Target: Wellbeing Evaluation Update Report 2011

Reporting period April 2009 – August 2010

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Acknowledgements

Contents

1. Executive summary

Target: Wellbeing (TWB) aims to help people across the North West live healthier and happier lives. TWB is delivered through a portfolio of community based programmes and projects, and has been funded by the National Lottery for the period October 2007 to March 2012 through the Big Lottery Fund, with funding linked to health outcomes.

This evaluation update of the TWB portfolio provides reach analysis and evidence of behaviour change from the ten local programmes between January 2009 and August 2010, and provides an update to last year's *Target: Wellbeing Evaluation – Annual Report February 2010*[i].

The analysis relates to the area based community projects within the TWB portfolio and covers the TWB participants and their evidence of behaviour change. Reach analysis is produced via the registration database with behaviour change evidence from analysis of welcome and exit questionnaires[ii]. Forty-four projects have contributed responses to this evaluation, about half of the total number, and sixty-six have used the participant database, contributing to the reach analysis.

> **Key Messages**
> - Target: Wellbeing results show positive impact across the portfolio and all the primary themes.
> - Target Wellbeing is having a positive impact on mental wellbeing levels of participants, with significant improvements across all projects in the evaluation on average. The highest improvements are for mental wellbeing projects where attendees start with lower mental wellbeing levels but exit with similar levels to the average.
> - The majority of registered participants live in the more deprived areas, but most participants registered on the database are not coming from the designated TWB target areas.
> - A significantly higher proportion of respondents from physical activity projects have a positive attitude to physical activity compared with respondents from across the portfolio when entering TWB, which suggests that those projects are not attracting those who need to be more physically active.
> - High scores at the welcome stage mean that not many significant improvements have been seen across a number of physical activity and healthy eating projects.
> - It is suggested that projects focus on attracting those most in need of the services they offer, especially the physical activity and healthy eating projects. Physical activity and healthy eating projects appear to be attended by those already interested in being physically active and/or enjoying a healthy balanced diet.

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[i] NWPHO (2010). Target: Wellbeing Evaluation – Annual Report February 2010 Available at:
www.targetwellbeing.org.uk/resources/target_wellbeing_evaluation_annual_report_february_2010
[ii] Not all projects use the database and/or questionnaires that have been developed by NWPHO, so for the purpose of this report figures only refer to responses from projects using the NWPHO's evaluation tools and registration database.

1.1 Target: Wellbeing participants

- Two-thirds of projects use the participant database to keep track of who is attending their sessions (66). Over 75% of participants registered on the database live in the two most deprived 2007 Index of Multiple Deprivation quintiles[iii], with over half living in the most deprived areas.

- However, less than half of registered participants live in the targeted lower super output areas (LSOAs) [iv]. This varies from 67% to 28% by programme, though it is important to note that not all participants are registered on the database.

- Over 40% of registered participants self-reported experiencing some form of nervous trouble or depression in the last 12 months, greater than the regional average.

- Target: Wellbeing participants reported higher levels of asthma, diabetes and back problems, in the last 12 months than people living in the most deprived areas in the North West. Due to the similar nature of the two groups, this possibly indicates that TWB is successfully targeting people with health needs.

- More females than males are registered in TWB (62% vs. 38%), with similar ratios seen amongst those completing welcome and exit questionnaires.

[iii] The 2007 Index of Multiple Deprivation covers the whole of England. It measures 7 aspects of deprivation for LSOAs which are combined to create an overall deprivation score for each LSOA. This allows each LSOA to be ranked in comparison with one another according to their level of deprivation and allocated to a deprivation quintile for England, running from the most deprived to the least deprived.

[iv] LSOAs are a geographic hierarchy designed to improve the reporting of small area statistics. The SOA layers are of consistent size across the country and will not be subjected to regular boundary change. The 34,378 Lower Layer SOAs in England (32,482) and Wales (1,896) were built from groups of Output Areas (typically 4 to 6) and constrained by the boundaries used for 2001 Census outputs. They have a minimum population of 1,000.

1.2   Behaviour change

Evidence of behaviour change in this annual report, across the portfolio and the three primary themes under investigation (mental wellbeing, physical activity and healthy eating), is based on pre- and post-intervention scores. This analysis was conducted on 1468 welcome questionnaires and 699 exit questionnaires received by the NWPHO between April 2009 and August 2010. Forty-four projects contributed responses to the evaluation, about half of the total number.

1.2.1 Improved mental wellbeing

- All TWB respondents report significantly higher levels of wellbeing following TWB intervention, with an average increase of 2.9 points from 22.4 to 25.3 on the Short Warwick and Edinburgh Mental Wellbeing Scale. (This scale varies from 7 to 35 points. For information, the methodologically different North West Mental Wellbeing score gave a regional average score of 27.7)
- Projects focussing on mental health also revealed a significant improvement with an increase on aggregate of 4.8 points to an exit score of 25.2, bringing their subjective assessments of wellbeing more in line with the portfolio post-intervention scores.
- Significant improvements in life satisfaction were seen across the portfolio and mental wellbeing projects. With mental wellbeing projects increasing their mean score by 1.7 points, from 5.0 at the welcome stage to 6.7 at the exit stage. On aggregate the portfolio increased their life satisfaction by 1.1 points from 5.9 to 7.0 on a self-reported scale between 0 and 10.

Improved self management

- The majority of TWB participants (89%) reported that TWB had helped them develop skills that would help them have more control over their life.
- Beneficiaries of mental health projects demonstrated a significant 3 point increase in measured self efficacy on average.

Increased job control

- A fifth of all respondents felt that TWB had helped them find new employment, with 17% of respondents reporting that the project had helped them to do their current job.

Increased sense of community belonging

- Over half of TWB participants self-report that TWB had helped them meet new people and 40% self-report that the project had helped them feel part of their community.
- Community belonging measures show significant improvement across the portfolio in people regularly meeting with friends and relatives and regularly attending activities in the local area.
- Fewer TWB questionnaire respondents report feeling 'very/fairly strongly' that they are part of their immediate neighbourhood compared to those who report feeling 'not very/not all strongly' at welcome questionnaire stage. This outcome is reversed after engagement with a TWB project. The percentage of those that feel 'very/fairly strongly' that they are part of their immediate neighbourhood improves significantly to 56% after engagement with the project.

Increased self esteem

- Mental wellbeing projects show demonstrable improvements in self esteem scores pre- and post-intervention, with a points difference of 3.6 between the two scores.

1.2.2 Improved physical activity

Increased cycling and walking

- Average weekly minutes of walking decreased from 285 at welcome stage to 278 at exit stage, a non-significant decrease of 7 minutes across the physical activity projects. The whole portfolio shows a similar result, with results from all respondents also showing no significant change in average weekly walking.
- These results are not statistically significantly and may not reflect those participants who maintain their walking levels but take up other activities i.e. cycling.

Increased use of open space for physical activity

- 78% of physical activity project respondents self-reported that they now make more use of the outdoors whilst doing physical activity.

More active in daily lifestyles

- Physical activity projects appear to engage participants who are already motivated to be physically active as over 80% report achieving high/moderate levels of physical activity at the welcome stage. There is an insignificant increase at the exit stage, with 89% reporting high/moderate levels of physical activity post intervention. It may be difficult to attract people to do physical activities who are not motivated to do exercise, but there may some ways to do this, (eg GP referrals for physical activity). (However, as quoted above, participants are more likely to have some types of poor health). Similar results are seen across all respondents with only a 5% increase to 80% of respondents achieving high/moderate levels at the exit stage.
- Over 70% of participants on physical activity projects agree that they are more active in their daily lifestyle as a direct result of their participation with TWB.
- A significantly higher proportion of respondents from physical activity projects have a positive attitude to physical activity compared with all respondents at the welcome stage.
- Around a third of participants on physical activity projects have taken up other physical activity as a direct result of involvement in the project, demonstrating a displaced benefit.
- 93% of physical activity project participants self-reported that they would continue to be more physically active in their daily life as a result of their engagement with TWB, demonstrating a perceived sustained benefit.
- Across all responses, over half of respondents felt that the TWB project had helped them to look after themselves physically.

1.2.3 Improved healthy eating

Increased availability of healthy food

- Across the whole evaluation and healthy eating projects, respondents have increased their average fruit and vegetable consumption. With healthy eating projects significantly increasing the average from 4.5 portions a day to 5.4 portions.
- Following TWB engagement, the proportion of healthy eating project respondents reporting they eat five or more portions a day increased by over 20%. Overall results show a significant increase in the percentage of respondents eating five or more fruit and vegetables a day.

Improved levels of food preparation and cooking skills

- Over three quarters of respondents enjoyed putting effort and care into the food they ate at the welcome stage. As with some physical activity measures good welcome scores indicate that projects are engaging individuals who already demonstrate confidence around healthy eating. These figures do increase at the exit stage but not significantly.

Increased knowledge about healthy eating

- Healthy eating project participants have improved their confidence across a range of knowledge statements including choosing healthy foods, shopping on a budget and following a simple recipe. Although the number of responses means that results are only indicative at this stage, it is encouraging that TWB healthy eating participants seem to be improving their knowledge and confidence around healthier food.
- More than 75% of healthy eating project respondents reported that they enjoyed eating a healthy balanced diet at the welcome stage. This highlights again that healthy eating projects could target those most in need of improving their diet more, rather than those already enjoying a healthy diet.

Increased number of people involved in food growing

- Fewer participants on healthy eating projects reported being 'confident' about food growing after participating in a TWB food growing project, although this is not statistically significant. Not all healthy eating projects have a food growing element, so the results may be masked by other non-food growing healthy eating projects, (only 11 have a food growing element).

1.3   Summary conclusions

- Across all the respondents and within each primary theme Target: Wellbeing is having a positive impact on those that participate with the projects.
- Engagement with TWB is having a significant impact on the mental wellbeing of participants with mental wellbeing significantly improving across the whole evaluation. Particularly large improvements are reported by mental wellbeing projects, which bring their mental wellbeing scores in line with the total respondents average at the exit stage.
- The majority of registered participants appear to live in the more deprived areas, but most registered participants are not coming from the designated TWB target areas.
- A significantly higher proportion of respondents from physical activity projects have a positive attitude to physical activity at the welcome stage compared with respondents from across the portfolio, which suggests that those projects are not attracting those who need to be more physically active.
- High scores at the welcome stage mean that not many significant improvements have been seen across a number of physical activity and healthy eating projects.
- From the analysis carried out a learning point to arise is the possible need for projects to focus on attracting those most in need of the projects' services, especially the physical activity and healthy eating projects. By the nature of the work they do, it might be easier for mental wellbeing projects to attract those most in need of improving their mental wellbeing as, for example, a counselling service is unlikely to be attended by those with high levels of mental wellbeing. However, the physical activity and healthy eating projects appear to be attended by those already interested in being physically active and/or enjoying a healthy balanced diet.

1.4   Recommendations

- Projects across the portfolio may want to consider how to increase the proportion of participants from their programme's target areas.
- Physical activity projects could consider how to target those who have low physical activity levels, as the majority of attendees at the moment have at least moderate levels of physical activity when first attending project sessions. (Perhaps through linking with referrals for low physical activity from general practitioners).
- Targeting those with low cooking skills and/or poor diets may also be an area that healthy eating projects might want to investigate.

2. Introduction

The Target: Wellbeing (TWB) portfolio in the North West has been funded for the period October 2007 to March 2012 through the Big Lottery Fund, with the aim to encourage people to engage in healthier lifestyles. The programme is delivered through a portfolio of community based programmes and projects, with additional separate programmes being run to improve health in prisons and amongst older people in care settings in Cumbria.

Target: Wellbeing is funded by £8.9m from the National Lottery through the Big Lottery Fund's national wellbeing strand. This supports 10 local programmes each made up of a number of projects, two pan-regional programmes and the Regional Support Network (RSN).

The North West Public Health Observatory (NWPHO), based at the Centre for Public Health, Liverpool John Moores University (LJMU), has been commissioned to undertake the evaluation of TWB, with sub commissioning of the process element to the University of Central Lancashire (UCLan). Evaluation of the larger national portfolio funded by the Big Lottery is being undertaken by the Centre for Local Economic Strategies (CLES) using tools developed by the New Economics Foundation (NEF).

From the perspective of the Big Lottery Fund as an outcomes funder, evaluation is seen as important to:

- improve funding impact and processes
- promote wider sharing of such learning in order to improve practice and influence policy
- support public accountability[1]

From the perspective of regional strategy there is a need to understand whether the portfolio has engaged with people in local communities and also whether this involvement is having any impact on supporting people most in need to change their behaviour. This involved understanding the 'journey' made by different types of beneficiary in accessing services, the outcomes for them and how the approaches used have supported this, to inform future service commissioning. About half of projects use this evaluation (44), while two-thirds have used the participation database (66). Projects that are not using this evaluation are using a variety of internal evaluation methods.

From the perspective of local projects, the evaluation needs to help achieve sustainability when longer term funding ends. Many of these projects are being delivered by the third sector and there is a need to understand how this sector's particular approach is effective in engaging with people and supporting them to make lifestyle changes. This is particularly important in attracting future funding.

This second annual evaluation report of the TWB portfolio provides reach analysis and evidence of behaviour change to date, as carried out by the NWPHO, and provides an interim report from the process evaluation as conducted by UCLan.

3. The Target: Wellbeing Portfolio

Target: Wellbeing (TWB) is a portfolio of projects delivering a range of activities across the North West that aim to improve wellbeing and support healthy lifestyles.

Groundwork UK (GW UK) is the accountable body for the portfolio and manages and monitors the expenditure of Big Lottery Funds. The portfolio is scrutinised and supported by a Governance Group with representatives from the Department of Health (DH), Voluntary Sector North West (VSNW) and academic partners with significant collective knowledge and experience. The Regional Support Network, comprising GW UK staff, facilitates the development of the portfolio by providing support and guidance to existing and emerging delivery partners, based on need.

Target: Wellbeing is part of a larger national programme of 17 portfolios which make up the Wellbeing strand of the Big Lottery Fund. Additionally it is one of the 4 portfolios in the North of England:

- Healthy Living Network - Stockport Council
- Altogether Better - Yorkshire and Humber NHS
- North East Portfolio (New Leaf New Life) - North East SHA
- Target: Wellbeing - GW UK

3.1   Aims and objectives

The portfolio aims to contribute to healthier and happier lives by improving the wellbeing of people living within the most disadvantaged communities in the North West.

When developing the Wellbeing programme an extensive scoping exercise was undertaken with key stakeholders, and three intertwining strands emerged as the key areas for the programme. As a result, delivery partners were invited to bid for projects that offered the potential for behaviour change across the following three themes:-

- Mental wellbeing - this comprises improving the mental health and wellbeing of vulnerable and marginalised young people, adults and older people.

- Physical activity - this comprises an increased uptake in sustained physical activity levels through physical activity and lifestyle interventions, leading to a reduction in levels of obesity and an improvement in physical fitness.

- Healthy eating - this comprises increasing healthy eating patterns and reducing body fat profile by improving access to healthy eating programmes.

4. The Community Projects programme

4.1 Programmes and projects

Target: Wellbeing is delivered through 12 distinct programmes. Two programmes are population setting specific whilst the remaining ten are area based. Each area was identified and targeted following a needs and deprivation assessment. The programmes include:

Population specific:
- Older people in care settings (4 projects)
- Prison population (3 projects)

Area based:
- Burnley
- Ellesmere Port and Neston
- Halton
- Knowsley
- Liverpool
- Manchester
- Oldham
- Pendle
- Preston
- St Helens

Eighty-five percent of the programme is delivered by the voluntary and community sector. Each programme may have a number of public or third sector delivery organisations and partners, such as Age Concern, Sure Start and Groundwork.

4.2 Selection of target areas

Before individual projects were selected to be part of the TWB portfolio, research was carried out to identify which local authorities within the North West region were most in need of support to improve health and wellbeing. These areas were identified by the NWPHO by using existing data to identify areas where there are high combinations of people reporting they are 'not in good health', in receipt of benefits, having poor mental health and high levels of coronary heart disease (CHD). Synthesised estimates were also used to identify areas where there are high levels of obesity and low fruit and vegetable consumption.[2]

From this analysis those local authorities that had the largest proportion of their population living in the areas with the greatest overall need were selected to receive funding for activities.

