelings of well-being and mood increasing healthy behaviours, or in terms of healthy behaviours improving feelings of well-being and mood. The T_3 data will help us understand whether or not impacts are in some way causing, or having an effect, on others.

4.11 Wider impacts and outcomes

The volunteer councillors involved in the Penwith Pathways to Health and Well-being project highlighted that beneficiaries often told them that the counselling had knock on effects with their friends and families, perhaps as a result of improved relationships, a greater sense of purpose or increased self esteem:

[80] Measured using the CESD score: r =0.17, p <.01, N=322
[81] r =0.19, p <.01, N=321
[82] r =0.20, p <.01, N=353
[83] r =0.17, p <.01, N=305
[84] r =0.12, p <.05, N=304
[85] CESD score, r =0.28, p <.01, N=125; well-being assets: r =0.23, p <.05, N=121
[86] r=0.22, p<0.01, N=350
[87] r=0.25, p<0.01, N=413
[88] r=0.28, p<0.01, N=578
[89] r=0.22, p<0.01, N=597
[90] r=0.33, p<0.01, N=130
[91] r=0.19, p<0.01, N=337

'It may be individuals that come for counselling but the positive changes have a ripple effect on all those around them, including relationships with their children, parents, partners and work colleagues. Many clients have also gone on after counselling to attend self-esteem workshops, assertiveness trainings, and joined arts and crafts groups. The counselling service is just one small but very important step which assists people to find their own ways of enhancing their well-being and connection with others.'

The impact of the Food and Fitness project workshops has been wide ranging in nature. The beneficiaries are reporting that their overall well-being has been enhanced and many reported feeling happier within themselves and increasing their social skills. The impact upon carers has also been particularly notable, with many reporting complete changes in the way they are approaching their duties, but also in their own dietary habits and physical activities. The consultation work showed that carers and support workers are now attempting to spread the message of healthy eating and physical activity within their places of employment, such as the residential care homes and approaching management about developing new ways of working in the future, although this is a long term process which takes time to embed.

Evidence from the MEND Programme on the Fylde Coast also suggests that these outcomes can feed into wider impact, such as improved behaviour and educational attainment within school. The holistic focus helps to bring broader well-being benefits, such as improved mental health. With the assistance of parents, participants complete a mental health questionnaire prior to involvement with the course, and then repeat it on completion. Significant progress is often evident.

The Mind 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 Poole Quay 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 (e.g. returning to education, securing employment or undertaking volunteering).

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.

5 GOOD PRACTICE AND LEARNING

5.1 Good practice

A number of examples of good practice have emerged through the research. These have emerged through the case studies and included the benefits of holistic projects, the role of volunteering in developing well-being and the benefits derived from embedding activities and behaviour change in beneficiaries' everyday lives. They are detailed below.

5.1.1 Holistic projects work to reinforce gains in other areas

Many of the projects we have explored through the case studies have been those which attempt to improve well-being in a holistic way (e.g. the Healthy Transitions project has worked with Foyer residents to improve their diet and eating habits, to increase the amount of exercise they do, to make it enjoyable, and to improve mental well-being and enhance well-being assets). They did this by providing more opportunities to socialise, offering life coaching and goal setting sessions, and helping residents to take more control of their lives. These improvements then helped to reinforce gains in other areas. Similar patterns have been observed with the Penwith Pathways to Health and Well-being project which was one of our case studies, and projects such as the Onwards and Upwards project which is run by Age UK in the South Lakes area. Beneficiaries of the projects we case studied suggested that a better diet and more exercise helps people to lose weight and feel better about themselves, helping them sleep better and feel fresher. All in all, feeling better about themselves and feeling like they were more in control was having an impact on confidence, self esteem and their aspirations and motivation for the future.

5.1.2 Volunteering as a route to improving well-being

Several of the projects we have researched have involved volunteers and volunteering. These projects are of interest because their success is not just limited to the provision of support or services by volunteers, such as the counselling and befriending services, but also because of the well-being gains observed by the volunteers themselves. This was particularly noticeable by both the volunteer befrienders at the Penwith Project and also volunteers at the Mind Community Café in Gateshead.

