Target: Wellbeing Evaluation - Annual Report February 2010

Reporting period April – September 09

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Acknowledgements

The authors would like to thank staff at Groundwork Northwest for their support and advice, particularly Maggie Moody, Louise Robinson, Nancy Brown, Rhiannon Davies and Rob Squires. We also thank the members of the Target: Wellbeing Governance Group for their support, advice and direction on this work. Thanks also to all Programme Managers and Project Managers for their support of the evaluation.

Thanks are extended to Steve Timmis and Steve Rogers for their time and effort in developing the Target: Wellbeing registration database. We would also like to thank all those who have assisted with the production of this report, in particular Lynn Deacon, Rebecca Harrison and Jennifer Mason of the North West Public Health Observatory for proofreading, and Lee Tisdall of the Centre for Public Health for design.

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1 Executive summary

This annual evaluation report of the Target: Wellbeing portfolio provides an account of activities completed by the North West Public Health Observatory (NWPHO) and the University of Central Lancashire (UCLan). The report also provides evidence of behaviour change to date.

The behaviour change evidenced within this report is accompanied with a warning regarding sample sizes at this early stage of the analysis but preliminary results indicate Target: Wellbeing (TWB) is working towards its stated outcome of improving healthy lifestyles across targeted areas in the North West.

Since the roll out of evaluation tools in January to March 2009 the following can be observed:

1.1 Targeting and improving health inequalities

Reach analysis of key demographic, health and lifestyle factors indicate that TWB is successfully reaching intended beneficiaries from targeted Lower Super Output Areas (LSOAs)[1].

- Geodemographic classification analysis reveals that whilst the majority of TWB participants are recruited from targeted census output areas a significant minority are recruited from more affluent groups.
- Participants demonstrate rates of poor health status comparable with rates across the region and for some health problems (e.g. overweight and obese, asthma, diabetes, back problems and depression) show rates comparable with the most deprived fifth across the region.
- As many as 40% of registered participants self-reported experiencing some form of nervous trouble or depression in the last 12 months.
- Some disproportionate figures are reported e.g. more females than males are registered in TWB, but as yet not all projects have entered information onto the database so exact figures for reach analysis may be skewed at this early stage.

Projects are encouraged to continue registering all participants so that registration database analysis can be taken as a fair representation of TWB participation.

1.2 How behaviour change has been evidenced

Evidence of behaviour change in this annual report, across the three key themes under investigation (mental wellbeing, physical activity and healthy eating), is based on pre and post intervention scores. This analysis was conducted on 423 welcome questionnaires and 178 exit questionnaires received by NWPHO between April 2009 and September 2009.

1.2.1 Improved mental wellbeing

- Across the whole TWB portfolio direct beneficiaries report higher levels of wellbeing and life satisfaction following TWB intervention (12% increase on Short Warwick-Edinburgh Mental Wellbeing Survey (SWEMWBS); 24% increase on life satisfaction scale).
- Direct beneficiaries of mental health projects demonstrated a 29% increase in measured wellbeing (SWEMWBS) on average, bringing their subjective assessments of wellbeing more in line with the regional post intervention scores.

Improved self management

- The majority of TWB participants (86%), including those registered with mental health projects (88%), reported that TWB had helped them develop skills that would help them have more control over their life.
- Direct beneficiaries of mental health projects demonstrated a 12% increase in measured self efficacy on average.

Increased job control

- 30 people registered to job/employment projects reported that TWB had helped them find new employment (56% of respondents completing exit questions).

[1] 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.

Increased sense of community belonging

- Over half of TWB participants self report that TWB had helped them meet new people and 27% self report that the project had helped them feel part of their community.
- Community belonging measures show slight improvement in community engagement outside of TWB and more regular meetings with friends and relatives. These findings begin to indicate the wider benefit TWB may have on social as well as personal wellbeing.
- Improvements in neighbourhood satisfaction were not observed and some participants reported being more dissatisfied post intervention. This warrants further investigation, which may reflect the inappropriateness of this measure as a TWB outcome, but might also be a product of increased health literacy.

Increased self esteem

- Direct beneficiaries of mental health projects demonstrated a 12% increase in measured self esteem on average.

1.2.2 Improved physical activity

Increased cycling and walking

- There has been an average increase of 74 minutes per week walking across all projects, indicating the general impact that the TWB portfolio is having in enabling its beneficiaries to live healthier lives.
- Across physical activity projects there has been an average increase of 145 minutes walking per week for beneficiaries.

Increased use of open space for physical activity

- 74% of physical activity project beneficiaries self report that they now make more use of the outdoors whilst doing physical activity.

More active in daily lifestyles

- Improvement in those achieving government guidelines for physical activity can be seen across the whole portfolio, as there is an increase of 13% in those achieving high/moderate levels of physical activity.
- Physical activity projects appear to engage participants who are already motivated to be physically active and report achieving high/moderate levels of physical activity already. This does increase post intervention so that 92% report high/moderate levels of physical activity post intervention. Some of these findings may be accounted for if participants have completed welcome questionnaires after they have already engaged with the project since their baseline measures would not be accurate.
- The proportion of adults sitting for 8 or more hours a day was higher for participants on physical activity projects pre intervention than is reported by the region’s least affluent group. Encouragingly, participants on physical activity projects show lower levels of sedentary behaviour post intervention than the regional comparison.
- 64% 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.
- The percentage of beneficiaries who report enjoying physical activity increased for participants on physical activity projects (12%) as well as for the participants across TWB portfolio (14%). This shows that after engaging with TWB people are enjoying and having a more positive attitude towards physical activity.
- 37% of physical activity project participants self reported that the project had encouraged them to take up other physical activity outside 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.

1.2.3 Improved healthy eating

Increased number of people involved in food growing

- Fewer participants on healthy eating projects reported being ‘not confident’ about food growing after participating in a TWB healthy eating project.

Increased availability of healthy food

- Pre and post intervention scores across the whole portfolio indicate that the average TWB beneficiary is eating at least one more portion of fruit/vegetables a day. This is similar for participants registered to healthy eating projects and the majority of these beneficiaries (74%) now report eating 5 or more a day post intervention. Fewer people report eating no fruit or vegetables a day post intervention again indicating the influence that TWB has on encouraging healthy eating amongst participants.

Improved levels of food preparation and cooking skills

- Many participants in healthy eating projects were seen to already eat fresh food fairly often on a weekly basis before entering a TWB project. However fewer participants report never eating fresh food on a weekly basis post intervention indicating some of the success TWB is having with the disengaged.

- As with some physical activity measures good pre intervention scores indicate that projects are engaging individuals who already demonstrate confidence around healthy eating. These figures do increase post intervention but what is also interesting is the lower proportion of respondents who score low/poorly post intervention. It may also be possible that the measures chosen do not accurately reflect the way the project works in bringing about positive change.

1.3 Process evaluation

The process evaluation presents emergent findings from the first round of interviews with Programme Managers, which were carried out between April 2009 and May 2009. The focus of the evaluation was limited to exploring the views and perceptions of programme leaders and other key staff.

- Programmes adopted several different methods of allocating funding to projects (e.g. competition to ensure the highest quality projects; collaboration to merge and strengthen similar projects), each having different strengths and appearing to be appropriate to the respective local area.

- The delay in the release of TWB funding to the projects impacted more on projects led by smaller organisations using funding to pay staff costs, as some lacked the cash flow to proceed with recruiting workers.

- The administrative load involved in relation to monitoring and evaluation has been experienced more negatively by smaller organisations involved in TWB, as larger and more established organisations were generally more used to this level of scrutiny.

- Wellbeing is understood as a holistic concept by the Programme Managers despite the specific focus of the three TWB themes.

- Relationships between Programme Managers and Project Managers appear to be generally positive. Programme Managers have also been forging links between organisations involved in TWB and other wellbeing projects that had previously not communicated or liaised on a regular basis.

1.4 Summary conclusions

- Throughout the analysis we consistently observed improvements in terms of average scores across the three outcomes, pre and post intervention, but we also witnessed far fewer negative responses from beneficiaries. Across the portfolio, despite limited data, it was possible to see areas where TWB worked particularly well by shifting thinking and behaviour of disengaged individuals, e.g. those who do not feel part of their community or who never eat fruit/vegetables.

- There were a small number of measures where it may be possible that the indicator does not reflect the way in which TWB exerts an influence, e.g. confidence around healthy eating, neighbourhood satisfaction. These measures will be closely re-examined in future evaluation reports.

- At this stage of the evaluation these findings are only indicative and in some instances indicate interesting and useful direction for further analysis when more data is available.

These early results suggest that TWB is working well towards its intended outcomes. Projects are encouraged to continue to support participants to complete welcome and exit questionnaires so that the nature of its working and the impact it is having on key groups can be examined further.

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 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 Centre for Local Economic Strategies (CLES) using tools developed by the New Economics Foundation (NEF).

From the perspective of the Big Lottery Fund, 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[i]

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.

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.

The second year of this four and a half year programme has focussed on rolling out operational activity for the portfolio, in terms of evaluation tools and processes. This evaluation report presents evidence of behaviour change to date and what the plans are for the remainder of the evaluation. It sets out the evaluation processes that have been further developed during this period and the capacity supporting activities around evaluation that have been undertaken.

3. What is 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.

The portfolio is managed by Groundwork Northwest (GW NW) who monitor the expenditure of Big Lottery Funds and therefore forms part of the accountability mechanism. The portfolio is also overseen by Governance Group with significant collective knowledge and experience. A Regional Support Network (RSN), comprising GWNW 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 NW

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.

3.2 Supporting the Choosing Health Agenda

Improved health literacy and personalisation underpin the UK Government's *Choosing Health Strategy*[ii]. Its six overarching priority areas include:

- '**Improving mental health**, because mental wellbeing is crucial to good physical health and making healthy choices; because stress is the commonest reported cause of sickness absence and a major cause of incapacity; and because mental ill health can lead to suicide.'
- '**Increasing exercise**, because it reduces the risk of major chronic diseases and premature death. Over a third of people are not active enough to benefit their health, and rates of walking and cycling have fallen over the last 25 years.'
- '**Reducing obesity and improving diet and nutrition**, because the rapid increase in child and adult obesity over the past decade is storing up very serious health problems for the future if it is not addressed effectively now. Effective action on diet and exercise now will help to tackle heart disease, cancer, diabetes, stroke, high blood pressure, high cholesterol and a range of factors critical to our health.'

The *Choosing Health* White Paper[ii] mentions supporting the positive mental health of the population, with reference to specific targeted programmes that promote the maintenance of good mental health rather than focussing on mental illness. Improving positive mental health, coterminous with mental wellbeing, has been a growing national priority over the last decade.

NHS Health Scotland[iii] defines mental wellbeing as:

"more than the absence of mental illness or pathology. It implies 'completeness' and 'full functioning'. It includes such concepts as emotional wellbeing, satisfaction with life, optimism and hope, self esteem, resilience and coping, spirituality, social function and emotional intelligence." [iii]

Health and lifestyle factors are widely regarded as relating to wellbeing. Faced with an ageing population there are also the financial impacts of these health and lifestyle factors to consider. The Wanless report[iv] suggests that as a society we could have to spend more and more of our resources on health care, and that this has implications for tax levels depending on how it is financed. The cost of prevention could be less than dealing with the burden of disease that unhealthy lifestyles support.

Issues of inequality are at the heart of this and the UK Government's Sustainable Development Strategy - Securing the Future[v] shows that average mortality rates are the same now in some parts of the country as they were in the 1950s. The importance of understanding the link between physical health and levels of wellbeing cannot be underestimated as part of a strategy to reduce health inequality as only some of the variation in heath inequality is explained by factors such as deprivation and age. For example, work that has explored the relationship between being ill and being well using Health Survey for England data shows that a number of characteristics vary consistently with prosperity, social capital and positive mental health based on the General Health Questionnaire measure. This suggests that 'being well' is not the same as 'not being ill' and that being well is a learned social capacity that is accumulated by some but not all members of society and may indeed be a significant factor to understand in addressing health inequality.[vi]

Set against this background, the North West is one of the most deprived regions of England and fares poorly in relation to health and health inequalities. Life expectancy is lower than the England average at 75.8 years for males compared to 77.3 nationally and 80.3 years for females in the region compared to 81.6 nationally.[vii] Some of the causes of this gap in life expectancy are related to lifestyle factors. Deaths from smoking, heart disease and stroke and cancer are significantly higher in the North West than in England as a whole.[vii] The North West has some of the the highest rates of deaths from heart disease and stroke, long-term mental health problems, alcohol-related hospital stays, hospital admissions for depression, anxiety disorders and for schizophrenia, self-reported violence, violent injuries serious enough to require hospital treatment and people claiming incapacity benefits for mental and behavioural disorders.[viii] Life expectancy is linked strongly to deprivation and conditions such as self harm, violence, and alcohol related conditions have a threefold variation between the better off and the most deprived areas as do respiratory conditions, lung cancer, asthma, smoking related deaths and diabetes.[ix]

Key public health priorities in the North West include ensuring that all public services support the achievement of better health and that prevention is imperative to helping people adopt healthy lifestyles. Target: Wellbeing needs to be seen in this broader context of engaging with communities to tackle health inequalities by promoting healthy eating, physical activity and an improved sense of mental wellbeing. It may be expected that in delivering programmes of activities through organisations who have a deep understanding of their communities and who know what will encourage them to change their lifestyles, the programme may contribute to this larger agenda. The evaluation needs to capture whether and how this is happening.

4. The Community Projects programme

4.1 What are the 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 (3 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, Groundwork. (A list of projects (by programme area) and their evaluation outcome themes can be found in the appendix on page 73).

4.2 How the target areas were selected

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.[x]

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 How the projects were selected

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 Northwest has been 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, 92 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 in relation to monitoring and evaluation. It also plays a part in monitoring the expenditure of Big Lottery Funds and therefore forms part of the accountability mechanism.

4.4 What are their expected outcomes?

Following consultation with key stakeholders the Governance Group decided on a number of key sub themes across the three main themes of physical activity, mental health and mental wellbeing.

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

The projects work right across the three targeted areas of physical activity, mental health 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.

For the purposes of the TWB evaluation it was important to consider how projects would contribute to the portfolio's outcomes based on the specific activities that they deliver. Each project is expected to contribute to a primary or priority theme but secondary benefits might also be expected to follow. For example, an allotment project would contribute to outcomes 3a, 3b 3c above but could also contribute to outcomes 1c and 2c from mental wellbeing and physical activity themes. Given the methodology of the evaluation (see following section) it was important to understand the way in which each project could be expected to evidence behavioural outcomes. Therefore NWPHO underwent a lengthy review of each project's stated aims and activities (as described in their original bid application) to ensure that they would not be expected to evidence outcomes that were not feasible given the sessions they planned to deliver (these outcomes are listed in the appendix on page 75).

5. Evaluation methodology

5.1 Evaluation of area based initiatives

The evaluation consists of five 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.

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.[xi;xii;xiii] 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.

These five elements are intended to support annual evaluation reports over the course of the project at the regional level and also for individual projects to have the confidence to also report on their own achievements. Over the last year, NWPHO, UCLan and GW NW have developed and implemented procedures to support the collection and analysis of this information across the pan regional and area based programmes.

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 evidences 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.

These positive changes can manifest in a variety of ways, such as increased knowledge and awareness as well as changes to actual behaviour. This is significant as it has implications for understanding and demonstrating long term behaviour change. For example, the three main elements on which attitude theorists[xiv] focus their attentions in defining an attitude are:

- Cognitive component (beliefs/knowledge)
- Affective component (feelings)
- Conative component (behavioural)

To establish successful change it would be useful to demonstrate and evidence change at these different levels. From an evidential point of view changes in actual behaviour may provide the most robust evidence of outcomes since an individual must arguably overcome any significant cognitive and affective barriers to behaviour in order to change their behaviour. However there are other aspects of change that are important to capture especially in a portfolio as disparate in action as TWB. It is important to demonstrate the wide varieties of benefit resulting from TWB by developing evaluation tools that pick up on different levels of influence across the three themes. For simplicity, throughout the remainder of this document 'behaviour change' is used more generally to refer to *any* positive change for beneficiaries, but where appropriate evidence is presented as it relates to changes in

a) increased knowledge and confidence (cognitive)

b) improved emotional assessment (affective)

c) actual behaviour (conative), and

d) displaced and sustained benefits.

To establish the extent of behaviour change arising from the TWB portfolio it was necessary to design an evaluation methodology that looked at changes to people's lives across the portfolio. Two approaches were identified and reviewed.

The first method, adopted by the national evaluation, uses a tracking system to collect baseline and post intervention information from a random sub-sample of individuals designed to measure "distance travelled". The method also incorporates a longitudinal design which involves selected participants completing outcome focussed tools after their participation has ended. The tracking system doesn't sample all participants from each BIG Lottery Portfolio that contributes to the National Evaluation, but sample sizes were determined by statistical power analysis which would ensure a representative sample for meaningful national analysis.

This tracking approach is most effective in being able to track changes leading to more accurate estimates of the extent of behaviour change within individuals. This would be the preferred method with small sample sizes. The proportion of surveyed direct beneficiaries who evidence behaviour change can then be generalised to the larger population of non surveyed participants to give an estimated total number of direct beneficiaries. As an example, if 30 of 300 participants (10%) experience increased physical activity levels, as demonstrated by responses to evaluation questionnaires, it would be anticipated that around 10% of TWB participants would also be direct beneficiaries of physical activity outcomes. There are of course significant limitations to this extrapolation as results should only be generalised to those who have engaged in similar activities and with similar frequency. In practise participation is a wide and varied experience so that an estimate is just that, an estimate.

The complexity of this method, in terms of the amount of work involved in tracking participants, would make it an unsuitable option for an area based initiative like the TWB portfolio, with an estimated 70,000 direct and indirect beneficiaries. A tracking method would preclude total population sampling. An option could have been to select a sub sample of projects and sub sample of participants from these projects as the national evaluation has done. However this would have provided us with limited evidence about the working of the entire portfolio. Limiting all projects to a sub-sample of participants might also lead to some self selecting of participants who were also the most engaged. An approach which took account of the range of involvement with TWB projects would be clearly advantageous. From our regional perspective the national evaluation provides little evidence about the majority of North West participants so a system which gives voice to individual participants and projects would be preferable.

An alternative approach was developed that identifies behaviour change on an aggregate level. This approach aimed to collect baseline and post intervention information from a larger number of regularly engaged participants. These individuals are not tracked so that information about the extent of behaviour change is not available at the individual tier. This disadvantage is arguably off set by being able to collect information from a much larger number of participants so that the extent of behaviour change on the regional tier can be more readily appreciated. For example, if based on 1000 welcome and 1000 exit questionnaires it was found that those engaged in moderate levels of physical activity has increased by 106 and those engaged in low levels of physical activity decrease by 97, the evaluation could claim that physical activity projects have enabled 10% of those who were previously not active in their daily lives (low level) to raise their level of physical activity to within national guidelines (moderate level).

Using an aggregated regional tier method 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 pre and post intervention. Generalisation is then possible as in the above examples both methods demonstrate a 10% improvement in behaviour but whereas the individual tier focuses on number of participants who change the aggregated regional tier focuses 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). Additional approval was sought from UCLan REC for the process tools.

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 participant. It was designed to enable reach analysis and geodemographic profiling of users.

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 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 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. As with the NEF national tools a core questionnaire is complemented with additional depth modules which include further questions around mental wellbeing and healthy eating. 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 and comparable populations which have not received funding. For example, an extensive lifestyle survey of the North West population conducted by NWPHO[xv] with over 5,000 respondents is drawn upon comparatively throughout this report. This will be drawn upon again in later annual reports where it will be possible to compare TWB areas against areas not receiving funding. At this point of the evaluation, this survey is also useful in providing a baseline measure against which participant outcomes can be considered. Similarly, questions relating to community belonging are based on local government Place Survey questions, though differences in exact question format prevent direct regional comparison.

End of project regional exit questionnaire

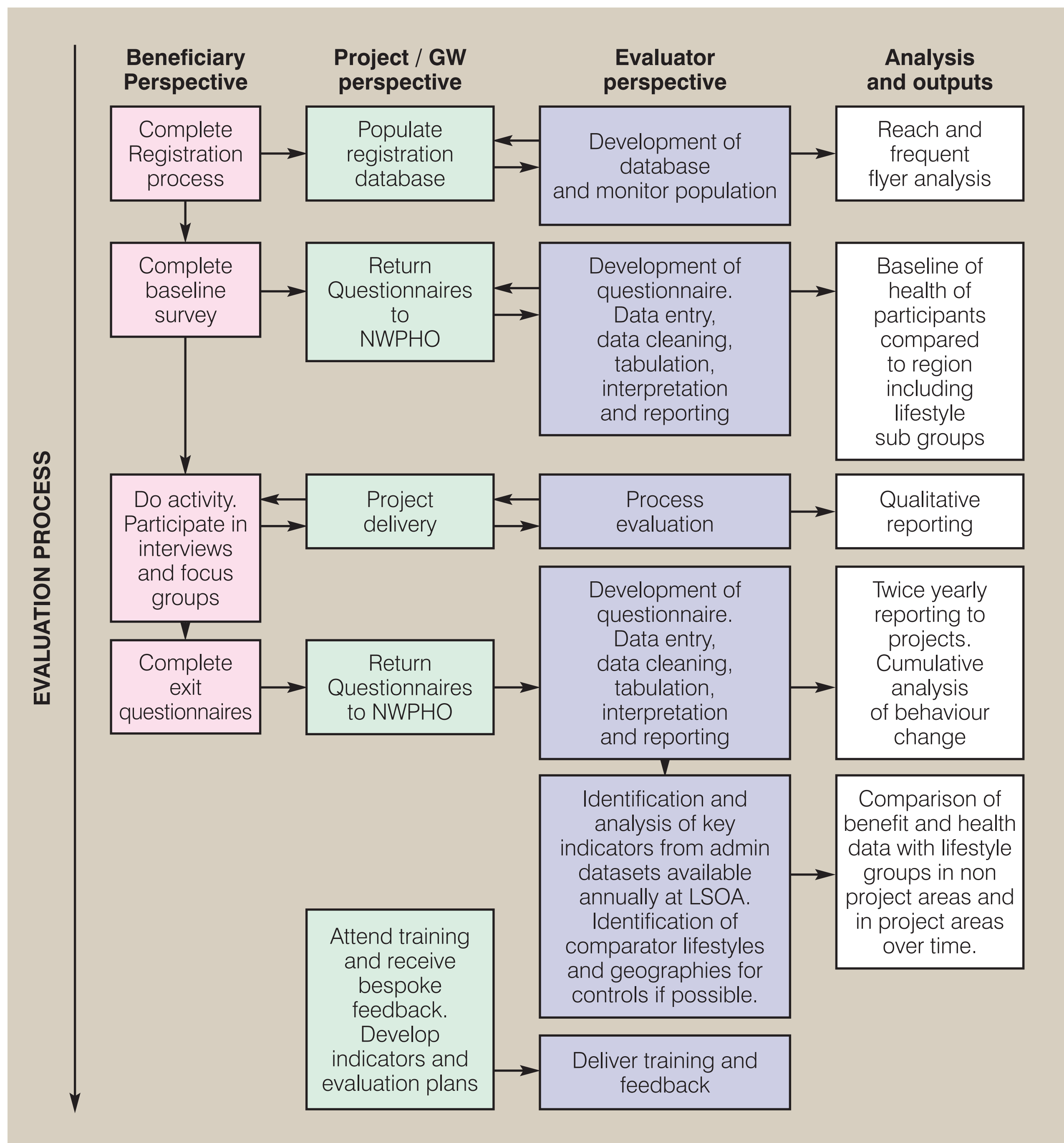
An exit questionnaire has been developed to identify changes in the three main themes of mental wellbeing, physical activity, and healthy eating, with additional modules related to each. Some questions in the exit survey are the same as those in the welcome survey so that changes on particular measures 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.

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, during training and roll out events we encouraged projects to administer exit questionnaires to beneficiaries whom they believed would have participated to the extent that they would evidence behavioural change. 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. 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.

The evaluation outlined above is summarised in Figure 1, indicating the roles of each of the organisations/individual involved.

Figure 1. The overall evaluation process - roles and responsibilities of organisations and individuals



5.2.3 Roll out and communication

The regional tools were developed and rolled out to programmes through dedicated RSN events, led by the NWPHO, in January to March 2009. Some pre-roll out output and outcome data has been recorded by projects. In some instances this could be used for future analysis.

Additional support was fed into and disseminated throughout the roll out events, namely:

- a registration database demonstration and accompanying written guide
- an evaluation written guide with example evaluation plans developed from training materials
- detailed feedback to each project about which outcomes they would evidence
- detailed feedback to each project about which questionnaires would be appropriate

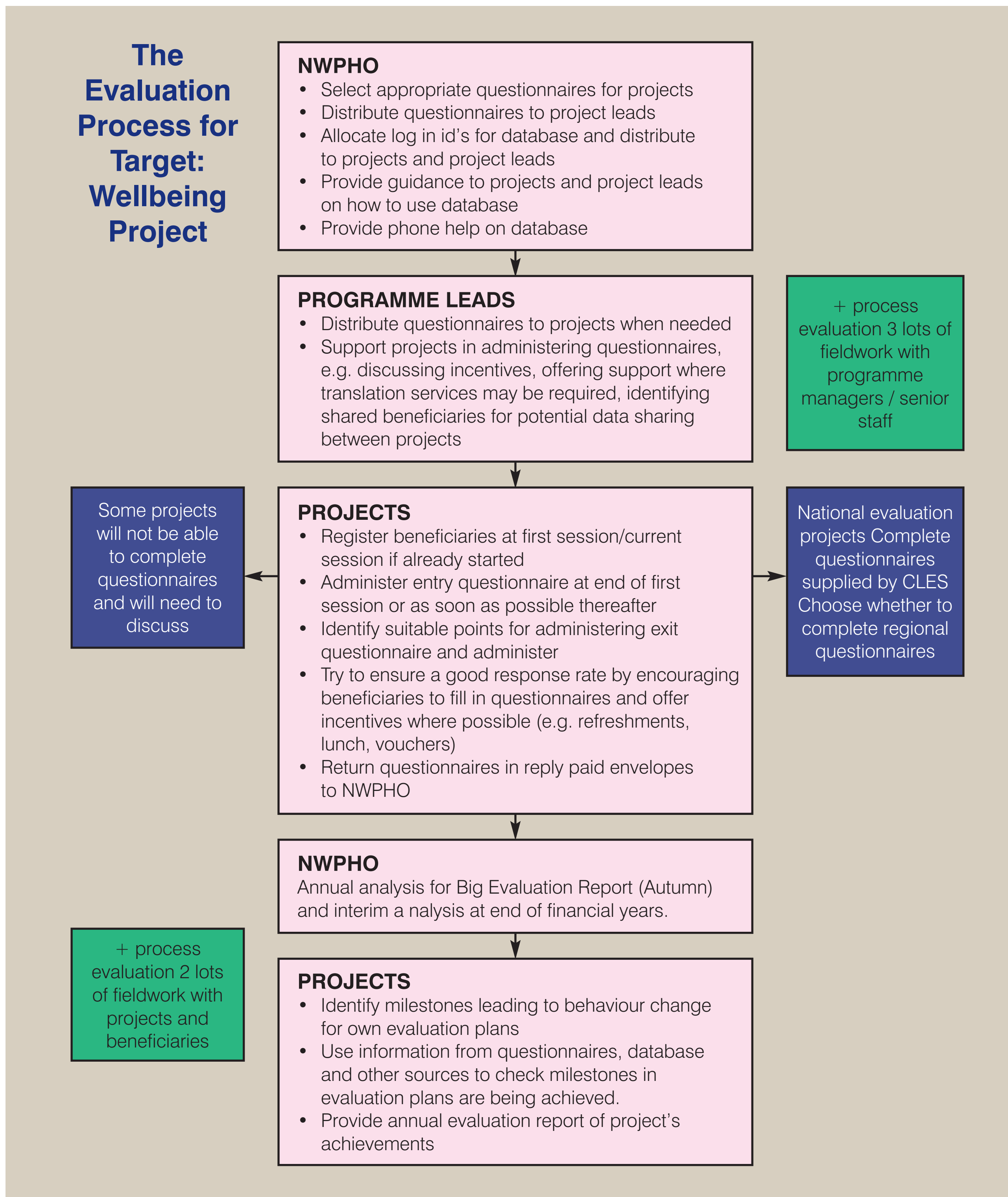
During these meetings we were able to discuss practicalities of the evaluation for projects including the mechanism by which evaluation tools (questionnaires and envelopes) would be distributed by and sent back to NWPHO via projects and area co-ordinators. Projects were encouraged to consider ways in which the evaluation tools could be administered as part of project delivery activities.