This health intelligence led approach meant that local programmes were allocated funding according to need rather than geographical spread. This does mean that some areas are underrepresented in the TWB portfolio. However, the delivery of the older persons projects predominantly in Cumbria helps to balance any geographical discrepancy to help ensure that no sub-region misses out on the benefits of the regional programme.

4.3 Selection of projects

A tendering process was used to encourage organisations from the public and voluntary sector to bid for funding to deliver projects that fell within at least one of the three themes. Groundwork UK was responsible for managing this process and for developing the

supporting infrastructure to co-ordinate and manage the projects. Projects were selected by panel discussion in each of the areas. Knowsley took an alternative approach by inviting submissions for particular kinds of projects dependent upon identified local need.

In all, 95 projects have received funding across the ten local authority areas selected. Each programme area also has a Programme Manager responsible for providing support to projects and forming part of the formal contractual relationship.

4.4 Expected outcomes

Following consultation with key stakeholders and building on the needs analysis undertaken, the Governance Group decided on a number of key sub themes across the three main themes of mental wellbeing, physical activity and healthy eating.

1.Mental wellbeing - this comprises improving the mental health and well being of vulnerable and marginalised young people, adults and older people.
1a People benefitting from improved self management
1b People benefitting from increased job control
1c Increased sense of belonging within their community
1d Increased self esteem

2.Physical activity - this comprises an increased uptake in sustained physical activity levels through physical activity and lifestyle interventions, leading to a reduction in levels of obesity and an improvement in physical fitness.
2a Increased cycling and walking
2b Increased use of open space for physical activity
2c More active in their daily lifestyles

3.Healthy eating - this comprises increasing healthy eating patterns and reducing body fat profile by improving access to healthy eating programmes
3a Increased number of people involved in food growing
3b Increased availability of healthy food
3c Improved levels of food preparation and cooking skills
3d Increased knowledge about healthy eating

The projects work right across the three targeted areas of mental health, physical activity and healthy eating and use a variety of approaches to address these issues. Some of the projects have an interconnecting element with other projects. For example, in the healthy eating projects, three projects will interconnect to bring fresh produce and healthy eating to Manchester's most deprived communities.

5. Evaluation methodology

5.1   Evaluation of area based initiatives

This evaluation consists of six main elements:

1. The collection and analysis of regional level outcome data
2. The analysis of key indicators in target areas over time
3. The collection and analysis of regional level process data
4. Support to individual projects to identify their own indicators and means of measuring them.
5. Baseline mapping of areas on key indicators and tracking over the time period of the project.
6. The process evaluation, consisting of interviews and focus groups with participants, project managers, programme leaders and others, which is to identify successes and learning from Target: Wellbeing.

(Also across the Portfolio a range of evaluation methods have been used in addition to these. These results are not included in this report however).

To ensure completeness of evidence it is important that an evaluation of behaviour change or improvement in wellbeing captures both qualitative and quantitative data and uses both objective and subjective tools of data collection.[3,4] In designing this evaluation, attention was paid both to the variety of local and regional data sources that were already available and could be utilised for evaluation as well as bespoke tools that were developed to capture beneficiary and stakeholder participation.

5.2   Outcomes evaluation methodology

5.2.1 Outcomes and behaviour change

An outcome focussed approach is concerned with demonstrating positive change for TWB participants. Using the Big Lottery definition a 'direct beneficiary' is a participant who shows positive behaviour change in one of the three priority themes. As such, one of the central aims of the evaluation is to evidence the extent to which behaviour change has occurred across the priority themes for participants across the region.

This report uses an aggregated regional tier method which focuses less on the precise number of people who demonstrate change but more on the quality and extent of change that has been observed across the region. This is measured in terms of relative improvements on average scores, (eg the mean number of fruit and vegetables eaten, or the proportion meeting national guidelines for physical activity), pre- and post-intervention. Generalisation is then possible by using the aggregated regional tier results to focus on the proportion of beneficiaries that can be seen to demonstrate improvements from regional baselines. This approach will arguably allow for a clearer estimation of positive change for the whole portfolio as more data is collected and success is demonstrated as the proportion of individuals showing improvements on average baseline scores across the region.

5.2.2 The regional tools

A number of tools were developed to capture regional level output and outcome data. Ethical approval for the evaluation and tools was gained from the LJMU Research Ethics Committee (REC).

Participant registration system

In order to understand if people living in the areas designated to receive the funding have participated, a registration system for project participants was developed. This system captures demographic and postcode data from each registered participant. It was designed to enable reach analysis and geodemographic profiling of users.

To register, on entry into a project a participant completes a registration form. These details are then inputted into an online database which NWPHO has access to for the whole region.

The registration form is designed for those aged 16+ years and where it is necessary to register children under 16 years a parent's signature is required.

The registration system was also intended to support projects to collect monitoring information such as attendance at activities and sessions. As a result, frequency of attendance at activities can be captured in order to build up a picture of where there may be high levels of drop out or sustained participation, where it is appropriate to do this. This will support projects to understand patterns of customer usage and be proactive in addressing issues related to retention of participants. It may also usefully supplement other quantitative and qualitative information that projects may gather from their own evaluation tools.

Baseline regional welcome questionnaire

In order to assess the lifestyle of the population undertaking the activities, a baseline questionnaire has been developed around the three themes of mental wellbeing, physical activity and healthy eating. So respondents were not answering too many unrelated questions, the core questionnaire was complemented with additional depth modules which include further questions around mental wellbeing and healthy eating. Only mental wellbeing or healthy eating specific projects completed the respective modules. These tools have been developed to take account of the National Evaluation surveys, as well as available regional level data that will allow comparisons to be made of participants against regional figures.

End of project regional exit questionnaire

An exit questionnaire has been developed to identify changes in the three main themes of mental wellbeing, physical activity, and healthy eating, with additional modules related to each. Some questions in the exit survey are the same as those in the welcome survey so that changes on particular measures can be tracked and identified. There are a number of questions which are not the same as those in the welcome questionnaire. These questions aim to give an indication of how lifestyles have changed and also to identify what participants can do after participating that they could not do before. Mental wellbeing and healthy eating projects completed the additional module at welcome and exit, with physical activity projects only completing a depth module at the exit stage.

The exit questionnaire is used to gather evidence of post intervention benefits. During training and consultation we discussed the complexity of participant engagement meaning that there may not always be an 'end point' for all participants. Therefore although we refer to these as 'post intervention' scores it is worth noting that participants may continue to be engaged and could demonstrate further positive change.

The regional tools are suitable for individuals aged 16+ years. Questionnaires for primary and secondary age children have been developed by NEF and these are used for the baseline and exit surveys. Two hundred and eighty-nine of these were received. Similarly, there are also a set of tools available from NEF for older participants (aged 65+years) and these were made available for projects working with older residents. There were 579 older people's questionnaires received.

6. Reach analysis

Funding for Target: Wellbeing was aimed at specific lower super output areas (LSOAs)[v] that showed disadvantaged and poor health outcomes. This was based on hospital admission data, number of claimants for incapacity benefit and poor lifestyle factors from the Health Survey for England. As part of the evaluation methodology projects were encouraged to register participants on a database provided by the NWPHO in order for an analysis to be undertaken of where participants come from and if they live in the target areas. As of August 2010, 7,670 participants had been registered onto the database, with valid postcode data (England only) collected for 6,850 participants. Two-thirds of projects have registered participants on the database (66). The numbers registered vary from 1,738 people on the Burnley programme, down to just 72 registered from the Liverpool programme.

There are also a small number of questions on the welcome questionnaire that were included to help draw a profile of the target population against the criteria of variables originally used to select areas, i.e. those 'not in good health', cardio vascular disease and health, and Body Mass Index (BMI). The following section provides reach analysis based on the participant registrations of those projects that have used the database and questionnaire data submitted to date.

6.1   Demographics

6.1.1   Age and gender

Nearly two-thirds of registered TWB participants are female (62%, 4,719 females; 38%, 2861 males). Figure 1 shows the age profile for all registered TWB participants by gender.

Figure 1.   Registered database participants, by age group and gender
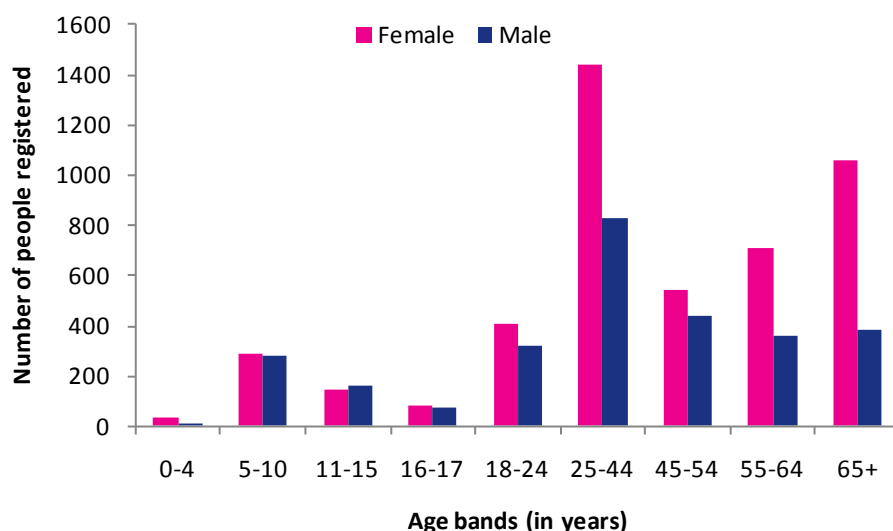
These figures indicate a good demographic spread across participants which are in keeping with the ethos of the TWB portfolio. The majority of participants are female, with the biggest age groups being those aged between 25-44 years and 65+ years.

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[v] LSOAs are a geographic hierarchy designed to improve the reporting of small area statistics. The SOA layers are of consistent size across the country and will not be subjected to regular boundary change. The 34,378 Lower Layer SOAs in England (32,482) and Wales (1,896) were built from groups of Output Areas (typically 4 to 6) and constrained by the boundaries used for 2001 Census outputs. They have a minimum population of 1,000.

6.1.2 Ethnicity

Ethnicity information was available for 7,202 TWB participants registered to the database.

Table 1 shows the ethnicity profile of registered TWB participants. This indicates that the majority of respondents described themselves as 'White British' (83.3%) with 7.8% describing themselves as 'Asian/Asian British' and 2.7% describing themselves as 'Black/Black British'. Compared to the North West population[5], there is greater non-white representation within TWB. This may be as a result of projects targeting different ethnic groups or due to the location of the target areas across the region.

Table 1.   Percentage of registered database participants, by ethnicity

Ethnicity	Registered percentage (31st August 2010)	Office of National Statistics population estimates for the North West, 2007[vi]
White British	83.3%	89.4%
White Irish	1.7%	1.0%
White European	1.0%	1.7% (this is for the White – Other group)
Black/Black British	2.7%	1.1%
Asian/Asian British	7.8%	4.4%
Chinese/Chinese British	0.4%	0.7%
Other	3.1%	1.7% (includes Mixed groups)

6.1.3 Health status

Within the welcome questionnaire there are a number of questions which provide variables in which we can analyse the health status of participants before they take part in TWB. A comparison with other North West data is shown in Table 2. Although a different methodology was used, the results can still provide a summary of the relevant health status for TWB participant participants against regional figures.[6] The 'most deprived quintile' refers to the responses from those living in the most deprived areas in the North West.

[vi] These estimates are for all age groups and cover the whole of the North West, so cover a wider area than Target: Wellbeing.

Table 2.   Comparisons of self assessed health status

Health status variables	TWB Welcome Questionnaire	North West (NWPHO, 2009)	Most deprived quintile (NWPHO, 2009)
Adults with self-assessed 'not good' health	9.0%	8.2%	11.6%
Adults who have been told by a health professional that they had suffered a heart attack	2.6%	3.7%	4.6%
Adults who had been told by a health professional that they had suffered a stroke	1.9%	2.7%	3.2%
Adults who have suffered from angina in the last 12 months	3.9%	3.5%	4.9%
Adults who had suffered from hypertension in the last 12 months	19.6%	17.6%	19.0%
Adults who had suffered from asthma in the last 12 months	15.2%	9.1%	9.7%
Adults who have suffered from arthritis in the last 12 months	18.4%	17.8%	18.9%
Adults who had suffered from back problems in the last 12 months	23.6%	16.7%	18.5%
Adults who had suffered from depression in the last 12 months	41.7%	9.8%	12.3%
Adults who had suffered from diabetes in the last 12 months	6.5%	5.0%	5.5%
Adults who are obese	20%	15%	18%
Adults who are obese or overweight	50%	49%	51%

Self assessed 'not good' health

General health measures are used within health surveys for a number of reasons, such as to measure the impact of disease and the outcomes of intervention and to evaluate health care policy. At this time, however, self-assessed health is the best available measure to assess the general health of the population and it is the only harmonised survey question relating to health across the EU. [7]

Questionnaire respondents were asked a single self-assessed health question. From the five possible responses, the latter two categories (bad and very bad) were combined to give 'not good' health.

Based on responses to 1,197 welcome questionnaires 9% of respondents described themselves as in 'not good' health. This is in line with responses from the regional lifestyle survey[vii] which identified 'not good' health amongst 8.2% of North West residents increasing to 11.6% of the most deprived quintile. As the TWB portfolio is targeting the more deprived areas, we might expect to see a higher percentage reporting to be in 'not good' health.

Cardiovascular disease and poor health status

Individual health status of TWB participants is assessed in the Welcome questionnaire using questions developed by the Health Survey for England and for which regional comparator data is available.[6] Table 2 shows the percentage of questionnaire respondents experiencing these conditions compared to regional figures.

Target: Wellbeing participants reported higher levels of asthma, diabetes, back problems and, perhaps most significantly, nervous trouble or depression in the last 12 months than people living in the most deprived areas in the North West. Due to the similar nature of the two groups, this possibly indicates that TWB is successfully targeting people with health needs.

The finding that over 40% of respondents experienced some form of nervous trouble or depression in the last 12 months is particularly interesting. As with self assessed health this is a subjective measure and so there are limits to interpretation, but this is an interesting

indication of how TWB participants see themselves and would certainly indicate successful reach.

Overweight and obese

To assess the prevalence of obesity in the TWB population, questions were asked in the welcome questionnaire about height and weight in order to calculate BMI. Table 2 shows similar proportions of those estimated to be overweight and obese from amongst TWB participants (50%) compared with the most deprived quintile of the region (51.1%). The proportion of obese individuals (21%) is higher than the regional and most deprived quintile figures (15% and 18.1% respectively).

These early figures indicate that TWB is successfully reaching participants who would benefit from health and wellbeing intervention.

6.2   Geographical and geodemographic analysis

In addition to demographic and health status a central aim of the reach analysis is to establish specifically whether projects are reaching participants from the specified TWB areas.

Figure 2 shows the percentage of participants living in census output areas selected to receive Target: Wellbeing funding, by programme. Overall, more than 40% of registered participants lived within the target LSOAs. There is variation between areas in the percentage of participants coming from designated target areas with Ellesmere Port and Neston having the highest percentage coming from the TWB target area (67%) and Preston having the least coming from the target area (28%). Ellesmere Port's results may be due to the programme having stricter entry requirements about where people live who attend the projects. However caution is needed in interpreting this, as some areas have registered far more participants than others and the analysis may not therefore be representative of the true picture. Liverpool, for example, only has 92 participants registered with a valid England postcode. This may be due to fewer projects using the database and/or the type of participants that are visiting the projects. Other programmes might be accessing people from the right areas but due to a number of reasons might not be able to record a valid postcode, this could be as a result of participant refusal or they are engaging with individuals with no fixed abode. This may well be true of the Preston programme which has the lowest percentage of registered participants with a valid postcode, (34% without a valid postcode, compared with 11% across all areas).