5.1.3 Embedding activities in beneficiaries' everyday lives

Projects which work to embed activities in the everyday lives of beneficiaries such as the MEND Programme and the Food and Fitness project have succeeded because they have made the activities fun, involved the beneficiaries in their design, and helped people to realise how they can be incorporated easily into the everyday lives of beneficiaries. By doing this there is also a much greater chance of the behaviour change becoming embedded and any gains or benefits being sustained into the future.

5.2 Learning points

A key part of this evaluation is to ensure that learning is captured about what works with regards to promoting and enhancing well-being, as such we have also detailed some of the lessons that have been learned through the well-being programme. They are detailed below:

5.2.1 Making sure activities and services help projects achieve the set objectives

It is crucial that the activities undertaken by a project are the optimum set to ensure that the project will meet its objectives, this includes where and when activities will take place as well what happens. For example, the Mind Community Café in Gateshead 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. This has limited the ability of the project to have as wide an impact as they hoped. To overcome this, the project has increased its branding and has used flyers and posters to encourage people into the café and it is now enjoying more success with repeat customers. This reinforces the importance of project planning and location, for those projects seeking to have a public face and to engage the general public. More careful thinking about how activities and objectives might match up at the start would also have helped.

5.2.2 Challenging shopping habits and influencing retail planning is very difficult

A number of the well-being projects are seeking to change people's behaviour. It is important to remember that this is very a very difficult thing to do, and some behaviour is more difficult to shift than others. As such it is important to recognise that the impact of changing someone's behaviour might not be seen straight away and that small changes might occur first. For example, the Dudley Healthy Retail encourages local people to buy and eat more fruit and vegetables by having a stall in the school playground several times a week and employing a fresh produce consultant to work with local shop holders. This project has started to have a small impact on the wider community by 'nudging' the parents and children of Hawbush Primary School to think more about their shopping habits, and on local shop owners to stock fresh fruit and vegetables. However, the change was initially very small and in the first instance while it resulted in people eating more healthily it did not necessarily result in them buying locally.

5.2.3 Embedding skills and practice in mainstream services works well

Several projects have sought to create a legacy by up-skilling and training the existing workforce in an area. For example the Regional Weaning Programme has developed a training package and resources for new parents to teach them how to wean their babies correctly and healthily. This is delivered by a large network of practitioners who have been through a peer learning programme and who have been observed delivering the training course. Importantly the staff delivering the courses to parents are employed by local authorities and the NHS to work with new parents and mothers on an ongoing basis. They are not on short term contracts funded by the Big Lottery Fund, as this is not their main role. Many of the trainers only deliver two of the three-week courses a quarter. By doing this the Regional Weaning Programme has ensured that the skills and resources developed for this projects will remain within the workforce and available to parents for some time to come, and even after the ending of the well-being funding. Other projects have up-skilled and trained longstanding volunteers whose skills, talents and training can be put to use after the Big Lottery Funded activities have come to end.

5.3 Future reporting

This report marks the end of the second year of the Big Lottery Fund National Well-being Evaluation. There will be future reporting from the evaluation in 2011 and 2012, with a final report being produced in 2013.

We will continue to explore the impact on beneficiaries and the sustainability of the outcomes experienced by those participating in the evaluation. This will allow us to assess the overall impact of the Well-being Programme and the activities of Ecominds and Local Food award partners which are part of the Changing Spaces Programme.

We will also continue to explore the softer outcomes and wider impacts flowing from the programme, in particular through the qualitative research. As we progress, we will also explore in more detail the factors influencing success – when and under what circumstances different beneficiary groups or different project types have a greater or lesser impact on well-being.

APPENDIX 1

Projects and portfolios participating in the evaluation

Table 3: Returns to date (January 2011)

