A chance for change – final project report for the chances4change Wellbeing Portfolio 2006-2011

chances4change Wellbeing Portfolio

Executive Summary

This is the final evaluation report for chances4change. It was written by the Research and Evaluation Manager from the Building Blocks project.

chances4change was a £5.6m Big Lottery-funded portfolio of diverse health promotion projects, which aimed to increase healthy eating, mental wellbeing and physical activity among people experiencing health inequalities in the South East of England. Interventions varied and included working with individuals, organisations and communities. This model of work was based on an integrated model of wellbeing developed by local partners (Nurse & Campion, 2006).

Building Blocks was funded by the BIG Lottery through the chances4change portfolio. It was a capacity-building project. Part of the remit of this project was to develop an evaluation strategy, provide evaluation support and share learning and good practice from the portfolio.

Overall findings across the portfolio suggest that it met its key outcomes. However these represent the collation of multiple measures across diverse groups, models of delivery and variable response rates. Although findings are good and exceeded the targets set, the response rates overall for these evaluations were low, which limits how representative these can be considered to be of the portfolio as a whole. This was partly an artefact of the tensions between using a capacity-building, individualised support approach and needing to demonstrate robust findings in a homogenous way, the complexities involved in measuring the impact of short-term health promotion work and project expectations about the primacy of delivering beneficiary numbers. However, the key strength of this approach was in bringing together findings across a truly integrated and multi-faceted approach to increasing wellbeing in the South East, fully in keeping with the rationale behind chances4change. A set of recommendations is made in order to address the tensions at the heart of these findings in any future portfolio work of a similar nature.

Other papers available from chances4change are:

- Legacy 1: “Don’t leap in with your cape flying going, ‘Hi, I’m here to change your life’”: Case studies of health promotion with seldom-heard groups
- Legacy 2: Accessing social capital in later life: the social benefits of walking groups
- Legacy 3: Growth against the odds: how four projects continued their work in a hostile economic climate
- These and further project- and portfolio-level summaries of the work of chances4change projects can be downloaded from www.wellbeingsoutheast.org.uk

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Thank you to the chances4change Management Team and Board for their support of this innovative form of evaluating a portfolio of projects. Thanks also to the chances4change projects that used the opportunity to develop their evaluation skills and provided creative and useful results that shed light on their own work and contributed to the portfolio as a whole.

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1. Introduction

1.1 The Big Lottery's Wellbeing Programme and Portfolio working

In April 2006 the Big Lottery invited submissions of interest for a new programme of funding, the Wellbeing Programme, which aimed "to support the development of healthier lifestyles and to improve well-being" and cited current public health policy on dealing with obesity.[1] Instead of asking for individual tenders, the Lottery was looking for organisations that would host 'portfolios' at a regional level. Portfolios were defined as being "made up of a number of individual projects, usually delivered at a number of locations, which together form a cohesive plan to deliver the programme outcomes. You might deliver the individual projects yourself or sub-contract some or all of them to other organizations"[2]

The key outcomes of the Wellbeing portfolio were:

- people and communities having improved mental well-being
- people being more physically active
- children, parents and the wider community eating more healthily[3]

It was further stipulated that portfolios were expected to cover one or more of these strands through the work of the projects within them. The strands covered by individual projects did not have to equate with the number covered by the portfolio as a whole.[4] Portfolios were expected to report on the outcomes "as they relate to the portfolio as a whole (not the individual projects)".[5]

Box 1 on the next page outlines the detailed information given about each strand and likely activities, quoted directly from the same guidance document. As can be seen, there is a broad range of activity suggested by this guidance, covering direct preventative work with the population as a whole, specific work with groups already at risk of developing health problems (e.g. people with sedentary lifestyles) and work with the wider community to improve access to health initiatives and to build capacity for communities to run their own projects.

In addition, quarterly monitoring information was required by the Big Lottery to establish that the portfolio was working with the number of beneficiaries agreed, and that they were on target to deliver to the number of people they had agreed to reach.

[1] See http://www.biglotteryfund.org.uk/prog_well_being
[2] See *The Well-being Programme England only Guidance notes* at http://www.biglotteryfund.org.uk/prog_well_being_gn.pdf
[3] As above
[4] As above
[5] As above

1.2 The rationale behind chances4change

chances4change aimed to redress the hidden health inequalities in the South East of England, as described in their Stage 2 bid to the Lottery:

> *There are clearly identifiable areas of deprivation within the South East, most notably in coastal and estuarine areas... specific parts of the larger cities… [and there is] diffuse deprivation across the whole region, with some of the highest inequalities in the country, at a local area. Over 710,000 people in the South East are classified as income deprived… compared with 479,000 in the North East or 524,000 in the South West… The relative affluence of large areas of the region means that high numbers of vulnerable and deprived people are doubly disadvantaged, not even having access to the levels of services and support available in existing areas of 'regeneration.'*

Mental health – people and communities having improved mental well-being. We want to support projects that:

- increase user involvement in the design, development and running of projects
- improve mental well-being by developing preventative approaches to common mental health problems (including stress, depression and anxiety disorders)
- contribute towards changing perspectives on mental health by tackling stigma within communities and positively promoting mental health.

Physical activity – People being more physically active. We want to support projects that:

- encourage those who have the most sedentary lifestyles to increase their activity levels
- promote increased physical activity in daily life and encourage individuals to incorporate more activity into their daily lives and routines
- improve the ability of communities to organise and run projects that provide opportunities for local people to become more active.

Healthy eating – children, parents and the wider community eating more healthily. We want to support projects that:

- promote healthy eating for children, parents and the wider community
- build greater access to healthy foods to encourage increased consumption and healthier choices for everyone
- increase children's knowledge of healthy foods, food skills and improve their eating habits.

Box 1: The Big Lottery's criteria for projects under each strand

1.3 Policy and strategy context in the original bid

The Stage 2 bid outlined that the need to target improving the health of the most disadvantaged groups in the UK was highlighted in a range of national and local strategies existing at the time. National papers mentioned were *Choosing Health, A Framework for Sport, FSA Strategic Plan, Your Health and the Arts (Arts Council), Game Plan (Strategy Unit, DCMS), Obesity Prevention Social Marketing Programme (DH/DfES/DCMS), Shift – Action on stigma (DH),* and *Fit for the Future? Exploring the Health and Well-being of Disadvantaged Young People (The Prince's Trust).* Regional papers mentioned were: *Move It, Choosing Health in the South East: Physical Activity, Eating for Health: Food and Health Action Plan for the South East, Mental Health and Well-being in the South East, Child Poverty in the South East* and *The Regional Economic Strategy 2006-2016 A Framework for Sustainable Prosperity,* which

emphasised how a healthy workforce and sustainable communities depended upon tackling health inequalities and the *Learning and Skills Council South East's Action for Communities* agenda, which had a focus on the building of skills and capacity of those most in need (both individuals and communities). *The South East Olympics and Paralympics Culture and Communities* action plan also emphasised the importance of increasing provision of and access to health initiatives for under-represented members of the community, with chances4change earmarked as a key vehicle for meeting this objective.

1.4 Dynamic and integrated approaches to wellbeing

An integrated approach to wellbeing was put forward as part of the chances4change bid, bringing together different aspects of health seen as interrelated. This was underpinned by the paper *Mental Health and Wellbeing in the South East* produced by the DH's Government Office South East (GOSE) in partnership with the Care Services Improvement Partnership (CSIP) and the Southeast Public Health Observatory (SEPHO)[6]. The main argument made in this paper was that "mental well-being… often underpins and interacts with wider physical and social aspects of health and wellbeing" (Nurse & Campion, 2006, p.3). The key model of wellbeing presented was "specifically created within the South East in order to develop a comprehensive approach to promoting well-being" (Nurse & Campion, 2006, p.3), and is presented in Figure 1, on the next page. This took a prominent place in the Stage 2 bid to the Lottery by chances4change.

As shown in the diagram, wellbeing is presented as being influenced by being in a high-risk group, by the wider environment both physically and in terms of policy and by the development of community engagement, life skills and therapies and support. In turn it is suggested that increased wellbeing will have an impact on wider health, lowering obesity, increasing physical health and increasing wider gains, such as productivity and social capital.

Out of this 'dynamic model' an 'integrated model' was developed, which is reproduced in Figure 2, below. This serves as an action plan for services wanting to improve wellbeing in the South East. Following on from the dynamic model presented in Figure 1, it suggests how individuals may be empowered to develop their health as well as building social changes that benefit health and suggesting key groups to target that are known to be vulnerable to poorer health and lowered wellbeing.

1.4.1 How the integrated model informed the priority groups

The integrated model, along with the stipulations in the Wellbeing grant information, informed the criteria for projects included in the successful bid to the Big Lottery, by focusing on key priority groups (see Box 2). These follow the groups identified in the Nurse and Campion (2006) paper, with the addition of 'vulnerable children and families, including looked-after children'. In decision making about which projects would be part of the portfolio, projects

[6] Nurse, J. and Campion, J (2006), downloaded from http://www.sepho.org.uk/Download/Public/10397/1/mentalHealth1_131206.pdf

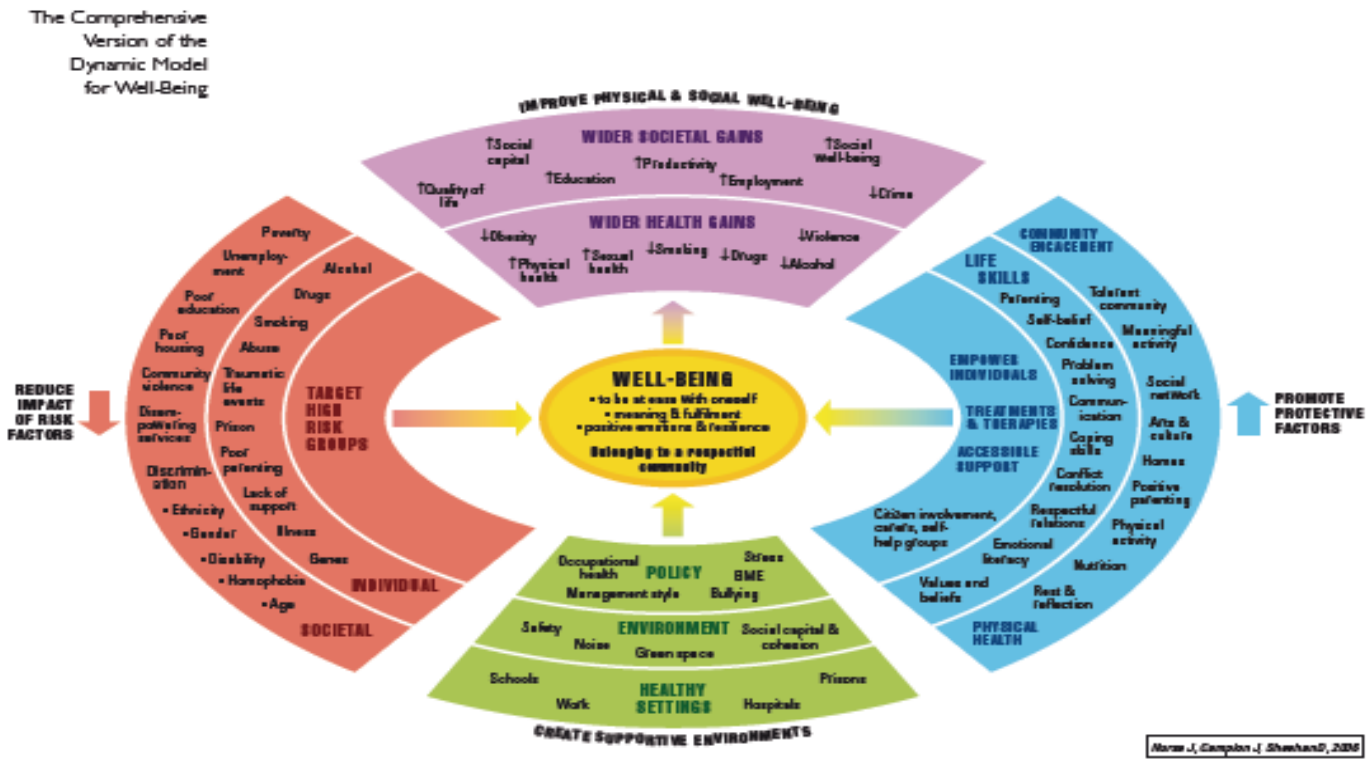

Figure 1. The Dynamic Model of Wellbeing from 'Mental Health and Wellbeing in the South East' (reproduced from Nurse & Campion, 2006, p.14).

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Figure 2. An Integrated Well-Being Model: For Social, Physical and Mental Well Being, reproduced from Nurse and Campion (2006, p.65).

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were expected to work with at least one of these priority groups. As can be seen, the groups were diverse, covering multiple groups across the lifespan who experienced health inequalities or were at risk of doing so, with group membership defined along a number of different factors, such as level of income or support in your community, immigration status, age, being a teenage parent or a looked-after child, sexual orientation, having a disability, having a mental health problem, being homeless or being from an ethnic minority.

