

Target: Wellbeing Evaluation Final Report 2012



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1. Executive summary

Target: Wellbeing (TWB) aimed to improve the health and wellbeing of people living in poorer communities across the North West through the activities of a portfolio of ten local and two pan-regional programmes. These programmes included a total of 95 individual projects each focusing primarily on one of three key themes or strands; healthy eating, physical activity and mental wellbeing. TWB is one of 17 portfolios nationwide, which were funded for the period October 2007 to March 2012, as part of the Big Lottery Fund's £165 million Well-Being Programme.

This final evaluation report of the TWB portfolio presents quantitative and some qualitative evidence of the impact of the programmes during the period January 2009 to January 2012, and provides an update to *Target: Wellbeing Evaluation – Annual Report 2011*,¹ which covered the reporting period April 2009 to August 2010. This evaluation complements other evaluation activity, including an evaluation of the TWB process undertaken by the University of Central Lancashire (UCLan),² bespoke evaluations undertaken by individual projects themselves, and the national evaluation of the Big Lottery Fund National Well-Being Programme undertaken by the Centre for Local Economic Strategies (CLES) and the New Economics Foundation (NEF).³

The aim of this evaluation was to measure whether people living in more deprived areas of the North West had benefited from the activities of the TWB portfolio and whether participation had led to improved health and wellbeing outcomes. The tools used in this evaluation included a participant registration database and welcome and exit questionnaires, including core and project theme specific (healthy eating, physical activity and mental health) questions. The evaluation aimed to measure the impact of the portfolio at an aggregate level and did not set out to measure change at individual participant level. All projects were invited to participate in individual training sessions on how to implement the evaluation tools. Of the 95 TWB projects, 45 projects utilised all the evaluation tools including 10 healthy eating, 16 physical activity and 19 mental wellbeing projects. A total of 10,537 people were registered on the participant database (approximately 20% of total number of people who had benefitted from involvement in TWB) with 2,364 welcome and 1,522 exit questionnaires being received for analysis.

Key Findings

- Overall, Target: Wellbeing had a positive impact on the health and wellbeing of participants across the portfolio and for all primary themes (mental wellbeing, healthy eating, and physical activity).
- The majority of registered participants lived in the more deprived areas of the North West and reported high levels of ill-health on entry to the projects, although less than half of participants lived in the target areas. Participants of the projects were predominantly female (65%).
- Significant improvements in levels of mental wellbeing and life satisfaction were reported, particularly by those participating in mental wellbeing projects.
- The majority of participants (90%) stated that TWB had helped them develop skills that enabled them to have more control over their lives.

- Levels of physical activity and fruit and vegetable consumption increased amongst participants across all projects. However, physical activity and healthy eating projects appeared to attract participants already interested in being physically active and/or enjoying a healthy balanced diet.

1.1 Target: Wellbeing participants

Of the 95 Target: Wellbeing projects, 66 used the participant database to register those attending their sessions. Nearly three-quarters of participants registered on the database (73%) lived in the two most deprived quintiles of the population,ⁱ with over half living in the most deprived areas (55%). However, less than half of registered participants lived in the lower super output areas (LSOAs) specifically targeted by TWB due to their high levels of health need.ⁱⁱ

40% of participants self-reported experiencing some form of nervous trouble or depression in the last 12 months, four times greater than the regional average (9.8%) described in the 2009 *Health and Lifestyles in the North West* report.⁴ Target: Wellbeing participants reported higher levels of asthma, diabetes, hypertension, arthritis and back problems in the last 12 months than people living in the most deprived areas of the North West. Due to the similar nature of the two groups, this possibly indicates that TWB was successful in targeting people with significant health needs. However, TWB participants were also more likely to self-report that they achieved high or moderate levels of physical activity than regionally and were more likely to say that they were eating five portions of fruit or vegetables a day. This could be due to participants over-estimating or projects could be engaging with those people already interested in adopting healthier lifestyles.

More females than males were registered with TWB (65% vs. 35%), with similar ratios seen amongst those completing welcome and exit questionnaires.

1.2 Behaviour change

Evidence of behaviour change in this final report, across the portfolio and the three primary themes under investigation (mental wellbeing, physical activity and healthy eating), is based on pre- and post-intervention scores. Analysis was conducted on 2,364 welcome questionnaires and 1,522 exit questionnaires received by the North West Public Health Observatory (NWPHO) between April 2009 and January 2012.

The evidence shows that mental wellbeing projects have successfully targeted those most in need (with lower wellbeing levels prior to involvement with TWB than those across the portfolio

ⁱ The 2010 Index of Multiple Deprivation covers the whole of England. It measures seven aspects of deprivation for LSOAs which are combined to create an overall deprivation score for each LSOA. This allows each LSOA to be ranked in comparison with one another according to their level of deprivation and allocated to a deprivation quintile for England; one of five categories running from the most deprived to the least deprived.

ⁱⁱ 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.

as a whole) and have shown significant improvements in the self-esteem and self-efficacy of the participants. Social wellbeing and life satisfaction were also seen to improve across the portfolio.

1.2.1 Improved mental wellbeing

All respondents reported significantly higher levels of wellbeing following TWB intervention. Using the Short Warwick and Edinburgh Mental Wellbeing Scale (SWEMWBS)¹³ scoring system (a scale from 7 to 35 points), there was an average increase of 3.3 points (from 22.4 to 25.7). In comparison with the results of the *North West Mental Wellbeing Survey 2009*⁵ where the mean score was 27.7, this represents a move from low to moderate wellbeing.

Projects focussing specifically on mental wellbeing also demonstrated a significant impact, with an increase on aggregate of 4.6 points (to an average exit score of 25.0), bringing their subjective assessments of wellbeing more in line with the portfolio post-intervention scores.

Significant improvements in life satisfaction were seen across the portfolio and mental wellbeing projects, with mental wellbeing projects seeing an increase in mean score of 1.6 points from 5.1 at welcome to 6.7 at exit stage. On aggregate, life satisfaction across the portfolio increased by 1.2 points from 5.9 to 7.1 on a self-reported scale between 0 and 10.

Improved self management

The majority of participants (90%) reported that TWB had helped them develop skills that would allow them to have more control over their life. Beneficiaries of mental health projects demonstrated a significant 2.5 point increase, on average, in measured self efficacy.

Increased job control

Although none of the projects using this evaluation focused on developing employment skills, nearly a fifth of all respondents felt that TWB would help them find new employment (18%), while 17% of respondents reported that the project had helped them to do their current job, possibly due to improved mental wellbeing.

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

Increased sense of community belonging

Over half (55%) of all participants self-reported that TWB had helped them meet new people and 42% self-reported that the project had helped them feel part of their community.

Community belonging measures showed significant improvement across the portfolio in people regularly meeting with friends and relatives (an increase of 12% from welcome to exit stage) and regularly helping with or attending activities in the local area (an increase of 6%). At welcome questionnaire stage, fewer respondents reported feeling '*very/fairly strongly*' that they

were part of their immediate neighbourhood (45%) compared to those who reported feeling '*not very/not at all strongly*' (55%). This outcome was reversed after engagement with a TWB project. The percentage of those that felt '*very/fairly strongly*' part of their immediate neighbourhood improved significantly to 58% and those feeling '*not very/not at all strongly*' reduced to 42%.

The evidence shows that Target: Wellbeing has engaged with people that did not have a strong sense of community belonging, thus linking to health inequalities, particularly in the context of mental and social wellbeing.

Increased self-esteem

Mental wellbeing projects showed demonstrable improvements in self-esteem scores pre- and post-intervention, with a point increase of 3.2 between the two scores. This indicates the intended impact for beneficiaries.

1.2.2 Improved physical activity

Increased cycling and walking

Across the physical activity projects, the average weekly minutes of walking increased from 269 at welcome stage to 374 at exit stage, a significant increase of 105 minutes (1 hour 45 minutes). An increase was also seen across the portfolio as a whole, albeit to a lesser extent, with all respondents showing an increase in average weekly walking of 37 minutes from welcome to exit stage. Although no specific questions in the questionnaires related to cycling, many of the participants' qualifying responses referred to a take-up or increase in cycling activities.

Increased use of open space for physical activity

83% of those who participated in physical activity projects self-reported that, following the project, they made more use of the outdoors whilst doing physical activity. Activities reported by beneficiaries included walking in the countryside, cycling, gardening, running, family fun and fell walking.

More active in daily lifestyles

Physical activity projects appeared to engage participants who were already motivated to be physically active, with 79% reporting that they achieved high/moderate levels of physical activity at the welcome stage. There was a 14% increase at the exit stage, with 93% reporting high/moderate levels of physical activity post-intervention. An increase was also seen across the portfolio as 73% of respondents achieved high/moderate levels at the welcome stage, increasing to 83% at exit.

Over four-fifths (81%) of participants on physical activity projects agreed that they were more active in their daily lifestyle as a direct result of their participation with TWB. A significantly

higher proportion of respondents from physical activity projects had a positive attitude to physical activity compared with all respondents at both the welcome stage and exit. Around a third of participants (34%) of physical activity projects have taken up other physical activity as a direct result of involvement in the project, thus demonstrating a displaced benefit.

96% of physical activity project participants self-reported that they would continue to be more physically active in their daily life as a result of their engagement with TWB, demonstrating a perceived sustained benefit. Across all responses, over half of respondents (51%) felt that the TWB project had helped them to look after themselves physically.

Increased levels of physical activity across the portfolio indicate that overall, the programme helped beneficiaries to lead healthier lives.

1.2.3 Improved healthy eating

Increased availability of healthy food

Across the whole evaluation respondents increased their average fruit and vegetable consumption by one portion. This is comparable with healthy eating projects where the average consumption increased from 4.5 portions to 5.4 portions a day. Following TWB engagement, the proportion of healthy eating project respondents reporting they ate five or more portions a day increased by over 20%; results across the portfolio show a significant increase of 11%.

Improved levels of food preparation and cooking skills

Over three quarters of respondents enjoyed putting effort and care into the food they ate at the welcome stage. As with some physical activity measures, good welcome scores indicate that projects may be engaging individuals who already demonstrate confidence around healthy eating. Scores did increase at the exit stage, though not significantly, but did show an encouraging trend, especially in improving the competencies of those who did not do any cooking previously.

Increased knowledge about healthy eating

Participants of healthy eating projects reported improved confidence across a range of knowledge statements including choosing healthy foods, following a simple recipe and cooking from basic ingredients. Although the number of responses means that results are only indicative, it is encouraging that TWB healthy eating projects appear to be helping people improve their knowledge and confidence regarding healthier food.

More than 75% of healthy eating project respondents reported that they enjoyed eating a healthy balanced diet at the welcome stage. This highlights again that healthy eating projects may not be targeting those most in need of support with healthy eating.

Increased number of people involved in food growing

Fewer participants on healthy eating projects reported being 'confident' about food growing after participating in a TWB food growing project, although this is not statistically significant. Only seven of the ten healthy eating projects had a food growing element, so the results may be masked by other non-food growing healthy eating projects.

1.3 Conclusions

The current political reforms enabling an increase in the range of commissioners and providers, coupled with significant cuts to public spending mean that more than ever it is crucial to understand the impact of public health and wellbeing services. This evaluation has demonstrated that Target: Wellbeing has been successful in improving health and wellbeing among people living in the more deprived communities of the North West. Projects were successful in reaching people with significant ill-health and improving levels of mental wellbeing, physical activity and healthy eating, thus contributing to reducing health inequalities. Whilst the majority of participants came from the most deprived communities in the North West, projects recruited less than half of participants from the programme target areas. The reasons for this warrant further exploration. There were significantly more female than male participants and projects need to consider how to attract both sexes in the future. The physical activity and healthy eating projects recruited participants who appeared to be already engaged and/or interested in improving their levels of activity and healthy eating. It is also possible that participants of physical activity projects could have over-estimated at welcome stage and upon completion of the project had a more realistic view of their levels of physical activity. Recruiting participants with low levels of physical activity and healthy eating should be a target for such projects.

In terms of the evaluation methodology and tools, the uptake amongst projects was slightly lower than expected despite the delivery of support and training. The amount of individual support projects would require to implement the evaluation was perhaps underestimated. The learning from this is that sufficient resource should be allocated to implementation, that projects need to be actively involved in the development of the tools and that a range of tools could be offered, ranging from some basic core to more in depth tools to suit different levels of evaluation competence. Responsibility for monitoring that project's are engaging with evaluation needs to be clear at the outset and the benefits of evaluation set out.

The methodology for this evaluation was designed to measure change at programme level and demonstrated that it was fit for purpose. A complementary evaluation to track change at the individual level from project welcome to exit stage in each of the projects and themes would have been valuable in order to evaluate the impact of individual projects and interventions.

1.4 Further Information

You can find more information about Target: Wellbeing and the full Evaluation Report on the Target: Wellbeing website (www.targetwellbeing.org.uk) or by contacting NWPHO or the Target: Wellbeing team.

The full results from the process evaluation conducted by UCLan are available to review in a series of reports on their website (www.uclan.ac.uk/schools/school_of_health/research_projects/hsu/wellbeing_regional.php) and on the Target: Wellbeing website including:

- Initiation and Development of TWB Portfolio
- Key themes emerging at a portfolio level presented under a series of sub-headings based on the structure used in the interview schedule with participants
- Implementation and Management of TWB Portfolio
- Engagement with and Understanding of Wellbeing
- Relational Issues
- Evaluation and Administration
- Sustainability

In addition, a national evaluation of the BIG Lottery's Wellbeing programme was undertaken by the New Economics Foundation (NEF) and the Centre for Local Economic Strategies (CLES)

The report can be found on the Big Lottery website

(www.biglotteryfund.org.uk/index/evaluationandresearch-uk/learning_themes/eval_health/evaluation_well-being.htm) and there is an evaluation summary

report (www.biglotteryfund.org.uk/er_wb4_summary.pdf), full report

(www.biglotteryfund.org.uk/er_wb4.pdf) and also a case study annex available for view

(www.biglotteryfund.org.uk/er_wb4_case_studies.pdf).

2. Introduction

The Target: Wellbeing (TWB) portfolio in the North West was funded by £8.9m from the National Lottery through the Big Lottery Fund's national Well-Being Programme. This supported 10 local programmes of projects, two pan-regional programmes and the Regional Support Network (RSN).

The overarching aim of TWB was to encourage people to engage in healthier lifestyles, through their participation in the portfolio of programmes and projects. Additional programmes were also established to improve health in prisons and among older people in care settings in Cumbria.

Target: Wellbeing was funded for the period October 2007 to March 2012 through the Big Lottery Fund's Well-Being Programme, and the evaluation of this activity is the subject of this report. In March 2012, the portfolio was awarded additional funds from BIG Lottery through the Supporting Change and Impact strand. This has provided 47 of the portfolio's projects with six months "Change" funding to assist them to become sustainable. Of these, 17 exemplar projects have also received a further 12 months "Impact" funding, enabling them to deliver further activity and secure longer term sustainability.

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

From the perspective of the Big Lottery Fund the 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; and
- Support public accountability.⁶

From a strategic point of view, it is important to understand whether the portfolio has engaged with people in local communities, and also whether this involvement has had any impact on supporting people to make positive behavioural changes. To do this, we must understand 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. Sixty-six of the TWB projects used the participation database, while 45 used the evaluation tools (welcome and exit questionnaires) developed by the NWPHO; although some of these projects utilised a bespoke method following initiation of the evaluation. Projects that did not use the NWPHO evaluation used a variety of internal evaluation methods.

From the perspective of local projects, the evaluation needs to support the assessment of outcomes, local needs and project sustainability when longer term funding ends. Many of these projects were delivered by the third sector and there is a need to understand whether this sector's particular approach was effective in engaging with people and supporting them to make lifestyle changes. This is particularly important for attracting future funding.

This final evaluation report of the TWB portfolio provides reach analysis and evidence of behaviour change up to and including January 2012 using the data from the 66 projects using the NWPFO database, as conducted by the NWPFO.

3. The Target: Wellbeing Portfolio

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

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

Target: Wellbeing was part of a larger national programme of 17 portfolios which made up the Wellbeing strand of the Big Lottery Fund. It was one of four 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 Strategic Health Authority; and
- Target: Wellbeing – Groundwork UK.

3.1 Aims and objectives

The portfolio aimed 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**

Projects that improve the mental wellbeing of people within the most disadvantaged communities across the North West, and support people to improve their mental wellbeing and to raise awareness of how to prevent mental ill-health of those most at risk.

- **Physical activity**

Projects that support people with predominantly sedentary lifestyles living across the North West, to increase their awareness of the benefits of physical activity and their levels of physical activity.

- **Healthy eating**

Projects that support people at risk, or already suffering from diet-related illnesses and living in the North West, by improving their knowledge of and access to, good food and an improved diet.

4. The Projects programme

4.1 Programmes and projects

Target: Wellbeing was delivered through 12 distinct programmes. Two programmes targeted specific populations whilst the remaining ten were area based. Each area was identified and targeted following a health needs and deprivation assessment. The programmes included:

Population specific

- Older people in care settings (four projects)
- Prison population (three projects)

Area based

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

Eighty-five percent of the programme was delivered by the voluntary and community sector (while the remaining projects were delivered by for example local authorities). Each programme had a number of public or third sector delivery organisations and partners, for example, Age UK, the Princes Trust, Primary Care Trusts, local authorities, and Groundwork Trusts, but many delivery partners were smaller organisations such as Brook, Landlife in Knowsley, Cycling Projects in Preston and Knowsley, and Asylum Link in Liverpool.

4.2 Selection of target areas

Before individual projects were selected to be part of the TWB portfolio, research was carried out to identify which local authority areas 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 were high combinations of people reporting they were *'not in good health'*, in receipt of benefits, having poor mental health and high levels of coronary

heart disease (CHD). Synthetic estimates were also used to identify areas where there were high levels of obesity and low fruit and vegetable consumption.⁷

From this analysis, those local authority areas 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 within the North West region were underrepresented in the TWB portfolio. However, the delivery of the older people's programme, predominantly in Cumbria, helped to balance any geographical inequality to help ensure that no sub-region missed out on the benefits of the regional programme.

4.3 Selection of projects

A local lead was appointed for each area and pan-regional programme. These leads co-ordinated a tendering process, which was used to encourage organisations from the public and voluntary sectors to bid for funding to deliver projects that fell within at least one of the three themes. Groundwork UK was responsible for managing this process and for developing the supporting infrastructure to co-ordinate and manage the projects. Projects were selected by panel discussion in each of the areas. Knowsley took an alternative approach by inviting submissions for particular kinds of projects dependent upon identified local need.