Project	Portfolio	Tools	Questionnaires		
			Entry	Exit	Follow up
All	South West Well-being	Bespoke Core	671	671	
Bees Knees (2)	Active 8 London	Core	3	1	
Cockney Sparrow		Core + SWB	22		
Eat Well, Eat Wise		Core + HE			
Healthy Bodies, Healthy Minds		Core	10	3	
Generation Active (Hyndburn)	Travel Actively	Core + PA/ Secondary			
Bike it Doncaster		Primary/ Secondary	30		
Active Travel 1		Core			
Active Travel 2		Core			
Active Travel 3		Core			
Active Travel 4		Core			
Calderdale Community Health Champions	Altogether Better	Bespoke Core	55	39	
Fresh 'n' Fruity		Bespoke Core	112	31	17
Sheffield High School	Carry on Cooking	Secondary	27	16	0
Active Workplace	Chances For Change	Bespoke Core	31	21	13
Hampshire Dance		Secondary	68	43	34
Obesity Awareness		Core + HE	10	8	
Sport Hamshire and IOW		Core + PA and SWB / 65+			
Branching out	Ecominds	Core			
Budding together		Core			
All	MEND	Primary	159	89	
Age Concern South Lakeland	Fit As A Fiddle	65+ & HE and SWB	91	82	57
Greenagers- Dudley		65+ & HE, MH and SWB	10	2	
Greenagers- Herefordshire and Worcestershire		65+	8	8	
Greenagers- Leominster		65+ & HE, MH and SWB	3		
Greenagers- Malvern		65+			
Greenagers- North Staffordshire		65+	10		
Greenagers- Warwickshire		65+	6		
Batley Girls High School	Food for Life	Secondary	63		
Hemsworth Community Art College		Secondary	72		
Marlowe Academy		Secondary	101		
Shacklewell Primary School		Primary	24		
Eastbourne Foyer	Healthy Transitions	Core + PA	7		
North Staffs YMCA Foyer		Core	29		
Swindon Foyer		Core + HE, MH, PH and SWB	36	4	1
Community Food Worker Project	North West Healthy Living Network	Core + HE	43	26	2
Healthy Beginings, Bootle		Core	45	28	19
New Grow		Core + HE	24	15	
Princes Trust Plus	Target: Well-being	Core + MH	66	58	15
Men Behaving Dadly		Core + HE and SWB	36	5	
N. Manchester Well-being Centre		Core + MH / 65+	8		
The Inspire Project		Core + MH and SWB	59	30	4
Growing Greenwich	The Local Food Programme				
Middlesborough Environment City					
Local Food New 1					
Local Food New 2					
Local Food New 3					
Local Food New 4		Core/ Secondary			
Brent Healthy Minds	Time to Change	Core + SWB	13		
Eden and Carlisle MIND		Core + HE	1		
Green Growers Rethink		Core	1		
Zest Herefordshire Mind		Core	8	3	1
Activate London	Well London	Secondary	61	47	
BCBW- Bounce Theatre		Core + SWB			
BCBW- Gardenforce		Core + SWB	11		
BCBW- The drawing shed		Core / 65+			
BCBW- Zoetrope Superstructure		Core / 65+	5		
Active Life	Well-being in the East	65+	35	21	
Community Health Coaches		Core + HE and PA	9		
Sport for Health		Primary	60	60	60
Green Exercise	New Leaf New Life	Core + MH, PA and SWB	28	12	2
Sunderland Headlight		Core + MH	6	5	3
Total questionnaires received			2002	1303	215

APPENDIX 2

Returns to end of October 2010

RETURNS TO THE END OF OCTOBER 2010

This section reports on the number of questionnaire returns from each questionnaire, identifies which portfolios and projects they have come from, and when and how respondents have completed the questionnaires.

Projects and portfolios

We now have 3,459 returns from a sample of over 60 projects in 15 portfolios. Table 4 shows them broken down into T_1, T_2 and T_3 questionnaires, with portfolios ranked in order of the number of questionnaires returned.

Table 4: Questionnaire returns to date

Portfolio	Project	Questionnaires		
		T1	T2	T3
Well-being in the South West	All	671	671	
Target: Well-being	Groundwork Prince's Trust	66	50	13
	Men Behaving Dadly	36	5	
	North Manchester Well-being Centre	8		
	The Inspire Project	59	30	4
Fit As A Fiddle	Age Concern South Lakeland	78	76	48
	Greenagers (various)	35	10	
Well-being in the East	Active Life	35	21	
	Community Health Coaches	9		
	Sport for Health	60	60	60
MEND	All	159	83	
Chances For Change	Active Workplace	31	21	13
	Hampshire Dance	68	43	34
	Obesity Awareness	10	8	
Altogether Better	Calderdale Health Champions	55	29	
	Fresh 'n' Fruity	86	29	14
North West Healthy Living Network	Community Food Worker Project	43	26	2
	Healthy Beginnings, Bootle	45	28	19
	New Grow	24	15	
Food for Life	Batley Girls High School	63		
	Hemsworth Community Art College	72		
	Shacklewell Primary School	24		
Healthy Transitions	Eastbourne Foyer	7		
	North Staffs YMCA Foyer	29		
	Swindon Foyer	33	3	1
Well London	Activate London	35	22	
	Be Creative Be Well (various)	7		
New Leaf New Life	Green Exercise	28	12	2
	Sunderland Headlight	6	3	
Carry on Cooking	Sheffield High School	27	16	
Active 8 London	Bees Knees	3	1	
	Cockney Sparrow	22		
	Healthy Bodies, Healthy Minds	10	3	
Time to Change	Brent Healthy Minds	13		
	Eden and Carlisle MIND	1		
	Green Growers Rethink	1		
	Zest Herefordshire Mind	8	3	1
Total received		1973	1273	213