Figure 2.   Percentage of registered database participants, living within target areas
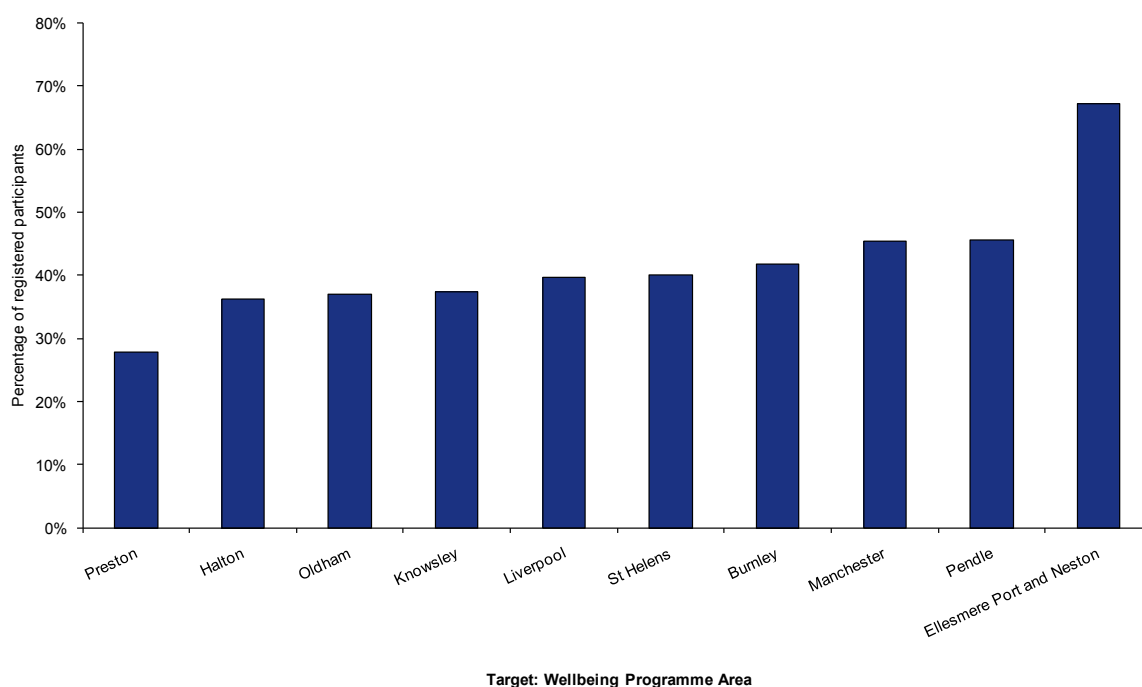

Target: Wellbeing Programme Area

Figure 3 shows the breakdown of registered participants by 2007 Index of Multiple Deprivation (IMD) quintiles. We can see that the majority of registered participants (55%) live in the most deprived areas, with over 75% living in the two most deprived quintiles. This suggests that although the majority of people may not be from the specified target areas, they are from areas of high deprivation and so face the potential health inequalities that come with these areas.

Figure 3. **Percentage of registered database participants, deprivation quintile**
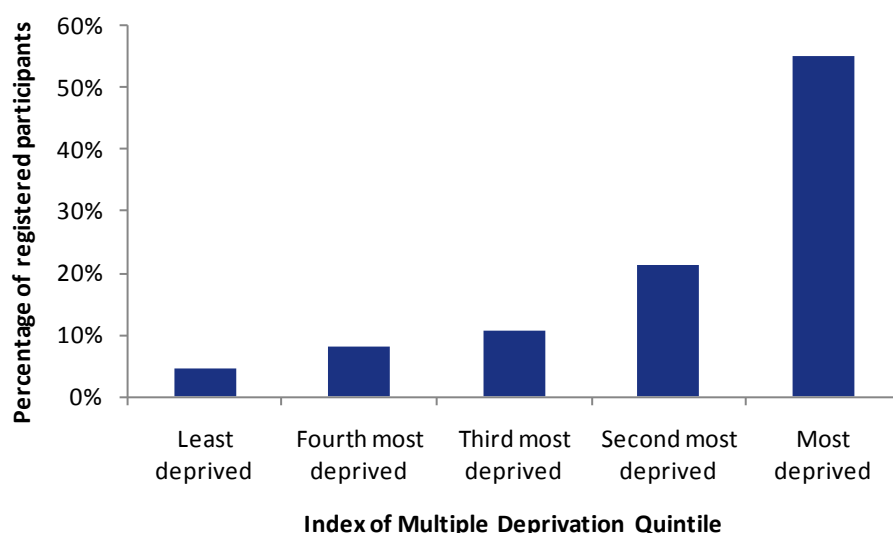
Analysis of the registered participants by the geodemographic classification system P^2 People and Places[vii] shows a quarter of participants living in an area classified as Urban Producers (25%), with the next highest group being from Disadvantaged Households (14%). This is to be expected as they are the two most prevalent classifications in the target area (24% and 35% respectively) and are two of the more deprived areas. There were higher than expected concentrations living within Suburban Stability (12%) and Rooted Household (12%) areas, as these are less deprived and make up only a small proportion of the target area (0.8% and 0.3% respectively).

[vii] P^2 People and Places © Beacon Dodsworth 2004-2005: www.p2peopleandplaces.co.uk

Figure 4. Cheshire and Merseyside programmes target areas, database registered participants by postcode
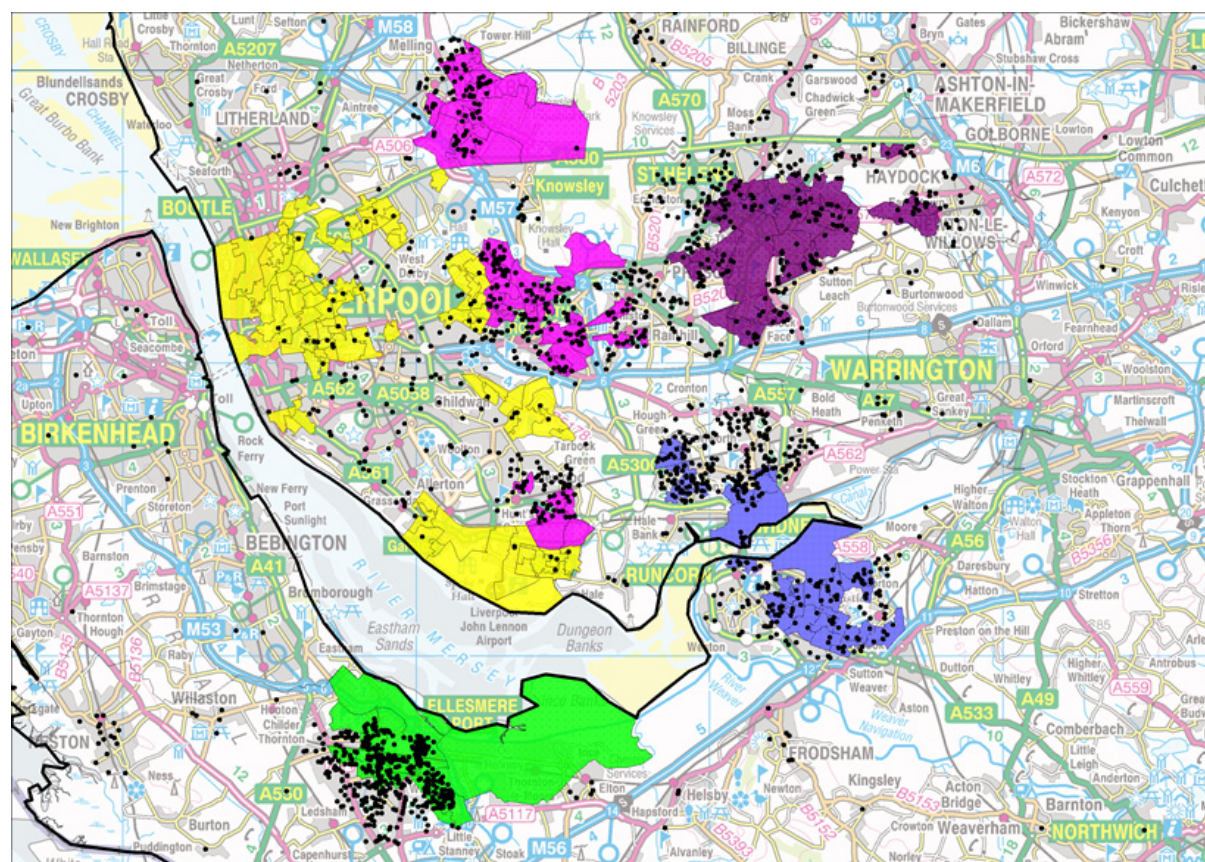
■ Liverpool   ■ Ellesmere Port & Neston   ■ Knowsley   ■ St Helens   ■ Halton

Figure 4 highlights the five programmes that are located within Cheshire and Merseyside, with the black dots representing where registered participants live. Although the map doesn't show which programme people are visiting we can see definite clusters around some of the TWB target areas. Ellesmere Port & Neston had the highest percentage of participants coming from the target area (67%) and we can see the heavy concentration of people in Figure 4. Liverpool does not have many registered participants, which will explain the few number of dots in the Liverpool target areas. The Halton programme had the second lowest percentage coming from the target area (36%), and we can see that there seems to be a cluster of participants coming from places north of the target areas.

■ Manchester   ■ Oldham

The two programme areas in Greater Manchester are shown in Figure 5. We can see a good cluster of participants from the south Manchester target area, with more of a spread around the rest of the city's target areas. Oldham had the second fewest number of participants registered on the database, of those 37% came from the TWB target area.

Figure 6.   Lancashire programmes target areas, registered participants by postcode
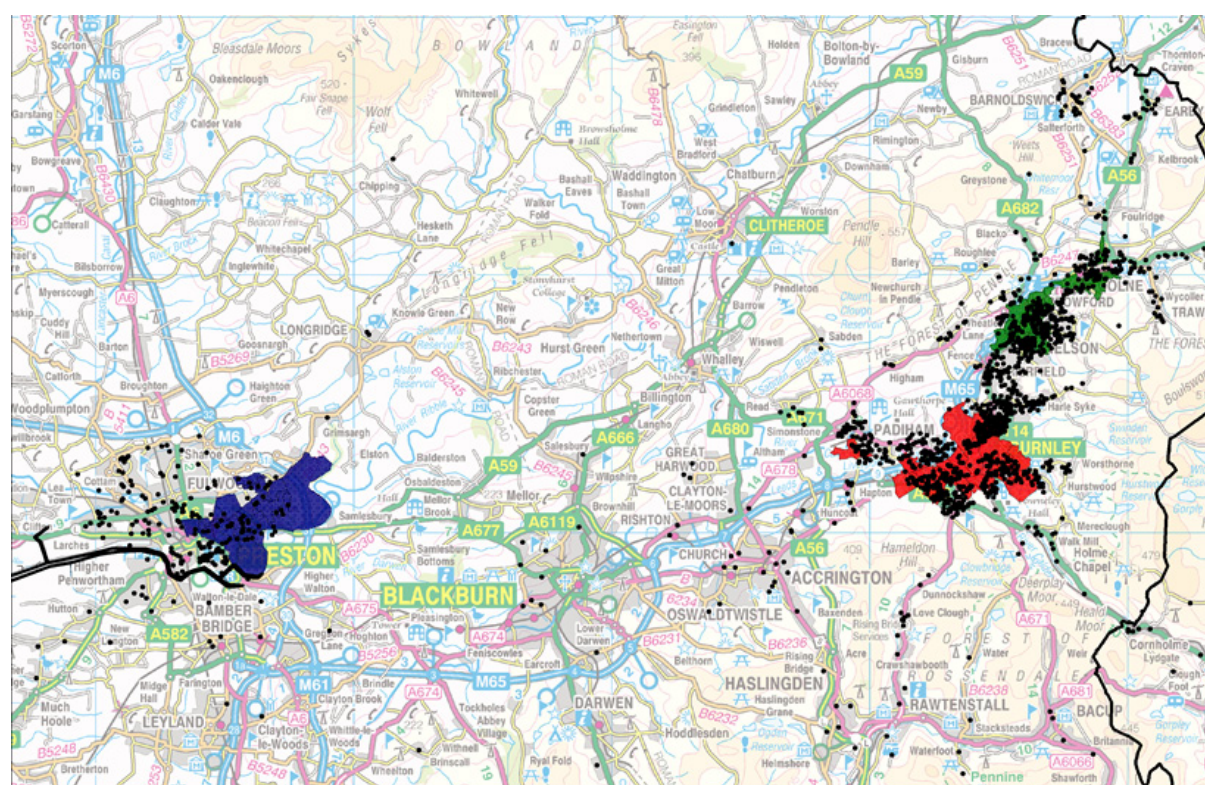
■ Preston   ■ Burnley   ■ Pendle

Figure 6 maps the three programme areas in Lancashire. The Preston programme has the lowest proportion of registered participants coming from the target area (28%). Although as mentioned earlier, this may be a result of the low proportion of valid postcodes. From those with a postcode available there seems to be spread across the whole city, while the target areas are in east Preston. Burnley's participants seem to be coming from either the target areas (42%) or just outside these areas. This is similar to the Pendle programme, which had the second highest percentage coming from the TWB target area (46%). There are a few participants coming from areas to the north of Burnley and Pendle, with some (not shown) coming from Yorkshire to engage with the programme.

7. Reported behaviour change

Evidence for behaviour change in this annual report is based on analysis of 1,468 welcome questionnaires and 699 exit questionnaires received by the NWPHO between 1st April 2009 and 31st August 2010. In addition, 366 welcome questionnaires and 213 exit questionnaires were received from 6 projects that use the questionnaire adapted for participant's age 65+ years. As only a few projects have been using the 65+ questionnaire we have only included some key points from the analysis as the results are less reflective of the portfolio as a whole.

It should be noted that not all projects have returned questionnaires to date and that projects that have returned questionnaires have received their own bespoke report detailing evidence against their identified outcomes. For this reporting period 44 projects submitted questionnaires, although this does include responses from projects who didn't submit enough to receive an individual Outcome Report. Twenty five projects received complete individual reports, with a further ten receiving either a Welcome Only or Exit Only Outcome Report. As well as the standard regional reports, four projects were provided with reports based on the 65+ questionnaires and 8 projects received reports from their Primary School questionnaires.

For the purpose of this report some of the analyses have been undertaken with projects being split into groups according to their primary theme, as reported to the Big Lottery Fund. Although it is understood that a number of projects naturally cover more than one area, this aims to give a better representation of behaviour change as it relates outcome to project delivery. Where this is the case it is highlighted in the report. Table 3 shows the number of questionnaires received from across the portfolio allocated to each of the primary themes.

Table 3.   Number of questionnaires returned, by Primary Theme

Primary Theme	Welcome	Exit
Healthy Eating	219	185
Mental Wellbeing	772	346
Physical Activity	477	168

The gender of the questionnaire respondents is shown by questionnaire stage in Table 4. At both stages, over two-thirds of respondents (with a valid age and gender) were female. This is in line with the male-to-female ratio that was seen from the registered participants on the database (Figure 1). In both the questionnaires and the database, the most prevalent group were females aged 25-44.

Table 4.   Gender breakdown of questionnaire respondents, portfolio wide

Questionnaire Stage	Male	Female
Welcome	31%	69%
Exit	29%	71%

7.1   Mental wellbeing

7.1.1 Mental wellbeing and links to health

Improved mental wellbeing is a priority outcome of the TWB portfolio. More precise definitions of this outcome that have been set and used as indicators are presented below.

- Improved self management
- Improved job control
- Improved community belonging
- Increased self esteem

Improved wellbeing and community belonging are central to the majority of TWB projects and so questions relating to these were included in the core regional tools so that comparisons can be made on aggregate between pre-and post-intervention scores for all respondents. Subjective assessments around job control are collected in the exit questionnaire only. Aspects of self management and self esteem require asking personal questions and so a depth module approach (administered with the welcome and exit questionnaires) was preferred for these. Of the mental wellbeing modules, 458 welcome questionnaires and 233 exit questionnaires were returned.