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

4.4 Expected outcomes

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

1. MENTAL WELLBEING – <i>Projects that improve the mental wellbeing of people within the most disadvantaged communities across the North West, and support people to improve their mental wellbeing and to raise awareness of how to prevent mental ill-health of those most at risk.</i>
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 – <i>Projects that support people with predominantly sedentary lifestyles living across the North West, to increase their awareness of the benefits of physical activity and their levels of physical activity.</i>
2a Increased cycling and walking
2b Increased use of open space for physical activity
2c More active in their daily lifestyles

3. HEALTHY EATING – <i>Projects that support people at risk, or already suffering from diet related illnesses and living in the North West, by improving their knowledge of and access to, good food and an improved diet.</i>
3a Increased number of people involved in food growing
3b Increased availability of healthy food
3c Improved levels of food preparation and cooking skills
3d Increased knowledge about healthy eating

The projects worked on one or more of the three targeted areas of mental health, physical activity and healthy eating and used a variety of approaches to address these issues. Some of the projects had an interconnecting element with other projects. For example, in the healthy eating projects, three projects interconnected to bring fresh produce and healthy eating to Manchester's most deprived communities.

5. Evaluation methodology

5.1 Evaluation of area based initiatives

This evaluation consists of six main elements:

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

In addition, across the portfolio, a range of alternative evaluation methods have been used. The results are not included in this report. Other methods used include outcome stars, Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWB) questionnaires, Tinetti Balance Assessment tool (a fall risk index for older people), bespoke questionnaires, SUSTRANS Outdoor Health Questionnaire, independent evaluations by academic consultants, as well as qualitative data gathered through focus groups, case studies, video, and individual's feedback. Some further area-wide evaluation research was undertaken in Preston and Ellesmere Port and Neston.

The Big Lottery also undertook a national programme evaluation using questionnaires developed by the New Economics Foundation (NEF). This national evaluation was administered by the Centre for Local Economic Strategies (CLES), and was used by four TWB projects.

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.^{8,9} In designing this evaluation, attention was paid both to the variety of local and regional data sources (such as existing lifestyle surveys) that were already available and could be utilised for evaluation, as well as bespoke tools that were developed to capture beneficiary and stakeholder participation.

5.2 Outcomes evaluation methodology

5.2.1 Outcomes and behaviour change

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

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

To demonstrate the reliability of the survey results in the North West Public Health Observatory (NWPHO) evaluation, a statistical test was applied to the outcomes data (see details of questionnaire types below).^v Sample surveys are always subject to some error, but it is possible here to be 95% confident that the true result for the particular population segment in question is within the confidence limits calculated. In other words, where one measure is significantly higher or lower than another, we are 95% confident that this is not due to random error or chance. Throughout the report, confidence intervals are displayed on charts as ‘whiskers’ above and below the data bar.^{vi}

5.2.2 The regional tools

A number of tools were developed to capture regional level output and outcome data to help accommodate the diversity of projects within the portfolio. All projects were provided with training and support on how to implement these. Ethical approval for the evaluation and tools was gained from the Liverpool John Moores University (LJMU) Research Ethics Committee.

ⁱⁱⁱ To be a direct beneficiary, the participant must have attended at least one Target: Wellbeing session of an activity.

^{iv} This report shows the difference in percentage and/or average score pre- and post-intervention whereas the project level Outcome Report calculates differences as a proportion of the direct participants i.e. the outcome applies to all participants respectively.

^v Each project taking part in the NWPHO evaluation received an Outcome Report every six months. These show the cumulative results of all questionnaires submitted by that project to date. However, results at this level could be subject to large fluctuations at each time period and were treated with caution where less than 30 questionnaires were returned in total.

^{vi} The test applied to change in average scores considers standard error of mean and number of questionnaires.

Participant registration system

In order to understand if people living in the areas designated to receive the funding had participated, a registration system for project participants was developed. This system captured demographic and postcode data from each registered participant. It was designed to enable reach analysis and geodemographic profiling of users. The reach data referred to later in this report includes only those individuals for whom a full valid England postcode could be obtained.^{vii} Collectively, projects reported 52,779 direct beneficiaries and 66,089 indirect beneficiaries.

On entry to a project, participants completed a registration form. These details were input on an online database, which the NWPHO manages. The registration form was designed for those aged 16+ years, and where necessary to register children under 16 years, a parent's signature was required.

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

Baseline regional welcome questionnaire

In order to assess the lifestyle of the population undertaking the activities, a baseline questionnaire was developed focusing on the three themes of mental wellbeing, physical activity and healthy eating. The core questionnaire was complemented with additional depth modules, which included further questions around mental wellbeing and healthy eating. Only mental wellbeing or healthy eating specific projects completed the respective modules. These tools were developed to take account of the BIG Lottery National Evaluation being conducted by CLES as well as available regional level data to allow comparisons to be made of participants against regional figures (examples shown in Table 2).

End of project regional exit questionnaire

An exit questionnaire was 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 were the same as those in the welcome survey so that changes on particular measures could be tracked and identified. There were a number of questions which were not the same as those in the welcome questionnaire. These questions aimed to give an indication of how lifestyles have changed and also to identify what participants could do after participating that they could not do before. Mental wellbeing and healthy eating projects

^{vii} It is worth noting that not all projects used the database.

completed the additional module at welcome and exit, with physical activity projects only completing a depth module at the exit stage.

The exit questionnaire was used to gather evidence of post-intervention benefits. During training and consultation the complexity of participant engagement was discussed as there may not always be an 'end point' for all participants. Although we refer to these as 'post-intervention' scores it is worth noting that participants may continue to be engaged in projects which are continuing to operate beyond TWB wellbeing programme funding, therefore further positive change could be demonstrated.

The regional tools are suitable for individuals aged 16+ years. Questionnaires for primary and secondary age children were developed by the NEF and these were used for the baseline and exit surveys. Three hundred and forty-eight of these were received (272 primary school questionnaires; 76 secondary school questionnaires). Similarly, a set of tools was also available from NEF for older participants (aged 65+ years) and these were made available for projects working with older people. There were 1,110 older participant's questionnaires received.

5.2.3 Questionnaires received for analyses

Primary theme

By the end of January 2012, the NWPHO had received a total of 2,364 welcome questionnaires and 1,522 exit questionnaires for inclusion in the analyses.^{viii} Of the 35^{ix} projects that participated fully in the NWPHO evaluation almost half (46%) have mental wellbeing as their primary theme (16 projects). There were 11 physical activity projects (31%), while 8 (23%) had the main theme of healthy eating. This is similar to the split of projects by primary theme across the TWB portfolio as a whole (Figure 1).^x

Programme area

Just over a quarter of the 35 projects using the NWPHO evaluation were from the Pendle area (26%), followed by Burnley (17%) and then Ellesmere Port and Neston, and Knowsley (both 14%). Across the 88 TWB area-programme projects, Pendle had the highest proportion of projects (16%). Oldham had the second highest proportion (13%); however, none of the Oldham projects opted to use the NWPHO evaluation (Figure 2).

^{viii} The total of questionnaires received included some where the project name or code were not provided, therefore the primary theme and programme area were not known (three welcome; four exit). As a result, the total for the primary themes and the total for the programme areas were below the overall total for the portfolio.

^{ix} The number of projects stated is lower than elsewhere as it does not include those who, for example, dropped out of the NWPHO evaluation.

^x This is based on a total of 88 projects excluding seven projects which are pan regional and cover older people, prisons and also a TWB regional network.

Figure 1. Proportion of projects, by primary theme

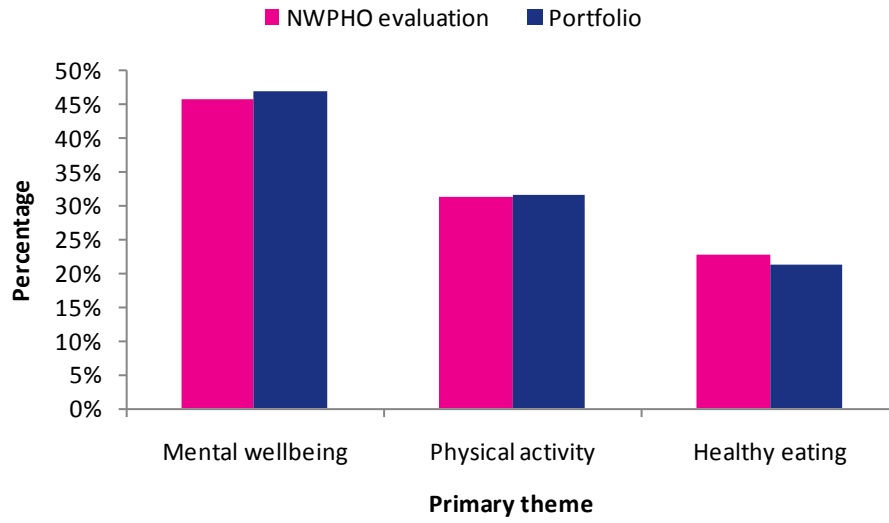
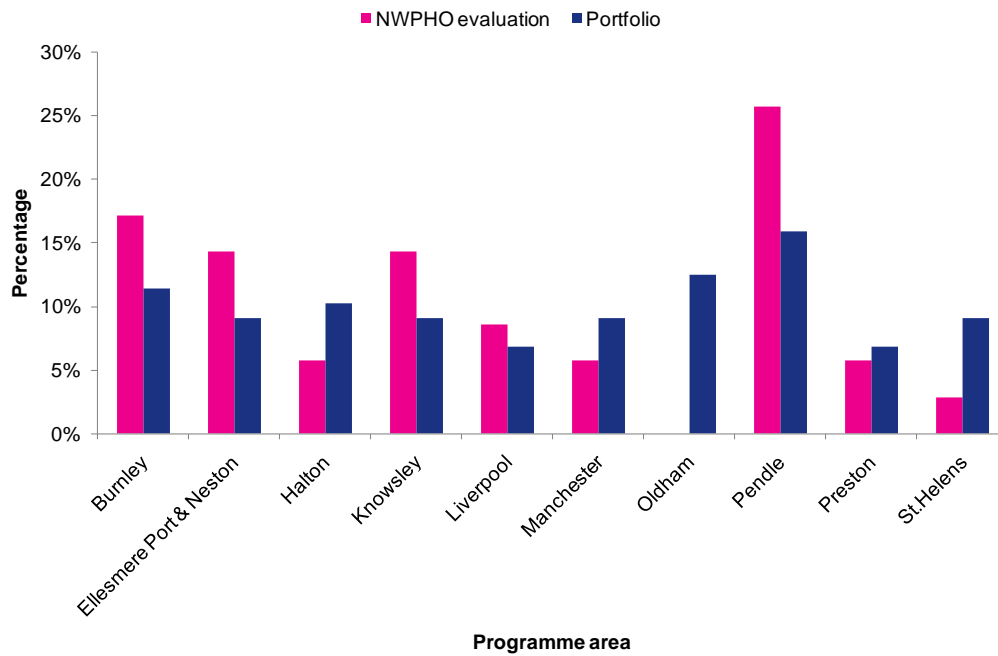


Figure 2. Proportion of projects, by programme area



6. Reach analysis

Funding for Target: Wellbeing was aimed at people living in specific lower super output areas (LSOAs)^{xi} with high levels of deprivation and health need. This selection was based on hospital admission data, number of claimants for incapacity benefit and lifestyle risk factors from the Health Survey for England.¹⁰ 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 came from and whether they lived in the target areas. As of 31 January 2012, 11,581 participants had been registered onto the database, with valid postcode data (England only) collected for 10,537 participants. Two-thirds of projects registered participants onto the database (n=66). The numbers registered varied from 2,393 people on the Burnley programme, down to 78 on the Liverpool programme.

There were 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', high levels of coronary heart disease, and Body Mass Index (BMI) (high levels of obesity). The following section provides reach analysis based on the participant registrations of those projects that have used the database and questionnaire data submitted up to, and including, 31 January 2012.

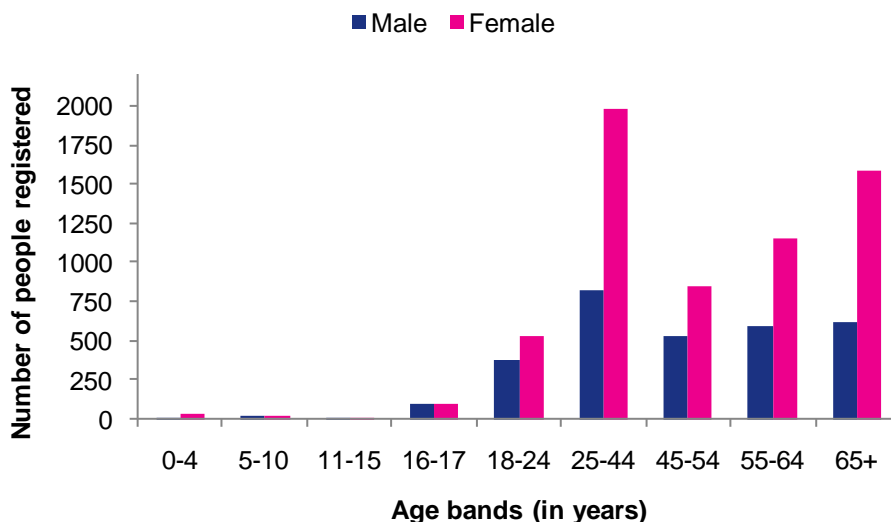
6.1 Demographics

6.1.1 Age and gender

Nearly two-thirds of registered TWB participants were female (65%, 6,767 females; 35%, 3,639 males). Figure 3 shows the age profile for all registered TWB participants by gender. These figures indicate a good demographic spread across participants aged 18 years and over which are in keeping with the ethos of the TWB portfolio. The majority of participants were female, with the largest number of participants being those aged between 25-44 years and 65 years and over.

^{xi} 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 four to six) and constrained by the boundaries used for 2001 Census outputs. They have a minimum population of 1,000.

Figure 3. Registered database participants, by age group and gender



6.1.2 Ethnicity

Ethnicity information was available for 9,746 TWB participants registered on the database.

Table 1 shows the ethnicity profile of registered TWB participants. This indicates that the majority of respondents described themselves as ‘White British’ (85.9%) with 7.3% describing themselves as ‘Asian/Asian British’ and 2.6% describing themselves as ‘Black/Black British’. Compared to the North West population,¹¹ there was greater ‘Black/Black British’ and ‘Asian/Asian British’ representation within TWB (differences of 1.4% and 2.6% respectively). This may be as a result of projects targeting different ethnic groups or due to the location of the target areas across the North West.

Table 1. Percentage of registered database participants, by ethnicity

Ethnicity	Registered percentage (31 January 2012)	Office for National Statistics population estimates for the North West, 2011 ^{xii}
White British	85.9%	88.4%
White Irish	1.6%	1.0%
White European	1.5%	2.2% (this is for the ‘White: Other’ group)
Black/Black British	2.6%	1.2%
Asian/Asian British	7.3%	4.7%
Chinese/Chinese British	0.4%	0.6%
Other	0.8%	1.9% (includes Mixed groups)

^{xii} These estimates are for all age groups and cover the whole of the North West and therefore cover a wider area than Target: Wellbeing.

6.1.3 Health status

Within the welcome questionnaire there were a number of questions which provided variables to allow analyses of the health status of participants before they took part in TWB. A comparison with other North West data is shown in Table 2. Although a different methodology was used, the results can still provide a comparison of the relevant health status for TWB participants against regional figures.¹ The ‘most deprived quintile’ refers to the responses from those living in the most deprived fifth of areas in the North West.

Table 2. Comparisons of self-assessed health status

Health status variables	TWB Welcome Questionnaire	North West (NWPFO, 2009) ⁴	Most deprived quintile (NWPFO, 2009) ⁴
Adults with self-assessed ‘not good’ health	10.3%	8.2%	11.6%
Adults who have been told by a health professional that they had suffered a heart attack	2.8%	3.7%	4.6%
Adults who had been told by a health professional that they had suffered a stroke	2.5%	2.7%	3.2%
Adults who have suffered from angina in the last 12 months	4.3%	3.5%	4.9%
Adults who had suffered from hypertension in the last 12 months	21.1%	17.6%	19.0%
Adults who had suffered from asthma in the last 12 months	16.9%	9.1%	9.7%
Adults who have suffered from arthritis in the last 12 months	20.2%	17.8%	18.9%
Adults who had suffered from back problems in the last 12 months	22.6%	16.7%	18.5%
Adults who had suffered from depression in the last 12 months	40.4%	9.8%	12.3%
Adults who had suffered from diabetes in the last 12 months	7.5%	5.0%	5.5%
Adults who are obese	22.8%	15.0%	18.0%
Adults who are obese or overweight	45.7%	49.1%	51.1%
Adults who eat five portions of fruit or vegetables a day	46.0%	41.9%	37.1%
Adults undertaking high or moderate levels of physical activity	72.9%	65.3%	65.2%

Self-assessed ‘not good’ health

General health measures are used within health surveys for a number of reasons, such as to measure the impact of disease and the outcomes of intervention and to evaluate health care policy. At this time, however, self-assessed health is the best available measure to assess the general health of the population and it is the only harmonised survey question^{xiii} relating to health across the European Union.¹²

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

^{xiii} Harmonised questions are those that may occur in more than one survey for which it is desirable to use the same wording and response categories to aid comparability.

Based on responses from 2,364 welcome questionnaires, 10.3% of respondents described themselves as in 'not good' health. This is in line with responses from the regional lifestyle survey which identified 'not good health' among 8.2% of North West residents increasing to 11.6% in the most deprived quintile. As the TWB portfolio was targeting the more deprived areas, we might expect to see a higher percentage reporting to be in 'not good' health.

Cardiovascular disease and poor health status

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

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

Two-fifths (40.4%) of respondents experienced some form of nervous trouble or depression in the last 12 months. As with self-assessed health this is a subjective measure and so there are limits to interpretation, however this is an interesting indication of how TWB participants saw themselves and indicates that projects are successfully reaching some of their intended beneficiaries.

Overweight and obese

To assess the prevalence of obesity in the TWB population, questions were asked in the welcome questionnaire about height and weight in order to calculate Body Mass Index (BMI). Table 2 shows similar proportions of those estimated to be overweight or obese amongst TWB participants (45.7%) compared with the most deprived quintile of the region (51.1%). The proportion of obese individuals in the TWB population (22.8%) was higher than the regional and most deprived quintile figures (15.0% and 18.0% respectively).

These figures indicate that TWB successfully reached participants who would benefit from health and wellbeing interventions.