By far the largest number of questionnaires came from the Well-Being in the South West portfolio, with over half the T_2 data coming from this portfolio alone (671 in T_1 and T_2). This is because their portfolio evaluation questionnaire is based on the national evaluation questionnaire thus we were able to use their data directly. For the purpose of this report we will report results from the South West in parallel to results from the rest of the portfolios where relevant. In the final evaluation, we will have to adopt weighting methodologies to ensure that the two sets of data can be integrated without allowing the South West to dominate the national pattern.

After the South West, the portfolios that have returned the most questionnaires are:

- Target: Well-being portfolio (271 questionnaires);
- Fit as a Fiddle (247);
- Well-being in the East (245);
- MEND (242).

Currently, two years into the evaluation, only three portfolios have yet to return any questionnaires – the two Changing Spaces Programmes and Travel Actively. Living Well in the West Midlands withdrew from the evaluation at the start of the portfolio and, as such, we are not expecting any returns from this portfolio. We are confident that we will receive returns from the Travel Actively portfolio before it ends next year. Returns from the Changing Spaces Programmes are expected in late spring 2011.

Modules and mirrors used

Tables 5 and 6 show how many depth and mirror modules have been completed.

Table 5: Returns for core questionnaire and mirrors

Questionnaire type	T_1	T_2	T_3
Core questionnaire	1288	937	70
(Excluding South West)	(617)	(266)	(70)
Primary school mirror	262	148	61
Secondary school mirror	269	81	34
65+ mirror	154	107	48

Table 6: Returns for depth modules

Questionnaire type	T_1	T_2	T_3
Social well-being module	972	807	57
(Excluding South West)	(316)	(158)	(57)
Mental health module	170	107	18
Physical activity module	60	10	2
Healthy eating module	329	176	51

Whereas this time last year we had no data from the secondary school mirror and barely any from the primary school mirror, we now have substantial amounts of data for all questionnaires at T_1 and T_2 to analyse. We also have over 30 questionnaires for each questionnaire at T_3, with 70 for the core questionnaire.

Considering the modules, by far the most popular has been the social well-being module with 972 returns at T_1 and 807 at T_2. However, the majority of these come from the South West. Excluding that portfolio, the most popular module has been the healthy eating module (329 returns at T_1, 176 at T_2). We have collected very little data so far using the physical activity module – only 60 respondents at T_1 and only 10 at T_2. As a result, we are still unable to analyse any distance travelled data from the module.

T_3 data from the depth modules is still a little patchy. We have over 50 for both the social well-being module and the healthy eating module which, in theory, should allow some distance travelled data to be analysed. However, in practice, we have little to report at this stage.

When and how questionnaires were completed

Table 7 shows when questionnaires were completed over the last two years (excluding the South West, for whom we don't have this data). As can be seen, there has been an increase in numbers per quarter since the beginning of 2009, with the largest numbers coming in Q2 and Q3 of 2010. The lower number in Q4 is because we stopped inputting new data in November and there is always some lag between respondents completing surveys and them being sent to the evaluation team.

Table 7: When the questionnaires were administered

When completed	T_1	T_2	T_3
2009 Q1	11	0	0
2009 Q2	99	20	1
2009 Q3	191	63	1
2009 Q4	110	88	31
2010 Q1	212	155	13
2010 Q2	274	105	108
2010 Q3	280	132	45
2010 Q4	55	25	14

As can be seen, T_2 and T_3 numbers have taken longer to get going, with substantial T_3 data only coming in Q2 of 2010.