Following the roll out events projects were invited to attend one-to-one evaluation trouble shooting sessions with NWPHO. These took place in Manchester and Liverpool, with two days of one-to-one sessions also being held in Burnley and Pendle.

During March to July 2009 NWPHO met with 50 projects and completed a one-to-one session. During these sessions projects discussed implications of the regional analysis for their project and were supported to develop any additional indicators they could use to measure their success and the milestones they needed to cover to get there. Bespoke feedback was provided to projects where it was not suitable for them to contribute to the approach that had been taken to collect data using the standard regional process. Projects were able to use this bespoke feedback to inform their indicators of success for their claims/monitoring returns.

Following one-to-one sessions projects were asked to complete an evaluation plan template that was developed by NWPHO and GW NW. This activity was supported by Programme Managers and plans were submitted to GW NW in July 2009. This process allowed NWPHO to review the progress each project had made towards the evaluation and to identify projects that would fall outside the regional method. Projects that did not fit within the regional evaluation have been supported to develop their own tools.

Figure 2. The evaluation process for Target: Wellbeing projects



5.2.4 Process evaluation methodology

This part of the evaluation is being undertaken by UCLan. As detailed in the Proposed Schedule of Work (November, 2008), it was agreed that the TWB Process Evaluation would address three levels – programmes, projects and individual beneficiaries.

With regard to the Programme level evaluation, it was agreed that the evaluation should explore the views and perceptions of Programme Managers and other key staff in relation to:

- how progress along anticipated change pathways is enabled or constrained at different stages in the TWB cycle;
- how synergy is developed between component projects and between the three outcomes;
- how system-level capability, capacity and sustainability is built;
- how the wider TWB portfolio network supports and adds value to programme delivery.

It was also agreed that the evaluation should focus on a purposive sample comprising the Pan-Regional Prisons Programme and three local area programmes. In selecting these local area programmes, consideration was given to ensuring:

a) coverage across the three sub-regions of the North West

b) coverage of urban and rural/semi-rural localities

c) coverage of programmes led by different agencies and/or partnerships.

On this basis, Knowsley, Manchester and Pendle (led by the PCT that also leads the Burnley Programme) were selected. Emergent findings from the first round of interviews with Programme Managers focusing on the local area programmes and on the Pan-Regional Prisons Programme can be found in section 9.

6. Reach analysis

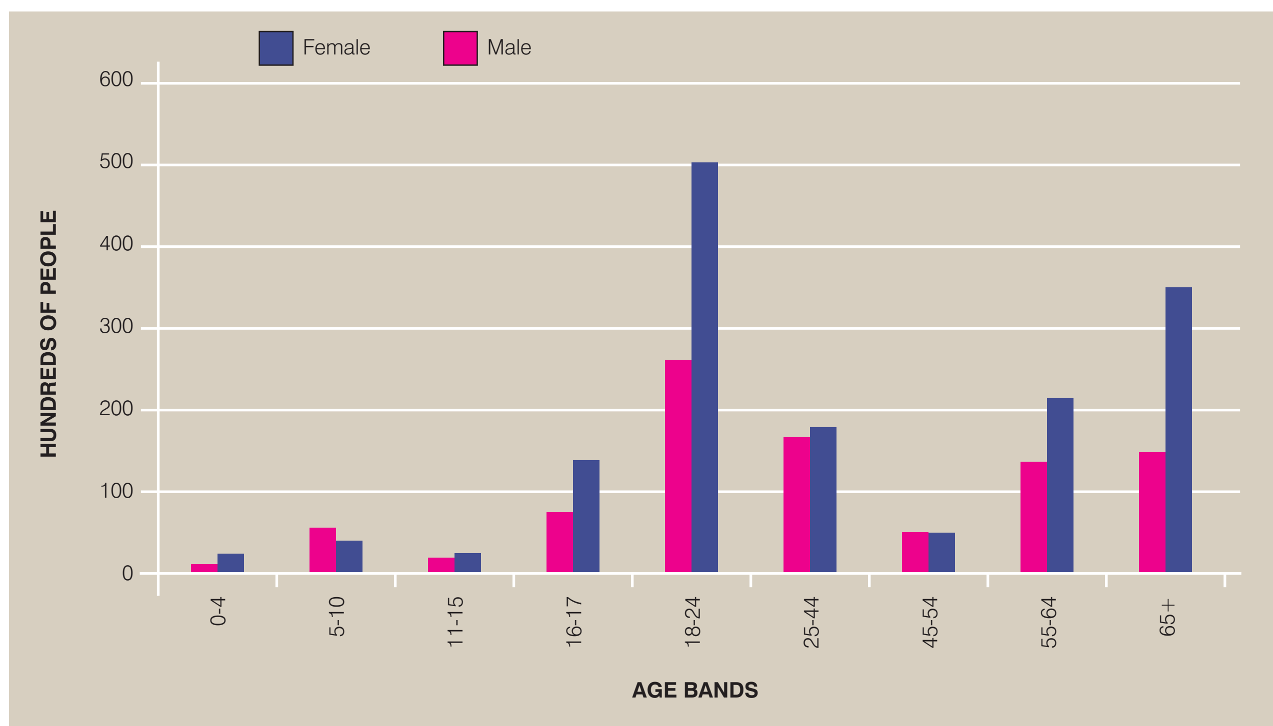
Reach analysis is a means of establishing whether an area based project has made contact with and attracted people from the designated areas that the funding originally targeted. Funding for Target: Wellbeing was aimed at specific census output areas that showed disadvantaged and poor health outcomes, 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 2009, 2,482 participants had been registered with the project and postcode data collected. 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 preliminary reach analysis based on registration and questionnaire data submitted to date.

6.1 Demographics

6.1.1 Age and gender

Approximately two-thirds of registered TWB participants are female (62%, 1,505 females; 38%, 908 males). Figure 3 shows the age profile for all registered TWB participants by gender.

Figure 3. 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. However there does appear to be an over-representation of females in this sample, in particular those aged between 18-24 years and 65+ years. This may be due to the fairly low number of projects that were using the database during this particular reporting period.

At this stage it is too early to discern whether this demographic reflects the wider demographic of TWB participants. This is an issue that will be revisited in future annual reports when more participants have been registered. However it is worth noting at this stage that there may be issues for participant groups or projects that could influence the registration process. For example:

- The small number of individuals registered under 16 years of age is likely to reflect the additional requirement of obtaining parents signatures. It may be necessary to tally participant numbers from individual projects to get a more accurate estimate of participants under 16 years of age.

- During the consultation phase it was reported that some older participants may be reluctant to give their age although the figures reported above do not reflect this.
- Problems may also arise for projects that do not have a computer, whose participants do not speak English as a first language, or who operate the majority of their activities outdoors.

These issues have been discussed throughout the consultation period and projects have been encouraged to find ways of working around these (e.g. plain English versions of the database form were made available) so that the registration database is an accurate reflection of everyone who has participated in a project. From the figures cited above there does appear to be fewer numbers of registered male participants, and registered males and females aged between 25-54 years. This will be monitored and implications explored in future evaluation reports when there is more data available.

6.1.2 Ethnicity

Ethnicity information was available for 2,482 TWB participants registered to the database.

Table 1 shows the ethnicity profile of registered TWB participants. This indicates that the majority of respondents (79%) described themselves as 'White British' 79% with 6% describing themselves as 'Asian/Asian British' and 1% describing themselves as 'Black/Black British'. A total of 4% described their ethnicity as 'Other'. This category includes individuals from a wide range of backgrounds, including Iranian, Czech Republic, Filipino, Turkish and Kurdish.

Table 1. Percentage of registered database participants, by ethnicity

Ethnicity	Percentage on database August 2009
White British	79.0%
White Irish	1.7%
White European	0.8%
Black/Black British	1.3%
Asian/Asian British	5.7%
Chinese/Chinese British	0.4%
Other	3.9%
Unknown	7.6%

Due to the fairly small number of projects registering participants on the database, during the reporting period, it was difficult to compare the portfolio's ethnicity profile with that of the region. However, it is likely that some projects will want to drill down further and consider ethnicity and reach in terms of their own local populations. For example, projects aimed at targeting more specific ethnic groups will want to establish reach separately from these regional figures. It is anticipated that projects aimed at reducing health inequalities for specific groups are more successful in targeting these groups and it may be possible to establish this at the regional level in subsequent evaluation reports (data permitting).

6.1.3 Health status

Based on responses to selected questions on the welcome questionnaire it is possible to compare the population of participants against other variables indicative of successful reach. Table 2 provides a summary of the relevant health status variables and compares TWB participant responses with regional figures.[xv]

Given the small sample sizes (based on 423 welcome questionnaires) findings are indicative at this stage.

Table 2. Comparisons of self assessed 'not good' health

Health status variables	TWB Welcome Questionnaire	North West (NWPHO, 2009)	Most deprived fifth (NWPHO, 2009)
Adults with self-assessed 'not good' health	10%	8.2%	11.6%
Adults who have been told by a health professional that they had suffered a heart attack	3%	3.7%	4.6%
Adults who had been told by a health professional that they had suffered a stroke	1.5%	2.7%	3.2%
Adults who have suffered from angina in the last 12 months	4%	3.5%	4.9%
Adults who had suffered from hypertension in the last 12 months	21.0%	17.6%	19.0%
Adults who had suffered from asthma in the last 12 months	13.9%	9.1%	9.7%
Adults who have suffered from arthritis in the last 12 months	16.6%	17.8%	18.9%
Adults who had suffered from back problems in the last 12 months	26.3%	16.7%	18.5%
Adults who had suffered from depression in the last 12 months	41.3%	9.8%	12.3%
Adults who had suffered from diabetes in the last 12 months	7.3%	5.0%	5.5%
Adults who are obese	21.2%	15%	18%
Adults who are obese or overweight	52%	49.1%	51.1%

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. As with any measure of health and wellbeing, there are acknowledged issues with the use of self-assessed general health questions. The measure is subjective and so the way in which an individual responds may be influenced by cultural and historical contexts. For example, older people may have lower expectations of personal health as they associate poor health with ageing and therefore are more likely to make a positive assessment of their health than someone of a younger age with similar illness(es) and/or symptoms. This may also be true of someone with a disability. 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.[xvi]

Questionnaire respondents were asked a single self-assessed health question:

How is your health in general? Would you say it was:

1. very good
2. good
3. fair
4. bad
5. very bad.

The latter two categories (bad and very bad) were combined to give 'not good' health.

Based on responses to 360 welcome questionnaires 10% of respondents (N=35) described themselves as in 'not good' health. This is in line with responses from the recent regional lifestyle survey[xv] which identified 'not good' health amongst 8.2% of North West residents (N= 5,448) increasing to 11.6% of the most deprived fifth.

Given such small numbers it is not possible to drill down further and look at the demographics of those described as in 'not good' health although preliminary demographic analysis indicates more females and individuals aged 25 plus (although a range of ages are also indicated). These findings, although only indicative at this stage, are in line with findings from the regional lifestyle report.[xv]

Cardiovascular disease and poor health status

Individual health status of TWB participants are assessed in the Welcome questionnaire using questions developed by the Health Survey for England and for which normative regional data is available [xv]. Table 2 show the number of questionnaire respondents experiencing these conditions compared to regional figures. A comparison of regional figures collected by NWPHO [xv] with those of the most deprived index of multiple deprivation (IMD) quintile indicates that poor health status is more consistently experienced by individuals from more deprived backgrounds.

Comparison of TWB respondents with these regional figures indicates that TWB is successfully reaching its intended beneficiaries. For example, figures indicative of cardiovascular disease, including heart attack, stroke, angina and hypertension are closely in line with regional figures.

There is a number of questions relating to important health status which shed further light on the suitability of the TWB population for wellbeing intervention. For example, there are a number of health statuses where the proportion of TWB respondents exceeds the proportion of individuals with similar health status from amongst the fifth most deprived individuals in the North West. This is the case for those suffering asthma, diabetes, back problems and nervous trouble or depression in the last 12 months. Despite small numbers, this would indicate that TWB is successfully targeting individuals with health needs.

The finding that nearly one half 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. For example, this figure would undoubtedly exceed more conservative measures such as mental health related hospital admissions. Hospital admissions may be tracked again nearing the end of the evaluation to see if there have been any substantive changes but this self assessed measure of anxiety and depression is an interesting indication of how TWB participants see themselves. Differences in delivery mechanism between the two contrasting surveys may go some way to explain why figures are higher from TWB participants than regional lifestyle respondents, since respondents to the regional lifestyle survey completed telephone interviews with specialist social research consultants. In contrast, TWB participants complete questionnaires alone with the support of TWB project workers where necessary. Arguably, this may lead to increased honesty about self assessed mental health because of the increased rapport between project workers and TWB participants. As a result of this delivery method, respondents may also have a wider or more general interpretation of anxiety or depression so that the figure of 40% indicated above can be taken as proxy indication of those who had experienced a subjective wellbeing problem in the last 12 months. This would certainly indicate successful reach.

Overweight and obese

The Government's stated ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population. Obesity places a significant burden on the NHS with direct costs estimated at approximately £4.2 billion and is forecasted to more than double by 2050.[xvii] Being overweight or obese increases the risk of a range of illnesses/diseases that can have a significant health impact on individuals including asthma, cancer, coronary heart disease, Type 2 diabetes, high blood pressure, complications in pregnancy, impaired fertility and other conditions.[xv]

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 comparable proportions of those estimated to be overweight and obese from amongst TWB participants (52%) compared with the most deprived fifth of the region (51.1%). The proportion of obese individuals (21%) is higher than the regional figure (15%) and figures for the most deprived fifth (18.1%) Again, this figure may reflect differences in the delivery mechanisms between the two surveys. Studies have shown that individuals have a tendency to over-report body height and under-report body weight and this may be especially the case during telephone interviews. The closer relationship between TWB participants and project workers and the focus on health and fitness inherent in many projects may mean this is a more accurate reflection of the true figure for TWB participants.

These early figures indicate that TWB is successfully reaching participants who would benefit from health and wellbeing intervention. Future analysis with more data will help to examine how TWB is tackling health inequalities by serving the needs of particular groups.

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 4. Percentage of registered database participants, living within target areas

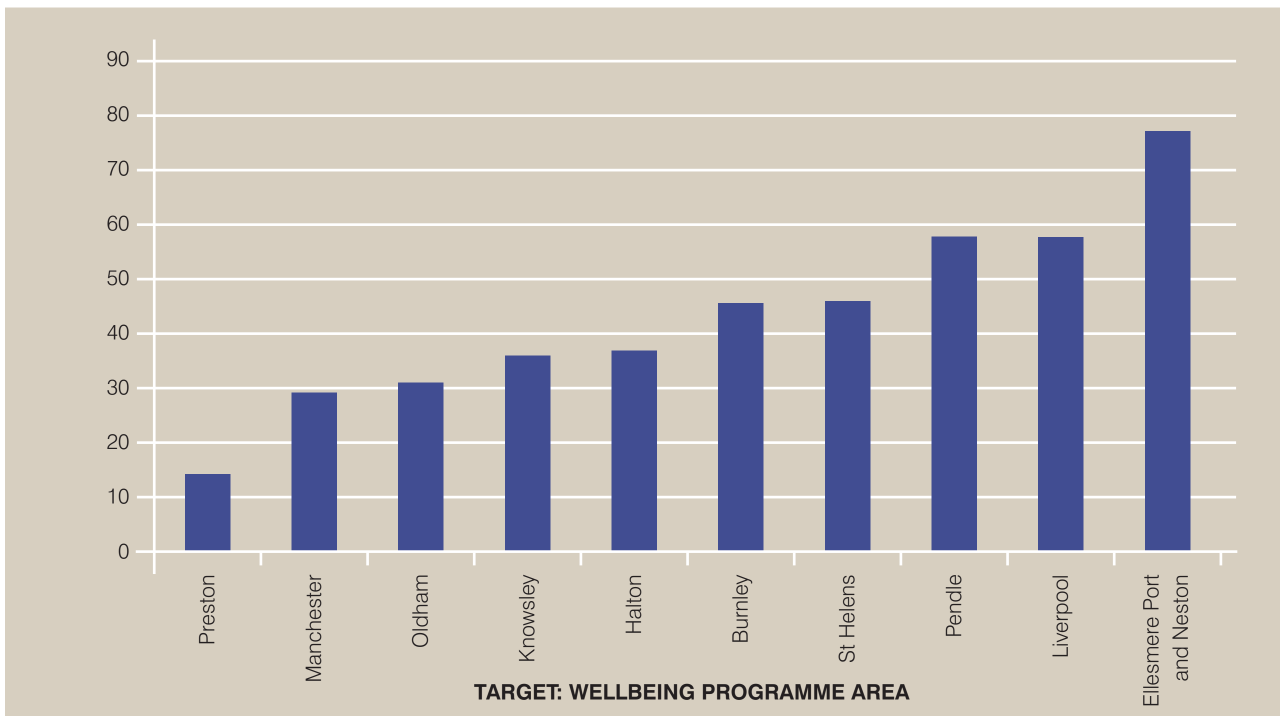
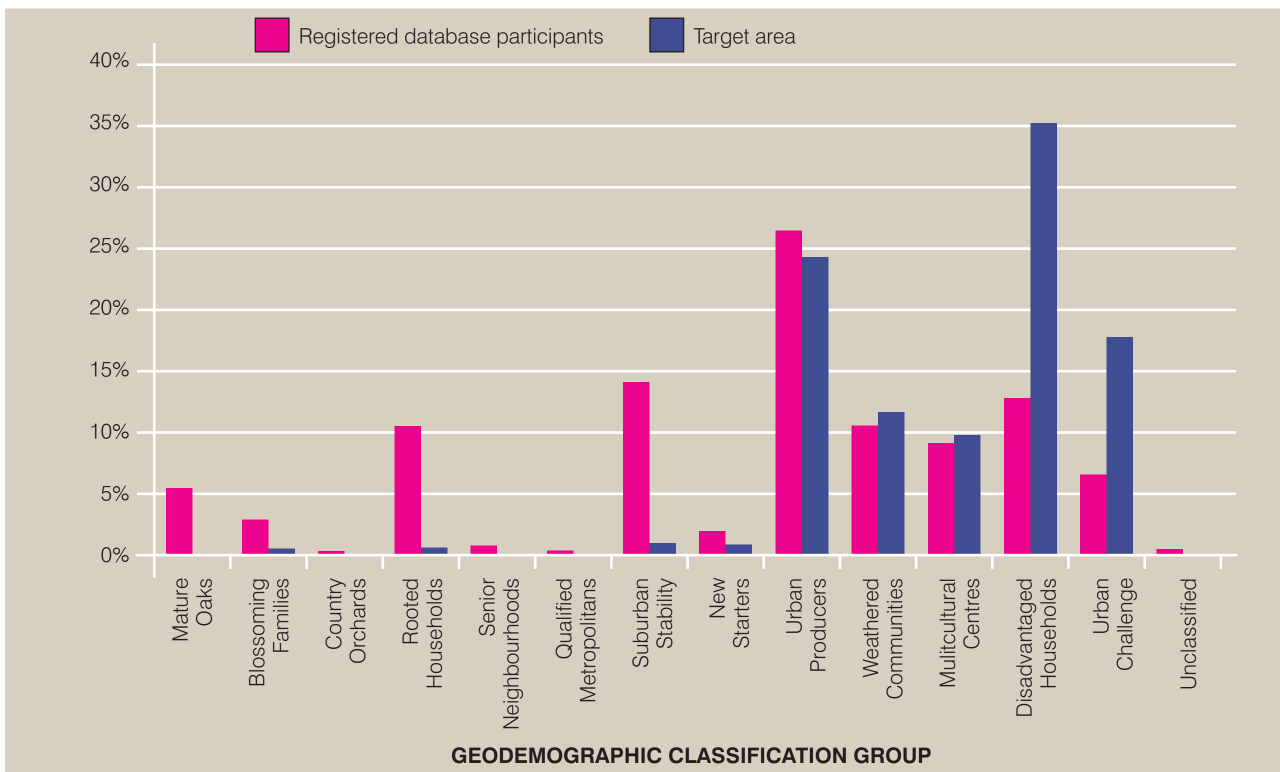


Figure 4 shows the percentage of participants living in census output areas selected to receive Target: Wellbeing funding, by programme. There is variation between areas in the percentage of participants coming from designated target areas for example (Liverpool has only registered 19 participants). 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.

Figure 5. Registered database participants, by P² People and Places



Analysis of the participants by the geodemographic classification system P² People and Places shows that of those registered the greater proportion are falling into the more deprived groups of Urban Producers (over 25% of participants) which is proportional to the number of TWB LSOAs that fall within that classification (see Figure 5). However, some participants are being recruited from some of the more affluent groups and are over represented relative to the number of TWB LSOAs that fall into that classification, most notably Suburban Stability (nearly 15% of participants) and Rooted Households (10% of participants).

7. Reported behaviour change

Evidence for behaviour change in this annual report is based on analysis of 423 welcome questionnaires and 178 exit questionnaires received by NWPHO between 1st April and 30th September 2009. In addition, 129 welcome questionnaires and 63 exit questionnaires were received from 6 projects that use the questionnaire adapted for participants aged 65+ years. Some key points from analysis of the 65+ questionnaires have been included in this report. It is hoped that in the future increased participation from projects using the questionnaires and registration database will allow for improved evidence of outcomes and reporting than at present. With such a small sample size it will be difficult to draw conclusions about all participants since there are not enough data points to reliably weight the data. Only general trends are indicated at this point. Characteristics of the data could be improved by all participants completing project registration forms and being entered onto the registration database, and more participants completing questionnaires to allow for the sample to be compared against the participant population and representative weightings attached.

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 27 projects submitted both welcome and exit questionnaires and 13 projects submitted welcome questionnaires. For individual projects and their reports, where less than 3 welcome or exit questionnaires were submitted, these will be analysed and recorded in the next reporting period. Twenty three projects received individual reports.

For the purpose of this report some of the analyses has been undertaken with projects being split into groups according to their primary theme, as reported to the BIG Lottery Fund. 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 projects from across the portfolio allocated to each of the primary themes.

Table 3. Number of projects, by primary theme

Primary Theme	Number of Projects
Mental Wellbeing	39
Healthy Eating	21
Physical Activity	27

7.1 Mental wellbeing

7.1.1 Mental wellbeing and links to health

There is increasing evidence that positive mental wellbeing leads to a more flourishing and fulfiling life at home, school, work and in the community we live. For example, close personal relationships and socialising with friends and family are positively associated with wellbeing.[xviii;xix] The Government Office for Science's Foresight[xvii] report found that action to improve mental wellbeing could have very high economic and social returns.

The Foresight report[xvii] defines mental wellbeing, as:

"a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their economy. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society."

There are two main elements of mental wellbeing: feeling good and functioning well. Huppert (2008)[xx] explains how sustainable wellbeing does not require individuals to feel good all the time, but the experience of painful emotions and the ability to manage them is essential for long-term wellbeing. If negative emotions become extreme or prolonged, however, they compromise our ability to function well.

The North West fares poorly in terms of some of the known risk factors and determinants of wellbeing. A comparison of key mental health indicators across the nine English regions conducted by North East Public Heath Observatory[xxi] found that the North West has fewer people of working age in employment than the England average and has higher rates of adults with limiting long term illness. The rate per 100,000 population of mental and behavioural disorders incapacity benefit claimants is the second worst across the English regions and there are fewer adults with a mental health problem in employment. In an analysis of population health status the North West has the highest rates for suicide and undetermined injury across the region and also has higher hospital admissions for self harm, depression and anxiety disorders than the England average.

A regional mental wellbeing survey of 18,500 residents across the North West[xxii] using the same wellbeing measure as utilised in this evaluation (Short Warwick and Edinburgh Mental Wellbeing Survey SWEMWBS[xxiii]) found moderate levels of wellbeing across the North West. Over 20% of respondents in seven PCT locations recorded low levels of wellbeing including four TWB areas; Cumbria, Manchester, Knowsley and Liverpool. Analysis of wellbeing scores and their relationship to a wide range of determinants of mental wellbeing revealed significant links to deprivation and health inequalities across the region and many more protective factors were identified amongst those who demonstrated higher wellbeing and who lived in areas of lower deprivation. For example, they were more likely to be in employment, describe themselves as in good health, be in a relationship, meet regularly with friends and relatives and have a strong feeling of community belonging.

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.[2] (A full list of outcome indicators can be found in the appendix on page 76).

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. Two measures of general wellbeing were selected.

Firstly, the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS[xxiii]). The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS[xxiv]) is a fourteen item scale that focuses entirely on positive aspects of mental health and covers most aspects of positive mental health currently in the literature, including both hedonic and eudemonic perspectives: positive affect (feelings of optimism, cheerfulness, relaxation), satisfying interpersonal relationships and positive functioning (energy, clear thinking, self acceptance, personal development, mastery and autonomy)[xxv]. Research suggests that WEMWBS is likely to be a user-friendly and psychometrically sound tool for monitoring positive mental health at a population level in the UK. The 14 item version is to be included in the Health Survey for England in 2011. For the purposes of this evaluation the shorter seven item version was preferred. SWEMWBS presents a more restricted view of mental wellbeing than WEMWBS with most items representing aspects of eudemonic wellbeing (psychological functioning positive relationships with others and self realisation) and few covering hedonic wellbeing (subjective experiences of happiness and life satisfaction). Nevertheless, Stewart-Brown et al.[xxiii] report a near perfect correlation between WEMWBS and SWEMWBS of 0.954, indicating that this succinct tool is suitable to use.

Secondly, participants were asked 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.[xxvi] Responses to life satisfaction measures can be compared locally, nationally and internationally (e.g. NWPHO[xxii]; DEFRA[xxvii]) making it a particularly appropriate indicator.

7.1.3 SWEMWBS scores

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS[xxiii]) is a seven item scale which uses a five point Likert 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:

[2] 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.

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make up my own mind about things

Scores:

None of the time = 1
Rarely = 2
Some of the time = 3
Often = 4
All of the time = 5

A total score for each respondent was calculated by summing the response scores of the seven items, provided there were valid responses to each item. If a response to one or more items was 'Don't know' or missing, a total score was not calculated and the respondent was excluded from the analysis connected to SWEMWBS. Analysis by SWEMWBS score category has not been undertaken for its component questions.

Figure 6 shows the mean SWEMWBS responses given on welcome and exit questionnaires across the portfolio. This shows an increase on aggregate of 3.1 points from 22.2 to 25.3 from when participants started projects until they completed an exit questionnaire. This represents a 14% increase in wellbeing as measured by SWEMWBS. These differences are not statistically different although small sample sizes preclude meaningful statistical analysis at this stage. With larger sample sizes it would possible to indicate whether one or two point increases demonstrate wellbeing improvements beyond chance levels. This will be considered again in future evaluation reports when more data is available.

The figures pre and post intervention are lower than the average wellbeing scores across the region identified by NWPHO[xxii] who found a mean SWEMWBS score of 27.7. This indicates that TWB is engaging appropriately with individuals from areas of high deprivation and who experience low levels of wellbeing. At this stage the increase of 3.1 points or 14% on aggregate for TWB beneficiaries is very promising.