Physical activity and healthy eating

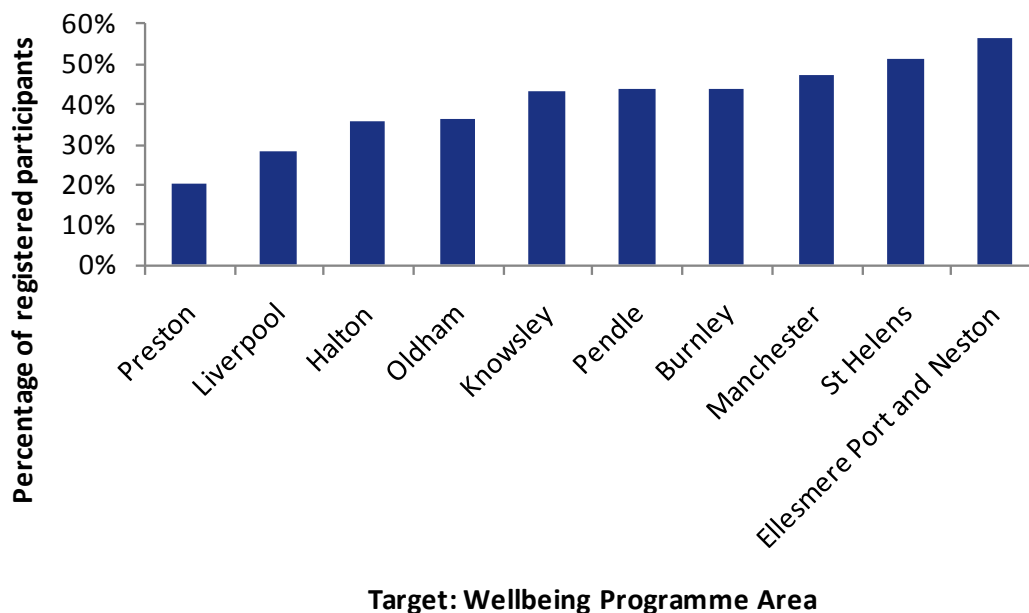
The proportion of people eating the recommended 5 portions of fruit and vegetables a day and achieving the recommended levels of physical activity were derived from a range of questions in the welcome survey. Participants in TWB were more likely to reach the recommended levels and which suggests that either the programmes need to do more to reach those people living less healthy lifestyles or that participants could be over-estimating.

6.2 Geographical and geodemographic analysis

In addition to demographic and health status, a central aim of the reach analysis was to establish whether projects were reaching participants from the specified TWB areas. However it should be noted that only 20% of TWB total participants (10,537 of 52,779 direct beneficiaries) were registered on the database with a valid England postcode.

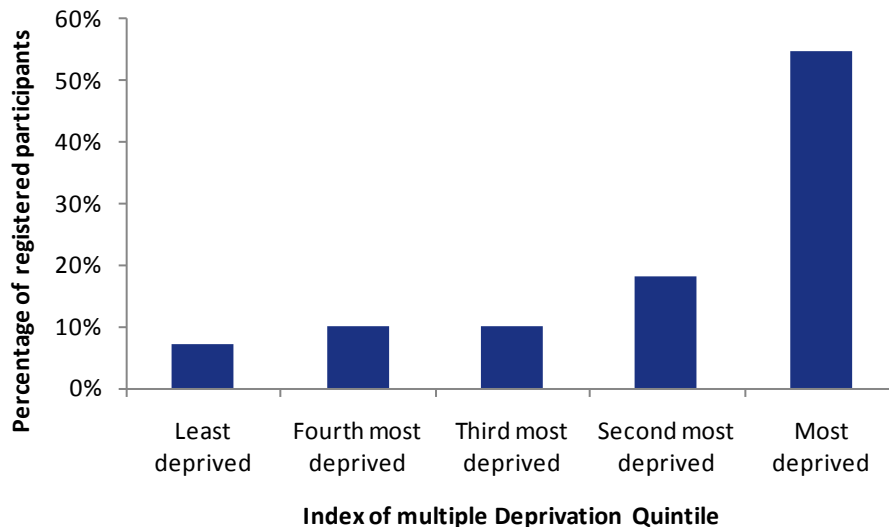
Figure 4 shows the percentage of participants living in census output areas selected to receive Target: Wellbeing funding, by programme. Overall, 43% of registered participants with a valid England postcode lived within the target LSOAs. There was variation between areas in the percentage of participants coming from designated target areas, with Ellesmere Port and Neston having the highest percentage coming from the TWB target area (56%) and Preston having the least coming from the target area (20%). The results for Ellesmere Port and Neston may be due to the programme having stricter entry requirements about where people live who attend the projects. However caution is needed in interpreting this, as some areas have registered far more participants than others and the analysis may not therefore be representative of the true picture. Liverpool, for example, only had 78 participants registered with a valid England postcode. This may be due to fewer projects using the database and/or the type of participants that were visiting the projects. Other programmes may have been accessing people from the target areas but were unable to record a valid postcode for reasons such as participant refusal, or that they were engaging with individuals with no fixed abode.

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



The breakdown of registered participants by 2010 Index of Multiple Deprivation (IMD) quintiles is shown in Figure 5. Over half of registered participants (55%) lived in the most deprived areas, with almost three quarters living in the two most deprived quintiles (73%). This suggests that although the majority of people may not have been from the specified target areas, they were from areas of high deprivation.

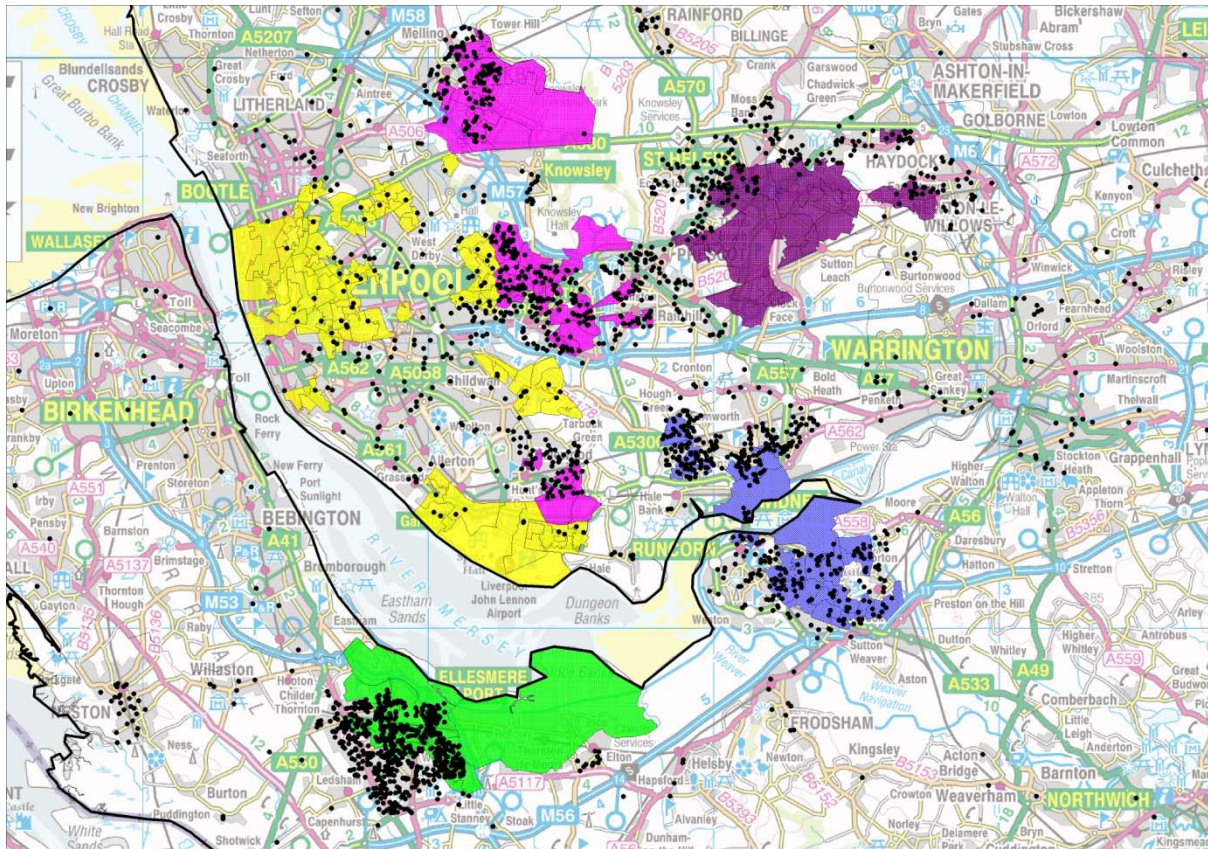
Figure 5. Percentage of registered database participants, deprivation quintile



Analysis of the registered participants by the geodemographic classification system P² People and Places^{xiv} shows almost a quarter of participants lived in an area classified as Urban Producers (24%), with the next highest group being from Disadvantaged Households (14%). This result was expected, as they were the two most prevalent classifications in the target area (24% and 35% respectively). There were higher than expected concentrations of participants living within Suburban Stability (12%) and Rooted Household (13%) areas; these areas are less deprived and made up only a small proportion of the target area (0.8% and 0.3% respectively).

^{xiv} P² People and Places © Beacon Dodsworth 2004-2005: www.beacon-dodsworth.co.uk/site/products/about_p2_people_places

Figure 6. Cheshire and Merseyside programmes target areas, database registered participants by postcode

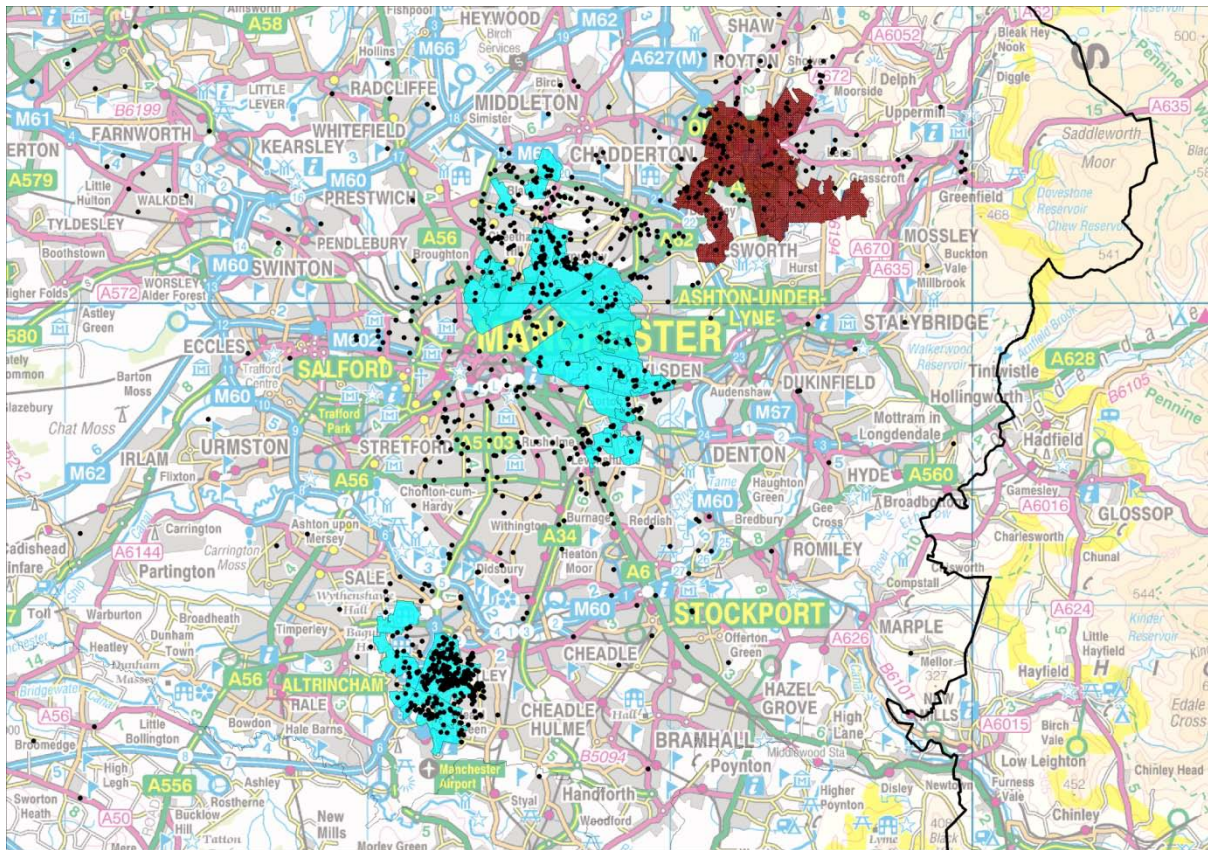


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■ Liverpool
 ■ Ellesmere Port & Neston
 ■ Knowsley
 ■ St Helens
 ■ Halton

Figure 6 highlights the five programmes that were located within Cheshire and Merseyside, with the black dots representing where registered participants lived. Although the map does not show which programme people were participating in, we can see definite clusters around some of the TWB target areas. Ellesmere Port and Neston had the highest percentage of participants coming from the target area (56%). Liverpool did not have many registered participants, which explains the small number of dots in the Liverpool target areas. The Halton programme had the third lowest percentage coming from the target area (36%), and clusters of participants came from places north of the target areas.

Figure 7. Greater Manchester programmes target areas, database registered participants by postcode

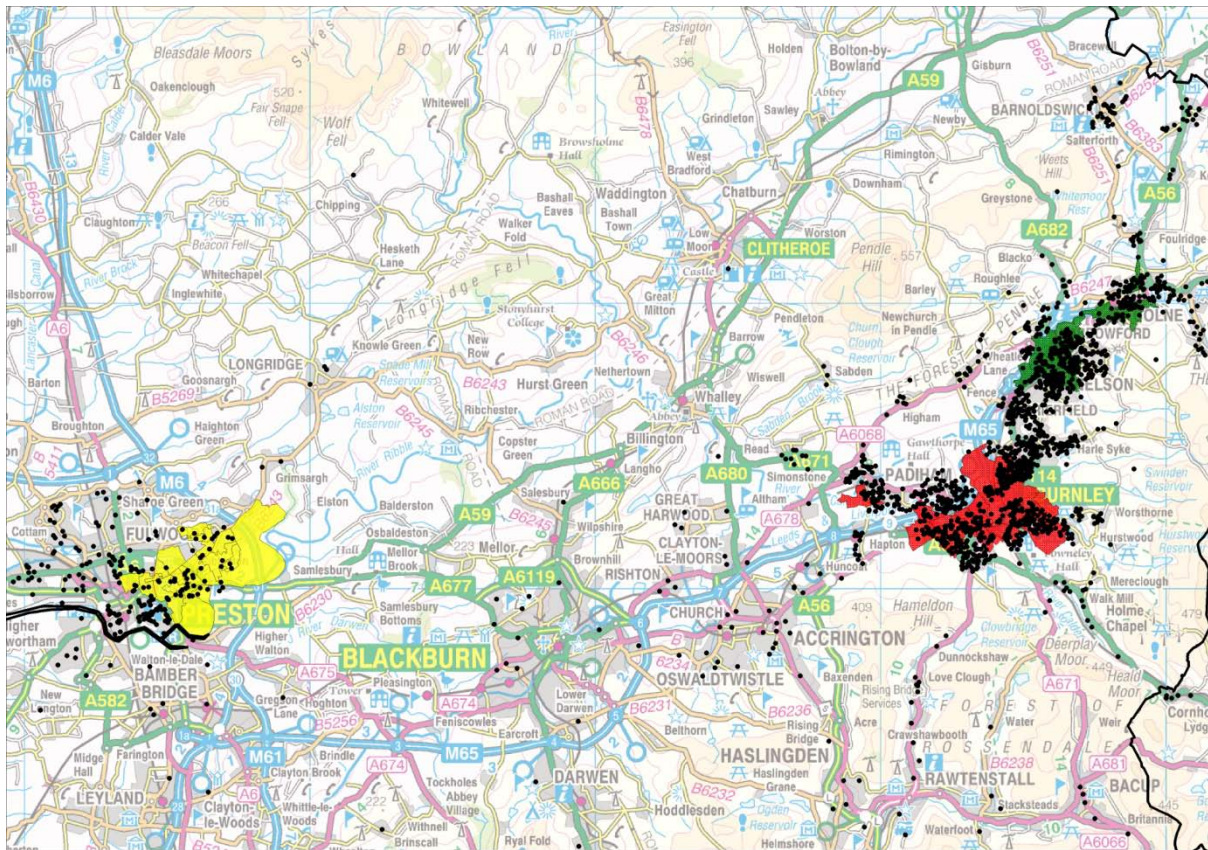


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■ Manchester ■ Oldham

The two programme areas in Greater Manchester are shown in Figure 7. We can observe a good cluster of participants from the south Manchester target area, with more of a spread around the rest of the city's target areas. Oldham had the third lowest number of participants registered on the database, and of those 36% came from the TWB target area.

Figure 8. Lancashire programmes target areas, registered participants by postcode



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■ Preston ■ Burnley ■ Pendle

Figure 8 maps the three programme areas in Lancashire. The Preston programme had the lowest proportion of registered participants coming from the target area (20%), although as mentioned earlier this may be a result of the low proportion of valid postcodes. From those with a postcode available there seems to be spread across the whole city, while the target areas are in east Preston. Burnley’s participants came from either the target areas (44%) or just outside these areas. The same proportions of participants were coming from the TWB target area in the Pendle programme. There were a small number of participants coming from areas to the north of Burnley and Pendle, with some (not shown) coming from Yorkshire to engage with the programme.

7. Reported behaviour change

Evidence for behaviour change in this final report is based on analysis of 2,364 welcome questionnaires and 1,522 exit questionnaires received by the NWPFO between 1 April 2009 and 31 January 2012. In addition, 652 welcome questionnaires and 454 exit questionnaires were received from six projects that used the questionnaire adapted for participants aged 65+ years. We have not included all analyses from the 65+ questionnaires; rather have provided some key points, as the results are less reflective of the portfolio as a whole.

Throughout the evaluation, projects that submitted questionnaires to the NWPFO were provided with 'Outcome Reports' on a six monthly basis. These reports detailed evidence against the projects' identified outcomes. A total of 43 projects^{xv} received a report at some point during the evaluation, of which, three were primary school projects and four were 65+ projects. A further three projects working with school children and parents received Outcome Reports based on both the regional questionnaires and the primary/secondary school questionnaires. In some cases, projects did not return enough questionnaires to receive an individual outcome report. For the last reporting period of September 2011 to January 2012, ten projects plus two 65+ projects submitted questionnaires. These 12 projects received a 'Final Outcome Report' covering the reporting period of April 2009 to January 2012.

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

Table 3. Number of questionnaires returned, by primary theme

Primary Theme	Welcome	Exit
Mental Wellbeing (19 projects)	1,331	807
Physical Activity (16 projects)	808	523
Healthy Eating (10 projects)	222	188

The gender of the questionnaire respondents is shown by welcome/exit stage in Table 4. At both stages, over two-thirds of respondents (with a valid age and gender) were female. This is in line with the male-to-female ratio that was seen from the registered participants on the database (Figure 3). In both the questionnaires and the database, the most prevalent group were females aged 25-44.

^{xv} This figure is higher than stated earlier in the report (35) as some projects began to use their own bespoke evaluation.

Table 4. Gender breakdown of questionnaire respondents, portfolio wide

Questionnaire Stage	Male	Female
Welcome	31%	69%
Exit	32%	68%

7.1 Mental wellbeing

7.1.1 Mental wellbeing and links to health

Improved mental wellbeing was a priority outcome for the TWB portfolio. The indicators that were set for this outcome are presented below:

- Improved self management;
- Improved job control;
- Improved community belonging; and
- Increased self-esteem.

