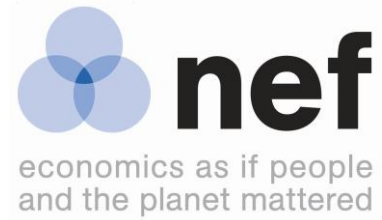




Centre for Local  
Economic Strategies



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***BIG LOTTERY FUND NATIONAL WELL-BEING EVALUATION***

Draft final report prepared by

**CLES Consulting and new economics foundation**

Presented to

**The Big Lottery Fund**



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## EXECUTIVE SUMMARY

### 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 an impact evaluation of their Well-being and Changing Spaces Programmes. The evaluation, known as the National Well-being Evaluation, started shortly after the Well-being programme began and has run until June 2013.

This is the final report produced for the Big Lottery Fund by the National Well-being Evaluation team and it presents the findings from the research undertaken throughout the whole of the evaluation. The report outlines the overarching aims of the evaluation, the methodology employed, the current policy context and the final findings. This report focuses particularly on the relationships between the impact of the different areas of well-being<sup>1</sup> and the characteristics of the projects that were most effective in increasing their participants' well-being. Finally, the report identifies key lessons that service providers, commissioners, the Big Lottery Fund and government can consider in relation to their work on health and well-being.

### The headlines

The research showed significant impacts across all domains that were measured.

- ❑ **Life satisfaction:** there was an average increase in life satisfaction from 6.5 to 7.1 on a ten point scale.
- ❑ **Volunteers' well-being:** project volunteers have reported feeling less isolated and having a renewed sense of purpose as a result of their participation.
- ❑ **Mental health:** the proportion of people reporting depressive symptoms fell 35 per cent after taking part in projects and 41 per cent more people reported feeling relaxed.
- ❑ **Personal well-being:** the projects increased self esteem; the percentage of people feeling good about themselves and optimistic about the future increased by almost 25%
- ❑ **Healthy eating:** participants were more likely to eat five portions of fruit and vegetables each day, an increase of 16 per cent
- ❑ **Physical activity:** participants became more active; those reporting that they only take part in low levels of physical activity fell by 21 per cent.

### About the evaluation methodology

A set of quantitative measurement questionnaires were developed that enabled the collection of standardised information about the impact of the interventions. These questionnaires were administered by project staff on three occasions: at the start of a person's involvement in a project (Entry); at the end of a person's involvement (Exit); and three to six months after their involvement had ended (Follow-up). We also undertook a substantial amount of interview based, qualitative work in the form of nineteen project level case studies. The quantitative and qualitative data was synthesised and triangulated with findings from other research studies to produce this final report.

### The growing well-being agenda

The Big Lottery Fund's Well-being and Changing Spaces Programmes have been timely initiatives. The term 'well-being' and its importance in the development of both the individual and wider society has gained increasing credence over the past five to ten years. The profile and importance of the subject has gained ground in academic research arenas, but also in policy development and delivery, both in the UK and internationally. Developments in the UK include the inauguration of the Measuring National Well-Being Programme by the Office of National Statistics, a number of central Government departments agreeing to integrate well-being into their policy, and the formation of local Health and Well-being Boards which will have an important strategic role in the future of healthcare provision.

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<sup>1</sup> Well-being is explored in terms of healthy eating, physical activity, mental health, social well-being and personal well-being.

## A sustained impact on well-being

The programme as whole was found to have significant impact on all three strands of well-being; mental health, physical activity and healthy eating as well as on participants' social well-being and personal well-being. The improvements to participants' well-being were found to continue beyond participation in the programme.

The key findings for each area of well-being include:

### Personal well-being

Mean life satisfaction rose from 6.5 at the beginning of engagement with the programme to 7.1 at the end of engagement with the programme. These improvements were largely sustained beyond engagement with the programme finished.

Participants often described feeling more confident and able to interact with others and take on new responsibilities which they would never have considered before starting their project. Gaining new skills, either interpersonal skills or more vocational skills, was found to be especially important for improving participants' personal well-being and self-esteem:

*'Working here has made me realise that I have a lot to offer and has definitely given my self-confidence a well-needed boost... voluntary work within the cafe [has] given me a purpose again.'*

### Social well-being

There were significant improvements to social well-being. These improvements in social well-being were often found to be sustained beyond the project as participants maintained their friendships and organised their own social activities outside of the project.

Many participants described how the social aspect of an activity motivated them to keep attending the activity sessions more than the activity itself:

*'The team made you want to be there every week. They made you feel comfortable and valued, and were very supportive.'*

### Mental health

Approximately one in three people who reported symptoms of depression at the beginning of their engagement with the programme no longer had symptoms of depression by the end. Significant reductions in stress and anxiety were recorded three to six months after their engagement with the programme had ended.

Participants described how having a routine, a purpose and more social interaction helped them to feel happier, more energetic and generally better about themselves:

*'The course has given me a purpose and structure to my weeks and has prevented me from major dips in my mental health through having this purpose.'*

### Healthy eating

There were large improvements to participants' eating behaviour, with significant and lasting improvements for secondary school pupils and adults in all three components of healthy eating; behaviour, enjoyment, and attitudes.

Participants reported particularly enjoying activities that involved cooking and tasting new foods and cooking food that they had grown themselves:

*'The project inspired me to try new veg. I eat more healthily now and think about what I eat.'*

### Physical activity

There was an overall increase in physical activity amongst adults and secondary school pupils. There were significant increases in physical activity for those aged 35 and over and for primary school children. The percentage of people who had a high level of physical activity increased from 27% at the beginning of the programme to 30% at the end of the programme, and increased further to 36% three to six months beyond engagement with the programme.

Projects that involved gentle exercise that could be done without special equipment, such as walking in groups or gardening, by people with low fitness levels and low confidence, were found to encourage people to become more active:

*'Before I started walking with [the project] it wasn't something that I imagined myself doing, but it's definitely built up my motivation and stamina.'*

### A positive cycle of increasing well-being

The survey data and the case studies revealed strong connections between the different strands of well-being. The strongest correlation was found to be between improved personal well-being and improved mental health. It emerged that improved mental health and personal well-being were very important factors in enabling participants to make and sustain changes to their eating and exercise habits.

Increased self-confidence was found to be central to improving all areas of an individual's well-being. Participants' self-confidence increased as a result of increased social well-being, improved mental health, or a sense of personal progress. Increased self-confidence led to participants feeling more motivated and determined to adopt and maintain healthier behaviour and to access other opportunities to improve their health and well-being. Adopting healthier behaviour and becoming more involved in other activities was found to lead to yet greater self-confidence; forming a positive cycle of increasing well-being.

Much of the related research in this area<sup>2</sup> suggests that increasing healthy behaviours (such as physical activity and healthy eating) improves personal well-being and mental health; however our research is suggesting that to enable healthy behaviour change you first need to improve personal well-being and mental health. Our research is supported by other research into behaviour change<sup>3</sup> which suggests that gains in self-confidence need to be made *before* lasting behaviour change can be achieved.

### Key success factors for increasing well-being

The analysis identified a number of characteristics which increased projects' effectiveness in increasing their participants' well-being. The key characteristics for success include:

- ❑ **identifying local need** – working with the local community, the local authority and healthcare providers to target the project at specific local health and well-being needs and gaps in existing service provision;
- ❑ **holistic approach** – addressing multiple aspects of a well-being strand is important for improving participants' knowledge, enjoyment and behaviour which can support participants to make lasting improvements to their well-being
- ❑ **engaging the target group** – working with local organisations to reach target participants, understanding the barriers to the target participants' participation in a project and designing the project to overcome these. In particular, recognising new participants' low self-confidence and any practical constraints including available time and money;
- ❑ **sustaining engagement** – enabling friendships to develop between participants can motivate participants to continue attending and increases their enjoyment of a project. Providing opportunities to become more involved, such as volunteering (see below) can also sustain participants' engagement;
- ❑ **choosing a suitable venue** – choosing a venue which is welcoming, perceived to be safe and is easily accessible is very important for engaging participants. Holding activities outdoors and in community spaces can lead to improved mental health and a greater sense of community belonging;

<sup>2</sup> For example; Penedo, Frank J., and Jason R. Dahn. 'Exercise and well-being: a review of mental and physical health benefits associated with physical activity.' *Current Opinion in Psychiatry* 18.2 (2005): 189. <http://www.medscape.com/viewarticle/500789>; The Mental Health Foundation (2006) 'Feeding Minds: The impact of food on mental health' <http://www.mentalhealth.org.uk/content/assets/PDF/publications/Feeding-Minds.pdf?view=Standard>

<sup>3</sup> For example; Dixon, A. (2008) Motivation and Confidence: What does it take to change behaviour?, King's Fund, [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_document/motivation-confidence-health-behaviour-kicking-bad-habits-supporting-papers-anna-dixon.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_document/motivation-confidence-health-behaviour-kicking-bad-habits-supporting-papers-anna-dixon.pdf)

- ❑ **empathetic staff** – having project staff who are empathetic and enthusiastic is very important for increasing participants' self-confidence and supporting them to make positive changes to their lifestyles;
- ❑ **volunteers** – volunteers can provide peer support and help to motivate participants to improve their well-being. Volunteers also experience great improvements to their own well-being;
- ❑ **co-production** – involving participants and the local community in designing and delivering a project can give them a sense of ownership of the project which can increase their motivation to change their lifestyle, and can increase their personal and social well-being;
- ❑ **providing training** – providing training to local organisations such as community groups and schools in delivering a well-being activity (e.g. food growing), can enable a project to reach more participants and encourage others to deliver effective well-being activities independently;
- ❑ **imparting skills and knowledge** – teaching new skills and knowledge can equip participants with the necessary understanding of how to improve their health and well-being. Participants may also gain greater self-confidence and self-esteem through learning new skills;
- ❑ **enabling progress to be measured** – using tools to help participants to monitor their progress in improving their health and well-being can be effective in motivating participants to maintain positive changes to their lifestyle and can help people to be more aware of their own health and well-being;
- ❑ **flexibility** – having a flexible approach, by not sticking overly rigidly to a project plan, allows projects to respond to emerging needs and allocate resources to the most successful activities;

### Who benefits most?

In general, it was found that those who started with the lowest levels of well-being benefited most.

The survey data also revealed that:

- ❑ females experienced greater improvements in their well-being than males. It was found that men and boys are harder to engage in projects, harder to keep within a project, and less likely to be affected by the project, particularly in relation to physical activity;
- ❑ the largest improvements were found amongst the 35-44 years age group. This may be due to the lower well-being starting point for this age group;
- ❑ the programme delivered well-being benefits for participants from all ethnic groups. Well-being improvements were somewhat larger for black and minority ethnic (BME) groups, when compared to white participants. This was particularly evident for physical activity;
- ❑ it also emerged very strongly that project volunteers gained significant benefits to all areas of well-being from their participation in well-being projects.

### Productive partnerships

Projects worked in partnership with a range of organisations including the organisations leading their portfolio; local community organisations; local authorities, and other public and private sector organisations. Success factors for successful partnerships included:

- ❑ working with public healthcare providers to address local health and well-being needs;
- ❑ working with a diverse range of partners to offer expertise in a number of areas;
- ❑ forming strategic as well as delivery partnerships to promote projects' work and support projects' future commissioning bids;
- ❑ sharing learning between partners and holding networking events to encourage people to work together and raise a project's profile;



- ❑ building a strong project brand to build confidence and interest among local partners and show that community sector organisations can be professional and capable of working effectively in partnership.

## Lessons for service providers, commissioners, the Big Lottery Fund and Government

The evaluation findings provide important lessons for a range of stakeholders involved in the well-being agenda. A number of key lessons have been identified that service providers, commissioners, the Big Lottery Fund and the Government can consider when developing and delivering their future well-being work and policy.

### Service providers

It is recommended that service providers consider the key success factors for increasing well-being (see above) when designing and delivering their projects.

Specific advice around evidencing impact and securing future funding was also developed from the evaluation findings:

- ❑ it is strongly recommended for service providers to embed monitoring and evaluation in the project design from the beginning in order to capture information on the outcomes of the project;
- ❑ gathering qualitative as well as quantitative data is useful for understanding how the project improves participants' well-being and for communicating findings to commissioners and partners; and
- ❑ recording financial information is also particularly important in order to demonstrate a project's value for money when seeking public sector commissioning.

### Service commissioners

The evaluation provides commissioners with information on the characteristics of interventions which are most effective for increasing well-being. These characteristics include:

- ❑ taking a holistic approach to improving one strand of well-being or addressing multiple strands of well-being to encourage broad lifestyle changes;
- ❑ including a social element to an activity to increase participants' enjoyment, motivation and social well-being;
- ❑ building participants' self-confidence and self-esteem and providing emotional support alongside gentle activities;
- ❑ providing a programme of regular activities which allow participants to develop a routine, create a healthy habit and form friendships;
- ❑ carefully targeting and engaging with a specific target group(s);
- ❑ providing support to encourage participants to sustain their improved level of well-being beyond the project lifespan;
- ❑ involving volunteers and offering volunteering opportunities;
- ❑ addressing an existing evidenced need in the community.

### The Big Lottery Fund

As one of the few large funding bodies in the UK, the Big Lottery Fund has considerable power to influence the future well-being agenda and support the continued delivery of well-being initiatives. This can be done through supporting voluntary and community sector (VCS) organisations to partner with the new public health bodies and communicate effectively with commissioners. The Big Lottery Fund can also champion the work of VCS organisations to a range of national policy stakeholders.

Areas for future well-being research which the Big Lottery Fund could explore include:

- ❑ the impact of social isolation on well-being;
- ❑ importance of self-confidence for changing behavioural habits;
- ❑ the impact of volunteering on well-being on the health and well-being of young people, unemployed people and people with a low level of education or few skills;
- ❑ the cost effectiveness of well-being initiatives.

## Government

The findings of the National Well-Being Evaluation will be of interest and value to government when setting the focus of the well-being agenda. The evaluation has demonstrated that well-being projects had a significant impact for people with very low levels of well-being; those experiencing multiple deprivation, mental illness and social isolation. Both national and local government can use the evaluation findings to inform their public health strategies in order to address physical and mental illness, unhealthy lifestyle habits and poverty and deprivation.

Key lessons for the Government include:

- ❑ the characteristics of successful and unsuccessful projects, factors for effective delivery of a well-being project, how to engage different populations, and how to sustain outcomes are very relevant for policy professionals in Government for developing policy, appraising options, making decisions, designing services and projects, and evaluating programmes and pilots;
- ❑ the evaluation highlights the importance of social well-being for improving all areas of well-being. This is very relevant to the work of a number of Government departments which are currently interested in social isolation (the objective measure) and loneliness (the subjective measure);
- ❑ the findings highlight the benefits of tackling multiple strands of well-being in one intervention. Government can also lead by example on this by encouraging joined-up working across Departments and by using a well-being perspective to bring together work from different Departments;
- ❑ the methodology developed and used to evaluate the Well-being and Changing Places programmes offers lessons to Government on how to evaluate subjective well-being effectively and interpret well-being data;
- ❑ the evaluation provides an evidence base of the well-being impact of a range of projects against which other projects can be compared;
- ❑ partnership between public sector service providers and VCS organisations was found to be effective by the evaluation. This may be useful for Departments seeking to build relationships or encourage local-level organisations to work together. Government can continue to put in place the infrastructure to encourage this, e.g. Community Budgets;
- ❑ as the changes to public health management are introduced, government could work to ensure the new commissioning bodies and public health policy stakeholders are accessible to VCS organisations;
- ❑ the Public Services (Social Value) Act 2012 provides VCS organisations with an opportunity to use subjective well-being evaluations of their interventions to demonstrate their social value. Government can support this by giving well-being appropriate consideration in the procurement process;
- ❑ Government could also continue to explore other ways of supporting VCS organisations, which work to increase well-being by creating more networking and training opportunities and supporting alternative finance models, such as community development funds and other social investment models.

## 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 an impact evaluation of a sample of projects funded through their Well-being and Changing Spaces Programmes. The evaluation, known as the National Well-being Evaluation, started shortly after the Well-being Programme began and has run until June 2013. The longitudinal nature of the evaluation mirrors the long term nature of the delivery of both programmes.

This is the final report produced for the Big Lottery Fund by the National Well-being Evaluation Team, presenting the findings from the research undertaken throughout the whole of the evaluation. The report outlines: the research questions the evaluation has tried to answer; the methodology employed; the current policy context; and the final findings. This report focuses particularly on the relationships between the impact of the different areas of well-being (healthy eating, physical activity, mental health, social well-being, and personal well-being) and the characteristics of the projects which were most effective in increasing their participants' well-being. Finally, the report identifies key lessons which service providers, commissioners, the Big Lottery Fund and the Government can consider in relation to their work on health and well-being.

### 1.1 Well-being Programme and Changing Spaces Programme

The Big Lottery Fund's £160 million Well-being Programme supported projects across England, focusing primarily on three themes or strands of well-being: healthy eating; physical activity; and mental health. The Well-being Programme had three key aims:

- 1) to develop new or better early intervention approaches to common mental health problems;
- 2) to educate and promote healthy eating within communities;
- 3) to increase participation in physical activity, including active travel.

The programme was delivered through seventeen portfolios, which are groups of projects coordinated by a single organisation or network.

**Table 1: Well-being Programme portfolios**

Portfolio	Lead organisation	Strand addressed	Region
Altogether Better	Yorkshire and Humber Strategic Health Authority	All three	Yorkshire and Humber
North West Networks for Healthy Living Partnerships	Stockport Metropolitan Borough Council	All three	North West
Well London	Greater London Authority	All three	London
Activate London	Peabody Trust	All three	London
Target Well-being	Federation of Groundwork trust	All three	North West
Well-being in the East	North Essex Partnership NHS Foundation	All three	East
Chance4Change	South East Strategic Health Authority/ Portsmouth City Council	All three	South East
Living Well in the West Midlands	West Midlands Leaders Board	All three	West Midlands

Portfolio	Lead organisation	Strand addressed	Region
New Leaf New Life	North East Strategic Health Authority	All three	North East
Well-being in the South West	Westbank Community Health and Care	All three	South West
Fit As A Fiddle	Age UK	All three	National
Time to Change	MIND – National Association for Mental Health	Mental health Physical Activity	National
Active Travel	Sustrans	Mental health Physical Activity	National
Let's Get Cooking	School Food Trust	Healthy Eating	National
Food for Life	The Soil Association	Healthy Eating	National
Healthy Transitions	The Foyer federation	All three	National
England on the MEND	MEND	All three	National

The majority of portfolios began their operations late in 2007 or within the first six months of 2008. Two portfolios<sup>4</sup> 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, village greens, kick-about areas, and pathway improvements. The activities of the two Changing Spaces award partners are distinct groupings of projects, similar to well-being portfolios. The award partners involved in the evaluation are EcoMinds<sup>5</sup> and The Local Food Programme.<sup>6</sup>

The Well-being and Changing Spaces projects are between three and five years in length. Most well-being projects came to an end in 2011 and 2012; Changing Spaces projects will end by 2014. Several portfolios have received additional funding from the Big Lottery Fund (from April 2012) to continue some of their activity, these projects are not included as part of the national evaluation.

More information on both programmes can be found in the first year evaluation report at [http://www.biglotteryfund.org.uk/er\\_eval\\_well\\_being\\_yr1\\_report.pdf](http://www.biglotteryfund.org.uk/er_eval_well_being_yr1_report.pdf).

## 1.2 About the evaluation

The evaluation has aimed to address the following research questions:

- How have participants' behaviours, feelings and goals changed as a result of being involved with the programme?
- How do the three strands and social well-being impact on each other and link together?
- How do the three strands contribute to overall well-being?
- What types of projects or interventions are most successful in improving the well-being of participants? What types of projects are not as successful?
- What factors influence how successful or not projects are in improving well-being?