- People at risk of mental health problems
- Vulnerable children and families, including Looked-after Children
- Vulnerable young people, including school excludes, teen parents and young offenders
- Disadvantaged families, especially those living in communities with little statutory or voluntary or community sector support
- Offenders and Ex-offenders
- Homelessness
- People with physical and learning disabilities
- Lesbian, Gay, Bisexual and Transgender people
- Black and Minority Ethnic (BME) groups
- Refugees and Asylum-seekers
- Travellers
- Socially-isolated older people

Box 2: chances4change 'high-risk' priority groups[7]

1.4.2 How the integrated model informed activities

In addition, the activities of the projects were based on the content of the integrated model proposed by Nurse and Campion (2006) in Figure 2. This included the individual and social factors listed in the right-hand side of the triangle, specifically promoting the protective factors of mental well being (through arts and creativity, emotional literacy and relationship skills), physical well being (through healthy eating and physical activity) and through promoting community activity, social networks and healthy settings. The resulting competitive criteria for projects hoping to be part of chances4change are listed in Box 3 on the next page. This encouraged applications from a wide range of projects working with at least one priority group in a number of ways, both addressing risk factors and promoting protective factors, across at least two strands, while also addressing discrimination and stigma. Projects could either base their work on evidence-based interventions or be using innovative methods, had to show they were adding value to current work, illustrate a gap in provision to meet local need and demonstrate how their work will be integrated or sustained in the future. Partnerships were encouraged as were bids from the Voluntary Community Services (VCSs).

[7] Taken from the chances4change Stage 2 bid to the Big Lottery

- Have at least two strands, from mental health, healthy eating and physical activity. Additional points will be given if all three strands are covered and if they made links with other aspects not covered by the bid (although the bid will not fund areas outside of these three strands)
- Bids have a balanced approach, addressing risk factors and promoting protective factors
- Bids should target at least one high risk group identified
- Bids will also be encouraged that support social wellbeing and promote the three strands within a setting – e.g. workplace, prisons, hospitals, schools or communities
- Bids will need to illustrate local need and demonstrate that there is a gap in need
- Where possible, bids should use evidence-based interventions, unless explicitly piloting an innovative approach
- Bids will need to show added value to current work
- Bids will be encouraged to address discrimination and stigma
- Bids will be encouraged from the VCS and from partnerships
- Bids will demonstrate how the work will be integrated or sustained in the future

Box 3: Competitive criteria for projects bidding to be part of chances4change (reproduced from chances4change's Stage 2 Bid to the Big Lottery).

1.4.3 The role of empowerment

In addition, the role of empowerment present in the Nurse and Campion (2006) paper was emphasised in the chances4change model. This was described in the Stage 2 bid as:

> *[a] key theme of… empowerment, both of individuals, groups and of entire communities. Through a bottom up approach, giving the power, resources and ownership to the local communities, we have more chance of sustaining long term change. By empowering aspiring community leaders and making the skills and knowledge necessary to improve well being across all three strands of the programme and not just relying on 'professionals', we are confident that more people and communities will enjoy improved mental well-being, be physically active and eat more healthily in the South East.*[8]

This was critical in informing the wider approach of chances4change, as no one approach to delivery was stipulated. This made the chances4change approach very different from other Wellbeing portfolios that used one central model of delivery.

1.5 Aims and objectives of chances4change

The objectives included in the original bid are summarised in Box 4, on the following page.

[8] chances4change Stage 2 Bid to the Big Lottery, as above.

1. By January 2012, 89,971 people from excluded groups targeted in our portfolio in the South East would have improved mental well-being through preventative approaches and challenging the stigmas about mental health issues.

2. By January 2012, 83,504 people from excluded groups targeted in our portfolio and those with sedentary lifestyles in the South East would have increased their physical activity levels.

3. By January 2012, 58,344 people from excluded groups targeted in our portfolio would have increased their knowledge and skills about healthy eating and have greater access to healthy food

Box 4. These were the original objectives from Stage 2 bid for chances4change

1. *By January 2012, 53,663 people from excluded groups targeted in our portfolio and those with sedentary lifestyles in the South East would have increased their physical activity.*

2. *By January 2012, 31,468 people from excluded groups targeted in our portfolio would have increased their knowledge and skills about healthy eating and have greater access to healthy food.*

3. *By January 2012, 28,666 people from excluded groups targeted in our portfolio in the South east would have improved mental well-being through preventive approaches and challenging stigma about mental health issues.*

1.6 Model of evaluation

1.6.1 Stage 2 Bid evaluation plans

In the original Stage 2 bid, three levels of evaluation were outlined, which are outlined below with the expected evaluator for each part.

1. Project-level evaluation

These were outlined as having the following aims:

- How successful is the project in achieving its outcomes?
- Is the project meeting the needs of beneficiaries?
- How can the project be improved?
- What are the good practice lessons?

All projects were expected to have a monitoring and evaluation plan. They would be given guidance in the form of an evaluation toolkit and training sessions to help them develop their own evaluation. Monitoring and evaluation processes were expected to be incorporated into projects from their inception, with “funding and capacity built into all projects to ensure they are able to collect all required information and provide reports on progress.”

2. Portfolio-level (lead organisation) evaluation

This was described as needing to:

- Demonstrate whether the portfolio has met the outcomes and had an impact on health inequalities of beneficiaries in relation to mental health, physical activity and healthy eating
- Demonstrate how users have been involved with the portfolio
- Look across and compare all the projects
- Extract key lessons
- Establish innovation and where this has worked and not worked
- Enable the impact on the population in terms of inequalities/social determinants to be assessed
- Ensure sustainability in terms of capacity building, local relationships and community partnerships

The outcome measures were to identify changes in knowledge, skills and behaviour related to all three strands of physical activity, healthy eating and mental wellbeing in high-risk groups targeted.

Originally the core management group and the lead organisation – a team of researchers to be appointed – were to manage this evaluation and design the toolkit. Two academic partners and SEPHO initially showed interest in taking this role. These evaluators were to be accountable to the Core Management Group and supported by two Building Blocks 'officers'.

The evaluators were expected to include:

- Qualitative and quantitative methods
- Use structure, process and outcome measures
- Include measures covering Maxwell's six dimensions of quality (efficiency, effectiveness, acceptability, access, equality and relevance)
- Develop a toolkit for use by individual projects
- Provide training on the use of the toolkit and ensure that over time it is being used effectively
- Provide training and supervision for a group of peer researchers to enable them to add usefully to the evaluation – for instance, in monitoring the use of the toolkit
- Ensure data collection is of adequate quality
- Collect additional dimensions of information that will add to the evaluation, both of individual projects and of the overall chances4change project
- Collate, quality assure, analyse and interpret the data collected throughout the duration of the project
- Produce progress, interim and final reports
- Liaise with the project manager throughout to ensure that the evaluation goes according to plan

3. Programme level (national) – managed by BIG

The Stage 2 bid outlined this approach to the Lottery's own evaluation:

chances4change will be very keen to share with BIG and other Projects how and why interventions are successful. We will be interested to collaborate with evaluation methods such as questionnaire surveys, analysis of project data to develop the broader picture and interviews, case studies, individual pen profiles to give more depth and insight

1.6.2 Building Blocks and revision of evaluation of chances4change

However, these plans were revised before funding was granted as the cost of providing evaluation support by the earmarked agencies was not affordable within the bid. Instead of an evaluation team, the Research and Evaluation Manager role as part of the Building Blocks was to pick up most of the key aspects of these original evaluation requirements described above.

Building Blocks was a regional capacity-building project set up to provide support to the other projects in chances4change. There were two strands of work, managed by two different managers, which dealt with building networks and learning opportunities (the Networks and Learning Manager) and managing and providing support to projects in developing their own evaluations (the Research and Evaluation Manager).

The Research and Evaluation Manager of Building Blocks was tasked with:

- Designing an evaluation strategy for chances4change at portfolio level, including the identification of key outcome measures
- Developing a toolkit and training to support projects to develop an evaluation capable of providing portfolio level outcomes
- Quality assuring data
- Producing interim and final reports
- Capturing and communicating key 'lessons learned' across the portfolio (process outcomes)
- Capturing and sharing examples of good practice (process outcomes)

The process followed by the Research and Evaluation Manager, including the methodologies used by the projects, is summarised in the next section.

1.6.3 Revision of portfolio-level outcomes

As described in the next section in more detail, the objectives for the portfolio were revised in line with the findings of the initial period of support to projects and amendments that had to be made to reflect misunderstandings by projects about numbers involved in the project and over-inclusion of some inappropriate activities under certain strands. The outcomes used in evaluating the work of the portfolio were changed to those outlined in Box 5 below.

1. By November 2011 - 28,666 people from excluded groups targeted in our portfolio would have taken part in activities aimed at improving mental wellbeing or challenging stigma around mental health issues. From evaluation responses we estimate 65% of people will show improved mental health through preventative approaches.

2. By November 2011 - 53,663 people from excluded groups targeted in our portfolio would have taken part in activities aimed at increasing physical activity and/or activities aimed at supporting others to increase their physical activity levels. From evaluation responses, we estimate 65% of people will have demonstrated an increase in their physical activity, fitness levels or motivation to be more active in the future.

3. By November 2011 - 27,457 people from excluded groups targeted in our portfolio would have taken part in healthy eating activities and/or activities aimed at supporting others to improve their eating habits. From evaluation responses we estimate 65% of people would have increased their knowledge and skills around healthy eating, have greater access to healthy food or shown an increase in healthy eating.

2. Methodology

The evaluation strategy was developed by Building Blocks. The managers were appointed in April 2008. By this time, 62 projects had been confirmed as part of the portfolio. Full details of the projects involved in chances4change are available at www.chances4change.org.uk

42 of the projects had already started in January 2008, with a further 15 also starting in April 2008. Only nine projects started after this date (some being new projects after original projects had closed early). By the time the Building Blocks team was established, the Lottery had commissioned the New Economics Foundation (NEF) to undertake a national evaluation using a questionnaire they had developed. At this stage the scope and depth of this national evaluation had not been established.

2.1 Scoping of portfolio-wide reporting strategy and toolkit

2.1.1 Initial evaluation scoping and development of toolkit

Scoping work was undertaken by the Research and Evaluation Manager in Building Blocks in order to produce a portfolio-wide reporting strategy and develop a toolkit and training for projects. This involved:

- a desk review of all project bids
- consultation with projects about the NEF evaluation tool at a launch event
- discussions about evaluation expectations with the chances4change Management Team and the Big Lottery Officer working with chances4change
- a review of the evidence base for the types of interventions carried out by chances4change projects as described in their bids
- a review of available tools for measuring key outcomes.

2.1.2 Key findings from scoping exercise - projects

1. Projects were diverse

Project bids varied in terms of detail available. Some were replicating an existing model of work, while others were engaging in some form of scoping exercise in order to plan the methods of delivery. From the data available in these bids, there was great variation in terms of:

- Client group(s) of focus, reflecting the list given in the introduction
- Level of grant won
- Whether the project delivered directly to beneficiaries or not[9]
- Whether the project was an 'umbrella' to a number of sub-projects or stand-alone
- Geographical area(s) covered

[9] Some projects focused on training staff who would make this direct contact, e.g. through health activists, some trained existing staff, e.g. those providing services at children's centres, others worked directly with beneficiaries, e.g. by providing cookery classes. Some of the projects worked across this forms of delivery.

- Numbers of beneficiaries targeted
- Whether activities were already set or were being developed. Where activities were set, these varied by:
    - Numbers of people per intervention group
    - Frequency of sessions
    - Length of sessions
    - Number of sessions
    - Period of time over which sessions ran
- Types of activities
- Whether needs-assessment work had already been carried out or not
- Use of evidence-based, practice-based or innovative (untested) strategies of work
- Clarity of objectives
- The kind of evaluation already in place (some bids indicated no evaluation was in place)
- Evidence of project planning milestones having been put in place
- The kinds of measurable outcomes identified (some had not identified any outcomes)
- Sustainability/exit plans

2. Concerns about NEF questionnaire
The broad consensus of the discussions about the NEF toolkit at the chances4change launch event were that it was too long, did not take into account the uniqueness of individual projects (even in its different client group formats) and contained extraneous information that was not relevant to every project.

2.1.3 Key findings from scoping exercise – requirements from BIG and chances4change management team

The requirements outlined by the Lottery and chances4change overlapped, but differed.

The Big Lottery wanted to have information about the number of beneficiaries reached and how the projects were progressing in reaching the key three outcomes in the bid. At this time it was suggested that the NEF tools were likely to be used with all projects within the portfolio. chances4change management and the Research and Evaluation Manager were informed by BIG that a tender had been put together for the national evaluation and this evaluation was likely to start around the beginning of 2009.

chances4change were also interested in having summarised portfolio-level outcome measures and were managing the tracking of beneficiary numbers. In addition they wanted to build the capacity of projects to develop their own evaluations, in process outcomes such as good practice and lessons learned within the portfolio.