Improved wellbeing and community belonging were central to the majority of TWB projects and so questions relating to these were included in the core regional tools so that comparisons could be made on aggregate between pre- and post-intervention scores for all respondents. Subjective assessments concerning job control were collected in the exit questionnaire only. Aspects of self management and self-esteem required asking personal questions and so a depth module approach (administered with the welcome and exit questionnaires) was preferred for these. The projects with mental wellbeing as the primary theme returned 1,331 welcome questionnaires and 807 exit questionnaires.

7.1.2 General wellbeing

Improved wellbeing is a general aim of the entire portfolio and an explicit aim of each project, irrespective of its mode of working. As such, it was appropriate to include academically validated measures of wellbeing, improvements on which can be compared on aggregate for all TWB participants included in this evaluation. Two measures of general wellbeing were selected. These were the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)¹³ and a single item question on life satisfaction; *'All things considered, how satisfied are you with your life as a whole nowadays?'* This is a standard question from the European Social Values Survey and is more a cognitive approach to measuring wellbeing.¹⁴

7.1.3 SWEMWBS scores

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)¹³ is a seven item scale which uses a five point scoring system, with responses ranging from *'none of the time'* through

to *'all of the time'*. A score is attributed to each response for each of the seven items on the scale. A total score, out of 35, for each respondent was calculated by summing the response scores of the seven items, provided there were valid responses to each item. The scale includes items on, amongst others, whether respondents are optimistic for the future, feeling relaxed and thinking clearly.

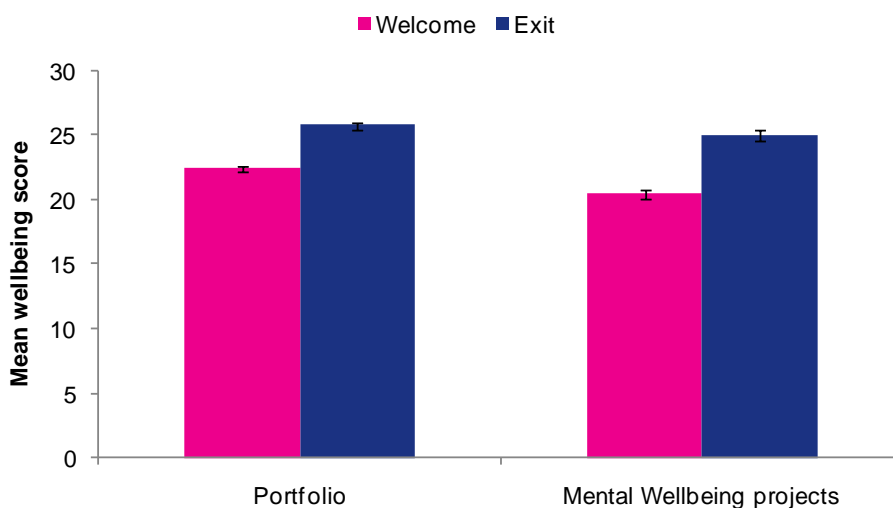
Figure 9 shows the mean SWEMWBS responses given on welcome and exit questionnaires across the portfolio and for mental wellbeing projects. The aggregated scores for the portfolio show an increase of 3.3 points from 22.4 to 25.7 from when participants started projects until they completed an exit questionnaire. This represents a statistically significant^{xvi} increase in wellbeing as measured by SWEMWBS and demonstrates wellbeing improvements beyond chance levels across the portfolio.

Figure 9 also shows the mean SWEMWBS responses given on welcome and exit questionnaires for those projects contributing to mental wellbeing as their primary theme. Perhaps as expected, participants on these projects had a lower average baseline measure of wellbeing (20.4) compared to the rest of the portfolio. Post-intervention scores for projects with a mental wellbeing element had improved significantly, increasing on aggregate by 4.6 points to an exit score of 25.0, and are comparable with the rest of the portfolio. This represents a substantial increase in wellbeing for mental health beneficiaries, indicating the success that projects are having in helping to improve subjective wellbeing.

The mean SWEMWBS scores for the participants using the 65+ questionnaire show an increase on aggregate of 1.2 points from 26.0 at the welcome stage to 27.2 at exit. This was a smaller increase than for the portfolio and mental wellbeing projects, although the level of mental wellbeing of the 65+ questionnaire group was higher at the welcome questionnaire stage. This difference was not statistically significant, possibly due to the smaller sample size.

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

Figure 9. Mean SWEMWBS scores, portfolio wide and mental wellbeing projects



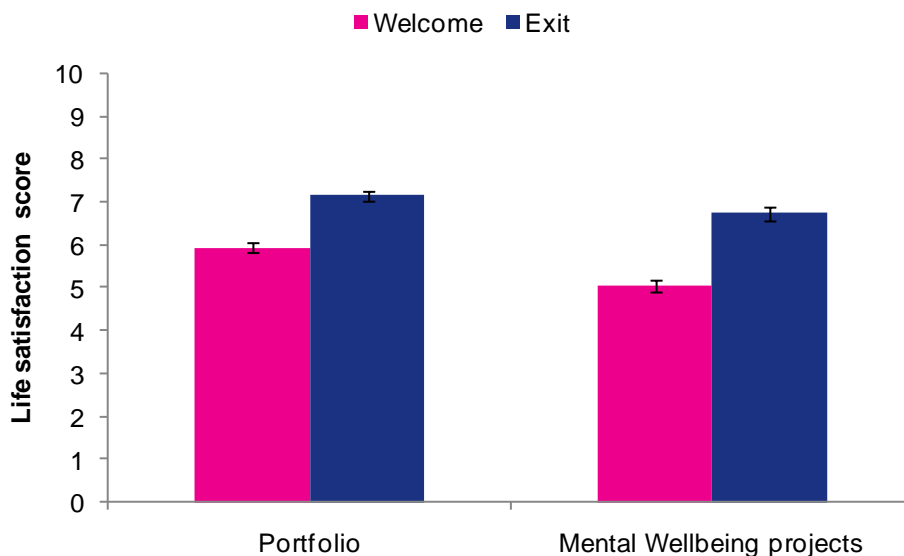
Base: Portfolio (2,088 Welcome; 1,334 Exit). Mental Wellbeing projects (1,137 Welcome; 712 Exit).

7.1.4 Life satisfaction scores

All respondents were asked to indicate how satisfied they were with their own life; *‘All things considered, how satisfied are you with your life as a whole nowadays?’* with answers recorded on a scale ranging between zero (extremely dissatisfied) and ten (extremely satisfied). Figure 10 shows the mean life satisfaction responses given on welcome and exit questionnaires across the portfolio and by mental wellbeing primary theme. The portfolio illustrates an increase on aggregate of 1.2 points from 5.9 to 7.1 from when participants started projects until they completed an exit questionnaire. This represents a significant increase in wellbeing as measured by the life satisfaction scale across the portfolio.

Life satisfaction scores for the mental wellbeing projects also showed a statistically significant improvement (Figure 10). The mean score increased by 1.6 points, from 5.1 at the welcome stage to 6.7 at the exit stage. The welcome score for mental wellbeing projects was lower than those across the portfolio, which suggests that the appropriate participants were being targeted by the mental wellbeing projects. These significant improvements in life satisfaction scores for the mental wellbeing projects and across the whole portfolio are very encouraging and suggest that the projects have had a positive impact on participants' wellbeing.

Figure 10. Mean Life Satisfaction scores, portfolio wide and mental wellbeing projects



Base: Portfolio (2,130Welcome; 1,363 Exit). Mental Wellbeing projects (1,144 Welcome; 718 Exit).

7.1.5 Improved self management

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

To highlight any change at the exit stage of a participant's involvement with TWB, two measures of self management were included in the regional exit questionnaire. 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, 90% of respondents to the question indicated 'yes.'

All respondents to this question were also asked to indicate, from a list of options, in what way they felt they had more control over their life. Table 5 indicates the percentage of respondents that ticked the box for each category. Some of these response fields were relevant to other outcomes, for example physical activity and community belonging.

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

Life control measures	Percentage of respondents
Help you to do your current job	17%
Help you find new employment	18%
Help you have better financial awareness	11%
Help you to look after yourself physically	52%
Help you have better relationships with your family and friends	40%
Help you to take care of your children	19%
Help you meet new people	49%
Help you feel part of your community	36%

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:

"I have increased my confidence in using public transport. I have challenged myself to attend a placement. I have learnt new skills and worked as part of a team."
(Male, aged 47)

"I feel more confident going to work and meeting new people." (Female, aged 26)

"This course has helped me to show my kids the advantages in using fresh fruit and veg in meals prepared from scratch."
(Female, aged 43)

"Use less salt, eat more fruit and veg. Take some time out for myself."
(Female, aged 37)

"Spend quality time with my two young children and helping them to learn and develop through group play and social/recreational and educational activities. It also has made me aware of services and support available to families."
(Male, aged 45)

"My self confidence is much better, I realise that I need to look at my health and diet and will make an effort to do so. I am more focussed on my goals and want to achieve my ambition."
(Female, aged 32)

"Learnt new skills that I can apply (practical skills) to activities I do or would like to do more of. Given me more confidence to try and make/do things for myself and taken pride in what I have done and can do."
(Female, aged 35)

"I now will walk more often as I enjoy the countryside a lot more. I also find walking in groups a lot more enjoyable."
(Female, aged 29)

“I have a lot more confidence in myself. I have found people do care and I can talk to people more freely.”
(Male, aged 46)

A second measure of self management included in the mental wellbeing depth module comprised a validated academic measure of general self-efficacy¹⁵ including Chen et al’s New General Self-Efficacy Scale.¹⁶ This was used by participants taking part in projects contributing to mental wellbeing as a primary theme and where experienced staff were available to support the administration of mental health scales. Responses range from eight to 40 with higher scores indicating higher levels of self-efficacy.

Projects with mental wellbeing as a primary theme show mean self-reported self-efficacy scores of 26.9 at the welcome stage and 29.4 at exit questionnaire stage. There was a 2.5 point difference between the two scores, showing a significant increase in self-efficacy and indicating that the mental wellbeing interventions are having the desired effect.

7.1.6 People benefiting from increased job control

Increased job control is measured using aspects of the life control question (self management) discussed above. In particular, participants were asked whether they felt they had *‘developed skills, as a result of taking part in the project that will help them have more control over their life?’* They were then asked to consider, from a list of options, in what ways they felt they had more control over their life. In terms of job control, 17% of respondents across the portfolio felt the project they attended would *‘help them do their current job’* with 18% saying the TWB project would *‘help them find new employment’* (Table 5).

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

“I am more confident in my ability to do my job properly. I feel more encouraged to look for work.”
(Female, aged 21)

“I feel more relaxed at work.”
(Female, aged 30)

“I have gained experience in working in [an] accounts environment which along with my college course has helped me develop and learn new skills that will be helpful in my future role.”
(Male, aged 32)

“I have learnt a lot about the whole process of looking for and applying for [a] job from filling out a CV to writing application forms and interviews. With being a stay at home mother for a long time all this was new to me.”
(Female, aged 27)

“Have better confidence in interviews. Meet new people and get along with new people.”
(Male, aged 18)

“If it wasn't for this project I would still be unemployed and struggling on benefits. It has helped me with my CV to meet new people and to find new employment, something I wouldn't have been able to do a couple of months back.”
(Female, aged 29)

“I feel more confident going to work and meeting new people”
(Female, aged 27)

“I have some basic skills in 6 new disciplines which I can develop in my work which will benefit my colleagues and our clients.”
(Male, aged 54)

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 TWB.

An increased sense of community belonging is explored using a number of questions on the regional tools. Firstly, we examine two questions previously described in relation to self management (life control). From the findings presented in Table 5 it can be seen that 49% of respondents reported that the project had helped them meet new people and 36% of participants reported that the project had helped them feel part of their community. These findings indicate the perceived and direct impact that projects have had 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 individual's sense of community belonging. To capture evidence of the ways in which this wider benefit might be expressed, respondents were asked to indicate how much they agreed with a series of community belonging related statements on a five point scale (ranging from *'strongly disagree'* to *'strongly agree'*). Respondents answering either *'agree'* or *'strongly agree'* have been categorised as *'agree'*, those answering *'disagree'* or *'strongly disagree'* have been classified as *'disagree'*. Table 6 presents the results for four of the community belonging questions which were asked of all respondents to the regional questionnaires.

Table 6. Community Belonging, portfolio wide

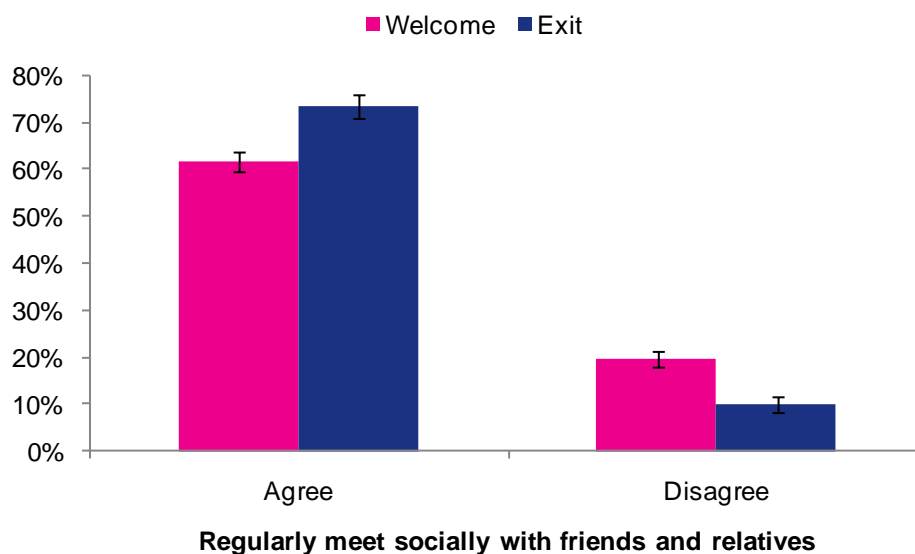
Community belonging measures	Agree		Disagree	
	Welcome	Exit	Welcome	Exit
People in my life who really care about me	84%	91%	6%	3%
Regularly meet socially with friends and relatives	62%	74%	20%	10%
Difficult to meet people who share my hobbies or interests	30%	24%	42%	45%
People in local area help one another	40%	47%	24%	17%

The proportion of respondents who agree that people help one another in the local area increased by 7% between the welcome and exit questionnaires (Table 6). There was a 7% decrease of those who disagreed that people help one another. This may indicate that TWB is helping to shift opinions of disengaged people.

Respondents were asked whether they regularly met socially with friends or relatives. Across the evaluation responses there was an increase of 12% to 74% in participants agreeing that they regularly meet people socially upon project completion (Figure 11). The proportion of people who disagreed also improved with a decline of 10% between the welcome and exit questionnaires.

Participants who completed the questionnaire for 65+ years were also asked whether they regularly met socially with friends or relatives. There was an increase in participants agreeing that they regularly meet people socially from 82% in the welcome questionnaires to 87% at exit. The proportion of adults who disagreed fell by 1% between the welcome and exit questionnaires, however this result was not statistically significant.

Figure 11. Regularly meet socially with friends or relatives, portfolio wide

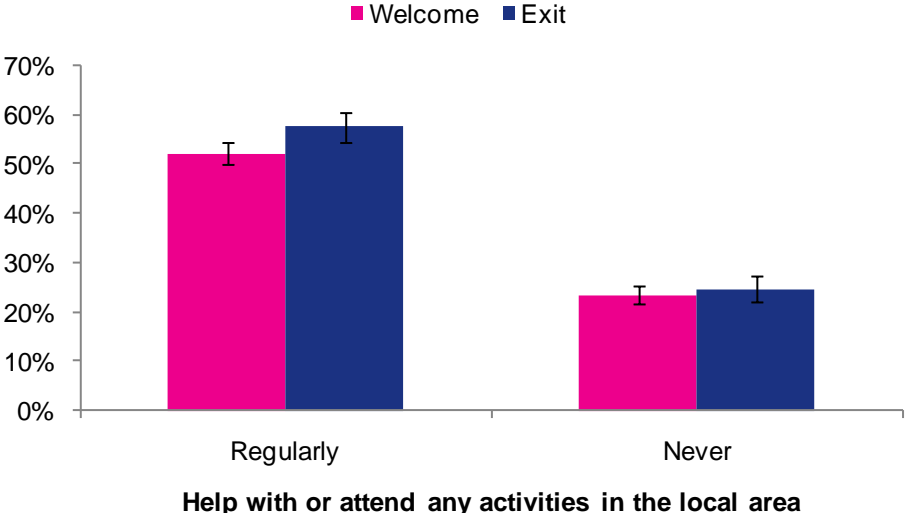


Base: Portfolio (2,175 Welcome; 1,351 Exit).

In addition to the questions shown in Table 6, respondents were asked ‘How often in the last twelve months did you help with or attend any activities organised in your local area?’ They were asked not to include activities that relate to the TWB project so that increased activity could be inferred because of their participation. Figure 12 shows welcome and exit questionnaire responses for ‘regularly’ (at least once every three months) and ‘never’. The results demonstrate that participants on exit were more likely to regularly help with or attend community activities. The percentage of those regularly helping with or attending local activities increased by 6%, from 52% at welcome stage to 58% at exit. This is statistically significantly different and suggests that attendance on a TWB project does encourage greater participation in the local area. The percentage of those that ‘never’ participate in activities in the local area rose slightly by 1%, however, this is not statistically significant or beyond chance levels. There is the possibility that a lack of sensitivity in the question means that we miss out on the increased community belonging by those people who only attend a TWB activity. This is because, while a respondent might not attend other activities, attendance on TWB might signify a major change in their local community participation.

Respondents to the 65+ questionnaires were also asked ‘How often in the last twelve months did you help with or attend any activities organised in your local area?’ Results showed a 14% increase in participants answering that they regularly helped with or attended activities, rising from 56% at the welcome stage to 70% on exit. The proportion of adults who answered ‘never’ also showed improvement, falling by 9% after engagement with the project. These results are statistically significantly different and indicate a positive change among respondents.

Figure 12. Help with or attend any activities in the local area (other than TWB), portfolio wide

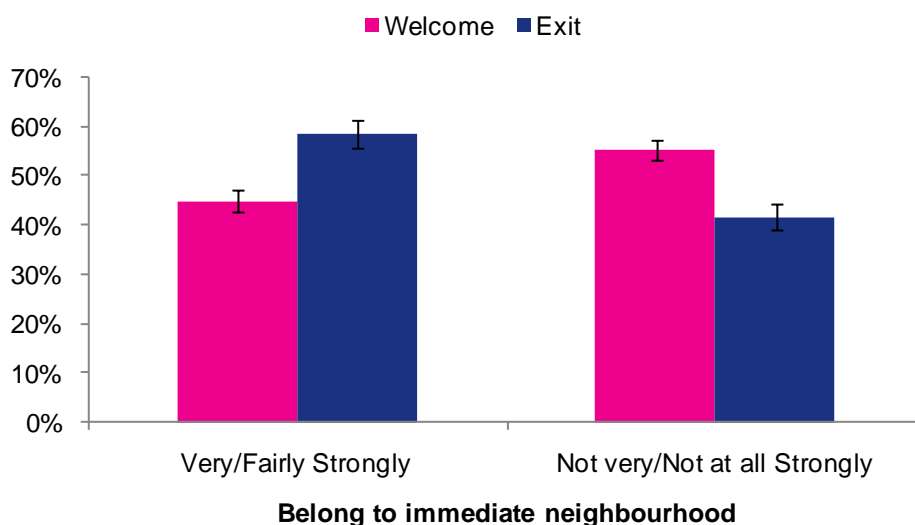


Base: Portfolio (2,006 Welcome; 1,051 Exit).