<sup>4</sup> Food for Life Programme and the MEND Programme

<sup>5</sup> 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

<sup>6</sup> 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

- ❑ Which participant groups show the greatest gains in well-being and why? What gains do they make?
- ❑ Which participant groups benefit the least and why?
- ❑ What is the wider impact of funded projects on community well-being?

The National Well-being Evaluation aimed to measure well-being impacts in a standard, consistent manner across both projects and portfolios funded by the Well-being and Changing Spaces Programmes. A set of tested and validated questionnaires or tools were developed and were used by a number of projects within the various portfolio's which make up the Well-being and Changing Spaces Programmes. A robust stratified sample was developed and surveyed; our survey work was complemented by qualitative research in the form of project level case studies.

Case study research has enabled the National Evaluation project team to explore in more detail the connections between the three strands of well-being, and the contribution that these strands make to raising individual levels of well-being. Undertaking case study research has also enabled the evaluation to reflect the diversity of projects within the programme as a whole, and to explore the impact of projects which do not easily lend themselves to the administration of questionnaires.

Throughout the evaluation's lifetime we undertook 19 project level case studies (several of these are also involved with the survey element); the individual case studies are presented in a separate document.

The quantitative and qualitative data was synthesised and triangulated with findings from other research studies to produce this final report. A more detailed presentation of the evaluation's methodology can be found in Appendix 1.

## 2 WELL-BEING POLICY IN THE UK

The last ten years have seen a dramatic rise in the interest in well-being in the UK, particularly within the area of policy: from the powers granted to local authorities to improve well-being in 2000 under the Local Government Act; to the inclusion of well-being in the UK Sustainable Development Strategy '*Securing the Future*' in 2005; and, more recently, the Measuring National Well-Being Programme inaugurated by the Prime Minister in November 2010.

Well-being has been defined in many ways, but a review conducted by nef in 2010 highlighted four common characteristics:

- 1) well-being is about how people experience their own lives;
- 2) well-being is more than the absence of problems or illness;
- 3) well-being is about the social as well as the personal;
- 4) well-being is more than happiness.

This broad understanding of well-being has been used in several policy areas, reviewed below.

### 2.1 Health

The Department of Health has been one of the leading departments in terms of integrating well-being into policy, a key moment being the '*New Horizons*' strategy in 2009. The '*No Health without Mental Health*' strategy which superseded it in 2011 included better population well-being as one of its six objectives. The key interest in well-being for those working in health, is the shift away from a focus on only negative elements towards positive mental well-being (e.g. the Local Government Association report '*Tackling Mental Health Issues*'), moving from cure to prevention. Those working in mental health have been particularly interested in the well-being agenda as it forms part of a process of raising the profile of mental health, vis-à-vis physical health. The Department of Health has included the Warwick Edinburgh Mental Well-Being Scale (used in the Big Lottery Fund Well-Being evaluation tools) in the Health Survey for England, and it is also used in the Scottish Health Survey.

With regards to physical health, physical activity and healthy eating (two of the three Well-Being Programme strands), these are seen as the necessary ingredients for reducing obesity, which is one of the Government's key ambitions (as outlined in the White Paper '*Healthy Lives, Healthy People*'). The Government's strategy for dealing with the challenge involves empowering communities and local partners, and recognises the contributions that different organisations can play (e.g. from this year, local authorities will be responsible for commissioning programmes to prevent obesity). There is a growing appreciation of joined-up policymaking to tackle multiple issues (e.g. the growing support for active travel stems from a strengthening evidence base in terms of its multiple benefits, including physical and mental health and reduced CO<sub>2</sub> emissions, as well as emerging opportunities to link policy areas, such as transport and health). Publications, such as the National Institute for Health and Care Excellence's '*Public Health Guidance on Walking and Cycling*' or British Medical Association's report '*Healthy Transport = Healthy Lives*', show how these links can be made in practice.

### 2.2 Local authorities and well-being

Perhaps the earliest reference to well-being in UK policy was the granting of well-being 'powers' to local authorities in the Local Government Act in 2000. These powers enabled local authorities '*to do anything they consider likely to promote the economic, social and environmental well-being of their area unless explicitly prohibited elsewhere in legislation*'. Subsequently, the influential Lyons Enquiry called for local authorities to play an active role in what has been termed 'place shaping': '*the creative use of powers and influence to promote the general well-being of a community and its citizens*'.

The Health and Social Care Act of 2012 transferred responsibility for public health to local government. As of last month, local Health and Well-being Boards have the duty to coordinate a wide range of partners within local areas. In some senses, they replace the role that Primary Care Trusts had; however the greater involvement of local government provides opportunities for more holistic thinking – joining up different policy goals. It remains to be seen whether these Boards will solely focus on public health, or whether they become an opportunity for local authorities to think about well-being in a broader sense.

In a report commissioned by Local Government Improvement and Development *'The Role of Local Government in Promoting Well-being'*, it is stressed that well-being should not just be about health, and that *'promoting the well-being of individuals and communities is fundamental to the work of local government'*. New opportunities will emerge at the local level in the autumn of this year, when the Office for National Statistics (ONS) releases data on subjective well-being for all local authorities. Resilience is a key element of well-being in the local context, as communities look to see how they can face the challenges of the economic crisis. In this sense, well-being is not seen as an end in itself but useful for achieving other goals, including improved physical health, longer life expectancy, job performance, and re-employment rates.

## 2.3 Measurement of well-being

Health and local government are two areas where well-being has been most integrated into policy; however there is a broader cross-departmental notion of well-being which is rapidly growing in prominence. Unusually, this has been spearheaded by the ONS, which began its Measuring National Well-Being Programme in November 2010. The stated objective of the programme is to develop new measures which provide a more holistic assessment of progress, away from a focus on economic growth. In time, as the Prime Minister has said, the Government will be able to use these indicators to identify policies which will improve well-being.

Subjective well-being measures that assess people's experience of their lives, and are a key part of the Big Lottery Fund's National Well-Being Evaluation, are also central to the ONS Programme. In April 2011, the ONS began running four subjective well-being questions in the Annual Population Survey; the largest annual survey in the UK, creating an unprecedented level of data availability. Subjective well-being is powerful as it offers an overview of people's lives, allowing people to decide for themselves what is important, and evaluate their situation based on whatever they see fit.

The Organisation for Economic Co-operation and Development (OECD) recently produced an authoritative set of guidelines on measuring subjective well-being, which identify three distinct uses for such data:

- 1) average subjective well-being across the nation has been proposed as being central to overall assessments of progress. Is well-being rising or falling in the country? Associated with this, it can be used to identify population groups that are in need;
- 2) analysis of subjective well-being data can provide lessons in terms of what the factors are and if conditions are conducive to high (or low) well-being; this can lead to recommendations for policymakers and service providers;
- 3) it has been proposed that subjective well-being data could be used to provide input for cost benefit analysis and ex-ante appraisal, an idea explored in a HM Treasury paper entitled *'Valuation Techniques for Social Cost Benefit Analysis'*.

Within central government, staff in: the Cabinet Office; the Treasury; the Department for Transport, Communities and Local Government; Business, Innovation and Skills; and of course the Department of Health, are all looking at subjective well-being data (e.g. the Department for Transport have begun considering how to incorporate the assessment of impact on subjective well-being in their transport appraisal guidelines).



### 3 IMPROVEMENTS IN WELL-BEING

The programme significantly improved participants' well-being. Improvements were seen in all three main programme strands (healthy eating, physical activity and mental health), as well as in terms of personal and social well-being. These significant improvements were sustained beyond engagement with the programme.

#### 3.1 Personal well-being

The programme significantly improved participants' personal well-being; mean life satisfaction rose from 6.5 at the beginning of engagement with the programme to 7.1 by the end of the engagement. These improvements were largely sustained three to six months beyond engagement with the programme.

Personal well-being assets provide people with the resources to overcome challenges and health difficulties they might have, and sustain positive outcomes.<sup>7</sup>

These well-being assets 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 concept of personal well-being assets has some similarities to the concept of personal resilience; the well-being asset – ability to deal with problems – is also an element of personal resilience.

The evaluation assessed personal well-being by asking a simple life satisfaction question<sup>8</sup> and a set of nine questions from the Warwick Edinburgh Mental Well-Being Scale<sup>9</sup> (WEMWBS).

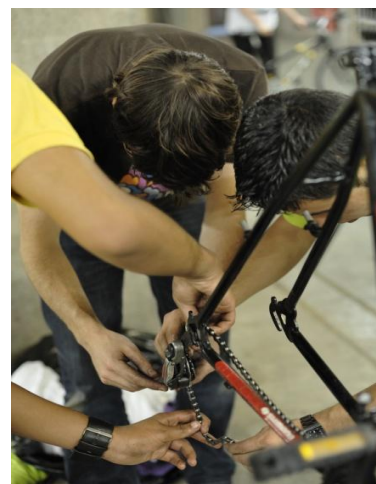
There was a clear and significant increase in life satisfaction amongst programme participants, with a mean life satisfaction rising from 6.5 at the beginning of their engagement with the programme to 7.1 at the end of their engagement. This increase is substantial given the relative insensitivity of this measure to other 'hard' effects (e.g. an individual's income doubling leads on average to an increase of life satisfaction of 0.2).<sup>10</sup>

The case studies also found substantial improvements in participants' personal well-being. Participants often described feeling more confident and able to interact with others and take on new responsibilities, which they never would have considered before starting their project. Gaining new skills, either interpersonal skills or more vocational skills, was found to be especially important for improving participants' personal well-being and self-esteem:

*'Working here has made me realise that I have a lot to offer and has definitely given my self-confidence a well needed boost... voluntary work within the café [has] given me a purpose again.'*

Other important factors leading to increased personal well-being were: the sense of achievement from losing weight or improving personal fitness; increased self-confidence from participating in a group activity; feeling more involved through having an active role in a project; and feeling more in control through having a new routine:

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



Increased self-esteem through gaining new skills - Active Travel  
Credit: J Bewley/Sustrans  
©Sustrans

<sup>7</sup> Barbara Frederickson's 'broaden and build' model explains how positive emotions, such as resilience and creativity, serve as resources, allowing individuals to grow and develop

<sup>8</sup> This question is now in widespread use in for example the European Social Survey, the Gallup World Poll, and the UK Annual Population Survey. Respondents answer on a scale of 0-10, where 0 indicates 'dissatisfied' and 10 indicates 'satisfied'.

<sup>9</sup> This covers a range of aspects of well-being including: self-esteem; resilience and optimism; competence and autonomy; and relatedness. This scale is used in the UK-wide Understanding Society survey and the Health Surveys for England and Scotland.

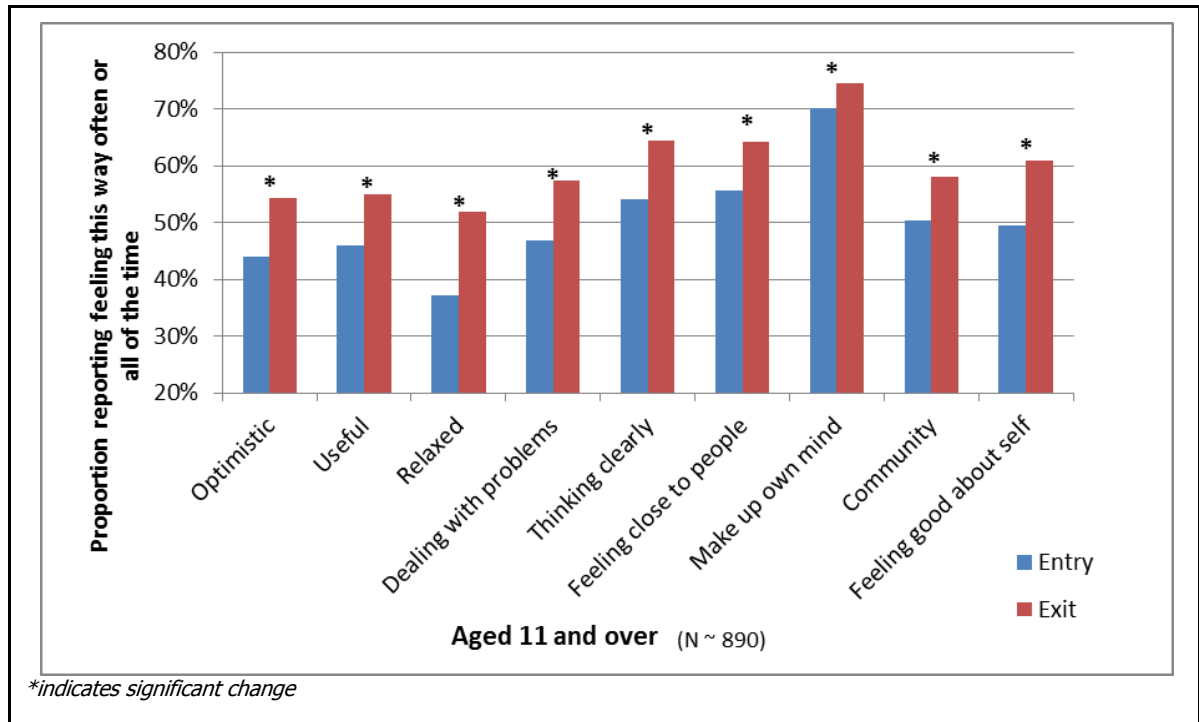
<sup>10</sup> Based on analysis of the 2004 European Social Survey data for the UK



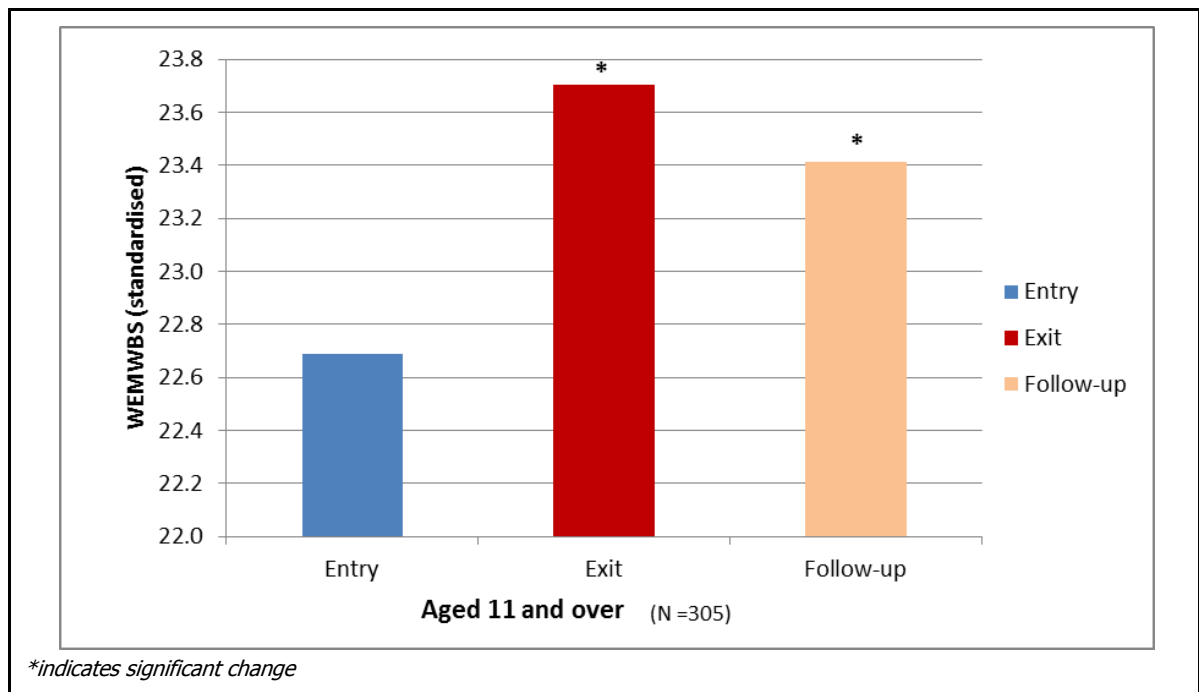
These improvements in life satisfaction were largely sustained beyond engagement with the programme.<sup>11</sup>

As can be seen in Figure 1, there were significant improvements in all nine WEMWBS measures. The largest improvements were in terms of feeling relaxed (rising from 37.2% at the beginning of their engagement with a project to 51.8% at end of their engagement) and feeling optimistic (rising from 44.0% to 54.4%). Together, these increases lead to the mean WEMWBS score for participants increasing from 22.3 at entry to 23.6 at exit. As Figure 2 shows, this increase was sustained three to six months beyond engagement with the project.

**Figure 1: Proportions reporting answering positively on WEMWBS measures**



**Figure 2: Standardised WEMWBS scores at entry, exit and follow-up**

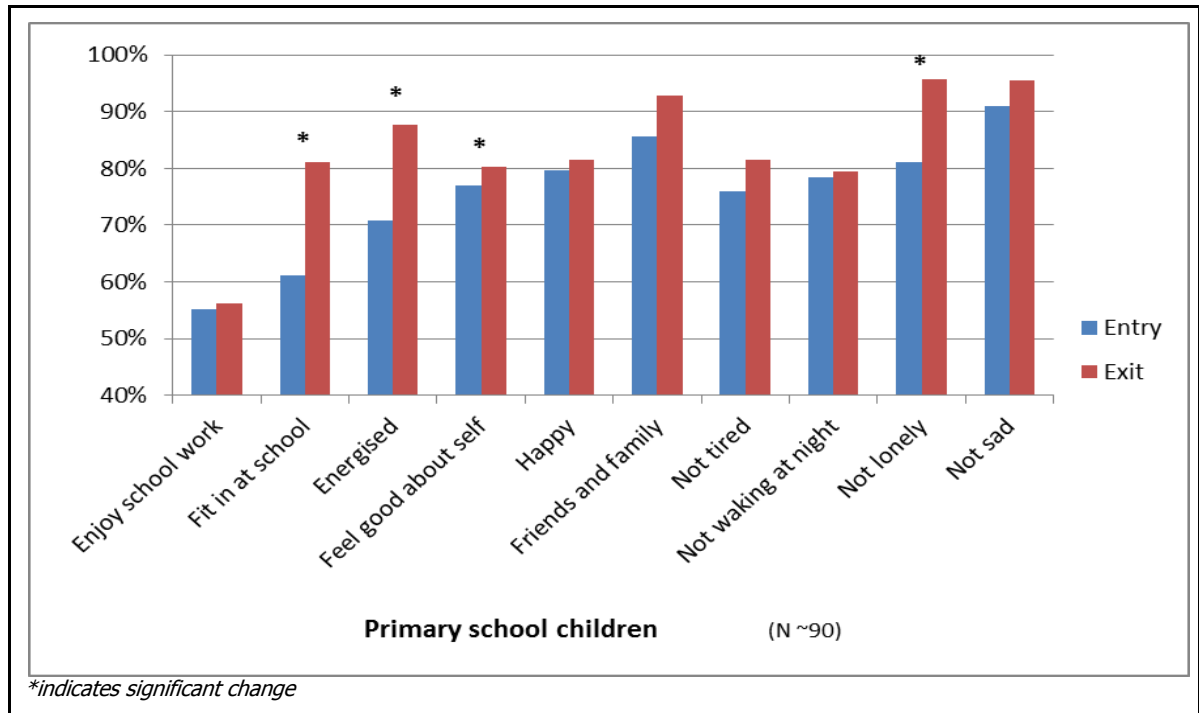


<sup>11</sup> For those that completed questionnaires at all three time points, average life satisfaction rose from 6.7 at Entry to 7.5 at Exit , and remained at 7.4 at Follow-up (N=308).

The life satisfaction results were not as encouraging for school pupils. The increase in life satisfaction for secondary school pupils was not significant; and there was no overall increase in the happiness asked of primary school pupils. As shown in Figure 3, primary school pupils showed improvements in all personal well-being areas; these improvements were significant in terms of:

- ❑ fitting in at school;
- ❑ feeling energised;
- ❑ feeling good about themselves;
- ❑ not feeling lonely.

**Figure 3: Changes in personal well-being for primary school pupils**



### 3.2 Social well-being

There were significant improvements to social well-being; these improvements were found to be sustained when participants maintained friendships and organised their own social activities outside the project.