7.1.2 General wellbeing

Improved wellbeing is a general aim of the entire portfolio and an explicit aim of each project, irrespective of its mode of working. As such, it was appropriate to include academically validated measures of wellbeing, improvements on which can be compared on aggregate for all TWB participants included in this evaluation. Two measures of general wellbeing were selected. These are the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS[8]) and a single item question on life satisfaction. This is a standard question from the European Social Values Survey and is more a cognitive approach to measuring wellbeing.[9]

7.1.3 SWEMWBS scores

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS [8]) is a seven item scale which uses a five point scoring system, with responses ranging from 'none of the time' through to 'all of the time'. A score is attributed to each response for each of the seven items in the scale. A total score, out of 35, for each respondent was calculated by summing the response scores of the seven items, provided there were valid responses to each item. The scale includes items on, amongst others, whether respondents are optimistic for the future, feeling relaxed and thinking clearly.

Figure 7 shows the mean SWEMWBS responses given on Welcome and Exit questionnaires across the portfolio and for mental wellbeing projects. The aggregated scores for the portfolio show an increase of 2.9 points from 22.4 to 25.3 from when participants started projects until they completed an exit questionnaire. This represents a statistically significant[viii] increase in wellbeing as measured by SWEMWBS and demonstrates wellbeing improvements beyond chance levels across the portfolio.

Figure 7 also shows the mean SWEMWBS responses given on welcome and exit questionnaires for those projects contributing to mental wellbeing as their primary theme. As might be expected participants on these projects have a lower average baseline measure of wellbeing compared to the rest of the portfolio (20.4). Post intervention scores have improved significantly and are comparable with the rest of the portfolio. The increase on aggregate of 4.8 points to an exit score of 25.2. This represents a substantial increase in wellbeing for mental health beneficiaries, indicating the success that projects are having in helping to improve subjective wellbeing.

The mean SWEMWBS scores for the participants using the 65+ questionnaire show an increase on aggregate of 1.6 points from 25.9 at the welcome stage to 27.5 at the exit stage. This is a smaller increase than for the portfolio and mental wellbeing projects, although the level of mental wellbeing of the 65+ questionnaire group is higher at the welcome questionnaire level. This difference is not statistically significant, possibly due to the smaller sample size.

Figure 7. Mean SWEMWBS scores, portfolio wide and mental wellbeing projects
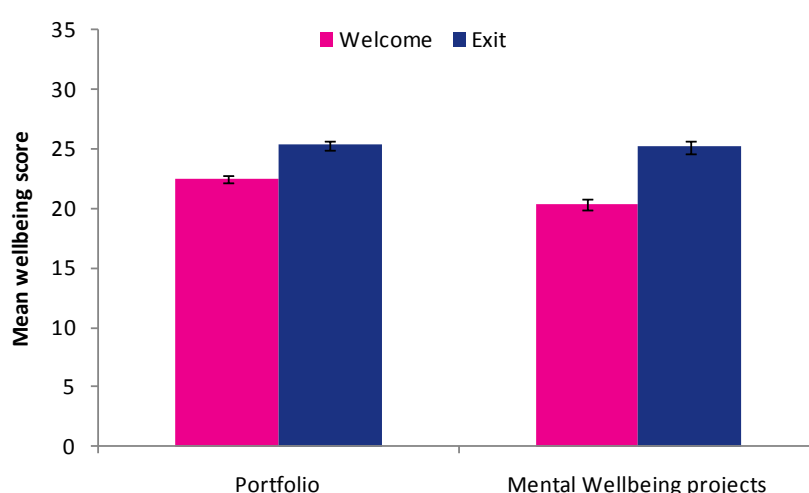
Base: Portfolio (1,269 Welcome; 582 Exit). Mental wellbeing projects (644 Welcome; 296 Exit).

[viii] Confidence intervals indicate the reliability of the survey results. Sample surveys are always subject to some error, but it is possible to be 95% confident that the true result for the particular population segment in question is within the confidence limits calculated. In other words, where one measure is 'significantly' higher or lower than another, we are 95% confident that this is not due to random error or chance.

7.1.4 Life satisfaction scores

All respondents were asked to indicate how satisfied they were with their own life *"All things considered, how satisfied are you with your life as a whole nowadays?'* with answers recorded on a scale ranging between zero (meaning extremely dissatisfied) and ten (meaning extremely satisfied). Figure 8 shows the mean life satisfaction responses given on welcome and exit questionnaires across the portfolio and by mental wellbeing primary theme. The portfolio illustrated an increase on aggregate of 1.1 points from 5.9 to 7.0 from when participants started projects until they completed an exit questionnaire. This represents a significant increase in wellbeing as measured by the life satisfaction scale across the portfolio.

Life satisfaction scores for the mental wellbeing projects also show a statistically significant improvement, as seen in Figure 8. The mean score increased by 1.7 points, from 5.0 at the welcome stage to 6.7 at the exit stage. The welcome score for mental wellbeing projects is lower than those across the portfolio, which suggests that the right participants are being targeted by the mental wellbeing projects. The significant improvements in life satisfaction scores for the mental wellbeing projects and portfolio is encouraging for all projects.

Figure 8.   Mean Life Satisfaction scores, portfolio wide and mental wellbeing projects

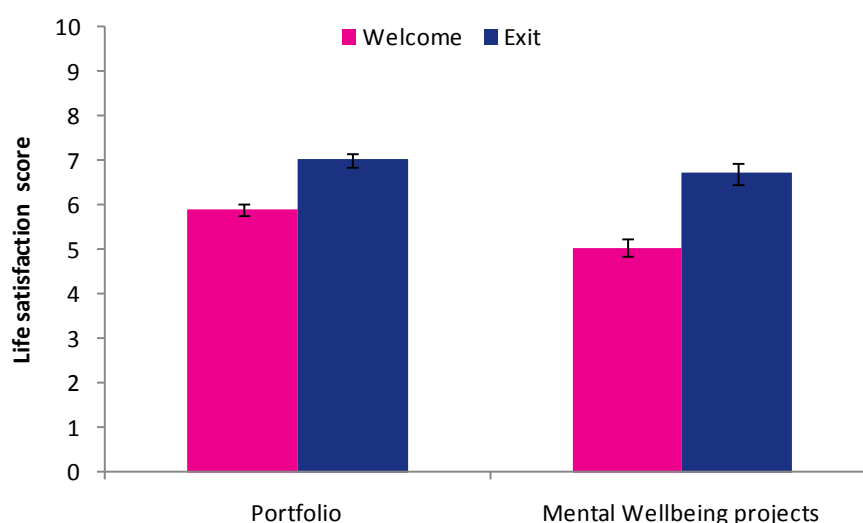Base: Portfolio (1,300 Welcome; 606 Exit). Mental wellbeing projects (641 Welcome; 300 Exit).

7.1.5 Improved self management

Self management is an important health and wellbeing concept that enables individuals to look after themselves and to have confidence in their health literacy and decision making.

To highlight any change at the exit stage of a participant's involvement with TWB, two measures of self management were included in the regional exit questionnaire. First, all participants were asked in the core tool of the exit questionnaire *'As a result of taking part in this project, do you feel that you have developed skills that will help you have more control over your life?'*. Across the portfolio 89% of respondents to the question indicated 'yes' and 11% indicated 'no'.

All respondents to this question were also asked to indicate, from a list of options, in what way they feel they have more control over their life.

Table 5 indicates the percentage of respondents that ticked the box for each category. Some of these response fields are relevant to other outcomes, e.g. physical activity and community belonging.

Table 5.   What way have more control over their life, all responses

Life control measures	Percentage of respondents
Help you to do your current job	17%
Help you find new employment	20%
Help you have better financial awareness	13%
Help you to look after yourself physically	59%
Help you have better relationships with your family and friends	44%
Help you to take care of your children	25%
Help you meet new people	54%
Help you feel part of your community	40%

To illustrate individual changes, participants were asked to provide qualitative information about improvements to self management by describing in their own words what they can do now that they couldn't do before. The following quotes are an indication of some of the responses that have been received so far:

"I used to sit home all the time, now I have joined in many activities, met new friends and am doing all sorts of things."   *(Female, aged 40)*

"Feel calm and relaxed, confident with people, more understanding, more patience, assertive, motivated, positive thinking."   *(Female, aged 63)*

"I feel more confident now making the children's tea from scratch."
                                                                      (Female, aged 27)

"Sleep a lot better, put things into better context and feel good about life.."
                                                                      (Male, aged 24)

"Helped to realise self worth and value self."   *(Female, aged 26)*

"The placement has given me confidence to take on a new environment and has taught me some new skills on the computer which has boosted my self-esteem."
                                                                      (Female, aged 40)

"I feel like I have climbed out of a pit, and I feel much happy now and smashing."
                                                                      (Male, aged 72)

"More meal planning and less waste, so we save money. Give my family healthier meals. We go walking more and take the car less."   *(Female, aged 36)*

"I am interested in developing similar schemes in my neighbourhood."
                                                                      (Male, aged 53)

"I now will walk more often as I enjoy the countryside a lot more. I also find walking in groups a lot more enjoyable."   *(Female, aged 30)*

"I feel that I am a lot more confident socially and feel part of the community more. Doing projects with people really helped me to connect with them."
                                                                                            (Female, aged 23)

"Joined cycling project in 2009. Have since noticed that I am able to do more before feeling tired. I also feel a sense of achievement due to the level of competence attained in my cycling ability."   *(Male, aged 58)*

A second measure of self management composed of a validated academic measure of general self efficacy.[10] Chen et al's New General Self-Efficacy Scale[11] was included in the mental wellbeing depth module and so was reserved for projects contributing to mental wellbeing as a primary theme and those which had experienced staff to support the administration of mental health scales. Responses range from 8 to 40 with higher scores indicting higher levels of self efficacy.

Projects with mental wellbeing as a primary theme showed mean self-reported self efficacy scores of 26.7 and 29.8 at the welcome and exit questionnaire stage, respectively. There is a three point difference between the two scores, showing a significant increase in self efficacy and indicating that the portfolio's mental wellbeing interventions are having the desired effect.

7.1.6   People benefitting from increased job control

Increased job control is measured using aspects of the life control question (self management) discussed above. In particular, participants are asked whether they feel they have *"developed skills, as a result of taking part in the project that will help them have more control over their life?"* They are then asked to consider, from a list of options, in what ways they feel they have more control over their life. In terms of job control, 17% of respondents across the portfolio felt the project they attended *'helped them do their current job'* with 20% saying the TWB project *'helped them find new employment'* (Table 5).

In addition, beneficiaries were asked to provide qualitative statements asking them to indicate what they can do now, as a result of TWB that they could not do before. The following is a sample of responses received in relation to job control.

"I have learnt a lot more about first aid, filling in forms, learning about CV's and what to put in them."   *(Female, aged 56)*

"I am confident about my job, and am able to relate to other people with problems."
                                                                                            (Male, aged 65)

"Have better confidence in interviews. Meet new people and get along with new people."   *(Male, aged 20)*

"I am more confident in myself and feel more secure to fit in, rather than sit back. I also feel able to approach employment easier."   *(Female, aged 37)*

"I have the confidence to go around and ask about jobs."   *(Female, aged 38)*

"I have some basic skills in 6 new disciplines which I can develop in my work which will benefit my colleagues and our clients."   *(Male, aged 55)*

"Open University course to help future employment.   Regular routine on work placements."   *(Male, aged 48)*

"I have learnt a lot about the whole process of looking for and applying for jobs, from filling out a CV to writing application forms and interviews. With being a stay at home mother for a long time all this was new to me."   *(Female, aged 28)*

"Go back to work. Do more activities. Talk to family members. More confident/positive about things in my life."   *(Female, aged 29)*

7.1.7 Improved sense of community belonging

As with personal wellbeing, the community setting of many projects means that an improved sense of community belonging is likely to be a priority or secondary outcome for most projects. It was therefore decided to report on this outcome on a portfolio level as community belonging is such an integral part of the Target: Wellbeing project.

An increased sense of community belonging is explored using a number of questions on the regional tools. First, are two questions previously described in relation to self management (life control). From the findings presented in Table 5 it can be seen that 54% of respondents reported that the project had helped them meet new people and 40% of participants reported that the project had helped them feel part of their community. These findings indicate the perceived and direct impact that projects are having in getting people out to meet others.

To evidence further change it was anticipated that engaging with a project would have a wider and more enduring impact on an individuals' sense of community belonging. To capture evidence of the ways in which this wider benefit might be expressed, respondents were asked to indicate how much they agreed with a series of community belonging related statements on a five point scale (ranging from *strongly disagree* to *strongly agree*). Respondents answering either *'agree'* or *'strongly agree'* have been categorised as *'agree'*, those answering *'disagree'* or *'strongly disagree'* have been classified as *'disagree'*. Table 6 presents the results for four of the community belonging questions which were asked of all respondents to the regional questionnaires.

**Table 6.   Community Belonging, portfolio wide**

Community belonging measures	Agree		Disagree	
	Welcome	Exit	Welcome	Exit
People in my life who really care about me	87%	88%	5%	5%
Regularly meet socially with friends and relatives	65%	73%	18%	11%
Difficult to meet people who share my hobbies or interests	28%	24%	45%	45%
People in local area help one another	38%	42%	26%	18%

Table 6 shows the proportion of respondents who agree that people in the local area help one another increased by 4% between the welcome and exit questionnaires, although this change is not statistically significant. Also showing an improvement was the decline in the percentage that said they disagreed that people help one another. This could possibly suggest that Target: Wellbeing is helping to shift opinions of disengaged people.

Respondents were asked whether they regularly met socially with friends or relatives. Across the evaluation response it was evident that there was an increase in participants agreeing that they regularly meet people socially from 65% in the welcome questionnaires to 73% in the exit questionnaires. The proportion of people who disagreed also improved with a decrease between the welcome and exit questionnaire by 7% (Figure 9).

Participants who completed the questionnaire for aged 65+ years were also asked whether they regularly met socially with friends or relatives. Here it was evident that there was an increase in participants agreeing that they regularly meet people socially from 80% in the welcome questionnaires to 86% in the exit questionnaires. The proportion of adults who disagreed also fell between welcome and exit questionnaire by 2%.

**Figure 9.   Regularly meet socially with friends or relatives, portfolio wide**
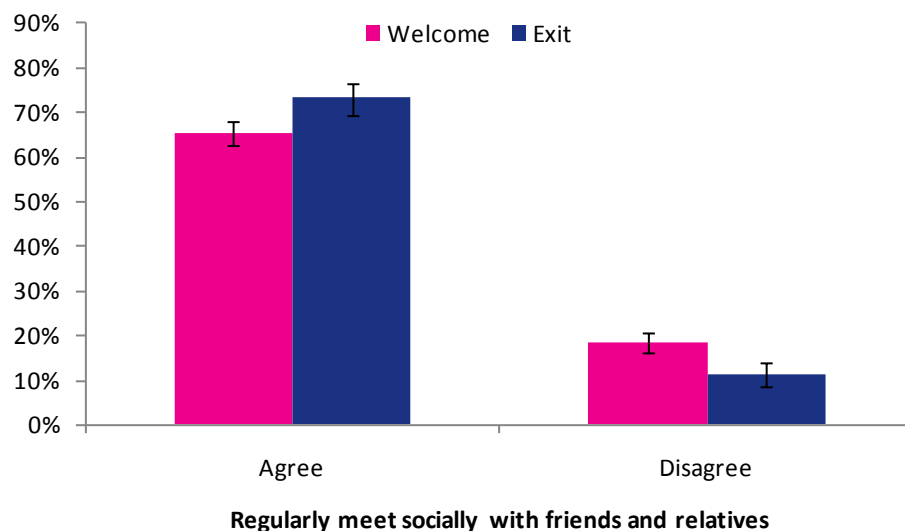
Base: Portfolio (1,334 Welcome; 589 Exit).

