



South West Well-being Programme

Evaluation Executive Summary
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Executive Summary

Overview of the South West Well-being Programme evaluation

South West Well-being (SWWB) is a Big Lottery funded programme delivered by a consortium of fifteen community-based voluntary sector organisations from across the region. The initiative runs from February 2008 to January 2011 and is led by Westbank Healthy Living Centre.

Over the time of the evaluation we have compiled two reports in addition to this final report. In our first report on the SWWB programme (South West Well-being programme: First year evaluation) we presented a formative evaluation of the SWWB programme in its first year of delivery. It explored the organisational context to project delivery, beneficiary perceptions of SWWB services, early achievements and challenges, and common underlying themes in delivery.

In the second of three evaluation reports (South West Well-being programme: Adding Value) we focused on the nature and extent to which SWWB projects add value to local service provision. Added value can be defined as the additional benefits gained as a by-product of a service or project, which would not have occurred, had the service or project not gone ahead.

Using a mixed methods approach, we have drawn upon a variety of forms of evidence including records of service users registering with projects, interviews and focus groups with beneficiaries, observation, good practice guidelines, a regional survey of practitioners in partner agencies, unit cost analyses and case studies.

Well-being and the role of the South West Well-being Programme

There is increasing evidence that positive well-being leads to a more flourishing and fulfilling life at home, school, work and in the community we live. It is central to our ability to function well, be productive, healthy and cope with adversity and change. As The Government Office for Science's Foresight highlights, well-being is a driver for a wide range of positive outcomes:

Well-being is

“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.”

Holistic interventions aimed at improving well-being have begun to attract considerable interest in recent years. Such work not only offers long-term benefits to individuals, action to improve positive wellbeing could have very high economic and social returns. Research to inform our understanding effective action plays a vital role in supporting a shift to invest in prevention and health improvement. The intelligence provided on the wider determinants of wellbeing and individuals' lives is also of value in developing insight into the complex interrelationships between the factors that impact on well-being.

This report focuses on South West Well-being, a BIG Lottery funded programme aiming to promote local action on the promotion of health and well-being across the region. It brings together a consortium of community-based organisations that have a track record in third sector health promotion in areas of social disadvantage or with groups of people at risk of ill-health.

Key findings from First Year Report

The process evaluation commenced in April 2008. Fieldwork took place until February 2009 and included a series of questionnaires, and structured and semi-structured interviews with 28 project staff and 40 service users. Service users were purposively sampled to represent a range of target beneficiaries, a range health or well-being related needs, and a range of self-reported positive outcomes.

The process evaluation found that the portfolio embraced different levels of intervention including a structural orientation towards community, environmental and local economic development whilst also focusing on individual health-related behaviours.

Of the three programme strands, the promotion of mental health was often the underlying, if not central, objective for many activities. All projects report they are addressing health inequalities to some degree with variation across the programme with those projects operating in areas of relatively low health poverty aiming to address 'fine grain' health inequalities.

All projects employ an understanding of promoting social capital through diverse activities including social networking, community capacity building, and the promotion of neighbourhood trust and reciprocity. Many emphasise the benefits of group-based social engagement.

The SWWB consortium model sees projects collaborating with partners from all sectors to meet the well-being needs of individuals and communities within the region. These are delivered through a variety of different partnership arrangements.

Participating projects showed a clear intention to pool knowledge and skills to enhance local delivery and to develop strategically. Given that this is a complex, developmental initiative, with varied local geographical remits, participating projects demonstrated a clear commitment to learn and grow together to meet evolving need.

Some host organisations conducted a comprehensive review of the delivery and position of their organization in the context of local and national service drivers including Joint Strategic Needs Assessments, Primary Care Trust priorities, LSP Community Plans, Local Area Agreements.

Many projects were led by recently created third sector organisations that are emerging as community anchors and key advocates for voluntary sector health services. Project leads perceive that SWWB funded work has a significant role in demonstrating the potential longer term role for healthy living organisations to deliver local services.