Figure 6. Mean SWEMWBS scores, portfolio wide

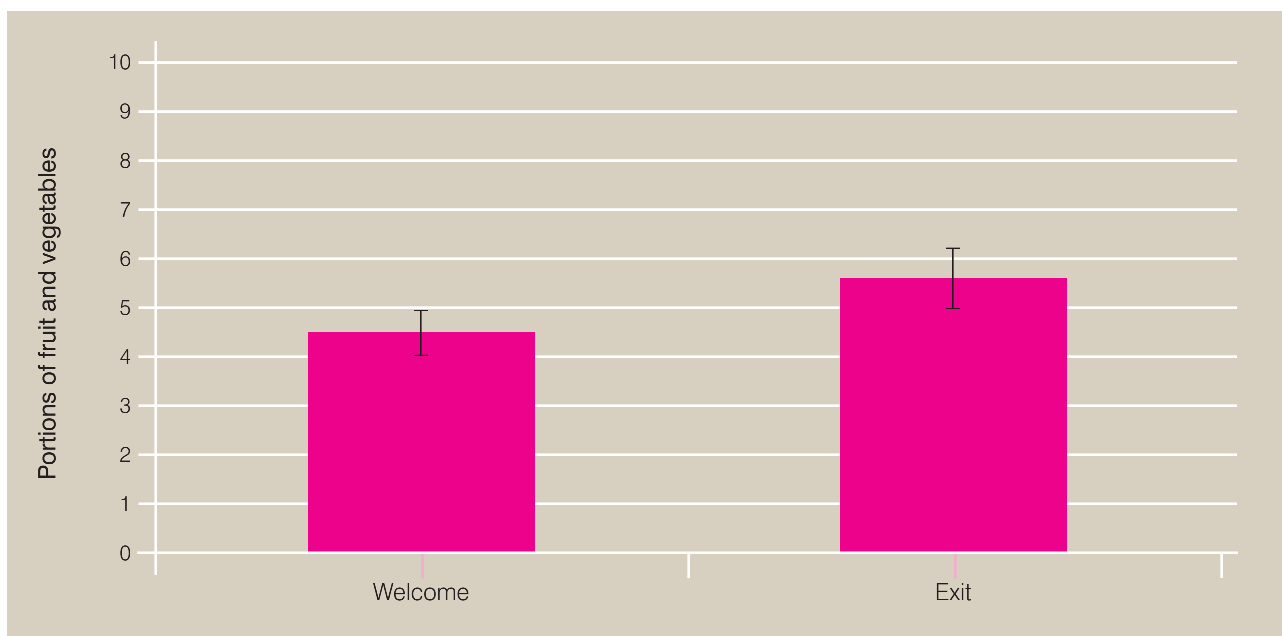


Figure 7 shows the mean SWEMWBS responses given on welcome and exit questionnaires for those projects contributing to Mental Wellbeing as their primary theme. As might be expected participants on these projects have a lower average baseline measure of wellbeing compared to the rest of the portfolio (20.2). Post intervention scores are, however, comparable with the rest of the portfolio. The increase on aggregate of 5.8 points to an exit score of 26. This represents a 29% increase in wellbeing for mental health beneficiaries indicating the success that projects are having in helping to improve subjective wellbeing and make it more in line with the regional average.

Figure 7. Mean SWEMWBS score, mental wellbeing projects

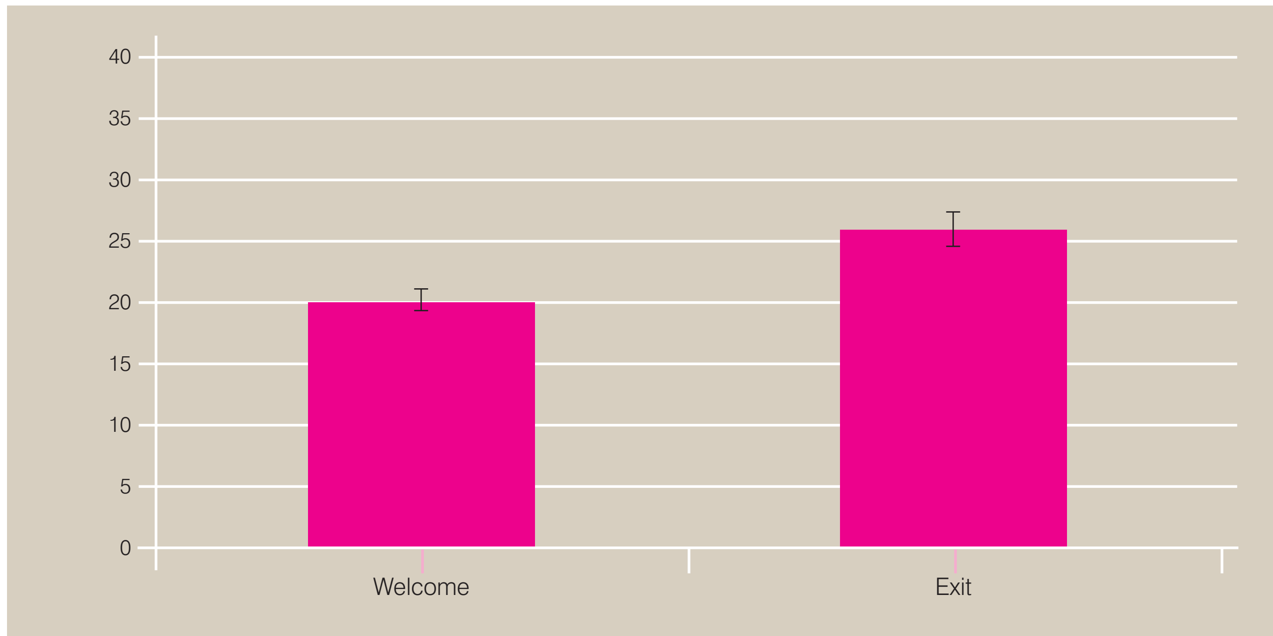
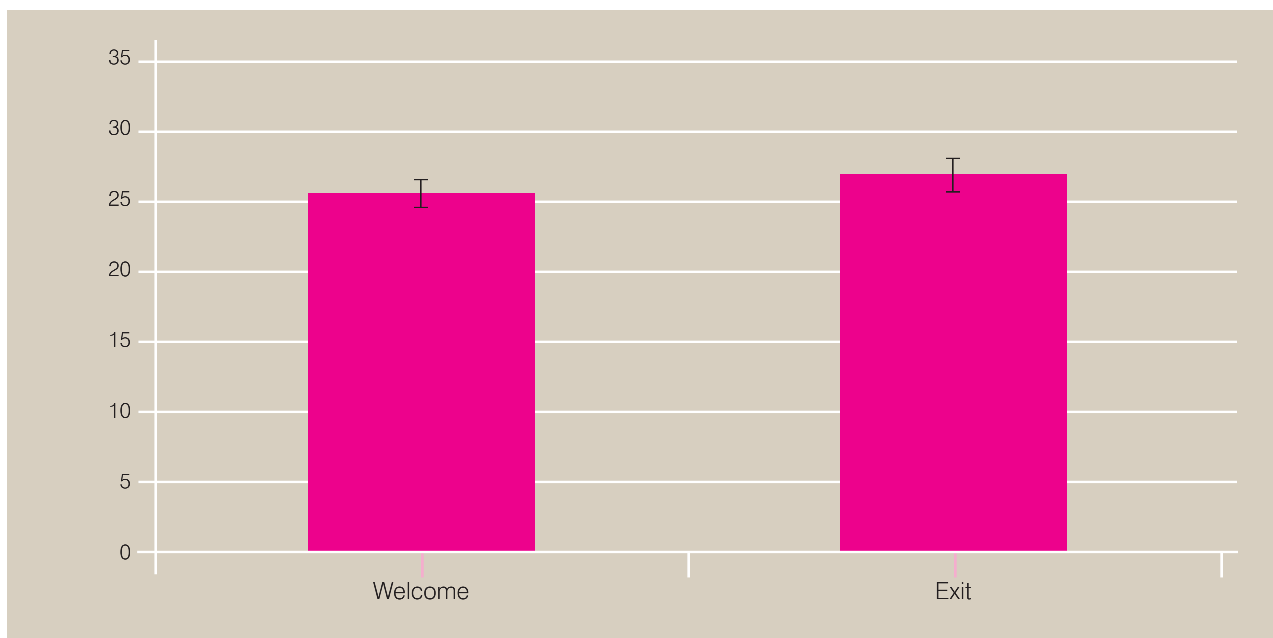


Figure 8 shows the mean SWEMWBS responses given on welcome and exit questionnaires for those projects using the 65+ questionnaire. This shows an increase on aggregate of 1.3 points 5% from 25.7 to 27. This is a smaller percentage increase than those groups of participants completing the standard evaluation tool. However, the level of mental wellbeing of the 65+ age group is higher to start at the welcome questionnaire level.

Figure 8. Mean SWEMWBS score, 65+ questionnaires

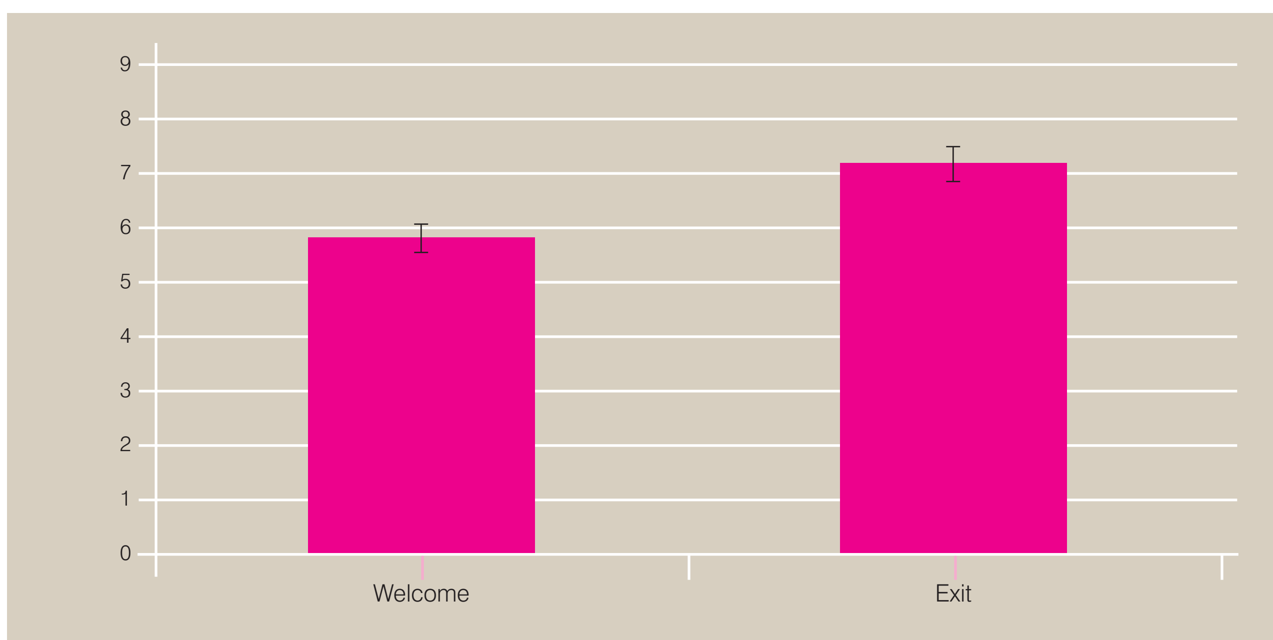


7.1.4 Life satisfaction scores

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?'* and answers were recorded on a scale ranging between zero (meaning extremely dissatisfied) and ten (meaning extremely satisfied). Figure 9 shows the mean Life Satisfaction responses given on welcome and exit questionnaires across the portfolio and illustrated an increase on aggregate of 1.4 points from 5.8 to 7.2 from when participants started projects until they completed an exit questionnaire. This represents a 24% increase in wellbeing as measured by the Life Satisfaction Scale.

These differences are not statistically different although small sample sizes preclude meaningful statistical analysis at this stage. With larger sample sizes it would be possible to indicate whether one or two point increases demonstrate wellbeing improvements beyond chance levels. This will be considered again in future evaluation reports when more data is available. At this stage the increase of 1.38 points on aggregate is encouraging.

Figure 9. Life Satisfaction scores, portfolio wide



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.

Two measures of self management were included in the regional questionnaire tools. 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 86% of respondents to the question indicated 'yes' and 14% indicated 'no'.

Projects identified as specifically contributing to improved self management as an outcome had a similar proportion of positive responses from participants completing questionnaires; 88% indicated 'yes' and 12% 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 4 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 4. What way have more control over their life, portfolio wide

Life control tick box option	Percentage of respondents
Help you do your current job	15%
Help you find new employment	29%
Help you have better financial awareness	11%
Help you to look after yourself physically	68%
Help you have better relationships with your family and friends	25%
Help you to take care of your children	26%
Help you meet new people	52%
Help you feel part of your community	27%

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 feel I can be more involved with the school that my children attend and this develops a better relationship with them and creates another connection. I am able to go out and meet people as it felt daunting before. Helps me get out of the house." (Female, aged 31)

"This course has helped me to show my kids the advantages in using fresh fruit and veg in meals prepared from scratch." (Female age not known)

"My self confidence was low when starting the course. I feel more relaxed and at ease with other people. I have taken a look at my diet and lifestyle and will now make changes." (Female, aged 33)

"Identify plant insect, bird, moth, butterfly species. Interact with new people in a relaxed manner." (Male, aged 47)

"Fitness level far better so can cope with 90-120 minutes exercise without any rest." (Male, aged 60)

"Am able to try and prioritise daily life better and take time out plus create a healthier and lot more balanced life for my family." (Female, aged 35)

"I did 5K race for life wouldn't have dreamed about it before." (Female age not known)

"I enjoyed having the time each week solely for myself and to concentrate specifically on creative art work. To produce a piece of work using newly acquired skills gave me a positive feeling." (Female age not known)

"I have vastly improved my communication skills and self confidence; now want to take the step back into employment." (Male, age not known)

"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." (Male, aged 37)

A second measure of self management composed of a validated academic measure of general self efficacy.[xxviii] This scale 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.

Chen et al's (2001) New General Self-Efficacy Scale[xxix] contains eight items and looks more at belief in one's overall competence to perform across a variety of situations.

- I will be able to achieve most of the goals that I have set for myself
- When facing difficult tasks, I am certain that I will achieve them

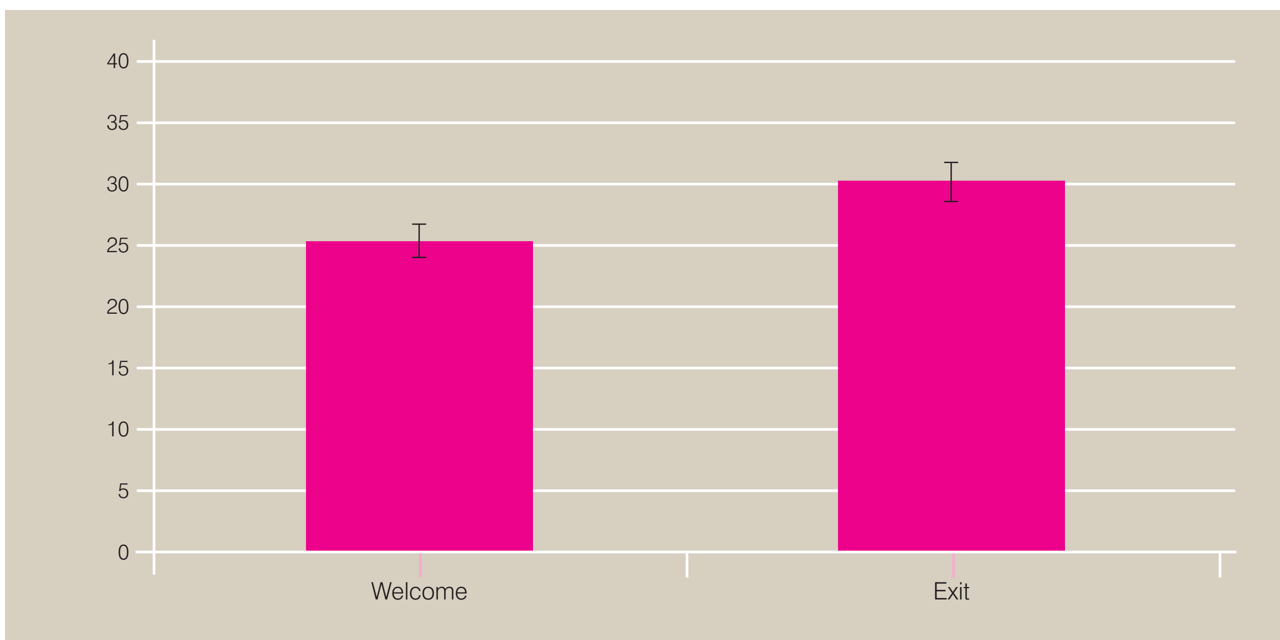
- In general, I think that I can obtain results that are important to me
- I believe I can succeed at almost anything I set my mind to
- I will be able to successfully overcome many challenges
- I am confident that I can perform effectively on many different tasks
- Compared to other people, I can do most tasks very well
- Even when things are tough, I can perform quite well

Scores:

Strongly disagree = 1
Disagree = 2
Neither agree nor disagree = 3
Agree = 4
Strongly agree = 5

Responses range from 8-40 with higher scores indicting higher levels of self efficacy. Figure 10 shows the mean scores of participants completing this scale on welcome and exit questionnaires.

Figure 10. Mean self efficacy scores, mental wellbeing projects



The graph illustrates improvements in self-reported self efficacy scores for welcome questionnaires (mean 25.3) and exit questionnaires (mean 30.2) from those respondents with Mental Wellbeing as a primary theme. There is a five point difference between the two scores indicating an improvement by a 19% aggregate increase in self efficacy. Although limited by small sample sizes the differences are statistically different; indicating the results are beyond those expected at chance level and that the portfolio's interventions are having the desired effect.

7.1.6 People benefiting from increased job control

Across the portfolio, 21 projects were identified as contributing to increased job control as a priority outcome. It is important to consider whether participants have benefited in the desired ways before considering any wider benefits to job control from other projects across the portfolio. NWPHO received 193 completed welcome and 54 exit questionnaires from participants registered to these 21 work related projects.

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. Table 5 provides a summary of relevant responses from work projects compared to responses from all participants.

From Table 5 it is evident that participants value the skills that the project has helped them develop. A very encouraging finding is that 56% of respondents have been helped in finding new employment as a result of taking part in the project.

Table 5. Percentage with increased job control, by job/work projects and portfolio wide

	Job/work projects	All projects
Project helped you develop skills (life control)	yes - 94%	yes - 86%
Project helps you do your current job	19%	15%
Project helped you find new employment	56%	29%
Project helped you have better financial awareness	17%	11%

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.

"It has helped me a lot with job hunting and CV's and to sort myself out a lot better. By goal setting my confidence is better." (Female, aged 25)

"I have vastly improved my communication skills and self confidence; now want to take the step back into employment." (Male, aged 25)

"I know feel more positive about the future. I think that this project has shown me that there are other opportunities available to me…" (Male, aged 45)

"got more opportunity for jobs." (Female, aged 20)

7.1.7 Improved sense of community belonging

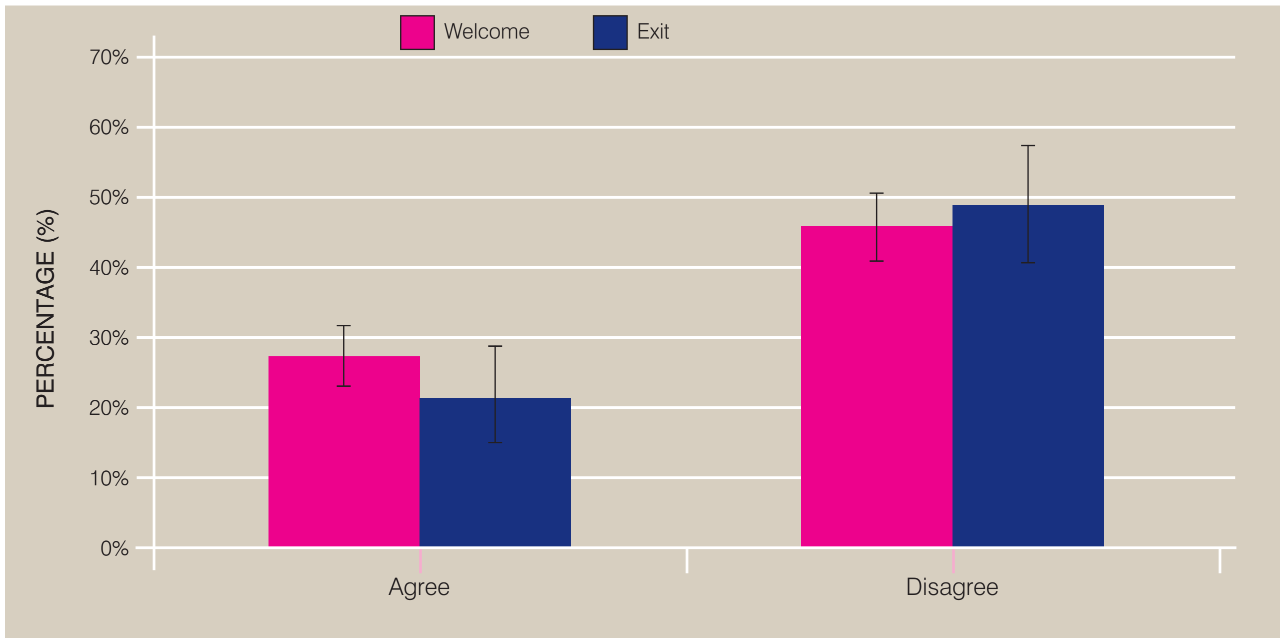
As with personal wellbeing, the community setting of many projects means that an improved sense of community belonging is likely to be a priority or secondary outcome for most projects. It was therefore decided to report on this outcome on a portfolio level as community belonging is such an integral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

An increased sense of community belonging is explored using seven questions on the regional tools. First, are two questions previously described in relation to self management (life control). From the findings presented in Table 4 it can be seen that 52% of respondents reported that the project had helped them meet new people and 27% 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. The remaining questions/indicators were intended to capture evidence of the ways in which this wider benefit might be expressed.

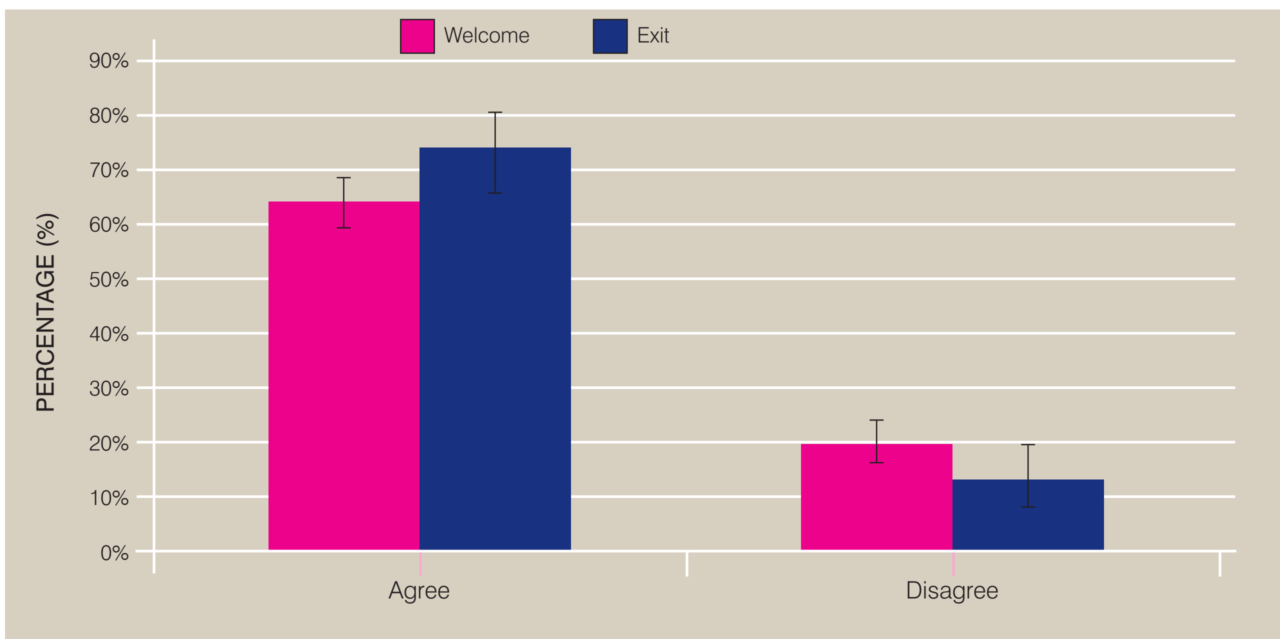
Respondents were asked whether they find it difficult to meet with people who share their hobbies or interests. Figure 11 indicates that, although the majority of people disagree, the proportion of individuals who agree is less post intervention (21%) than pre intervention (27%). The results are no significantly different in either instance.

Figure 11. Difficult to meet like minded people, portfolio wide



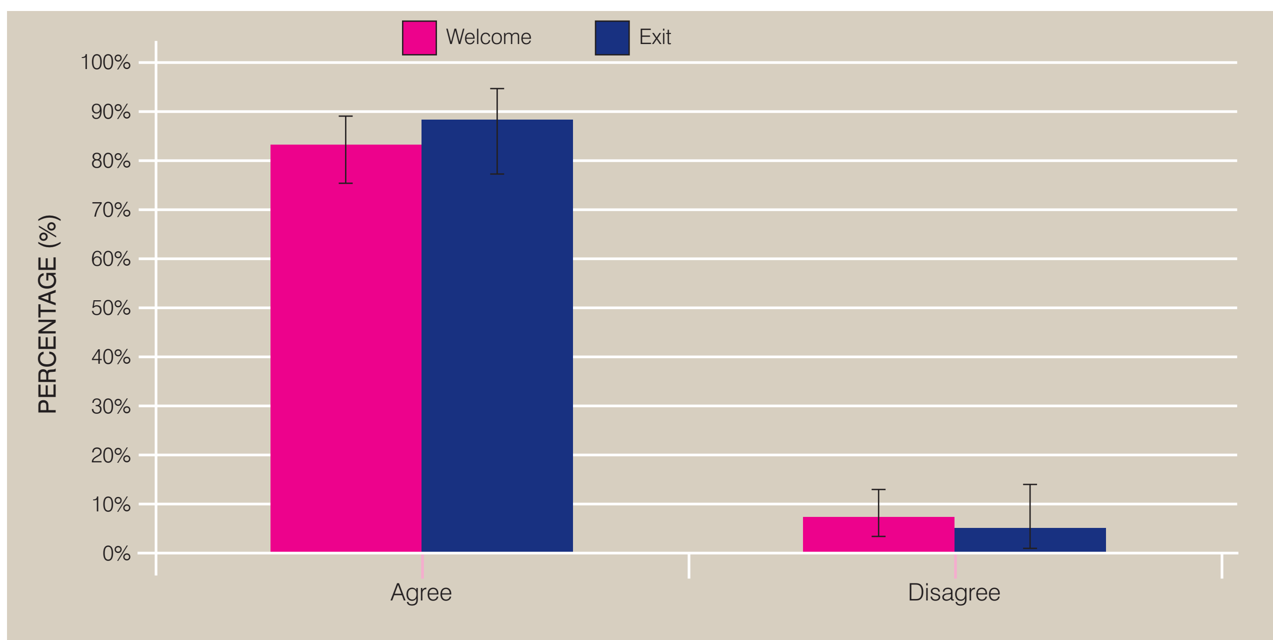
Similarly participants were asked whether they regularly met socially with friends or relatives. Here it was evident that there was an increase in participants agreeing that they regularly meet people socially from 64% in the welcome questionnaires to 74% in the exit questionnaires. The proportion of people who disagreed also decreased between the welcome and exit questionnaire by 7% (Figure 12).