In addition to the questions shown in Table 6 respondents were asked *'How often in the last twelve months did you help with or attend any activities organised in your local area?'* They were asked not to include activities that relate to the TWB project or service so that increased activity could be inferred as a result of their participation. Figure 10 shows welcome and exit questionnaire responses for '*regularly*' (at least once every 3 months) and '*never*'. This indicates that participants on exit are more likely to regularly help with or attend community activities. The percentage of those regularly helping with or attending local activities increased from 52% at welcome stage to 59% at exit. This is statistically different and suggests that attendance on a TWB project does encourage greater participation in the local area. The percentage of those that *'never'* participate in activities in the local area has risen slightly, but this is not significantly different or beyond chance levels. There is the possibility that a lack of sensitivity in the question means that we miss out on the increased community belonging by those people who only attend a TWB activity. This is because, while a respondent might not attend other activities, attendance on TWB might signify a major change in their local community participation.

Respondents to the 65+ questionnaires were also asked *'How often in the last twelve months did you help with or attend any activities organised in your local area?'* Results show a 9% increase in participants answering that they regularly helped with or attended activities, with 55% at the welcome stage to 64% at the exit questionnaire stage. The proportion of adults who answered *'never'* also showed improvement by falling by 4% after engagement with the project. Although these results are not statistically different they do hint at positive change amongst respondents.

Figure 10.   Help with or attend any activities in the local area (other than TWB), portfolio wide

**Help with or attend any activities in the local area**
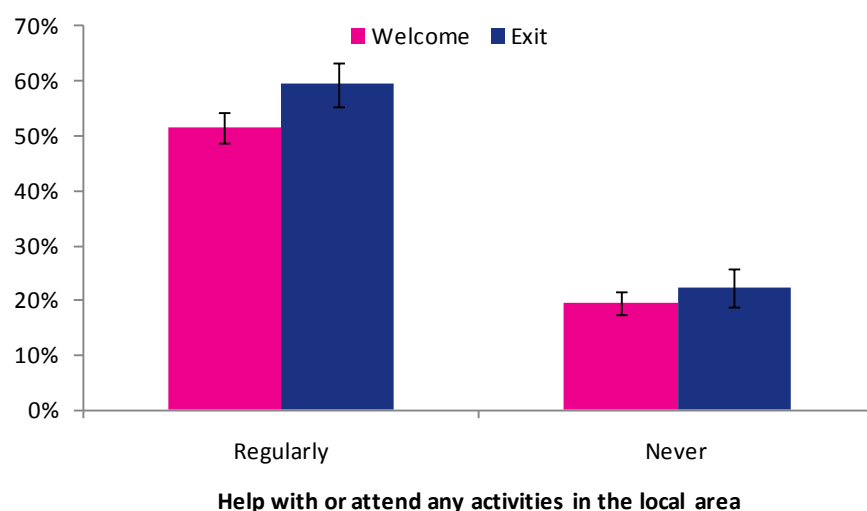
Base: Portfolio (1,301 Welcome; 589 Exit).

Target: Wellbeing questionnaire respondents were also asked about their feelings towards their neighbourhood. Figure 11 illustrates how strongly respondents felt about their immediate neighbourhood.

Figure 11 shows that fewer TWB questionnaire respondents report feeling *'very/fairly strongly'* that they are part of their immediate neighbourhood compared to those who report feeling *'not very/not at all strongly'* at welcome questionnaire stage. This outcome is reversed after engagement with a TWB project. The percentage of those that feel *'very/fairly strongly'* increases from 43% to 56% after engagement with the project. These are statistically different results and indicate that TWB as a whole does operate in helping people feel close to their neighbours. Due to the four point scale of the question, this 13% improvement is replicated in the reduction of those that feel *'not very/not at all strongly'* that they are part of their local community. The evidence does show how TWB is engaging with people who do not have a sense of community belonging and this has link to health inequalities particularly in the context of mental and social wellbeing.

From the 65+ questionnaire TWB respondents report no change in how strongly they feel part of their community, with 72% at both welcome and exit stating they feel *'very/fairly strongly'* that they are part of their immediate neighbourhood.

Figure 11. Belong to neighbourhood, portfolio wide

Belong to immediate neighbourhood
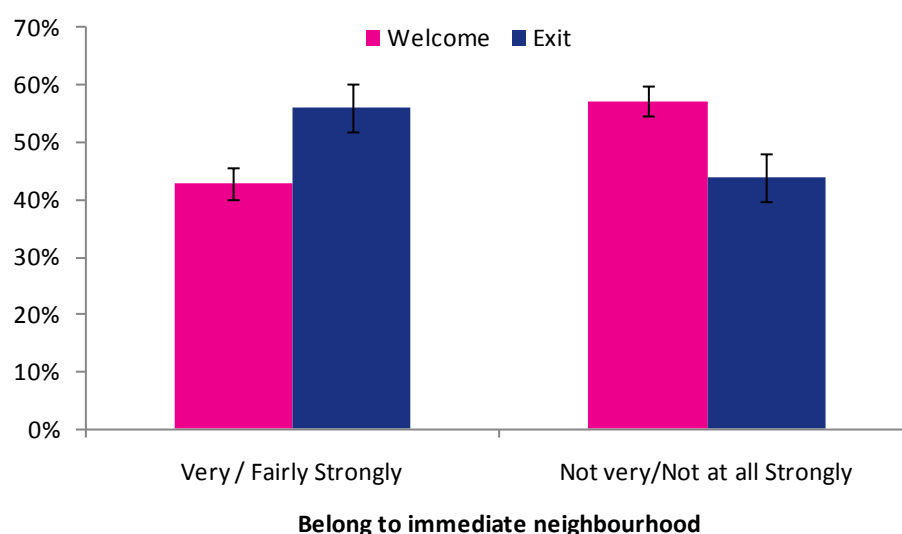
Base: Portfolio (1,296 Welcome; 587 Exit).

More beneficiaries report that they are satisfied with their neighbourhood as a place to live than dissatisfied. Although not significantly different, a greater proportion of respondents are satisfied with their neighbourhood as a place to live post TWB intervention (49%) compared with pre-intervention (47%). The proportion that is dissatisfied also improves slightly (23% at welcome to 22% at exit).

7.1.8   Increased self esteem

Throughout the life span, self esteem is a significant dimension of mental health and wellbeing. Self esteem can be defined as a positive or negative orientation towards oneself. According to findings from the 2008 meta-review of NHS Health Scotland[12] the most widely used, and arguably the best measure of general self-esteem, is Rosenberg's Self Esteem (RSE) Scale. [13]   It is a relatively brief measure, which includes 10 short and simple statements about a person's feeling towards themselves. A total score ranging from 10 to 40 was calculated from valid responses, with increasing scores indicating higher self esteem.

To ask participants about self esteem involves asking fairly personal questions if the measure is to have any face or construct validity. Therefore a mental wellbeing module including self esteem and self efficacy questions was sent to relevant mental wellbeing projects.

Figure 12 shows the mean self-reported self esteem scores of participants completing this scale on welcome and exit questionnaires. It indicates demonstrable improvements in self esteem scores pre (mean 27.1) and post intervention (mean 30.7). There is a 3.6 point difference between the two scores indicating a statistically significant aggregate increase in self esteem, and so beyond those expected by chance. From these results it would be reasonable to assert that the mental wellbeing projects appear to be having the intended impact on beneficiaries.

Figure 12.   Mean self-esteem, mental wellbeing projects
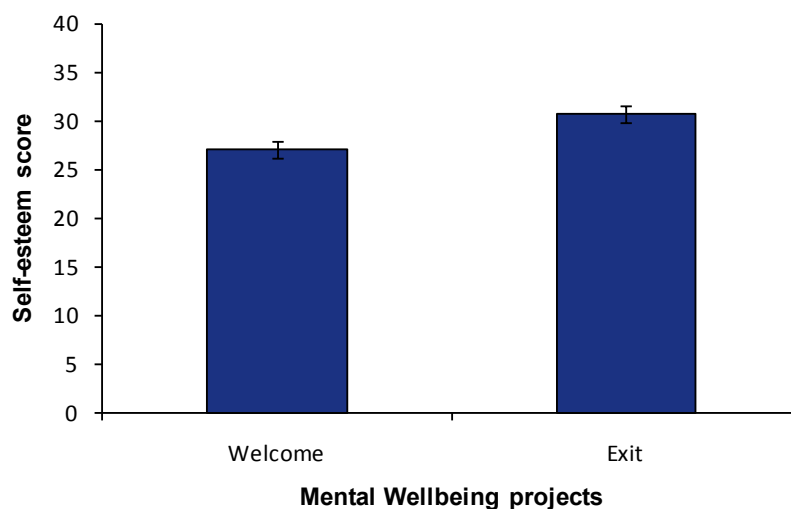
Base: Mental Wellbeing projects (219 Welcome; 112 Exit).

7.1.9 Mental wellbeing summary

Across all four mental wellbeing outcomes, the Target: Wellbeing projects studied are having a significant beneficial effect to participants on average.

The mental wellbeing projects have been seen to be targeting those more in need, with lower wellbeing, and have shown significant improvements in the self esteem and self efficacy of the participants on those projects.

Improvements to wellbeing and life satisfaction were observed across the portfolio and for those projects with mental wellbeing as a primary theme. The impressive results, especially for SWEWBS score, evidence that the TWB projects are having a positive impact on individuals' subjective sense of wellbeing.

Social wellbeing was also seen to improve across the portfolio, with significant improvements in the proportion that feel that they are part of their immediate neighbourhood. Other community belonging measures show more people attending community activities outside of TWB, fewer respondents finding it hard to meet people who share their interests and less people disagree that they regularly meet friends and family socially.

The portfolio also evidences a general improvement in job control, and shows the positive knock on effect that the projects as a whole, regardless of primary theme, can have on work-related issues.

7.2   Physical activity

Increases in physical activity amongst participants in the Target: Wellbeing portfolio is a priority outcome. More precise definitions of this outcome that have been set and used as indicators are presented below.
- Increased cycling and walking
- Increased use of open space for physical activity
- People being more active in their daily lifestyles

Increased levels of physical activity are a central part of the TWB portfolio so the core regional tools contain measures that allow comparisons to be made on aggregate between participants' levels of physical activity at the start of the project and again at a later time. Subjective assessments and behaviour change around use of outdoor space and whether participants are more active in their daily lifestyles are considered at the exit questionnaire stage through the depth module approach.

7.2.1 Increased cycling and walking

Data relating to increases in walking during, and independent of, TWB projects can be gained from the welcome and exit questionnaires. The time spent walking by a participant is calculated using two self-report questions from the International Physical Activity Questionnaire (IPAQ) tool.[14] These collect information on how many days in the last week they walked for 10 minutes or more and the average time spent walking on one of those days. This data is used to derive minutes spent per week walking.

The data in Figure 13 shows that on average there was actually a slight decrease of mean weekly walking minutes between the welcome and exit stage for projects that had physical activity as its main theme. Average weekly minutes of walking decreased from 285 at welcome stage to 278 at exit stage, a decrease of seven minutes across the physical activity projects. These results are not statistically different as there appears to be a substantial range of physical activity represented amongst welcome and exit scores. This may be as a result of the way the question is asked or that projects are attracting people that are already interested in physical activity and in particular walking. The whole portfolio shows a similar result, with results from all respondents also showing a decrease in average weekly walking of 10 minutes from the welcome to exit stage.

Figure 13.   Mean weekly walking minutes, physical activity projects
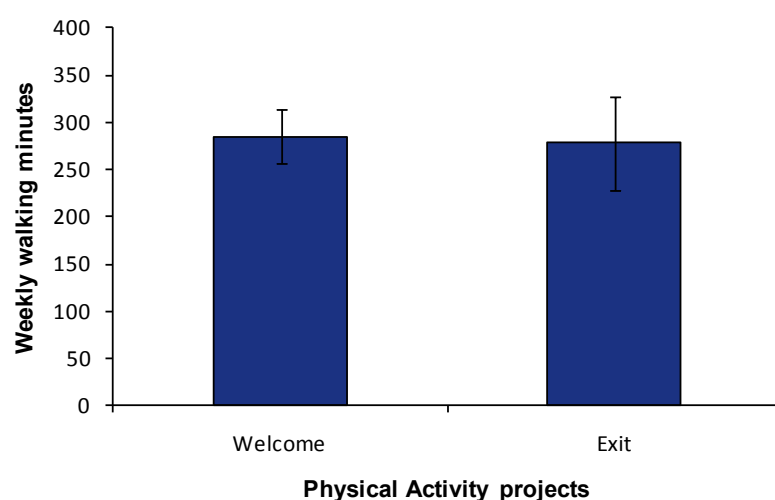
Base: Physical activity projects (432 Welcome; 159 Exit).

7.2.2 Increased use of open space for physical activity

Participants taking part in projects with a physical activity outcome were asked on the exit questionnaire *'Do you feel that you now make more use of the outdoors whilst doing physical activity?'* Since a baseline measure of outdoor activity was not recorded during the welcome questionnaire the behaviour change is implicit in the wording of the question *'Do you feel that you now…'* with 78% percent of module respondents agreeing that there has been an increase in their use of open space for physical activity. This indicates that the majority of physical activity project participants are direct beneficiaries in terms of this outcome, (personally receive a benefit in terms of an improved outcome).

To further qualify the extent of behavioural change participants were asked to indicate in what ways they made more use of the outdoors, e.g. using the park and public spaces for exercise, growing food, walking clubs etc.

Below is a selection of responses which indicate the ways in which physical activity projects are having influence on direct beneficiaries.

"Walking in the countryside and parks. Cycling on canal tow paths and cycle ways."   *(Female ,aged 57)*

"Use parks, grow own food i.e. fruit & veg. Have joined local walking groups."
                                                                                                              (Female, aged 69)

"Playing football with the children. Walking more. Running."   *(Male, aged 20)*

"As a family we have always gone out walking but have progressed to actual fell walking and a couple of small mountains in the lakes."   *(Female, aged 42)*

"Take children to park. Grown own food. Running in the evening once a week."
                                                                                                              (Female, aged 41)

"Go to the park 3 times a week. Using my bike and also take my grandchildren to the park."   *(Female, aged 51)*

"We grow our own vegetables in the garden. I like to go walking in the Lake District and Yorkshire Dales."   *(Male, aged 44)*

"Taking my grandchildren to park. Visiting local beauty spots."   *(Female, aged 44)*

7.2.3 More active in their daily lifestyles

Questionnaire respondents were asked a series of questions about their physical activity in the last 7 days, including walking, moderate and vigorous activity, in order to derive an overall category of their physical activity. These questions are an adapted version of the validated International Physical Activity Questionnaire (IPAQ) tool.[14] The questions allow data to be aggregated into three categorical indicators; high, moderate and low. The Chief Medical Officer's [15] recommendation is for adults to partake in 30 minutes of moderate activity on at least five days a week. As the IPAQ tool includes those achieving government guidelines within the moderate level classification, we have combined the high and moderate groups together for analysis purposes. From participants' responses it was possible to establish whether the configuration of those achieving high/moderate and low levels of physical activity changes pre- and post-intervention.

Figure 14 shows that TWB participants, from both all responses and physical activity projects, do tend to have slightly higher levels of physical activity at the exit stage compared to welcome questionnaires. From the welcome questionnaires of the physical activity projects we see that 85% of respondents are achieving high/moderate levels of physical activity. This increases by 4%, to 89%, after engagement with the project, although the result is not statistically different.