Figure 17: Number of questionnaires completed each quarter

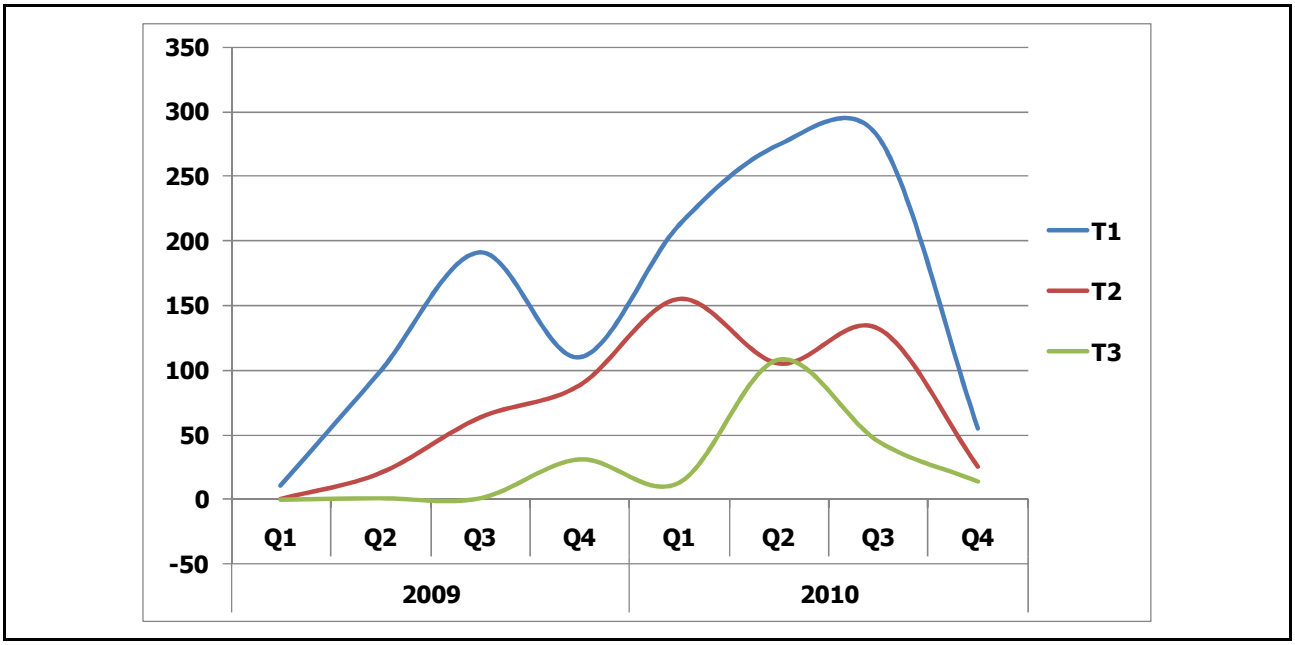


Table 8 shows how respondents completed the questionnaire (again excluding the South West, and only referring to T_1). With the exception of the primary school mirror, almost all respondents completed the questionnaire by themselves. 88 respondents had the questions read out to them, but provided the answers themselves. Only 8 respondents had their forms completed by someone else.

Amongst primary schoolchildren, over 60% still completed the questionnaire by themselves. However for this mirror, 20% of the questionnaires were completed by parents or guardians.

Table 8: How questionnaires were administered

	Core	Over 65	Secondary	Primary
Self-completed	506	125	261	143
Questions read out by another person	85	2	1	-
Completed with 'help' from an appropriate adult	-	-	-	48
Completed by a carer/guardian or parent on beneficiary's behalf	6	0	2	42