2.1.4 Key findings from scoping exercise – core tools for measuring key outcomes

Given the clear mandate to measure outputs and outcomes given by both BIG and chances4change, a key focus of the toolkit was on output measurement (numbers of beneficiaries) with outcome measurement (particularly behavioural) across the three

strands of interest. The chances4change Management team managed the beneficiary output monitoring while Building Blocks managed the reporting of outcomes.

Given the wide variety of projects within chances4change and the varying capacity to evaluate and the importance of keeping any evaluation requirements to a minimum, short self-report measures were chosen as the most feasible form of measurement. These were chosen over other forms of measurement (such as using BMI, or using tools like accelerometers, or even use of diaries recording daily exercise or food intake) for a number of reasons:

- They are inexpensive to use
- They can be carried out anonymously
- They are brief enough not to be over-burdensome to projects or beneficiaries
- They could be incorporated into existing questionnaires
- They do not require large amounts of staff time, like taking objective measures (i.e. BMI) might

The approach taken (and agreed with BIG and the chances4change management team) was to use the NEF questionnaire with a sample of beneficiaries when in place (as agreed with the organisation running the evaluation). However, it was agreed that some 'core' questions should be made available to all projects for each strand before January 2009. Given this focus and the needs highlighted in the responses to the NEF toolkit, shorter measures were preferred over more comprehensive measures to augment the information gained from completed NEF questionnaires in the near future. Where possible (and through discussions with NEF), shorter measures that would be sympathetic to those used by NEF to build their own questionnaire were chosen, with the aim that these would both allow a proxy measure of key outcomes in the shorter term and that key proxy information could be drawn out of NEF questionnaires from the smaller sample completing this questionnaire in full (to avoid duplication).

Evaluators from another portfolio, GHK Consulting Ltd, Wellbeing Portfolio, Living Well West Midlands were also approached to discuss how they had already handled what was believed at the time to be an interim stage.

2.2 Development of portfolio-wide reporting strategy and toolkit

2.2.1 Key principles of evaluation requirements used to guide evaluation strategy

Four key principles were given in the toolkit, which set out the key minimum reporting requirements for every project in chances4change

1. Number of beneficiaries who take part in the project.
This was described as individual participants. At this stage, those who took part in one-off events were discounted.

2. Proportion of people from the target group

Projects were encouraged to use monitoring tools to ensure they were reaching the right people. A basic monitoring form was made available as part of the toolkit.

3. Outcomes
These are described in more detail in the next section as the model of evaluation was dependent upon the type of work being undertaken.

4. Sustainability
Projects were encouraged to follow up a sample of beneficiaries they had worked with to measure if any improvements had been maintained.

In addition, a 'logic model' approach was used to develop the evaluation tools, reproduced in Table 1 on the next page with an example of how it can be used. This is a common form of evaluation model, which takes into account the immediate, short, medium and longer-term likely impacts of the project's work. It was used in the initial toolkit as a model for developing the 'good gardening guides' – models of evaluation – for chances4change projects.

2.2.2 Models of evaluation for chances4change projects - 'Good Gardening Guides'
Given the findings of the scoping exercise above, key cross-cutting features of projects were chosen that were considered to reflect the key evaluation needs of different types of projects. These were:

1. **Contact with beneficiaries,** which could be:
    a. direct (i.e. working with children from a children's centre)
    b. through an intermediary (e.g. commissioning subprojects or training health activists to work directly with, e.g., children) or
    c. 'indirect' (e.g. training existing staff at children's centres to carry out this work)

2. **Existing evidence base for approach with this client group,** which could be:
    a. 'innovative' (e.g. little or no research into how/if this approach works).
    b. 'clear evidence with similar population' (where this approach has been tested with a similar population group), or;
    c. 'mixed evidence/new group'. Either the type of work does not have high quality evidence for its effectiveness, or there are few studies of it with the relevant group (e.g. health activists' work with Gypsies and Travellers).

Resources What do we put into the project? (time, staff, resources)	**Activities** What do we do?	**Immediate outcomes** What happens immediately? (e.g. an increase in knowledge/skills)	**Medium term outcomes** Then what should happen? (e.g. an increase in healthy eating behaviour)	**Long term improvements** What long term impact do we hope to have? (e.g. reduction in health inequalities, CHD, mortality) NB – You may not need (or be able to) measure this!

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Example: *Staff time* *Investment in training programme for staff* *Hire of venue* *Publicity* *Transport.*	*Falls prevention training*	*People gain skills in doing chair-based exercises and knowledge around increasing safety in the home.*	*Increase in stability/strength, increase in confidence, decrease in falls, decrease in injuries f falls.*	*Decrease in falls (over longer time period), decrease in social isolation, increase in independence.*

Table 1. Evaluation logic model with example

Numbers of beneficiaries worked with was also a consideration, with rule of thumb advice about sampling for projects that had over 1000 beneficiaries

From these key dimensions, nine groups were developed, as shown in Table 2, on the next page, which shows examples of each project. Projects were informed when the toolkit was sent out of which groups the Research and Evaluation Manager thought their project would sit within (see below).

The evaluation model group (aka the 'Good Gardening Group') defined the kinds of evaluation considered to be appropriate for each type of project. Appendix Two gives a summary of these different approaches. Full 'good gardening guides' for each project were made available and are available on request, but not included here for reasons of space. In essence, the more innovative a project was, the more detailed an evaluation was suggested. The type of contact with beneficiaries also defined the focus of the evaluation – e.g. where a change could be expected to occur (such as the skills and knowledge of members of staff or behaviour changes of individuals) and whether the core tool or NEF questionnaire would be appropriate to use or not.

Contact with beneficiaries Evidence base for t of work	Direct	Combination (e.g. via activists /another group)	Indirect
Clear evidence with similar population	**Pruning** Falls prevention training.	**Sowing** Commissioning falls prevention training.	**Watering** Training staff in residential settings to do chair-based exercises with older adults.
Mixed evidence /new group	**Growing cuttings** Cook & eat programme with low-inc families.	**Replanting** Physical activities consultation where existing community groups will provide activities in BME communities.	**Feeding** Training staff in SEN schools to provide higher-quality physical activities.
Innovative (no or little good quality research)	**7. Incubating** Research into barriers to participation in physical activities by older men.	**8. Greenhouse growing** Health activists working with travelling communities.	**9. Cross pollination** Training employers in mental health awareness and support of staff.

Table 2. Models of evaluation with project examples

2.2.3 Core questions

As part of the toolkit, three core questions were included. These were to be used with direct beneficiaries to assess outcomes in the relevant strand.

1. Level of physical activity undertaken per week

Two questions were chosen, one for children aged 11-17 and one for adults aged 18 or over. The questions are adapted from the Outdoor Health Questionnaire used by Natural England and approved by NICE and are the same as those used by GHK Consulting Ltd in their evaluation of the Wellbeing Portfolio, Living Well West Midlands (used with permission). This was a single question for each group, based on days of activity undertaken each week. Information about when and how to use the question (in the first and last sessions of an activity to gain baseline and final levels), how to analyse and how to report were given. The core questions and details of how to use them are given in Appendix Three.

2. Level of consumption of fruit and vegetables per day

These were based on the question used in the NEF tool, which drew upon DH guidelines and the North West Public Health Observatory's Lifestyle Survey. Following discussions with some projects about the NEF tool, an option to include zero portions of fruit and vegetables was added to instructions about calculating key information. As with the physical activity measure, details were given about how calculate and feedback key information and adult and child versions were included (see Appendix Four for full details).

3. Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

This was a standardised tool developed to assess the positive aspects of wellbeing among adults, as opposed to other standardised tools that aim to provide a clinical cut-off point for mental health problems, such as depression and anxiety. A reduced form of this tool was used in the NEF questionnaire (see Appendix Five for a copy of the full

WEMWBS). This was to be piloted by projects initially as it was a relatively long measure.

2.2.4 Evaluation toolkit: 'Having a Healthy Evaluation'

The evaluation toolkit produced by the Research and Evaluation Manager o Building Blocks was a 60-page document with hyperlinks, intended to provide as much support as a project needed to meet these minimum requirements. It was set out so that projects would only need to access the parts of the document they needed through jumping between hyperlinks within the document. The total document contained:

- Advice on why projects should evaluate
- Ethical considerations in choice of approach and need to gain consent
- List of what projects needed to evaluate to satisfy the requirements of chances4change
- Frequently asked questions
- Checklist ('evaluation health test') – this was used to find out where evaluations might need more work, linking to the next section
- Evaluation troubleshooter – detailed advice on dealing with the problems outlined in the health test
- 'How much evaluation should I do' (details of the 'Good Gardening Guides)
- Emergency First Aid form (outlining further support needed)
- Detailed appendices including further information about all sections, advice, a summary on key elements of relevant health promotion literature and a monitoring form template.

2.3 Support to projects and development of reporting formats

2.3.1 Rollout of toolkit

A blanket approach to all projects was ruled out as some projects had pre-existing evaluations and not all projects were able to give evidence in their bid of whether their work had an evidence base or not. Therefore the Research and Evaluation Manager used the information from the desk review to pre-assign projects to one or more evaluation models depending on the above criteria. She wrote emails to each of the 62 projects, outlining her support role, summarising the key minimum reporting required, attaching the relevant 'good gardening guide(s)', evaluation toolkit and relevant core questions, while outlining any other possible outcomes where these core questions were not appropriate (for example, with people with learning disabilities or with young children). Where a pre-existing evaluation was available she asked for a copy to be provided.

2.3.2 Agreement of outcome reporting information

The Research and Evaluation Manager arranged phonecalls and meetings with all projects who contacted her. She also chased and monitored who had not come back to her and exchanged emails with projects who had pre-existing materials for measuring outcomes, providing advice on improving methods where this was required to bring the project up to the minimum standard outlined in the guidance set out.

2.3.3 Development of end of year reporting forms

In consultation with the Big Lottery Officer and the chances4change management team, the Research and Evaluation Manager developed some basic templates for reporting back the key outcomes outlined in the above guidance. All projects were asked to use this format.

2.3.4 Continuing support for projects

Following the dissemination of the toolkit, projects were offered training in an 'Evaluation Masterclass', which was based on needs identified in a Training Needs Assessment carried out by Building Blocks. This was attended by only six projects, but all who attended rated it as providing practical advice for measuring difficult outcomes. All projects continued to be offered intensive one-to-one support in person, over the phone and email in order to support them to develop their evaluations. The majority of projects responded to these offers of support.

2.3.5 Guidance in writing questions for an evaluation

In response to queries about writing questions for an evaluation, a short piece of guidance was produced outlining good practice for developing questions, such as the use of Likert scales, avoiding leading questions and focusing questions on the key outcomes expected to be achieved by the project.

2.4 Review of reporting requirements and support offered by Building Blocks

2.4.1 Review of support offered by Building Blocks

One year into the Building Blocks project, a review was undertaken by the team to assess the quality and relevance of support given so far in terms of learning and evaluation support.

23 of 36 responded to a Survey Monkey questionnaire (64%), a reasonable indicative level but not quite high enough to assume it will represent the experience of all projects. Key findings were:

- All respondents agreed with the statement, "I have found the 1-1 support from Building Blocks relevant to my role", with 82.6% (19) agreeing and 17.4% (4) strongly agreeing
- In comments from 17 projects about what was most and least helpful, 10 mentioned evaluation. All but one valued the one-to-one evaluation support they had been given
- 68% reported they had made changes to their evaluation as a result of support they had been given by Building Blocks

In free-response boxes about resources, there was a mixed response to the Good Gardening Guides, Having a Healthy Evaluation and core questions. Some projects claimed they had not seen these tools although they had been emailed to all the project contacts the chances4change team had provided. Although some projects found the Having a Healthy Evaluation guide useful, others found it daunting and too detailed or

reported only finding some parts of it useful. Similarly, some found the Good Gardening Guides confusing.

2.4.2 Learning from providing bespoke support to projects

As well as this formalised way of gaining feedback, providing evaluation support provided an even more detailed way of getting feedback on how the portfolio-level evaluation could be improved. Three crucial issues of relevance to the wider evaluation strategy were repeatedly raised and recorded in support logs, as these lay outside the guidance provided by the toolkit.

1. **Capturing the impact of one-off beneficiaries**
   In the initial guide, one-off beneficiaries who attended events were not to be counted in beneficiary totals. However, many projects had put forward large beneficiary numbers in the belief that this would make it more likely that the Lottery would fund their work. In order to meet these challenging targets, many projects were putting on events to get 'numbers through the door'. However, the Lottery would not allow these beneficiaries to be counted unless some impact could be measured for these individuals.

   This led to the Research and Evaluation Manager being regularly consulted on ways to capture 'one-off' benefits to beneficiaries, such as raised awareness and testing skills and knowledge.