These differences are not statistically significant but it seems that participants maintain, and slightly increase an active daily lifestyle in terms of walking, moderate and vigorous levels of physical activity pre- and post-intervention. This may be affected, to some extent, by the administrative timing of the welcome questionnaire if participants have already taken part in the project. It might also be an indication that the physical activity projects are attracting participants who already have an interest in the activity on offer, and physical activity in general, rather than targeting those who do not do enough physical activity. Improvement in those achieving government guidelines for physical activity can also be seen across all responses, as there is a similar increase of 5% in those achieving high/moderate levels of physical activity (75% at welcome and 80% at exit) (Figure 14).
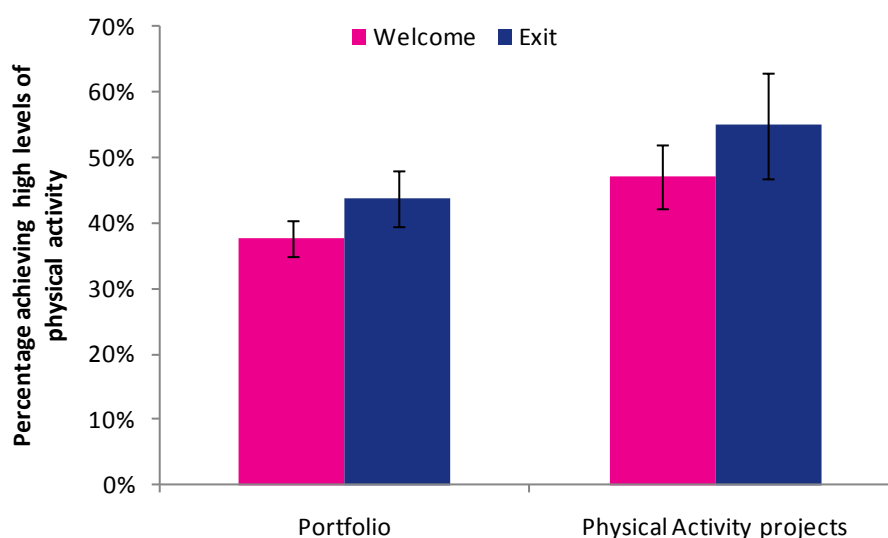
Figure 14.   Achieving moderate/high physical activity levels, portfolio and physical activity projects
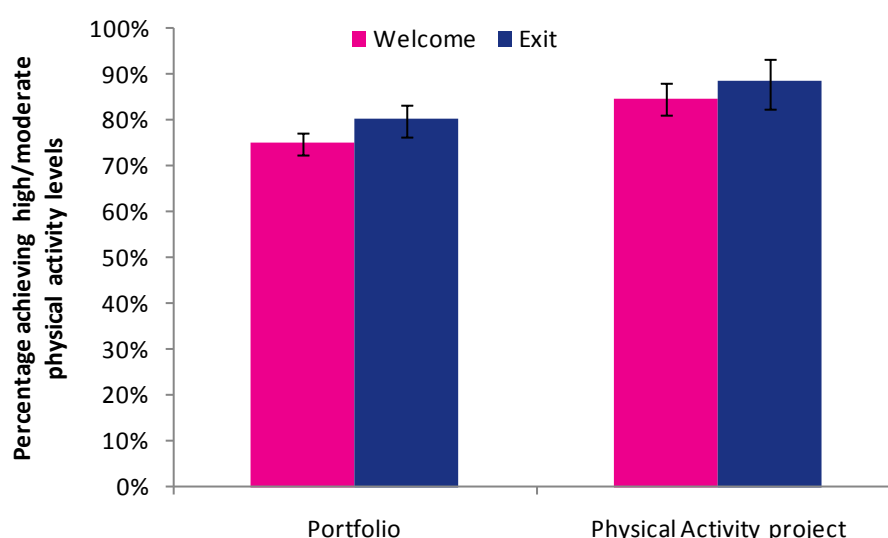
Base: Portfolio (1,226 Welcome; 550 Exit). Physical activity projects (415 Welcome; 151 Exit).

Figure 14 provides an illustration of the proportion of respondents who are achieving the government recommendation for physical activity. To provide greater detail, Figure 15 shows the percentage of respondents who are achieving high levels of physical activity. As a large percentage of respondents are achieving moderate or high levels of physical at both the welcome and exit stage, there might be improvements seen with more people achieving high levels of physical activity after attending a TWB project. Although Figure 15 does show an increase in those achieving high levels for both the portfolio and physical activity projects, these results are not significantly different from each other.

Figure 15. Achieving high physical activity levels, portfolio and physical activity projects

Base: Portfolio (1,226 Welcome; 550 Exit). Physical activity projects (415 Welcome; 151 Exit).

Participants taking part in projects with a physical activity outcome were also asked a self-report question on the exit questionnaire *'Do you feel that you are more physically active in your daily life as a result of taking part in this activity?'* This is a subjective variable focussed upon behaviour change 'as a result of taking part' with the project. A total of 71% of physical activity respondents agree that they are more active in their daily lifestyles as a result of their participation.

To further qualify the extent of behavioural change, participants were asked to indicate in what ways they had become more physically active, e.g. walking short distances instead of taking the car, using stairs instead of lifts. The following is a selection of responses which indicate the ways in which physical activity projects are having influence on the lives of participants.

"In doing aerobics I have discovered an enjoyment of exercise in general."

(Female, aged 42)

"I walk to all my shops and supermarket. I take my children to school by walking."

(Female, aged 26)

"Using stairs more than lifts, taking the longer route around to destination."

(Female, aged 43)

"Walking up inclines (sand dunes) and for some distance along beach."

(Male, aged 67)

"I am walking when possible, instead of driving." *(Female, aged 19)*

"I go to the allotment and dig which makes me sweat!" *(Female, aged 26)*

"Bought an exercise bike. Disciplined use of my car." *(Female, aged 44)*

"I do a bit more walking than I used to and at least 3 times a week I go cycling."

(Female, aged 51)

One barrier to a physically active lifestyle may be an individual's perception of physical activity. To examine whether participants benefit from improved perception of physical activity as a result of their engagement, participants were asked to indicate how much they liked physical activity on both welcome and exit questionnaires with responses ranging from '1' dislike physical activity to '5' like physical activity. Table 7 shows the percentage of people answering '5' on the measurement scale. This illustrates that after engaging with the project more people are enjoying, and having a positive attitude towards, physical activity for all responses across the portfolio and by physical activity project.

Table 7.   Percentage with positive attitude toward physical activity, by portfolio and physical activity projects

Respondents	Welcome	Exit
Portfolio wide respondents	30%	34%
Physical activity project respondents	39%	44%

An important aspect of behavioural change is whether the behaviour is sustained beyond engagement with a project. This would be difficult to gauge using the current methodology which does not include a follow up procedure. However, in an attempt to overcome this, two questions were asked in the physical activity depth module that focus on displaced and sustained benefit.

Respondents were asked *'Has taking part in this project encouraged you or prevented you from taking part in other sports/physical activity clubs or organisations?'*. The results show that around a third (33%) of participants on physical activity projects have taken up other physical activity as a direct result of involvement in the project. This shows a displaced benefit as the physical activity projects have encouraged participants to take up other physical activity. To show sustained benefit, respondents were asked if they thought they will *'continue to be more physically active in their daily lives'*; with 93% of physical activity project respondents reporting that they will continue to be more physically active. This continuation is important as it shows that an increase in physical activity is not solely determined by the involvement of the participant in the project, and will help instigate long-term behaviour change.

7.2.4 Physical activity summary

As with wellbeing, there appears to have been an improvement in physical activity levels for respondents as demonstrated by increased levels of physical activity across the portfolio. This indicates the general impact that the TWB portfolio is having in enabling its beneficiaries to live healthier lives.

From the physical activity results it can be seen that evidence for the indicators is not as conclusive as is shown across the mental wellbeing outcomes. Despite this, evidence from participants on projects contributing to physical activity as a priority outcome suggests that these projects are working well to increase the uptake of sustained physical activity. Beneficiaries report an increased use of open space for physical activity, with people stating that they are re-engaging with local parks and other green space. Other promising results for sustained behaviour include more respondents reporting that they really like physical activity and they will continue to be more physically active. Displaced benefit from attendance on a project is illustrated by participants taking up other physical activity as a direct result of their attendance.

As is similar to other aspects of the regional evaluation, participants from both the physical activity projects and respondents show a high proportion meeting the government guidelines at the welcome questionnaire stage. Although in both groups physical activity does increase, it possibly suggests that projects are engaging individuals who are already leading active lifestyles rather than targeting those most in need. This may also account, in some way, for the unexpected finding that average walking time decreases at the exit questionnaire stage, although there is a large variation in the responses to the walking question. This apparent reduction in walking may also be due to greater understanding of how much walking they actually do, and so participants may have inadvertently over estimated their walking time at the welcome stage. As physical activity levels have, in general, increased after engagement with TWB, this may show that although people are walking less they could be doing other activities, such as cycling, instead. Alternatively, it could also be the case that participants are completing welcome questionnaires too late, and are affecting baseline scores.

A large percentage of people are achieving the government recommendations for physical activity when they first engage with TWB, especially those attending physical activity projects. Physical activity levels do improve after engagement with TWB, although results are not significantly different. This may suggest that although the projects are doing a good job in helping participants maintain a physically active lifestyle they could do better to encourage those with low levels of physical activity to attend the project. Further evidence that projects are attracting those already interested in physical activity is seen by the finding that a significantly higher proportion of respondents from physical activity projects have a positive attitude to physical activity compared with respondents generally.

7.3   Healthy eating

Improvements in healthy eating amongst participants in the TWB portfolio are a priority outcome. More precise definitions of this outcome that have been set and used as indicators are presented below.

- Increased number of people involved in food growing
- Increased availability of healthy food/increased knowledge about healthy eating
- Increased levels of food preparation and cooking skill
- Increased knowledge about healthy food

The healthy eating questions were given to participants in projects that had identified improvements to healthy eating as one of their outcomes. The questionnaire contains measures that relate to each of these indicators. Comparisons are made on aggregate between participants' healthy eating at the start of the project and again at a later time.

7.3.1 More participants involved in food growing

To help assess whether participants are involved in food growing activities a measure was included in the healthy eating module to consider whether participants benefit from increased confidence around food growing. Participants were asked to indicate their confidence on a seven point Likert scale (1 - no confidence at all to 7 – extremely confident).

Results from the healthy eating module indicated that a lower proportion of participants were confident in growing their own food between the welcome and exit questionnaire stages (23% and 17%) respectively. The differences are not statistically different and could be as a result of the low response rate and the fact that not all healthy eating projects have a food growing element to their activities. In future, if sample sizes allow, then more analysis by those in food growing projects only could be carried out, (only eleven food growing projects gave responses).

7.3.2 Increased availability of healthy food

From the perspective of beneficiary outcomes, measures of success were designed that would capture behavioural change around increased eating of healthy food, as well as improved subjective assessments in terms of increased knowledge and confidence, and liking of healthy food. Nine measures were developed that cover these behavioural, cognitive and affective changes, as well as the beneficiary's self-reported assessment of sustained change.

Fruit and vegetable consumption

In 2001, the Government launched the 5 A DAY programme with an aim to increase fruit and vegetable consumption by raising the awareness of the health benefits associated with fruit and vegetables and to improve their availability.[16] Many of the TWB projects are working towards improving participants' consumption and awareness, for example, in relation to portion size. This makes the consumption of fruit and vegetables a particularly useful and comparable measure of outcome success.

Questionnaire respondents were asked to indicate how many portions of fruit and vegetables they consumed a day in the core welcome and exit tools. Figure 16 shows the mean fruit and vegetable consumption for both the healthy eating projects and the responses for the portfolio as a whole. Healthy eating projects report on average consuming 4.5 portions a day on welcome questionnaires increasing to 5.4 portions a day in exit questionnaires, representing a statistically significant aggregate increase of nearly 1 portion a day.

Analysis by all questionnaire respondents across the portfolio shows that consumption of fruit and vegetables is increasing in general (Figure 16). Respondents report on average consuming 4.5 portions a day in welcome questionnaires, increasing to 5.2 portions a day in exit questionnaires, which is slightly less of an increase than is seen in the healthy eating projects.

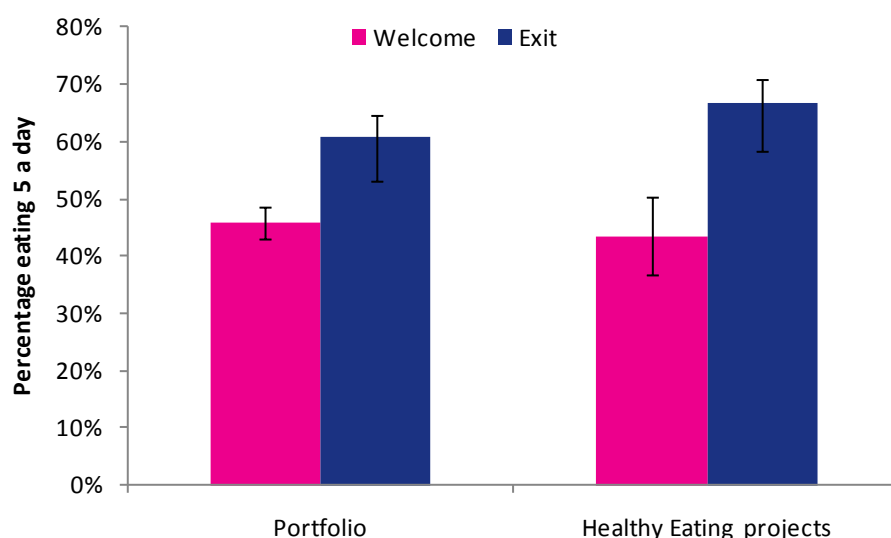**Figure 16.   Mean fruit and vegetable consumption, portfolio and healthy eating projects**
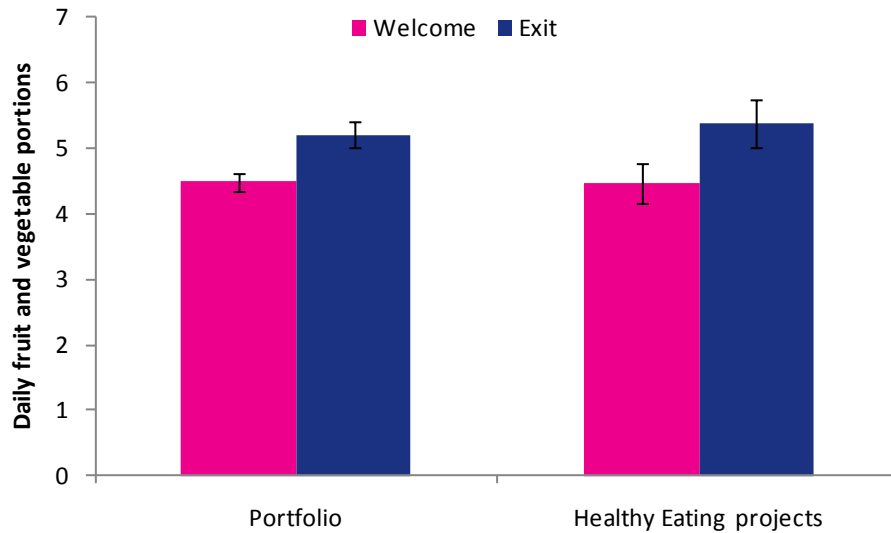
Base: Portfolio (1,366 Welcome; 594 Exit). Healthy eating projects (216 Welcome; 144 Exit).

Overall, 46% of all questionnaire respondents report reaching the five a day target on welcome questionnaires (Figure 17). Following Target: Wellbeing participation, 61% of all respondents reported reaching the 5 a day target, which was a significant increase. This positive impact is even more pronounced for participants specifically participating in healthy eating projects, as illustrated in Figure 17. This shows the changing composition of participants on healthy eating projects that eat five or more portions of fruit and vegetables a day and illustrates that the proportion of respondents achieving the 5 a day target has grown from 44% to 66%. This increase is beyond chance levels indicating that projects are having the desired effect in terms of this outcome. Within the healthy eating projects the proportion of respondents eating no fruit and vegetables a day decreases from 3% in welcome questionnaires to 2% in exit questionnaires, which is also a positive result for the healthy eating projects.

Respondents to the 65+ questionnaire report an excellent level of healthy eating with 60% of those completing a welcome questionnaire reaching the 5 a day target increasing to 70% on exit. This improvement in fruit and vegetable consumption, although not statistically different, is an encouraging sign especially as no healthy eating projects have submitted 65+ questionnaires.

Figure 17. Percentage who eat five portions of fruit and vegetables a day, portfolio and healthy eating projects


Base: Portfolio (1,366 Welcome; 594 Exit). Healthy eating projects (216 Welcome; 144 Exit).