Figure 12. Regularly meet socially with friends or relatives, portfolio wide



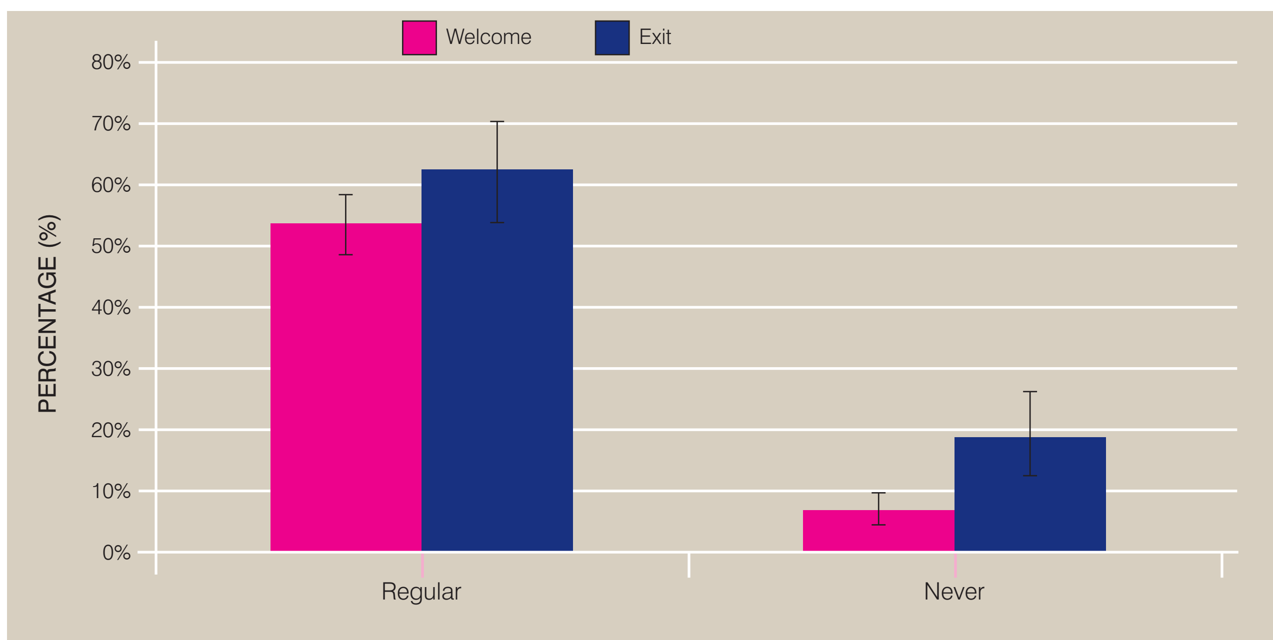
Participants who completed the questionnaire for aged 65+ years were also asked whether they regularly met socially with friends or relatives. Here it was evident that there was increase in participants agreeing that they regularly meet people socially from 83% in the welcome questionnaires to 88% in the exit questionnaires. The proportion of adults who disagreed also fell between welcome and exit questionnaire by 2% (Figure 13).

Figure 13. Regularly meet socially with friends or relatives, 65+ questionnaires



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 this project or service so that increased activity could be inferred as a displaced benefit from their TWB participation. A range of responses were provided. Figure 14 shows welcome and exit questionnaire responses for '*Regular*' (at least once every 3 months) and '*Never*'. It 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 62% at exit.

Figure 14. Help with or attend any activities in the local area, portfolio wide



Additionally the proportion of participants who feel that people in the community help one another did not increase. However those that said they disagree declined from 30% in the welcome questionnaires to 22% in the exit questionnaires. Here we can possibly see that TWB is possibly helping to shift opinions of disengaged people (Figure 15).

Figure 15. People in the community help one another, portfolio wide

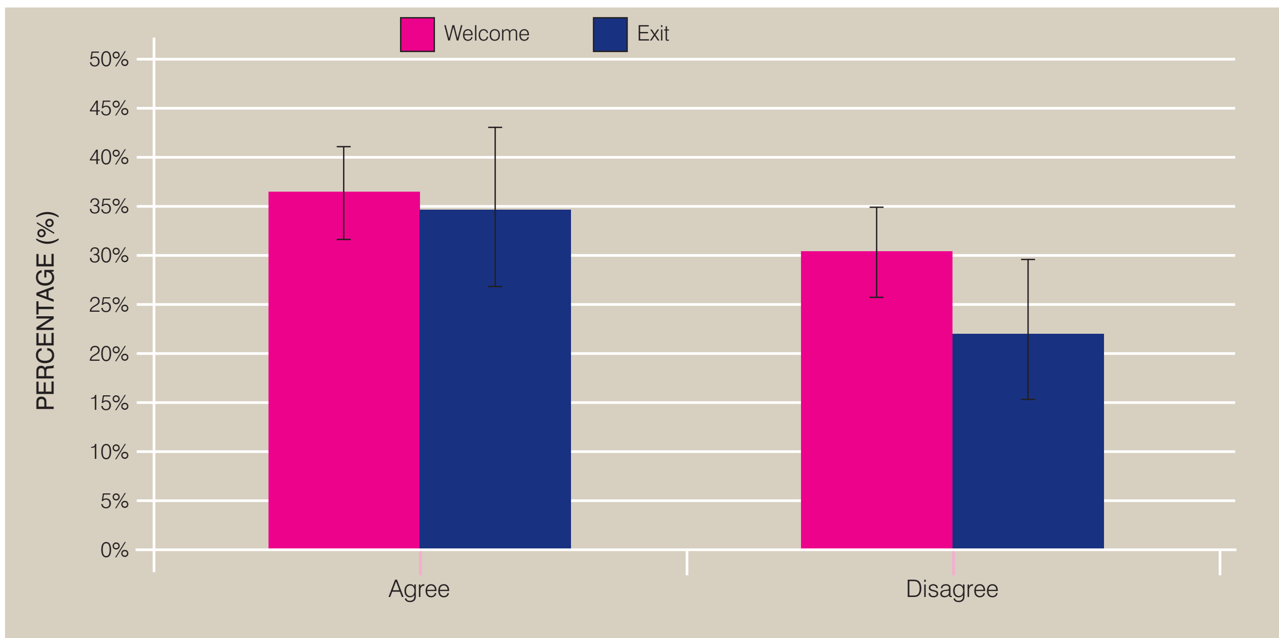


Figure 16. Belong to neighbourhood, portfolio wide

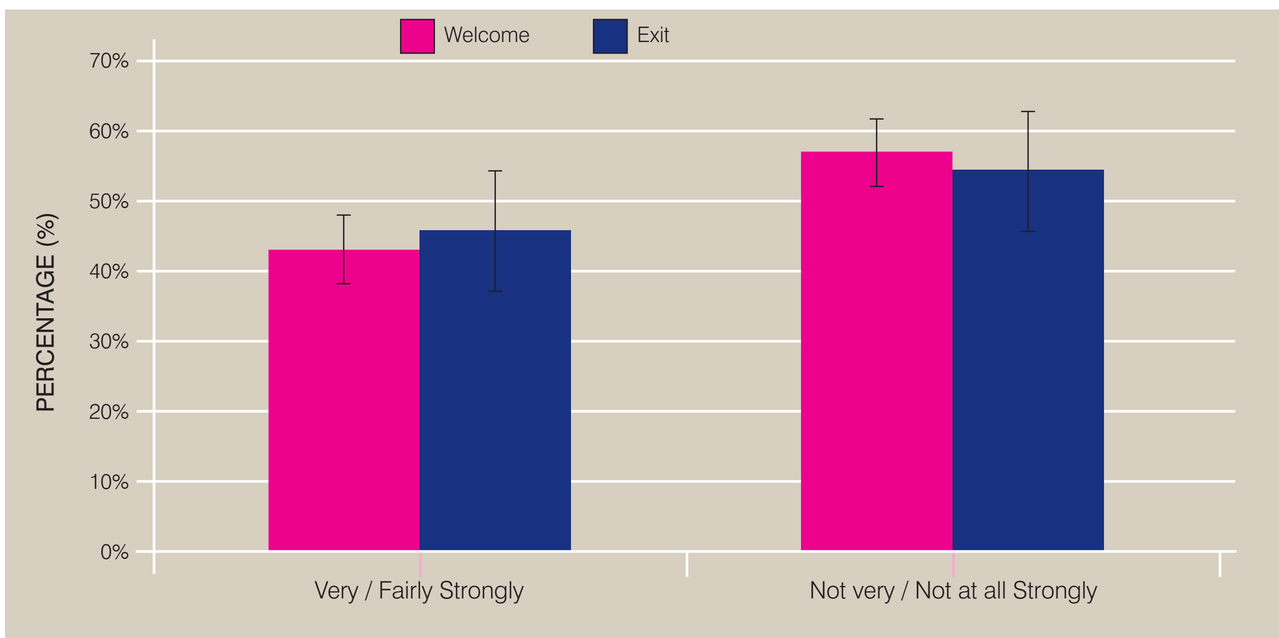
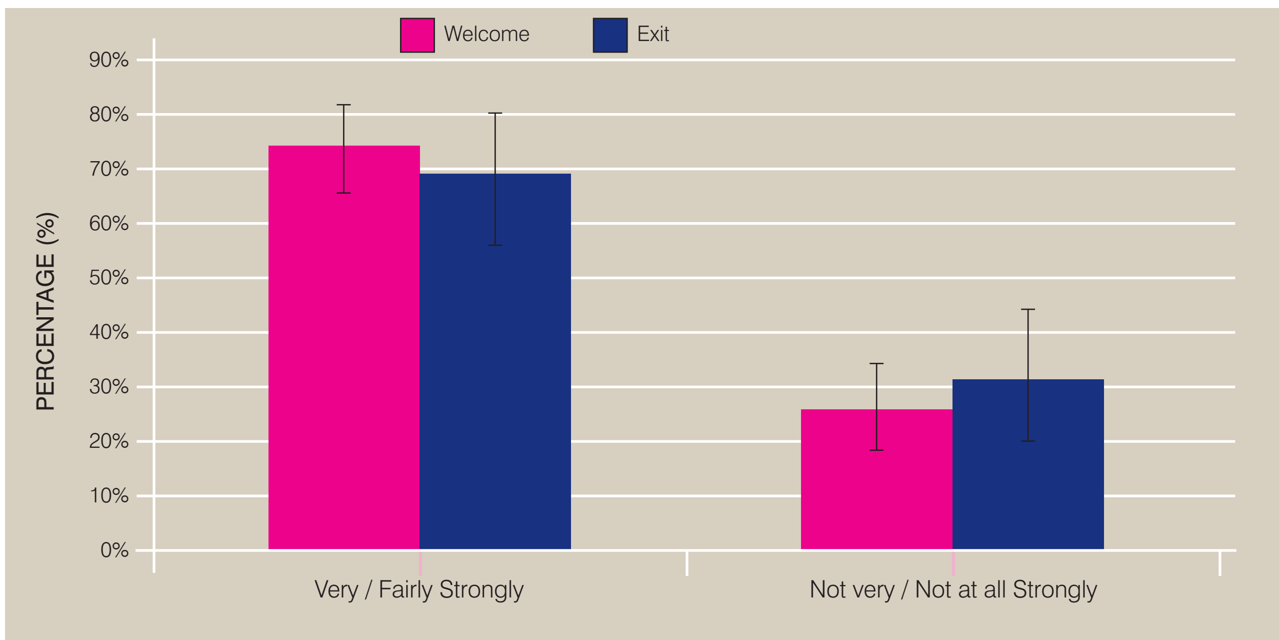


Figure 16 shows that fewer TWB questionnaire respondents report feeling 'very/fairly strongly' that they are part of their immediate neighbourhood compared to those who report feeling 'not very/not all strongly' at welcome questionnaire stage. There are only slight shifts indicating that it may be that TWB does not operate in helping people feel close to their neighbours. More data is needed for appropriate inferences. The evidence however 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.

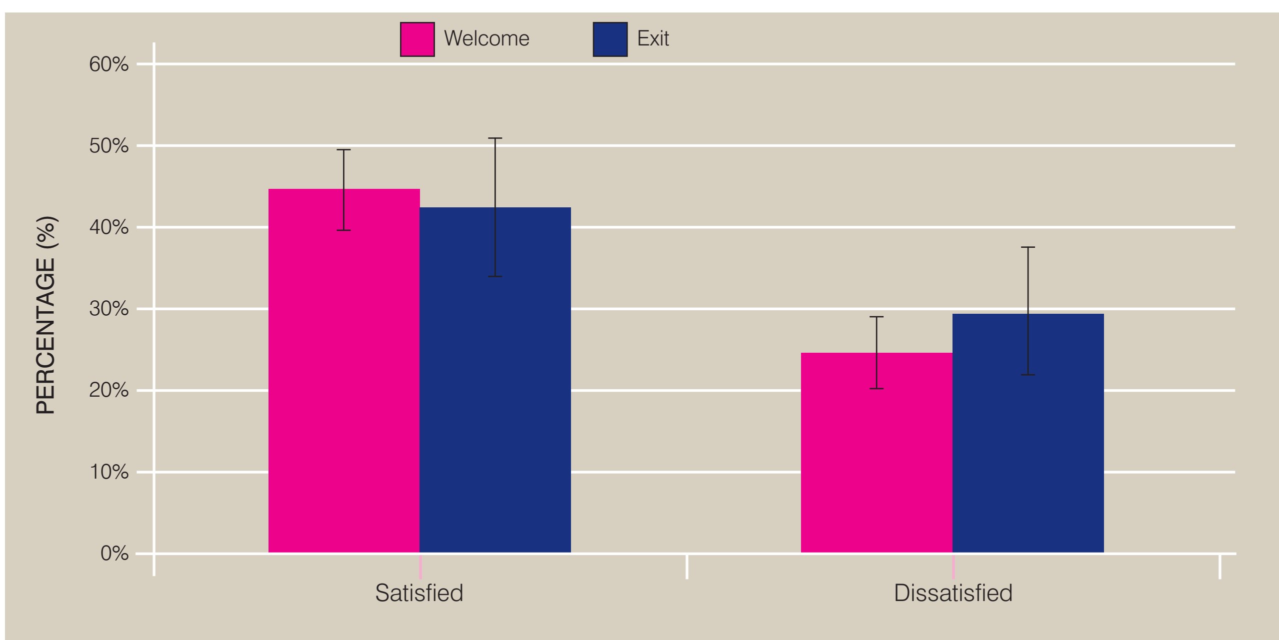
Figure 17. Belong to neighbourhood, 65+ questionnaire



Disappointingly it can be seen that TWB respondents for the 65+ years questionnaire report feeling less 'strongly' that they are part of their immediate neighbourhood on exit questionnaire with respondents reporting feeling very strongly or fairly strongly decreasing from 74% to 69%. The percentage of those who felt not very or not all belonging to their community increased from 25.8% to 31.2%

More beneficiaries report that they are satisfied with their neighbourhood as a place to live than dissatisfied. There is the unexpected finding that more people are dissatisfied with their neighbourhood as a place to live post TWB intervention (29%) compared with pre intervention (25%) This is based on responses to 409 welcome and 140 exit questionnaires. Although these findings are not statistically robust it is worth exploring why this may be the case. It may be that this is not the right mode of action for some projects, in that they don't help a person become more satisfied with a neighbourhood. In addition, it may be that improved literacy also means that people make more critical, albeit more realistic, assessments of their neighbourhood. This will be examined again when more data is available in future reports.

Figure 18. Satisfaction with neighbourhood, portfolio wide



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. NHS Health Scotland (2008)[xxx] defines self esteem as a belief or evaluation that one is a person of value, accepting personal strengths and weaknesses. People with low self esteem, however, may feel unworthy or like they are a failure and generally lack confidence in who they are. According to findings from the meta-review of NHS Health Scotland (2008)[iii] the most widely used, and arguably the best measure of general self-esteem, is Rosenberg's Self Esteem (RSE) Scale (Rosenberg, 1965[xxxi]). This tool has been in use for over 40 years. It is a relatively brief measure, which includes 10 short and simple statements about a person's feeling towards themselves.

This scale contains equal positive and negative items. It has been validated as a one dimensional self esteem instrument[xxxii] but that the negatively worded items seem to be more seriously contaminated by method effects than the positively worded items.[xxxiii]

The scale includes the following items:

- I feel that I'm a person of worth, at least on an equal plane with others
- I feel that I have a number of good qualities
- All in all, I am inclined to feel that I am a failure
- I am able to do things as well as most other people
- I feel I do not have much to be proud of
- I take a positive attitude toward myself
- On the whole, I am satisfied with myself
- I wish I could have more respect for myself
- I certainly feel useless at times
- At times, I think I am no good at all

Scores:

Strongly disagree = 1
Disagree = 2
Agree = 3
Strongly agree = 4

To ask participants about self esteem involves asking fairly personal questions if the measure is to have any face or construct validity. As such, it would not be appropriate to ask all TWB participants self esteem questions, especially those not engaged in mental wellbeing projects. Therefore a mental wellbeing module including self esteem and self efficacy questions was sent to relevant projects. Across the portfolio 21 projects were identified as contributing to increased self esteem as a priority outcome.

Responses range from a score of 10-40 with increasing scores indicting higher self esteem.

Figure 19. Mean self-esteem, mental health projects

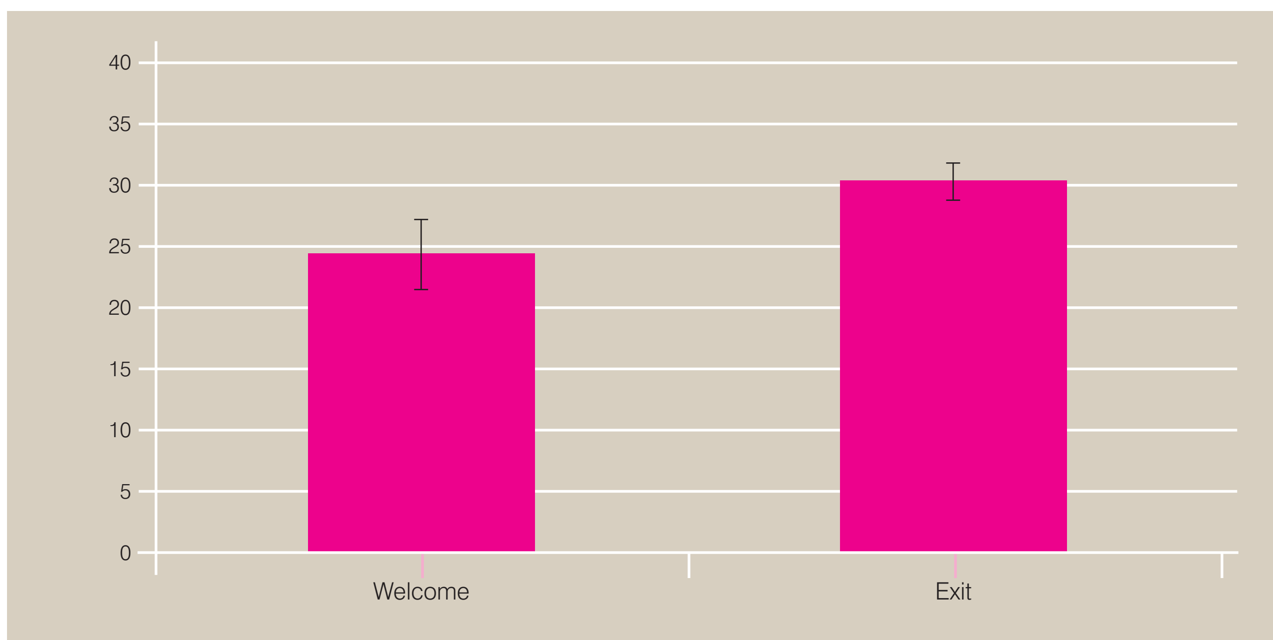


Figure 19 shows the mean scores of participants completing this scale on welcome and exit questionnaires. It indicates demonstrable improvements in self reported self esteem scores pre (mean 24.3) and post intervention (mean 30.3). There is a six point difference between the two scores indicating a 24% aggregate increase in self esteem. Again, though limited by small sample sizes, these differences are statistically different indicating results beyond those expected by chance. It would be reasonable to assert that the projects appear to be having the intended impact on beneficiaries.

7.1.9 Summary conclusions

Initial evidence from participants on projects contributing to mental health and wellbeing as a priority outcome suggest that these projects are starting to work well towards improving mental wellbeing, self management and self esteem amongst vulnerable and marginalised beneficiaries.

Improvements to wellbeing and measured life satisfaction were observed across the region indicating the wider impact the TWB portfolio has on individuals' subjective sense of wellbeing. Social wellbeing was also seen to improve to some degree across the portfolio. For example, community belonging measures show slight improvement in community engagement outside of TWB and more regular meetings with friends and relatives. Interestingly, improvements to neighbourhood satisfaction were not observed and some participants reported being more dissatisfied post intervention. This may reflect the inappropriateness of this measure as a TWB outcome but might also be a product of increased health literacy.

7.2 Physical activity

It is widely recognised that taking part in some level of physical activity regularly can help prevent many major illnesses. Currently, a lack of physical activity is estimated to contribute to 22-33% of coronary heart disease, 15% of diabetes, 12-13% of stroke, 16-17% of colon cancer and 11% of breast cancer in developed countries.[xxxiv] In England, physical inactivity costs an estimated £8.2 billion annually through costs to the NHS and economy, such as through absence from work. It has been suggested that a 10% rise in physical activity in adults would save an estimated 6,000 lives and have an economic benefit of £2 billion.[xxxv] Adults who are physically active reduce the risk of premature death by 20% to 30% and reduce the risk of developing major chronic diseases (such as those highlighted above) by up to 50%.[xxxvi] Regular physical activity can also help relieve stress and mild forms of depression and has a major impact on the prevalence of obesity.

The Chief Medical Officer's recommended level of physical activity for adults is 30 minutes of moderate activity on at least five days a week, and for children and young people it is one hour of moderate activity every day[xxxvii] in order to gain general health benefits. The Government has also set a target for 70% of the population to be 'reasonably active' by 2020, with an interim target of 50% by 2011.[xxxviii]

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

The questionnaires were administered to participants in projects that had identified increases in physical activity as one of their outcomes and hence used one or more of the above indicators that have been presented here. The questionnaire contains measures that relate to each of these indicators. Comparisons are 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.

There is a wide range of physical activity projects being run across the TWB portfolio and 48 projects are in receipt of physical activity appropriate questionnaires.

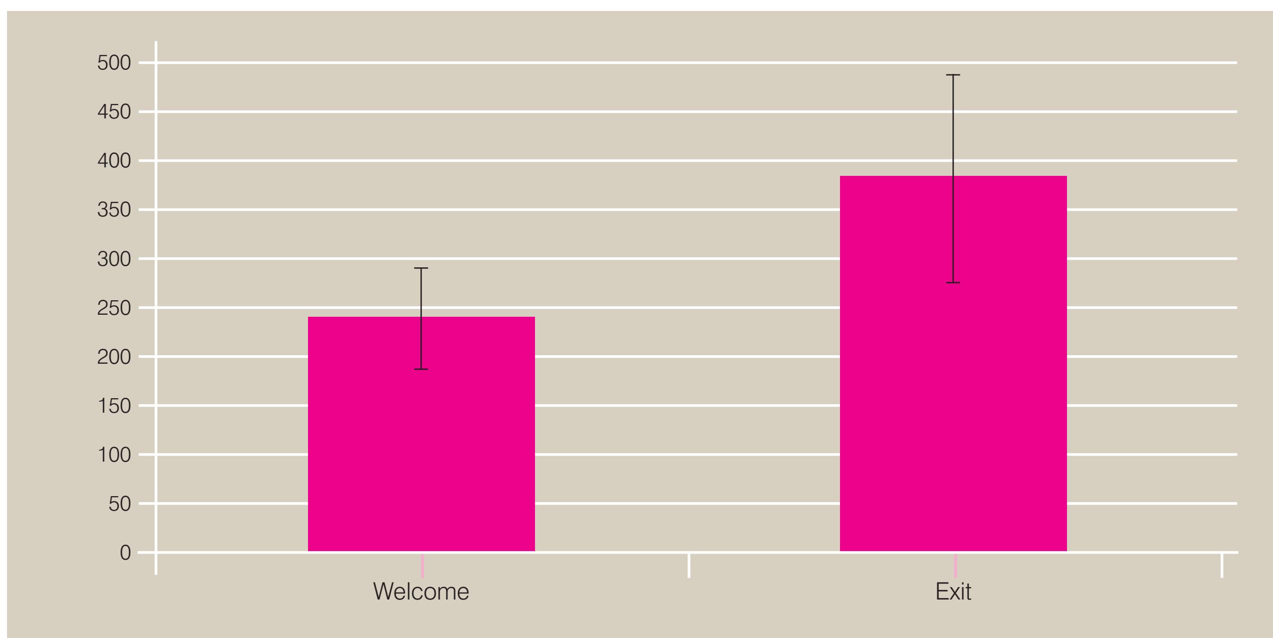
7.2.1 Increased cycling and walking

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 IPAQ tool.[xxxix] 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 20 shows that on average there was an increase of 145 minutes per week between starting a project that had physical activity as its main theme, and at exit or a later period of time. Average weekly minutes of walking increased from 239 at welcome stage to 384 at exit stage, an increase of 61%.

These results are not statistically different as there appears to be a substantial range of physical activity represented amongst pre- and post-intervention scores. The physical activity projects show a greater time improvement when compared to the portfolio as a whole, but results from all respondents still show an increase in average weekly walking of 74 minutes from the welcome to exit stage.

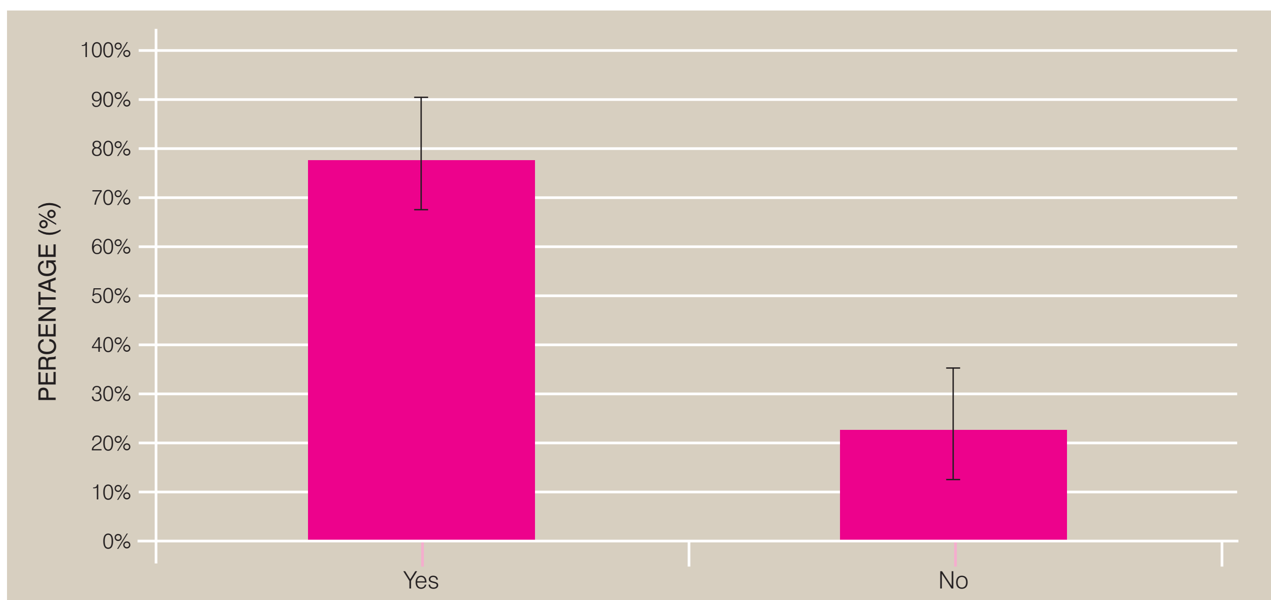
Figure 20. Mean weekly walking minutes, physical activity projects



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…'* Figure 21 shows 74% percent of respondents agree that there has been an increase in their use of open space for physical activity indicating that the majority of physical activity project participants are direct beneficiaries in terms of this 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. use park and public spaces for exercise, growing food, walking clubs etc.

Figure 21. Making more use of the outdoors for physical activity



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

"Go to parks for walk. Walk in town, instead of car." (Female ,aged 36)

"Walking in parks and gardens and nature reserves. Member of hiking club." (Male, aged 77)

"…because there is not much to do around my place so now when I've got nothing to do I just go for a run." (Unknown)

"…going running in fields or streets instead of just doing it in the gym." (Male, 24)

"Jogging in park, playing cricket with children." (Female, 35)

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[xxxix] and are comparable with the national evaluation (NEF/CLES). The questions allow data to be aggregated into three categorical indicators; high, moderate and low. These are defined as follows:

High

A person reaching any of the following criteria is classified as having a high level of physical activity:

- Vigorous intensity activity on at least 3 days achieving a minimum of at least 1,500 MET[3] minutes per week; OR
- 7 or more days of any combination of walking, moderate or vigorous intensity activities achieving at least 3,000 MET minutes per week

[3] Metabolic Equivalent of Task (MET) is a measurement of the energy demands of exercise. An average MET score was derived for each type of activity, with each activity expressed as requiring multiples of the MET unit per minute.

Moderate

A person is classified as having a moderate level of physical activity if they do not meet the criteria for 'high' but do meet any of the following:

- 3 or more days of vigorous intensity activity for at least 20 minutes per day; OR
- 5 or more days of moderate intensity activity or walking for at least 30 minutes per day; OR
- 5 or more days of any combination of walking, moderate intensity, or vigorous intensity activities achieving a minimum of at least 600 MET minutes per week.