Target: Wellbeing questionnaire respondents were also asked about their feelings towards their neighbourhood. Figure 13, illustrating how strongly respondents felt about their immediate neighbourhood, shows that fewer TWB questionnaire respondents reported feeling 'very/fairly strongly' part of their immediate neighbourhood compared to those who reported feeling 'not very/not at all strongly' at the welcome stage. This outcome is reversed after engagement with a TWB project. The percentage of those that felt 'very/fairly strongly' part of their neighbourhood increased from 45% to 59% after engagement with the project. These are statistically different results and indicate that TWB as a whole does function in the outcome of helping people feel close to their neighbours. Due to the four point scale of the question, this 14% improvement is replicated in the reduction of those that felt 'not very/not at all strongly' that they were part of their local community. The evidence shows that TWB has engaged with people who did not have a sense of community belonging, thus linking to health inequalities, particularly in the context of mental and social wellbeing.

From the 65+ questionnaire, TWB respondents reported a slight increase of 4% in how strongly they felt part of their community, with 71% at the welcome stage and 75% upon exit stating they felt 'very/fairly strongly' part of their immediate neighbourhood.

Figure 13. Belong to neighbourhood, portfolio wide



Base: Portfolio (2,124 Welcome; 1,341 Exit).

More beneficiaries reported that they are satisfied with their neighbourhood as a place to live than dissatisfied. Although not statistically significantly different, a greater proportion of respondents were satisfied with their neighbourhood as a place to live post-TWB intervention (57%) compared with pre-intervention (48%). The proportion that was dissatisfied with their neighbourhood also improved slightly from 23% at the welcome stage to 16% upon exit.

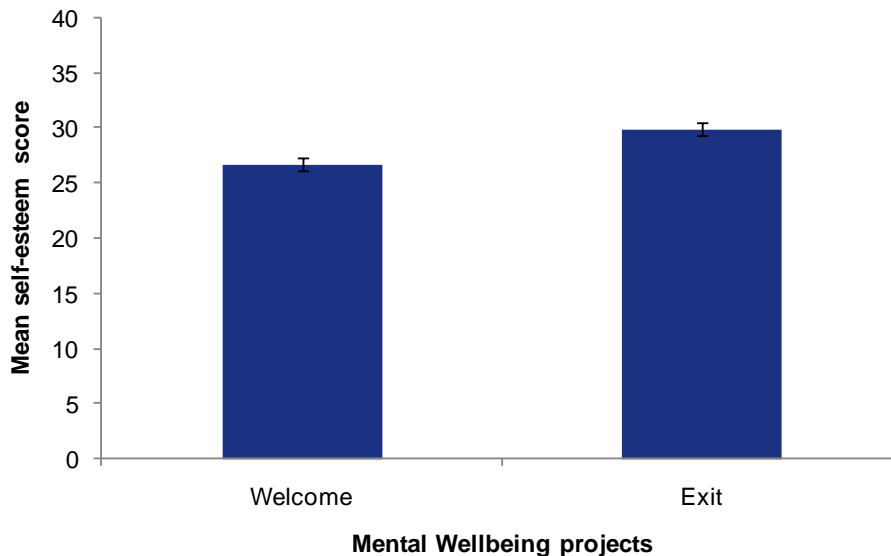
7.1.8 Increased self-esteem

Throughout the life span, self-esteem is a significant dimension of mental health and wellbeing. Self-esteem can be defined as a positive or negative orientation towards oneself. According to findings from the *2008 meta-review of NHS Health Scotland*¹⁷ the most widely used, and arguably the best measure of general self-esteem, is Rosenberg's Self-esteem (RSE) Scale.¹⁸ It is a relatively brief measure, which includes ten short and simple statements about a person's feeling towards themselves. A total score ranging from 10 to 40 was calculated from valid responses, with increasing scores indicating higher self-esteem.

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

Figure 14 shows the mean self-reported self-esteem scores of participants completing this scale on welcome and exit questionnaires. It indicates demonstrable improvements in self-esteem scores pre- (mean 26.7) and post-intervention (mean 29.9). There was a 3.2 point difference between the two scores indicating a statistically significant aggregate increase in self-esteem, and so beyond those expected by chance. From these results it would be reasonable to assert that the mental wellbeing projects have had the intended impact on beneficiaries.

Figure 14. Mean self-esteem, mental wellbeing projects



Base: Mental Wellbeing projects (437 Welcome; 288 Exit).

7.1.9 Mental wellbeing summary

Across all four mental wellbeing indicators, the Target: Wellbeing projects have had a significant beneficial effect to participants, on average.

The mental wellbeing projects have targeted those most in need (with lower wellbeing) and have shown significant improvements in the self-esteem and self efficacy of the participants.

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

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

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

7.2 Physical activity

Increases in physical activity among participants in the TWB portfolio was a priority outcome. The indicators that were set for this outcome are presented below:

- Increased cycling and walking;
- Increased use of open space for physical activity; and
- People being more active in their daily lifestyles.

Increased levels of physical activity were a central part of the TWB portfolio thus the core regional tools contained measures that allowed comparisons to be made on aggregate between participants' levels of physical activity at the start of the project and again at the end. Subjective assessments and behaviour change around use of outdoor space and whether participants were more active in their daily lifestyles were considered at the exit questionnaire stage through the depth module approach.^{xvii}

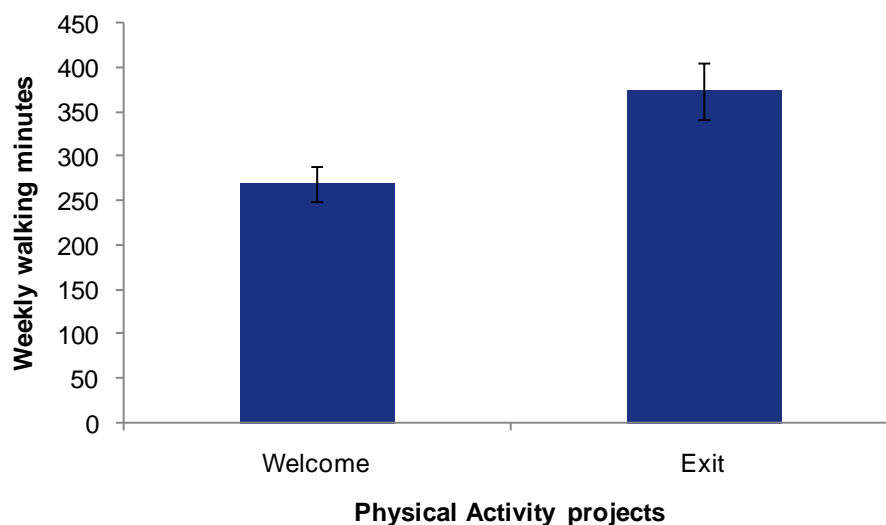
7.2.1 Increased cycling and walking

Data relating to increases in walking during, and independent of, TWB projects was obtained from the welcome and exit questionnaires. The time spent walking by a participant was calculated using two self-report questions from the International Physical Activity Questionnaire (IPAQ) tool.¹⁹ These collect information on how many days in the last week participants walked for 10 minutes or more and the average time spent walking on one of those days. Data were used to derive minutes spent walking per week.

The data show an increase of mean weekly walking minutes between the welcome and exit stage for projects that had physical activity as its main theme (Figure 15). Average weekly minutes of walking increased from 269 at the welcome stage to 374 at the exit stage, an increase of 105 minutes (1 hour 45 minutes). It is encouraging to see a statistically significant increase in the average weekly minutes of walking. There was a similar outcome across the portfolio, although to a lesser degree, with results from all respondents showing an increase in average weekly walking of 37 minutes from the welcome to exit stage.

^{xvii} Of the 235 depth module questionnaire submitted not all were fully completed and this could impact upon the results obtained.

Figure 15. Mean weekly walking minutes, physical activity projects



Base: Physical activity projects (749 Welcome; 484 Exit).

7.2.2 Increased use of open space for physical activity

Participants taking part in projects with a physical activity outcome were asked on the exit questionnaire ‘Do you feel that you now make more use of the outdoors whilst doing physical activity?’ Since a baseline measure of outdoor activity was not recorded during the welcome questionnaire the behaviour change is implicit in the wording of the question ‘Do you feel that you now...’ with 83% of module respondents agreeing that there had been an increase in their use of open space for physical activity. This indicates that the majority of physical activity project participants were direct beneficiaries in terms of this outcome, (personally received a benefit in terms of an improved outcome).

To further qualify the extent of behavioural change, participants were asked to indicate in what ways they made more use of the outdoors; for example, using the park and public spaces for exercise, growing food and/or walking clubs. Below is a selection of responses which indicate the ways in which physical activity projects have had an influence on direct beneficiaries.

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

“Gardening, walking, cycling.” (Male, aged 70)

“I work on my allotment growing fruit and veg. I am also a friend of a local park and work there on the formal park and nature reserve.” (Female, aged 63)

“Going running in fields or streets instead of just doing it in the gym.” (Male, aged 24)

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

“Go to the park 3 times a week. Using my bike and also take my grandchildren to the park.” (Female, aged 52)

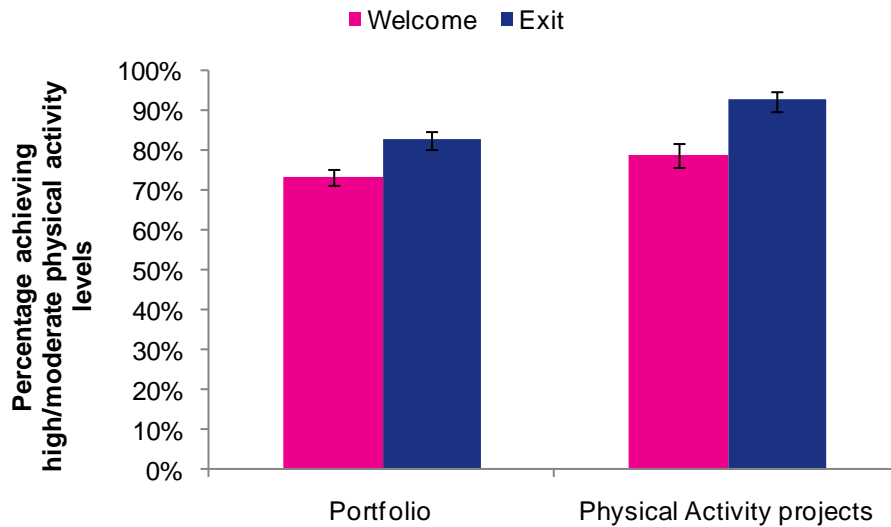
7.2.3 More active in their daily lifestyles

Questionnaire respondents were asked a series of questions about their physical activity in the last seven days, including walking and 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.¹⁹ The questions allow data to be aggregated into three categorical indicators; high, moderate and low. The Chief Medical Officer’s²⁰ recommendation is for adults to partake in 30 minutes of moderate activity on at least five days a week. As the IPAQ tool includes those achieving government guidelines within the moderate level classification, we have combined the high and moderate groups together for analysis purposes. From participants’ responses it was possible to establish whether the configuration of those achieving high/moderate and low levels of physical activity changed pre- and post-intervention.

Figure 16 shows that TWB participants, from both physical activity projects and across the whole portfolio, did tend to have higher levels of physical activity at the exit stage compared to welcome questionnaires. From the welcome questionnaires of the physical activity projects we see that 79% of respondents were achieving high/moderate levels of physical activity. This increased by 14% to 93% after engagement with the project.

With 93% of participants involved in physical activity projects attaining high/moderate levels of physical activity post-intervention, it is clear that participants maintain and increase their active daily lifestyle as a result of partaking in physical activity projects. Additionally, improvements in those achieving government guidelines for physical activity were seen across all responses. There was an increase of 10% of respondents achieving high/moderate levels of physical activity between the welcome and exit stage (73% and 83% respectively), although this increase across the portfolio was not as significant as that seen in the physical activity projects (Figure 16).

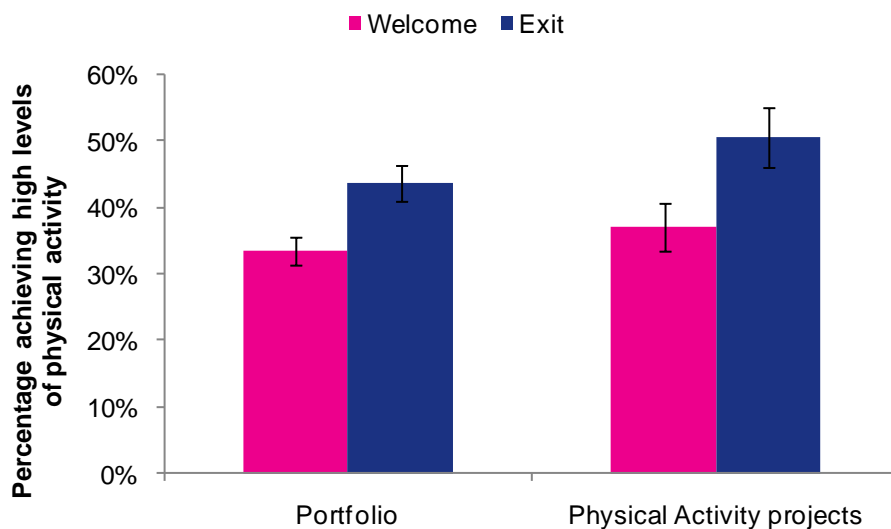
Figure 16. Achieving high/moderate physical activity levels, portfolio and physical activity projects



Base: Portfolio (2,014 Welcome; 1,268 Exit). Physical Activity projects (735 Welcome; 471 Exit)

As a large percentage of respondents achieved moderate or high levels of physical activity at both the welcome and exit stage, there might be improvements seen with more people achieving high levels of physical activity after attending a TWB project. Across the portfolio, there was a 10% increase to 44% of respondents achieving high levels of physical activity (Figure 17). The findings from the physical activity questionnaire showed an increase from 36% at the welcome stage to 51% at the exit stage (a rise of 13%). Across the whole portfolio and physical activity projects alone, although the percentages of participants reaching high levels of physical activity was lower than those achieving the government recommendations (high/moderate activity levels), the percentage difference between welcome and exit was greater for those attaining high activity levels.

Figure 17. Achieving high physical activity levels, portfolio and physical activity projects



Base: Portfolio (2,014 Welcome; 1,268 Exit). Physical Activity projects (735 Welcome; 471 Exit).

Participants taking part in projects with a physical activity outcome were also asked a self-report question on the exit questionnaire ‘Do you feel that you are more physically active in your daily life as a result of taking part in this activity?’ This is a subjective variable focussed upon behaviour change ‘as a result of taking part’ with the project. A total of 81% of physical activity respondents agreed that they were more active in their daily lifestyles as a result of their participation.

To further qualify the extent of behavioural change, participants were asked to indicate in what ways they had become more physically active, for example, walking short distances instead of taking the car and/or using stairs instead of lifts. The following is a selection of responses which indicate the ways in which physical activity projects have had an influence on the lives of participants:

“Using stairs more than lifts, taking the longer route around to destination.”
(Female, aged 42)

“I now cycle to the shops and any short journeys.”
(Male, aged 55)

“Cycle and walk more, also playing football. Now in walking clubs and cycling clubs.”
(Male, aged 52)

“Walking more, catch the bus less.”
(Female, aged 70)

“Became aware that I should try and take part in more vigorous activity more often.”
(Male, aged 17)

“I use the stairs a lot as well as walking to the shops instead of using the car.”
 (Female, aged 47)

“I now have more energy and enthusiasm to do physical activities rather than spending time watching TV.”
 (Male, aged 45)

One barrier to a physically active lifestyle may be an individual's perception of physical activity. To examine whether participants benefit from improved perception of physical activity as a result of their engagement, participants were asked to indicate how much they liked physical activity on a five point scale at both the welcome and exit stage with responses ranging from ‘dislike physical activity’ to ‘like physical activity’. Table 7 shows the percentage of people indicating they like physical activity. This illustrates that after engaging with a TWB project more people were enjoying, and had a positive attitude towards, physical activity for all responses across the portfolio (an increase of 7%) and by physical activity project (an increase of 9%).

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

Respondents	Welcome	Exit
Portfolio wide respondents	27%	34%
Physical activity project respondents	33%	42%

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 focussing on displaced and sustained benefit were asked in the physical activity depth module at project completion.

Respondents were asked ‘Has taking part in this project encouraged you or prevented you from taking part in other sports/physical activity clubs or organisations?’ The results show that just over a third (34%) of participants on physical activity projects had taken up other physical activity as a direct result of involvement in the project. This shows a displaced benefit as these projects have encouraged participants to take up other physical activities. To show sustained benefit, respondents were asked if they thought they would ‘continue to be more physically active in their daily lives’; with 96% of physical activity project respondents reporting that they would 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 behavioural change.

7.2.4 Physical activity summary

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

The mean weekly walking minutes increased across the portfolio, with a significant increase for projects with a physical activity theme. More positively, evidence across the portfolio shows large proportions of participants were achieving moderate/high levels of physical activity pre- and post-intervention. In addition, results from all respondents suggest an increased uptake of sustained physical activity, particularly amongst participants on projects contributing to physical activity as a priority outcome. Beneficiaries reported an increased use of open space for physical activity, with people stating that they were re-engaging with local parks and other green space. Other promising results for sustained behaviour include more respondents reporting that they enjoyed physical activity and would continue to be more physically active. Displaced benefit from attendance on a project is illustrated by participants taking up other physical activity as a direct result of their attendance.

As is similar to other aspects of the evaluation, a high proportion of participants were meeting the government recommendations for physical activity when they first engaged with TWB, especially those attending physical activity projects. Although participants were physically active upon commencement of the project, physical activity levels significantly improved after engagement with TWB. This suggests that although the projects were doing a good job in helping participants maintain a physically active lifestyle, improvements could be made to encourage those with low levels of physical activity to attend the project. Further evidence that projects were attracting those already interested in physical activity was seen by the finding that a significantly higher proportion of respondents from physical activity projects had a positive attitude to physical activity compared with respondents generally.

7.3 Healthy eating

Improvements in healthy eating amongst participants in the TWB portfolio are a priority outcome. The indicators that were set for this outcome 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; and
- Increased knowledge about healthy food.

The healthy eating module was given to participants in projects that had identified improvements to healthy eating as one of their outcomes. The questionnaire contained measures that related to each of the aforementioned indicators. Comparisons were made on aggregate between participants' healthy eating at the start of the project and again upon project completion.