For the purposes of the evaluation, social well-being was split into four sub-domains:

- ❑ **intimate** – having close relations and not feeling lonely;
- ❑ **activities** – having social networks that enable one to be active;
- ❑ **community** – community belonging and satisfaction;
- ❑ **support** – having networks that provide support.

There were significant improvements in three of the four sub-domains: intimate; activities; and community. The increases in support were not significant; however this is probably due to the fact that a large proportion started from a relatively high baseline, especially older people. The case studies found that for people with low starting levels of social well-being, improving their social well-being was very important to their overall enjoyment of a project. Many participants described how the social aspect of an activity motivated them to keep attending the activity sessions more than the activity itself:



The opportunity to socialise was important for motivating participants to stay involved.  
 DIY Happiness - Well London, Greater London Authority,  
 (c) Caro Swan, [www.swanaround.co.uk](http://www.swanaround.co.uk)

*'The team made you want to be there every week. They made you feel comfortable and valued, and were very supportive.'*

Numerous case studies reported increased social well-being in terms of: new opportunities to socialise; meeting people from their local area; feeling supported and motivated by the other participants and project leaders; and having a greater sense of belonging. Increased social well-being was especially important for people who described feeling lonely and isolated before engaging with a project, in particular people with mental health needs and new mothers:

*'It's easy to forget yourself when you are a new mum. In the group, we talked about ourselves as mums for a little while, but then we talked about who we were as people; what we did before we had our children; and what we might want to do in the future.'*

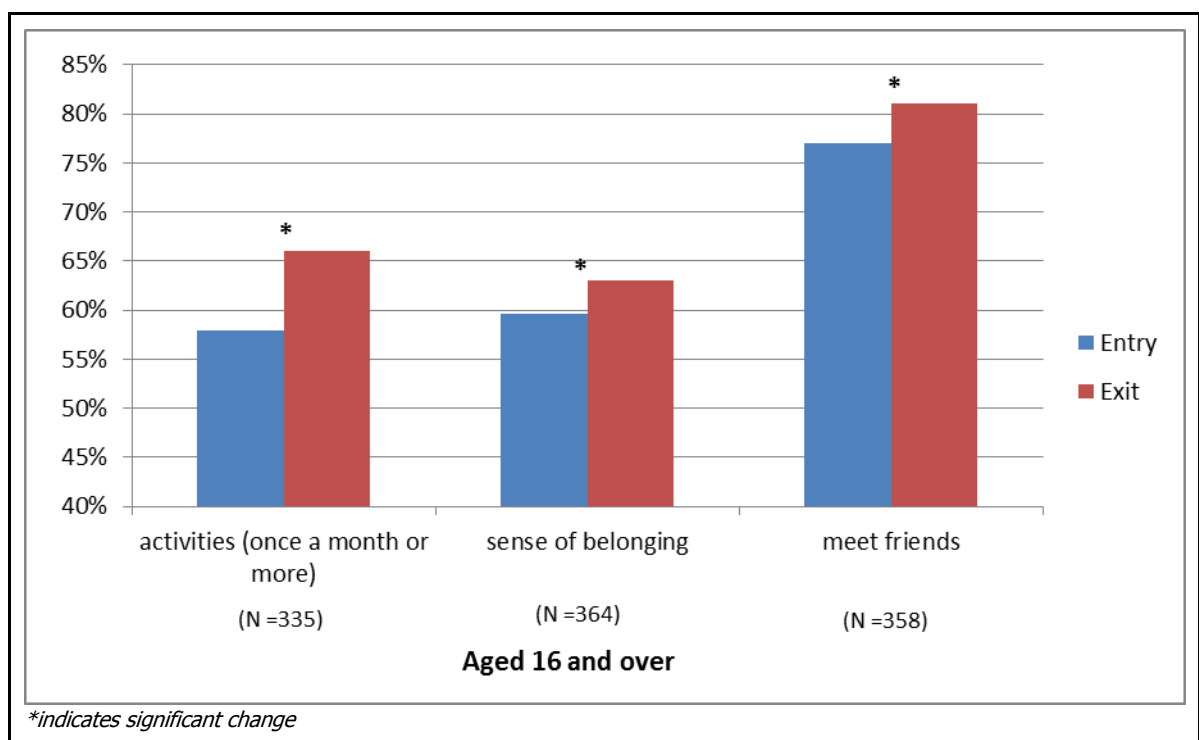
Other ways in which the case studies found improvements to social well-being include: improved family relations for projects involving parents and children (see case studies: Dudley Healthy Retail; Family Cookery); improved relationships between parents and teachers where schools were involved in a project (see case study: Let's Get Cooking); and increased sense of community for participants involved in improving community spaces (see case studies: Growing Food for Life; Branching Out).

Improvements in social well-being were often found to be sustained beyond the project, as the case studies reported participants continuing to be friends and organising their own social activities outside of the project.

Figure 4 illustrates the significant increases in the proportions of participants answering positively about meeting friends, engaging in activities at least once a month, and reporting a sense of belonging to their community.

Some of the biggest improvements in well-being for primary school children were seen in terms of social well-being.

**Figure 4: Increase in social well-being**

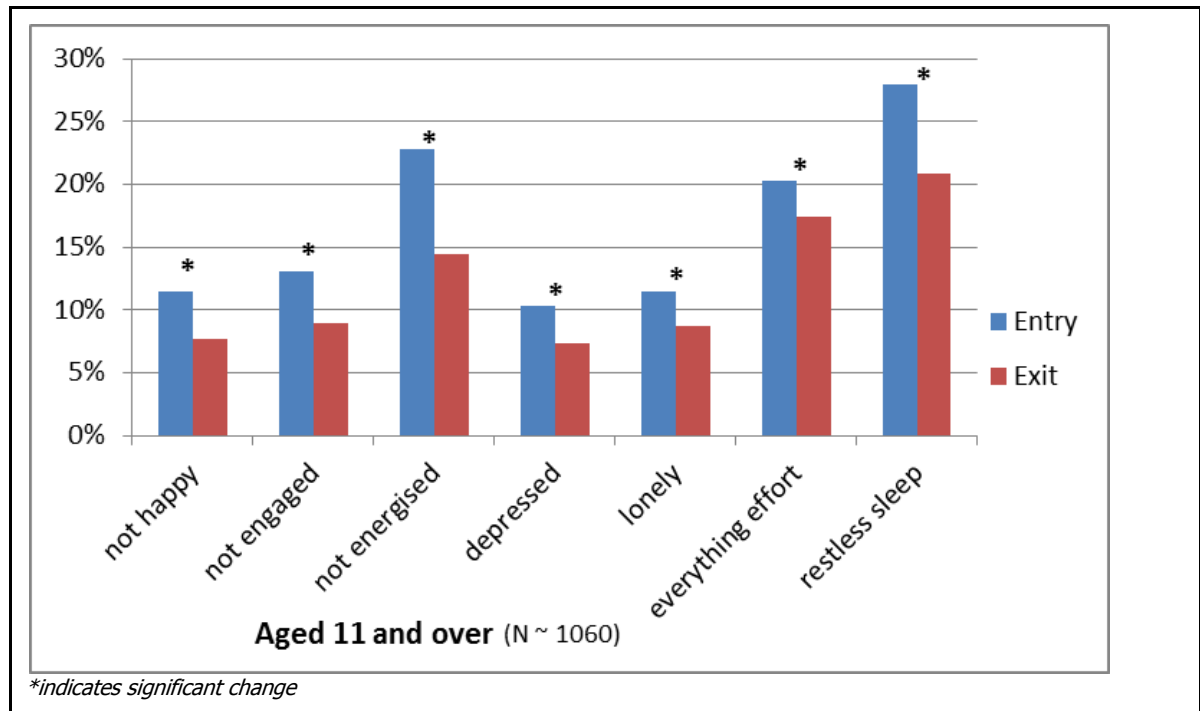


### 3.3 Mental health

Approximately one in three people who reported having symptoms of depression no longer had those symptoms by the end of the programme. Also, significant reductions in stress and anxiety were recorded three to six months after engagement with the programme ended.

Mental health was assessed by examining symptoms of depression<sup>12</sup>, stress and anxiety. As can be seen in Figure 5, there were significant reductions in all depressive symptoms.

**Figure 5: Reduction in depressive symptoms**



Support workers were valuable in encouraging service users to take part in a project.  
DIY Happiness - Well London,  
Greater London Authority,  
(c) Caro Swan,  
www.swanaround.co.uk

The most impressive drops were in terms of restless sleep (28% to 21%) and those not feeling energised (23% to 14%). Overall, the proportion reporting depressive symptoms fell from 32.6% to 21.8%, a fall of 10.8 percentage points (33%). In other words, one in three people who had depressive symptoms at the beginning of their engagement with the programme did not have them at the end of their engagement.

The case studies found that many participants experienced feeling more positive and less depressed as a result of participating in a project. Participants described how having a routine, a purpose, and more social interaction helped them to feel happier, more energetic and generally better about themselves:

*'The course has given me a purpose and structure to my weeks and has prevented me from major dips in my mental health through having this purpose.'*

Projects which provided counselling, relaxation techniques and alternative therapies were found to improve participants' mental health (see case study: Healthy Beginnings); and participants with mental health needs were found to benefit particularly from gardening and community food growing activities (see case studies: Branching Out; Growing East Middlesbrough).

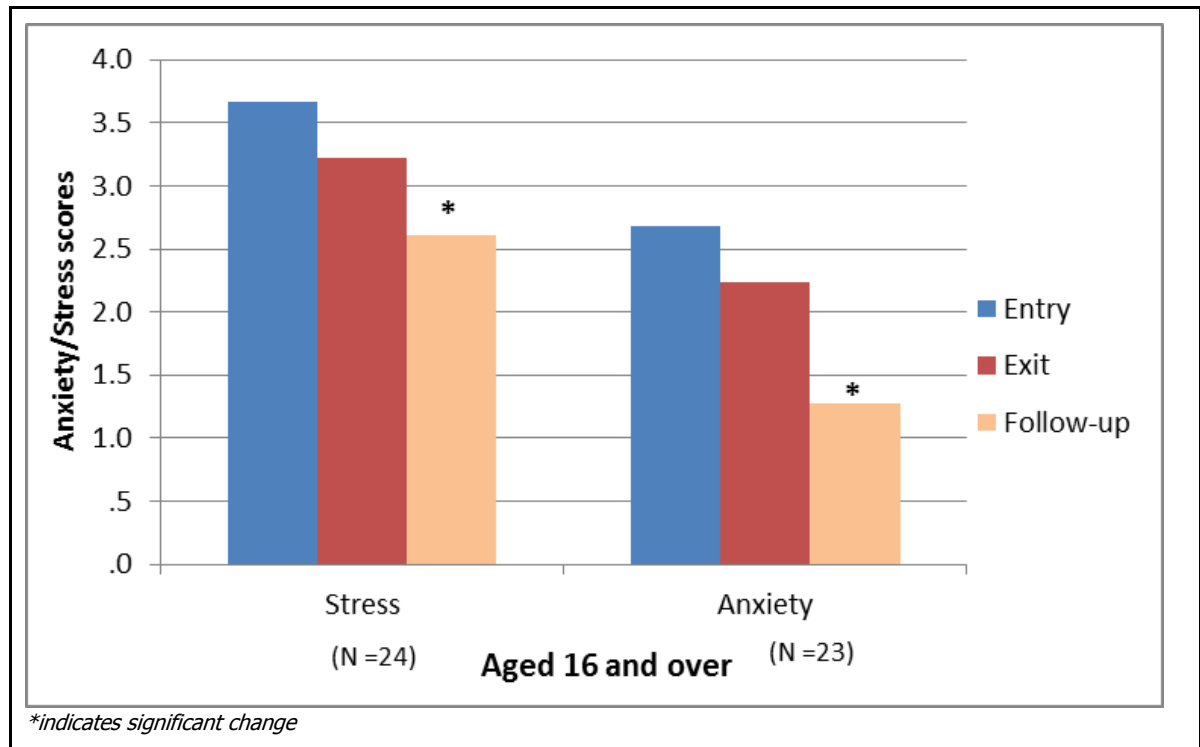
<sup>12</sup> The Centre for Epidemiologic Studies Depression Scale (CES-D Scale) was developed for use in studies of the epidemiology of depressive symptoms in the general public.

These improvements in mental health were sustained beyond engagement with the project, especially where participants were signposted to other activities and stayed in touch with friends they had made through the project:

*'I am training to be a volunteer [for the project]. I will need to do more things so I don't go back to being more anxious.'*

Figure 6 illustrates that reductions in stress and anxiety, recorded three to six months after engagement with the programme ended, were significant.

**Figure 6: Reduction in anxiety and stress scores**



### 3.4 Healthy eating

There were large improvements to participants' eating behaviour, with significant and lasting improvements for secondary school pupils and adults, in behaviour, enjoyment, and attitudes to healthy eating.

The evaluation assessed healthy eating in terms of behaviour and attitudes to healthy foods, confidence in choosing and preparing healthy food, and importance of healthy food.

Healthy eating saw big overall improvements, with significant improvements in all three main components – behaviour, enjoyment and attitudes – for secondary school pupils and adults. Over time, significant improvements in behaviour persisted for adults and secondary school pupils, though not for primary school pupils.

Participants reported particularly enjoying activities which involved cooking and tasting new foods, and cooking food which they had grown themselves:



Cooking and tasting new types of food often increased participants' interest in eating healthily. Well-being in the East, North Essex Mental Health Partnership Trust



*'The project inspired me to try new veg. I eat more healthily now and think about what I eat.'*

Increased enjoyment of healthy food led to participants feeling more enthusiastic about cooking and eating fruit and vegetables at home, especially when children and parents were involved in learning new cooking skills together (see case studies: Let's Get Cooking; Family Cookery). Participants also described feeling motivated to improve their diet after they noticed they had lost weight due to increasing their physical exercise (see case study: Get Walking Keep Walking):

*'I've joined an exercise class, thought a lot more about my diet and lost two and a half stone since joining [the programme].'*

The projects were found to increase participants' knowledge of good nutrition as well as improving their cooking skills (see case study: Healthy Beginnings). Participants described learning how to read food labels, how to shop for healthy food, and how to provide nutritious meals for babies and young children:

*'You feel like a bad mum if you are giving your child rubbish food. I've definitely changed my habits now.'*

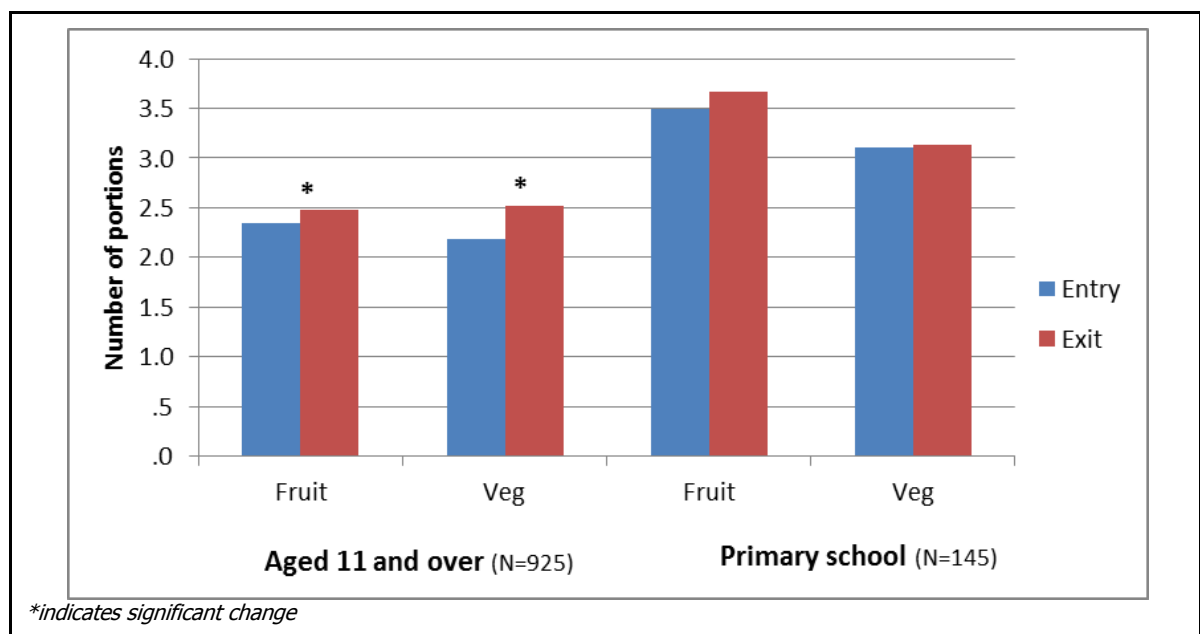


Participants described enjoying healthy food much more and thinking more about their diet. Living Well in the West Midlands, West Midlands Regional Assembly

Figure 7 shows the increase in fruit and vegetable consumption for adults and secondary school pupils, and primary school children.

The average level of consumption of fruit for adults and secondary school pupils increased from 2.3 portions a day to 2.5 portions a day. The increase in vegetable consumption was greater, starting at 2.2 portions and increasing to 2.5 portions. Combined, these increases meant that the proportion of programme participants eating five-a-day rose from 48.4% to 56.6%, an increase of 8.2 percentage points (16.9%).

**Figure 7: Change in fruit and vegetable consumption**



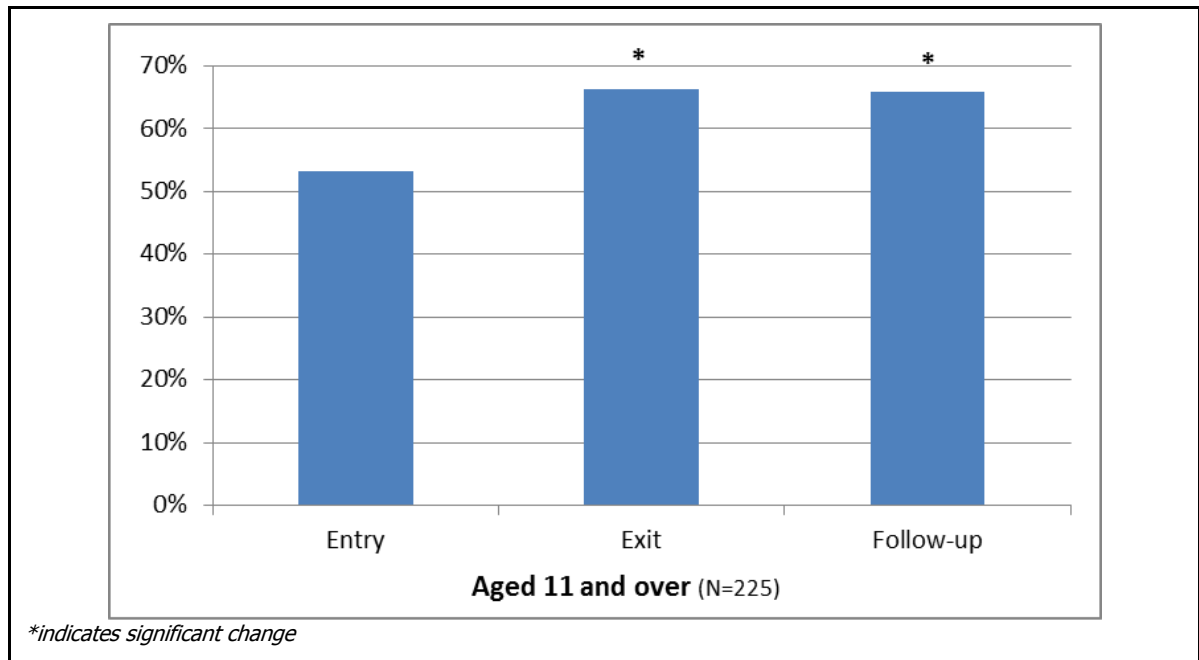
Some of the increase in fruit and vegetable consumptions was maintained beyond the life of the programme.<sup>13</sup>

As Figure 7 also shows, there were increases in fruit and vegetable consumption amongst primary school children; however these increases were not significant.