The sample of beneficiaries interviewed reported being extraordinarily happy with the quality and character of SWWB activities. Their personal accounts provide clear illustrations of how SWWB activities deliver a personalised, participant-led and holistic response to health needs. Many had a clear understanding about the range and provision of activities on each project but very few had a sense that they were part of a regional well-being programme.

Salaried staff have been central to project delivery with most projects making extensive use of part time salaried staff and sessional workers to support flexible delivery and to optimise their skill base. The role of volunteers is mixed. For some projects volunteering is a central aspect of their ethos and delivery, for others it is less important.

The projects offered a very high level of individually tailored support to beneficiaries. This support is based on a range of strategies that include personal motivational support, group facilitation, incentives and membership schemes, the use of peer support, the provision of local transport and, of course, the free or subsidised use of services.

Key findings from second year *Added Value* Report

The Beneficiaries

For this report we undertook an early analysis of the SWWB database that collated demographic information on beneficiaries on the programme. The records of 2007 service users registered with ten projects showed that people participating in SWWB activities include a wide spread of age groups and other demographic characteristics such as employment, housing and family status.

Seventy per cent of the service users were women and 40% were aged between 25 and 54 years of age. Twenty three per cent were in some form of employment and 21% were retired. Just over 1 in 10 service users report that they are seeking work. In terms of domestic status, the largest group of service users are single people living alone (17%). Forty one per cent own their own home.

SWWB projects are by no means alike. Some projects clearly rely upon informal community networks whereas, for others, formal links with practitioners in partner agencies have much greater significance.

The personal goals of participants reflected the main themes of the programme, although more seek to improve mental well-being than physical activity or improve healthier eating. Data on self reported outcomes using the pre- post- SWWB Well-being questionnaire is currently being collected and will be presented in the third evaluation report.

Perspectives of practitioners from partner agencies

Out of 310 questionnaires sent out, 173 (56%) practitioners responded from agencies operating in the same areas as SWWB projects. There was an average of just over 13 responses from each project. Out of those who responded there was a fairly even spread between those in NHS, Local Government and Third Sector agency employment.

The responses showed that SWWB organisations have partnership links that span a wide range of fields and all sectors. Most, but not all projects, have established links with NHS GP services. Thirty one per cent of practitioners stated that their agencies share information with SWWB staff about service users and share venues for delivery. Seventeen per cent of partner agencies have started to engage in formally contracting SWWB services.

Of those who were aware of the SWWB programme, 71% of practitioners have recommended SWWB activities to their service users. Fifty nine per cent stated that they had formally referred their service users to SWWB activities. There was no significant difference across service sectors in terms of patterns of recommendation. However, NHS practitioners were more likely to formally refer compared to those in local authority and third sector agencies (71% compared to 44%). Conversely, recommendations and referral *from* SWWB staff to partner agencies were perceived by fewer respondents (35% and 28% respectively).

Practitioners indicated that there are effective links between SWWB projects and their agencies. For example, 75% thought that communication between staff was either good or excellent. Overall, 69% practitioners felt informed about aspects relating to SWWB target groups and the aims of project activities (77%), and how the activities fit with local services (64%). Fewer respondents (59%) felt well

informed about the outcomes for participants in SWWB services. This trend was stronger for NHS sector respondents.

Nevertheless, written feedback showed that respondents receive very positive anecdotal feedback from individual service users and often have a good level of trust in the quality of SWWB provision. This feedback provides examples of highly significant outcomes for individual service users. These successful cases are also of considerable assistance to the wider goals of partner agencies in terms of preventative work, rehabilitation, enriched care or learning and so forth.

Practitioners are in general agreement that SWWB activities complemented other services and fill gaps which otherwise would not be filled. Practitioners both in the NHS and other sectors share the same positive views about the role of SSWB projects in supporting NHS preventative services. However, there was a common impression that neither the local community nor the local statutory bodies were aware of the project activities.

A majority (54%) were of the opinion that there were opportunities for closer working between their agency and their local SWWB project. Those who do not *recommend* individuals to SWWB project activities are less likely to believe that there are opportunities for closer working. The written feedback presents a picture of frontline services working under pressure in which the scope for closer links with preventative and community agencies is clearly desirable to practitioners.