7.3.3   Improved levels of food preparation and cooking skills

Questionnaire respondents were asked to indicate how often in a normal week, they ate a meal prepared and cooked from basic ingredients. This is used as a measure of improved levels of food preparation and cooking skills, as it is hoped that most of the meals are prepared by the participant themselves.

Figure 18 shows results based on responses from healthy eating projects and indicate an improvement in participants' levels of food preparation and cooking skills. An increase of 6% is seen in people eating a meal cooked from scratch between the welcome (51%) and exit (58%) questionnaires. Target: Wellbeing may also be seen to be exerting a particular influence on more disengaged individuals. Only 1% of respondents leaving a TWB healthy eating project report never eating fresh food on a weekly basis compared to 8% of participants entering projects.   This increase is also seen in the confidence of respondents in cooking food from basic ingredients (Table 8). These results are not statistically different but do show an encouraging trend, especially in improving the competencies of those who did not do any cooking previously.

Figure 18.   Eat meal prepared and cooked from basic ingredients, healthy eating projects
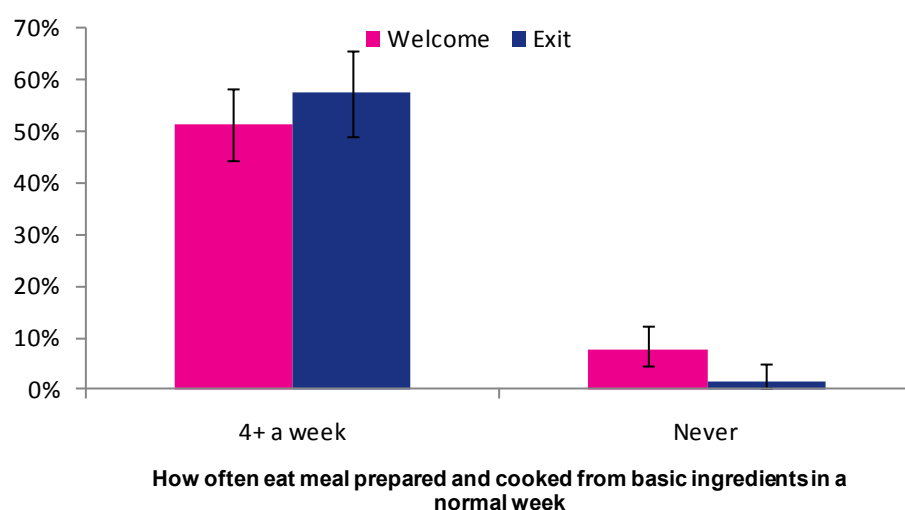
Base: Healthy Eating projects (218 Welcome; 144 Exit).

Questionnaire respondents were asked to indicate their agreement with the statement "*I enjoy putting effort and care into the food that I eat*" on a 5 point scale. Results from the healthy eating projects indicate that on exit 8% more respondents enjoy putting effort and care into the food they eat with the percentage of those who agree increasing from 76% to 84%.

7.3.4 Increased knowledge about healthy food

To provide measurable impact around knowledge and confidence, healthy eating project questionnaire respondents were asked to indicate their confidence around

i)   Choosing healthy foods when shopping
ii)   Being able to shop on a budget for healthy ingredients
iii)   Following a simple recipe
iv)   Being able to prepare and cook meals from basic ingredients
v)   Cooking food safely

Respondents were asked to indicate how confident they were about a number of food related statements on a seven point scale (1 - no confidence at all to 7 – extremely confident). For the purpose of analysis 1 and 2 were combined to denote '*not confident'* with 6 and 7 being classified as *'confident'.*

Table 8 provides results from five statements on the healthy eating module as submitted by respondents from Healthy Eating projects.

Table 8.   Knowledge and confidence of healthy food, healthy eating projects

Confidence in……	Confident		Not Confident	
	Welcome	**Exit**	**Welcome**	**Exit**
Choosing healthy foods	41%	51%	5%	4%
Shopping on a budget	40%	43%	7%	6%
Following a simple recipe	63%	69%	3%	7%
Cooking from basic ingredients	49%	63%	8%	5%
Cooking food safely	67%	67%	1%	1%

Across the five statements in Table 8 we can see that in all bar one case the percentage of people who are confident has increased. The biggest improvement can be seen in the proportion of respondents who are confident in cooking from basic ingredients, with a 14% increase between the welcome and exit questionnaires (49% to 63% respectively). This result ties in with that from Figure 18, where a higher percentage had eaten a meal prepared from scratch four or more times a week after engagement with the project. Although this result is not significantly different, it is encouraging that across more than one measure TWB healthy eating participants seem to be improving their confidence around healthier food.

Another notable improvement is the increase in confidence in '*choosing healthy foods when shopping*'. Some projects provide fresh produce for participants to buy, whilst some will signpost and inform people about healthier food choices, so it is a good sign that respondents confidence in '*choosing healthy foods when shopping*' has increased from 41% to 51% between welcome and exit stage (Table 8). This is important when considering making long-term changes, as beneficiaries will be more confident to buy healthier food during their day to day lives.

The proportion of those who are '*not confident'* has, as expected, decreased in some of the statements (Table 8). Although *'following a simple recipe'* has seen an increase in those '*not confident'* between welcome questionnaires (3%) and exit questionnaires (7%). This may be due to not all healthy eating projects running cooking activities, or may simply be due to random fluctuations in the responses received.

7.3.5 Affective assessments

Questionnaire respondents were asked to indicate their agreement with the following affective statements *'Healthy food often tastes nicer than unhealthy food'* and *'I enjoy eating a healthy balanced diet'*. Respondents were asked to indicate how much they agreed with two food related statements on a five point scale (ranging from *strongly disagree* to *strongly agree*). Respondents answering either *'agree'* or *'strongly agree'* have been categorised as *'Agree'*. Table 9 shows the results of the Target: Wellbeing questionnaire respondents from healthy eating projects.

Table 9.   Feelings around healthy diet, healthy eating projects

Feelings around healthy diet	Agree	
	Welcome	**Exit**
Healthy food often tastes nicer than unhealthy food	66%	74%
I enjoy eating a healthy balanced diet	76%	84%

Table 9 shows that 66% of respondents already agreed that '*Healthy food often tastes nicer than unhealthy food*' at the welcome stage and this increased to 74% on exit. A similar increase is seen in the proportion agreeing that they '*enjoy eating a healthy balanced diet*' with an 8% increase between the welcome and exit questionnaires (76% and 84% respectively). These results are not statistically different but do show signs of improving participants' feelings about healthy eating and possibly provides an indication of long-term behaviour change. As may be seen in other facets of the analysis, the high proportion of people agreeing to the statements at the welcome stage suggests that the projects may be not reaching out to those most in need of a healthy eating intervention.

7.3.6 Healthy eating summary

As with high/moderate levels of physical activity some pre-intervention healthy eating scores indicate that projects may be engaging individuals who already demonstrate confidence around healthy eating. It may also be possible that the measures chosen do not accurately reflect the way the project works in bringing about positive change. If people do generally feel confident about the items included in the questionnaire they will not be sensitive enough to pick up on aspects of change. Timing of welcome questionnaires may also be an issue in terms of high/good pre-intervention scores and this will be addressed in future evaluation reports.

Confidence in food growing decreased amongst healthy eating respondents after engagement with the project. This may be as a result of non food growing projects diluting the responses from those with food growing as an outcome. In the future results may need to be look at more closely by the type of activities that are carried out by the projects. Although to undertake this type of analyses a much larger sample size would be required to gain meaningful results by food growing projects alone or cooking courses.

Although the proportions are fairly small it is interesting to find that healthy eating projects do appear to exert anticipated influences on the minority of individuals who are not engaged and not confident about healthy eating. This may show that if more people who are not engaged with healthy eating were targeted and accessed the projects then significant lifestyle changes could occur.

A wider healthy eating benefit from all projects was observed across the region. Pre- and post-invention scores across all responses indicate that the average TWB beneficiary eats more fruit and vegetables on a daily basis.

8. Overall summary

Across the evaluation and all the primary themes, Target: Wellbeing has been shown to be having a positive impact on those that participate with the projects, with people benefitting in areas outside of the primary theme of the project.

Engagement with TWB appears to have a significant impact on the mental wellbeing of participants with the average mental wellbeing score significantly improving across the whole portfolio. There were particularly large improvements in SWEMWBS scores reported by mental wellbeing projects, as although the average baseline measure was two points lower than the portfolio average, exit results showed they had raised their mental wellbeing scores to the same as the portfolio average at the exit stage.

The community belonging results show the potential positive impact of TWB and possibly indicate the wider benefit TWB may have on social as well as personal wellbeing. Significant improvements were seen across a range of indicators including feeling part of their immediate neighbourhood, meeting new people and feeling part of the community.

At the welcome stage a significantly higher proportion of respondents from physical activity projects have a positive attitude to physical activity compared with respondents from across the portfolio, which could suggest that those projects are not attracting those who need to be more physically active.

The majority of registered participants appear to live in the more deprived areas, but most registered participants are not coming from the designated TWB target areas. This highlights that although projects are reaching those most likely to be disadvantaged with regards to health needs they are not necessarily coming from the areas that were targeted originally. With participants living in deprived areas we might have expected, due to potential health inequalities, that they would have had poorer welcome scores for some questions than has been shown. This is especially true for some of the physical activity and healthy eating questions. The higher than expected scores at the welcome stage mean that not many significant improvements have been seen across a number of physical activity and healthy eating projects.

From the analysis carried out a learning point to arise is the possible need for projects to focus on attracting those most in need of the projects services, especially the physical activity and healthy eating projects. By the nature of the work they do, it might be easier for mental wellbeing projects to attract those most in need of improving their mental wellbeing as, for example, a counselling service is unlikely to be attended by those with high levels of mental wellbeing. However, the physical activity and healthy eating projects appear to be attended by those already interested in being physically active and/or enjoy a healthy balanced diet.

9. Process Evaluation

The University of Central Lancashire (UCLan) is conducting the Target: Wellbeing Process Evaluation, with the evaluation focusing on three levels: programmes, projects and individual beneficiaries. This section presents UCLan's emergent findings from the first round of interviews with Project Managers (at the mid-point of TWB), which were carried out between June and September 2009. All the quotes contained in this section are from Project Managers and key staff and volunteers working on the projects.

It was agreed that the process evaluation should focuses on a sample of projects. In selecting these projects, consideration was given ensuring:

a)   coverage across the 10 local areas of the North West
b)   coverage of projects across the three outcome areas of healthy eating, physical activity and mental wellbeing
c)   coverage of 'holistic' projects that explicitly incorporated all three of the outcome areas
d)   coverage of a range of participant demographics.

Table 10.   Projects selected for process evaluation, by outcome and sub-region

Sub-region Outcome	Cumbria and Lancashire	Greater Manchester	Cheshire and Merseyside
Physical Activity	Preston on Wheels (Preston)	Activate (Oldham)	Cycling Enabling (St Helens)
Healthy Eating	IMPACT (Pendle)	Together Steady Cook (Oldham)	Pre-school Nutrition (Knowsley)
Mental Wellbeing	Chrysalis (Preston)	Women's Wellbeing Project (Manchester)	Pathways to Employment (Ellesmere Port) + Diamond Life (Halton)
Holistic/Cross-cutting	Living Allotments (Burnley)	Allotments for Community Wellbeing (Manchester)	Grow Your Own Over 50's (Liverpool)

It was agreed that the project-level evaluation would focus on the processes involved in project initiation, development and implementation, with the intention of building understanding of why and how particular interventions work (or don't work) well in different circumstances. The interview schedule was thus structured to explore facilitative and constraining factors; participants recruitment; understandings of wellbeing; connections between the three outcome areas; and organisational relationships.

9.1 Emergent Findings

Key themes emerging from the data gathered through the first round of interviews with the project managers are:

- Benefits of participation
- Concept of wellbeing and connections between outcome areas
- Relational issues
- Beneficiary recruitment and retention
- Organisational and human resource issues
- Sustainability
- Evaluation and administration issues

9.1.1 Benefits of participation

Whilst the next stage of the process evaluation will include a specific focus on the experiences of project participants, the interviews with project managers revealed important insights into the perceived benefits to participants of the projects.
On a general level, there was a sense that many participants had benefited through joining a group and connecting with other people involved in the projects:

> *"They [the participants] seem to be enjoying it. They're getting the chance to get together with other [groups], realise that their problems are shared by others, a network already exists but this forum is more informal, they can chat around issues."*

> *"We've had feedback from families who've taken part saying that they've really benefited from it and it's changed their lifestyles, they look at activities in a different light. Most do seem really eager to try other things, especially those who come back as volunteers."*

> *"I had a lady who couldn't get out of bed, now she's going on a course to be a volunteer, and her medications reduced. One guy who's clinically obese has lost two stone…"*

An anecdote from a cycling project highlighted the importance of confidence-building as a precursor to active participation in the project:

> *"We're just constantly building their confidence...There were twelve of them, all in one family [and by the last session] all of them had learned to ride their bike. We were jumping for joy, 'cos you could see how it had affected the family. And the whole family can join in other activities now."*

9.1.2 Concept of wellbeing and connections between outcome areas

Wellbeing

Project managers were asked what they thought of and understood by the term *wellbeing*. Despite the conceptual work developed by the NEF as part of the National Evaluation of the Big Lottery Wellbeing Programme (Figure 19), it was apparent neither this nor other models of wellbeing have explicitly been incorporated into the project designs.

Whilst most project managers had engaged to some extent with the concept and understood their project to fit under the wellbeing 'umbrella', the concept was, perhaps not surprisingly, viewed in a variety of ways – with some interviewees more ambivalent than others.

Figure 19. Model of Wellbeing
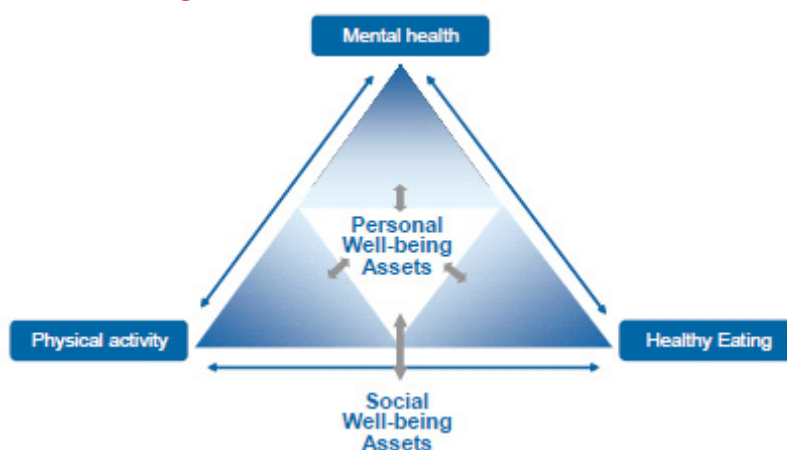
Source: Abdallah, Steuer, Marks and Page, Well Being Evaluation Tools, 2008[17]

> *"Wellbeing absolutely fits. We've always worked in areas of mental wellbeing. The first time I really heard [the term 'wellbeing'] was at a brief intervention course. It just seemed to be an add-on, a term you stick with health."*

Interviewees largely discussed wellbeing in relation to mental health, with conceptions tending towards the *eudemonic* (i.e. a self-realisation of a reaching of individual potential) rather than the *hedonic* (i.e. the pleasurable experiences of participants).[18] One project manager, however, reflected on the latter understanding, commenting that:

> *"The thing about wellbeing is that we will never be able to make everyone entirely happy."*

In the following quotes, from a healthy eating and a holistic project respectively, the important contribution of inter-personal relations to wellbeing is highlighted:

> *"It's about getting out of the house, it's about routine and being part of something within their community…It's about feeling useful…"*

> *"Somebody with a mental health problem, that's very inward. To have something that you have to look after, if you've got a pot of seedlings, it just starts to break open your world a bit and it just shows what sort of impact it can have on someone's life."*