2. **Measurement problems**
   A number of projects had difficulties in using the core tools with their client group or key outcomes (on the whole this was anticipated and raised in the first email to projects as something that would need reviewing and agreeing). For instance, projects working with people with learning disabilities or projects that needed some measure of motivation (perhaps when evaluating 'one-off' sessions, as above).

3. **Reservations about using the WEMWBS and difficulties measuring wellbeing**
   Some projects supporting people with mental health problems were sceptical about the benefits of using an overall wellbeing score to measure the wellbeing impact of taking part in physical activities (as suggested by the Integrated Model of Well-being, see introduction). They were also uncomfortable with using a tool that asked people sensitive questions, particularly, 'I've been feeling loved', which they were concerned would cause people distress.

2.5 Refinement of evaluation support and strategy

2.5.1 Summary of evaluation activities to undertake going forward

Following the review activities summarised in the previous section, the wider remit of the evaluation work was revisited. A model (see Figure 3, below) was developed to represent the amount and type of support and development to be undertaken as part of the Research and Evaluation Manager's role, taking into account the evaluation expectations

and the kinds of difficulties people were finding in applying the global model used in the evaluation strategy and guidance.

Figure 3. Four-tier model of research and evaluation in Building Blocks

The full meaning of each layer is explained in detail in Appendix Six. In summary:

- Layer 1 (Basic Monitoring) was for projects that carried out sessions over more than one occasion and could use the core tools. This level of support was minimal, based on checking understanding of the guidance.
- Layer 2 (Additional Support) was for projects facing some of the common problems listed above, where new measures or solutions were needed that went beyond the toolkit, or for projects who wanted to evaluate more than the minimum outlined at Layer 1.
- Layer 3 (In-depth & process evaluation) was a broad category, but included work undertaken by the Research and Evaluation Manager to provide intensive support to projects to develop very innovative evaluations, but mostly included complex evaluation work focusing particularly on qualitative and process outcomes in the portfolio and at project level.
- Layer 4 (Research & legacy). This included streams of research and detailed evaluations to address key areas of learning from chances4change projects, developed in collaboration with the chances4change Management Team.

2.5.2 Auditing and quality assurance of outcomes agreed by projects

With the Programme Manager's support, an audit of projects' evaluation agreements with the Research and Evaluation Manager was undertaken. There were a number of projects that had not engaged with the Research and Evaluation Manager and had not submitted agreed outcomes at end of year. As part of this work, a process was agreed with the Programme Manager with regard to when projects should be referred for a 'compliance meeting' with the Programme Manager (see Appendix Seven).

As part of this exercise, the key evaluation requirements were restated in a concise format in response to the evaluation of evaluation support detailed in the above section

(see Appendix Eight). This also included advice about including one-off beneficiaries and additional global information was given about gaining consent from beneficiaries as support to projects had shown this to be an area some projects had not considered.

2.5.3 Refining portfolio-level reporting

During the initial phase of giving support to projects (both by Building Blocks and the chances4change management team) and the subsequent audit of project evaluations it became clear that the original objectives agreed with the Big Lottery needed refining, for the following reasons:

- A number of projects had counted predicted attendances at projects, rather than individual people benefiting from projects as their beneficiary numbers
- In order to meet the stipulation of covering as many strands as possible, some projects' accounts of why their work should be counted under a particular strand were tenuous and could not demonstrate appropriate outcomes to fit into the portfolio-level objective – for example, they were serving healthy snacks after a physical activity so should be counted as adding to the 'healthy eating' strand
- The objectives as they stood did not reflect the diversity of now more appropriate outcomes being measured at project level under each strand.

In addition, the evaluation to be carried out nationally with the NEF tool was much smaller than originally suggested and started much later.

A paper was submitted to the Big Lottery, outlining the justifications for making changes to the objectives. The following arguments were advanced for the new objectives as part of a series of discussions with the Big Lottery Officer and chances4change management team and eventually agreed and ratified:

- A broader range of outcomes should be included rather than just behaviour outcomes to reflect the wide range of activities undertaken (taster sessions, training, provision of advice and information)

- Percentages of those experiencing improved outcomes should be used instead of numbers because
    - Not all beneficiaries are evaluated, leading to an underestimation of those benefiting
    - Those taking part are not generally randomly selected, causing bias in the data, meaning it can't be 'multiplied up' into larger numbers as suggested

- It should be made clear that these figures reflect those evaluated rather than all beneficiaries, for the reasons described above

- Predicted percentages of those experiencing benefits, particularly behavioural, should account for the difficulties in initiating and sustaining behaviour change, as outlined in the influential model of Stages of Change developed by Prochaska and DiClemente (see Appendix Nine).

The measurement of mental wellbeing was of particular concern. The report discussed the difficulties of measuring mental wellbeing, which were:

1. The range of ways 'mental wellbeing' (a rather fluid concept) has been interpreted in different projects
2. the difficulties of measuring mental wellbeing in people with serious mental health problems
3. Mental wellbeing is not a behaviour, like the other two strands, which makes it harder to quantify.
4. As with all other strands, it is hard to measure the impact of one-off activities.
5. Some of the approaches are innovative, and links to mental wellbeing have been theorised and need further exploration.

To this point mental wellbeing measures were agreed on a case-by-case basis with the Big Lottery Officer, which had led to a number of ways of measuring mental wellbeing. These were:

- questionnaire-based tools such as existing mental wellbeing or mental health questionnaires – such as the WEMWBS, a quality of life scale, or behavioural observation checklists.
- ratings on mood scales or other unstandardised scales where these are deemed to be most appropriate.
- Where one-off or short activities are involved, appropriate short-term measures have been agreed, based on the logic model approach outlined earlier (see Appendix 4). These include key factors that have been shown to have a mediating impact on mental wellbeing – such as developing social skills, learning or volunteering or supporting others. These were based on the Foresight work on Mental Capital and the NEF model of wellbeing that issued from this work[10]

The final objectives, as agreed by the Big Lottery are summarised in Box 5, in the introduction and take into account these considerations.

Once these new, clearer, more inclusive objectives were agreed, they were used as the basis of all further negotiations with projects. A refined set of end of year reporting templates were developed and shared with projects in response to difficulties faced by projects in using the earlier templates, which did not include such a wider range of objectives and difficulties faced by Building Blocks in drawing diverse data together in a very short turnaround time at the end of each year.

[10] NEF: Five Ways to Wellbeing: http://www.neweconomics.org/projects/five-ways-well-being

2.6 Data types reported, collation, cleaning and summarising

2.6.1 Cleaning of data

In order to reduce individual projects' administration of data, projects were asked to submit information on an annual basis and then any additional evaluation to be submitted within one or two months of the project finishing, agreed on an individual basis. The final results here draw on a collation of all quantitative data reported throughout the project and summaries of key qualitative data.

As outlined in the evaluation standards reported in Appendix Eight, only data that met these minimum reporting requirements was included. This meant that the following data was excluded:

- Incomplete data – e.g. where details of total numbers taking part in an activity was not included, or where key numbers were missing. Attempts were made in every case to ask projects for further details

- Data that did not relate to the key objectives (e.g. process data such as reports on quality of trainer, food or venue),

- Anecdotal data or data where concerns existed about the ability of beneficiaries to be completely honest (e.g. where a trainer had 'asked' members of the group their views rather than an independent person or questionnaire being used).

Full details of the methods used, response rates and design are included in the summary tables used to prepare this report. These are available on request from the chances4change management team. The following sections provide a brief summary of the range of approaches used by projects.

2.6.2 Measurement methods used

Projects were encouraged and supported to capture data that went beyond the minimum expectations described above. This meant that in addition to short, quantitative core tools, the following kinds of data were also collected and are data from them included in the summary in the next section:

- Other standardised measures
- Questionnaires designed by the project (with or without support from the Research & Evaluation Manager)
- Questionnaires designed by research or evaluation partners
- Physical measures such as blood pressure, BMI, cholesterol levels, tests of flexibility, waist circumference measurements
- Self reported weight loss
- Reports of reduced medication
- Behavioural checklists for observations
- Pass grades in training for qualifications
- Numbers of goals reached in care plans

The most common tools used were questionnaires developed by the projects and the core tools.

Projects were encouraged to collect qualitative data too, and the kinds of methods used were:

- open response questions in questionnaires
- focus groups
- observations, diaries and videos
- interviews

As described below, qualitative data is reported in other documents.

2.6.3 Design of evaluations

A number of projects carried out research into the efficacy and impact of their work. One project had funding to carry out a randomised controlled trial (RCT) – the *Silver Song Club Resource and Training Project. Am I Bovvered?* was an action research project using some quantitative and some qualitative methods to explore ways to encourage young women to participate in more sport. *For You Too (Down Time)* used a multimedia qualitative approach to evaluate the success of their work as part of a Masters dissertation.

Some projects took a baseline measurement and repeated this at the end of their project. Some projects tried to use this approach but had difficulties in getting questionnaires returned.

As many projects did one-off activities, these could not be evaluated in this way, so many projects used a post-intervention question to assess the impact of their work.

2.6.4 Sampling methodologies

Most projects, once they had an evaluation agreed, asked all participants to participate as part of standard monitoring.

A few projects took a deliberate sampling approach. Sometimes this was a random sample of some kind, at other times it was a snapshot of the project at a particular time.

The next section describes the findings from these evaluations in terms of how they relate to the portfolio-level evaluation.

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3. Findings

This section is divided into two key sections. The first details the findings in the portfolio, with a particular focus on the quantitative results as they relate to the outcomes agreed with the Big Lottery and technical interpretation of these results (the discussion section will consider the meaning of the results). The second section shares findings relating to the efficacy of this capacity-building approach toward evaluation and includes data from an evaluation of the impact of the support from Building Blocks and summaries of other supporting documentation.

3.1 Key portfolio-level findings

Due to reasons of space the full results breakdown is not included here, but is available on request from the chances4change Management team (see www.wellbeingsoutheast.org.uk for details). Where more than one result was reported for the same people, this was weighted so that total numbers reflected total numbers of beneficiaries evaluated and who showed improvements in the key outcome areas.

3.1.1 Mental wellbeing strand

1. By November 2011 - 28,666 people from excluded groups targeted in our portfolio would have taken part in activities aimed at improving mental wellbeing or challenging stigma around mental health issues. From evaluation responses we estimate 65% of people will show improved mental health through preventative approaches.

Summary of data

Table 3 on the next page outlines the results from chances4change projects in the mental wellbeing strand without excluding projects that had deliberately sampled a smaller subset of their beneficiaries. As such, the total percentages evaluated are lower than the totals described in the 'response rate' section below, where deliberate samples are excluded to give a better representation of 'response rate' – i.e. just including those projects where all or most attendees were asked to respond.

As described in the footnotes for Table 3, this encompasses a wide variety of measures of wellbeing, from immediate increase in levels of relaxation to medium-term improvements in global wellbeing as measured by the WEMWBS, other measures or self reported single wellbeing scores.

Technical interpretation of results

The largest improvements (of 89% and 89.5%) were where beneficiaries were reporting at the end of the activity, whether reporting on mental wellbeing or on skills gained. This may reflect the likelihood that people asked to report retrospectively may not remember entirely accurately how they felt at the beginning of an activity. However, the opposite was true when comparing proxy variables to baseline and considering proxy variables at the end of the activity. This may therefore represent differences in client groups across

different measures. Those reporting on wellbeing results against a baseline include Get Active and Get Real About Health who work with people with mental health problems and vulnerable homeless young people respectively, where the result was an improvement for under half of those evaluated. However, those targeted by projects using a single wellbeing measure at the end mostly aimed to work with the general population in particular regions (Active Workplace, OPAL, Sheppey Community Involvement Project, Sorted! Tea time to Dance and the Active for Life project). Therefore this discrepancy could reflect differences in broader life chances and ongoing difficulties for both groups, which may affect global wellbeing. The trend was bucked by the Outreach and Resettlement project, who work with women experiencing domestic abuse, who reported an increase in WEMWBS among 76% of women evaluated.

	No. improved	No. evaluated	No. doing activity	% evaluated	% improved
Proxy wellbeing – immediate impact[11]	707	883	1586	55.7%	80%
Skills and knowledge increase reported at end of activity[12]	2046	2300	4363	52.7%	89%
Proxy scores against baseline[13]	118	162	271	59.8%	72.8%
Proxy scores at end of activity[14]	509	768	3346	22.9%	66.3%
Wellbeing scores against baseline[15]	124	254	716	35.4%	48.9%
Wellbeing increase reported at end of activity[16]	83	93	970	9.6%	89.4%
Totals	**3587**	**4459**	**11251**	**39.6%**	**80.5%**

[11] This included measures such as self-rated positive emotions, level of relaxation or 'feeling energised' – often after a physical activity. Three of these scores (from Naturally Active) represented pre- and post- measures either side of a taster activity, the rest were based on questions after an activity.

[12] This included skills and knowledge gained by direct beneficiaries for their own mental wellbeing, but also skills and knowledge gained by professionals in supporting and increasing their understanding of people with mental health problems

[13] This included proxy measures of wellbeing as agreed with the Research and Evaluation Manager and based on the Foresight Mental Capital and NEF 'Five Ways to Wellbeing' research summaries on wellbeing – such as learning new skills as well as comparisons between feelings of subjective wellbeing at the beginning and end of the project.