Unit Costs

Using a nationally recognised approach, unit costs were calculated for eleven services including open access groups, rapid response provision and one-to-one intensive mentoring.

SWWB activities show a wide range of unit costs from £3.29 to £96.30. These reflect the level of specialism, intensity and personalisation of the service. Higher costs services also appear to reflect the levels of need and potential benefits intended.

Unit costs for multiple aspects of provision give an insight into 'whole service' operations whilst costing for individual services offer a platform for developing a detailed understanding. These levels of analysis are different and are likely to be of value when internal and external stakeholders wish to consider options for developing services.

Simple comparisons with statutory sector provision are not advisable owing to the complexity of factors that need to be taken into account when unit costing. Nevertheless, it appears evident that aspects of SWWB service provision represent good value for money.

Key Findings from final report

With over 25,000 people being recorded as having participated in programme activities, SWWB has been exceeding its planning delivery targets.

Evidence that SWWB projects target groups of people with high levels of ill health (mental ill health, low physical activity, overweight and poor diet) and challenging social circumstances (economic deprivation, isolation, disability and care responsibilities).

SWWB programme works as a close ally to GP services, social care services and a range of partner organisations. 24% of beneficiaries take up SWWB services through referrals and recommendations from partner agency professionals.

The evaluation team analysed the health and well-being outcomes of beneficiaries who completed a before and after questionnaire containing a combination of validated and original measures. These participants had taken part in structured activities that combined group and one-to-one support. Typically the activities took place over the course of six sessions. All had a holistic approach to well-being and general health improvement, although the majority of activities focused the work around healthy eating, physical activity or mental health. Respondents completed the questionnaire after taking part in the activity - or at a review point. 1178 baseline questionnaires have been completed and, to date, 671 matched follow ups have been returned.

The findings of the study showed a range of positive changes in beneficiary well-being at follow up.

Sixty five per cent of SWWB respondents reported their general health to be 'good' to 'excellent' at baseline. This rose to 82% at follow up. The data shows improvements in comparison to recent large scale surveys, although there are small differences in the measures adopted. For example, the NPHO study (2009) found that 72% of respondents reported that they were in 'good' or 'very good' health.

Individuals taking part in activities with a focus on healthy eating show a marked increase in fruit and vegetable intake. At baseline 25.5% of participants were meeting public health 5 a day guidelines on fruit and vegetable intake. This rose to 39.5% at follow up. This compares to 28% for a comparable age profile in the England population.

There were significant improvements in mental health. For the whole sample 35.6% of respondents reported significant depressive symptoms as baseline. This fell to 18.5% at follow up. This compares to 20.8% of the England population.

Findings based upon the four week physical activity self report indicate that at baseline 23.8% of participants were following public health guidelines on exercise. At follow up this figure rose to 33.9%. This is in the context of national research that shows 31% of adults meet current guidelines.

Overall satisfaction with life as a whole, a measure of mental well-being, showed significant positive change. At baseline SWWB respondents scored an average of 6.1. This rose to a score of 7 at follow up, which is closer to the UK average score of 7.2.

Using the Short Warwick Edinburgh Mental Well-being scale, a validated measure, the study found a significant positive change. At baseline 58.4% of participants scored for 'moderate' or 'high' levels of

mental well-being, at follow up this rose to 73.1%. This compares to 83.2% of the England population.

Whilst we do not currently have national comparators to put the findings into context, the study also found statistically significant positive changes in wider aspects of social well-being. These include:

- Perceptions of belonging to a community
- Regularly meeting socially with friends and relatives
- Perceptions that there are people in the local area who help one another

Early analysis shows that mental and social well-being is strongly linked to the programme goals to improve healthy eating, physical activity and mental ill health. For example, at follow up people reporting higher mental well-being are more likely to:

- Enjoy eating healthy food
- Enjoy putting care and effort into preparing food
- Regularly prepare meals from basic ingredients
- Believe that physical activity is enjoyable and important for health

These findings support the SWWB holistic service model because it suggests that work in one area can deliver wider health benefits for participants. Overall the findings from the study indicate a very positive set of associations between participation in SWWB activities and the well-being of respondents.