<sup>13</sup> The number of portions of fruit and vegetables increased by 0.2 from the beginning of the programmes to three to six months after engagement with the programme ceased.

Figure 8 illustrates that there was an increase in the proportion of adults and secondary school pupils who ate cooked meals at least four times a week.

**Figure 8: Proportion of people eating cooked meals at least four times a week**

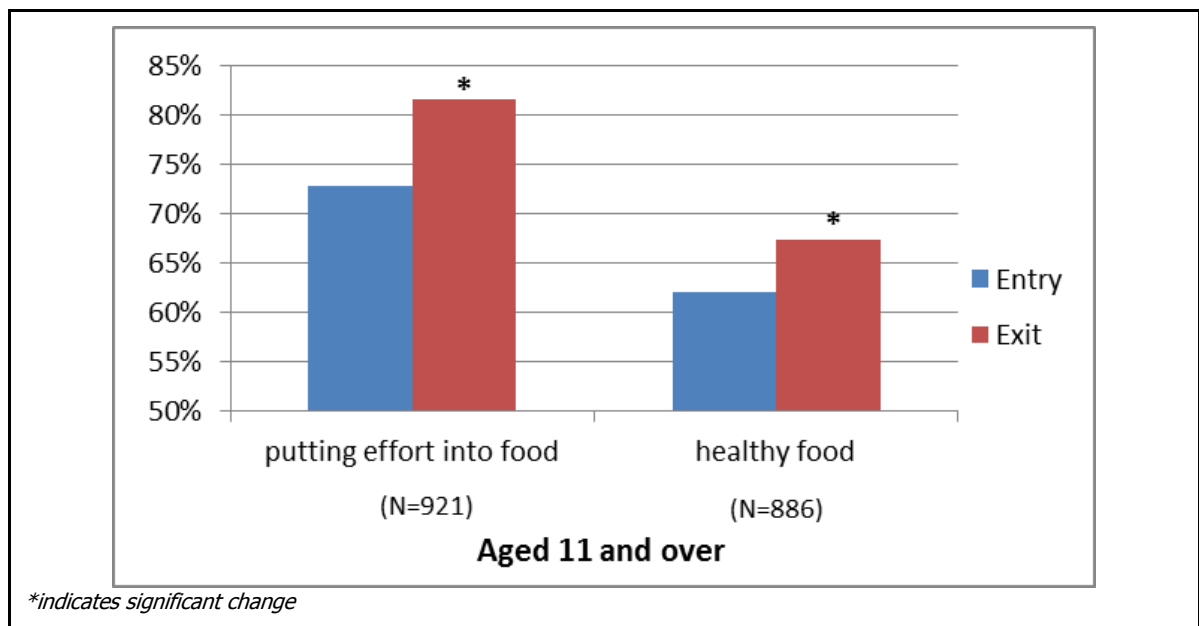


Amongst primary school children, proportions helping their parents cook almost doubled, increasing from 12.3% to 24.0%.

As shown in Figure 9, the proportions of adults and secondary school pupils enjoying putting effort into food and enjoying healthy food increased significantly.

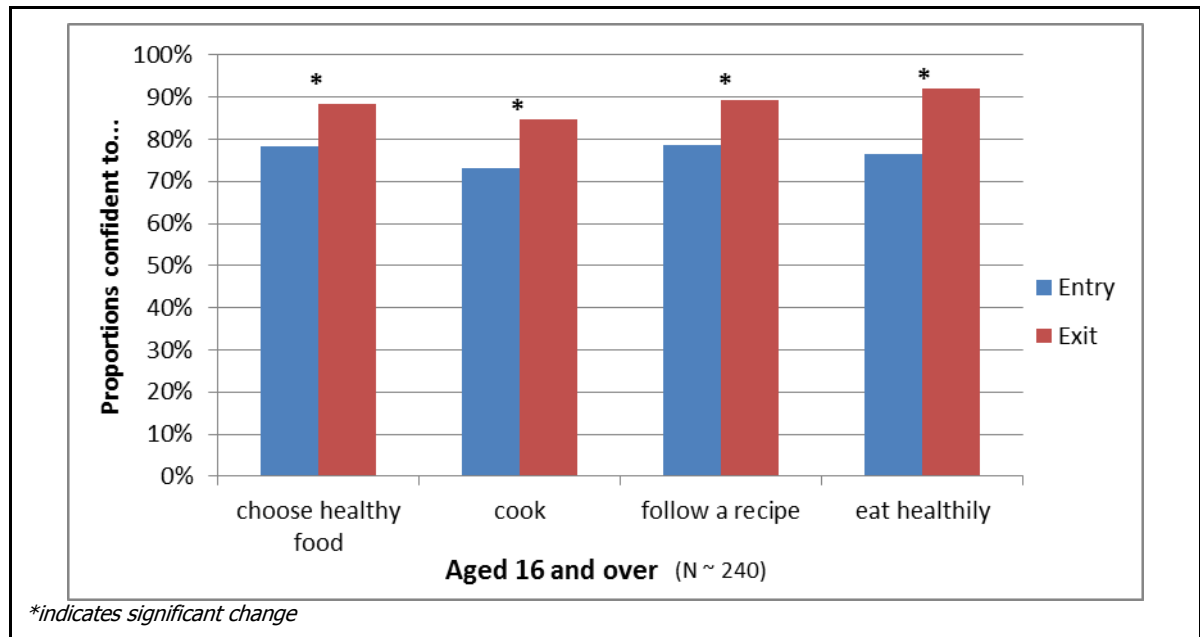
Primary school pupils answered slightly different questions about enjoying fruit and vegetables. Despite not seeing significant increases in actual consumption of fruit and vegetables amongst children, enjoyment did increase (e.g. after participation in the programme, the proportion of children saying they enjoyed vegetables increased from 47.6% to 55.2%).

**Figure 9: Proportion reporting enjoying elements of food**



As well as assessing behaviours and enjoyment of healthy food, the evaluation also examined attitudes to healthy food; Figure 10 shows that proportions not feeling confident more than halved on some of the indicators, highlighting a dramatic improvement.

**Figure 10: Proportion reporting not feeling confident with healthy food**



### 3.5 Physical activity

There was an overall increase in physical activity amongst adults and secondary school pupils, this was particularly significant for those aged over 35 years old.

The evaluation assessed programme participants' behaviour and enjoyment of physical activity. Overall, there was an increase in physical activity amongst adults and secondary school pupils; however this increase was only significant for those aged 35 and over.



Participants' enjoyment of physical activity increased and so did their level of physical activity. Healthy Transitions, The Foyer Federation

The case studies reported improvements in participants' enjoyment of physical activities, and found participants often maintained a higher level of physical activity beyond the lifespan of the project. Projects that involved gentle exercise that could be done without special equipment, such as walking in groups or gardening, by people with low fitness levels and low confidence, were found to encourage people to become more active (see case studies: Fit as a Fiddle; Growing East Middlesbrough):

*'Before I started walking with [the project] it wasn't something that I imagined myself doing, but it's definitely built up my motivation and stamina.'*

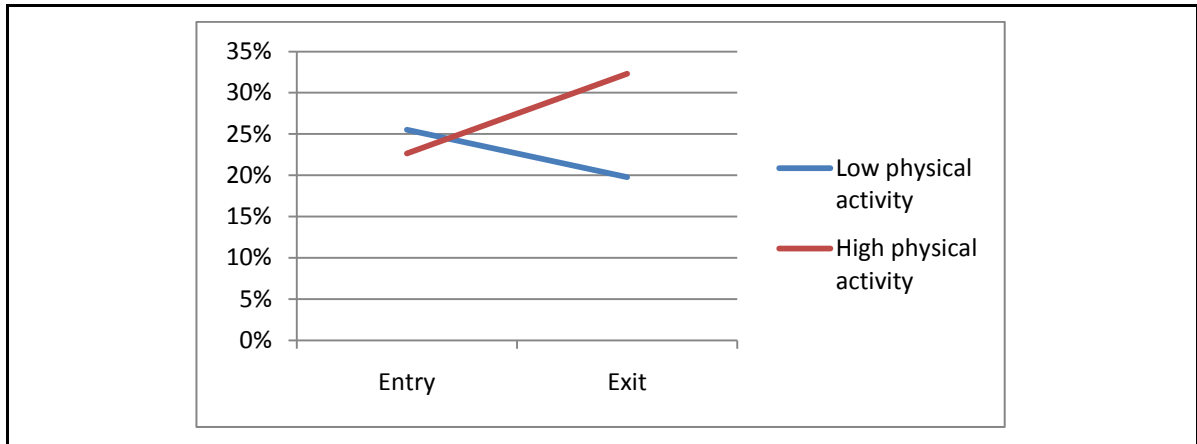
Physical activities which could be integrated easily into everyday life, such as active travel, were found to be very effective for increasing and sustaining improvements in participants' physical activity levels (see case study: Get Walking Keep Walking):

*'Getting home [by cycling] you think, well at least I've done some exercise... it's useful.'*



As shown in Figure 11, the percentage of over 35s reporting low physical activity<sup>14</sup> fell from 26% to 20%, with 32% reporting high physical activity by the end of their engagement with projects, compared to 23% at the beginning.

**Figure 11: Levels of physical activity as categorised by IPAQ**



Offering gentle physical activities is important for participants with limited mobility or low levels of fitness.  
North-West Healthy Living Networks, Stockport Metropolitan Borough Council

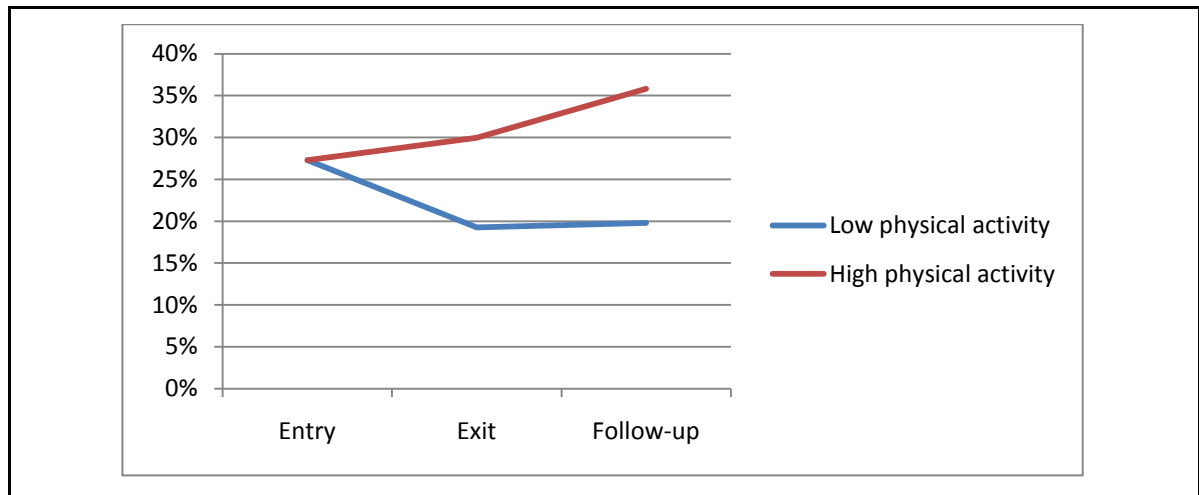
Across all age groups, there was a significant decrease in sedentary activity, with the proportions reporting spending 11 hours or more sitting during the day decreasing from 19.8% to 15.9%, a fall of 3.9 percentage points (19.7%).

Physical activity significantly increased amongst primary school children. After taking part in the programme, children were more likely to go swimming, cycling, play football, or play tennis (e.g. 48% of children reported playing football the previous week at the beginning of the programme compared to 62% at the end of the programme). There was also an increase in children undertaking physical activity in after school clubs (from 40% to 57% of children).

The evaluation showed that some of the increases in physical activity were sustained three to six months beyond engagement with the programme. Figure 12 shows that high physical activity increased from 27% at the beginning of the programme to 30% at the end of the programme, and increased further to 36% three to six months beyond engagement with the programme.

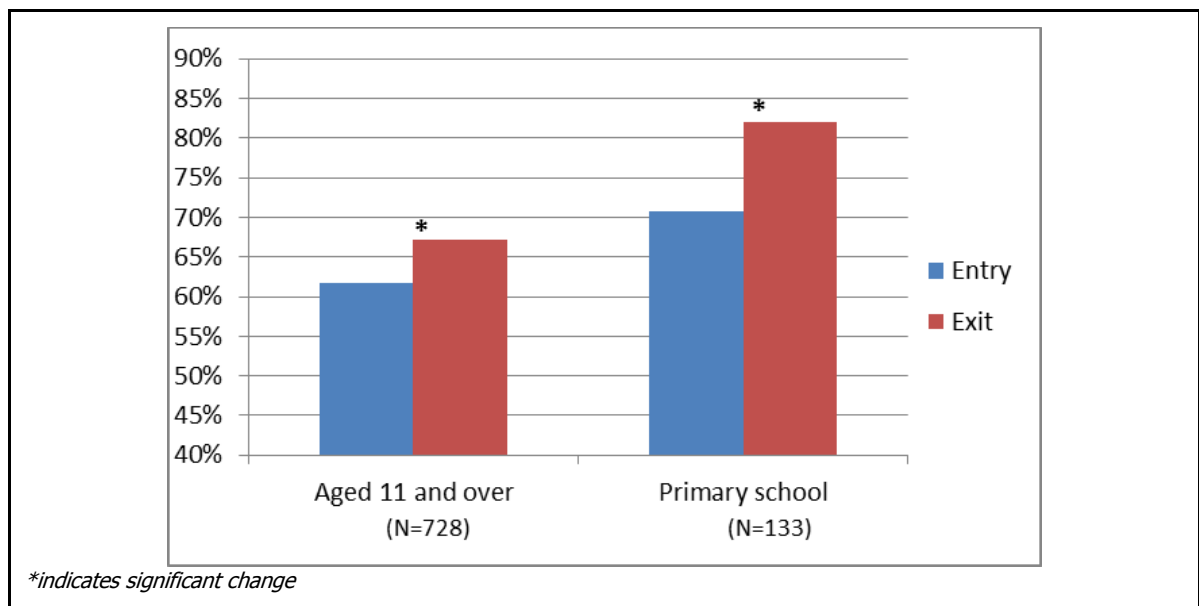
<sup>14</sup> The International Physical Activity Questionnaire (IPAQ) categorises respondents as either having low, moderate, or high physical activity based on a complex set of criteria.

**Figure 12: Sustained physical activity**



As illustrated in Figure 13, there was a significant increase in the proportion reporting enjoying physical activity amongst adults and secondary school pupils (main tool); and primary school children.

**Figure 13: Enjoyment of physical activity**



## 4 RELATIONSHIP BETWEEN DIFFERENT ELEMENTS OF WELL-BEING

Four key findings emerged from the data regarding how different elements of well-being impact on each other:

- 1) increased self-confidence is very important for enabling improvements in all areas of well-being – self-confidence can be part of personal well-being and mental health; low self-confidence can be a symptom of mental ill health;
- 2) self-confidence is usually increased through social well-being and feeling a sense of progress, due to improved personal fitness or gaining new knowledge or skills;
- 3) social well-being is important for increasing participants' enjoyment of physical exercise and healthy eating; having a sense of solidarity and community is important for motivating participants to adopt and maintain healthier behaviour;
- 4) improvements in participants' level of physical activity and healthy eating can lead to improvements in their mental health, especially feeling more positive, energetic, experiencing better moods, improved sleeping patterns, and lower levels of anxiety.

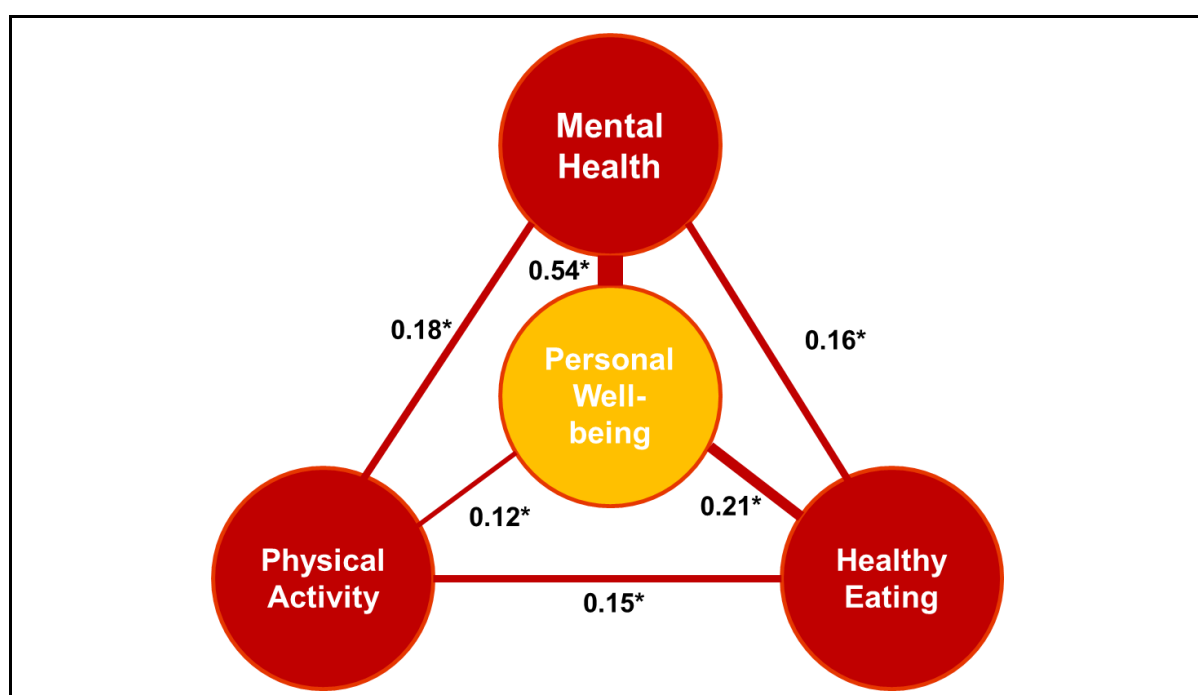
Central to the Big Lottery Fund Well-being Programme is a holistic concept of well-being. Whilst the programme was framed in terms of three strands – mental health, physical activity and healthy eating – portfolios that bid to the programme were encouraged to engage with more than one strand. As a result, the majority of projects involved activities that were related to more than one strand.

In this section, we examine the relationship between different elements of well-being.

### 4.1 Inter-correlation between elements of well-being

Programme participants that reported improvements in one strand of well-being tended to report improvements in other elements. Figure 14 shows the statistical correlations between changes in outcomes for mental health, healthy eating, physical activity, and personal well-being. The thickness of the line represents the strength of the correlation. Further evidence of these cross-strand relationships is demonstrated by the fact that an active travel project was identified as having the greatest impact on healthy eating.

**Figure 14: Correlations between elements of well-being**



### 4.1.1 Impact of increased physical activity



Increased physical activity, especially outdoors, often led to greater feelings of positivity and relaxation.

The case studies found that an increase in physical activity often led to a greater awareness of health in general, which led to increased motivation to eat more healthily. Participants who succeeded in increasing their level of physical activity often wanted to capitalise on the improvements made to their fitness by also improving their diet; this pattern was also found in the survey data.

As shown in the survey data, the case studies found increased physical activity led to greater feelings of positivity and general happiness. Participants commented that seeing progress in their physical fitness and health, especially in terms of weight loss, increased their self-esteem and self-confidence. Having greater self-confidence enabled them to make changes to their diet and/or take up sports and other activities outside of the project, which would help them to sustain their improved level of well-being (see case studies: MEND Fylde Coast; Healthy Transitions). Similar findings are commonly reported in research into the impact of physical activity on mental health (e.g. Penedo and Dahn (2005)<sup>15</sup> found a growing body of literature supporting the association between positive mental health and regular physical exercise).