[14] As above, but measured after an activity or set of sessions only. Included social benefits and self-rated confidence gained through the activity too.

[15] This included the WEMWBS, self-reported self esteem and other measures of more global wellbeing used by the projects.

[16] As above, but not including the WEMWBS.

Table 3. Summary of results under mental wellbeing strand for the lifetime of chances4change, including projects where deliberate samples were made

Full details of each project's results can be found in the document *Summary of Projects in chances4change,* available from the Wellbeing Southeast website (www.wellbeingsoutheast.org.uk).

Proxy (immediate) impact related to 'feeling good' or relaxed after activities – often physical activities – and 80% of those evaluated reported a positive outcome. Where proxies (skills gained, confidence gained, how relaxed one feels) were used to assess wellbeing before and after a session or set of sessions there was an increase reported of 72.8%. However, when this was measured afterwards only (as reported above) this was only 66.3%. This will have been brought down by WEBE's finding that only around 50% of 341 children attending an anti-bullying workshop would change their behaviour. This could be misleading as it could be that the majority of children would not bully or consider themselves to be bullies, so may continue to intend not to bully other children. If this result is taken out of this calculation the rate of improvement of proxies rises to 77.3%.

Response rate

As can be seen from the total number taking part in the activity, this number reflects those taking part in activities where an evaluation was in place, rather than those participating in the project as a whole. This may reflect the time taken to put evaluations in place or agree on them. This means that response rate does not reflect the response as a whole over those taking part in chances4change, but *in those participating in activities that were evaluated.*

As noted above, this response rate of 39.6% is also misleading because it includes projects where a deliberate sample was taken, rather than those where there was attrition of responses. Once the project that reported having used samples is taken out of this data (OPAL), the response rate increases slightly to 41.1%.

One project in particular (WEBE: Getting into Shape) had a very low response rate of 2.4% of 1247 people participating, although this was not noted as a sample when the data was sent in. This may have been an oversight, but if this data is excluded, the response rate only goes up to 46.3%. Therefore the response rate, as described by projects for this outcome was low. This limits the strength of conclusions drawn from this data as discussed in the next chapter.

Summary of performance against outcome one

The original outcome was:

1. By November 2011 - 28,666 people from excluded groups targeted in our portfolio would have taken part in activities aimed at improving mental wellbeing or challenging stigma around mental health issues. From evaluation responses we estimate 65% of people will show improved mental health through preventative approaches.

The results found were that in November 2011 – 16,617 people from excluded groups targeted in our portfolio would have taken part in activities aimed at improving mental wellbeing or challenging stigma around mental health issues. From evaluation responses there were reports of improved mental health through preventative approaches in 80.5% of people. However, as discussed above, this is based on a response rate of only 46.3% (of under half of total beneficiaries in this strand) so may not be representative of the projects as a whole.

3.1.2 Physical activity strand

2. By November 2011 - 53,663 people from excluded groups targeted in our portfolio would have taken part in activities aimed at increasing physical activity and/or activities aimed at supporting others to increase their physical activity levels. From evaluation responses, we estimate 65% of people will have demonstrated an increase in their physical activity, fitness levels or motivation to be more active in the future.

Summary of data
Table 4 on the next page outlines the results from chances4change projects in the physical activity strand without excluding projects that had deliberately sampled a smaller subset of their beneficiaries. As such, the total percentages evaluated are lower than the totals described in the 'response rate' section below, where deliberate samples are excluded to give a better representation of 'response rate' – i.e. just including those projects where most attendees were asked to respond.

As described in the footnotes for Table 4, this encompasses a wide variety of measures of physical activity and its related dimensions, including motivation and confidence to participate in sport in the future, becoming more skilled in supporting others to be more active, increasing one's level of physical activity and subjective and objective reports of improved health, such as overall sense of fitness, loss of weight and reduction of blood pressure, some taken from nurse or GP measurements.

Technical interpretation of results
Rather surprisingly the lowest score was on motivation to be more physically active in the future (53.8%). However, given the disparity between this and other measures (a number of projects reported on a number of different types of outcomes within the table below), it is possible that this reflected working with a group that were already motivated to be more physically active (i.e. at the 'action' stage of the stages of change, see Appendix Nine) – otherwise they would not have engaged with the project in the first place.

Changes in objective physical health were only slightly higher, at 56.7%. However, given the incentive described above for projects to engage with large numbers of beneficiaries, it is possible that this reflects relatively short engagement times with some beneficiaries, whereas physical changes in health such as weight loss and reduction of blood pressure take time to take effect.

As might be expected when comparing levels of physical activity measured against baseline and those perceived at the end, increased physical activity compared to baseline was lower as recall may have been impaired at a later date and then biased toward a positive answer.

	No. improved	No. evaluated	No. doing activity	% evaluated	% improved
Motivation to be more physically active[17]	738	1371	2667	51.4%	53.8%
Skills/training in ways to keep fit/support others to get fitter[18]	511	570	696	81.9%	89.7%
Physical activity levels compared to baseline[19]	3308	5094	12058	42.2%	64.9%
Physical activity reported at end of project[20]	2438	3427	4749	72.2%	71.1%
Subjective health[21]	586	711	966	73.7%	82.4%
Objective health[22]	111	196	197	99.7%	56.7%
Totals	**7691**	**11369**	**21333**	**53.29%**	**67.65%**

Table 4. Summary of results under the physical activity strand for the lifetime of chances4change, including projects where deliberate samples were made

[17] This included a range of outcomes such as feeling more motivated to be more physically active, being more likely to look for opportunities to do a particular sport locally and feeling more confident to use community fitness facilities. The majority were asked at the end of an activity but one project (Kids' Club) asked about motivation at the beginning and end.

[18] All these responses were based on questions developed by the projects and used a question at the end of a training session or sessions. All except one (Move and Munch) evaluated how staff rated training that supported them to increase the physical activity levels of a group they were working with or some form of CPD to improve physical activity training. Move and Munch asked about beneficiaries increased understanding of ways to keep fit.

[19] These used the core days of physical activity question or the NEF tool questions, assessing total levels of physical activity at baseline and at the end of the project.

[20] This was a mixture of questions developed by the projects, such as whether someone was now doing more physical activity through taking part in the project or were recorded as being 'new to sport'

[21] All but one project used reporting at the end of the project rather than comparing to baseline. These were measures created by the projects asking about general feeling of physical health improvement, improved flexibility or feeling physically fitter.

[22] These were based on a mixture of measures such as waist measurements, weight loss, BP dropping and BMI. Some were based on nurse or GP measurements, others were self report.

Although objective health results were low, subjective health results were relatively high, with 82.4% of people reporting they felt physically better for doing some physical activity. Almost 90% of those who were trained in supporting others to be more active also felt they had gained skills in supporting others to be more active, although whether they used these skills was not recorded.

Response rate
As can be seen from the total number taking part in the activity, this number reflects those taking part in activities where an evaluation was in place, rather than those participating in the project as a whole. This may reflect the time taken to put evaluations in place or agree on them. This means that response rate does not reflect the response as a whole over those taking part in chances4change, but *in those participating in activities that were evaluated.*

The overall response rate, even including projects that used deliberate sampling of their beneficiaries, is slightly higher than in the mental wellbeing strand at 53.3%. When projects that deliberately sampled beneficiaries are excluded, the percentage that responded only increases to 54.6%.

Summary of performance against outcome two
The original outcome was:

By November 2011 - 53,663 people from excluded groups targeted in our portfolio would have taken part in activities aimed at increasing physical activity and/or activities aimed at supporting others to increase their physical activity levels. From evaluation responses, we estimate 65% of people will have demonstrated an increase in their physical activity, fitness
levels or motivation to be more active in the future.

The results found were that in November 2011 – 62,683 people from excluded groups targeted in our portfolio would have taken part in activities aimed at increasing physical activity and/or activities aimed at supporting others to increase their physical activity levels. From evaluation responses there were reports of 67.65% having increased their physical activity, fitness levels or motivation to be more active in the future. However, as discussed above, this is based on a response rate of only 54.6% (of under half of total beneficiaries worked with in this strand), so may not be representative of the projects as a whole.

3.1.3 Healthy eating strand

By November 2011 - 27,457 people from excluded groups targeted in our portfolio would have taken part in healthy eating activities and/or activities aimed at supporting others to improve their eating habits. From evaluation responses we estimate 65% of people would have increased their knowledge and skills around healthy eating, have greater access to healthy food or shown an increase in healthy eating.

	No. improved	No. evaluated	No. Doing activity	% evaluated	% improved
Skills knowledge or confidence to run cookery/healthy eating sessions or provide advice[23]	626	671	868	77.3%	93.3%
Skills, knowledge or confidence in cooking or eating way healthy way against baseline[24]	711	1006	2970	33.9%	70.7%
Skills, knowledge or confidence in cooking or eating in healthy way (end of session[s])[25]	731	844	1778	47.5%	86.6%
Intention to change eating and/or cooking behaviour in future[26]	91	121	135	89.8%	75.0%
Change in eating and/or cooking behaviour other than fruit & vegetable consumption[27]	165	233	589	39.6%	70.5%
Increased consumption of fruit and vegetables against baseline[28]	217	384	1981	19.4%	56.6%
Increased consumption of fruit and vegetables reporte end of session(s)	83	116	3360	3.4%	71.5%
Weight loss (Active Workplace only)	23	24	24	100.0%	95.8%
Totals	**2647**	**3399**	**11705**	**29.04%**	**77.88%**

Summary of data

Table 5 on the next page outlines the results from chances4change projects in the healthy eating strand without excluding projects that had deliberately sampled a smaller subset of their beneficiaries. As such, the total percentages evaluated are lower than the totals described in the 'response rate' section below, where deliberate samples are excluded to give a better representation of 'response rate' – i.e. just including those projects where most attendees were asked to respond.

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[23] These were based on questions created by the projects and included some data to baseline but mostly at the end of the session(s).

[24] These were based on questions created by the projects

[25] As above

[26] These were based on questions created by the projects, including intentions to make a change to ones own eating behaviour and/or cooking for oneself or ones family. They were all based on questions at the end of the session(s).

[27] Most of these were questions created by the projects. They focused on reported behaviour change, such as using recipes from the cookery sessions, cooking with more fresh produce or cooking more from scratch. Most of the projects measure this with a question at the end of the session(s), but a couple used a baseline comparison.

[28] Some projects used the core question, others invented their own questions. This represented a range of approaches including estimates of how many portions on average people eat fruit and vegetables per day or week or how often people eat fruit or vegetables per week (non-portion specific).

Table 5. Summary of results under the healthy eating strand for the lifetime of chances4change, including projects where deliberate samples were made

As described in the footnotes for Table 5, this encompasses a wide variety of measures of healthy eating and its related dimensions, such as skills, confidence and knowledge of beneficiaries or those trained to deliver sessions or support, intention to change behaviour, reported behaviour change in terms of fruit and vegetable or other healthy food consumption and (for one project) weight loss.

Technical interpretation of results

The largest improvements in any strand were found here, with 93.3% of those trained to run cookery sessions reporting an increase in skills, knowledge or confidence. As might be expected in terms of recall bias, those reporting against baseline had more modest increases in skills and healthy eating behaviours than those who reported at the end only. In particular, increases in self-reported fruit and vegetable consumption measured against baseline were only 57%. Weight loss showed a strong result with 96% of those in the Active Workplace group losing it – but this was based on a relatively small sample compared to the other outcomes.

Response rate

As can be seen from the total number taking part in the activity, this number reflects those taking part in activities where an evaluation was in place, rather than those participating in the project as a whole. This may reflect the time taken to put evaluations in place or agree on them. This means that response rate does not reflect the response as a whole over those taking part in chances4change, but *in those participating in activities that were evaluated.*

The total percentage evaluated, before deliberately sampled data is taken out is extremely low in comparison with the other strand outcomes. This is particularly influenced by the results reported against WEBE's Healthy Eating in the Acute Trust's sample of those using the canteen in the local hospital. The totals using the canteen are based on total workforce numbers, which is likely to be an exaggeration of the totals that actually use it. The sample was based on a snapshot of evaluation so was excluded from the total response rate count. When this was excluded, the response rate increased to 39.3%. There was also a breakfast pack evaluation for *Obesity Awareness*, where people were asked to return a form in a free breakfast pack in order to be entered into a draw. There were only 89 returned out of 1000 (this increases the response rate by 5% if excluded, but as it was not a deliberate sample but a low response rate, it was left in). In addition, a number of projects reported having serious problems having forms returned – far more than in the other strands.

Summary of performance against outcome three

The original outcome was:

By November 2011 - 27,457 people from excluded groups targeted in our portfolio would have taken part in healthy eating activities and/or activities aimed at supporting others to improve their eating habits. From evaluation responses we estimate 65% of people would have increased their knowledge and skills around healthy eating, have greater access to healthy food or shown an increase in healthy eating.