Links between outcome areas

Due to the reporting and monitoring requirements, projects have mainly aligned themselves to one of the three project outcome themes (healthier eating, physical activity, mental wellbeing), despite often considering their project to be more holistic and thereby implicitly reflecting the New Economic Foundation model (Figure 19):

> *"Our project hits all three themes, but we put it as 'healthy eating'."*

> *"We do evaluate the health benefits in line with Target: Wellbeing: we're looking at physical health, mental health and wellbeing… We were asked to put them in order of 1, 2, 3, which we chose as physical, mental and healthy eating. Healthy eating is as a consequence of the former two."*

Consequently, it would seem that a number of 'holistic' projects were categorised under a theme that did not easily 'match' the full range of their activities. For example, one 'healthier eating' project also had a strong mental wellbeing leaning based on the social aspect of the group and also featured regular outdoor activities which were not food-related; and a 'physical activity' project explained how their project was impacting on the other two TWB themes:

> *"[As well as our main focus on physical activity] we impact on the eating side. [One] obese guy has changed his own diet, not eating after a certain time of an evening...Another lady is bringing in nutritious soup she's made for everyone to eat. She's on her own, so it's giving her a buzz. Everybody else is thinking 'I'll do that!'"*

9.1.3 Relational issues

Relationships with programme managers

The organisational relationships between programme and project managers varied between local areas. However, whether the relationship was close or distant, it was generally reported favourably:

> *"We have a very positive relationship with the programme manager. There is lots of help with the financial stuff. [The programme manager] passed on info' from interested potential participants for [the project coordinator]."*

> *"We have monthly meetings…so we support each other throughout those meetings, they (the other projects) all link apart from mine [because of the specific focus]. [The programme managers] host the meetings and are very supportive. We know we can access [them] when we want to."*

> *"All the project managers meet on a major basis, share ideas, whinge! We get a lot of support from the programme co-ordinator. Our strongest relationship is with them."*

Where there was little or no contact with programme managers, this was either due to the specific organisational structure meaning that this particular communication was handled by an overall manager, or that the projects made a conscious choice to have minimal contact:

> *"I can't remember who the programme manager is…I don't have much contact 'cos I don't need them…I quite like being autonomous."*

Only one project spoke of wishing to have *more* contact with the programme manager:

> *"I think I could've done with more support. I've seen [them] twice this year. [They] stopped having the Target: Wellbeing meetings. We've just started having them again because I think Groundwork were getting concerned."*

The downside to minimal contact with programme managers was that this occasionally led to a degree of confusion and/or cynicism:

> *"I think one of the problems for project managers…is that we're not quite sure what [programme managers are] there for."*

> *"I don't understand the [programme manager's] role. Does it not seem an unnecessary amount of bureaucracy that is taking money away from the project?"*

Relationship with Groundwork UK

In reflecting on their relationships with GW UK, project managers were generally positive, with a number commenting that they frequently e-mailed GW UK for help and received appropriate support. The training sessions were also generally thought to be useful, particularly for more inexperienced project managers:

> *"I've been on a couple of the training sessions, we've had offers of support with evaluation and reports, I've not done that kind of thing before. I've not had a lot of contact but I am aware that they are there if I need them."*

However, one project manager described a lack of support after being brought in to manage a project designed by someone else – although they also admitted that they had only phoned GW UK for help on one occasion:

> *"Me as a new person coming in, even though you get the file, I think it would be good if someone came down. Sometimes I look at it and some of the figures are wrong and I don't know why. I don't feel like I've really had that support."*

There were further issues relating to the geographical location of GW UK, which was obviously better suited to some projects than others.

Issues relating to a standardised evaluation

Some project managers contacted during the work, expressed frustration relating to the evaluation of their projects, specifically a desire for greater autonomy, and a perceived lack of engagement and empathy. This highlighted the challenges that the NWPHO faced in developing a cost-effective methodology that delivered robust results, whilst meeting the needs of a large and diverse range of community projects, with different levels of understanding and experience of evaluation.

However, there was a recognition that NWPHO were, at least in part, responding to parameters set by Groundwork UK and Big Lottery – and that it was unreasonable to expect them to be able to tailor evaluation tools to more than 90 separate projects. Additionally, a number of project managers specifically highlighted how useful they had found the evaluation 'troubleshooting' sessions run by the evaluation team.

Relationships with other projects

Of the 13 projects comprising the process evaluation sample, most were working in isolation from other TWB projects addressing similar issues or themes, though many had connections with congruent local projects funded from a different source. Some project managers spoke of a desire to connect with and learn from similar projects, but as these were more often than not in a different geographical location, time constraints placed on project managers meant that (outside of events organised by GW UK) they were unable to pursue these connections.

It was notable that the cycling projects were beginning to explore the potential for future networking:

> *"There are a lot of cycling projects in Target: Wellbeing…There is a lot of potential to work quite closely with those projects."*

> *"I've not had much contact with other project [but] it was suggested that we could take participants to other Target: Wellbeing projects that do cycling."*

9.1.4 Beneficiary recruitment and retention

The majority of project managers were confident that they were meeting their target numbers (which were self-defined in original project bid outlines), but several spoke of recruitment occasionally being a 'struggle'. In some cases, there was an admittance that it had been difficult to predict how many beneficiaries projects would secure, leading to speculation and guesswork. Other project managers reflected that they had inherited project proposals with what they viewed as unrealistic beneficiary target numbers.

Beneficiaries have been recruited using a variety of methods, including:

- advertising in local newspapers
- project information and key staff being visible at local health events
- networking with neighbourhood renewal groups and forums
- hosting taster sessions
- word-of-mouth from beneficiaries to other community members.

It was clear that some projects are better positioned to use certain methods than others. For example, managers from two cycling projects explained the value of community health events:

> "It's visual, we're all bibbed up, we've got helmets on. At stopping points we talk to people and they're like 'what are you doing? Can we join in?"

> "[Many beneficiaries were] got through a health event we did on the sport health checks and there were really big queues. Then we got them on the rides."

For one mental health project, there was a concern that potential participants may over-identify TWB with the local primary care trust (PCT) and transfer negative perceptions or experiences onto the project – thereby impacting negatively on recruitment:

> "One of my worries, is that some of them have had negative experiences with the PCT. I keep reiterating that Target: Wellbeing is different. They are not aware of the macro, they can't see these big organisations, it's hard enough for some of them to get on a bus."

For a project where the primary beneficiaries were themselves volunteers, recruitment was much easier as on the whole, with potential volunteers contacted the service with a desire to be involved, rather than having to be sought.

Other projects have discovered that recruiting beneficiaries is only the first challenge, with retention also being an issue that needs to be addressed by facilitating access. As a mental health project manager explained:

> "To generate networks and groups we need to use a minibus and shared travel. Things like travel expenses are a factor. They might not be that far away, but it's awkward and can be expensive. Every penny does count, so to be able to support people with a bus pass or childcare facility is important. It might be the only time they're not one-to-one with their child for the whole week."

9.1.5 Organisational and Human Resource issues

Organisational restructuring and staff turnover

Alongside concerns about retaining beneficiaries, a number of project managers highlighted the significance of organisational restructuring and staff turnover. More than half of the project managers did not write the original project proposals, and in many instances the staff that did had since left the organisation. This has obviously impacted on the projects in several ways, as illustrated by the following quotes – which are each from a different project and span all three TWB outcome areas:

> *"I came into post last June. The bid was put in before I came into post. I haven't got a lot of detail about the bid process."*

> *"I didn't write the original bid, I was working on a different job. The person who wrote it is not here, there was a restructure…There has been quite a few changes of staffing since the inception."*

> *"We had a complete change of staff at the end of the first year. There was nobody trained to run the course so we stopped it for winter and started it up again with difficulty."*

> *"The department has recently had a reshuffle…We've just sorted out in the last week or two whose roles are whose."*

These indicative quotes highlight how widespread an issue staffing turnover is and point to the challenges raised for projects. Frequent changes in staffing was explained by more than one project as the constant state the voluntary and community sector find themselves in.

Volunteering

It was apparent that projects used volunteers in a variety of ways. A number were run by organisations that had experience of recruiting and using volunteers as their main staffing resource – and in some instances the main beneficiaries were trained volunteers:

> *"There are 37 volunteers who are all checked and have done the training. These are the beneficiaries...A lot of the volunteers have been here a good many years."*

However, others had introduced a 'progression' system whereby project participants could go on to be trained as volunteers:
> *"By doing the course we can link people, and give them the opportunity to come on as a volunteer. We've had two people come through on the course who are now volunteers."*

It was evident that the challenges of staffing recruitment and retention were at times compounded in projects that relied heavily on volunteers, as this could add an additional layer of uncertainty:
> *"[We're] trying to target the biggest areas of deprivation...We can struggle to get enough volunteers occasionally."*

> *"Sometimes projects are not sustainable because volunteers to not want to take on a role that was previously done by a worker."*

This particularly affected projects that aimed to run during normal working hours using volunteers who also worked full-time (one cycling project spoke of this as being a particular element in delaying their project start date).

9.1.6 Sustainability

The continuation of projects beyond the TWB funding period was very much at the forefront of concerns for many of the project managers. For some who were connected with larger organisations such as the local PCT, there was confidence that the project would continue:

> *"I know that after this funding has finished, the schools will pay for it to be there as it's benefited the schools. This won't die when the project's finished."*

For others, the uncertainty was a cause of anxiety and frustration, sometimes reinforced by previous experiences of projects petering out when funding dries up, and the subsequent negative impacts on participants:

> *"The participants [have] said 'is this going to continue?'…Participants are enjoying it that much they don't want it taking away from them… where do we go when the funding's finished?"*

> *"It can be quite frustrating...funding coming to an end. You've got to stop, you know, there's a full stop there. [I'm used to] relatively short term funding. Every time the funding comes to an end, you have to tweak projects and take it in a different direction, wherever the funding is. That is extremely frustrating."*

9.1.7 Evaluation and Administration

Evaluation issues

Evaluation proved to be a major recurring theme, provoking a range of reactions from project managers.

In terms of the overall evaluation process, several project managers felt that it was unnecessarily onerous and compared TWB unfavourably to other projects – one describing other funded from other funders as having '*simpler evaluation*' requirements and another commenting that:

> *"Getting the forms out and returning them has been a pain…there is so much administration to deal with [in the project] that another piece of paper to give out seemed inappropriate…"*

Some projects commented that they lacked the facilities to administer easily the paperwork required, with special arrangements needing to be put into place. For example, one cycling project manager circumvented the problem by organising introductory sessions at other venues:

> *"We're [based] outdoors and we don't have a specific venue for administration. Because the weather can be bad, we've actually built in a mini-evaluation morning when the course starts to get that questionnaire filled in just so we know everyone's completed it."*

There was also concern that the support required by some beneficiaries to fill in the entry and exit questionnaires impacting on carers' workloads:

"For those who are disabled, their carers come with them but were looking to bring more participants along. When you think one carer can be in charge of several people, that's a lot of forms to fill in!"

Responses to the evaluation forms themselves were also mixed. Some project managers saw them as useful and time-saving, as they did not have to design them themselves or they lacked sufficient experience in evaluation to know what data to gather. However, whilst understanding the constraints experienced by GW UK and NWPHO, several others expressed a frustration at having a standardised form imposed on their project and a desire to have had more say in the design of the forms, to make them more specifically relevant to their particular project:

> "It would've been good to have had a degree of autonomy in setting the questions relating to the specifics of the projects."

> "A lot of the NWPHO evaluation was done without any consultation. We made the effort to go down to Liverpool and Manchester and they need to understand what happens...it's a really practical project this one."

Certain projects encountered no real problems with participants filling the forms in:

> "Most people were happy to fill it in for me. The group are…up for everything and they didn't mind doing it."

> "As an organisation we are used to gathering information and we want information that is useful. Maybe because we have a history of doing that, we know the approach to get whatever we need and make sure the individuals understand that…"

By way of contrast, other projects deemed the forms to be unsuitable for their participant group or project, a particular concern being the appropriateness to younger participants:

> "The questionnaires are quite lengthy, sometimes you wonder if they are actually putting people off. Some of the questions are too personal."

> "The questionnaires are repetitive, we have received negative comments from the participants. The eight year-olds find them confusing, and the wording is inappropriate."

> "The evaluation they asked me to do is…not suitable for kids…I can't ask children their weight and they haven't got the mental capacity to answer some of these questions."

A further issue highlighted was the difficulty experienced by project participants due to disabilities of language issues – and the confidentiality issues raised by project workers helping in the completion of forms:

> "The disability programme – there was no consideration about how people fill out the forms, and for those who are not English speaking."

> "Some of the people I've seen are not very capable of writing. If you get ten per cent of the questionnaires back I'll be amazed… Problem is, evaluation forms are supposed to be completely confidential, but some of them can't fill them in on their own."

This challenge was also exacerbated by a lack of capacity to translate the questionnaires:

> "We have a translator who attends the walks and they've managed to get some basic details, but as for the questionnaire they haven't got the capacity."

It was also clear that the entrance and exit questionnaires were not appropriate for all beneficiaries, due to the variety of levels of participation in the projects:

> *"We have… courses where people only contact us for half a day in total, and we have other courses here where people have attended for two, three years. So there's… people we never see ever again and people we see every week."*

A further issue raised by project managers was that of 'questionnaire fatigue', alongside a concern about duplication, due to projects already having their own evaluation forms in place:

> *"…it's presenting to the beneficiary a lot of paperwork, a lot of form filling."*

> *"Virtually every question on my [organisation's] initial assessment is duplicated in the TWB one. I think people get a bit fed up of the repetition."*

Additionally, there was concern that the projects and host organisations would not obtain relevant information from the TWB evaluation forms:

> *"The kind of info NWPHO want isn't necessarily the same we want to improve our practices."*

The upshot of all these practical issues has been that some of the projects have – with approval from GW UK – decided not to use the evaluation forms. This has only been in exceptional circumstances where project managers can demonstrate that they have a more suitable alternative method of evaluation in place:

> *"I'm not having to do the NWPHO questionnaires…so long as I can provide case studies showing effectiveness."*

> *"We don't use the evaluation forms. We highlighted from the beginning that we didn't feel that they were appropriate in structure or content for our beneficiaries. We put together an entry and exit questionnaire of our own…If somebody comes along on a workshop, we will evaluate it and ask specific questions and that will benefit us."*

Although not asked specifically about the process evaluation, several Project Managers reflected on the interview as a useful place to discuss issues confidentially to raise issues not covered in the main evaluation:

> *"It's good to talk about the project and not have loads of fixed questions…"*

Administration issues

More generally, the extent to which the administrative element of TWB was perceived to affect projects negatively differed markedly – with some project managers stating that there were '*no real issues*' and others talking about the '*frustrating experience*'. Whilst there was an appreciation of the demands placed upon Groundwork and NWPHO, administration associated with project reporting was a key emerging theme. The perceived weight of these administrative demands (for instance, in terms of inputting project data to NWPHO's dedicated website) depended particularly on the capacity and computer-literacy of the project team – and administration tended to have the biggest impact on those projects which hadn't adequately budgeted for it:

> *"We underestimated our administrative costings…If we had more admin support we could run it for another year…We didn't cost any of the admin in, [which was] probably a bit naïve…"*

It was seen as less of an issue when projects had either budgeted adequately or had ability to access other funding sources through their organisation. This usually meant that larger projects, or ones affiliated with larger organisations, were coping with the administrative workload more effectively than smaller projects run by small organisations. As one interviewee mused:

> *"I wonder, is all the administration stuff around this work costed properly – and if not who pays for that? It seems like an awful lot of work on that, especially for smaller projects."*

The quarterly report set up was also not suitable for some projects, particularly if they were working with seasonal projects such as those taking place outdoors or organisations such as schools.

> *"I need them to understand that I don't work quarterly – I'm working in an academic year and there's going to be periods where I can't deliver."*

10. List of figures

11. List of tables

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Target: Wellbeing is a programme of over 90 projects that increase exercise, encourage healthier eating and promote mental wellbeing. Funded by £8.9m from the National Lottery through the Big Lottery Fund, it's managed by Groundwork for the benefit of targeted disadvantaged communities across the Northwest.

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