Increased physical activity was found to be particularly important for improving other areas of well-being for older people (see case study: Fit as a Fiddle). The case studies found that increasing physical activity levels of older people led to increased fitness, strength and mobility, which led to increased self-confidence and independence. This meant that older people were more able to take advantage of opportunities for socialising and voluntary activities in general, which in turn improved their mental health and social well-being. Therefore the key barriers to well-being for older people were often: physical immobility which limited socialising (social well-being); self-confidence (personal well-being); and purposeful activity (mental health). Increased mobility was also found to facilitate older people's access to fresh fruit and vegetables since they were more able to travel to the shops or the market.

### 4.1.2 Impact of improved healthy eating

The qualitative data reflected the findings from the quantitative data which showed improved healthy eating to be associated with improved mental health. The qualitative data found that eating more healthily was likely to improve a participant's mood and, in some cases, created a sense of achievement and greater self-worth from feeling they had made the right choice (see case study: Healthy Beginnings). The positive effect of a healthy diet on mental health has also been reported in research by the Mental Health Foundation. Their research found that a healthy, balanced diet and eating at regular intervals, can be important for managing mental illness and maintaining good mental health<sup>16</sup>.



Eating more healthily can improve mental health and personal well-being.  
North-West Healthy Living Networks, Stockport  
Metropolitan Borough Council

<sup>15</sup> Penedo, Frank J., and Jason R. Dahn. 'Exercise and well-being: a review of mental and physical health benefits associated with physical activity.' *Current Opinion in Psychiatry* 18.2 (2005): 189. <http://www.medscape.com/viewarticle/500789>

<sup>16</sup> The Mental Health Foundation (2006) 'Feeding Minds: The impact of food on mental health' <http://www.mentalhealth.org.uk/content/assets/PDF/publications/Feeding-Minds.pdf?view=Standard>

### 4.1.3 Impact of improved mental health

As shown in the survey data, the case studies reported improved mental health as being very important for enabling individuals to make changes to their behaviour. Improved mental health led to participants feeling more confident, more energetic, and more able to take part in activities which could improve other aspects of their well-being. The case studies found that for participants with mental health needs, improving their mental health was an important first step to being able to increase their personal and social well-being, which then enabled them to make changes to their diet and become more physically active (see case studies: Branching Out; MEND Fylde Coast).

### 4.1.4 Impact of improved social well-being

The qualitative data revealed important findings on the impact of social well-being on other areas of well-being. The data suggests that increased social well-being is very important for improving mental health and increasing self-confidence (personal well-being). Participants often described how making new friends and having more opportunities to socialise increased their feelings of happiness. Many participants also described feeling a sense of solidarity with others who were facing the same challenges, and that this motivated them to make changes to their lifestyle (see case studies: MEND Fylde Coast; Healthy Beginnings; Mind in Gateshead Community Café).

Furthermore, the case studies identified increased social well-being as an important factor in motivating participants to continue their involvement in a project; and that participants often enjoyed activities because they involved socialising. Increased social well-being was also found to be very effective in increasing participants' self-confidence, which is important for enabling them to make changes to their lifestyles, as discussed below.

Research discussed at a recent international conference on loneliness emphasised the importance of increasing social well-being among retired and older people<sup>17</sup>. Research over the past few decades has found that a fairly constant proportion (6-13%) of older people are often or always lonely<sup>18</sup>; and older people living in deprived urban neighbourhoods have an increased risk of feeling unsafe, dissatisfied and lonely<sup>19</sup>. To reduce loneliness among older people, strengthening friendships and establishing new friendships outside of their home or retirement community, has been found to be effective<sup>20</sup>.



Taking up a new physical activity with others created a sense of solidarity and motivated participants to keep it up - Active Travel  
Credit: J Bewley/Sustrans, ©Sustrans

### 4.1.5 Impact of increased self-confidence and competence

The qualitative data shows that an important element of personal well-being is self-confidence, and that increased self-confidence can give participants the necessary self-belief to make changes to their eating and exercise habits. Participants described how increased self-confidence helped them to become more active and access other opportunities to improve their well-being, such as joining a gym or seeking employment. This resonates with research from the King's Fund which found that an individual must feel confident to make a change to their lifestyle, and must also feel motivated<sup>21</sup>. As a participant's confidence increases and they take up more activities outside of the project, other areas of their well-being are likely to improve, leading to a positive cycle of increasing personal well-being. Increased self-confidence therefore seems very important for sustaining all well-being outcomes.

<sup>17</sup> 'What do we know about loneliness?', held on the 9th and 10th of July 2012 in Oxford

<sup>18</sup> Victor, Christina (2005), 'Safeguarding the Convoy', Campaign to End Loneliness, Age UK <http://campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2011/07/safeguarding-the-convoy-a-call-to-action-from-the-campaign-to-end-loneliness.pdf>

<sup>19</sup> Dr Jenny de Jong Gierveld et al, 'Alleviating loneliness among older adults: possibilities and constraints of interventions', *Safeguarding the Convoy*, Campaign to End Loneliness, Age UK, [http://depot.knaw.nl/9884/1/2011\\_Alleviating\\_loneliness\\_among\\_older\\_adults.pdf](http://depot.knaw.nl/9884/1/2011_Alleviating_loneliness_among_older_adults.pdf)

<sup>20</sup> Potts, Marilyn K. (1997), 'Social Support and Depression among Older Adults Living Alone: The Importance of Friends Within and Outside of a Retirement Community', *Social Work*, 42(4): 348-362

<sup>21</sup> Dixon, A. (2008) Motivation and Confidence: What does it take to change behaviour?, King's Fund, [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_document/motivation-confidence-health-behaviour-kicking-bad-habits-supporting-papers-anna-dixon.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_document/motivation-confidence-health-behaviour-kicking-bad-habits-supporting-papers-anna-dixon.pdf)



Another element of personal well-being is competence. The data suggests that increasing a person's competence through teaching new skills or knowledge (e.g. how to prepare healthy meals) can lead to them adopting healthier behaviour, and increase their self-esteem from knowing that they are making healthier choices. Increasing a participant's autonomy to improve their own well-being therefore appears important for personal well-being, as well as enabling them to lead a healthier lifestyle (see case studies: Branching Out; Fresh and Fruity; Let's Get Cooking).

#### 4.2 Self-confidence plays a central role

Figure 15 presents how increased social well-being and a sense of personal progress, either through gaining new skills or knowledge; or by improving personal health and fitness, can lead to greater feelings of self-confidence.

**Figure 15: Well-being areas leading to increased self-confidence**

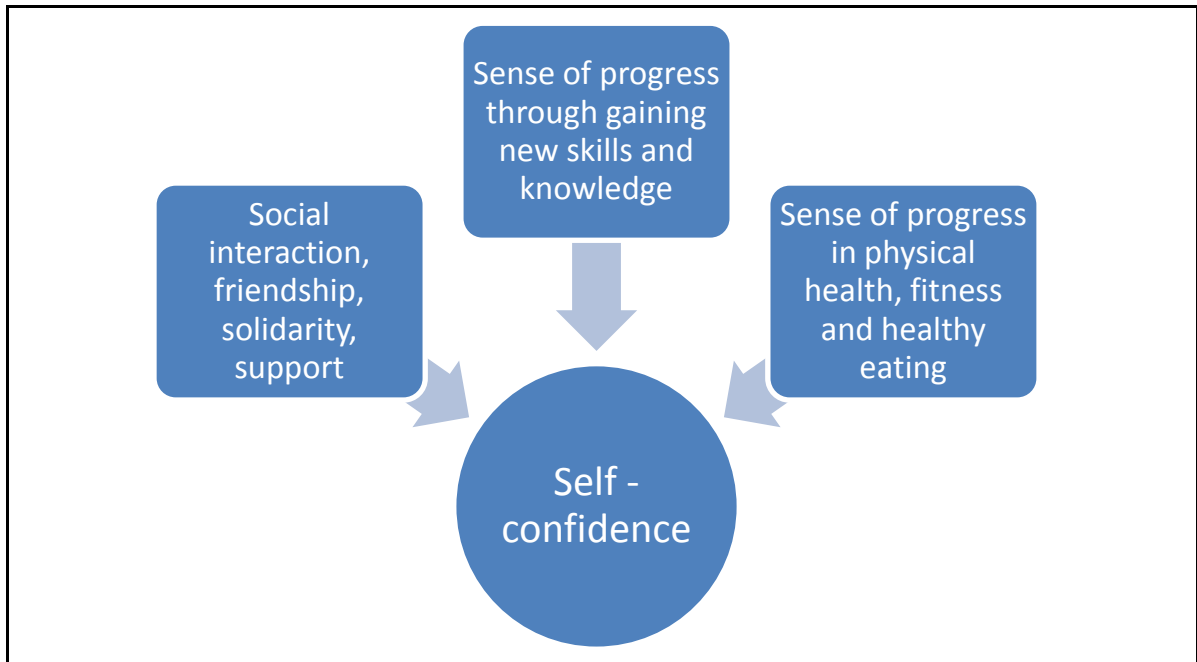


Figure 16 demonstrates how increased self-confidence leads to a participant feeling more motivated and determined to adopt and maintain healthier behaviour; and to access other opportunities to improve their health and well-being. Adopting healthier behaviour and becoming more involved in other activities leads to greater self-confidence and forms a positive cycle of increasing personal well-being.

**Figure 16: Positive cycle of overall well-being**



## 5 WHAT WORKS (AND WHAT DOESN'T)

The previous two sections of the report have looked at the impact of the programme as a whole. This has provided us with a sense of the overall success of the programme in achieving sustained improvements in well-being; however, as well as looking to assess the success of the programme, the evaluation also sets out to identify the factors associated with the success.

This section of the report explores which projects have achieved the greatest gains in well-being. We profile a number of successful projects as well as identify the factors which make projects successful. We then assess which participant groups make the most and least gains, and why. This section also examines how some projects have successfully sustained outcomes, and successfully engaged in partnership working.

### 5.1 Successful projects

In this section, we highlight the three most successful projects in terms of improving overall well-being, life satisfaction, mental health, healthy eating, and physical activity. In addition to presenting the statistics, we also profile the most successful, highlighting why it was a success.

#### 5.1.1 Overall well-being

**Table 2: Most successful projects in terms of overall well-being**

Three most successful projects	Increase (on scale of 0-10)	N <sup>22</sup>
<b>Branching Out – Ecominds</b> Food growing project for people with mental health needs, including training and providing community spaces. Participants engaged for over half a year. The project also involved active travel.	4.9 to 5.8	20
<b>Food and Fitness for Families – North West Networks for Healthy Living</b> Weight management and cookery for families, with healthy food vouchers and awareness-raising. Targeting overweight adults and families with children.	5.9 to 6.7	33
<b>The Inspire Project – Target Well-being</b> Helping substance mis-users improve life skills, increase self-esteem, and re-engage within the community. Participants are referred and engaged over twelve weeks, involving a full range of activities.	5.0 to 5.5	31

Whilst the three projects have different focuses, it is worth noting that all three work to target specific population groups with particular needs.

<sup>22</sup> The Ns in Tables 2, 3, 4, 5 and 6 represent the number of participants that completed entry and exit questionnaires. All the projects listed in these tables achieved significant increases in well-being for the measure in question.



**Branching Out – Ecominds (see case study for further details)**

A horticultural project working with people with mental health needs to teach basic horticultural skills and improve green community spaces in the local area.

Activities: Delivering an Open College Network accredited course in horticulture, gardening and conservation work in local community spaces in collaboration with other community groups; mental health support using the Outcomes Star and the Recovery Star; taster days for potential participants.

Sustainability: Participants are supported to volunteer for the project or to take up another volunteering opportunity locally; participants are also supported to join other local activity groups and apply for paid work.

Success factors: A gentle and flexible approach focused on building participants' self-confidence; dedicated staff team with skills in horticulture and mental health support; participants can gain a qualification; strong emphasis on signposting participants to other opportunities.

**5.1.2 Life satisfaction****Table 3: Most successful projects in terms of life satisfaction**

Three most successful projects	Increase (scale of 0-10)	N
<b>Plymouth – Well-being in the South West</b> Project working with socially isolated people to develop social networks.	4.5 to 7.1	22
<b>Active Workplace: Cycle Challenge – Chances4Change</b> Active travel project targeting workplaces.	5.6 to 7.3	21
<b>The Inspire Project – Target Well-being</b> Helping substance mis-users improve life skills, increase self-esteem, and re-engage within the community. Participants are referred and engaged over twelve weeks, involving a full range of activities.	4.0 to 5.7	45

These projects achieved very dramatic increases in life satisfaction, over twice the size of the increase seen programme wide (e.g. one project increased life satisfaction from an average of 4.5 out of 10 (only 17% of the UK population have a life satisfaction of 5 or less) to a figure of 7.1 – close to the UK average). It is also worth noting that all the projects listed here are in the top three for other outcomes, supporting the finding that holistic projects can have significant results.

**Active Workplace: Cycle Challenge – Chances4Change**

A project targeting workplaces to encourage employees to improve their mental health and well-being, increase their physical activity level, and eat more healthily.

Activities: The project worked with employers to provide a range of well-being activities to meet the needs of their employees. Activities include: weight management courses; an active travel challenge; corporate sports events and tournaments; training courses in reducing stress; meditation sessions; and yoga classes.

Sustainability: All activities had an exit strategy which involved signposting participants to other venues or clubs offering similar activities; employers were supported to continue successful activities in-house, such as organising yoga classes for their employees.

Success factors: Working with employers to identify the specific health and well-being needs of their employees and develop appropriate activities, providing employers with a degree of ownership over the project and increasing the project's effectiveness; the project provided employers with a single point of call, offering a wide range of well-being activities to their employees; the project worked with many local organisations to offer different activities delivered by specialists in each activity type.

**5.1.3 Mental health – depression scale****Table 4: Most successful projects in terms of mental health**

Three most successful projects	Decrease (scale of 0-28, 12+ indicates depressive symptoms)	N
<b>Plymouth – Well-being in the South West</b> Project working with socially isolated people to develop social networks.	16.3 - 10.1	24
<b>New Steps – Well-being in the South West</b> Project taking place in community centres, involving exercise, cookery, food growing and therapy.	13.2 – 8.6	89
<b>Positive Well-being – Well-being in the South West</b> Project taking place in Healthy Living Centre involving exercise.	15.0 – 10.7	20

None of the projects highlighted above specifically targeted people with mental health problems, yet they all successfully reduced the mean levels of depressive symptoms from above the threshold of 12, to below the threshold of 12<sup>23</sup>.

<sup>23</sup> Mental health was using a set of seven questions adapted from the CES-D scale. 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.

### **Well-being in the South West Projects**

The projects aimed to improve participants' mental health, physical activity, and eating habits. They seek to work with people with low level mental ill health, mature people with sedentary lifestyles, and families from deprived communities.

Activities: The central focus is a planned, six month physical exercise programme with a range of activities offered, including: teaching cooking skills to people with limited experience; community gardening; weight management support; and individual support to access the centre's gym.

Sustainability: Volunteering positions offered to help people maintain a more structured life and seek paid employment. Volunteers and participants are encouraged to run their own activities where possible, such as leading their own local walk groups. The friendships made during the activities help participants stay more socially connected after leaving the project.

Success factors: Providing emotional support and a chance to make new friends was very important to participants' enjoyment of the activities; and increasing their social and personal well-being. A combination of centre based and outreach activities meant more participants could benefit. The centre's gym and fitness facilities proved very popular and, before entering the programme, participants received a lifestyle assessment and were allocated a volunteer motivator. The project delivered services to meet the needs identified by the community, and participants were able to stay engaged as long as they needed to.

#### **5.1.4 Healthy eating behaviour**

**Table 5: Most successful projects in terms of healthy eating**

<b>Three most successful projects</b>	<b>Increase (on scale of 0-10)</b>	<b>N</b>
Active Workplace: Cycle Challenge – Chances4Change Active travel project targeting workplaces.	7.2 to 9.0	21
Food and Fitness for Families – North West Networks for Healthy Living Weight management and cookery for families, with healthy food vouchers and awareness-raising. Targeting overweight adults, and families with children.	5.8 to 7.3	37
Healthy Beginnings, Bootle – North West Networks for Healthy Living (see case study for more detail) Healthy eating and exercise project for mothers and pregnant women. Project involved yoga, aqua-natal, cookery, weight management, and relaxation/coping training. Participants engaged over six weeks.	6.4 to 7.5	33

It is interesting to note that the project with the biggest impact in terms of healthy eating was actually an active travel project, which did not directly involve any food related activities, highlighting the importance of cross-strand benefits.

### **Food and Fitness for Families – North West Networks for Healthy Living**

A weight management project targeted at overweight adults and parents, and carers of young children.

Activities: Six week course with two hour weekly sessions on weight management, cooking and tasting; and sessions on weaning and feeding children. Participants weighed themselves each week and completed food diaries.

Sustainability: Participants took recipe cards home with them and, where available, course graduates could collect free fruit and vegetables from the course provider and continue to weigh themselves. In some centres, former participants could also buy inexpensive bags of ingredients for making soup.

Success factors: Teaching practical cooking skills appealed to participants far more than simply learning about nutrition, because it is fun and less intimidating than learning the theory. Participants lacked cookery skills thus the practical sessions were important for enabling participants to change the way they eat at home. Tasting the food was also important for changing participants' attitudes to healthy, cooked meals. Courses were held in children's centres which facilitated engaging young parents.

## **5.1.5 Physical activity behaviour**

**Table 6: Most successful projects in terms of physical activity**

	<b>Increase (on scale of 0-10)</b>	<b>N</b>
<b>Active Workplace: Cycle Challenge – Chances4Change</b> Active travel project targeting workplaces.	4.8 to 6.0	21
<b>South Lakeland – Age UK</b> Project working with the elderly, focusing on exercise but including elements of cookery.	4.8 to 5.4	82
<b>Sport for Health – Well-being in the East</b> Project working with primary school children within school environment, focusing on sport but including elements of food awareness.	6.3 to 6.9	55

Unsurprisingly, all three of these projects had a clear focus on physical activity; however it is worth noting the cross-strand elements in two of the three (cookery in the project for the elderly; food awareness in the project for primary school children).

Another project providing a very strong significant impact on physical behaviour was a food growing project, providing community allotment sites for first-timers and horticultural training; however the sample size for this project was too low for robust analysis, just under the cut-off point of 20 participants.

**South Lakeland – Age UK (see case study for further details)**

A project supporting older people to increase their physical activity, eat more healthily and improve their mental well-being.

Activities: Gentle exercise sessions delivered in residential homes and community venues; taster days to try new activities; village drop-ins; lunch clubs; cooking and storytelling activities; bringing primary school children and older people together.

Sustainability: Successful partnerships with other organisations mean some partners are continuing the activities independently. Training was given to staff and volunteers in partner organisations to run exercise sessions beyond the project’s lifespan.

Success factors: Working closely with a range of partners who can deliver different activities in different venues (e.g. the Police, a housing association and local councils); staff members had a strong understanding of participants’ needs; exercise sessions increased participants’ mobility thus they felt more confident and could access more activities in their area; having opportunities to socialise was very important to participants’ enjoyment of the activities.

**5.2 Characteristics of successful projects**

After profiling the most successful projects, the following section examines specific factors which enable projects to be successful.

Figure 17 illustrates the success factors identified.

**Figure 17: Factors influencing project success**



### 5.2.1 Identifying local need

Successful projects were found to have **invested time** in identifying local health priorities, and the health and well-being needs of specific groups in the local area. An important element of this was identifying existing service provision and which organisations were involved in planning and delivering it. Successful projects engaged with organisations to ensure their work met an existing gap in service provision (see case study: Get Walking Keep Walking).