Low

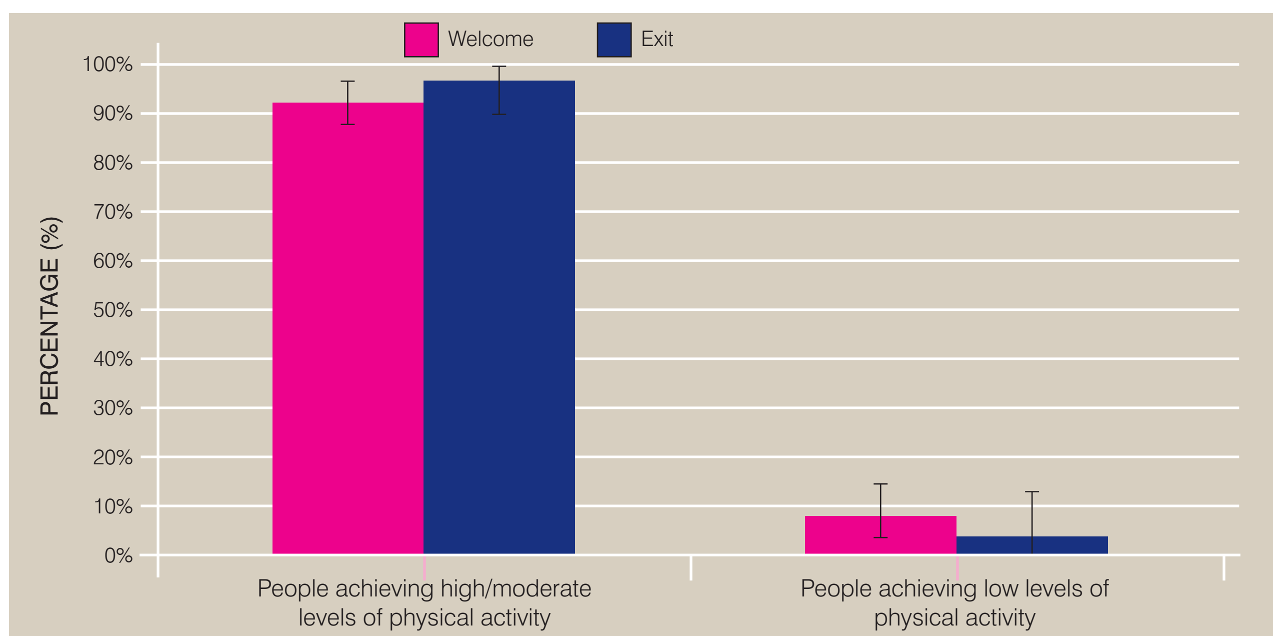
A person is classified as having a low physical activity level if they do not meet the criteria for moderate or high.

The Chief Medical Officer's[xxxvii] 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. With those achieving high levels exercising over and above the moderate level, this combination allows for more straightforward analysis of all those that are achieving the guidelines. 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.

According to base line figures from the North West Health and Lifestyle Survey[xv], which includes representative respondents from all North West Local Authorities, 65.3% have a high/moderate level of physical activity and 34.8% have a low level of physical activity. Figure 22 shows that TWB participants, (from projects with physical activity as a main theme), do tend to have fairly higher levels of physical activity at base line with 92% of respondents engaging in high/moderate levels of physical activity and 8% engaging in low levels of physical activity. This may be affected, to some extent, by administrative timing of the welcome questionnaire if participants have already taken part in the project. Nevertheless there are evidently more participants engaging in high/moderate physical activity (96%), representing an increase of 4%, and fewer participants engaging in low levels of physical activity (4%) post intervention. 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. Improvement in those achieving government guidelines for physical activity can also be seen across the whole portfolio, as there is an increase of 13% in those achieving high/moderate levels of physical activity (77% at welcome and 91% at exit).

It may be possible to drill down and consider these results further in future evaluation reports. For example, by considering the relative benefits to males and females of different ages. These can be similarly compared against figures from the regional lifestyle survey.

Figure 22. Physical activity levels, physical activity projects



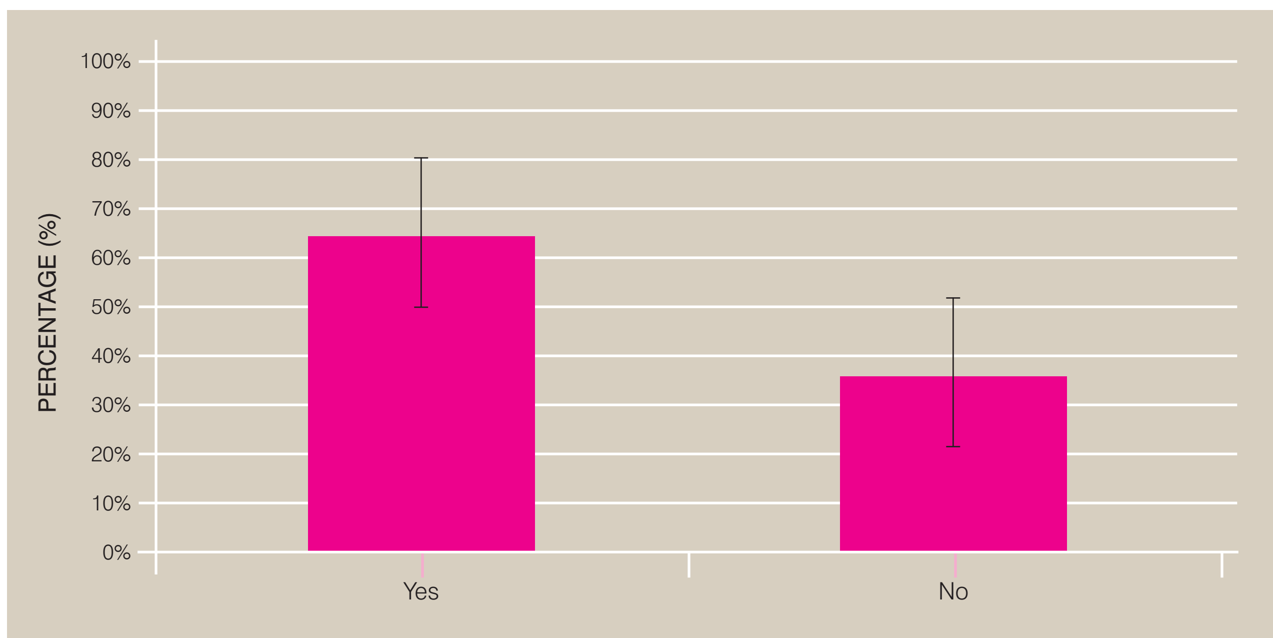
A second measure of inactivity was also included in the regional evaluation tools. Sedentary behaviour has become an increasing problem in the developed world and has been named as one of the ten leading causes of death and disability. Physical inactivity has been linked to all-cause mortality and poorer quality of life and puts individuals at increased risk of a number of conditions such as obesity, coronary heart disease, and Type 2 diabetes. A recent report by the Royal Commission on Environmental Pollution[xl] highlighted the impact of new technology upon lifestyles and that modern urban systems do not encourage individuals to take up physical activity.

Respondents were asked one question on sedentary behaviour on the welcome and exit questionnaires: *'How much time do you usually spend sitting or reclining on a typical day?'* This was an open response question. For analysis purposes, responses were grouped into categories.

Encouragingly, the changing composition of TWB for participants in projects contributing to physical activity as a primary theme showed reduced levels of sedentary behaviour indicating positive change. Those engaging in eight or more hours of sedentary behaviour a day decreased from 15% at welcome questionnaire to 10% at exit questionnaire. These findings after exit questionnaire compare favourably with the regional figure of (11.7%) and for the most deprived quintile (13.6%).

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. Figure 23 shows that 64% agree that they are more active in their daily lifestyles as a result of their participation.

Figure 23. More active in daily life, physical activity projects



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. Have done some running…(and) completed the Race 4 Life 5K run." (Female, aged 43)

"I did 5K race for life wouldn't have dreamed about it before." (Female, aged 39)

"Walking more, more energy to play rounders and skipping with the children, also more energy around work." (Female, aged 45)

"I now have more energy and enthusiasm to do physical activities rather than spending time watching TV. I feel more motivated and positive about life generally." (Male, aged 47)

"Walking instead of catching public transport." (Male, aged 17)

One barrier to a physically active lifestyle may be an individual's assessment of physical activity. To examine whether participants benefit from increased liking 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 6 shows that the 14% more respondents answered 5: on the measurement scale. This shows that after engaging with the project more people are enjoying, and having a positive attitude towards, physical activity across the portfolio.

Table 6. Percentage with positive attitude toward physical activity, by physical activity project and portfolio

	Welcome	Exit
Portfolio wide respondents	29%	43%
Physical activity project respondents	49%	61%

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.

The results show that over a third (37%) 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 take up other physical activity. Sustained benefit can also be seen by the fact that 93% of physical activity project respondent's report 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 Summary conclusions

Initial 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, as demonstrated by increases in walking and physical activity levels. Beneficiaries also report an increased use of open space for physical activity. Initial evidence also indicates improved liking of physical activity and displaced benefit in terms of participants feeling encouraged to take on physical activity outside of TWB.

Perhaps an unexpected finding is that participants on physical activity projects report meeting recommended guidelines for physical activity at baseline. This would suggest that projects are engaging individuals who are already leading healthy lifestyles but this is to be expected to some extent in an area based community projects programme such as TWB. Alternatively, it could also be the case that participants are completing welcome questionnaires too late, and are affecting baseline scores. In future, evaluation reports it will be possible to consider this issue further as participants are asked to indicate how long they have been engaged with the project on the welcome questionnaire.

As with wellbeing, there appears to have been an improvement in physical activity levels across TWB participants as demonstrated by increased walking and 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.

7.3 Healthy eating

7.3.1 Background

A healthy and balanced diet is vital to maintaining a healthy lifestyle and a healthy weight. It not only impacts upon present health conditions, but can have positive effects in the long term. For example, it can reduce the prevalence of mortality and morbidity in the population from such conditions as coronary heart disease, stroke, some cancers (approximately one-third of cancers can be attributed to poor diet and nutrition), Type 2 diabetes, obesity and high blood pressure.[ii;xli;xlii] It is currently estimated that treating ill health related to diet costs the NHS £2 billion each year. Poor diet and nutritional imbalance account for over a hundred times more preventable deaths than food borne infections.[ii]

There are a number of influencing factors that may be addressed when encouraging individuals to adopt more healthy eating behaviour, which include a lack of knowledge of what makes up a healthy diet; a lack of time to shop and read food labels adequately as to their content; and perceived higher costs of healthy options.[xliii]

Inequalities in diet are present across the country and between socio-economic groups[xli;xliv] with poor dietary behaviours seen to cluster in areas of deprivation.[ii;xlv] In turn, nutrition may contribute to inequalities in health.[ii;xlv]

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

The questionnaires that were administered to participants in projects that had identified improvements to healthy eating as one of their outcomes and hence used one or more of the above indicators have been presented here. 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.

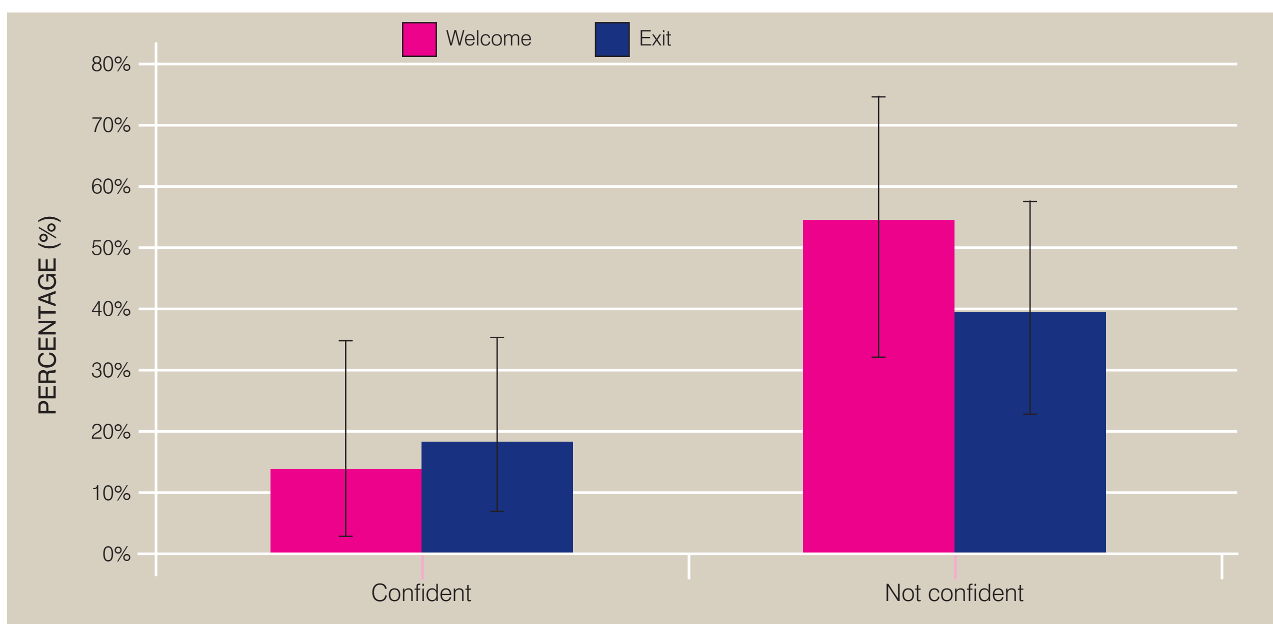
There is a wide range of healthy eating projects being run across the TWB portfolio and 34 projects are in receipt of healthy eating appropriate questionnaires.

7.3.2 More participants involved in food growing

To help assess whether participants are involved in food growing activities a measure was included in the health 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). Figure 24 shows participants' responses reported in two categories.

Figure 24 indicates that 4.5% more respondents are confident in growing their own food on the exit questionnaire. The percentage of respondents who are not confident in food growing has decreased from 55% to 39%.

Figure 24. Growing own food, healthy eating projects



7.3.3 Increased availability of healthy food

An increased availability of healthy food can take place in a variety of ways. It can relate to breaking down perceived barriers that individuals have towards healthy eating, as well as improving an individual's literacy around diet and nutrition thereby making healthy eating more accessible to the individual. Some TWB projects, e.g. Herbie in Manchester, increase the availability of healthy food in a very direct way by increasing supply and access for local residents.

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 (please see the appendix page 73 for a complete list of outcomes and indicators).

Fruit and vegetable consumption

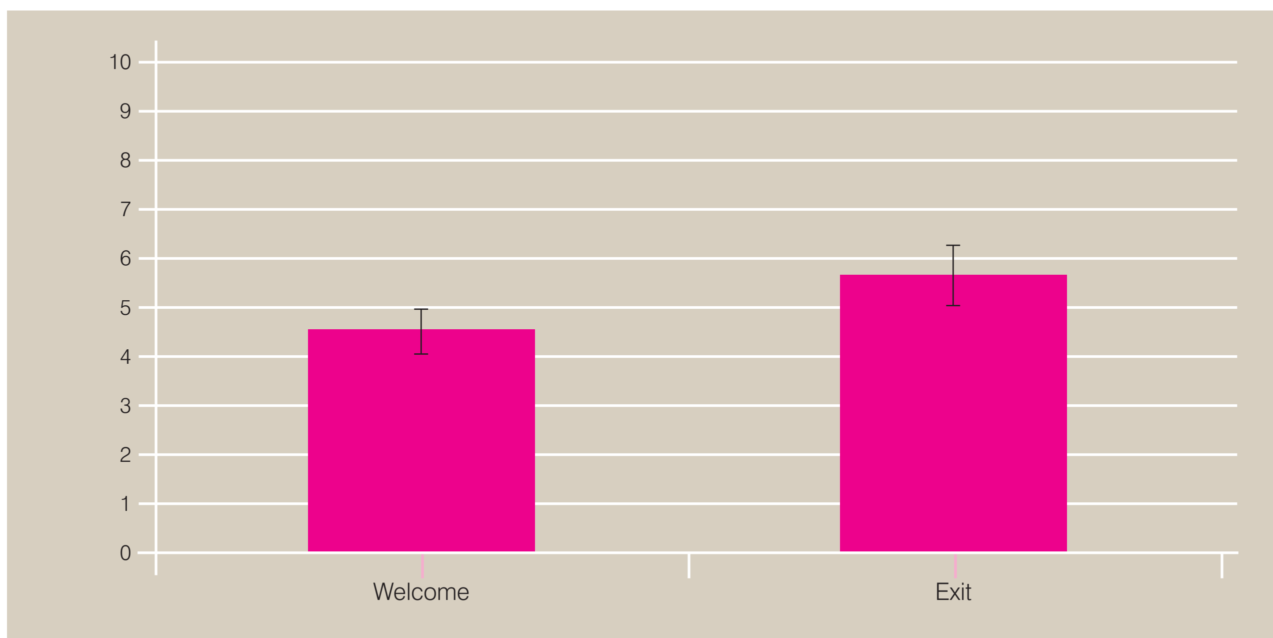
There are many acknowledged protective benefits of consuming fruit and vegetables. Individuals who have a good daily intake of fruit and vegetables have lower rates of mortality and morbidity for coronary heart disease, stroke and some cancers (including lung and stomach).[ii;xlvi;xlvii] It has been suggested that by increasing fruit and vegetable consumption by one portion a day, the risk of coronary heart disease is reduced by 4%.[xlviii]

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.[xlix] 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. Taking into account responses from all questionnaire respondents across the portfolio it can be seen that consumption of fruit and vegetables is increasing in general. Respondents report on average consuming 4.4 portions a day in welcome questionnaire increasing to 5.2 portions a day in exit questionnaires, representing an aggregate increase of 23% consumption across the portfolio (at least 1 portion a day)

In addition Figure 25 shows the increase in consumption of fruit and vegetables a day for participants on projects with healthy eating as a primary theme. Respondents report on average consuming 4.5 portions a day on welcome questionnaires increasing to 5.6 portions a day in exit questionnaires, representing an aggregate increase of 25% consumption across respondents in healthy eating projects, (at least 1 portion a day).

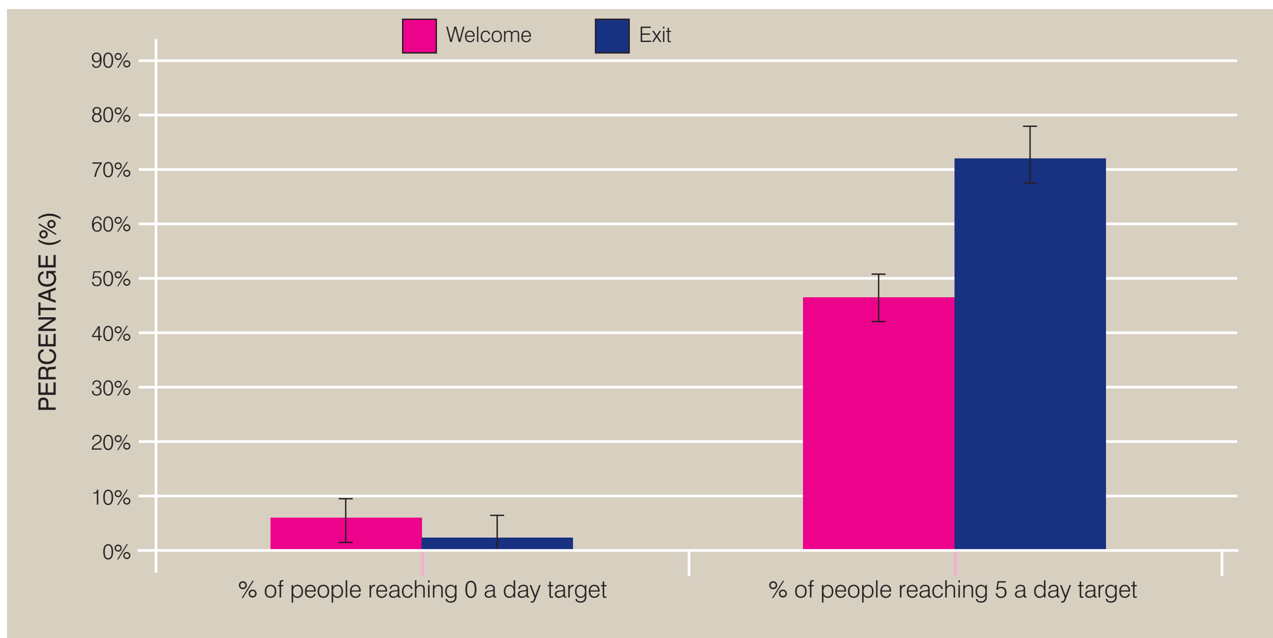
Figure 25. Mean fruit and vegetable consumption, healthy eating projects



Overall, 46% of all questionnaire respondents report reaching the five a day target on welcome questionnaires. This is consistent with regional figures of fruit and vegetable consumption collected by NWPHO (2009)[xv] who found 42% of North West residents report reaching the five a day target (decreasing to 37% in the most deprived fifth of areas). (However, please note that the Health and Lifestyles 2007 survey that this figure was taken from was delivered using a telephone methodology and therefore is not directly comparable to these questionnaires). Following Target: Wellbeing intervention, 69% of all respondents reported reaching the 5 a day target, which was a significant increase.

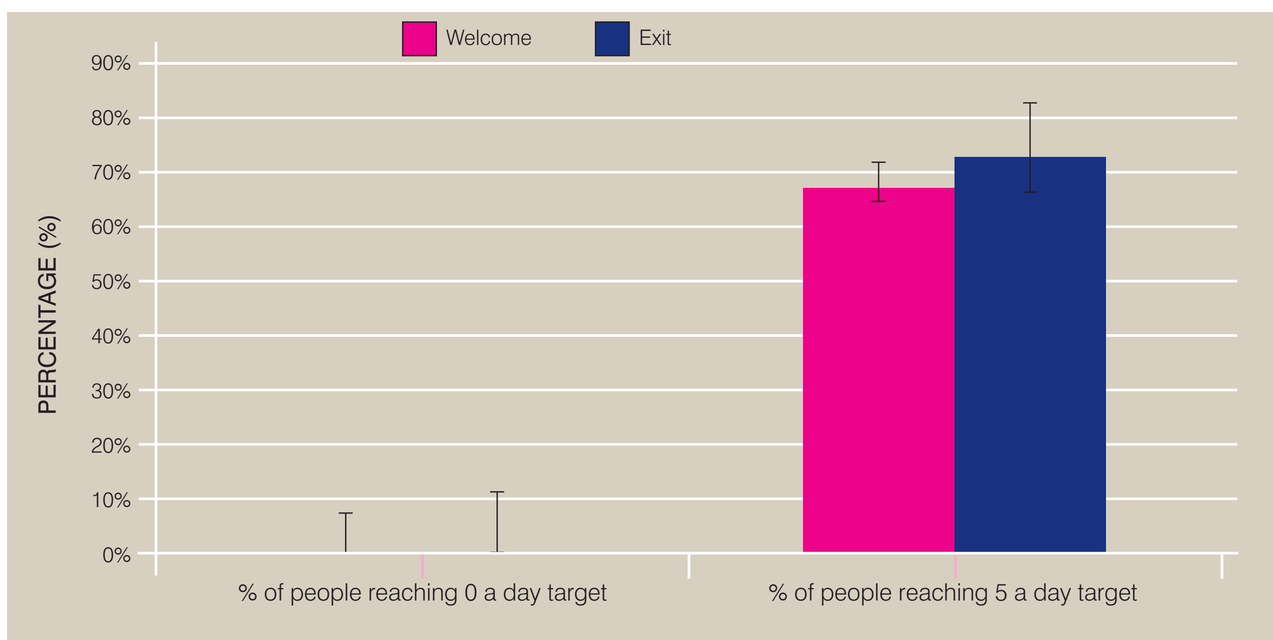
This pronounced impact for all portfolio participants is comparable for those specifically participating in healthy eating projects, as illustrated in Figure 26. This shows the changing composition of participants on healthy eating projects who eat none and five or more portions of fruit and vegetables a day. Of particular interest is that the proportion of respondents achieving the 5 a day target has grown from 46% to 72%. These differences are beyond chance levels indicating that projects are having the desired effect in terms of this outcome. The North West regional figure for those eating no fruit and vegetables a day is 5% with 7% in the most deprived areas. Just 2% of TWB respondents report eating no fruit and vegetables a day in exit questionnaires, which is a positive result compared with the regional figure.

Figure 26. Percentage who eat no portions/five portions of fruit and vegetables a day, healthy eating projects



Interestingly Figure 27 shows that the 65+ questionnaire respondents report an excellent level of healthy eating with 67% of those completing a welcome questionnaire reaching the 5 a day target increasing to 72% on exit.

Figure 27. Percentage who eat no portions / five portions of fruit and vegetables a day, 65+ questionnaires

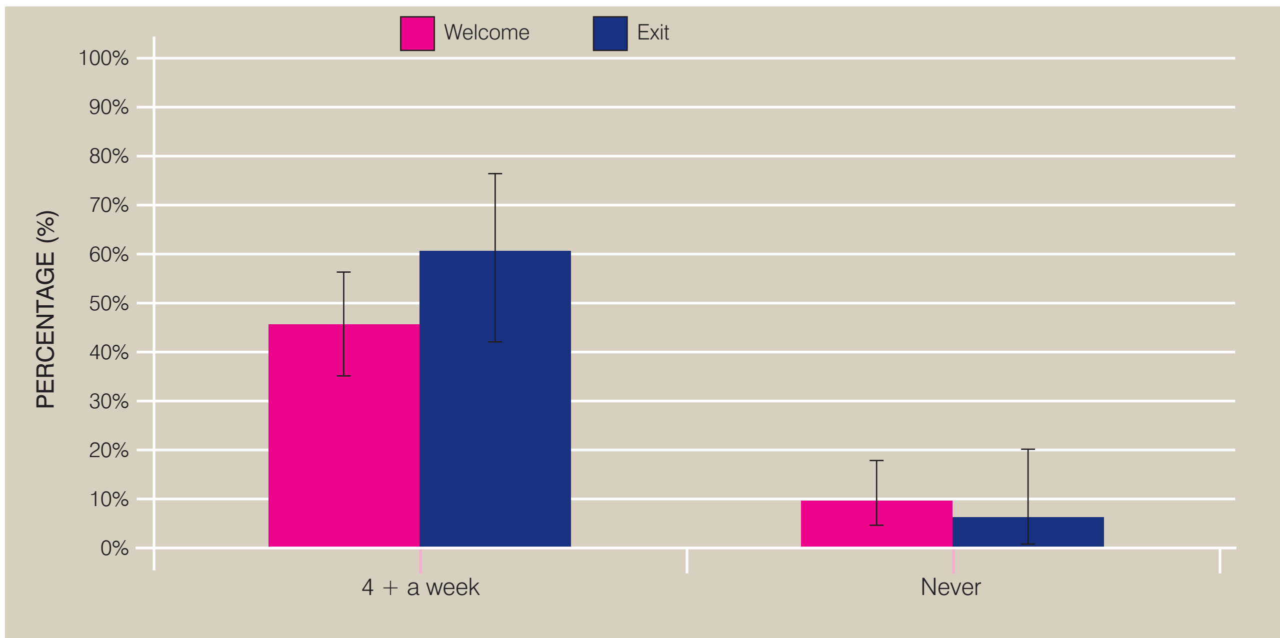


7.3.4 Improved levels of food/preparation and cooking skills

Questionnaire respondents were asked to indicate how often in a normal week, they ate a meal prepared and cooked from basic ingredients.