7.3.1 More participants involved in food growing

To help assess whether participants were involved in food growing activities a measure was included in the healthy eating module to consider whether participants benefited from increased confidence around food growing. Participants were asked to indicate their confidence on a seven point Likert scale ranging from *'no confidence at all'* to *'extremely confident'*.

Results from the healthy eating module indicate that a lower proportion of participants were confident in growing their own food between the welcome and exit questionnaire stages (22% and 17% respectively). The differences are not statistically different and could be as a result of the low response rate and the fact that not all of the ten healthy eating projects had a food growing element to their activities (only 7 healthy eating projects had a food growing element of which provided responses).

7.3.2 Increased availability of healthy food

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

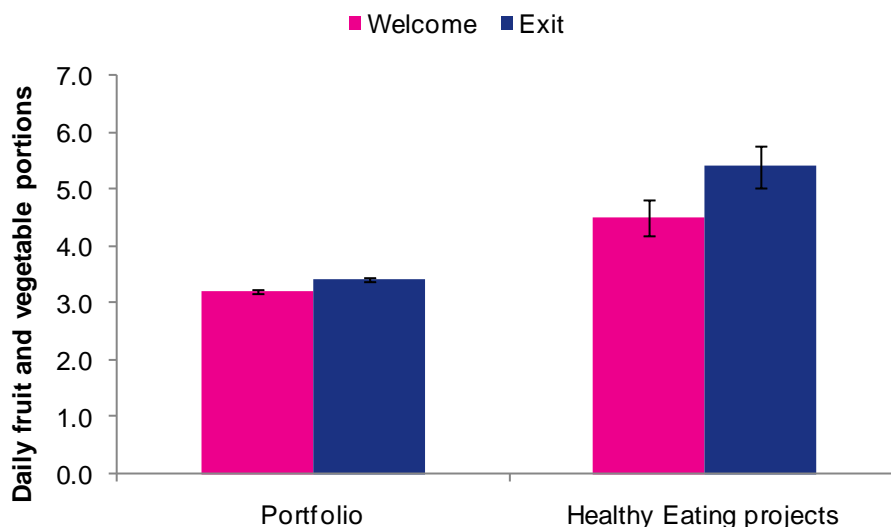
Fruit and vegetable consumption

In 2001, the Government launched the *5 A DAY* programme with an aim to increase fruit and vegetable consumption by raising the awareness of the health benefits associated with fruit and

vegetables and to improve their availability.²¹ Many of the TWB projects were working towards improving participants' consumption and awareness, for example, in relation to portion size. This makes the consumption of fruit and vegetables a particularly useful and comparable measure of outcome success.

Questionnaire respondents were asked to indicate how many portions of fruit and vegetables they consumed a day in the core welcome and exit tools. Figure 18 shows the mean fruit and vegetable consumption for both the healthy eating projects and the responses for the portfolio as a whole. Analysis by all questionnaire respondents across the portfolio shows that consumption of fruit and vegetables has slightly increased by 0.2 portions a day (Figure 18). Healthy eating projects reported an average consumption of 4.5 portions a day on welcome questionnaires, 1.3 portions greater than across the portfolio, increasing to 5.4 portions a day on exit questionnaires, an increase of almost 1 portion (0.9).

Figure 18. Mean fruit and vegetable consumption, portfolio and healthy eating projects



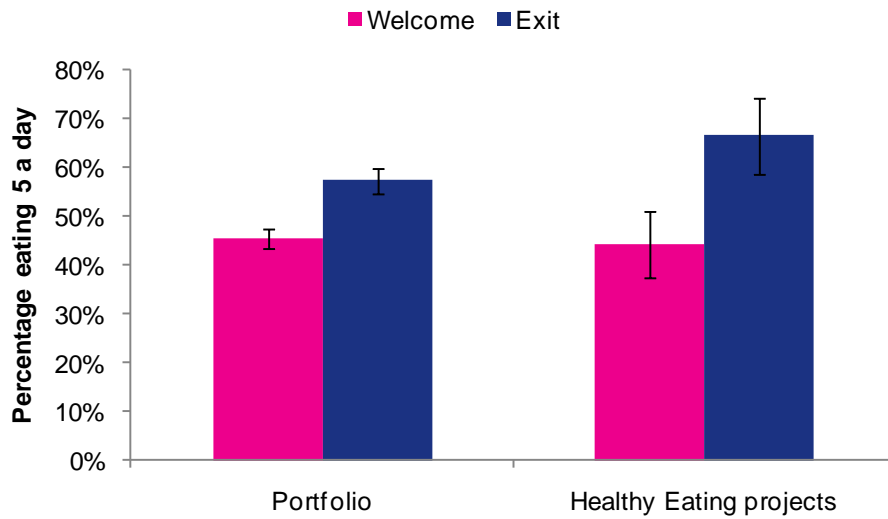
Base: Portfolio (2,192 Welcome; 1,348 Exit). Healthy Eating projects (218 Welcome; 147 Exit).

Across the portfolio, 46% of all questionnaire respondents reported reaching the 5 A DAY target on welcome questionnaires (Figure 19). Following TWB participation, 57% of all respondents reported reaching the 5 A DAY target, an increase (albeit not statistically significantly different) of 11%. This positive impact is even more pronounced for participants who specifically participated in healthy eating projects (Figure 19). Results illustrate that the proportion of respondents achieving the 5 A DAY target escalated by 23%, from 44% to 67%. This increase is beyond chance levels indicating that projects have had the desired effect in terms of this outcome. Within the healthy eating projects, the proportion of respondents eating no fruit and vegetables each day decreased from 3% in welcome questionnaires to 2% in exit

questionnaires. Although this was not statistically significant, it is a positive result for healthy eating projects.

Respondents to the 65+ questionnaire reported an excellent level of healthy eating, with 59% of those completing a welcome questionnaire reaching the *5 A DAY* target, increasing to 69% on exit. This 10% improvement in fruit and vegetable consumption is in line with the increases seen across the portfolio and is an encouraging sign particularly as no healthy eating projects submitted 65+ questionnaires.

Figure 19. Percentage who eat five portions of fruit and vegetables a day, portfolio and healthy eating projects



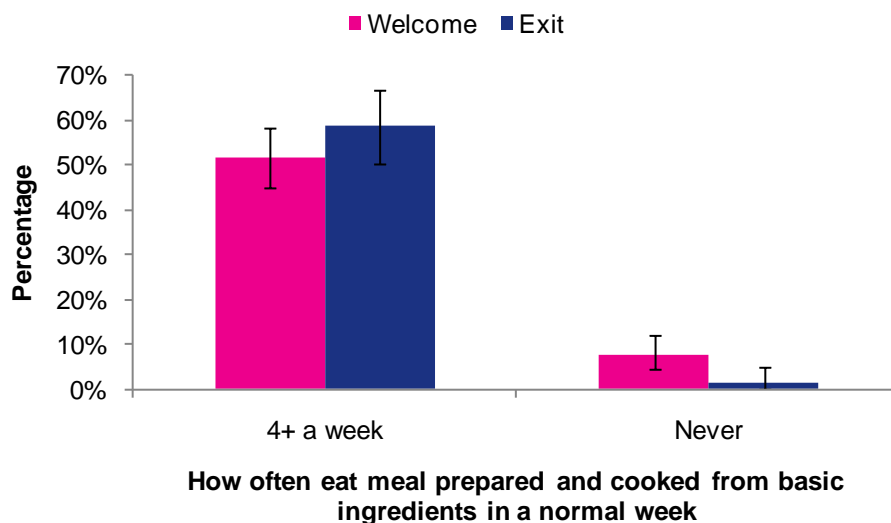
Base: Portfolio (2,192 Welcome; 1,348 Exit). Healthy Eating projects (218 Welcome; 147 Exit).

7.3.3 Improved levels of food preparation and cooking skills

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

Figure 20 shows results based on responses from healthy eating projects and indicates an improvement in participants' levels of food preparation and cooking skills. An increase of 7% was seen in people eating a meal cooked from scratch four or more times a week between the welcome (52%) and exit (59%) questionnaires. Target: Wellbeing may also be seen to be exerting a particular influence on more disengaged individuals. Only 1% of respondents completing a TWB healthy eating project reported never eating fresh food on a weekly basis compared to 8% of participants entering the project. This increase was also seen in the confidence of respondents in cooking food from basic ingredients (Table 8). These results were not statistically significant but do show an encouraging trend, especially in improving the competencies of those who did not do any cooking previously.

Figure 20. Eat meal prepared and cooked from basic ingredients, healthy eating projects



Base: Healthy Eating projects (221 Welcome; 147 Exit).

Questionnaire respondents were asked to indicate their agreement with the statement “*I enjoy putting effort and care into the food that I eat*” on a five point scale. Results from the healthy eating projects indicate that on exit 9% more respondents enjoyed putting effort and care into the food they ate with the percentage of those who agree increasing from 76% on welcome questionnaires to 85% upon project completion.

7.3.4 Increased knowledge about healthy food

To provide measurable impact around knowledge and confidence, healthy eating project questionnaire respondents were asked to indicate their confidence around the following five food related statements:

- 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; and
- v) Cooking food safely.

A seven point scale (ranging from ‘no confidence at all’ to ‘extremely confident’) was used. For the purpose of analysis, responses 1 and 2 were combined to denote ‘not confident’ with 6 and 7 being classified as ‘confident’. Table 8 provides results from the five statements on the healthy eating module, as submitted by respondents from healthy eating projects.

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

Confidence in...	Confident		Not Confident	
	Welcome	Exit	Welcome	Exit
Choosing healthy foods	40%	52%	5%	4%
Shopping on a budget	40%	43%	7%	7%
Following a simple recipe	63%	70%	3%	7%
Cooking from basic ingredients	47%	64%	8%	5%
Cooking food safely	65%	67%	1%	1%

Table 8 shows an increased confidence across all five statements in the knowledge of healthy food. The biggest improvement can be seen in the proportion of respondents who were confident in cooking from basic ingredients, with a 17% increase between the welcome and exit questionnaires (47% and 64% respectively). This result ties in with that from Figure 20, where a higher percentage had eaten a meal prepared from scratch four or more times a week after engagement with the project. Although this result is not statistically different, it is encouraging that across more than one measure TWB healthy eating participants seem to be improving their confidence around healthier food.

Another notable improvement is the increase in confidence in ‘choosing healthy foods when shopping’. Some projects provided fresh produce for participants to buy, whilst some signposted and informed people about healthier food choices, so it is a good sign that respondents’ confidence in ‘choosing healthy foods when shopping’ increased from 40% to 52% between the welcome and exit stage (Table 8). This is important when considering making long-term changes, as beneficiaries will be more confident to buy healthier food during their day-to-day lives.

The proportion of those who were '*not confident*' had, as expected, decreased in some of the statements (Table 8). Notably, there was no change in confidence in '*shopping on a budget*' and '*cooking food safely*' between the welcome and exit stage. However, there was an increase in those '*not confident*' at '*following a simple recipe*' between welcome questionnaires (3%) and exit questionnaires (7%). This may be due to not all healthy eating projects running cooking activities, or may simply be due to random fluctuations in the responses received.

7.3.5 Affective assessments

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

Table 9. Feelings around healthy diet, healthy eating projects

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

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

7.3.6 Healthy eating summary

Some pre-intervention healthy eating scores indicate that projects may have engaged individuals who already demonstrated confidence around healthy eating. It may also be possible that the measures chosen did not accurately reflect the way the projects worked 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 proposes further analysis for investigation.

Confidence in food growing decreased among healthy eating respondents after engagement with the project. This may be as a result of non-food growing projects diluting the responses from those with food growing as an outcome. This suggests the need to look more closely at the type of activities carried out by the projects, however, a much larger sample size would be required to gain meaningful results by food growing projects alone or cooking courses.

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

8. Summary

8.1 Summary of results

The current political reforms enabling an increase in the range of commissioners and providers, coupled with significant cuts to public spending mean that more than ever it is crucial to understand the impact of public health and wellbeing services. This evaluation has demonstrated that, across the portfolio as a whole and all the primary themes, Target: Wellbeing projects were successful in reaching people with significant ill-health and had a positive impact on the wellbeing of participants living in the more deprived communities of the North West.

Engagement with TWB appears to have a significant impact on the mental wellbeing of participants, with the average SWEMWBS score significantly improving across the whole portfolio and even larger improvements seen in scores reported by mental wellbeing projects. Although the average baseline measure for mental wellbeing projects was two points lower than the portfolio average, exit results showed the mental wellbeing scores had risen to almost the same as the portfolio average at the exit stage.

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

A high proportion of participants had a positive attitude to physical activity when they first engaged with TWB. Physical activity levels further increased at project completion, particularly within physical activity projects. This provides evidence that the projects were assisting participants to maintain a physically active lifestyle; however, it also suggests that projects need to focus on how they can attract participants with low levels of activity. It is also possible that participants of physical activity projects could have over-estimated at welcome stage and upon completion of the project had a more realistic view of their levels of physical activity.

Questionnaire results showed increased levels of physical activity across the whole TWB portfolio thus demonstrating that overall, TWB has enabled beneficiaries to lead healthier lives. In addition, across the portfolio there was an increased uptake of sustained physical activity, even more so amongst participants engaging on projects with physical activity as a priority outcome.

The proportion of participants reaching the 5 A Day target increased across the portfolio, with the most pronounced results seen across the healthy eating projects. Thus, the healthy eating projects were achieving their desired outcome.

The majority of registered participants lived in the more deprived areas; 43% of registered participants with a valid England postcode lived within the target LSOAs. This highlights that

although projects were reaching those most likely to be disadvantaged concerning health needs, they were not necessarily coming from the areas that were targeted at the outset. With participants living in deprived areas we might have expected, due to potential health inequalities, that they would have had poorer welcome scores for some questions than has been shown. This is especially true for some of the physical activity and healthy eating questions. These higher than expected scores at the welcome stage mean that not many significant improvements were seen across a number of physical activity and healthy eating projects.

The analyses suggest that projects should focus on attracting those most in need of the services on offer, especially the physical activity and healthy eating projects. By the nature of the work they do, it might be easier for mental wellbeing projects to attract those most in need of improving their mental wellbeing as, for example, a counselling service is unlikely to be attended by those with high levels of mental wellbeing. However, the physical activity and healthy eating projects appear to be attended by those already interested in being physically active and/or enjoying a healthy balanced diet.

The full results from the process evaluation conducted by UCLan are available to review in a series of reports on their website.^{xviii} Key themes emerging at a portfolio level are presented under a series of sub-headings based on the structure used in the interview schedule with participants:

- Initiation and Development of TWB Portfolio
- Implementation and Management of TWB Portfolio
- Engagement with and Understanding of Wellbeing
- Relational Issues
- Evaluation and Administration
- Sustainability

Examples of findings include that NWPFO had played an important role in shaping the portfolio itself through conducting a detailed needs and deprivation assessment to identify the local authority areas for the development of area-based programmes.²² Those interviewed also spoke highly of the overall management of the portfolio, despite the challenges involved due to its scale, complexity and various staff changes. It was also clear that wellbeing had a particular resonance with the work of local authorities and a number of those interviewed highlighted its ascendancy and its relevance in the context of the current structural changes and shifts in responsibilities under the Coalition Government.

8.2 Final conclusion and discussion

Whilst the majority of participants came from the most deprived communities in the North West, projects recruited less than half of participants from the programme target areas. The reasons for this warrant further exploration. There were significantly more female than male participants

^{xviii} See: www.uclan.ac.uk/schools/school_of_health/research_projects/hsu/wellbeing_regional.php

and projects need to consider how to attract both sexes in the future. The physical activity and healthy eating projects recruited participants who appeared to be already engaged and/or interested in improving their levels of activity and healthy eating, with results being higher than in comparable studies such as the *Health and Lifestyles in the North West* survey.⁴ It is also possible that participants of physical activity projects could have over-estimated at welcome stage and upon completion of the project had a more realistic view of their levels of physical activity. Recruiting participants with low levels of physical activity and healthy eating should be a target for such projects.

In terms of the evaluation methodology and tools, the uptake amongst projects was slightly lower than expected despite the delivery of support and training. The amount of individual support projects required to implement the evaluation was perhaps underestimated. The learning from this is that sufficient resource should be allocated for implementation, that projects need to be actively involved in the development of the tools and that a range of tools could be offered, ranging from some basic core to more in depth tools to suit different levels of evaluation competence. Responsibility for monitoring that projects are engaging with evaluation needs to be clear at the outset and the benefits of evaluation set out.

The methodology for this evaluation was designed to measure change at programme level and demonstrated that it was fit for purpose. A complementary evaluation to track change at the individual level from project welcome to exit stage in each of the projects and themes would have been valuable in order to evaluate the impact of individual projects and interventions.

8.2.1 Sustainability and the future for Target: Wellbeing

As evident in the creation of new National Measures of Well-being, the national policy environment is currently particularly supportive of programmes designed to promote and improve personal and social wellbeing.³ There are also developments within transport and health and social care services which underpin related Government policy around localism, nudge economics and the idea of developing the Big Society agenda. The final reports from CLES's national evaluation of the wellbeing programmes recommend that further research should place greater emphasis upon how programmes work.²³ Specifically in terms of the ways in which their governance and partnership structures were formed and evaluated to ensure lessons learnt are passed on, and to assist future sustainability planning. It is also suggested that future research should look to determine cost per output figures and the cost effectiveness of programmes in terms of their economic, social and environmental benefits (among programmes who have yet to do so). This could either involve the use of existing evaluation, or through new research, as this is a key means of engaging with commissioners and future funders.

Through the BIG Lottery Fund, the Portfolio was invited to apply for Supporting Change and Impact funding. Only live projects, within their final 18 months of Target: Wellbeing expenditure, and managing their existing funding well, were eligible to apply for the additional funding.

Applications could be made for two types of funding; Supporting Change and Supporting Impact. The Supporting Change strand of funding allows individual projects to receive funds to support their sustainability and could cover the costs of reviewing the project, sharing learning and promoting its achievements. The projects could use the additional funding to target areas where the most impact can be made; find new, innovative ways to deliver activities; secure funding; seek support or expertise from a wider range of sources; gain greater influence on how services are developed in future; and build new partnerships. The other funding, Supporting Impact, allows “exemplar” projects to receive up to a further 12 months of activity funding. The aim for this is to allow the very best projects to implement plans for sustainability whilst continuing to deliver activity. Although many aspects are likely to be similar, additional funding can be spent on something different to the existing activities. Only projects able to evidence having made an outstanding difference in the lives of people most in need, and with clear plans to achieve lasting benefits after the additional funding ends, were invited to apply.

Despite significant competition for resources, 47 projects received Supporting Change funding with 17 of these projects also receiving Supporting Impact approval.

This final evaluation report has identified key recommendations to consider for sustainability and the future of Target: Wellbeing:

Key recommendations

- Projects across the portfolio should consider how to increase the proportion of participants from their programme’s target areas.
- Projects should look to ensure that more equal numbers of men and women are involved in programme activities.
- Physical activity projects should consider how to target those who have low physical activity levels, as the majority of attendees had at least moderate levels of physical activity when first attending project sessions. This could perhaps be achieved through linking referrals for low physical activity from general practitioners.
- There could be greater targeting of those with limited cooking skills and/or poor diets among projects designed to promote healthier eating habits.