The results found were that in November 2011 – 35,587 people from excluded groups targeted in our portfolio would have taken part in healthy eating activites and/or activities aimed at supporting others to improve their eating habits. From evaluation responses there were reports of 77.8% of beneficiaries having increased their knowledge and skills around healting eating; having greater access to health food or having shown an increase in health eating. However, this was based on a very low response rate of 38.3% when deliberate samples were excluded (of under half of total beneficiaries worked with in this strand), so is unlikely to be representative of the portfolio activities as a whole.

3.1.4 Unexpected outcomes

All projects were asked to record these and they were analysed for broad thematic content. They involved a range of different sorts of outcomes, mostly process-related, although some involved people gaining wider benefits that would fit broadly into another strand area, such as healthy eating benefits in physical activity projects, or social benefits across the other two strands.

On the whole projects chose to share benefits rather than difficulties. They fitted under a number of broad umbrella areas, with summaries of unexpected outcomes listed below.

1. Organisational benefits

- Partnership working with other organisations
- Successful bid with another partner met through chances4change work
- Beneficiaries became volunteers with the organisation
- Successful fundraising under project banner
- Project intend to improve their monitoring
- Supported a schools' aims to become 'extended schools'
- Mainstreamed an aspect of the project
- Organisations involved service users further
- Increased publicity opportunities
- Organisations extended their repertoire of health promotion activities beyond those usually offered (e.g. becoming trained Stop Smoking Advisors)

2. Further benefits for beneficiaries

- Friendships blossoming outside sessions
- Families getting closer to one another
- Beneficiaries became volunteers, e.g. attending court with other women who have experienced domestic violence
- Young beneficiaries were presenters at events
- Young people got the opportunity to visit local football club VIP area

- Gained a training grant
- Gained the confidence to go back into education
- Longer term beneficial changes
- Gained employment
- Made transition to secondary school easier
- Older children became mentors to younger children
- Families discovered the benefits of sitting down to a meal together
- Group developed a catering business as an offshoot of their community café and catered for a TV show
- People becoming more included in their local community

3. Higher level of success than anticipated

- Need to reprint/send out more materials as so popular
- Greater demand than anticipated for activities
- People travelling long distances to attend courses
- Exceeded beneficiary numbers
- Suggestion by influential charity that resource should be available to all schools

4. Development of innovative or new ways of working

- Understanding and working with wider client groups than before
- Resources used with wider audience than originally intended
- Session order changed
- Appreciation of links between food, music and family culture
- Need to ensure schools have to include Traveller children in activities the organisation ran
- Publication of a recipe book locally
- Beneficiaries attend for social reasons so change focus of marketing
- Our two chances4change projects have been far more complementary than we expected
- Developing further research projects
- Providing ingredients after a cookery demonstration is very effective in persuading people to try making the same dish at home

5. Cross-pollination of strands

- Quality of life/wellbeing impact of work
- Healthy eating impact/opportunities for work
- Beneficiaries becoming more confident through activities
- Increasing work to include befriending activities rather than just physical activities

6. Staff benefits

- Volunteers increasing their awareness of the benefits of eating fruit and vegetables
- Increased confidence and well being of volunteers leading walking sessions
- Staff reduced their car use when encouraging beneficiaries to walk more
- Greater opportunities for training in new areas of work

3.1.5 Qualitative results

Most projects provide qualitative results in addition to quantitative results. These have been included in a number of ways in current and previous reports:

- Detailed qualitative work has been included in research reports and other papers (legacy papers, projects' own research papers)
- Case studies have been made available as part of publicity for projects and chances4change
- A summary of case studies from an earlier part of the project is available on the Wellbeing Southeast website (www.wellbeingsoutheast.org.uk)
- Unexpected outcomes overlap with many key qualitative findings across projects as summarised above
- Projects have used qualitative data in conference materials and presentations to local funders

3.2 Outline evaluations by project

These are available in a separate document for reasons of space. Please visit the Wellbeing Southeast website (www.wellbeingsoutheast.org.uk) to download a copy of *Summary of Projects in chances4change.*

3.3. Capacity and legacy building

3.3.1 Capacity building summary

Two projects do not fit under any of the strands, but instead provide support to all other projects in the chances4change portfolio: the Building Blocks project and Supported Volunteering Toolkit.

Overall during the operation of the majority of projects, 89.1% reported increasing relevant skills and knowledge, using resources or putting learning or support into practice. This was based on a 63.9% response rate.

3.3.2 Evaluation support survey

As projects ended, they were asked to complete a final evaluation to assess the value of the evaluation support to them and how it had impacted upon how they had evaluated their project. Only 26 projects participated (42%).Of these 80% (21) had received evaluation support from the Research and Evaluation Manager in Building Blocks and 20 responded to questions on evaluation support.

1. Utility and value of support

90% (18) agreed that the support they had received was useful (30% strongly agreed). 85% (17) agreed they had learned new things about evaluation.

Projects valued:

- Having one consistent point of contact throughout the project
- Being part of a wider network of support
- Provision of suggestions and comments on existing evaluations

- Having support to develop a simple framework at project level that wasn't onerous and could provide portfolio-level results
- Making evaluation relevant to client group
- Sounding board/reassurance

Projects would have liked:

- A way of linking qualitative data with quantitative reporting mechanisms[29]
- Having a clear approach before projects developed their own evaluations

Projects learned:

- The importance of gaining funding for research and evaluation
- The value of using mixed methods
- To consider how to disseminate project information
- More about the different types of evaluation and their merits
- Need to be consistent and put monitoring in at the start
- Broader thinking about how simple information can be used as part of evaluation
- Indirect methods can be just as valid as other methods
- Considering regularising monitoring across our programmes
- 'Anecdotal' evidence can be useful when monitoring clients with more chaotic lifestyles
- Helped clarify my thinking although we're not there yet

2. Impact of support on wider evaluation approach

Three projects did not have any role with wider work, but of those that did and answered these questions (18), 61%(11) agreed or strongly agreed that they had changed how they evaluate work in other parts of their role as a result of their support from Building Blocks.

Changes made that weren't already mentioned were:

- Emphasising the importance of evaluation
- Use of tools they had developed for chances4change evaluation in other projects
- Use of some principles of evaluation learned from Building Blocks to evaluate other projects
- Making evaluations more accessible
- Using a wider range of evaluation tools

71% (15/21) agreed or strongly agreed they would change how they evaluated work in the future as a result of Building Blocks' support.

Changes that had not been mentioned above included not just relying on evaluation forms.

[29] This was the suggestion, but it is a bit unclear what the expectation here was. Qualitative and quantitative approaches have differing assumptions, so although they can be complementary, it is not really possible to blend them in this way.

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Of those who had influence over how their wider organisation evaluated work, 47% said they had changed the way they evaluated as an organisation as a result of Building Blocks' support.

Comments about this were that three years' of funding and support helped them to focus on the work and value it.

General comments were revealing although contradictory

Three respondents described having really valued having support available:

> *It was utterly fantastic and the support was wonderful. Many many thanks are due to both [the Research and Evaluation Manager] and [the Networks and Learning Manager] for their unstinting support and really good communication and attention to detail*

One respondent discussed how it was good to have someone to focus them on how they might evaluate the project and provide additional capacity:

> *It was important to have someone, especially in the early days, who could do research into methods of evaluation and offer advice to assist the project take form. We are all guilty of diving head first into the work and then being hit with a sudden realism that evaluation should have been thought about at the onset. Building Blocks played that important role.*

One respondent valued the knowledge shared and available even though they couldn't use it all:

> *It is useful to have someone as knowledgeable as [the Research and Evaluation Manager]. We were unable to implement all her ideas, but it was good to have her support to discuss issues and ideas*

However, as suggested by the results of the quantitative results, not everyone had found the support this useful. The person who strongly disagreed with all items had not found the support to have any value for them:

> *Poorly presented, generally confused, overly confused, not sitting within a general theory of change, of little value or use*

The person who had disagreed with items suggested it wasn't of the same value to every project:

> *As an organisation we have always had strong evaluation processes which haven't changed as a result of Building Blocks but the support from [the Research and Evaluation Manager] would have been particularly useful to smaller organisations or for people who may not be as experienced in evaluating projects.*

3.3.3 Project use of evaluation standards

One final way of assessing the impact of the evaluation capacity building approach is to consider how many projects provided the information requested.

In total, 53 projects (85%) provided some form of quantitative data, although some produced a very small amount. Some projects – particularly those with their own research programmes – had agreed to use their own tools as these had been put in place beforehand – so this included projects that took an exclusively qualitative approach and those that undertook in-depth research. Summary details of the evaluations undertaken by each of these projects are available in the separate document, *Summary of Projects in chances4change.*

Only four projects (6%) did not provide any evaluation material at all. Three of these projects closed early before they had got an established evaluation in place that worked. One project took a long time to develop its engagement work, so had no regular activities to evaluate before it finished.

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4. Discussion

This section discusses the headline findings described above in terms of the weight and meaning that can be attributed to them and how they relate to the wider aims of chances4change and the evaluation model outlined in the introduction and methodology.

4.1 Interpreting the chances4change key outcome results

4.1.1 The meaning of aggregated results

Each outcome found there was at least a 65% improvement when all components of the variables were taken into account, so in one sense the portfolio can be judged to have succeeded in its aims, although individual sub-outcomes (such as motivation to increase physical activity) were sometimes below this threshold. Possible reasons for these disparities have been discussed in the findings section.

As discussed above, each outcome reflects a collection of different kinds of variables, measures and the results of different kinds of activities, from one-off contacts to longer term involvement. The relative impact on each type of measure and likely reasons for differing levels of impact has already been discussed above; however, it is difficult to interpret levels of impact when they relate to such diverse models of delivery, measurement and clientele.

Perhaps it is only possible to gain a full understanding of the results by considering specific kinds of measure, as outlined in the findings section, or even at individual project level, as outlined in the *Summary of Projects in the chances4change Portfolio*. This relates to a key methodological tension, which is outlined in the next section: the huge diversity of projects.

4.1.2 The meaning of low response rates

As noted in the previous section, a key difficulty in accepting these results as representative of chances4change activity as a whole is the low response rates, particularly among healthy eating projects. Many projects had difficulties evaluating their work and this response rate does not include those projects that did not provide any evaluation data of this kind, as described above. In addition, the response rates quoted here represent evaluated activities, rather than activities as a whole, which is likely to be a result of the time taken to agree clear evaluation terms with all projects.

Low response rates are a problem because it is likely to mean there is some bias in the results quoted. Appendix Ten provides some examples of how those returning evaluations may provide a positive, but unrepresentative picture of the impact of the work. However, it is difficult to know exactly who did not participate in the evaluations at project level and therefore to understand the nature of the bias introduced. However, it is important to note that these findings - particularly where the healthy eating response rate was so low – may not be representative of the chances4change population as a whole.

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It is also important to consider how projects reported on numbers taking part in activities. Some projects may have listed the total numbers of beneficiaries rather than the total numbers of activities evaluated. This would have skewed the figure so that it looked as though people were not responding to an evaluation rather than not being evaluated. The biases in that situation would be different – e.g. the results may reflect the projects' activities at a later stage in development, when teething issues relating to delivery may have been ironed out.

The low response rate and the difficulty of interpreting these outcomes as they stand reflects a number of tensions inherent in this model of evaluation, which are described in the next section.

4.2 Tensions in the evaluation model and portfolio design

It will be argued below that the evaluation model and approach of chances4change set up tensions with the requirement to have a portfolio-wide approach to evaluating progress. Sources of this tension are outlined below.

4.2.1 Characteristics of chances4change projects

One of the key strengths of chances4change projects was their diversity. They worked across the lifespan, across a range of groups and in multiple ways – aiming to influence organisations, individuals and families. This approach was taken to satisfy the recommendations of the integrated model of wellbeing (Nurse and Campion, 2006, see introduction section), which emphasised the importance of services working at community and individual level across a range of strategies and high risk groups, a number of whom were also considered 'hard to reach'. The impact of attempting to implement and manage this diversity of work within one setting (chances4change) influenced the ability of the portfolio to meet the outcomes and evaluate them as a whole, for the following reasons.

1. Working with seldom heard or hard to reach groups

Many projects in chances4change worked with groups who were traditionally considered as 'hard-to-reach'. This meant that engaging with these groups was complex, and that many tried-and-tested methods of promoting behaviour change had to be adapted in order to provide an appropriate service. Further information on how some projects managed this is available in a legacy paper available from the wellbeing southeast website, but a key consideration was allowing a long lead-in time before activities could begin.

This also had an impact on the ability to evaluate these groups. As outlined above, many projects found that basic core tools were not appropriate for their client group, which led to the need to collate a range of diverse measures in testing the outcomes, which, as argued above, made it difficult to tease out an overall picture of how successful the portfolio was.