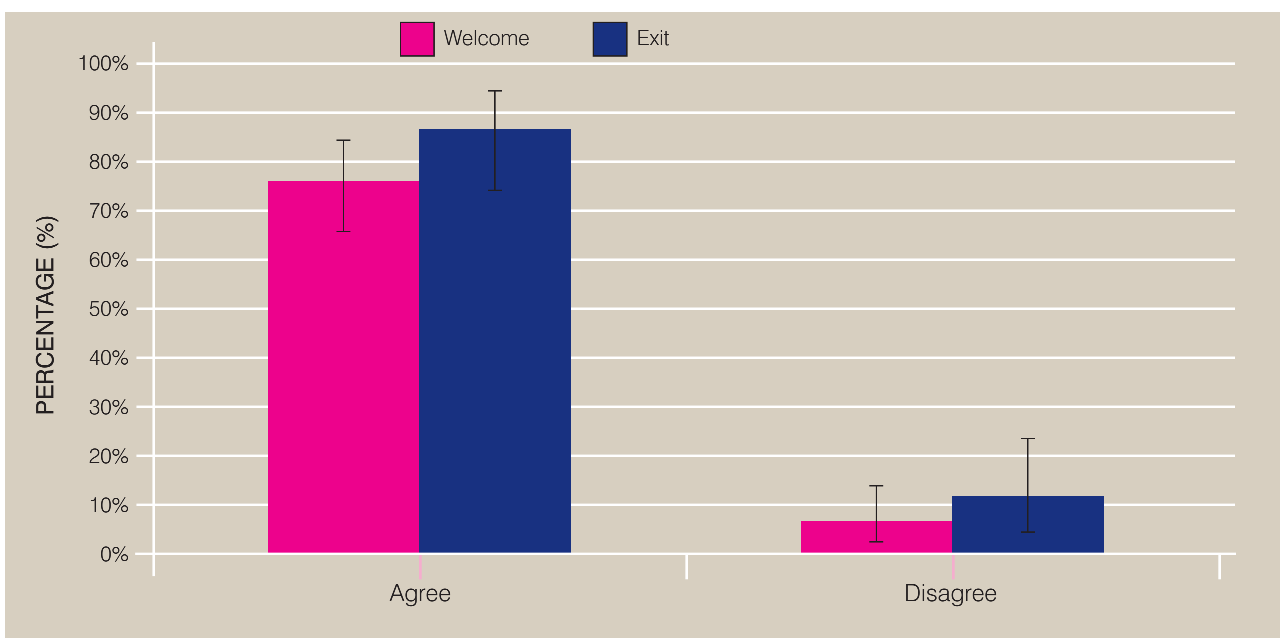
Figure 28 shows results based on 92 welcome and 53 exit responses, indicating that many participants are already eating fresh food fairly often on a weekly basis before entering a TWB project. However, TWB participation may be seen to be exerting a particular influence on more disengaged individuals. Only 6% of respondents leaving a TWB healthy eating project report never eating fresh food on a weekly basis compared to 9% of participants entering projects.

Figure 28. Eat meal prepared and cooked from basic ingredients, healthy eating projects



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. Figure 29 provides results from respondents from the welcome and exit questionnaires. These results indicate that on exit 10.7% more respondents enjoy putting effort and care into the food they eat with the percentage of those who agree increasing from 75.8 % to 86.5%.

Figure 29. Enjoy putting effort and care into food, healthy eating projects



7.3.5 Increased knowledge and confidence

Using the same question types as above, 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

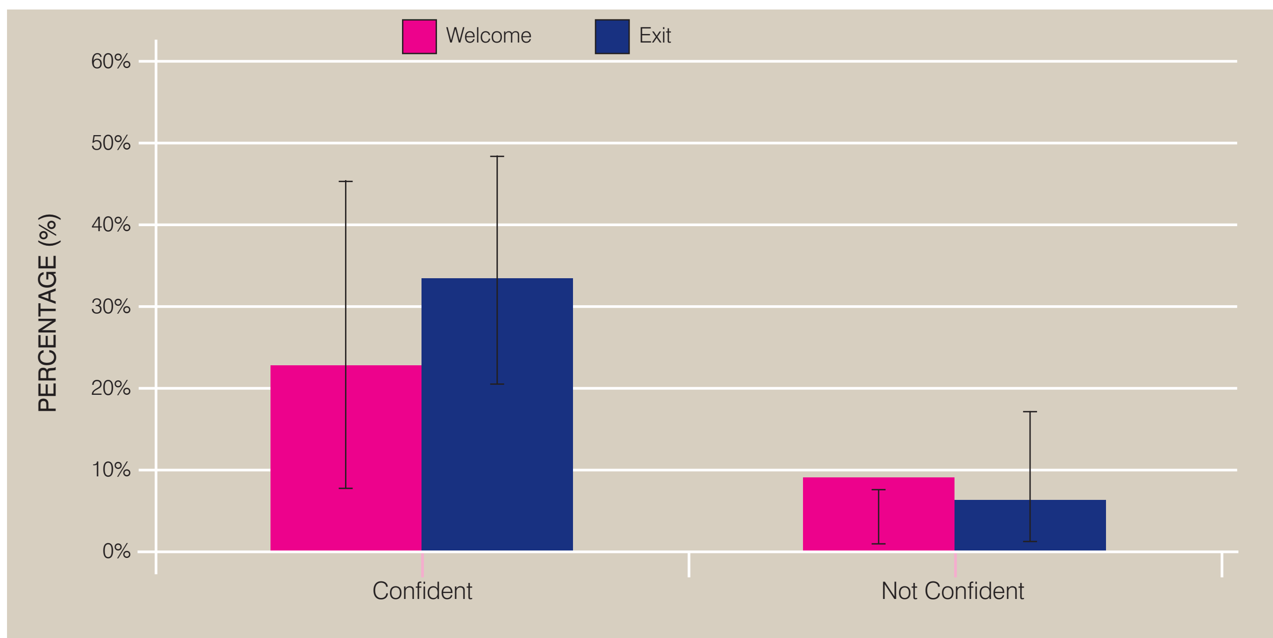
v) Cooking food safely

Welcome and exit results are provided below. Welcome findings are based on only 22 responses and these appear to be confident responses from individuals. This is unlikely to reflect the baseline situation for all TWB participants. For example, 'Men Behaving Healthily' in Oldham and 'FAKT' as part of 'IMPACT' in Pendle have the explicit aim of improving father's confidence around healthy eating and it is likely that analysis of a larger data set would enable some further investigation to see whether there has been substantive benefits in these outcomes for certain TWB participants, e.g. males or younger participants.

Respondents were asked to indicate how confident they were about choosing healthy foods when shopping on a seven point Likert scale (1 - no confidence at all to 7 – extremely confident).

Figure 30 provides results from respondents from the welcome and exit questionnaires. These results indicate that on exit 10% more respondents said they were confident about choosing healthy food with the percentage increasing from 23% to 33%.

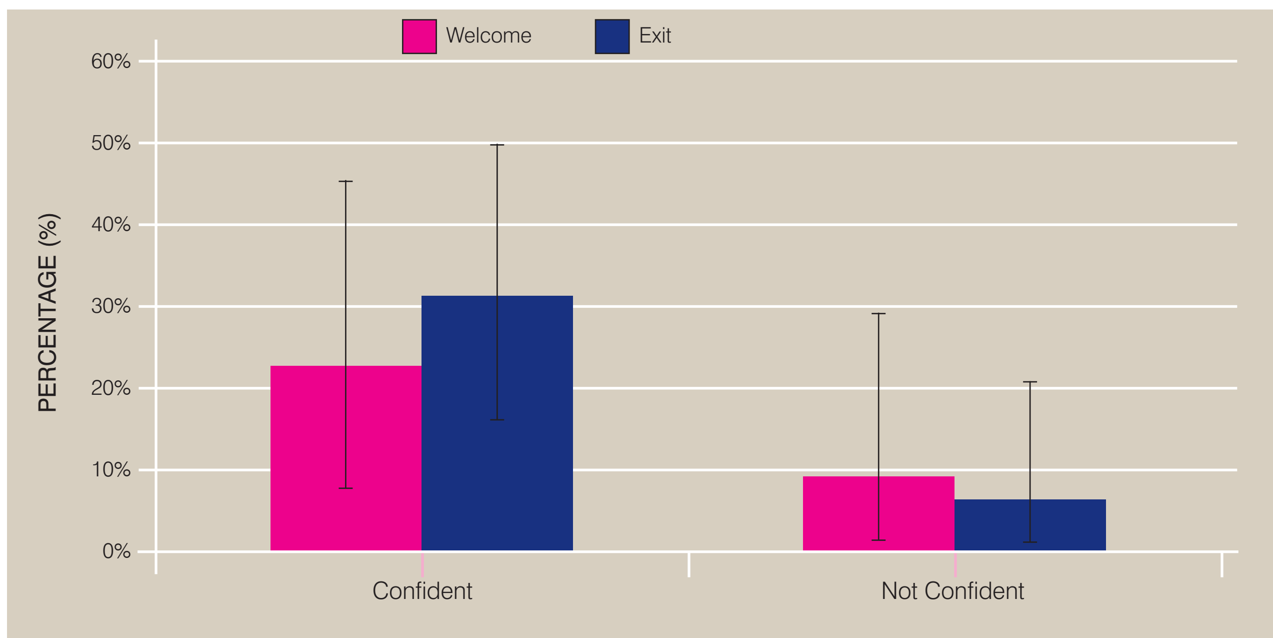
Figure 30. Choosing healthy foods when shopping, healthy eating projects



Respondents were asked to indicate, on a seven item Likert scale, how confident they were about being able to shop on a budget for healthy ingredients.

Figure 31 provides results from respondents from the welcome and exit questionnaires. These results indicate that on exit 8% more respondents (a 35% increase) said they were confident about being able to shop on a budget for healthy ingredients with the percentage increasing from 23% to 31%.

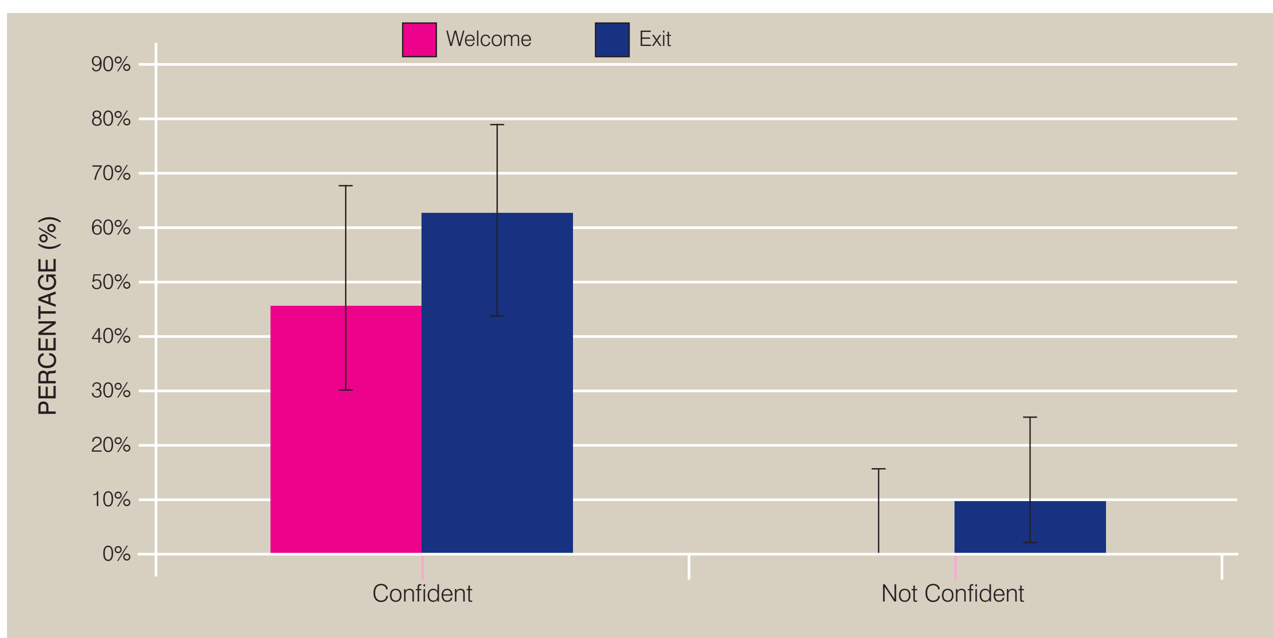
Figure 31. Being able to shop on a budget for healthy ingredients, healthy eating projects



Respondents were asked to indicate how confident they were about cooking following a simple recipe on the seven item Likert scale used previously.

Figure 32 provides results from respondents from the welcome and exit questionnaires. These results indicate that on exit 17% more respondents said they were confident about cooking following a simple recipe with the percentage increasing from 45.5% to 62.5%.

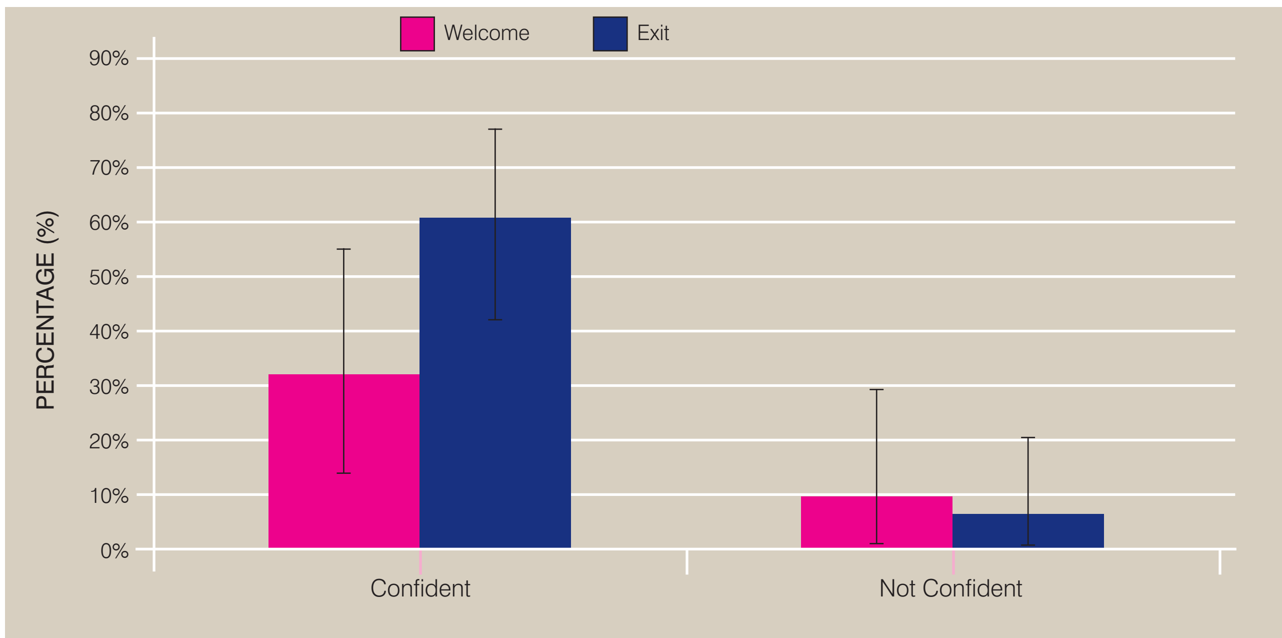
Figure 32. Following a simple recipe, healthy eating projects



Respondents were asked to indicate how confident they were about being able to prepare and cook meals from basic ingredients on the seven item Likert scale used previously.

Figure 33 provides results from respondents from the welcome and exit questionnaires. These results indicate a positive change in that those 29% more respondents (a 91% increase) on exit said they were confident about being able to prepare and cook meals from basic ingredients. The percentage of respondents reporting confidence increased from 32% to 61%.

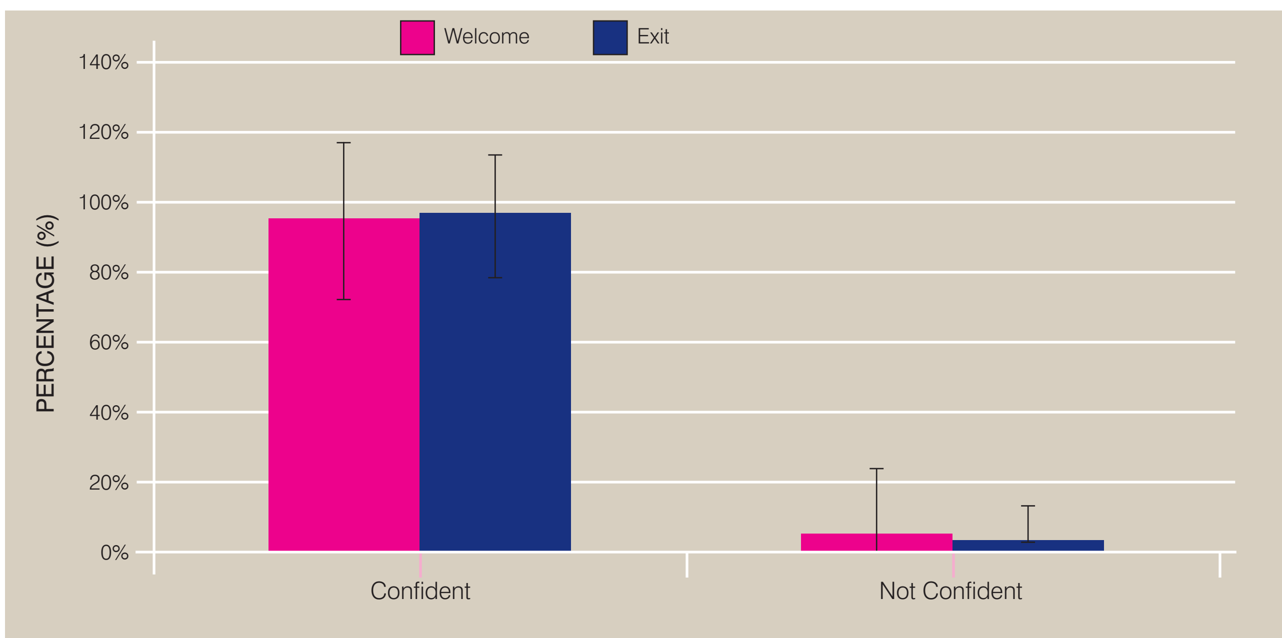
Figure 33. Being able to prepare and cook meals from basic ingredients, healthy eating projects



Respondents were asked to indicate how confident they were about cooking food safely, e.g. storing/cooking food at the right temperature, making sure work surfaces are clean on the seven item Likert scale used previously.

Figure 34 provides results from respondents from the welcome and exit questionnaires. These results indicate that on exit 6% more respondents said they were confident about cooking food safely with the percentage increasing from 52% to 59%. Those reporting that they were not confident decreased from 5% to 0%.

Figure 34. Cooking food safely, healthy eating projects

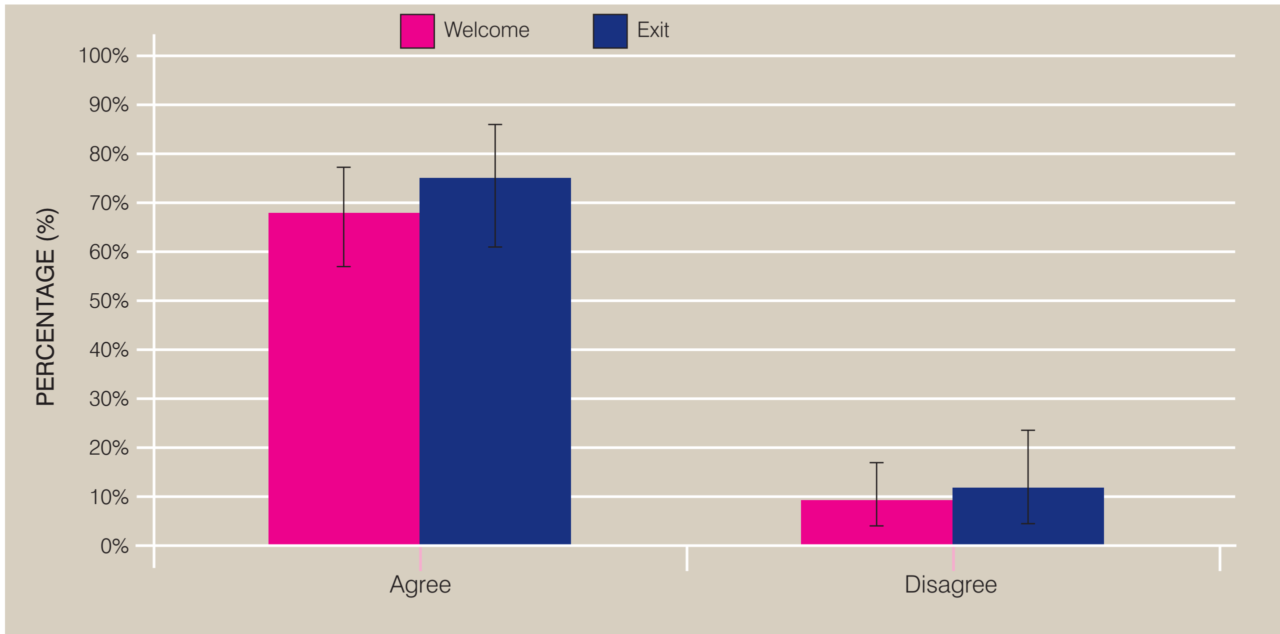


7.3.6 Affective assessments

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'*.

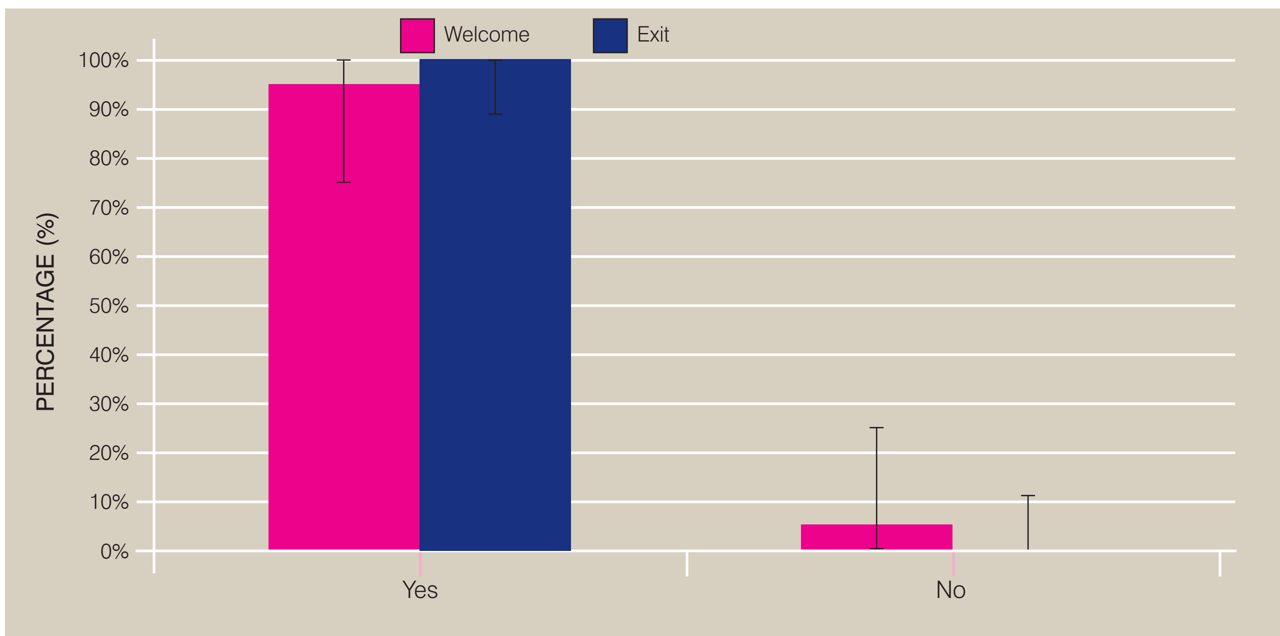
TWB participants from healthy eating projects were asked whether they thought that healthy food tastes nicer than unhealthy food. Figure 35 shows that 68% of participants were already in agreement at welcome questionnaire stage and this increased to 75% on exit.

Figure 35. Healthy food tastes nicer than unhealthy food, healthy eating projects



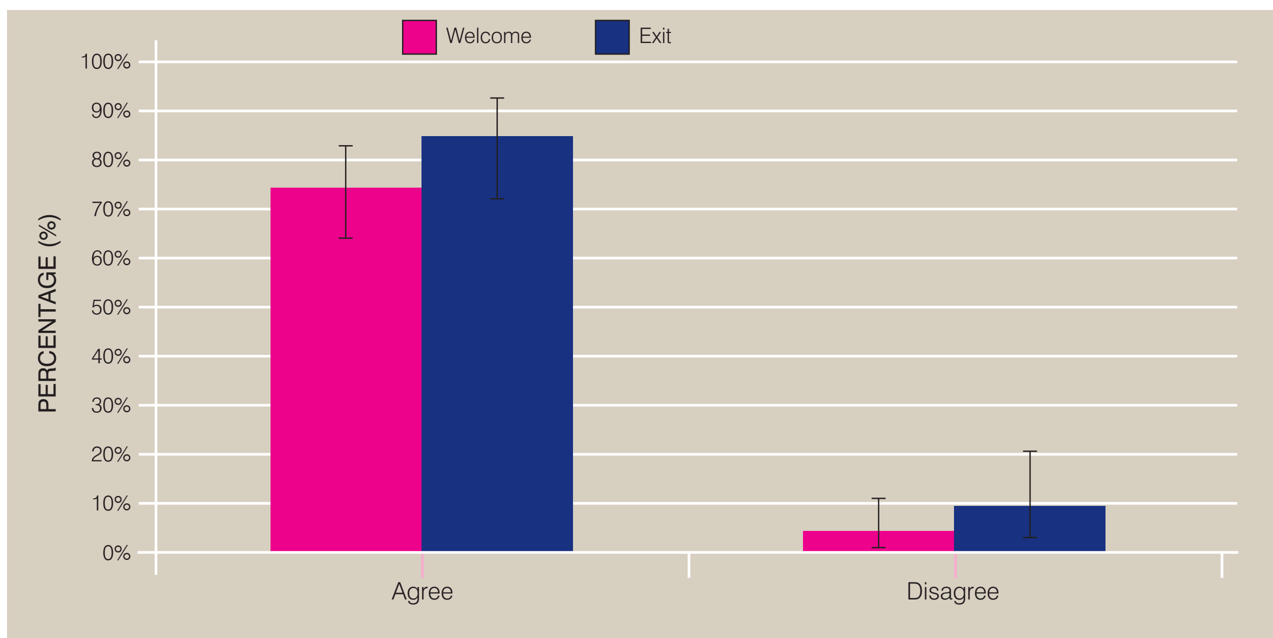
TWB participants from healthy eating projects were asked whether they would continue to eat more healthily. Figure 36 shows that the welcome questionnaire results were already high at 95% increasing to 100% on exit with 0% of participants saying *'no'*.

Figure 36. Continue to eat more healthily, healthy eating projects



Finally, a positive outcome was evident when participants were asked whether they enjoy eating a healthy balanced diet. Figure 37 shows those agreeing increasing from 75% on welcome to 85% on exit.

Figure 37. Enjoy eating a healthy balanced diet, healthy eating projects



7.3.7 Summary conclusions

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.

An interesting finding is 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. Although preliminary evidence, and based on a small number of responses, these offer promising results for a programme focused upon tackling inequalities.

One area in which beneficiaries did report increased confidence was food growing. Fewer participants report feeling 'not confident' after participating on a TWB food growing project. This increase in confidence likely reflects that participants who may have general knowledge about healthy eating do not know about food growing. This requires them to learn something new, indicating the suitability of this measure as a performance indicator in this context.

A wider healthy eating benefit was observed across the region. Pre and post invention scores across the whole portfolio indicate that the average TWB beneficiary is eating at least one more piece of fruit/vegetable a day.

7.4 Outcome evaluation summary

Throughout the analysis we consistently observed improvements in terms of average scores across the three outcomes but we also witnessed far fewer negative responses from beneficiaries. Across the portfolio, despite limited data, it was possible to see areas where TWB worked particularly well by shifting thinking and behaviour of potentially disengaged individuals, e.g. those who do not feel part of their community or who never eat fruit/vegetables.

There were a small number of measures where it may be possible that the indicator did not reflect the way in which TWB exerts an influence, e.g. confidence around healthy eating, neighbourhood satisfaction. These measures will be closely re-examined in future evaluation reports.

At this stage of the evaluation these findings are only indicative and in some instances point to interesting and useful direction for further analysis when more data is available.

These early results suggest that TWB is working well towards its intended outcomes. Projects are encouraged to continue to support participants to complete welcome and exit questionnaires so that the nature of its working and the impact it is having on key groups can be examined.