### 5.2.2 Holistic approach

A key characteristic of the most successful projects was that they took a holistic approach to improving participants' well-being. By including multiple aspects of a certain well-being strand, projects were able to **address participants' attitudes, enjoyment and knowledge**, and provide them with the facts to adopt healthier behaviour in the long term. For example, a project which teaches how to grow food, encourages healthy eating, involves cooking sessions on how to prepare healthy meals, and makes the experience a sociable and enjoyable one, is likely to be more successful in improving participants' eating habits than a project which only teaches about nutrition (see case studies: DIY Happiness; Food for Life Partnership).

### 5.2.3 Engaging the target group

A key success factor was effective engagement of the target participants; projects which did this well had a strong understanding of the well-being needs of the target group and the **barriers** which could prevent those people from participating. Successful projects were designed to overcome the target group's barriers to participation. Examples of this include: teaching about healthy eating through a school breakfast club for working parents; engaging participants through their support worker, who accompanied the participant until their self-confidence was high enough for them to attend independently; offering an opportunity to visit and try out the project before making a commitment; and providing free childcare arrangements.

A key barrier to participation for many was **low self-confidence and low self-esteem**, thus projects which worked to address this were often successful in reaching their target group. An example of this is offering female only sports activities in order to reduce participants' fear of embarrassment or failure. Engagement with individuals who were particularly hard to reach, such as women from Black and Minority Ethnic groups, was achieved by connecting with local community organisations, and employing members of staff or volunteers to specifically reach out to people who would otherwise be unlikely to participate. Other elements of a project's design which were important for engaging participants were finance related. Examples of this include providing activities **free of charge**, or enabling participants to save money through participation (e.g. learning to cycle to work saves spending money on public transport).

Many of the projects sought to engage people who had low levels of health and well-being, however reaching these people was often a challenge. A successful strategy for overcoming this challenge was to work with support workers or other social care or healthcare workers, such as GPs, to **refer their service users to the project** (see case study: Penwith Pathways).

### 5.2.4 Sustaining engagement

Having successfully engaged target participants, for projects to be successful in increasing well-being they also had to consider how to sustain the participants' engagement. An effective way of doing this was to ensure the project design **enabled friendships** to develop and offered opportunities for socialising among participants; socialising and companionship was found to be a very important motivating factor for many participants to continue attending a project. Furthermore, offering activities which participants found **enjoyable** was important for sustaining interest and led to developing more positive attitudes towards healthier lifestyles. Another successful way of sustaining the engagement of participants in a project was to use attendance cards and offer a **reward for high attendance**.

In addition to offering enjoyable activities, successful projects often **encouraged participants to be actively involved** in the project and take some level of **responsibility** for the project's delivery. This meant that participants did not passively receive an activity but took responsibility for changing their behaviour or supporting others to change.



Building a sense of ownership of the project was successful in sustaining participants' involvement and interest and also increased aspects of their personal well-being, such as self-esteem and motivation. Some projects took a **community led** approach which meant the community, as well as individual participants, felt a sense of ownership of the project, and that the project met community priorities (e.g. establishing food growing sites where they wanted them). This created a sense of pride in the project and encouraged participants to remain involved for longer (see case study: Growing Food for Life).

### 5.2.5 Suitable venue



Having fun with friends encouraged participants to maintain their new healthy activity.  
England on the MEND, MEND

A key success factor for many projects we studied was choosing an appropriate venue. Venues which were found to be most suitable were usually close to where target participants lived and were **easily accessible** without using a car or public transport, since the cost of travelling and the time spent doing so were often barriers to participation. Some of the successful projects used a **range of locations** across the local area, often using existing community venues, which enabled the projects to reach different groups of people within a community.

Some projects involved **taking participants around their local area** (e.g. through group walks or doing conservation work). This was found to increase participants' familiarity

with their local area, increasing their confidence to be more active independently and seek out other local groups and services. Holding activities in **public spaces** also led to projects which involved people with mental health needs to be able to increase other people's understanding and awareness of mental health. Furthermore, being **outdoors** in green spaces was found to be especially effective for enhancing participants' mental health (see case studies: Branching Out; Cockney Sparrow). This reflects findings from a large number of studies which have shown physical and mental health benefits from contact with the natural environment<sup>24</sup>. The survey data reflects this, showing that 23 out of 59 projects involved some kind of environmental element, and that these projects had a marginally larger impact on the overall well-being score.<sup>25</sup>

Having **facilities for different activities** and shelter in case of bad weather was important for many projects to be able to offer activities which met participants' different needs. Having a **space for socialising** (e.g. a barbecue on an allotment site) was also an advantage, since it encouraged participants to become friends with one another; however perhaps the most important factor was for the venue to **feel welcoming and safe**. The most common barrier to participation for the main groups of participants was low self-confidence, thus holding the project in a familiar, welcoming and safe environment was important for overcoming this barrier.

### 5.2.6 Appropriate staff

The qualitative research found that a very common success factor for encouraging participants to improve their well-being was having a team of **empathetic and enthusiastic staff**. Since many participants entered a well-being project with low self-esteem, having project leaders who were welcoming, supportive and able to put participants at ease, was very important.



Having project leaders who were supportive and encouraging is very important.  
Altogether Better, Yorkshire and Humber Strategic Health Authority

<sup>24</sup> Maller C. et al (2006), 'Healthy Nature, healthy people: 'contact with nature' as an upstream health promotion intervention for populations', Health Promotion International, 21(1)

<sup>25</sup> Difference = 0.32, T = 2.1, p=0.056

Participants often had different needs, therefore having staff members who were **skilled at working with the target participants** was important (see case study: Branching Out).

The research found that having staff members of **different ethnicities, ages and educational backgrounds** helped a project to engage with different social groups. Likewise, having staff members with **complementary skills**, who could provide a range of activities, and meet the needs of different participants was important for creating a fun, interesting project which also provided emotional support.

### 5.2.7 Volunteers

In addition to an enthusiastic and empathetic staff team, the role of volunteers was important to many projects' success. Volunteers **increased the capacity of project leaders** to deliver activities and support participants. Volunteers were also found to be important for motivating and encouraging project participants, especially if the volunteers had overcome similar barriers. This **peer-to-peer support** inspired participants and gave them confidence to make changes to their lifestyle and improve their well-being; 51 out of 59 projects reported involving volunteers in their delivery. The survey results showed that the projects which did not involve volunteers had a lesser impact on a range of outcomes, including the overall well-being measure.

### 5.2.8 Co-production approach

Co-production, which refers to **involving participants** and even the local community in **designing and delivering** a project, was found to increase the likelihood of a project's success. Providing participants with an opportunity to be actively involved in a project means they are more likely to be **committed** and motivated to take up healthier behaviour, which would improve their well-being. Developing a long lasting relationship with a project also helps participants to feel a sense of community and social support, which is important for social and personal well-being. Involving participants in designing and delivering a project also means it is **more likely to meet their current and emerging needs** (see case study: Mind in Gateshead Community Café).

### 5.2.9 Providing training

Many projects' activities included providing training **for local leaders and community organisations**. This increased their success since it enabled the project to reach a larger number of people and sustain the project's outcomes, as the trained community leaders could provide well-being activities for their service users. Some projects allocated funding to provide training **for their volunteers**, which was found to be helpful for motivating volunteers, increasing their self-confidence, and giving them skills which they could apply to their role in the project (see case study: Growing East Middlesbrough).

### 5.2.10 Imparting skills/knowledge



Learning new recipes and cooking techniques increased enthusiasm for cooking and healthy eating. Food for Life Partnership, The Soil Association

A recurring factor for success in increasing well-being was enabling participants to learn a new skill and gain new knowledge. Projects which taught new skills were found to increase participants' self-esteem since they gained a **sense of achievement** from learning the new skill. Increased self-esteem was reported to be important for participants to feel able to make changes to their eating and exercise habits and thus improve other areas of well-being. Projects which provided an accredited course gave participants' concrete evidence of their achievement, which was especially beneficial for those who had been out of education for a long time and never felt they could achieve much or were capable of learning (see case study: Fresh and Fruity). This is reflected in other research, which found that learning positively affects personal well-being and mental health<sup>26</sup>.

<sup>26</sup> For example: Hammond, C. (2007) 'Impacts of lifelong learning upon emotional resilience, psychological and mental health: fieldwork evidence', *Oxford Review of Education*, 30(4); Aldridge, F. And Lavender, P. (2000) *The Impact of Learning on Health*, National Institute of Adult Continuing Education, Leicester, UK



Imparting a new skill or knowledge increased some projects' success, since it meant participants could **implement changes to their lifestyle** which they could not before (e.g. knowing how to buy affordable, nutritious food, and prepare healthy meals). Learning a new skill was also found to increase participants' enthusiasm for an activity which led them to share their new skill with others. This clearly meant that more people could benefit and led to the participants feeling increased self-esteem from helping and teaching others.

Other outcomes included participants being able to **gain paid work or a place on a training course** due to the vocational skills they acquired, or simply the increased self-confidence and interest in a new activity (see case study: Food for Life Partnership); some participants who followed a horticultural course obtained paid employment in horticulture (see case study: Branching Out). In general, projects which presented themselves as a learning course tended to appeal to men more than projects which were presented as a way to improve personal well-being.

### 5.2.11 Measuring individuals' progress

An important factor to the success of well-being projects is increasing participants' self-esteem, which is important for them to feel motivated and able to make changes to their lifestyles. A way in which this was achieved by various projects was to **enable participants to monitor their progress** and set their own goals (see case study: Get Walking Keep Walking). For example, some projects used tools, such as the **outcomes star** or a **pedometer**, which allowed participants to see their progress and be motivated by their sense of achievement. Likewise, using **food diaries** was found to increase participants' awareness of healthy eating, and tracking their weight loss encouraged them to make healthy choices.

However, since participants' self-confidence is often very low at the beginning of their engagement with a project, it was important for projects to emphasise that assessment of their progress was **optional**.

This is reflected in the findings of an evidence review by the King's Fund (2008)<sup>27</sup> into effective interventions for changing lifestyle behaviour among low socio-economic groups. The review highlighted that *'goal setting is a key behaviour change technique in evidence based theories of behaviour change'* and that *'setting goals that are realistic and achievable help people to feel more confident about being able to change their behaviour'*. Goal setting is therefore a simple way of building a person's confidence and motivation to improve their health.

The review also found that adults with a low income or low level of education are likely to have a low 'patient activation measure' (PAM), which is a measure of a person's confidence, knowledge and skills to make a sustained improvement to their health (Hibbard et al 2004)<sup>28</sup>.



Setting achievable goals can help participants feel more confident and able to change their behaviour.  
England on the MEND, MEND

<sup>27</sup> Michie et al. (2008) Low-income groups and behaviour change interventions; a review of intervention content and effectiveness, King's Fund, [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_document/low-income-groups-behaviour-change-intervention-kicking-bad-habits-paper.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_document/low-income-groups-behaviour-change-intervention-kicking-bad-habits-paper.pdf)

<sup>28</sup> Hibbard et al (2004) 'Development of the Patient Activation Measure (PAM): Conceptualising and measuring activation in patients and consumers', Health Services Research, vol. 39, no 4, pt 1, pp 1005–26, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361049/>

Therefore, setting achievable goals may be especially effective for people from low socio-economic groups, since they are likely to have more to gain if their starting confidence and skills level is particularly low (Heneman et al, 2005<sup>29</sup>; Mayer et al, 1994<sup>30</sup>; Kelley and Abraham, 2004<sup>31</sup>; Glasgow et al, 2002<sup>32</sup>).

### 5.2.12 Flexibility

Responding flexibly to **emerging and unforeseen needs** of participants was found to be important for a projects' success in improving participants' well-being (e.g. a cooking project which created a new session on 'feeding fussy eaters' was able to teach parents how to prepare healthy meals for children who normally refused to eat healthy food). Likewise, projects which were able to **drop activities that were unpopular or ineffective**, and allocate the resources to more popular activities, were more able to sustain participants' engagement and improve their well-being. To be successful, projects also needed to be flexible in accommodating the needs of different participants (see case study: Healthy Transitions). For example, building raised gardening beds for people with mobility difficulties.

## 5.3 Characteristics of projects that are least successful

In this section, we identify a range of weaknesses which limited the effectiveness of some projects.

### 5.3.1 Not engaging with individuals with low well-being

A key weakness which was found in several projects was a failure to engage with people with the lowest levels of well-being (e.g. people who were obese or had a strong dislike of healthy eating and exercise were most likely to benefit from a well-being project, but less successful projects often failed to reach these groups).

### 5.3.2 Not addressing barriers to participation

Similarly, projects which did not recognise the barriers to participants implementing healthier behaviour independently were less likely to be successful (e.g. teaching participants to grow vegetables but not how to cook them). Projects which did not address barriers to participation were also less likely to be successful (e.g. charging a fee for activities which were aimed at people living in areas of high deprivation).

### 5.3.3 Projects framed in terms of health

Some projects included activities which were too serious in their approach and heavy in theory thus participants were less motivated to attend. The survey data found that the 12 projects which did not specify involving health awareness activities had a significantly larger impact on overall well-being than projects that did talk about health awareness.<sup>33</sup> This suggests that framing a project in terms of health does not motivate participants to change their behaviour.

### 5.3.4 Short contact time

Projects which held one-off events did not support participants to change their behaviour or attitudes nor did they enable friendships to develop, which are important for self-confidence and social well-being. This is reflected in the survey data which shows that projects that engaged with participants over a longer period of time achieved slightly more positive outcomes.<sup>34</sup>

<sup>29</sup> Heneman et al. (2005) 'A 'contract for change' increases produce consumption in low income woman: A pilot study'. Journal of the American Dietetic Association, vol. 105, no 11, pp 1793–6

<sup>30</sup> Mayer et al. (1994) 'Changes in the health behaviours of older adults: The San Diego Medicare Preventive Health Project'. Preventive Medicine, vol. 23, pp 127–33 <http://parc.ophea.net/sites/parc.ophea.net/files/Medicare%20Prevention.pdf>

<sup>31</sup> Kelley and Abraham (2004), 'RCT of a theory-based intervention promoting healthy eating and physical activity amongst out-patients older than 65 years'. Social Science & Medicine, vol. 59, pp 787–97.

<sup>32</sup> Glasgow et al. (2002), 'Implementation, generalization and long-term results of the 'choosing well' diabetes self-management intervention'. Patient Education and Counselling, vol48, pp 115–22  
[http://knowledgeqtranslation.ca/sysrev/articles/project21/Glasgow%20R,%20Patient%20Educ%20Couns,%202002%20Oct%20-Nov%3B48\(2\),115-22-20090708174457.pdf](http://knowledgeqtranslation.ca/sysrev/articles/project21/Glasgow%20R,%20Patient%20Educ%20Couns,%202002%20Oct%20-Nov%3B48(2),115-22-20090708174457.pdf)

<sup>33</sup> Difference = 0.67, T = 2.8, p=0.012

<sup>34</sup> T = 2.0, p =0.059

### 5.3.5 Other weaknesses in project design

- ❑ Giving volunteers too much autonomy over how a session is run without ensuring high quality service provision.
- ❑ Publicising a project by leafleting which does not support a participant to attend.
- ❑ Delivering a project without the active input of participants.
- ❑ Weather affected projects which do not have an indoors alternative (e.g. gardening in the winter).

## 5.4 Groups showing the greatest and least gains (and why)

Which participants enjoy the biggest impact from the Well-being Programme? This is useful information as it might provide indications of where to target future funding. We looked at a number of different factors.

### 5.4.1 Lowest levels of well-being

In general, it was found that those who had the lowest levels of well-being benefited the most; making what would relatively be small lifestyle changes for someone who had moderately good well-being, were actually significant changes for someone with very low well-being (e.g. someone who usually would not have the confidence or motivation to leave their home could gain far more significant improvements to their well-being by attending a weekly gardening club, than someone who already had regular social activities).

### 5.4.2 Gender

The evaluation reached twice as many female participants as male; this proportion largely reflects the proportions reached by the programme. Table 7 shows the increases in well-being for males and females for several key outcome indicators. Females showed the greatest gains. The mean increase in overall well-being for females (0.58 on a scale of 0-10) was more than twice that of males (0.28). In particular, the significant improvements in physical activity found across the programme could be attributed to entirely female participants. Improvements in healthy eating were also much greater amongst female participants, particularly in terms of healthy eating enjoyment. These findings demonstrate that men and boys are harder to engage in projects, harder to keep within a project, and less likely to be affected by the project, particularly in relation to physical activity.

Legend	
	Effect larger than for overall Programme
	Effect about the same as for overall Programme
	Effects smaller than for overall Programme
<i>Blank spaces indicate changes that were not significant</i>	

**Table 7: Changes in well-being by gender**

	Males	Females
Overall	0.28	0.58
WEMWBS	0.37	0.58
Life satisfaction	0.55	0.66
Depression	-1.21	-1.24
Healthy eating		
• Overall	0.33	0.56
• Behaviour	0.34	0.56
• Fruit and vegetable	0.26	0.56
• Enjoyment		0.59
Physical activity		
• Overall		0.40
• Behaviour		0.42
• IPAQ category		0.77
• Enjoyment		0.17
Maximum Ns	331	745

Men and women often have different well-being needs and face different barriers to improving areas of their well-being. Projects which were aware of gender specific needs and barriers were more able to improve the well-being of their target group (see case study: DIY Happiness). For example, it was found that pregnant women and new mothers often had low social well-being, and particularly benefited from projects which gave them the opportunity to socialise and develop a supportive social network. Similarly, girls were likely to avoid sports activities due to being self-conscious of their bodies and fear of embarrassment. A project which provided female only sports activities was able to promote sport as a chance to spend time with friends; this increased the girls' enjoyment of physical exercise, improved self-confidence, and helped to overcome negative perceptions of their bodies.

Other projects found that activities which appealed most to men were those that reflected their perception of masculinity (e.g. projects which taught computer skills, involved gardening, or growing food outdoors, were often most popular with men, whereas projects presented as emotional support or support for older people, were less likely to attract male participants).

### 5.4.3 Age

The programme reached participants of all ages; however, as shown in Table 8, there were quite large differences in the effects seen.

Overall, the largest improvements were found amongst the 35-44 year age group (this may be reflective of the lower starting point for this age group); nevertheless improvements in overall well-being were significant for adults.

The changes in well-being for primary school children cannot be compared with those of other participants because of the differences in the questionnaires used. As such, all significant changes for primary school children are indicated with the same colour (n/a indicates that the measure was not applicable for primary school children).

**Table 8: Changes in well-being by age**

	Primary school	11-15	16-19	20-34	35-44	45-59	60-69	70+
Overall	0.40		0.38	0.47	0.75	0.53	0.33	0.34
WEMWBS	n/a		0.78	0.60	0.74	0.67	0.40	0.24
Life satisfaction			0.65	0.80	0.87	0.76	0.67	0.36
Depression	n/a		-1.43	-1.08	-1.46	-1.62	-1.22	-0.90
Healthy eating								
• Overall	0.46			0.53	0.86	0.36	0.62	0.38
• Behaviour	0.43			0.68	0.51		0.70	0.60
• Fruit and vegetable			1.06	0.50	0.56	0.40		0.56
• Confidence	n/a			1.07	1.02	0.62		
• Enjoyment	0.50	0.62			0.99		0.58	
Physical activity								
• Overall	0.59				0.48	0.39		0.50
• Behaviour	0.48				0.55	0.53		0.50
• IPAQ category	n/a				0.94	0.81		0.67
• Enjoyment	0.59							0.32
Maximum Ns	142	121	66	204	198	217	107	136

Another age group which showed significant well-being improvements was older people: older people may have low social well-being due to being retired or immobile; they may have poor mental health due to loneliness or lack of routine; and they may have low levels of physical activity due to health problems. Projects which provided gentle physical activity were often successful in improving the physical strength and mobility of older people, which can be a key barrier to accessing other ways to improve their well-being.

Older people were found to benefit greatly from the social element of projects since they often lacked opportunities for socialising. Many older people became project volunteers, which they found beneficial for their mental health and personal well-being. Volunteering provided them with: a routine; a sense of purpose; regular social interaction; a greater sense of community; a way of staying active; and increased self-esteem from helping others.