9. Appendices

9.1 Appendix 1: Questionnaires

Welcome Questionnaire



Welcome questionnaire

We would like you to answer the following questions to help us get a clear picture of the health and wellbeing of people taking part in this and other projects across the North West.

Please answer the questionnaire as fully as you can. If you are unable to answer a question, please leave it blank and move onto the next question.

Your answers will help ensure the success of the project you are taking part in and others in the Target: Wellbeing portfolio, as well as helping to measure how the Big Lottery Fund is supporting healthier lifestyles and improving wellbeing. If you do not wish to take part you can continue to take part in the project in the usual way.

If you have any questions about this questionnaire or require help completing it, please ask one of the project staff, who will be pleased to help you.

We would like to reassure you that your responses will remain anonymous and have provided a reply paid envelope to assure you of this. It will not be possible to identify you individually from the responses you give and all of your personal details will be stored securely.

The project you are taking part in is part of Target: Wellbeing. Which aims to help people achieve healthier and happier lives. It's a programme of over 90 projects that increase physical activity, encourage healthier eating and promote mental wellbeing. Funded by £8.9m from the National Lottery through the Big Lottery Fund, it is managed by Groundwork in the Northwest region.

For more information about Target: Wellbeing visit: www.targetwellbeing.org.uk

Please tick this box to confirm that you are aged 16 years or over



Section A - Background

A.1) What is the project you are taking part in?

A.2) Please tick which of the following applies to you:

I am about to start taking part in the project (today is my first session)

I am already taking part in the project

I have finished taking part in the project

If already finished, please indicate when you finished taking part:

___ / ___ / ___ (DD/MM/YY - please give a rough date if you're not sure)

A.3) When did you first become involved in the project?

___ / ___ / ___ (DDMM/YY - please give a rough date if you're not sure)

A.4) Have you filled in a welcome questionnaire before for another project?

Yes

No

A.5) If so, which project did you fill in a welcome questionnaire for?

_____Project name

_____Programme area, e.g. Burnley, Manchester

A.6) Please tick which one of the following applies to you:

I am the person taking part in the project

I am a project worker reading out the questions to someone taking part in the project and filling in their responses (either on paper or online)

I am a carer / guardian completing the questionnaire on behalf of someone taking part in the project

Section B - Healthy Eating

B.1) In a normal week, how often do you eat a meal that has been prepared and cooked from basic ingredients, either by yourself or someone else? For example Shepherd's Pie made starting with raw mince and potatoes *(please circle one answer only)*

- Never 2-3 times a week
 Less than once a week 4-6 times a week
 Once a week Daily

B.2) On average how many portions of fruit do you eat a day? A portion weighs 80g. Examples of a portion include a handful of grapes, an orange, apple or banana, a glass of fruit juice, a handful of dried fruits.

_____ portions

B.3) On average how many portions of vegetables do you eat a day? A portion weighs 80g. A portion weighs 80g. Examples of a portion include a side salad or 3 heaped tablespoons of vegetables, beans or pulses either raw, cooked, frozen or tinned. Please do not include potatoes.

_____ portions

B.4) Please indicate how much you agree with the following statements:

(Please tick one box for each statement)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy putting effort and care into the food I eat					
Healthy food often tastes nicer than unhealthy food					
I enjoy eating a healthy balanced diet					

Section C - Physical Activity

Next we are interested in physical activity:

These questions are about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at school, at home, or, in the garden, or to get from place to place and in your spare time for recreation, exercise or sport.

First, think about all the **vigorous** activities that you did in the **last 7 days**. Vigorous physical activities are those that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

C.1) During the last 7 days, on how many did you do vigorous physical activities:

_____ days per week

No vigorous physical activities (if you tick this box, skip to question C3)

C.2) How much time did you usually spend doing vigorous physical activities on one of those days?

_____ minutes

Next, think about all the moderate activities that you did in the last 7 days. Moderate activities are those that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

C.3) During the last 7 days, on how many did you do moderate physical activities:

_____ days per week

No moderate physical activities (if you tick this box, skip to question C5)

C.4) How much time did you usually spend doing moderate physical activities on one of those days?
(please circle one answer only)

_____ minutes

Now, think about the time you spent **walking in the last 7 days**.

C.5) During the last 7 days, on how many did you walk for at least 10 minutes at a time:

_____ days per week

No walking (if you tick this box, skip to question C7)

C.6) How much time did you usually spend walking on one of those days? (please circle one answer only)

_____ minutes

Lastly, think about the time you spent **sitting** during the **last 7 days**. Do not include the time that you are asleep. Include time spent at work.

C.7) During the last 7 days, how much time did you spend sitting on a typical week day?

_____ minutes

C.8) Please circle the number on the scale which best shows your feelings about physical activity.
(please circle one answer only)

I dislike doing physical activity	1	2	3	4	5	I enjoy doing physical activity
--	---	---	---	---	---	--

Section D - Wellbeing

D.1) All things considered, how satisfied are you with your life as a whole nowadays?
(please circle one answer only)

Extremely dissatisfied	1	2	3	4	5	6	7	8	9	10	Extremely satisfied
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D.2) Please tick the boxes below that best describe your experience of each statement over the **past two weeks**.

I have been...	None of the time	Rarely	Some of the time	Often	All of the time
...feeling optimistic about the future					
...feeling useful					
...feeling relaxed					
...dealing with problems well					
...thinking clearly					
...feeling close to other people					
...able to make up my own mind about things					

D.3) Please tick the boxes below that best describe how much you agree or disagree with **each** statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
There are people in my life who really care about me					
I regularly meet socially with friends and relatives					
I find it difficult to meet with people who share my hobbies or interests					
People in my local area help one another					

D.4) How often in the last twelve months did you help with or attend activities in your local area?
(Do not include activities run by this project. Please tick one box only)

- At least once a week At least once a/in the year
- At least once a month Never
- At least once every three months At least once every six months

D.5) How strongly do you feel that you are part of your immediate neighbourhood?
(Please circle one answer only)

Very strongly	Fairly strongly	Not very strongly	Not at all strongly
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D.6) Overall, how satisfied or dissatisfied are you with your neighbourhood as a place to live?
(Please circle one answer only)

Extremely dissatisfied	1	2	3	4	5	6	7	8	9	10	Extremely satisfied
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Section E - About You

E.1) Are you.....?

- Male Female

E.2) What is your date of birth? (Day, month, year)

--	--	--

E.3) What is your ethnic group? (Please tick one box only)

White

- British Irish
- Any other White background (and write in below)

--

Black or Black British

- Caribbean African
 Any other Black background (and write in below)

Asian or Asian British

- Indian Pakistani
 Bangladeshi Any other Asian background (and write in below)

Mixed

- White & Black Caribbean White & Black African
 White & Asian Any other Mixed background (and write in below)

Chinese or other ethnic groups

- Chinese Any other (and write in below)

E.4) What is your postcode? _____

E.5) How is your health in general?

- Very good Fair Or very bad?
 Good Bad

E.6) How tall are you?

_____ Feet _____ Inches

or

_____ Metres _____ Centimetres

E.7) What is your current weight?

_____ Stones _____ Pounds

or

_____ Kilograms

E.8) Has a health professional ever told you that you have had... (Please tick for each)

	Yes	No
...a heart attack?		
...a stroke?		

E.9) Over the last 12 months have you suffered from any of the following illnesses? (Please tick for each)

	Yes	No
Asthma		
Angina		
Arthritis		
Nervous trouble or depression		
Sciatica, lumbago or recurring backache		
Diabetes		
High blood pressure		

E.10) Does a long standing health problem or disability mean that you have substantial difficulty doing day-to-day activities? (Include problems due to old age)

- Yes No

E.11) Do you care for someone with long-term ill health or problems related to old age other than as part of your job?

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50+ hours a week

That's all! Thank you very much for taking the time to fill in this form



Exit questionnaire



Exit Questionnaire

We would like you to answer the following questions to help us get a clear picture of the health and wellbeing of people taking part in this and other projects across the North West.

Please answer the questionnaire as fully as you can. If you are unable to answer a question, please leave it blank and move onto the next question.

Your answers will help ensure the success of the project you are taking part in and others in the Target: Wellbeing portfolio, as well as helping to measure how the Big Lottery Fund is supporting healthier lifestyles and improving wellbeing. If you do not wish to take part you can continue to take part in the project in the usual way.

If you have any questions about this questionnaire or require help completing it, please ask one of the project staff, who will be pleased to help you.

We would like to reassure you that your responses will remain anonymous and have provided a reply paid envelope to assure you of this. It will not be possible to identify you individually from the responses you give and all of your personal details will be stored securely.

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For more information about Target: Wellbeing visit: www.targetwellbeing.org.uk

Please tick this box to confirm that you are aged 16 years or over



Section A - Background

A.1) What is the project you are taking part in?

_____ (already inputted)

A.2) When did you first become involved in the project?

___ / ___ / ___ (DD/MM/YY - please give a rough date if you're not sure)

A.3) How long have you taken part in the project?

- Less than a week Less than a year
 Less than a month More than a year
 Less than six months

A.4) How often have you taken part in the project?

- 1-2 times 11-20 times
 3-5 times 21-50 times
 6-10 times More than 50 times

A.5) Have you filled in an exit questionnaire before for another project?

- Yes No

A.6) If so, which project did you fill in an exit questionnaire for?

_____ Project name

_____ Programme area, e.g. Burnley, Manchester

A.7) Please tick which one of the following applies to you:

- I am the person taking part in the project
- I am a project worker reading out the questions to someone taking part in the project and filling in their responses (either on paper or online)
- I am a carer / guardian completing the questionnaire on behalf of someone taking part in the project

Section B - Healthy Eating

B.1) In a normal week, how often do you eat a meal that has been prepared and cooked from basic ingredients, either by yourself or someone else? For example Shepherd's Pie made starting with raw mince and potatoes (*please circle one answer only*)

- Never
- Once a week
- 4-6 times a week
- Less than once
- 2-3 times a week
- Daily

B.2) On average how many portions of fruit do you eat a day? A portion weighs 80g. Examples of a portion include a handful of grapes, an orange, apple or banana, a glass of fruit juice, a handful of dried fruits.

_____ portions

B.3) On average how many portions of vegetables do you eat a day? A portion weighs 80g. A portion weighs 80g. Examples of a portion include a side salad or 3 heaped tablespoons of vegetables, beans or pulses either raw, cooked, frozen or tinned. Please do not include potatoes.

_____ portions

B.4) Please indicate how much you agree with the following statements:

(Please tick one box for each statement)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy putting effort and care into the food I eat					
Healthy food often tastes nicer than unhealthy food					
I enjoy eating a healthy balanced diet					

Section C - Physical Activity

Next we are interested in physical activity:

These questions are about the time you spent being physically active in **the last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at school, at home, or, in the garden to get from place to place and in your spare time for recreation, exercise or sport.

First, think about all the **vigorous** activities that you did in the **last 7 days**. Vigorous physical activities are those that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

C.1) During **the last 7 days**, on how many did you do vigorous physical activities:

_____ days per week

No vigorous physical activities (if you tick this box, skip to question C3)

C.2) How much time did you usually spend doing vigorous physical activities on one of those days?

_____ minutes

Next, think about all the **moderate** activities that you did in **the last 7 days**. Moderate activities are those that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

C.3) During the last 7 days, on how many did you do moderate physical activities:

_____ days per week

No moderate physical activities (if you tick this box, skip to question C5)

C.4) How much time did you usually spend doing moderate physical activities on one of those days?

_____ minutes

Now, think about the time you spent **walking in the last 7 days**.

C.5) During the last 7 days, on how many did you walk for at least 10 minutes at a time:

_____ days per week

No walking (if you tick this box, skip to question C7)

C.6) How much time did you usually spend walking on one of those days?

_____ minutes

Lastly, think about the time you spent **sitting** during the **last 7 days**. Do not include the time that you are asleep. Include time spent at work.

C.7) During the last 7 days, how much time did you spend sitting on a typical week day?

_____ minutes

C.8) Please circle the number on the scale which best shows your feelings about physical activity.
(please circle one answer only)

I dislike doing physical activity	1	2	3	4	5	I enjoy doing physical activity
--	---	---	---	---	---	--

Section D - Wellbeing

D.1) All things considered, how satisfied are you with your life as a whole nowadays?
(please circle one answer only)

Extremely dissatisfied	1	2	3	4	5	6	7	8	9	10	Extremely satisfied
-------------------------------	---	---	---	---	---	---	---	---	---	----	----------------------------

D.2) Please tick the boxes below that best describe your experience of each statement over the **past two weeks**.

I have been...	None of the time	Rarely	Some of the time	Often	All of the time
...feeling optimistic about the future					
...feeling useful					
...feeling relaxed					
...dealing with problems well					
...thinking clearly					
...feeling close to other people					
...able to make up my own mind about things					

D.3) Please tick the boxes below that best describe how much you agree or disagree with **each** statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
There are people in my life who really care about me					
I regularly meet socially with friends and relatives					
I find it difficult to meet with people who share my hobbies or interests					
People in my local area help one another					

D.4) How often in the last twelve months did you help with or attend activities in your local area?
(Do not include activities run by this project. Please tick one box only)

- At least once a week At least once every six months
 At least once a month At least once a year
 At least once a every three months Never

D.5) How strongly do you feel that you are part of your immediate neighbourhood?
(Please circle one answer only)

Very strongly	Fairly strongly	Not very strongly	Not at all strongly
----------------------	------------------------	--------------------------	----------------------------

D.6) Overall, how satisfied or dissatisfied are you with your neighbourhood as a place to live?
(Please circle one answer only)

Extremely dissatisfied	1	2	3	4	5	6	7	8	9	10	Extremely satisfied
-------------------------------	---	---	---	---	---	---	---	---	---	----	----------------------------

D.7) 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?

- Yes No

D.8) If yes, in what way do you feel you will have more control over your life? (Tick all that apply)

- Help you do your current job
- Help you find new employment
- Help you have better financial awareness
- Help you to look after yourself physically
- Help you have better relationships with your family and friends
- Help you to take care of your children
- Help you meet new people
- Help you feel part of your community
- Other (please specify) _____

D.9) Can you tell us a bit more about this, by describing in your own words what you can do now that you couldn't do before?

(Maximum 150 words)

Section E - About You

E.1) Are you.....?

- Male Female

E.2) What is your date of birth? (day, month, year)

--	--	--

E.3) Which is your ethnic group? (Please tick one box only)

White

- British Irish
- Any other White background (and write in below)

--

Black or Black British

- Caribbean African
- Any other Black background (and write in below)

--

Asian or Asian British

- Indian Pakistani
- Bangladeshi Any other Asian background (and write in below)

--

Mixed

- White & Black Caribbean White & Black African
- White & Asian Any other Mixed background (and write in below)

--

Chinese or other ethnic groups

- Chinese Any other (and write in below)

E.4) What is your postcode? _____

E.5) How is your health in general?

- Very good Fair Or very Bad?
 Good Bad

E.6) How tall are you?

_____ Feet _____ Inches or _____ Metres _____ Centimetres

E.7) What is your current weight?

_____ Stones _____ Pounds or _____ Kilograms

E.8) Does a long standing health problem or disability mean that you have substantial difficulty doing day-to-day activities?

- Yes No

E.9) Do you care for someone with long-term ill health or problems related to old age other than as part of your job?

- No Yes, 20-49 hours a week
 Yes, 1-19 hours a week Yes, 50+ hours a week

That's all! Thank you very much for taking the time to fill in this form





Healthy Eating Module

1) Below is a list of things that some people find important when it comes to food. Please use the boxes next to each statement to order them in terms of their importance to you. (Put a '1' next to the thing which is most important, through to a '5' for the least important. We understand that for some people, all of these things are important, but we ask you to take a moment to consider which are most important to you.)

- Choosing food products and dishes that you enjoy eating
- Eating a healthy diet
- Keeping your spending on food as low as possible
- Eating your meals in the company of other people
- Choosing food products and dishes that are quick and easy to prepare

2) The following questions ask you to indicate how confident you are about a number of things related to food. On a scale of 1 to 7, with 1 having no confidence at all, and 7 being extremely confident, how confident are you about...

	No confidence at all ←————→ Extremely confident						
	1	2	3	4	5	6	7
...eating healthily?							
...choosing healthy foods when shopping?							
...being able to shop on a budget for healthy ingredients?							
...being able to prepare and cook meals from basic ingredients?							
...following a simple recipe?							
...cooking food safely, e.g. storing/cooking food at the right temperature, making sure work surfaces are clean?							
...growing your own food?							

3) Do you think you will continue to eat more healthily?

- Yes
- No

4) What barriers to healthy eating do you think still exist for you? (tick all that apply)

- There are no shops that sell healthy food in my area
- The range of healthy food in local shops is limited
- Healthy food that is available locally is too expensive
- It is easier and cheaper to buy take aways and convenience food
- I find it hard to get my family to eat a healthy balanced diet
- I don't have the skills to prepare and cook food from basic ingredients
- Healthy food I buy goes to waste
- My family doesn't cook healthy food for me
- I have no garden or few gardening skills for growing my own healthy food
- Other (please state)



Physical Activity Module Questionnaire



Physical Activity Module

1) In the past week on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise, and brisk walking or cycling for recreation or to get to or from places, but should not include housework or physical activity that may be part of your job.

(please circle one answer only)

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

2) Do you feel that you are more physically active in your daily life as a result of taking part in this activity?

Yes No

3) If yes, can you tell us in what ways you have become more physically active?

(e.g. walking short distances instead of taking the car, using stairs instead of lifts)

(Maximum 150 words)

4) Do you feel that you now make more use of the outdoors whilst doing physical activity?

Yes No

5) If yes, can you tell us in what ways you make more use of the outdoors for physical activity?

(e.g. use parks and public spaces for exercise, growing your own food, playing sports, walking clubs)

(Maximum 150 words)

6) Has taking part in this project encouraged you or prevented you from taking part in other sports/physical activity clubs or organisations?

(please tick one box)

- I have taken up other physical activity but it is not because of my involvement in this project
- I have taken up other physical activity as a direct result of my involvement in this project
- I had to give something up to start this project
- No change – I have not started or stopped a physical activity as a result of my involvement in this project

7) Do you think you will continue to be more physically active in your daily life?

- Yes No

8) Below are a set of statements relating to why some people may find it difficult to take part in a physical activity. Please indicate which of these applies to you

(tick all that apply)

- I find it difficult to find time
- It's difficult to get childcare
- It's too expensive
- I'm not really interested in physical activity

- There is nothing in my local area that appeals to me
- There are few single sex activities in my area
- It's difficult for me to get to activities (e.g. travel problems, few local facilities, or facilities too far away)
- Local courses and facilities are not adequately adapted for those with a disability
- My health isn't good enough
- I feel uncomfortable going into a new environment
- I feel self conscious about doing physical activity
- I worry about my personal safety and/or sexual harassment
- My parents and other adults (e.g. teachers) do not encourage me to take part in physical activity
- My friends don't encourage me to take part in physical activity
- Other (please state) _____



Wellbeing Module Questionnaire



WELLBEING MODULE

1) Please tick the box that best describes the extent to which you agree the following statements are true of you.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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					



2) Please tick the box that best describes the extent to which you agree the following statements are true of you.