APPENDIX 3

Analysis of demographic data

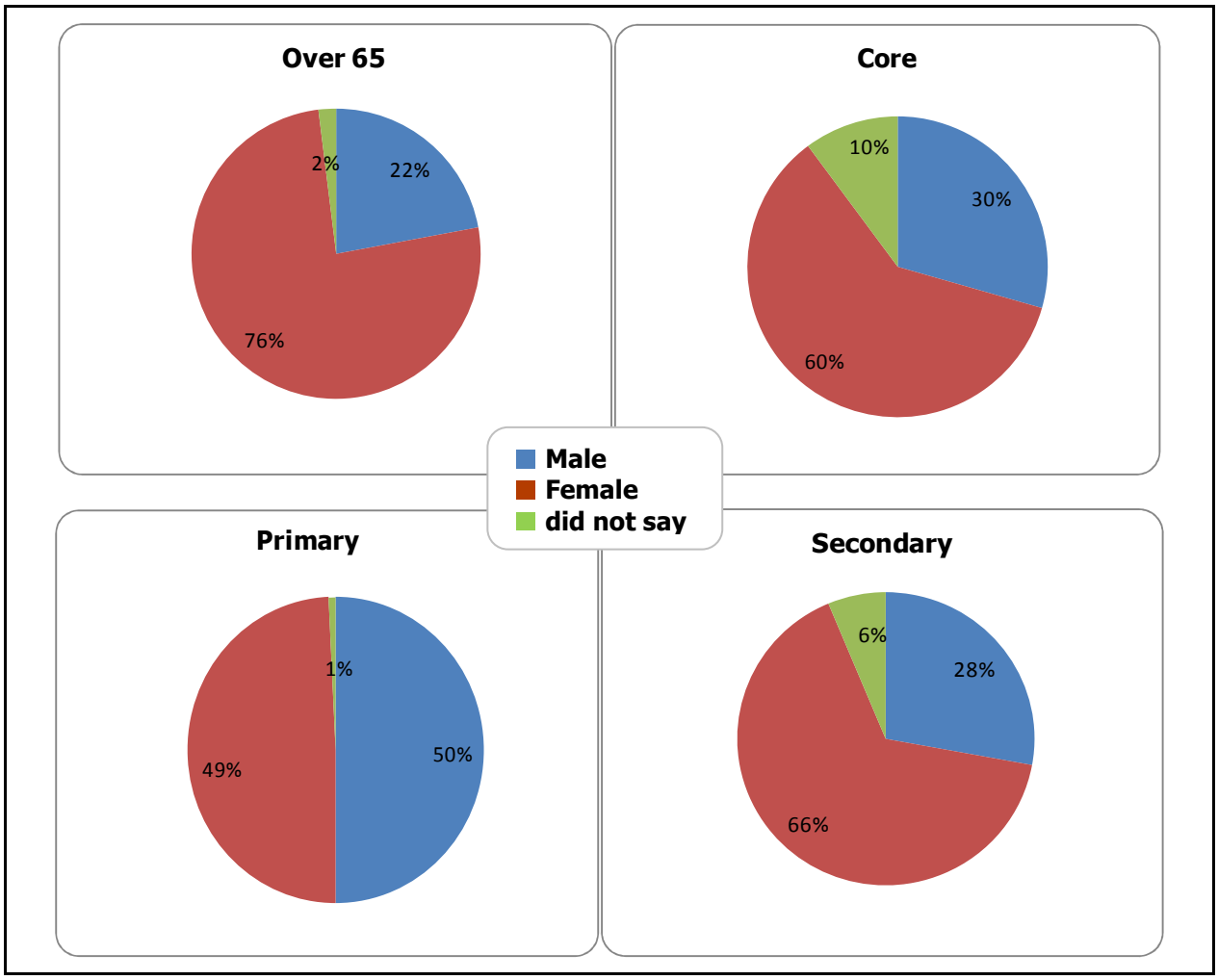
ANALYSIS OF DEMOGRAPHIC DATA

This section presents some demographics on the beneficiaries who have completed questionnaires, including their age, ethnicity and gender. In all cases, we report the demographics of all respondents who completed T_1 questionnaires.

Gender

Last year, we reported an uneven gender split with more male respondents for the core questionnaire, but more female respondents for the over 65 questionnaire. Now, for all questionnaires except the primary school mirror, females have returned more questionnaires then males, particularly for the over 65 mirror.

Figure 18: Gender of those completing questionnaires at T_1



Amongst primary schoolchildren, there is an almost perfect gender balance. The large proportion of respondents that have not reported their gender for the core questionnaire come from the South West portfolio.