Projects which were found to particularly benefit children included gardening and wildlife projects, as children enjoyed being outdoors and learning about animals. It was also found that providing fresh fruit outside the school gates, increased children's consumption of and enthusiasm for fresh fruit.

#### 5.4.4 Ethnicity

Reflecting the national population, 85% of participants covered in the evaluation were White British; therefore we did not have enough data to explore ethnic breakdown in detail. Nevertheless, we were able to carry out analyses comparing White with all other ethnic categories (including Asian, Black and Mixed<sup>35</sup>).

As can be seen in Table 9, the programme improved well-being for all ethnic groups. Moreover, improvements in overall well-being and physical activity were somewhat larger for Black and Minority Ethnic (BME) groups; this was particularly evident for physical activity.

<sup>35</sup> Mixed ethnic group as defined in the 2001 ONS Census includes 'White and Black Caribbean', 'White and Black African', 'White and Asian', and 'Other Mixed background'

**Table 9: Changes in well-being by ethnicity**

	White	BME
Overall	0.45	0.80
WEMWBS	0.49	0.36
Life satisfaction	0.59	0.49
Depression	-1.26	
Healthy eating		
• Overall	0.49	0.47
• Behaviour	0.57	
• Fruit and vegetable	0.49	
• Enjoyment	0.43	1.02
Physical activity		
• Overall	0.22	
• Behaviour	0.19	0.63
• IPAQ category		2.12
• Enjoyment	0.17	
N (life sat)	827	151

As shown by the quantitative data, the case studies also found that BME groups particularly benefited from projects that increased participants' level of physical activity. Some projects found that BME women had very low levels of physical activity, due to a lack of self-confidence to exercise alone outdoors and negative perceptions of physical activity. One project which was particularly successful in increasing BME women's levels of physical activity, focused on building their self-confidence through gentle group walks in their local area, which led to increased enjoyment of walking, increased confidence to exercise outdoors, and greater social well-being.

#### 5.4.5 Deprivation

The Well-Being Programme reaches people in the most deprived areas. More than a third of participants live in the most deprived<sup>36</sup> quintile of neighbourhoods in England; more than three times more than in the least deprived quintile.

However, as Table 10 illustrates, the correlations between deprivation and well-being impacts were only marginal. The only one to be significant was the correlation between increases in enjoyment of healthy eating and deprivation, with participants living in more deprived areas more likely to achieve increases in healthy eating.

Beyond correlations, it is clear to see that the one quintile where few improvements in well-being were significant was the middle deprivation quintile. It is not clear why this is the case, as it does not seem to be attributed to a particular project. Participants living in this quintile were spread across a range of projects, the largest of which achieved significant improvements in several well-being outcomes.

<sup>36</sup> Index of Multiple Deprivation



**Table 10: Changes in well-being by deprivation of local area<sup>37</sup>**

	Most deprived	2	3	4	Least deprived
Overall	0.54	0.74		0.42	0.42
WEMWBS	0.54	0.66		0.32	0.61
Life satisfaction	0.68	0.80		0.42	0.76
Depression	-0.95	-1.43	-0.65	-1.24	-1.56
Healthy eating					
• Overall	0.64	0.60		0.45	0.30
• Behaviour	0.58	0.56		0.54	0.65
• Fruit and vegetable	0.61	0.52	0.51	0.38	0.53
• Enjoyment	0.77	0.65		0.48	
Physical activity					
• Overall				0.53	
• Behaviour				0.56	
• IPAQ category	0.76				
• Enjoyment				0.32	
Maximum Ns	293	182	143	148	86

The case studies found that people experiencing higher levels of deprivation were more likely to benefit from participating in a well-being project. Those who had lower levels of education and fewer skills particularly benefited from projects which taught them a new skill, as it helped them to gain self-confidence and increase their self-esteem. People who were the least work ready appeared to benefit the most from volunteering, since it is another way in which they can increase their skills and self-confidence from leading others. Similarly, people who were unemployed gained a new routine and reduced their social isolation, which helped them to feel more motivated to seek work or volunteering opportunities. The benefits of volunteering and learning on social well-being and self-esteem are well recognised in wider literature<sup>38</sup>, which reports increasing social interaction as particularly important for people who are unemployed<sup>39</sup>.

The relation between indicators of deprivation, such as unemployment, low income and poor living environment, and mental and physical ill-health, is widely reported, with people from lower socio-economic groups experiencing much poorer health than those from wealthier groups<sup>40</sup>. This has also been highlighted in the recent Marmot Review *'Fair Society Healthy Lives'*<sup>41</sup> into tackling health inequalities in England.

#### 5.4.6 Baseline well-being

Do participants who already have high well-being at the beginning of a project achieve the biggest gains, or those who start with low well-being? For the purposes of the analysis, we divided participants into three groups based on their levels of life satisfaction at the beginning of the project.

As Table 11 shows, there is a very clear pattern, with the biggest improvements seen in those that started with the lowest levels of well-being. Indeed, all 11 outcome measures assessed significantly improved for those participants with the lowest life satisfaction at the start, whilst none significantly improved for those participants with the highest life satisfaction at the start.

<sup>37</sup> Based on participants' postcode

<sup>38</sup> For example: Hammond, C. (2004), 'Impacts of lifelong learning upon emotional resilience, psychological and mental health: fieldwork evidence', *Oxford Review of Education*, 30(4); Stewart, M. et al. (2009), 'Poverty, Sense of Belonging and Experiences of Social Isolation', *Journal of Poverty*, 13(2)

<sup>39</sup> Colin Lindsay (2010). 'In a Lonely Place? Social Networks, Job Seeking and the Experience of Long-Term Unemployment.' *Social Policy and Society*, 9, pp 25-37

<sup>40</sup> For example; Chandola, T. (2012) 'Spatial and social determinants of urban health in low-, middle- and high-income countries', *Public Health*, 126(3), pp.259-261; Hawkins, N. et al. (2011) Heart failure and socioeconomic status: accumulating evidence of inequality, *European Journal of Heart Failure*, 14, pp. 138-146. <http://eurjhf.oxfordjournals.org/content/14/2/138.full.pdf+html>

<sup>41</sup> <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

**Table 11: Changes in well-being by life satisfaction at the beginning of the project**

	Life satisfaction at beginning of project		
	Low (1-4)	Medium (5-7)	High (8-10)
Overall	1.14	0.51	
WEMWBS	1.67	0.63	
Depression	-3.58	-1.36	
Healthy eating			
• Overall	0.96	0.64	
• Behaviour	1.04	0.57	
• Fruit and vegetable	0.99	0.62	
• Enjoyment	0.82	0.77	
Physical activity			
• Overall	0.63		
• Behaviour	0.60	0.25	
• IPAQ category	0.89		
• Enjoyment	0.56		
Maximum Ns	200	485	421

#### 5.4.7 Adults with learning difficulties

Another group of participants which appeared to particularly benefit from some projects were adults with learning difficulties. The quantitative data does not provide information on this; however the case studies and portfolio level evaluations found that adults with learning disabilities benefited from a project which used a variety of tools and fun activities to teach healthy eating and fitness. One project found that developing a DVD was successful in motivating participants; interactive games and using visual representation was also effective for improving the well-being of this target group (see case study: Food and Fitness).

#### 5.4.8 Volunteers

It emerged very strongly from the evaluation that project volunteers gained significant benefits from their participation in well-being projects. By spending considerable time working for a well-being project, and encouraging others to improve their lifestyles, volunteers found that they also improved their level of physical activity and were more aware of eating healthily.

The area in which volunteers reported the greatest improvement was personal well-being; many described gaining leadership, communication and team working skills. Gaining these skills meant they became more confident, gained a sense of pride, and became more assertive and capable of making decisions. Participants also described how volunteering helped them to become more reliable and better organised. An extensive study into the well-being of volunteers had similar findings. The study reported that volunteering enhances six areas of personal well-being and mental health: happiness; life satisfaction; sense of control over life; depression; physical health; and self-esteem<sup>42</sup>.

Volunteering also led to improvements in social well-being, through spending more time interacting with people and gaining a wider social network. Volunteers reported gaining a sense of community and belonging to the project, which motivated them to be more involved. The evaluation commonly found that helping others to improve their well-being increased volunteers' feeling of self-worth and life satisfaction; and that having a title such as 'community activator' raised their self-esteem. For example, one project found that volunteers' mental health improved through feeling they were doing something positive; and that by talking to others about mental health, they gained a sense of support and solidarity (see case study: Time to Change). Wider research reflects these findings and emphasises that volunteering particularly benefits the mental health of older people<sup>43</sup>.

<sup>42</sup> Thoits, P. and Hewitt, L. (2001). 'Volunteer Work and Well-Being', Journal of Health and Social Behaviour, 42(June) <http://www.asanet.org/images/members/docs/pdf/featured/volunteer.pdf>

<sup>43</sup> Musick, M. and Wilson, J. (2003) 'Volunteering and depression: the role of psychological and social resources in different age groups', *Social Science & Medicine*, 56(2), pp. 259-269

## 5.5 Sustaining outcomes

The evaluation identified various ways in which projects were successful in sustaining participants' well-being outcomes. These included normalising healthy habits, ensuring the project is community led, and delivering follow-up activities.

### 5.5.1 Normalising healthy habits

To maintain behavioural change achieved through a project, it can be effective to embed the healthy behaviour into all areas of an institution, hence it is normalised and becomes part of the system (e.g. up-skilling catering staff to prepare healthy meals, changing the school dinner menu, and creating partnerships between schools and local organic food suppliers). In the same way, working with parents and children together can help to embed healthier behaviour in the whole family (see case study: Dudley Healthy Retail).

### 5.5.2 Community led

Some projects found that it was important to have buy-in from members of the community who would ensure the outcomes were supported beyond the project's lifespan. For example, a head teacher supporting the integration of healthy eating into the school mission so that the whole school adopts healthy eating behaviour (see case study: Food for Life Partnership). Other projects established local action groups to continue delivering activities (e.g. an allotment community management committee and trained project volunteers/leaders of other local groups/organisations so that they could continue to deliver activities after the project ended).



Involving parents as well as children helped to encourage healthy eating in the whole family.  
North-West Healthy Living Networks, Stockport  
Metropolitan Borough Council

### 5.5.3 Follow on activities

Ways in which projects encouraged participants to sustain their healthier behaviour included follow on sessions a few months later, signposting participants to other local activities and groups or volunteering opportunities, and providing support materials to take home (e.g. a local walking guide or a personal eating or exercise plan to guide their behaviour). Some projects offered low cost activities which do not require special equipment, such as walking, so that participants could easily maintain their new behaviour; and others aimed to embed healthier behaviour into participants' daily routine (e.g. cycling to work).

### 5.5.4 Other ways in which projects succeeded in sustaining outcomes

- ❑ Supporting participants to access mainstream services.
- ❑ Creating local assets, such as community allotments, or a network of organisations which had been involved in the portfolio's work, and encouraging them to share learning and resources.
- ❑ As the quantitative data shows, attitudinal change is important for sustaining behavioural change. Projects that encouraged friendships to form that lasted beyond the project lifespan, meant that participants continued to benefit from increased social well-being, which is likely to motivate them to maintain behavioural changes too.

## 5.6 Partnership working

Projects worked in partnership with a range of organisations including: the organisations leading their portfolio; local community organisations; local authorities; and other public and private sector organisations. The evaluation explored factors in successful partnership working and outcomes of successful partnerships.

### 5.6.1 Working with public healthcare providers

It was often found that projects which worked with local healthcare and social care providers were able to better reach target participants through referrals from health and social care workers. Working with statutory health and social care providers also meant a project could target local health needs and support local public health priorities, which can be important for securing future public funding. Another benefit from working with statutory service providers is that the collaboration can help to increase the understanding of the importance of well-being, and appreciate the value of the project's outcomes.

### 5.6.2 A diverse, broad partnership

Some projects worked with a wide variety of local and national partners. This meant that a range of activities could be provided in various locations; therefore more participants with different needs could be involved (e.g. using partnerships to bring healthy eating and fitness services under one 'umbrella' made them available to more rural locations by combining partners' resources). Projects which had a holistic approach to improving well-being sometimes formed partnerships with diverse organisations that had complementary strategic connections, resources and expertise, which increased the project's reach and capacity (see case study: Time to Change).

### 5.6.3 Strategic and delivery partnerships

Forming strategic as well as delivery partnerships was effective for promoting projects' work and supporting projects' future commissioning bids (e.g. using a central organisation – school catering service – to encourage partners to join the project can create a network and motivate those outside to join in too). Similarly, recruiting volunteers who have good contacts locally assists a project to reach out to potential participants, drawing on the resources of local organisations, and embedding the project in existing local provision.

### 5.6.4 Sharing learning and networking

Effective partnership working provides opportunities for partners to share their knowledge and skills with each other (e.g. inviting partners to present their work at portfolio events was found to encourage people to work together and raise the profile of the portfolio). Likewise, within a portfolio, project staff reported appreciating the opportunity to present their work to others and gain wider recognition for their work. Holding regular meetings for programme leads within a portfolio was valued by some because it enabled them to share ideas and good practice, and gain updates on wider developments.



Reducing social isolation is particularly important for increasing the personal well-being of older people.  
Altogether Better, Yorkshire and Humber Strategic Health Authority

### 5.6.5 Demonstrating professionalism

The evaluation found that to gain potential partners' interest, building a strong project brand can help to build confidence and interest among local partners. Demonstrating the cost effectiveness of a project can also be important for showing public sector organisations that a community sector organisation is professional and capable of working effectively in partnership.

## 6 CONCLUSIONS

### 6.1 Summary of impact of programme

Significant improvements were seen in all three strands of participants' well-being, mental health, physical activity, and healthy eating. The Programme was also found to significantly improve participants' social well-being and personal well-being. These improvements were found to continue beyond the participants' involvement in the Programme.

The key findings for each area of well-being were:

- ❑ participants' mean life satisfaction rose from 6.5 at the beginning of their engagement with the programme to 7.1 at the end of their engagement;
- ❑ there were significant improvements to participants' social well-being;
- ❑ approximately one in three people who reported symptoms of depression at the beginning of their engagement with the programme no longer had symptoms of depression by the end of their engagement;
- ❑ there were large improvements to participants' eating behaviour, with significant improvements for secondary school pupils and adults in all three components of healthy eating: behaviour; enjoyment; and attitudes;
- ❑ there was an overall increase in physical activity amongst adults and secondary school pupils. There were significant increases in physical activity for those aged 35 and over, and for primary school children.

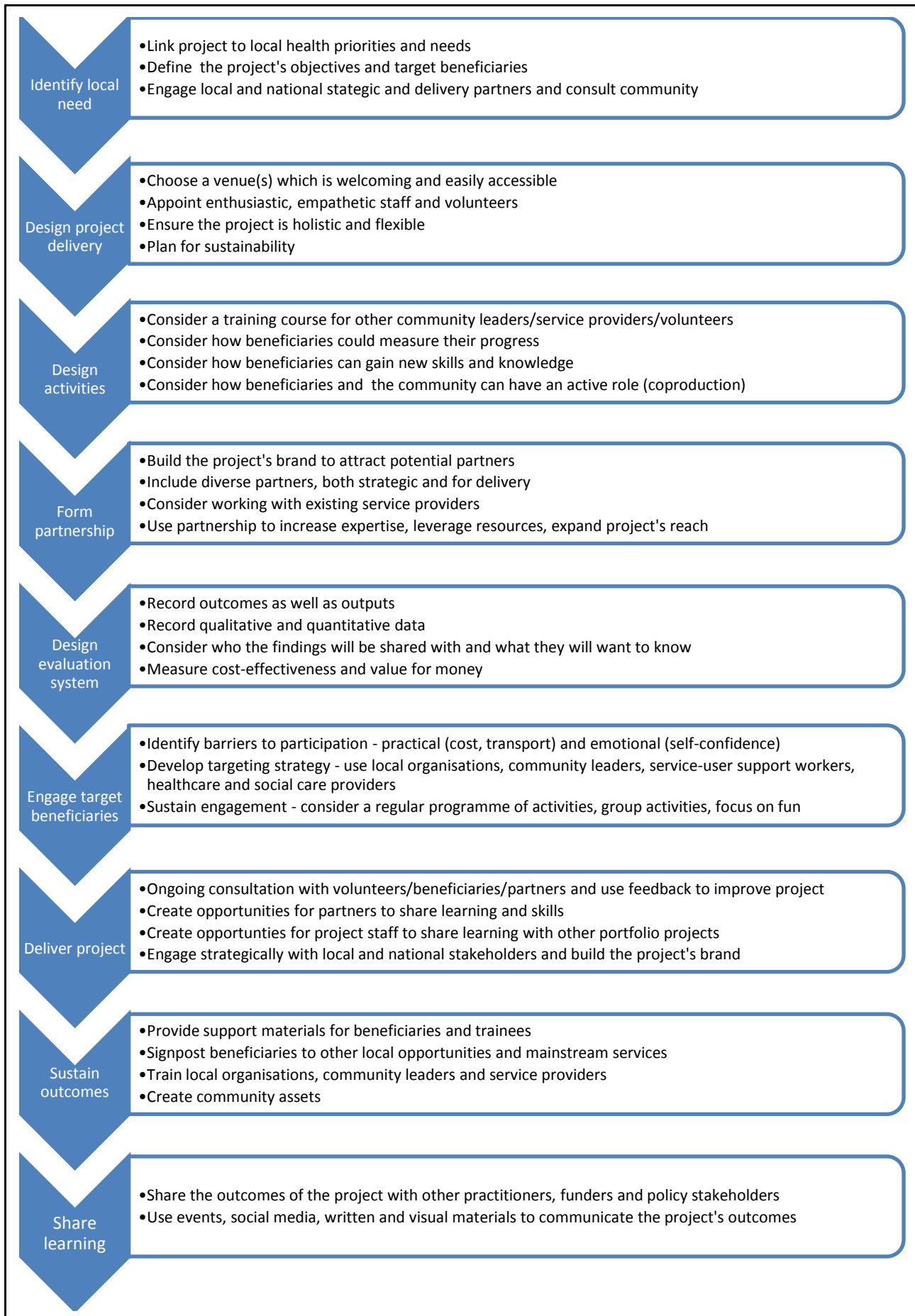
The survey data and the case studies revealed strong connections between the different strands of well-being. The strongest correlation was found to be between improved personal well-being and improved mental health. It emerged that improving mental health and personal well-being was very important for enabling participants to make and sustain changes to their eating and exercise habits. Increased self-confidence was found to be central to improving all areas of an individual's well-being.

### 6.2 Lessons for service delivers

#### 6.2.1 Key factors for success

Figure 18 shows the key success factors for delivering an effective well-being project which were identified from the data. The figure shows the factors for success at the different stages of a project's life.

**Figure 18: Key success factors for delivering an effective well-being project**





### 6.2.2 Evidencing impact

In order for projects to record and measure their impact; and understand how they can increase their effectiveness and present evidence of their impact to potential funders, projects need to develop their own monitoring and evaluation system.

It is important to design the monitoring and evaluation system before the project delivery is begun so that it can be embedded in the project design. Each project needs to have clearly defined objectives and the evaluation system should measure the extent to which the project achieves its objectives. Projects should record their outputs (e.g. how many participants they engaged) and their outcomes (e.g. the benefits participants experienced as a result of engaging in the project); it may also be useful to record both qualitative and quantitative data on the outcomes of the project (e.g. a survey could be used to record participants' experience and progress; and interviews could be used to explore how and why participants felt they benefited from the project).

It is also advisable for projects to record financial information on the project's funding and expenditure to calculate the cost effectiveness of the project. This could be done through simply calculating the cost per participant and the cost per outcome; or a more complex analysis could be done to show the estimated savings to the State generated by the project (e.g. participants requiring less support from health or social care workers). Calculating the value for money of a project is likely to be very valuable when applying for public sector commissioning.