	Strongly agree	Agree	Disagree	Strongly disagree
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				





PRIMARY SCHOOL Questionnaire

Big Lottery Fund Evaluation

Here are some questions we would like you to answer. We want to know if the Big Lottery Fund has helped children get healthier and happier. Your answers will help us to find out.

You do not have to answer the questions if you do not want to. If you cannot answer a question just leave it. And go on to the next question.

We will not show your answers to anyone else. If you need help, just ask a grown up.

There is a space on the last page for you to tell us what you think about these questions.

Can you tell us when you are filling in the form?

When is this form being completed?

- At the start of the activity/club
- During the activity/club
- At the end of the activity/club
- The club/activity finished a few weeks or months ago

If so, please indicate when involvement ended: / /

When did you first start coming to/ doing this activity?

/ /

Today's date:

/ /

Who is filling in this form?

- I am filling in the form by myself
- A grown up at school/ at the club is helping me fill in the form
- A friend or family is helping me fill in the form
- I am filling in this form for my child

SECTION A

What you eat:

1) Tick, how many helpings of FRUIT do you eat a day?

- 0
- 1
- 2
- 3
- 4
- 5
- More than 5

Here are some examples of one helping of fruit:

A handful of
grapes



A glass of
fruit juice



An apple



An orange



A banana



2) Tick, how many helpings of VEGETABLES do you eat a day?

- 0
- 1
- 2
- 3
- 4
- 5
- More than 5

Here are some examples of one helping of vegetables:

A side salad



Some carrots



3 heaped tablespoons of peas or beans



3) Do you help grown ups to cook? *(please tick one box)*

- Often
- Sometimes
- Never

4) Please indicate how much you agree with the following? *(please tick one box)*

a) I like eating vegetables?

- Not at all
- Lots
- A bit

b) I like eating fruit?

- Not at all
- Lots
- A bit

What you do:

5) Do you run or ride bikes or play sports? *(Tick as many boxes as you like)*

- In PE lessons
- At playtime
- At lunch time
- At After School Clubs
- After school/ at home

6) How often do you run or ride bikes or play sports? *(Please tick one box)*

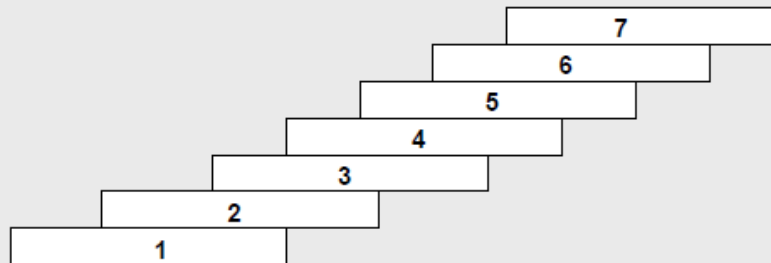
- More than 3 times a day
- Two or three times a day
- Once a day
- Never

7) Which of these things did you do last week? *(tick as many boxes as you like)*

- Running
- Swimming
- Riding a bike
- Walking
- Dancing
- Football
- Tennis
- Netball
- Basketball
- Gardening
- Dusting
- Hoovering

8) How much do you like running and ridding a bike and playing sports?






Here are some stairs. If you like running or jumping or sports a lot, draw a circle round the top stair, number 7. If you don't like them at all, draw a circle round the bottom stair, stair 1. If you feel somewhere in between, draw a circle round the stair that shows how much you like them. *(please circle one number only)*



SECTION B

How you feel:

- 9) Here is a picture of some faces. The two smiling faces, number 5, is if you are really happy with life (including school, friends and at home). Two sad faces, 1, is if you are really not very happy with life. Circle the number that best fits how you feel at the moment.

1	2	3	4	5
				

- 10) How did you feel last week? Circle the number that fits how you felt.

		Never	On one day	On a few days	Most days	Every day
a)	I felt happy	1	2	3	4	5
b)	I felt sad	1	2	3	4	5
c)	I enjoyed my school work	1	2	3	4	5
d)	I had lots of energy	1	2	3	4	5
e)	I had no-one to play with	1	2	3	4	5
f)	I felt tired	1	2	3	4	5
g)	I kept waking up in the night	1	2	3	4	5
h)	I got on with my friends and family	1	2	3	4	5
i)	I felt like I fit in at school	1	2	3	4	5
j)	I felt good about myself	1	2	3	4	5

Lastly, we would like to ask you some questions about you:

11) Are you A boy A girl?

12) How old are you?

13) Tick the group that best describes you.

- White British
- White Irish
- White and Black Caribbean
- White and Black African
- White and Asian
- Indian
- Pakistani
- Bangladeshi
- Black Caribbean
- Black African
- Chinese
- Any Other: (please write in)

That's all! Thank you very much for taking the time to fill in this form.

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Secondary School Questionnaire



SECONDARY SCHOOL Questionnaire

Big Lottery Fund Evaluation

We would like to invite you to participate in an evaluation project. We want to know if the Big Lottery Fund has helped young people improve their well-being. Your answers will help us to find out.

You do not have to answer the questions if you do not want to. If you cannot answer a question just leave it. And go on to the next question.

We will not show your answers to anyone else. If you have any questions about the questionnaire, just ask a teacher or any other adult.

Before we begin, a few administrative questions:

Is this questionnaire being completed:

- At the start of the project/service?
- During the project/service?
- On completion of the project/service?
- At least *three months* after the end of the project/service?

If so, please indicate when involvement ended: / /

When did you first become involved in this activity/start using the service?

/ / (provide a rough date if you are not certain)

Today's date: / /

Please tick one of the below:

- I am the young person filling in the questionnaire myself
- I am a project worker / teacher reading out the questions to the young person and filling in their responses.
- I am a carer/guardian completing the questionnaire on behalf of the young person (*some questions in Section B may be difficult to answer; please just complete as many as you can*)

SECTION A

Firstly, we would like to ask some questions on your eating habits:

1) How many portions of FRUIT do you eat a day?

(One portion would be handful of grapes, an orange, apple or banana, a glass of fruit juice, or a handful of dried fruits)

_____ per day on average

2) How many portions of VEGETABLES do you eat a day?

(One portion is a side salad, or 3 heaped tablespoons of vegetables or beans)

_____ per day on average

3) In a normal week, how often do you eat a meal that has been prepared and cooked from fresh ingredients, either by yourself or someone else? For example Shepherd's Pie made starting with raw mince and potatoes? (please circle one answer only)

Never	Less than once a week	Once a week	2-3 times a week	4-6 times a week	Daily
-------	-----------------------	-------------	------------------	------------------	-------

4) Please indicate how much you agree with the following statement (please circle one number for each statement)

		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a)	I enjoy helping to cook the food I eat.	1	2	3	4	5
b)	Healthy food often tastes nicer than unhealthy food	1	2	3	4	5

Next we are interested in physical exercise:

These questions are about the time you spent being physically active in **the last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at school, at home or in the garden to get from place to place and in your spare time for recreation, exercise or sport.

First, think about all the **vigorous** activities that you did in the **last 7 days**. Vigorous physical activities are those that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

5) During the last 7 days, on how many did you do vigorous physical activities:

days per week

No vigorous physical activities (if you tick this box, skip to question 7)

6) How much time did you usually spend doing vigorous physical activities on one of those days? (please circle one answer only)

less than 20 minutes	more than 20, but less than 30 minutes	more than 30, but less than 40 minutes	more than 40 minutes, but less than an hour	over an hour (please write in): <input type="text"/>
----------------------	--	--	---	--

Next, think about all the **moderate** activities that you did in the **last 7 days**. Moderate activities are those that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

7) During the last 7 days, on how many did you do moderate physical activities:

days per week

No moderate physical activities (if you tick this box, skip to question 9)

8) How much time did you usually spend doing moderate physical activities on one of those days? (please circle one answer only)

less than 20 minutes	more than 20, but less than 30 minutes	more than 30, but less than 40 minutes	more than 40 minutes, but less than an hour	over an hour (please write in): <input type="text"/>
----------------------	--	--	---	--

Now, think about the time you spent **walking** in the **last 7 days**.

9) During the **last 7 days**, on how many did you **walk** for at least 10 minutes at a time:

days per week

No walking (if you tick this box, skip to question 11)

10) How much time did you usually spend walking on one of those days? (please circle one answer only)

less than 20 minutes	more than 20, but less than 30 minutes	more than 30, but less than 40 minutes	more than 40 minutes, but less than an hour	over an hour (please write in): <input type="text"/>
----------------------	--	--	---	--

Lastly, think about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at school, at home, in a car or on public transport, while studying and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

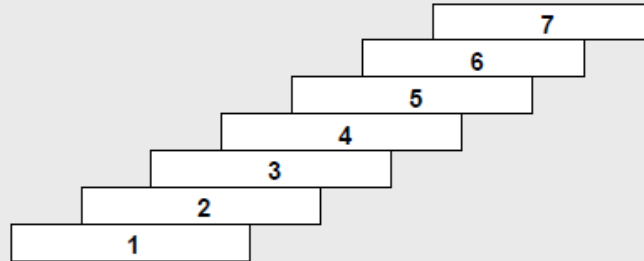
11) During the **last 7 days**, how much time did you spend **sitting** on a typical **week day**? (please circle one answer only)

less than 5 hours	between 5 and 8 hours	between 8 and 11 hours	between 11 and 13 hours	over 13 hours
-------------------	-----------------------	------------------------	-------------------------	---------------

12) And in the **past 4 weeks**, on how many days have you taken part in activities such as brisk walking, cycling, sport, or exercise that has caused you to breathe more deeply? (please circle one answer only)

0 days	1-3 days	4-6 days	7-12 days	13-19 days	20+ days
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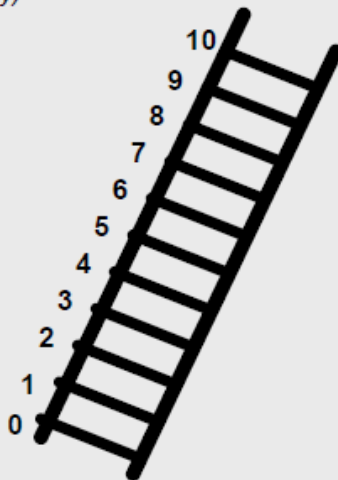
13) Here is a picture of some stairs, If you were standing at 7, that would mean you really enjoy physical activity. If you were standing at 1, that would mean you really don't enjoy it. Where on the staircase do you feel you are at the moment? *(please circle one number only)*



SECTION B

We would now like to ask some questions about how you have been feeling lately:

14) Here is a picture of a ladder, the top of the ladder, 10 is the best possible life for you, and the bottom, 0 is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? *(please circle one number only)*



15) Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the past two weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
a) I've been feeling positive about the future	1	2	3	4	5
b) I've been feeling useful	1	2	3	4	5
c) I've been feeling relaxed	1	2	3	4	5
d) I've been dealing with problems well	1	2	3	4	5
e) I've been thinking clearly (e.g. at school)	1	2	3	4	5
f) I've been getting on well with my friends and family	1	2	3	4	5
g) I've been able to make up my own mind about things	1	2	3	4	5
i) I've felt like I fit in at school	1	2	3	4	5
j) I've been feeling good about myself	1	2	3	4	5

Lastly, we would like to ask you some questions about yourself:

17) Are you Male Female

18) What is your date of birth? / /

19) What is your ethnic group?

White		Mixed	
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Other White:	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
	please write in	Other Mixed background:	<input type="checkbox"/>
			please write in
Asian or Asian British		Black or Black British	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other Black:	<input type="checkbox"/>
Other Asian background:	<input type="checkbox"/>		please write in
	please write in		
Chinese	<input type="checkbox"/>	Any Other: (please write in)	

I do not wish an ethnic background to be recorded:

20) Do you have a health problem or disability which limits your daily activities?

No Yes

21) What is your postcode? (please write in)

That's all! Thank you very much for taking the time to fill in this form.

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65+ Questionnaire

Big Lottery Fund Evaluation

We would like to invite you to participate in an evaluation project. We want to know if the Big Lottery Fund has helped people improve their well-being. Your answers will help us to find out.

You do not have to answer the questions if you do not want to. If you cannot answer a question just leave it, and go on to the next question.

We would like to assure you that your responses will remain confidential. If you have any questions about the questionnaire, please ask a project worker or anyone else. Thank you!

Before we begin, a few administrative questions:

What is the project you are taking part in?

Is this questionnaire being completed:

- At the start of the project/service?
- During the project/service?
- On completion of the project/service?
- At least *three months* after the end of the project/service?

If so, please indicate when involvement ended: / /

When did you first become involved in this activity/start using the service?

/ / (provide a rough date if you are not certain)

Today's date: / /

Please tick one of the below:

- I am filling in the questionnaire about myself
- I am a project worker or carer reading out the questions to the participant and filling in their responses.
- I am a carer/guardian completing the questionnaire on behalf of

SECTION A

Firstly, we would like to ask some questions on your eating habits:

1) On average how many portions of FRUIT do you eat a day?

(examples include a handful of grapes, an orange, apple or banana, a glass of fruit juice, or a handful of dried fruits)

per day on average

2) And how many portions of VEGETABLES do you eat a day?

(one portion is a side salad, or 3 heaped tablespoons of vegetables, beans or pulses either raw, cooked, frozen or tinned. Please do not include potatoes)

per day on average

3) In a normal week, how often do you eat a meal that has been prepared and cooked from basic ingredients, either by yourself or someone else? For example Shepherd's Pie made starting with raw mince and potatoes? *(please circle one answer only)*

Never	Less than once a week	Once a week	2-3 times a week	4-6 times a week	Daily
-------	-----------------------	-------------	------------------	------------------	-------

4) Please indicate how much you agree with the following statements *(please circle one number for each statement)*

		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a)	I enjoy putting effort and care into the food I eat.	1	2	3	4	5
b)	Healthy food often tastes nicer than unhealthy food	1	2	3	4	5

Lastly, think about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, in a car or on public transport, while studying and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting down to watch television.

9) During the **last 7 days**, how much time did you spend **sitting** on a typical **week day**? (please circle one answer only)

less than 5 hours	between 5 and 8 hours	between 8 and 11 hours	between 11 and 13 hours	over 13 hours
-------------------	-----------------------	------------------------	-------------------------	---------------

10) And in the **past four weeks**, on how many days have you done 30 minutes of physical activity such as brisk walking, cycling, sport, exercise, active recreation, sufficient to cause you to breathe more deeply? Please do not indicate physical activity as part of your job. (please circle one answer only):

0 days	1-3 days	4-6 days	7-12 days	13-19 days	20+ days
--------	----------	----------	-----------	------------	----------

11) Now read the following statements and indicate on the sliding scale the point that best describes your feelings around physical activity: (please circle one number only)

I wish I didn't have to do physical activity, but I know it's important for my health	1	2	3	4	5	6	7	As well as being important for my health, physical activity is something I enjoy

12) The following questions ask you to indicate how confident you are at doing a number of activities. On a scale of 1 to 7, with 1 having no confidence at all, and 7 being extremely confident, how confident are you at...

		Please circle one number No confidence ← → Extremely confident						
a)	Walking around the house	1	2	3	4	5	6	7
b)	Doing light housekeeping	1	2	3	4	5	6	7
c)	Doing simple shopping	1	2	3	4	5	6	7
d)	Preparing a meal (not requiring heavy or hot objects)	1	2	3	4	5	6	7

SECTION B

We would now like to ask some questions about your recent thoughts and feelings:

13) All things considered, how satisfied are you with your life as a whole nowadays? (please circle one number only)

Extremely Dissatisfied	0	1	2	3	4	5	6	7	8	9	10	Extremely Satisfied
------------------------	---	---	---	---	---	---	---	---	---	---	----	---------------------

14) Please indicate how much you agree with the following statements by circling the appropriate number.

		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a)	There are people in my life who really care about me	1	2	3	4	5
b)	I regularly meet socially with friends and relatives	1	2	3	4	5
c)	I find it difficult to meet with people who share my hobbies or interests	1	2	3	4	5
d)	People in my local area help one another	1	2	3	4	5

15) How often in the last twelve months did you help with or attend activities organised in your local area? (please tick one box only)

- At least once a week
- At least once a month
- At least once every three months
- At least once ever six months
- Less often
- Never
- Don't know

16) How strongly do you feel you belong to your immediate neighbourhood? *(please circle one answer only)*

Very strongly	Fairly strongly	Not very strongly	Not at all strongly
---------------	-----------------	-------------------	---------------------

17) Overall, how satisfied or dissatisfied are you with your neighbourhood as a place to live? *(please circle one number only)*

Extremely Dissatisfied	1	2	3	4	5	Extremely Satisfied
------------------------	---	---	---	---	---	---------------------

18) The next question is about your contact with your family and friends. *(please circle one answer in each row)*

Family. Consider the people to whom you are related either by birth or marriage.

How many relatives do you...				
a)	...see or hear from at least once a month?	None	One	Two or More
b)	...feel at ease with that you can talk about private matters?	None	One	Two or More
c)	...feel close to such that you could call on them for help?	None	One	Two or More

19) Friendships. Consider all of your friends, including those who live in your neighbourhood.

How many of your friends do you...				
d)	...see or hear from at least once a month?	None	One	Two or More
e)	...feel at ease with that you can talk about private matters?	None	One	Two or More
f)	...feel close to such that you could call on them for help?	None	One	Two or More

20) Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the *past two weeks*.

	None of the time	Rarely	Some of the time	Often	All of the time
a) I've been feeling optimistic about the future	1	2	3	4	5
b) I've been feeling useful	1	2	3	4	5
c) I've been feeling relaxed	1	2	3	4	5
d) I've been dealing with problems well	1	2	3	4	5
e) I've been thinking clearly	1	2	3	4	5
f) I've been feeling close to other people	1	2	3	4	5
g) I've been able to make up my own mind about things	1	2	3	4	5
h) I've felt like I belong to something I would call a community	1	2	3	4	5
i) I've been feeling good about myself	1	2	3	4	5

Lastly, we would like to ask you some questions about yourself:

21) Are you Male Female

22) What is your date of birth? / /

23) What is your ethnic group?

White		Mixed	
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Other White:	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
	please write in	Other Mixed background:	<input type="checkbox"/>
			please write in
Asian or Asian British		Black or Black British	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other Black:	<input type="checkbox"/>
Other Asian background:	<input type="checkbox"/>		please write in
	please write in		
Chinese	<input type="checkbox"/>	Any Other: (please write in)	

I do not wish an ethnic background to be recorded:

24) Do you have any long-term illness, health problem or disability which limits your daily activities or the work you do? (include problems due to old age)

No Yes

25) What is your postcode?

That's all! Thank you very much for taking the time to fill in this form.

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

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