Long term illness

Over a third of adult respondents[92] reported having a long term illness, health problem or disability which limits their daily activities or ability to work (including problems due to old age) which suggests that the projects are reaching people in need. This compares with 5.2% of the English working age population claiming Incapacity Benefit or Severe Disablement Allowance or the 19% of the English population aged 16-64 who are disabled.[93]

[92] Excluding those from the South West
[93] DWP data and Annual Population Survey, 2010

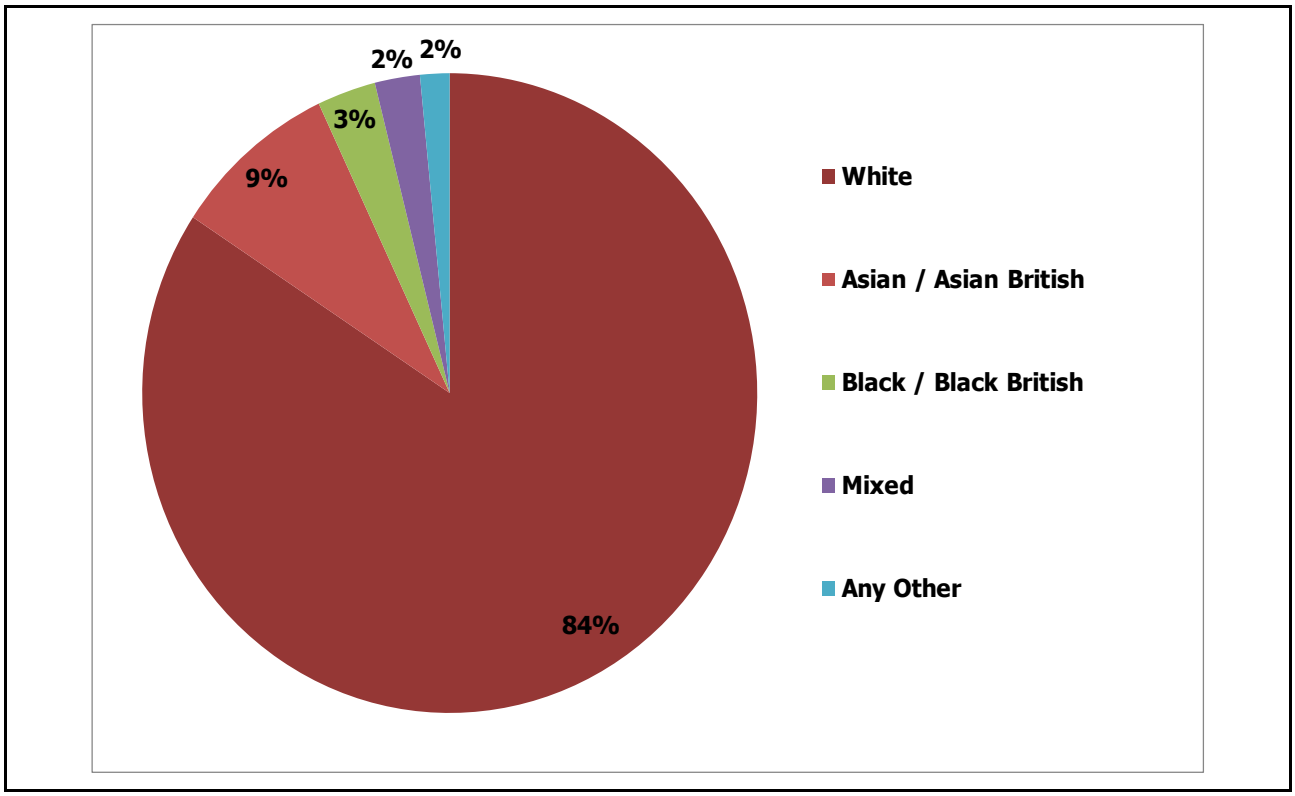
Age

Participants are asked to indicate their date of birth on the questionnaires; this is used to calculate their age. Projects have reached a wide range of ages. According to the questionnaire, beneficiaries are aged between 3 and 100. Aside from the large group of secondary school aged children, the most common ages are between 30 and 49.

Ethnicity

Of those who reported ethnicity (N=1557), 84% classified themselves as White, 9% as Asian, 3% as Black, 2% as Mixed and 2% as Other.

Figure 19: Ethnicity



Compared to the Annual Population Survey from March 2010 this reveals a greater ethnic mix than the overall population of the UK – where 89% of people are classified as White and only 4.6% as Asian. This illustrates that the portfolios are effectively targeting a diverse audience.