There is also the possibility that some people who are easy to engage and ready to change participated in the projects, who may already be active or knowledgeable in the

area of focus, which may explain the motivation to increase physical activity result being below 60%, as discussed in the findings section.

2. Trying innovative new methods
Another key strength of chances4change projects was their ability to use their funding to trial new ways of working with people. Although there were many successes, there were also new methods that did not work so well. This ability to use the money to innovate has been one of the key interests of the BIG Lottery, who have consistently argued that good project management and willingness to innovate and learn are more important than 100% success, but it does mean that overall results may be lowered by innovative but ineffective trials of new work.

3 Attempting to meet high beneficiary targets
Although the BIG Lottery emphasise their commitment to outcome-focused measures, many projects are used to providing outputs instead (e.g. number of beneficiaries through the door). BIG's reporting systems still require regular updates on outputs, further reinforcing this approach. During evaluation support projects have often reported that they felt that they were more likely to gain funding with high numbers of beneficiaries.

This had the effect of encouraging projects to engage in short-term work, sometimes one-off 'taster' or information sessions, in order to meet demanding beneficiary targets.

Given the complexity of behaviour change as outlined in Appendix Nine and below, short-term projects may find it harder to produce longer-term change. In terms of the results reported above, a concentration on pre-behavioural changes in attitude as well as behavioural changes provides an overall outcome that it is hard to interpret without disaggregating it into its component parts.

4. The complexity of behaviour change
Unlike other indicators, such as recovery from an operation or take-up of inoculations, health improvements that rely upon personal behaviour change are subject to stages and cycles, as outlined in Appendix Nine. In this model, making a change is a slow process, which may require a number of circuits around the circle of change before a sustained change is made.
It is possible that short-term projects would have fewer gains in terms of medium to longer term behaviour changes if these were followed up. Moreover, change is a process, where awareness, knowledge and intention have to change before a behaviour can be changed. Support for this model is found in the findings, where a change to awareness or knowledge has a higher success rate than a change to behaviour, particularly when compared against baseline behaviour. However those who are willing to participate in an activity of some form are already likely to be at the 'action' point of the model.

5. Health behaviour is influenced by multiple, interconnecting factors
Poverty, the obesogenic environment and education all have a negative impact on an individual's attempts to make behaviour change (see Government policy papers: Marmot, 2010; Foresight, 2007). For instance, the factors known to influence obesity are complex and interconnected (see Appendix Eleven). This is especially true for groups experiencing

health inequalities, such as those targeted by chances4change. However, some of the results for projects working with people experiencing domestic abuse or those with mental health problems, did show success in working in a number of different ways to remove barriers to participation and increase wellbeing. In addition, the unexpected findings showed that many projects increased the breadth of their work or found that work in one area of health inspired a change in another area.

However, as noted above, those engaging with chances4change projects may have been more motivated to make a change and to feel they had some power over making a change to their lifestyle already. However, given that some projects worked with hard to reach groups and took time to gain trust and commitment, this was not always the case.

4.2.2 Characteristics of evaluation methods

Limitations of self-report measures
Self-report measures are more prone to bias, social desirability and misinterpretation than more objective measures, such as accelerometers, heart monitors and BMI. However, they are also cheap, quick and efficient to put in place where projects have a lack of capacity to include other measures.

Some projects working with hard-to-reach groups had ethical concerns that using measures perceived as intrusive would reduce the numbers engaging with the project. It was agreed that in these cases it was more important to maintain engagement with the beneficiaries than to gain objective measurements on fewer participants, especially given the focus on beneficiary number attainment.

Where it was possible to use objective measures, these often showed improvement, although it is possible these were more successful when projects were able to engage with people over the longer term (see above, 'Attempting to meet high beneficiary targets').

Limitations of recall-based measures
Some standardised measures (the Warwick Edinburgh Mental Wellbeing Scale; the standard physical activity level question) require people to remember and report on their activity or mental state over a long period of time. This may lead to under-reporting of change, or over-reporting at baseline measurement. In addition, the use of single evaluations at the ends of sessions are prone to biases where people tend to agree that their behaviour had changed.

Insensitivity of some measures for some participants
Given the complexity of behaviour change and the needs of groups that are harder to reach, standardised measures of change may be unrealistic and may miss smaller changes that are more appropriate to the target group.

Many chances4change projects also collected qualitative information and this is available at project level.

4.2.3 Characteristics of the evaluation model and design

1. Change in resource available but high expectations for delivery
As outlined in the introduction, the plan for the evaluation strategy and support to be available to chances4change projects at the point of the Stage 2 bid included multiple agencies, a team of evaluators and the support of the Building Blocks team.

When the bid was funded, it was not possible to pay for this amount of people to be involved, but the scope of the evaluation materials expected and support to be available to projects was not significantly downsized as a result, with the key deliverables remaining the same.

2. Timing of evaluation support
As outlined in the methodology section (for reasons relating to difficulty finding a host organisation), the Research and Evaluation Manager was appointed after most of the projects in chances4change had started their work.

3. Pre-existing ideas of evaluation requirements
Although projects were expected to have included an evaluation plan in their bid, many projects' descriptions of these were vague or missing. The Lottery had suggested that they would be expecting the majority of projects to be using the tool NEF had developed for them, but this did not happen. This meant that rather than having a clear, portfolio-wide expectation about likely requirements, new requirements had to be imposed on existing evaluations, or on projects that had not planned capacity and time into their work for undertaking evaluations. This led to the need to introduce a compliance element to undertaking evaluation, although some projects provided very little evaluation data even then.

In addition this also led to problems as outlined in the evaluation of the support given by Building Blocks, where some projects resented the input of another agency into work they felt was poorly understood, which they were already evaluating. Given the number of chances4change projects and their diversity, there seems evidence in one person's experience that there was some kind of breakdown of understanding whereby they had not felt that models of change were included in the evaluation design when actually they underpinned it through the logic model. Similarly, the re-launching and redesigning of evaluation requirements, although always following the same principles and standards, seemed to confuse some projects.

It appears then that those projects who valued and were motivated to be responsive to the evaluation support available found this model very helpful, relevant to their individual project and it had some impact on their wider approach to evaluation. However, those that were not committed to evaluating their work or felt they did not need help may have experienced this as getting in the way of delivering their project in the way they had already planned.

It should also be noted that although it was difficult to interpret the collated results and a range of evaluations were undertaken, they do represent, at project level, the diversity of

the work undertaken and are closely aligned to the outcomes of importance to the project, which tie into the wider chances4change outcomes.

chances4change
Improving health and well-being for people in South East England

chances4change is funded by the Big Lottery Fund and co-ordinated by NHS South EastCoast in partnership with NHS South Central, DH-SE, South East England Development Agency, RAISE and Portsmouth City Council

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5. Conclusions

chances4change was a complex, ambitious portfolio that attempted to apply an integrated model of wellbeing through multiple interventions with diverse client groups to improve wellbeing and health through a range of delivery models working at community, organisational and individual levels. At the same time the portfolio attempted to innovate through the Research and Evaluation Manager's role to build capacity in projects to self-evaluate while establishing portfolio-level outcome reporting mechanisms and collecting information about lessons learned.

Overall findings across the portfolio suggest that it met its key outcomes, but these represent the collation of multiple measures across diverse groups, models of delivery and differing levels of success in evaluating the work. Although findings are good and exceeded the targets set, the response rate for these evaluations was low, which limits how representative these can be considered to be of the portfolio as a whole. It was argued that the low response rates were in part an artefact of the tensions between the evaluation model, timing and expectations around evaluating and the diversity of the projects' work.

However, the key strength of this approach was the ability to be responsive to the realities of project delivery and capacity to evaluate and to develop broad enough outcomes to represent the true diversity of projects and the approaches they used. Rather than imposing a top-down measurement system that did not reflect the activities of a large proportion of chances4change projects (which may also have led to a low response rate), the findings presented are tied very closely to the outcomes being delivered by individual projects so provide a good reflection of the breadth of an approach that is truly integrated and multi-faceted and thus in keeping with the rationale behind chances4change.

6. Recommendations

The tensions between pursuing a homogenous portfolio-level evaluation across such a diverse set of projects, and of seeking to build capacity while expecting robust findings were considerable. Therefore it is recommended that the following changes are made when planning portfolio-level evaluation of this nature, depending on the principle values and concerns of the delivery organisation and funder:

- There is a reasonable budget allocated for development of evaluation strategy and tools, with more agencies or individuals involved in supporting this process

- Evaluation methodologies and strategy are agreed, if possible, before projects start or even before funding is agreed

- Clear evaluation reporting expectations are written into project contracts

- A clear expectation is set up around whether capacity building or the delivery of robust, homogenous results is the principle aim of the evaluation activities

- Projects are more alike in terms of delivery model, or
- Outcome reporting is reduced into more nuanced outcomes at portfolio level to allow for meaningful reporting of diverse approaches

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Appendices

Appendix One: A summary of the chances4change projects

REGIONAL PROJECTS
Organisation: Sing for Your Life **Project:** Silver Song Club Resource and Training Project **Area of benefit:** Across the SE **Main strand:** Mental health **Grant:** £113,867 **Brief project description** Music sessions led by trained facilitator and supported by volunteers with older people (focus on BME groups and deprived areas) at day care centres and community venues.
Organisation: South East Region Healthy Care Partnership **Project:** Creativity4health **Area of benefit:** Across the SE **Main strand:** Physical Activity **Grant:** £103,600 **Brief project description** 18 Healthy Care Partnerships were set up to develop arts activities involving children in care, care leavers and foster carers. This involved carrying out a training needs analysis, developing a toolkit and a celebratory event **Start date: 1 Jan 2008** **End date: 30 June 2011**
Organisation: Common Cause Co-operative Ltd **Project:** Fresh Ideas Network **Area of benefit:** Across the SE **Main strand:** Healthy Eating **Grant:** £228,727 **Start date:** 1 Jan 2008 **End date:** 30 Sept 2011 **Brief project description** Community network of 400 local projects involving healthy eating, training and networking events, development of resources and mentoring of new social enterprises that focussed on food and healthy eating.
Organisation: The Sainsbury Mental Health Trust **Project:** Mindful Employer South East **Area of benefit:** Across the SE **Main strand**: Mental Health **Grant:** £40,000

Start date: 1 Jan 2008
End date: 30 Sept 2010

Brief project description
Web-, network- and seminar- based project aimed at employers wishing to improve their ability to employ and manage people with mental health issues. Employers can be accredited as a Mindful Employer.

Organisation: Hampshire Dance
Project: VitaliSE
Area of benefit: Across the SE
Main strand: Physical Activity
Grant: £75,000

Start date: 1 Jan 2008
End date: 31 March 2011

Brief project description
Portfolio of dance projects targeting young people from deprived communities and BME communities. Included dance summer schools, dance health research and regional tour.

Organisation: Age Concern in the SE
Project: Go Well
Area of benefit: Across the SE
Main strand: Physical Activity, Mental Health and Healthy eating
Size of grant : £50,000

Start date: 1st April 2010
End Date: 30th August 2011

Brief project description
Pilot projects in Hastings and the Isle of Wight providing opportunities for older people in sport, exercise, healthy eating and wellbeing.

Organisation: Forestry Commission
Project: Sense and Motion
Area of benefit: Hampshire (idea to roll out to other parts of the region)
Main strand: Physical Activity
Grant: £200,000

Start date: 1 July 2008
End date: 1 Oct 2011

Brief project description
Three green exercise programmes within three woodland settings in Hampshire; sensory movement in relaxation zone for older people, people with learning and physical disabilities and faith groups; Woodland Gym for children and obstacle course; forest free running for disaffected youth and teenagers.

Organisation: Slough Volunteer Bureau
Project: Supported volunteering toolkit
Area of benefit: Across the SE

Main strand: N/A Capacity Building
Grant: £48,561

Start date: 1 Jan 2008
End date: 31 Dec 2010

Brief project description
Helping projects within the portfolio to develop understanding of supported volunteering practices and current issues. Established support network via e-communication and workshop.

Organisation: Portsmouth CC
Project: Building Blocks Project
Area of benefit: Across the SE
Main strand: N/A Capacity Building
Grant: £215,515

Start date: 1 April 2008
End date: 28 Oct 2011

Brief project description
Integrating and supporting all projects within the chances4change portfolio through learning and networking events. Helping set-up and exit strategies, providing bespoke evaluation advice and support and developing research and learning strands. Providing communication support via website and newsletters.

KENT & MEDWAY

Organisation: Eastern & Coastal Kent PCT
Project: All sorts
Area of benefit: Buckland, Castle, St Radigunds, Kent
Main strand: Mental Health
LA: Dover
Grant: £9,000

Start date: 1 Jan 2008
End date: 1 Oct 2011

Brief project description
Aimed to improve the well being of young men and women who are gay, bisexual or unsure of their sexuality through drop in sessions and a website.