7.5 Focus group analysis

7.5.1 Method

A mini focus group was undertaken with three project managers on 30th September 2009, as part of the Winning at Wellbeing Target: Wellbeing event. The group was facilitated by one moderator with two note takers and two observers from UCLan. The group was not audio recorded and notes were written up independently by the two note takers on 1st October 2009. Initial thematic analysis was undertaken by the moderator of the note taken three days later.

Key themes that emerged are discussed below with a model illustrating the connections between themes provided.

7.5.2 Findings

The added value of the extra funding

The extra funding has enabled connections to be made between projects. For some this has allowed a more strategic approach to be taken within their locality and may allow for a more holistic approach to be taken to beneficiaries' needs. For example, where a project has been aimed at supporting the homeless, its community café has enabled them to access healthy food impacting on their physical health (such as by improving the health state of those with alcohol dependency).

Public policy agendas have become more closely linked. For example, the link between environment and health has been made by one project and changed how they believe they are perceived by health services. Involvement in TWB has enabled some projects to find new agendas they can tap into and shape what they offer to meet these agendas.

A number of limitations have been identified that inhibit projects. Short-term funding means that voluntary organisations require multiple funding streams, particularly in the current climate where there may be threats to public spending. There is a risk in sustaining all these streams and projects need to consider their capacity to deliver when meeting the demands of competing funders. In trying to meet multiple agendas of different funders there is a risk voluntary organisations could lose their ethos.

Some projects have created hubs of wellbeing making connections across projects and between activities, such as community cafes linking to growing projects and also providing an additional service to people using support services based in the community.

Involvement with TWB has allowed voluntary organisations to access statutory organisations and involvement with TWB has given them credibility. Some projects have difficulty in reaching part of the public sector that can provide funding including the public health sector. TWB has provided a link to PCTs and statutory organisations who, at times, have provided an infrastructure to tap into, for example, through area based TWB events).

There was a sense that some projects felt they were plugging a gap in services between organisations.

Enabling factors

The certainty of four years of funding has helped. Target: Wellbeing funding tends to be combined with other sources and contributes to a 'jigsaw' of funding. There was a sense for some projects that Target: Wellbeing as managed by Groundwork provided a buffer between the project and the Big Lottery as the funder and having Groundwork to lobby for funding has been helpful.

Outcomes

As a result of involvement with TWB there have been unexpected outcomes including networks that have been developed between beneficiaries participating in the projects, possibly leading to greater social integration. For example projects working with asylum seekers and refugees have also engaged non asylum seekers.

There is sense of reciprocity developing between projects and PCTs where both can offer something to a partnership where strengths and weaknesses of each side are known.

7.6 Case Studies

7.6.1 Herbie – Manchester

Herbie is a “walk on” mobile greengrocer where customers can choose from a range of affordable fresh produce. It was set up to provide affordable, fresh fruit and vegetables to residents living in ‘food desert’ areas of regeneration of East Manchester which currently suffer from lack of services and local businesses, and has been classed as one of the most deprived places in Europe. Some residents have a lack of mobility and a low income so travel to supermarkets is physically challenging and expensive. Herbie also supplies boxes of fruit to schools and projects, and work closely with sheltered housing, churches, health clinics and resident groups to ensure that they reach as many people in the local community as possible. They also deliver gift baskets of fruit - a healthy alternative to chocolates!

Herbie was set up by MERCI (Manchester Environmental Resource Centre Initiative) who are an independent charity (established in 1996) working for a more sustainable future. The LA and PCT objectives are at the forefront of Herbie’s delivery and Manchester Joint Health Unit are also a main stakeholder. Food Futures support Herbie 1, set up in 2004 and Big Lottery support Herbie 2 set up in 2007. Herbie are also linked with Zest (North Manchester’s Healthy Living Project) and the Healthy Living Network to assist in supplying to events. The focus on health promotion and working with neighbourhoods and the Community Steering Group gives a community voice.

Herbie’s fruit and vegetables are supplied by Smithfield Market supporting local North West farmers who have knowledge of produce and the local economy. Vegetables are supplied and bought in bulk; however Herbie will endeavour to meet specific customer requests and supply favourites to different communities. Beneficiaries value the reliability, the accessibility of the fruit and vegetables, the excitement and variation of their “lucky dip” veggie bags, the human touch of meeting the delivery drivers and the social element of chatting with friends. They are all regular customers, they all come back and they help develop the project by suggesting improvements and advertising by word of mouth in the community.

Herbie gives out recipes to customers and advice on how to cook vegetables. Recently a lady visited the van who had never eaten a cauliflower so was given advice on how to cook cauliflower cheese which she enjoyed very much! Herbie also introduced a mango for the first time to a lady who was initially dubious, but then extremely enthusiastic for buying more. The new van has “Oranges and Lemons” as its new theme tune.

As with all of MERCi’s projects, it is envisaged that Herbie will act as an inspirational model for other communities in similar areas, with the same challenges. Community workers have already visited Beth, the project leader, with an interest in setting up similar service.

The main challenges or barriers for the project are money and time. Simon the new development worker is there to help widen the reach of the project by raising awareness and building external networks. Another key challenge is changing behaviour with the look to bringing some social cohesion back to areas that are isolated and stuck in derivation but Herbie has determination, vision and regularity to overcome the barriers.

Liaison with the Joint Health Unit continues to help to further its goals. Further intergenerational work is planned and cooperation with the unskilled particularly through healthy eating and cookery classes. Herbie envisages more talking and sharing knowledge in the community. In addition the hope is for better appreciation of older people and how their ways of food production and cooking are being forgotten. As technology has advanced so quickly there has been a decline in respect for elders and ownership of community which calls for an increase in intergenerational communication possibly through cookery classes. More taster sessions in schools with the involvement of parents is planned along with increases in delivery to sheltered accommodation to supply older, hard to reach groups.

In this light, Herbie appreciate the role of the voluntary sector in delivering the service as it gives the project the ability to respond more flexibly and quickly to needs. There is more freedom to do what the community want and less barriers for delivery.

7.6.2 Grow and Sow – Pendle

The Grow and Sow project in Pendle started up three years before Target Wellbeing funding was introduced and was previously funded through the Children's Fund supporting children aged 7-12. Since funding from Target Wellbeing became available and was combined with funding from Burnley, Pendle and Rossendale PCT and Veolia Environmental Services the project has been able to extend its reach in the community. It now delivers to younger children, targets families and develops some services for adults. Lunchtime sessions, after school and holiday clubs, adult workshops and food growing sessions are held from its four allotment sites. In addition walking sessions with environmental information through links with Healthy Communities, Fitness for Life and Pendle Leisure Trust have been introduced.

The adult sessions are particularly successful in aiming to provide better levels of fitness, confidence building, increasing community belonging and promoting exercise and the use of the outdoors. The adult services were slow to start off but are increasing in interest and plans are in place for the next six months.

For the younger age group, the project delivers to around 180 children in a week and has benefited around 15,000 participants in the history of its delivery.

On an operational level there is the customary barrier of recruiting help to the project. In response, it actively advertises in the community with regular posters in popular locations such as libraries, health centres, schools and with adverts on local radio. Links with other projects such as Healthy Communities and Fitness for Life often result in the project gaining new volunteer support.

In terms of community relationships The Pendle Food Forum has given the project a community voice and has helped to raise its profile. Garden Able, who also use the allotment, has introduced primary school pupils to experience different community relationships and intergenerational work.

Joanne Dootson the project leader views taster sessions are viewed as one of the most beneficial parts of the project. They are seen as most valuable as they encourage children to try healthy new foods in a relaxed environment focussing on fun and excitement where children are more open to experimenting with new food. Children also thoroughly enjoy time in the allotment digging for and discovering freshly grown food. The project recently hit the headlines in the Nelson Leader and the Lancashire Evening Telegraph for its success in constructing a greenhouse made from a frame of donated wood and 1200 recycled two litre plastic bottles.

A main objective for the future is to keep targeting parents in the community to educate them about healthy eating to help improve the health of families in the local area.

7.6.3 Refugee Wellbeing Project - Manchester

The Refugee Wellbeing Project is part of Refugee Action in Manchester and works mainly around preventative healthcare and referral to counselling. It works in collaboration with the Joint Health Unit, a key part of the public health network in Manchester and based with the council but jointly funded by the Council and Manchester PCT.

The Refugee Wellbeing Project began in 2008, formulated on a previous project that ended in 2005. On closure of the previous project it was recognised that there was a continuing need for supplementary support within Refugee Action. Beneficiaries of the Refugee Well-being project are men and women currently aged between 18-63 years and are refugees or asylum seekers from countries including Ethiopia, Eritrea, Afghanistan, Cameroon, Sudan, Zimbabwe, Bangladesh and Pakistan. Some children attend the service though it is predominantly aimed at adults. In its current phase of delivery there is more of a focus on women's services.

With Target: Wellbeing funding the plan for delivering to a targeted ward was extended to cover all of Manchester and further afield as the client group is transient and often with no fixed abode. This meets the need for a further reach with the pattern of the reach areas being areas of most deprivation. Additionally some of the areas have a low black and minority ethnic population and refugees and asylum seekers are often met with some hostility. Refugee Action works to break down barriers within these communities.

The project experienced difficulty in set up with the main barriers time related, with part-time management and the recruitment of volunteers. These challenges remain.

Beneficiaries find out about the Well-being service through one to one meetings with Refugee Action. They also get information by word of mouth and talking to one another in their community. The Red Cross also refers individuals and the project also has links with the other refugee community organisations. Referrals show that the service is in demand. On entry to the project individual meetings are held. Here the beneficiary's interests and needs are assessed and they are advised of groups of opportunities such as workshops and courses that are available to them. Networking is beneficial to the project and links with the Sports Development department of the Council has allowed the establishment of cycling and swimming groups held now as regular activities. There have also been less regular activities of salsa, trips to the park, yoga, a trip to Hollingsworth Lake to picnic and play rounders, and arts and crafts session at various drop-in centres around the city offering services for the destitute. All excursions or workshops fund beneficiaries travel expenses to encourage accessibility and participation, as refugees or asylum seekers are often supported financially on a voucher scheme and have no income. Swimming costumes and bike locks have also been provided for the regular swimming and cycling activities.

The project is contributing through its activities to the outcomes of Physical Activity and Mental Wellbeing. Beneficiaries value the time to meet with others and the feeling of belonging to a community. They enjoy having somewhere to go getting them out of the house. It gives them a purpose and has potential to raise self esteem. It helps them learn English and to meet new friends.

A highlight of the project for this year was the Exodus Arts Festival. Exodus aims to impact on the cultural backdrop of Greater Manchester through forming partnerships with Greater Manchester's creative and cultural sector, artists and groups amongst refugee communities, and the wider Greater Manchester population. Beneficiaries helped staff the stall at the festival having ownership in presenting the service to the public and some beneficiaries facilitated arts and craft activities. Additionally as part of Refugee Week a beneficiary travelled to London to an event at the British Film Institute called "Have a Cup of Tea With a Refugee" starring Michael Palin and Jason Isaacs.

Rokeya says of the project

"Before using the Well-being project I was completely isolated from society in Bury, where the Home Office gave me a flat to live in. Using the Wellbeing Project, I learned how to swim and cycle which helped me get some exercise and lowered my depression. Also, I met a lot of women from many countries who were in the same situation as me, and learned about ways to cope with asylum life. Besides, the Wellbeing project, I have also used the Horizons project to get two volunteering jobs in health. This helped me contribute to society. Otherwise I would have felt really bad receiving cash support and a flat without giving back anything in return."

To advance for the project it would be benefiicial to have another project worker, recruit more volunteers and address the balance of networking and building links to offer more activities and to actually deliver those activities. Nevertheless the Refugee Well-being Project continues to deliver a holistic, flexible and popular service. There is guaranteed funding for a further two and a half years of the project delivery and plans are already being looked at as to how this can be extended.

7.6.4 Health @ Work – Ellesmere Port

The Health@Work provides a workplace health advice and casework service to individuals and their employers. It seeks to improve health in the workplace through education and training, advice and support, research, development, policy and publicity. It focuses on reducing and preventing work related ill-health thus reducing overall sickness and incapacity benefit claimants. 80% of their enquiries come from SME who often have no HR training.

Health@Work in Liverpool was the model project for Ellesmere Port. Previously known as Liverpool Occupational Health Partnership, it has been in operation for over 17 years and had an impact both locally and nationally. Their CHAT project produced a national handbook on voluntary sector health and safety. Dame Coral Black was invited to Liverpool on writing the white paper Health Work and Wellbeing. She met with Stakeholders, PCT leads, business leads and the Chamber of Commerce. She was impressed with the project and endorsed it as an example of best practice. In Ellesmere Port, support for workplace health was missing and so projects were invited to tender to develop a service.

Health@Work is not just a local service provider, but seeks to have a broad pioneering impact through research, publicity and policy. It tries to find new solutions to address national targets for education on ill health and accidents caused by work. Underpinning the existing and potential activities is Health@Work's ethos, experience and practice of partnership working. It maintains effective links with specific workplace health organisations and wellbeing organisations such as Age Concern.

A barrier to setting up the project was gaining cooperation of GP's in Ellesmere Port, it took six months to win confidence. Determination was the lesson learned from the Liverpool project and project workers continued to write letters and visit the GP's in question. They were supported by the local medical council who also sent a letter of introduction and support to GP's.

The project is promoted through press releases, free papers, information in support agencies such as Welfare, TUC training and CAB's. Information is displayed in the Civic Centre, library and the mobile library. Booklets are also sent to small businesses advertising how the project can help them. Some are referrals are received from GP's.

The project supports on average three beneficiaries a week with an intervention lasting on average six weeks although some have lasted for twelve months.

The beneficiaries are often met in a soft meeting place such as a library which is non- threatening and where they can explain their problem to a case worker. A consultation normally lasts around forty minutes and can be used to discuss all issues. Very often the beneficiary has ideas of how their situation can be improved but they are often out of their remit.

Once all the information is provided in the consultation, the caseworker lets the beneficiary describe the process for improvement that is ideal for them allowing some control. They are encouraged to write letters describing the issues. This empowers them to receive help according to their terms.

All individuals who use the project are stakeholders and welcome at the project for stakeholder meetings and to choose what they want as the agenda.

Health@Work has established a wide range of workplace health and safety services and activities. Its future agenda will continue to focus on the delivery of these established services. Broadly, services that will continue and be developed are:

- Primary Care GP Services
- A non-medical Workplace Health approach for Acute Trust and PCT Staff
- Primary Care Workplace-Based Services
- Services to Businesses
- Services to Individuals
- Campaigns
- Training Programmes and Courses
- Workplace Health Assessment Tool
- Marketing, dissemination and lobbying
- Other Partnership actions
- Commercial Services

The project would like to roll out the same model Cheshire wide to all three PCT's.

8. The prisons programme

8.1 What is the programme?

The Pan-Regional Prisons Programme aims to reduce inequalities and achieve sustainable improvements in health and wellbeing for offenders and their families, with a particular focus on mental health, physical activity and healthier eating. Recognising the importance of integrating the public health agenda within the offender management context, the Programme is also concerned to develop skills, improve learning outcomes, enhance employability, promote social inclusion and reduce reoffending. The Programme is designed not only to deliver discrete interventions within prisons, but also to provide a coherent, holistic and joined-up approach across the offender management system – generating, transferring and embedding knowledge and understanding of 'what works'.

With regard to both project delivery and evaluation, the offender management system poses particular challenges.

- The context provided by prisons is one characterised by control and restriction of choices and opportunities – making many of the questions in Target: Wellbeing questionnaires insensitive and inappropriate.
- There is a high degree of learned behaviour – meaning that prisoners are very likely to fill in forms in the way they think they should, thereby reducing the validity of scale-based and other questionnaires.
- There is high mobility within the system, with prisoners frequently moving from one establishment to another and many remaining within prisons for a relatively short duration – meaning that the start-up cohort is very likely to change markedly over the duration of the project.
- Legislation makes it virtually impossible to follow up prisoners on release – making longitudinal data collection extremely difficult.

For these reasons, it would be inappropriate to use the generic Target: Wellbeing evaluation framework or tools to assess the effectiveness of the Pan-Regional Prisons Programme.

8.2 What have been the developments this year?

Evaluation activity to date undertaken as part of the Pan-Regional Prisons Programme comprises a qualitative evaluation of a pilot Prisoner Environmental Out-working Project at HMP Haverigg and participative development of an evaluation plan.

8.2.1 Evaluation of a pilot prisoner environmental out-working Project at HMP Haverigg

The environmental outworking scheme at HMP Haverigg was developed in partnership with the Ministry of Justice, Natural England, the Forestry Commission and the British Trust for Conservation Volunteers (BTCV). Whilst the primary motivation has been skills enhancement linked to improved employability, there is also a widespread appreciation that the involvement of prisoners in environmental outworking can impact positively across environmental, social and economic policy arenas, contributing also to reduced rates of re-offending, better environmental management and improved health and wellbeing. In relation to this latter point, the scheme drew on a growing body of evidence concerning the positive contribution of green space and nature to health and wellbeing

The scheme was developed with the aim of delivering accredited practice-based training leading to the acquisition of environmental skills by prisoners and supervisory staff (thereby building capacity to ensure future sustainability). Five prisoners were selected for initial participation, the criterion being that they were deemed to be the equivalent of Category D security status, the lowest security level, and of no risk to the public. Six modules (access and boundary management; footpath construction; tree and shrub planting; post and rail fencing; introduction to dry stone walling; introduction to environmental conservation) were delivered to both prisoners and supervisory staff, each leading to the award of a certificate. They then put this training into practice on work days in woodlands and nature reserves around West Cumbria. In addition, the course focused on health and safety issues such a tool use, working in hazardous environments and working near traffic.

A small-scale evaluation was undertaken by the Healthy Settings Development Unit, at the University of Central Lancashire, in order to assess the benefits arising from the scheme and identify the potential for wider roll-out within the context of the North West region's Target: Wellbeing Programme, funded by the Big Lottery. The evaluation used interviews and focus groups with prisoners, staff supervisors and programme managers and lead individuals at BTCV and the Forestry Commission. Key findings were that:

- Participation in the Environmental Outworking provided structure and purpose to the working day and helped to build prisoners' confidence, self-belief, self-management, trust and problem-solving capacity.

  "I really enjoyed it and there was a lot I got out of it – team working and team building; everyone putting their own bit in, it was good getting people's ideas and learning new skills." (Prisoner)

  "It might be interpersonal skills they have gained – their confidence, their attitude and motivation…will certainly benefit them." (Staff)

- The scheme opened up opportunities in terms of training and skills development, thus improving prisoners' employment prospects and potentially reducing their chances of reoffending – thereby benefiting participants, their children, their families, the communities in which they resettle and wider society.

  "Giving them skills that they haven't already got and trying to make them more employable on release hopefully impacts and reduces their reoffending and builds their confidence. And it's not just about qualifications and skills for employers, but it's also about soft skills – building their confidence, interpersonal skills, dealing with the public when they are working outside, those kind of things as well." (Staff)

  "It's not just them [prisoners] who benefit, it's their families and staff in prisons – as the prisoners are happier, and the community as well, so I think it's a winner all round." (Staff)

- Prisoners felt 'happier' and 'less stressed' when they had been working outdoors, and relationships between prisoners and staff improved.

  "I was amazed and surprised at how enthused they were to work, and the quality of work was excellent." (Staff)

  "They have enjoyed being outside and learning things that they would never have thought about learning before, about environmental things really. It's something that a lot of offenders and people generally sometimes take for granted, and I think it has given them a chance to take a step back and appreciate things like that more." (Staff)

- Being able to make connections between the training and practical work on the hand, and life and work beyond prison on the other was an important factor for future prisoner engagement and success – prisoners valued the opportunity to work away from the prison, in a natural setting that allowed them to put into practice and value, their learning.

  "You need to have some meaning at the end of it, which I think this course has." (Prisoner)

  "If I was in a building, building a wall, then I am just thinking yeah, all right, whatever. There is no interest or passion to be building it, and once you've built it, it will be pulled down. Whereas if you go out there and actually build a dry stone wall or a path, then you know the wall or path will be there for years to come and probably outlive you. Then there is a lot of satisfaction." (Prisoner)

- Public appreciation of their work boosted prisoners' self-esteem, and improved public understanding and acceptance of HMP Haverigg's work. The prisoners also received praise for the quality of their contribution, confirming its environmental value.

  "These people that have said, 'Thanks very much lads, you've been doing a wonderful job' – you think 'Whoa' it's good, 'cos they know where you're from." (Prisoner)

The evaluation also identified a number of challenges in planning future programmes. These included:

- ensuring security and managing the risks associated with outworking;
- maintaining cohort numbers and joining up programme delivery across establishments in the context of high prisoner mobility: and
- building staff capacity and capability to develop and deliver programmes.

8.3 What is planned for next year

8.3.1 Participative development of an evaluation plan

A networking workshop, attended by approximately 40 people, was held with prison staff, PCT staff and other key stakeholders on 29th April 2009. This included contextual information, opportunities to discuss networking and support arrangements, and a focus on evaluation and monitoring. A follow-up workshop on evaluation and monitoring was held on 07 July 2009 in response to demand. In addition to providing more in-depth information on the requirements and expectations of Target: Well: Being and Big Lottery, this prioritised a participative approach to the development of an evaluation plan for the Pan-Regional Prisons Programme, thereby ensuring greater buy-in and ownership.

The evaluation will include the following elements:

- *Focus Groups:* these will be held with groups of beneficiaries at the start and end of their participation in projects. A common semi-structured group interview schedule – building on the one used for the evaluation of the pilot work at HMP Haverigg – will be used for all the focus groups. This will be built around questions and prompts relating to mental wellbeing, the Programme's primary focus, with supplementary prompts being used as appropriate to explore perceived benefits in relation to physical activity and healthier eating. Quantitative and qualitative data will be drawn from these focus groups and reported back to the NWPHO and Groundwork by UCLan.

- *Green Gym Questionnaire:* it is likely that a questionnaire will be used within the projects forming part of the 'Greener on the Outside (Prisons) strand of the programme to collect data relating to mental wellbeing, physical activity and other benefits of participation in environmental outworking and horticultural projects. The questionnaire will be adapted from generic questionnaires used by BTCV over a number of years and tailored to ensure relevance and applicability to the prison context and findings will be reported back to NWPHO and Groundwork via UCLan.

- *Project Specific Evaluation:* a number of projects will conduct additional evaluation and provisional ideas include: the use of a feedback card within the packaging of a DVD at HMP Preston; and the use of questionnaires by the Men's Health Forum to capture relevant data from the parenting project at HMP and YOI HIndley.

- *Staff Perceptions:* A questionnaire will be administered quarterly to staff in order to capture their perceptions regarding the impact of prisoners' participation in projects on mental wellbeing, physical activity and healthier eating. In addition, this will ask for tangible illustrative examples of how projects have made a difference.

9. Process evaluation

The TWB Process Evaluation addresses three levels: programmes, projects and individual beneficiaries. This section presents emergent findings from the first round of interviews with Programme Managers, which were carried out between April and May 2009. It focuses on the local area programmes and on the Pan-Regional Prisons Programme. All the quotes contained in the section are from programme managers.

In terms of the Programme level, it was agreed that the evaluation should explore the views and perceptions of programme leaders and other key staff in relation to:

- how progress along anticipated change pathways is enabled or constrained at different stages in the TWB cycle;
- how synergy is developed between component projects and between the three outcomes
- how system-level capability, capacity and sustainability is built; and
- how the wider TWB portfolio network supports and adds value to programme delivery.

It was also agreed that the evaluation should focus on a purposive sample comprising the Pan-Regional Prisons Programme and three local area programmes. In selecting these local area programmes, consideration was given to ensuring:

a) coverage across the three sub-regions of the North West;

b) coverage of urban and rural/semi-rural localities; and

c) coverage of programmes led by different agencies and/or partnerships.

On this basis, Knowsley, Manchester and Pendle (led by the PCT that also leads the Burnley Programme) were selected.

9.1 Local area programmes: emerging findings

9.1.1 Overview

A number of findings have emerged from the analysis of the data gathered through conducting the first round of interviews with local area programme managers:

- For programme managers, TWB aligned with existing health projects coordinated by their organisations.
- Programmes adopted several different methods of allocating funding to projects (e.g. competition to ensure the highest quality projects; collaboration to merge and strengthen similar projects), each having different strengths and appearing to be appropriate to the respective local area.
- The delay in the release of TWB funding to the projects impacted more on projects led by smaller organisations using funding to pay staff costs, as some lacked the cashflow to proceed with recruiting workers.
- The administrative load involved in relation to monitoring and evaluation has been experienced more negatively by smaller organisations involved in Target: Wellbeing, as larger and more established organisations are generally more used to this level of scrutiny.
- The IT knowledge required to participate in the monitoring and evaluation processes has created problems for some projects and this has also impacted on the programme managers, who have had to divert additional resources into dealing with these issues.
- In some of the projects, the evaluation forms were considered by the programme managers to be not particularly suitable for the beneficiary group, and it was suggested that more consultation with key project staff may have addressed this issue.
- Although there are differences between programmes, relationships between programme managers and project managers appear to be generally positive.

- Programme managers have been forging links between organisations involved in TWB projects that had previously not communicated or liaised on a regular basis in their portfolio and other local congruent organisations not involved directly in TWB but involved in 'wellbeing' projects.
- Wellbeing is understood as a holistic concept by the programme managers despite the specific focus of the three TWB 'themes'.
- In general, programme managers appeared to value the opportunity to discuss issues with the process evaluation researchers.

9.2 Visions of Target: Wellbeing

The programme managers' visions of TWB largely aligned with existing health and wellbeing projects and structures being run in their respective locations:

"Wellbeing was talked about clearly with other programmes. [In the unit] it did go hand in hand with the Unit's aim to tackle health inequalities."

"Our vision ties in with the health and wellbeing partnership as well as Target: Wellbeing."

This reflected the fact that although the local areas selected for the process evaluation differed in terms of landscape (i.e. a mixture of urban and rural; varying population densities) and organisational setups, they were all characterised by a high level of poor health among many of their beneficiaries.

9.3 Planning the portfolio and selecting projects

The programme managers' organisations had existing links with various third sector organisations prior to the TWB bidding:

"We were already trying to develop capacity and ability to work with these organisations in order to promote wellbeing."

In deciding which projects to incorporate into the local area portfolios, a number of differing approaches were adopted. Two of the programmes contacted numerous voluntary sector organisations:

"We're a partnership between the local authority and the NHS, we have a really good relationship with the voluntary sector. Because we have these good links we thought we'd ask for expressions of interest from community and voluntary groups in taking part in Target: Wellbeing."

In one programme, 120 expressions of interest were received from third sector organisations. The high level of interest and abundant response was understood to reflect this sector's experience and history of submitting funding proposals:

"The voluntary sector are used to putting things together with very tight timelines."

Two of the programmes organised meetings with interested local organisations to work collaboratively on the various bids to try to increase the possibility of securing funding:

"We didn't have a competitive bidding process … we asked people to talk about proposals around the room, saw it was oversubscribed and then we tried to get projects to join up and get others to cut back on their funding so more projects could fit in overall… the projects evolved organically out of the planning sessions."

Some of the projects within these programmes began as two or three separate proposals, each targeting a similar participant group, and were subsequently merged as part of the planning process. This was not without difficulties, as one programme manager explained:

"Three projects were advised to form a consortium in order to strengthen the bid. Unfortunately when the organisations came to delivery the services the consortium did not function as well as anticipated and a process to separate them and allocate the funding took place."

This is an important issue to highlight as it illustrates the importance of building positive working relationships and of appreciating their importance in securing successful delivery. Programme managers emphasised how it had taken time to develop effective relationships with the project managers working within their portfolios.

In terms of making the final choice of projects (two of the programmes in our sample had eight[4] in total), various criteria were employed including selecting project managers who would be able to cope with issues such as handling budgets and evaluation, setting minimum budget levels for projects, and getting a spread across the three Target: Well-being themes:

"We tended to use pre-existing contacts [to develop projects] rather than advertise and promote the bidding to all organisations."

"We wanted a mixture of new organisations and ones we were comfortable working with. We didn't really want to bring in projects that would struggle to handle the bids."

"We knew we didn't want a lot of small projects in terms of how it would affect impact and management."

"The three 'themes' of TWB were useful as they enabled us to form an assessment panel of experts in each field to look at each of the proposals in relation to the themes."