### 6.2.3 Sustaining a project

Sustaining the outcomes of a project is very important and this should be considered in the project's design. However, it is also important to consider how a project itself could be sustained beyond the initial funding grant, so that it can improve the well-being of more individuals. The following list provides examples of how some of the National Well-being Programme's projects have continued to operate after their Big Lottery Fund grant ended:

- the project was handed over to a partner agency to run;
- courses are delivered to public and private sector employees, and the course fees are used to fund the project's other activities;
- the project became a social enterprise in the form of a community café;
- the project received funding from a statutory health agency;
- the project's courses were developed online and funded by the Funding Skills Agency;
- project officers continued providing well-being activities as freelance workers;
- the project received local authority arts funding;
- trained staff and volunteers in care homes delivered 'seated dance classes' to residents;
- the project created resource materials which can be used by schools or other organisations to deliver the project activities independently;
- the project is working to create an arrangement whereby local schools and community groups take on the management of the allotment facilities.

The following list provides a number of recommendations for securing new funding, which were drawn from the experience of a range of well-being projects:

- identify what commissioners are looking to fund when designing the project;
- demonstrate to commissioners and partners that the project meets an evidenced need;
- seek to make progress in health and well-being areas which align with the local authority's objectives;
- address a gap in service provision in the local area;

- ❑ engage strategically with local commissioning bodies (e.g. Health and Well-being Boards, Clinical Commissioning Groups and Department of Health) throughout the project's delivery;
- ❑ actively lobby local and national government to share the project or programme's outcomes;
- ❑ disseminate the project's outcomes in various formats, such as report summaries and case studies;
- ❑ demonstrate cost effectiveness (e.g. by calculating cost per outcome, cost benefit analysis, or a social return on investment) and compare with other interventions;
- ❑ being part of a consortium of organisations delivering a project may help voluntary and community sector organisations to gain professional skills and experience in delivering a contract;
- ❑ develop a strong brand for the project and/or portfolio;
- ❑ the portfolio lead could develop a specific area of work to coach projects into becoming commissioning ready;
- ❑ using partner organisations to promote the project to others.

### 6.3 Lessons for service commissioners

This evaluation of the Big Lottery Fund's National Well-Being Programme has gathered extensive information on the kind of interventions which are most effective for increasing well-being. Commissioners should consider the findings of the evaluation when deciding which well-being interventions to commission. A summary of the characteristics of successful well-being projects is provided in Table 12.

**Table 12: Funding what works**

<b>Well-being focus</b>	The evaluation found that making improvements in one strand of well-being led to improvements in other strands; and that for improving one aspect of well-being, it is often important to improve other areas of well-being, especially personal well-being and mental health. It may therefore be more effective to commission projects which address multiple strands of well-being, since these are likely to lead to holistic lifestyle changes and create a positive self-reinforcing cycle of improved well-being.	
	<b>Healthy eating</b>	Projects which were particularly effective at increasing healthy eating did not focus on food awareness, but took a holistic approach to developing a healthier lifestyle by incorporating exercise into daily routine, enjoying cooking, improving mental health, and supporting weight management.
	<b>Physical activity</b>	The more effective projects made exercise fun, either by embedding it in another activity, such as gardening, or presenting it as a socialising opportunity. Active travel projects were also very effective for increasing physical activity.
	<b>Mental health</b>	Projects which were especially effective at improving mental health comprised a variety of activities, but two important factors were: providing opportunities for socialising; and involving a form of physical exercise. Outdoor horticultural projects were also particularly effective.

<b>Project activities</b>		The project activities which were associated with significant improvements to well-being were active travel and activities focused on the natural environment. However, the evaluation found that the actual activity was less important than the way it was delivered. Activities which were fun, sociable, aimed at gradual improvement and building self-confidence, were more successful.
<b>Intensity and duration of contact</b>		<p>Projects which engaged with participants on a regular basis over a period of time were successful in supporting participants' needs and encouraging them to develop healthier habits.</p> <p>Projects which were delivered in small groups were particularly effective because they enabled participants to form friendships, which are important for improving all areas of well-being and sustaining improvements in well-being.</p>
<b>Groups achieving greatest well-being improvements</b>	<b>Gender</b>	Women were found to achieve greater well-being improvements than men; this indicates that well-being projects need to focus on addressing well-being needs specific to men, if they are to improve the well-being of male participants. Men were found to particularly enjoy projects which focused on learning a skill, horticulture or conservation.
	<b>Age</b>	Age specific projects are likely to be more effective since they address the needs of different age groups. For older people, addressing physical mobility and social isolation was particularly effective.
	<b>Ethnicity</b>	To improve the well-being of a specific ethnic group, projects which focused on engaging a specific group and addressing their particular needs, were more likely to improve their well-being, hence the importance of working with local community groups.
	<b>Deprivation</b>	Those with the lowest levels of well-being were found to make the greatest improvements. People who were unemployed and had low education and skills benefited particularly from volunteering, learning new skills, and having a routine.
<b>Other important characteristics for effective projects</b>		<ul style="list-style-type: none"> <li>• Not framed in terms of health.</li> <li>• A focus on building self-confidence.</li> <li>• Creating opportunities for socialising.</li> <li>• Involving volunteers and offering volunteering opportunities.</li> <li>• Embedding behaviour in an institution (e.g. school), family life, or everyday routine.</li> <li>• Imparting new skills or knowledge.</li> <li>• Providing a way for participants to measure their progress.</li> <li>• Including participants in designing and delivering the project.</li> <li>• Offering training in delivering well-being activities to other organisations and service providers.</li> <li>• Community led and 'owned'.</li> </ul>

### Characteristics of less effective projects

- One-off interventions.
- Projects without specific target participants.
- Little attention to advertising, no system for referrals.
- Serious and theoretical rather than practical and fun.
- High time commitment.
- Participants passively receive the project.

## 6.4 Lessons for the Big Lottery Fund

As one of the few large funding bodies in the UK, the Big Lottery Fund has considerable power to influence the future well-being agenda and support the continued delivery of well-being initiatives.

### 6.4.1 Supporting well-being projects and portfolios

The Big Lottery Fund can support the work of voluntary and community sector organisations (VCS) involved in delivering well-being projects in a number of ways. The shift from grant funding to commissioning for VCS organisations poses significant challenges, especially to smaller organisations. Supporting and encouraging VCS organisations to collect monitoring data on their outcomes, and to carry out value for money assessments, could be valuable in supporting organisations' bids for public sector commissioning. Likewise, providing advice and training sessions for getting commissioned, working in partnership with the new public health bodies, and communicating effectively with commissioners, could also be valuable to VCS organisations.

As a leading organisation working in well-being, the Big Lottery Fund has considerable potential to promote the work of portfolios and organisations which have shown to be successful. Championing the well-being agenda, as well as the work of individual organisations, will be important for making well-being interventions a priority for public health commissioners. Allocating specific funding for networking opportunities between well-being project and portfolio leaders, and between project and portfolio leaders and external stakeholders, could facilitate VCS organisations to increase their sharing of good practice and engage more with policy and funding stakeholders.

### 6.4.2 Recommendations for future funding

Reviewing the types of project which were found to have the greatest impact, and the areas of well-being which led to the development of positive well-being cycles, the Big Lottery Fund could prioritise the following project types for future well-being funding:

- ❑ **social isolation** – projects which work to reduce participants' social isolation and to increase their social well-being, are likely to lead to sustained improvements in all areas of participants' well-being;
- ❑ **self-confidence** – projects which aim to increase participants' self-confidence and self-esteem, are likely to motivate participants to change their eating and exercise habits;
- ❑ **projects working with service providers** – projects which work closely with health and social care providers, are likely to successfully reach people most in need, increase providers' awareness and understanding of well-being, and be more successful in getting public sector commissioning;
- ❑ **projects providing and supporting volunteering opportunities** – volunteers were found to experience very significant improvements to their overall well-being, and projects involving volunteers were also found to be the most effective.

### 6.4.3 Focus areas for future evaluation

As the well-being agenda continues to gain importance in public policy, the Big Lottery Fund has a unique opportunity to generate further evidence on improving well-being to inform future policy. This evaluation has measured the impact of the National Well-Being Programme as a whole, identified how different strands of well-being impact on each other, and identified important factors for delivering effective well-being projects.

However, the evaluation findings invite further exploration into how projects can work more effectively with specific participant groups, and why certain activities have a greater well-being impact than others. The Big Lottery Fund could consider the following areas for further research into improving well-being:

- ❑ **which activities are most effective for which target participants?** – the evaluation found that some activities, such as active travel, are particularly effective at improving all areas of well-being. Future research could explore this in further detail to understand why some activities are more effective than others, and which participant groups benefit the most from which activities;
- ❑ **volunteering** – project volunteers were found to experience particularly strong well-being improvements as a result of their involvement in the project. Research on the benefits of volunteering highlights the value for the health and well-being of older people. However, given the high rates of unemployment, in particular among young people, the Big Lottery Fund could explore the health and well-being benefits of volunteering for young people, unemployed people, and people with a low level of education or few skills;
- ❑ **reasons for dropping out and barriers to participation** – engaging target participants and sustaining their engagement is clearly essential for a project to generate strong and sustained well-being outcomes for participants. Further research could examine how projects can overcome barriers to participation and maintain participants' interest;
- ❑ **sustainability** – to bring lasting change to a person's well-being, it is very important to understand how projects can generate sustained improvements to participants' well-being. Further research could explore how to encourage participants to develop healthier, sustained behavioural habits, and a lasting sense of life satisfaction;
- ❑ **ethnicity** – the current evaluation was not able to explore in detail any difference in the well-being needs and impact for different ethnic groups. The data indicates that certain ethnicities benefit from different activities more than others, thus it would be useful to develop a greater understanding of this;
- ❑ **how to increase self-confidence** – this evaluation and others have found that a key determinant in changing behaviour is an individual's self-confidence and self-efficacy. However, there is a gap in our understanding of how to increase adults' self-confidence to improve their diet and physical activity level. Increasing knowledge on this could be important for improving the effectiveness of future well-being projects;
- ❑ **cost effectiveness of well-being interventions** – in the face of local authority funding cuts, it is very important for an initiative seeking commissioning to be able to demonstrate value for money. The Big Lottery Fund could conduct research into the cost effectiveness of well-being projects, to identify how improving well-being may generate savings for the State.

## 6.5 Lessons for the Government<sup>44</sup>

### 6.5.1 Setting the focus of the well-being agenda

The Government is showing increasing recognition of the importance of well-being for public health and prosperity. This has been seen in various publications and policy changes (e.g. the development of local Health and Well-Being Boards, the '*No Health without Mental Health*' strategy, and the Measuring National Well-Being Programme). Therefore, the findings of the National Well-Being Evaluation will be of interest and value to the Government when setting the focus of the well-being agenda.

The research will be relevant to various departments across government, in particular: the Department of Health; Department for Communities and Local Government; Department for Transport; Department for Culture, Media and Sport; and the Cabinet Office. The following points are lessons which the Government can take from the evaluation findings:

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<sup>44</sup> Thanks to Lisa Ollerhead, Cabinet Office, for her reflections on relevant lessons for government in the evaluation's findings.

- ❑ the characteristics of successful and unsuccessful projects, factors for effective delivery of a well-being project, how to engage different populations, and how to sustain outcomes, are very relevant for policy professionals in government for developing policy, appraising options, making decisions, designing services and projects, and evaluating programmes and pilots;
- ❑ the findings about how projects benefit different participant groups is helpful for policymakers in understanding the trade-offs of different policies and interventions targeted at different service users;
- ❑ the evidence on the relationships between different factors which influence well-being, and how one area of well-being impacts on another, may be useful in policy appraisal and decision making;
- ❑ the evaluation highlights the importance of social well-being for improving all areas of well-being; this is very relevant to the work of a number of government departments which are currently interested in social isolation (the objective measure) and loneliness (the subjective measure);
- ❑ the findings highlight the benefits of tackling multiple strands of well-being in one intervention. The Government can also lead by example on this by encouraging joined-up working across departments, and by using a well-being perspective to bring together work from different departments;
- ❑ the methodology developed and used to evaluate the Well-being and Changing Places Programmes offer lessons to the Government on how to evaluate subjective well-being effectively and interpret well-being data;
- ❑ the evaluation provides an evidence base of the well-being impact of a range of projects against which other projects can be compared.

### 6.5.2 Supporting the voluntary and community sector

The evaluation found that many of the well-being projects struggled to secure new funding to allow them to continue their work, despite evidence showing that they are capable of delivering very effective programmes which meet public health needs. For several years, funding for the voluntary and community sector has been moving away from grants and towards public sector commissioning, which poses significant challenges for VCS organisations. It is therefore important that public sector commissioners ensure VCS organisations have a fair chance in the bidding process so that their skills and expertise are not lost.

Ways in which the voluntary and community sector can be supported include:

- ❑ designing straightforward commissioning processes which do not unintentionally give large, private sector companies, who may be more skilled in preparing tenders, a strong advantage over smaller VCS organisations;
- ❑ the Government could provide training and support to VCS organisations which are new to commissioning, and be open to pilot partnerships in which VCS organisations work with healthcare providers to deliver well-being initiatives;
- ❑ partnership between public sector service providers and VCS organisations was found to be effective by the evaluation. This may be useful for departments seeking to build relationships or encourage local level organisations to work together. The Government can continue to put in place the infrastructure to encourage this (e.g. Community Budgets);
- ❑ as the changes to public health management are brought in, the Government could work to ensure new commissioning bodies and public health policy stakeholders are accessible to VCS organisations;



- ❑ the Public Services (Social Value) Act 2012 provides VCS organisations with an opportunity to use subjective well-being evaluations of their interventions to demonstrate their social value. The Government can support this by giving well-being appropriate consideration in the procurement process;
- ❑ the evaluation findings can be used to advise communities on how to spend neighbourhood grants and community funds effectively, to create the greatest impact on well-being;
- ❑ the Government could also continue to explore other ways of supporting VCS organisations by creating more networking and training opportunities, and supporting alternative finance models, such as community development funds and other social investment models.

# **APPENDIX 1**

## **Evaluation methodology**

## EVALUATION METHODOLOGY

The National Well-being Evaluation aimed to measure well-being impacts in a standard, consistent manner across both projects and portfolios funded by the Well-being and Changing Spaces Programmes. A set of tools, tested and validated questionnaires, were developed and were used by a number of projects within the various portfolios which make up the Well-being and Changing Spaces Programmes. A robust stratified sample was developed and surveyed. Our survey work was complemented by qualitative research, in the form of project level case studies.

The quantitative and qualitative data was synthesised and triangulated with findings from other research studies to produce the final report.

### The survey

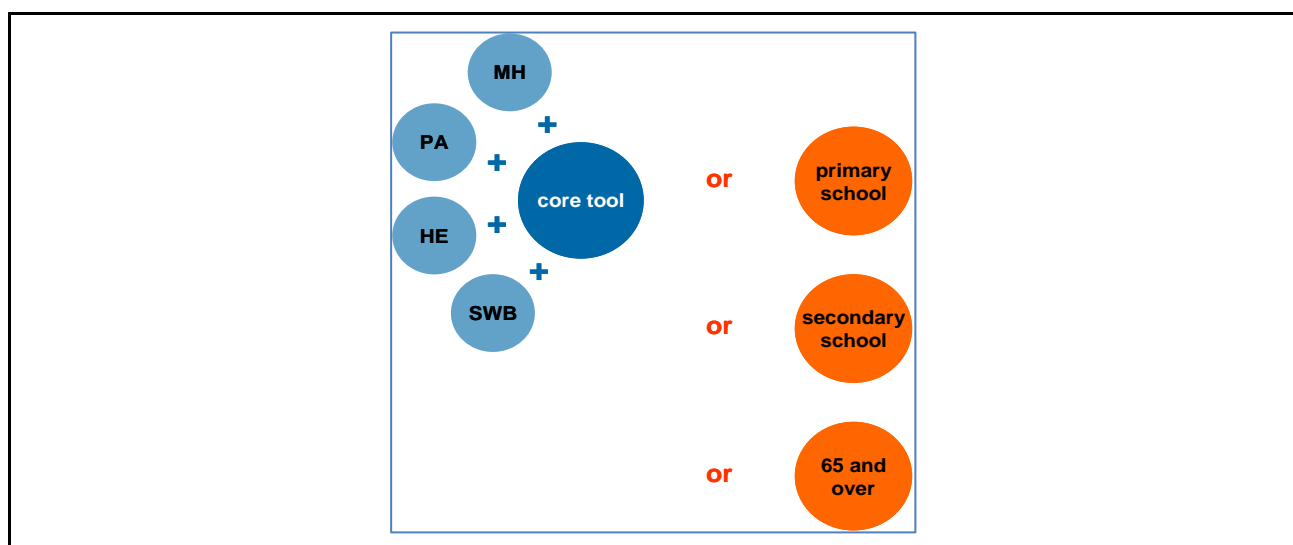
The evaluation comprises an extensive survey across a range of projects and programmes which enabled us to measure and aggregate well-being outcomes.

### Questionnaires

In order to provide a uniform approach to capturing this information, a series of questionnaires were developed to measure well-being outcomes. The questionnaires included tested and validated questions and scales such as the International Physical Activity Questionnaire, Centre for Epidemiologic Studies Depression Scale, and the Warwick and Edinburgh Mental Well-Being Scale.

The questionnaires were structured according to a Core+ model. This means there was a core questionnaire and a number of additional questionnaires; mirrored questionnaires and depth modules.

**Figure 19:Core+ model**



### Core questionnaires

This was the standard questionnaire for use by the majority of projects, used for adults up to the age of 64.

### Mirrored questionnaires

These were to be used instead of the core questionnaires and were designed for specific age groups. The mirrored questionnaires broadly followed the same structure and content of the core questionnaire. There were three mirrored questionnaires for:

- primary school children;
- secondary school pupils;
- those aged 65+.

### Depth modules

The depth modules were designed to be used in addition to the core questionnaire for projects interested in exploring additional constructs, rather than simply exploring the same constructs in greater detail:

- ❑ **healthy eating** – goals, intentions and confidence (autonomy);
- ❑ **physical activity** – goals, intentions and confidence (autonomy);
- ❑ **mental health** – stress and anxiety;
- ❑ **social well-being** – engagement/participation, belonging and support.

### ***Sample design***

Across the 17 Well-being portfolios and two Changing Spaces programmes a stratified sampling methodology was used to randomly select projects to participate in the survey. Once the projects were selected for survey, the project managers were briefed on how to randomly select participants for inclusion in the survey. This sampling process ensured that the survey was undertaken with a representative group of participants. Consequently, the impact identified in the evaluation reflects the impact experienced across the wider programme.

### ***Implementing the survey***

Project managers involved in the evaluation were asked to administer the questionnaires with participants on three occasions; at the start of a person's engagement with the project (Entry), again when the individual's time with the project is drawing to an end (Exit). The length of time between participants completing the Entry and Exit questionnaires varies depending on the length of time an individual spends with a project. Questionnaires were administered on the third and final occasion from three to six months after they had ended their contact with the project (Follow-up). Tracking the same individual enabled us to measure distance travelled over the lifetime of the project and beyond.

### ***Sample size***

In total 5,805 questionnaires were completed as part of the survey. This included 3,269 entry questionnaires, 1,964 exit questionnaires, and 572 follow-up questionnaires. The accuracy of a sample is often referred to as the 'confidence interval'. The confidence intervals for these three samples are: 1.71 for the entry sample, 2.21 for the exit sample, and 4.1 for the follow up sample. For a survey of this nature these samples are considered robust.

### ***Case studies***

Case study research enabled the National Evaluation project team to explore in more detail the connections between the three strands of well-being and the contribution that these strands make to raising individual levels of well-being. Undertaking case study research has also enabled the evaluation to reflect the diversity of projects within the programme and to explore the impact of projects which do not easily lend themselves to the administration of questionnaires.

Throughout the evaluation we undertook 19 project level case studies (several of these were also involved with the survey element). The individual case studies are presented in a separate document.