The 'collaborative' and 'competitive' approaches were both ultimately overseen by programme managers. The possibility of successfully developing a programme portfolio by either means reveals that the approach can to some degree be tailored to the suitability of the region, the set-up of the organisation coordinating the programme, and their prior relationship with other organisations. Inevitably, whatever the allocation process, some projects that wanted to be involved in Target: Wellbeing were excluded. However, none of the projects reported a significant fallout with third sector organisations and local projects in this respect:

"[We] did not receive any complaints from the projects that were not selected to be part of the portfolio, just requests for feedback on how they may be more successful in the future."

9.4 Enabling and constraining factors

9.4.1 Funding

Several issues relating to funding affected the programme managers' decisions in the initial year of Target: Wellbeing. When the overall North West budget was lowered, programme managers had to adjust elements of the projects that were in their portfolio. This was done in a variety of ways without reducing the overall number of projects:

"It was easier to cut the money in the sessional projects (by cutting out sessions), but with others they had to cut the duration of the projects."

The delay to the start of the programme (due to the time needed for GW NW to negotiate and draw up contracts with BIG Lottery and the programmes) also impacted on the projects:

"The funds were not released until March 2008 – this had a knock-on effect as they were not able to recruit additional workers until they had the funding. One of our projects would not start recruiting (putting the advert out) until they got the money which made [the start] as late as June 2008."

The delay in obtaining funds was dealt with by using alternative sources of money, both to begin projects on time and to promote projects that were delayed:

"Some of the projects proceeded prior to receiving the contracts, but they were the ones run by the larger organisations that had some kind of contingency money."

"We were able to get initial funding from another source to work on promotion of the projects which made everyone feel part of the same programme."

The quarterly allocation of funding proved to be a further cause for concern in the early stages of programme implementation:

"The budgets were also divided equally over quarters and didn't account for seasonal projects which need more money one quarter and then hardly any the next."

[4] Burnley/Pendle is a combined programme, which effectively makes their programme size larger than that of the other programmes, 23 in total.

The level of skill involved in handling financial monitoring was also described as problematic, requiring more extensive support than initially envisaged:

"The administrative aspect of TWB was rather more onerous then originally imagined… People needed to be really familiar with Excel. They are getting better and we're working hard to improve them."

After receiving the funding, allocating the money correctly was a further challenge for a number of third sector organisations:

"The biggest problem area for voluntary organisations was costing out people's time, and working out issues such as match funding. It was interesting to see how voluntary organisations work 'hand to mouth' – quite illuminating – and the programme managers have attempted to allocate more support to such organisations."

It was also apparent that the weight of the administrative work attached to the projects was felt most heavily by the smallest organisations, which in turn impacted on the programme managers:

"Some small projects that only received 15k have the same level of financial and output administration as a larger organisation that has dedicated staff to deal with this … This in turn has resulted in a great deal of support being given to the projects by the programme managers in order to help them comply with their TWB funding conditions."

9.4.2 Evaluation

The programme managers all had comments to make about the impact evaluation. The first issue was to do with the timing of receipt of the questionnaires:

"We could have done with having the questionnaires earlier … a lot of the data has been lost that could have been gathered last year."

"…it will be difficult for some projects that have already been running for a while to gather data from service users that no longer access their activities."

After viewing the questionnaires and gaining a fuller understanding of what would be required of their projects, programme managers had little opportunity to adjust project budgets to reflect the time that would need to be allocated to filling them in, as well other costs involved:

"[Projects] didn't budget for ink, paper, the time taken for participants to fill in forms, etc. That has become a major issue – one or two project managers have even said that they wouldn't have bothered participating in Target: Wellbeing if they had known. I think they would have, but with their eyes open."

"The support needed to fill in the questionnaires for some projects is clearly a capacity problem…It will depend on the programme leads having the time and the money to incentivise the projects to do the evaluation."

One programme manager explained that in order to motivate project managers, they have to emphasise the value of participating in the evaluation in terms of potential future funding as:

"an opportunity to gain further funding – i.e. the value of being evaluated through an accredited organisation and being included in the reports that will be collated from … the entire TWB projects."

One programme manager voiced surprise at the extent of evaluation work involved, understood to be a particular issue in situations where the lead organisations (at programme and project levels) had already planned or established their own independent evaluation:

"The evaluation has been a real difficulty. We'd talked about commissioning a local evaluation but there's too much going on so we're not doing that now!"

"Some projects already have their own evaluation model in place, and now have to incorporate another one."

Another, perhaps more crucial, aspect concerned the content of the questionnaires and its perceived and actual relevance to individual projects:

"With more than half the projects the questionnaires are not really useable – especially with [a project involving refugees]…"

Within the sample of local area programmes chosen for the process evaluation, there were no projects identified as 'small and vulnerable' by Groundwork North West – and managers only identified one project in each of their programmes as dealing with a particularly vulnerable participant group. However, programme managers expressed a degree of concern that the questionnaires may bring up some difficult emotional content, especially concerning mental health issues of the beneficiaries, and that this may affect the capacity of projects to secure a high response rate:

"One tool is not going to work for 91 projects. The 'small and sensitive' distinction is a problem as all the projects are small and sensitive in their own way."

"Some more clarity about the consequences of not capturing data would be useful, and perhaps some more reassurance. Getting the evaluation forms filled in and uploaded intimidated a lot of the projects. We are trying to make sure we do as much as we can, but there needs to be a bit of leeway which seems to be happening now."

9.4.3 Relationship with Groundwork North West

As the programme managers are major portfolio stakeholders, their relationships with Groundwork North West are crucial. Programme managers provided positive and useful feedback concerning the relationships and how to ensure that they work effectively:

"In terms of getting help on the phone or by email, it is good and Groundwork recognise the same issues and problems as we do. Over time they have become aware of the issues. I see it more as a mutual support thing."

"In the main it's all positive, the key staff are accessible and helpful."

Reflecting on the initial development stage, it was suggested that more extensive consultation could have been usefully sought with programme managers initially:

"I would've preferred to see more meetings at an earlier stage where we could've shaped the agenda more."

The geographical location of Groundwork North West and the format of the meetings were also issues that raised some concern:

"Some people don't go because the meetings are only two hours … There could also be more meetings at venues around the region as travelling to Groundwork Manchester is time consuming for some programmes. Time needs to be allocated better in the Groundwork meetings, too long is spent on certain things. The last couple of items are always rushed."

Another programme manager explained that Groundwork North West had listened and responded constructively to feedback:

"[The training can be] difficult for some of the key staff of the organisations to access it due to the overall time including travelling that it takes to get to Manchester. This difficulty was recognised by Groundwork North West and several workshops have now been held locally."

9.4.4 Forging links between projects

As mentioned previously, the programme managers discussed the strength in partnership working, with a particular emphasis on the development of strong and supportive links between voluntary sector project leaders:

"Some of the projects in the programme are working well together…[the refugee action project] put on physical activity sessions … which the participant group who are particularly vulnerable benefited from"

"One of the projects has more volunteers then they can afford to train, and in a meeting other project managers were suggesting other funding sources for them."

"Projects … have been linking in with each other to share beneficiaries and enable their service users to experience different aspects of the TWB Programme of activities."

However, it should be noted that this partnership approach often built on extensive development work that had occurred prior to Target: Wellbeing:

"There is a good dynamic between the organisations as they have prior knowledge of each other."

An example was given of a cycling project that has the same parent organisation in two separate areas, and this organisation has been working on links between these congruent projects.

Programme managers expressed enthusiasm for TWB and its role in building enthusiasm and releasing energy within and between local organisations. Although programme managers have adopted different approaches, they all appear well integrated into local authority and PCT structures and have played pivotal roles in securing such an ethos – and in relation to this, one spoke of their "embedded role" in local organisations:

"In between putting the bid in and hearing the decision we kept the relationship going with the organisations whilst awaiting to hear the decision, and there was a lot of mutual enthusiasm to keep the network going (and obtain funding from somewhere else if unsuccessful from Target: Well-being)…There are a number of very passionate and enthusiastic people working in local organisations – some quite experienced in going for funding. As the projects have gone on, they have supported and learned from each other, fostering more links. There is a lot of synergy in the region's projects."

9.4.5 Connections with existing health and wellbeing projects

As well as the connections between projects within the TWB portfolio, programme managers discussed links being made with other projects that are not part of Target: Wellbeing, suggesting that there is a wider ripple effect:

"At first, some organisations were a bit wary of the whole thing, but now it's seen as a beacon as a few of the projects are getting a good local profile, people know about them."

"[An older people's project] builds upon existing work about peer health mentors, we can do more of something that was working well."

"We recently held a networking event for the region, to share good practice, not just for Target: Wellbeing, but for local voluntary schemes and the community sector funded by the PCT."

One programme manager suggested that whilst TWB might not have a particularly strong recognition with beneficiaries this is not necessarily a problem:

"To the local community, there is no particular distinguishing between projects being TWB or not, it is more about how good the projects are at affecting people's wellbeing… TWB seems to be welcomed by organisations as another funding source, I don't think the beneficiaries really care where the funding comes from."

Although this may seem to conflict with Target: Wellbeing's strong emphasis on branding, there was a sense that the actual impact of the projects as experienced by local beneficiaries is in reality the most important and enduring thing.

9.5 Concept of wellbeing and connections between 'outcome areas'

TWB has three outcome areas: healthy eating, physical exercise and mental wellbeing. In general, programmes have tried to achieve a balance of projects leading on each of the three themes. However, programme managers explained that both they and the projects do not necessarily make this distinction themselves, raising questions about the usefulness of designating a 'priority' outcome area for each project:

"We tried to get a balance between all the three. Some of the organisations were already working with a notion of wellbeing that blurred the boundaries between these themes, the whole holistic picture. The mental health at work project is more specifically categorised than others but even this project is forging links (e.g. with the cycling project). This is the added value of the projects – the connections being made."

"TWB appears to view [the themes] separately, but the projects view them all holistically incorporating all or several of the three strands of the wellbeing theme."

It was suggested across the programmes that although generally participants have a similar understanding of wellbeing:

"Wellbeing is a difficult concept for some refugees and asylum seekers, culturally they don't have the same concept."

Wellbeing can be more clearly applied in holistic terms in certain projects. For example, an allotment-based project with socialising in a community garden, exercise involved in tending to the land, eating of the produce and caring for the growing vegetables and plants.

9.6 Sustainability

Linked to this, the programme managers are all interested in how the projects in their respective portfolios can be sustainable. This concern manifests itself in a variety of forms, from confidence building and establishing networks to extending funding:

"[Target: Wellbeing] is giving the third sector more confidence, especially regarding working towards continuing the projects when the money runs out and getting projects commissioned from other funders.

"The voluntary sector do a lot for a little money. What I really want to do is try to get more money to extend these projects…"

"[Our] strength is in partnership working, they have a strong link in the statutory sector with all the voluntary sector group leaders … We have a great relationship with the projects leads. A lot of the things we do are based on trust, the projects know that I am rooting for them, I'm always asking for extra money for stuff and they get a sense that this isn't just a programme I manager – I believe in it."

A word of caution was given in relation to the current financial climate and some knowledge of prior Big Lottery-funded projects.

"Who knows where the money is going to come from. With a lot of lottery programme projects they unfortunately fizzle out."

9.7 Pan-regional prisons programme: emergent findings

9.7.1 Overview

As the Pan-Regional Prisons Programme is structured and managed differently from the local area programmes and faces different challenges, it is appropriate to present the emergent findings as a separate section.[5]

There are several key distinctive findings from the pan-regional programme managers interviews.

- A key component is to join together across a variety of prisons institutions that are often working in isolation.
- In working with such a complex organisational structure, more time should be allocated to initial contract exchange and agreement than was allocated.
- Prisons often appear to have a different focus on Wellbeing more related to the skills agenda than the TWB agenda's health outputs.
- There are some early examples of some prisons linking up the three target wellbeing outcome areas.
- Prisons have particular issues which can delay projects that do not affect community projects.
- The process evaluation will be more valuable if it is honest about addressing issues within the prison system that prevent pan-regional project implementation, as well as understanding the successes.

9.7.2 Vision

The programme manager spoke of her vision of the Target: Well-being Pan-Regional Prisons Programme as being about:

"joining up across the criminal justice system using health as a theme. We work with prison systems and their partners to achieve wellbeing outcomes that can be monitored, using TWB as a framework and an umbrella to achieve this and using the TWB themes as drivers to achieve outcomes."

However, within the context of this optimism, it was also recognised that the programme presents very real challenges due to the nature of the criminal justice system:

"Prisons can be difficult to work with. The complexity of the system means it takes time to organise meetings and contact people."

The programme manager believes that good outcomes can be achieved even with limited budgets, but that this will take time as the system as a whole is still evolving with strong cultural norms and values. Part of the challenge is to get prisons to communicate and share their work and learning with each other:

[5] When the programme manager has made points that refer more generally to Target: Wellbeing, they have been incorporated into the main section.

"The culture of prisons is one of isolation…We want to reduce the level of competitiveness to maximise the outcomes that we can achieve."

The emphasis on a system-level approach reflects a concern to ensure that the projects – and prisoners' involvement in these – will be beneficial for their wellbeing, not just whilst in prison but also when they are released into the wider community.

9.7.3 Initial steps

At the time of interview, the Pan-Regional Prisons Programme was still in its early stages. In order to secure the active participation and buy-in of prisons, it has been crucial to work with and gain high-level support from the North West Regional Offender Management office. This has proved to be both an important and challenging part of the programme's development, because the offender management service is undergoing restructuring at all tiers.

A further challenge has involved putting contracts in place – both between Groundwork North West and the University of Central Lancashire (UCLan) and between UCLan and individual prisons. This has resulted in delays, which on reflection could possibly have been predicted and built into the programme timeline:

"As the project lasts for four years, it would have been good to have a year to sort out administration… It would [also] be useful if we had templates for all the programmes that could have been used."

However, the enthusiasm for TWB is illustrated by the fact that a number of prisons have not only invested significant amounts of money and time in setting up projects, but also in some cases taken the risk of proceeding with work in advance of contracts being signed and funding being transferred.

9.7.4 Wellbeing: connecting different agendas

The offender management context creates particular issues and challenges relating to the delivery of wellbeing projects that aren't present to the same extent in local area programmes:

"Prisons have a different understanding of wellbeing … when you're working with prisons and not healthcare … they want to hit all the targets around the skills agenda – it's not easy to marry up with TWB and the health agenda … The set up of TWB has in part created this situation by asking the prisons what projects they would like to run that fit into TWB and we have found ourselves getting drawn in to the target driven culture of prisons. However, anything positive you do in prison is going to have an impact on wellbeing for the prisoners."

It is therefore necessary to find ways of connecting different understandings and agendas. Working within the framework of the BIG Lottery outcomes, the Pan-Regional Prisons Programme manager is viewing the programme in terms of measurable elements of the prisoners' wellbeing – such as the positive impacts of being outdoors as opposed to locked up in the cell, healthier eating and taking more exercise. However, she is also keen to demonstrate how the programme can contribute to the resettlement agenda – which is trying to prevent ex-offenders drifting back into crime and re-offending, and consequently has a strong focus on skills development, qualifications and future employability.

In addition, mental health is a sensitive subject to raise within the prison context and often has to be approached indirectly with prisoners to avoid producing a range of negative responses.

9.7.5 Challenges and early successes

Whilst any findings are at this stage emergent, the Pan-Regional Prisons Programme has already stimulated extensive interest and enthusiasm across the offender management system in the North West region. As with the local area programmes, there has been a strong focus on developing an holistic understanding of wellbeing. Alongside this, there has been a concern to work at a systems level and to transfer learning across the sector:

"We've got some good examples of how a prison has linked up the three outcome areas with a three-phased project – it is an ideal example of a prison demonstrating a systems level programme that hits those target outcome areas… and has so many transferable components… from it to other prisons. If we could hold it up as best practice… and take the learning from it and apply it to other prisons."

Interestingly, whilst much of the work is innovative in the context of the prison health agenda, it is actually revisiting and reformulating activities with a much longer history. This is particularly true of the 'Greener on the Outside (Prisons)' project:

"The environmental project is only what prisoners used to do - prisoners used to go out in work parties. It's not new."

The specific context means that there can be unforeseen difficulties and problems that can seriously influence the effective delivery of projects:

"Time delays getting in touch with people can be very tough. I'm working with… a project that may have a training session for prisoners, but there might be a shutdown in the prison and it might be cancelled, and you can't really reschedule sessions."

There are further issues concerning the fact that prisoners are under no obligation to come to sessions, making recruitment to projects a potential challenge. Additionally, there is a need for ongoing risk assessment and for clarifying motivation for prisoners' involvement. For example, do prisoners sign up for environmental outworking projects because they are genuinely interested or are they being coerced into bringing drugs back into the prison? All of these challenges highlight the need for adaptability and flexibility in implementing the Pan-Regional Prisons Programme.

However, the overall mood is one of optimism – acknowledging the challenges and being prepared to discuss them openly within the context of process evaluation:

"We need to be confident in this whole process, that the complexities of the system will allow us to be honest, will let us to say for example 'yes, it worked – but only with these people and in this context. These sorts of findings wouldn't be picked up in a number-crunching exercise.

10. Appendix

List of Projects by Area and Outcome Theme

Programme Area	Title	Outcome Theme
Burnley	BUFFALO (Burnley Food and Fitness Aimed at Lowering Obesity)	Healthy Eating
	Fresh Soups and Salads	Healthy Eating
	Offshoots Permaculture Project & Youth Works (Burnley)	Mental Wellbeing
	Linkbridge Community Sport Centre	Mental Wellbeing
	Active Ageing	Mental Wellbeing
	Brook Counselling for Young People	Mental Wellbeing
	CALMzone	Mental Wellbeing
	Youth Works	Physical Activity
	Living Allotments	Physical Activity
	Active Spaces	Physical Activity
Ellesmere Port and Neston	Get Involved - Get Active	Physical Activity
	Mental Health and Well-Being	Mental Wellbeing
	Lots of Plots	Healthy Eating
	Out & About	Mental Wellbeing
	Workplace Well-Being project	Mental Wellbeing
	Pathways to Employment	Mental Wellbeing
	Community Walking Programme (Footprints)	Physical Activity
	Grab A Bag	Healthy Eating
Halton	Diamond Life	Physical Activity
	Grow Healthily	Healthy Eating
	Supported Employment	Mental Wellbeing
	Walksafe	Physical Activity
	Bounce Into Action	Physical Activity
	Kingsway Bike Project	Physical Activity
	Re-Cycle Repair	Physical Activity
	Jigsaw	Mental Wellbeing
	Tai Chi for Cancer Patients and Carers	Physical Activity
Knowsley	Knowsley Ageing Well Plus	Mental Wellbeing
	Pre School Nutrition	Healthy Eating
	Families Fit For Life	Mental Wellbeing
	Shimmy Shimmy Shake Shake	Physical Activity
	Great Outdoors	Physical Activity
	RETAIN/REGAIN	Mental Wellbeing
	Cafe Society	Healthy Eating
	Pedal Away	Physical Activity
Liverpool	Asylum Link Better Lives Project	Mental Wellbeing
	Grow your own for the over fifties	Mental Wellbeing
	Cycle For Health	Physical Activity
	KADRA Green	Mental Wellbeing
	Grow, Cook, eat and exercise down on the farm	Healthy Eating

Programme Area	Title	Outcome Theme
Manchester	Allotments for Community Wellbeing	Mental Wellbeing
	HELF partnership (Healthy Eating Local Food)	Mental Wellbeing
	Herbie	Healthy Eating
	Addy Activity Clubs	Physical Activity
	North Manchester Wellbeing Centre	Mental Wellbeing
	Refugee Wellbeing project	Mental Wellbeing
	Women's Well-Being Project	Mental Wellbeing
	Look Lively	Physical Activity
Oldham	Food for Thought	Physical Activity
	Together Steady Cook	Mental Wellbeing
	Nutrition Skills Training and Development in Westwood and Coldhu	Healthy Eating
	Mental Health in the Workplace	Mental Wellbeing
	Groundwork Prince's Trust Plus	Mental Wellbeing
	Target: Incapacity Benefit	Mental Wellbeing
	Target: Growing for Health	Healthy Eating
	Spaces for All	Physical Activity
	Men Behaving Healthily	Mental Wellbeing
	Activate	Physical Activity
	Get Up and Go	Mental Wellbeing
Pendle	Food for Thought	Healthy Eating
	Brook Counselling for Young People	Mental Wellbeing
	Active Ageing	Mental Wellbeing
	Care Farm Development Project	Mental Wellbeing
	CALMzone	Mental Wellbeing
	Well-Being support for Young People	Mental Wellbeing
	IMPACT (Involving More Parents And Children Together)	Mental Wellbeing
	Arts on Prescription	Mental Wellbeing
	The Prince's Trust Community Project - Pendle	Physical Activity
	Grow and Sow	Healthy Eating
	Going Wild	Physical Activity
	Grow and Taste	Healthy Eating
	Wild about Food	Physical Activity
Preston	Out There	Mental Wellbeing
	Chrysalis	Mental Wellbeing
	Preston on Wheels	Physical Activity
	Preston Leaps into Participation (PLiP)	Physical Activity
	Growing Food for Life	Healthy Eating
	Health for All	Healthy Eating

Programme Area	Title	Outcome Theme
St Helens	Trust Matters	Mental Wellbeing
	The Inspire Project	Mental Wellbeing
	Healthy Carers St Helens	Mental Wellbeing
	Community Food Project - Early Years	Healthy Eating
	Supported Volunteering Project	Mental Wellbeing
	Cycling Enabling	Physical Activity
	Grow Healthy Spaces	Healthy Eating
	Walk Safe	Physical Activity
	Care Gold Standard & Care School & Care Action for Well-being Greener on the Outside (Prisons): GOOP & Inside/Out & Offender-F	

Project Outcomes

Outcome Theme	Outcome
Mental Wellbeing	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
Physical Activity	2a Increased cycling and walking
	2b Increased use of open space for physical activity
	2c More active in their daily lifestyles
Healthy Eating	3a Increased number of people involved in food growing
	3b Increased availability of healthy food\t
	3c Improved levels of food preparation and cooking skills
	3d Increased knowledge about healthy eating

Outcome	Measurable indicators	T[1]	T[2]	NWPHO (2009)	
		welcome	exit	NW	IMD 5
TWB will work with the most disadvantaged communities across the North West.					
Reach analysis	Participants from targetted LSOAs	✔	✔	✗	✗
	Participants with self-assessed 'not good' health	✔	✔	8.2%	11.6%
	Participants who had been told by a health professional that they had suffered a heart attack	✔	✗	3.7%	4.6%
	Participants who had been told by a health professional that they had suffered a stroke	✔	✗	2.7%	3.2%
	Participants who had suffered from asthma in the last 12 months	✔	✗	9.1%	9.7%
	Participants who had suffered from angina in the last 12 months	✔	✗	3.5%	4.9%
	Participants who had suffered from arthritis in the last 12 months	✔	✗	17.8%	18.9%
	Participants who had suffered from back problems in the last 12 months	✔	✗	16.7%	18.5%
	Participants who had suffered from depression in the last 12 months	✔	✗	9.8%	12.3%
	Participants who had suffered from diabetes in the last 12 months	✔	✗	5.0%	5.5%
	Participants who had suffered from hypertension in the last 12 months	✔	✗	17.6%	19.0%
	Participants who are obese or overweight	✔	✔	49.1%	51.1%
Improve the mental wellbeing of people within the most disadvantaged communities across the North West.					
Wellbeing	Improved mental wellbeing measured by SWEMWBS (mean score)	✔	✔	✗	✗
	Improved life satisfaction (mean score)	✔	✔	✗	✗
1a	Beneficiaries report they have developed skills that will help them have more control over their life (as a result of project)	✗	✔	✗	✗
	Beneficiaries self report project has helped them have better financial awareness	✗	✔	✗	✗
	Beneficiaries self report project has helped them have better relationships with family/friends	✗	✔	✗	✗
	Beneficiaries self report project has helped them in taking care of their children	✗	✔	✗	✗
	Beneficiaries who report project will help them look after themselves physically	✗	✔	✗	✗
	Beneficiaries report qualitative improvements: what they can do as a result of project that they could not do before	✗	✔	✗	✗
	Beneficiaries report improved self efficacy (Schwarzer & Jerusalem, 1995) (mean score)	✔	✔	✗	✗
1b	Beneficiaries self report project has helped them do their current job	✗	✔	✗	✗
	Beneficiaries self report project will help them find new employment	✗	✔	✗	✗
	Beneficiaries self report qualitative improvements in relation to job control	✗	✔	✗	✗
1c	Beneficiaries report that project has helped them meet new people	✗	✔	✗	✗
	Beneficiaries report that project has helped them feel part of their community	✗	✔	✗	✗
	Fewer beneficiaries agree that they find it difficult to meet with people who share hobbies or interests	✔	✔	✗	✗
	More beneficiaries report helping with or attending other activities in their local area in last 12 months	✔	✔	✗	✗
	More beneficiaries agree that people in their local area help one another	✔	✔	✗	✗
	More beneficiaries report feel 'strongly' that they are part of their immediate neighbourhood	✔	✔	✗	✗
	More beneficiaries report that they are satisfied with their neighbourhood as a place to live	✔	✔	✗	✗
1d	Beneficiaries report increased self esteem (Rosenberg, 1965) (mean score)	✔	✔	✗	✗

Outcome	Measurable indicators	T[1]	T[2]	NWPHO (2009)	
		welcome	exit	NW	IMD 5
	Support people with predominantly sedentary lifestyles to increase their levels of physical activity.				
2a	More participants involved in cycling	database		✗	✗
	More participants involved in walking	database		✗	✗
	Beneficiaries self report increases in walking	✔	✔	✗	✗
2b	Beneficiaries report increased use of outdoors for physical activity	✗	✔	✗	✗
	Beneficiaries provide qualitative evidence of ways in which they now make more use of outdoors	✗	✔	✗	✗
2c	More beneficiaries report moderate/high levels of physical activity	✔	✔	65.3%	65.2%
	Fewer beneficiaries report low levels of physical activity	✔	✔	34.8%	34.8%
	Fewer beneficiaries report being sedentary for 8 hours or more a day	✔	✔	11.7%	13.6%
	Beneficiaries report they are more physically active in their daily life as a result of project	✗	✔	✗	✗
	Beneficiaries provide qualitative evidence of ways in which they are now more active	✗	✔	✗	✗
	Beneficiaries report they enjoy physical activity	✔	✔	✗	✗
	Beneficiaries report that project has encouraged them to take up other physical activity	✗	✔	✗	✗
	Beneficiaries report that they will continue to be more physically active in their daily life	✗	✔	✗	✗
	Support people at risk, or already suffering from diet related illnesses by improving their knowledge of, and access to, good food and improved diet.				
3a	More participants involved in food growing	database		✗	✗
	Beneficiaries report increasing confidence in growing their own food	✔	✔	✗	✗
3b	More beneficiaries report eating five or more portions of fruit and vegetables a day	✔	✔	41.9%	37.1%
	Fewer beneficiaries reporting eating no portions of fruit and vegetables a day	✔	✔	4.8%	6.8%
	More beneficiaries agree that healthy food often tastes nicer than unhealthy food	✔	✔	✗	✗
	More beneficiaries agree that they enjoy eating a healthy balanced diet	✔	✔	✗	✗
	More beneficiaries report healthy eating goals are important when it comes to food	✔	✔	✗	✗
	Beneficiaries report increasing confidence around eating healthily	✔	✔	✗	✗
	Beneficiaries report increased confidence around choosing healthy foods when shopping	✔	✔	✗	✗
	Beneficiaries report increasing confidence around being able to shop on a budget for healthy ingredients	✔	✔	✗	✗
	Beneficiaries report that they will continue to eat more healthily	✔	✔	✗	✗
3c	Beneficiaries who in a normal week, report eating a meal prepared and cooked from basic ingrediants more often	✔	✔	✗	✗
	Beneficiaries report increased confident about being able to prepare and cook meals from basic ingredients	✔	✔	✗	✗
	Beneficiaries report increased confidence around following a simple recipe	✔	✔	✗	✗
	Beneficiaries report increased confidence around cooking food safely	✔	✔	✗	✗
	Beneficiaries who agree that they enjoy putting effort and care into the food they eat	✔	✔	✗	✗

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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.

Groundwork UK is the operating name of The Federation of Groundwork Trusts Ltd., a company limited by guarantee and registered in England. Company registration number: 1900511. Charity registration number: 291558.

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