Organisation: Centre for Health Service Studies and Eastern Coastal Kent PCT
Project: Am I Bovvered?
Area of benefit: Cliffville West, Dane Valley, Margate, Central Kent
Main strand: Physical Activity
LA: Thanet
Grant: £100,310

Start date: 1 Jan 2008
End date: 31 July 2011

Brief project description
Participatory action research project targeting girls aged 11-15 in deprived wards to empower them to engage with physical activity and decisions about their well being.

Organisation: Home-Start Canterbury & Coastal
Project: Baby Explorers
Area of Benefit: Canterbury, Seasalter, Herne Bay
Main Strand: Mental Health
LA: Canterbury
Grant: £30,833

Start date:1 April 2009
End date: 31st March 2011

Brief project description
To help parents understand what best supports and promotes their baby's brain development. The sessions will raise awareness of how parents/carers can promote and encourage baby brain development through communication, play and touch.

Organisation: Tunbridge Wells Borough Council Leisure Services
Project: Detached Play Workers
Area of benefit: Sherwood, St James, Broadwater wards, Tunbridge Wells
Main strand: Physical Activity
LA: Tunbridge Wells
Grant: £98,328

Start date: 1 Jan 2008
End date: 31 Dec 2010

Brief project description
Three part-time play workers supported young people aged 5-16 in the specified wards to engage with sports and arts activities with informal education about lifestyle choices, e.g. healthy eating and smoking cessation.

Organisation: Stour Valley Arts
Project: For You Too (Down Time)
Area of benefit: Kings Wood Kent
Main strand: Physical Activity
LA: Ashford
Grant: £21,170

Start date: 1 Oct 2008
End date: 30 Sept 2011

Brief project description
Aimed at young people, especially those at risk, from a hospital school and young carers. Involved being active through art and conservation activities in the extensive woodlands. 24 artists were trained to work with these young people.

Organisation: Eastern & Coastal Kent PCT
Project: Kids' Club
Area of benefit: Canterbury and Ashford, Kent
Main strands: Mental health, physical activity and healthy eating

LA: Canterbury and Ashford, Kent
Grant: £15,980

Start date: 1 Jan 2008
End date: 30 June 2011

Brief project description
Family-based behaviour modification programmes for overweight children aged between 5 and 13, offering physical activity activities and working with parents on healthy eating, emotional health and physical activity.

Organisation: Eastern & Coastal Kent PCT
Project: My Body, My Life
Area of benefit: Thanet, Folkestone
Main strands: Mental health, physical activity and healthy eating
LA: Shepway and Thanet, Kent
Grant: £103,600

Start date: 1 Jan 2008
End date: 30 Sept 2011

Brief project description
Promotion of healthy lifestyles to mental health service users through buddying scheme, community training courses covering a range of topics and the three strands, taster sessions with local sports centres, allotments and education centres.

Organisation: NW Kent Countryside Partnership
Project: Naturally Active
Area of benefit: North West Kent
Main strands: Mental health, physical activity
LA: Dartford, Gravesham and Sevenoaks, Kent
Grant: £161,565

Start date: 1 Jan 2008
End date: 1 Oct 2011

Brief project description
Development of a range of activities in urban green areas and countryside of NW Kent for BME groups (Sikh communities) people with mild mental health issues and people with a sedentary lifestyle.

Organisation: West Kent PCT
Project: Postural Stability
Area of benefit: Parkwood, Shepway, Maidstone, Kent
Main strands: Physical activity
LA: Shepway and Maidstone (coded as Kent on the spreadsheet)
Grant: £87,046

Start date: 1 July 2008
End date: 1 Oct 2011

Brief project description
Programme of weekly Prevention Adapted Exercise sessions for older people at high risk of falls. I locations.

Organisation: Seven Oaks and Area Mental Health Awareness Group
Project: Samhag
Area of benefit: Swanley St Mary's, Edenbridge,
E-mail: samhag@sevenoaksareamind.org.uk
Main strands: Mental health
LA: Sevenoaks
Grant: £35,000

Start date: 1 Jan 2008
End date: 30 June 2011

Brief project description
Workshops for employers and communities led by people with mental health issues. Aims to challenge stigma.

Organisation: Sheppey Healthy Centre
Project: Sheppey Community Involvement Project
Area of benefit: Sheerness, Sheppey, Leysdown and Warden, Murston, Kent
Main strands: Mental health, physical activity and healthy eating
LA: Swale
Grant: £135,000

Start date: 1 Oct 2008
End date: 31 Dec 2010

Brief project description
A programme of arts, fitness and education activities using a community development approach and courses on well being, physical activity and healthy eating.

Organisation: Tonbridge and Malling Borough Council
Project: Tonbridge and Malling HLI
Area of benefit: East Malling, Trench, Snodland
Main strands: Physical activity and healthy eating
LA: Tonbridge and Malling
Grant: £200,000

Start date: 1 Jan 2008
End date: 31 Dec 2010

Brief project description
Expansion of Lifestyles Referral Scheme to include young people, support for physical activity, nutrition advice, weight management. DIG project - outreach work with young single parents and dependents resident in the above wards on dance, growing and healthy eating.

Organisation: Whole school Meals Ltd
Project: Whole School Meals
Area of benefit: Buckland, Castle, St Radigunds, Tower Hamlets, Town and Pier, Folkestone, Kent
Main strand: Healthy eating
LA: Dover
Grant: £50,000

Start date: 1 Jan 2008
End date: 31 Dec 2010

HAMPSHIRE AND IOW

Organisation: 3D Crime Concern
Project: Vice to health
Area of benefit: Southampton
Main strand: Mental health and Physical activity
LA: Southampton
Grant: £50,000

Start date: 1 Jan 2008
End date: 31 Dec 2010

Brief project description
A coordinator and volunteers organised physical activities such as swimming, gym visits, walks and visits to farms for women in the street sex industry with substance misuse and/or mental health issues. Activities can be 1:1 or group. Signposting to other services such as alcohol rehabilitation counselling will be offered.

Organisation: Hampshire Partnership Trust
Project: Health and Well Being for People with Mental Health Problems
Area of benefit: New Forest, Southampton, East Hants, Fareham, Gosport, North and Mid Hants
Main strand: Healthy eating, Mental health, Physical Activity
LA: *Hampshire wide*
Grant: £211,957

Start date: 1 April 2008
End date: 31 March 2011

Brief project description
A health and wellbeing programme for people with mental health issues with support workers organising at least three Cook and Eat programmes, health walks and support to mainstream, community-based activities. Skills in running activities will be cascaded to other staff, service users and voluntary groups. The project aimed to train community-based staff that had little prior experience of working with service users.

Organisation: Isle of Wight Council
Project: Active Wight
Area of benefit: Isle of Wight
Main strand: Healthy eating physical activity, mental health
LA: Isle of Wight
Grant: £75,000

Start date: 1 Jan 2008
End date: 31 Dec 2011

Brief project description
A range of projects targeting people with mental health issues and disadvantaged families will be offered. LIVE programme – based at Riverside centre, Newport; ART at the Heart – focus on three

deprived wards of Pan, Oakfield and Freshwater; Return to Sport – across the island and the Isle of Wight Community Chef Programme.

Organisation: Hampshire PCT
Project: Cook and Eat Hampshire
Area of benefit: Hampshire wide
Main strand: Healthy eating
Grant: £131,200

Start date: 1 April 2008
End date: 31 July 2011

Brief project description
A six week after school programme offering parents/carers and children training in cooking skills and awareness of a balanced diet. The programme ran in targeted schools and children's centres

Organisation: Sport Hampshire and IOW
Project: Sport & Physical Activity Alliance
Area of benefit: Havant, Fareham & Gosport, Portsmouth, Isle of Wight, Southampton, Rushmoor & Hart, Test Valley, Winchester, New Forest, East Hampshire, Eastleigh and Basingstoke.
Main strand: Physical activity
LA: Hampshire-wide
Grant: £225,000

Start date: 1 July 2008
End date: 30 Sept 2011

Brief project description
A range of initiatives such as physical activity and nutrition activities targeting childhood obesity; outreach physical activity coordinator for deprived wards; programme of activities for people aged over 65 in residential care homes and isolated individuals; sports and activity equipment for youth clubs in deprived wards, crèche facilities to enable access for single parents; diversionary activities for youth offenders and siblings and transport for rural communities.

Organisation: Warren Centre
Project: Family Healthy Eating and Food Preparation
Area of benefit: Southampton
Main strand: Healthy eating
LA: Southampton
Grant: £17,246

Start date: 1 Jan 2008
End date: 31 Dec 2010

Brief project description
Weekly healthy eating and food preparation sessions at the Warren centre for parents and children f Shirley Warren School, Nursery and Warren Centre, children's centre; single parents and families on low income. Sessions included parent and children family cooking, Lunchtime Cookery Club for adults, After School Cookery club for children and Around the World (Cooking from different cultures) Christmas meals.

Organisation: Bridgemary Community Sports College
Project: Sunny Side Up
Area of benefit: Gosport
Main strand: Healthy eating, Mental Health
LA: Gosport
Grant: £25,000

Start date: 1 Jan 2008
End date: 31 Jan 2009

Brief project description
A healthy start morning club (Monday to Friday) with healthy meal and development of healthy eating habits and offering social and emotional support for vulnerable and at risk young people.

Organisation: Hampshire County Council
Project: Older People Ambassador (OPAL Project)
Area of Benefit: Hampshire
Main Strand: Mental Health
LA: Hampshire wide
Grant: £45,000

Start date: 1 Jan 2008
End date: 30 June 2011

Brief project description
This project will reduce social isolation amongst older people and promote their mental wellbeing by the development of a network of Older People's Ambassadors (OPAL workers). These volunteers will identify isolated older people in their community and encourage their engagement with l activities.

Organisation: Havant's Women's Aid
Project: Outreach & Resettlement Project
Area of Benefit: Portsmouth
Main Strand: Mental health, healthy eating & physical activity
LA: Hampshire
Grant: £30,000

Start date: 1 April 2008
End date: 31 March 2011

Brief project description
Havant Women's Aid already provides outreach and resettlement services to women and children experiencing or who have experienced domestic abuse. Freedom groups offer weekly opportunities for women to share their issues.

Organisation: The Shaw Trust
Project: Healthy Living Experience
Area of benefit: Leigh Park, Havant
Main strand: Healthy eating
LA: Havant
Grant: £25,000 (Original) £8334 (Used)

Start date: 1 April 2008

End date: 9 March 2009

Brief project description
The project covered food technology/life skills for local secondary school students. Young people spent a day running the Shaw Trust café. Sessions covered customer care, food preparation, cost and roles.

Organisation: Portsmouth Foyer
Project: Get Real About Health
Area of benefit: Portsmouth
Main strand: Mental health and physical activity
LA: Portsmouth
Grant: £57,090

Start date: 1 Jan 2008
End date: 31 March 2011

Brief project description
The project worked with young people in Portsmouth Foyer, offering advice, counselling, information support. Various activities were organised, such as budgeting and healthy eating courses, physical activity (football, fishing, martial arts) and well being courses.

Organisation: Portsmouth City Council
Project: Obesity Awareness
Area of benefit: Heart of Portsmouth
Main strand: Healthy eating
LA: Portsmouth
Grant: £50,000

Brief project description
The project aimed to promote healthier eating for children, parents and the wider community, particularly BME groups and disadvantaged families, through an intergenerational DVD promoting healthy eating exercise within BME communities, a healthy eating arts based project in schools, healthy eating workshops targeting dads, toddler lunch café and Snack attack for weaning practices.

THAMES VALLEY

Organisation: Restore
Project: Activate!
Area of benefit: Oxfordshire
Main strand: Mental health, Physical Activity
LA: Oxfordshire
Grant: £126009

Start date: 1 April 2008
End date: 30 June 2011

Brief project description
The project supported people with mental health problems to take part in sport and physical activities like canoeing, table tennis, hiking and badminton. It also worked with mainstream facilities to make them more accessible and to challenge stigma and discrimination by offering training events consultancy to staff at these venues.

Organisation: Root and Branch and Bridwell Organic Gardens
Project: Healthy Eating Programme
Area of benefit: Oxfordshire
Main strand: Mental health and Healthy Eating
LA: Oxfordshire
Grant: £59,985

Start date: 1 July 2008
End date: 30 June 2011

Brief project description
The project helped mental health users to cook nutritious healthy food from locally-grown organic produce or own grown sources, to learn about healthy eating and use diet plans and symptoms journal.

Organisation: Oxford Healthy Living Partnership (now ceased)
Project: Support to Community Cafes
Area of benefit: Barton, Blackbird Leys, Rosehill, Cuttleslowe, other areas in Oxford
Main strand: Mental health, Healthy eating
LA: Oxford
Grant: £17,280

Start date: 1 Jan 2008
End date: 30 June 2011

Brief project description
The project will support communities to develop their own community catering initiatives in key community venues. Groups and individuals will receive training in food hygiene, budgeting, first aid and nutritional standards as well as specialist advice on aspects like constitution and business planning. The cafes will provide local people with social opportunities and a good food experience.

Organisation: Oxford Healthy Living Partnership (now ceased)
Project: Community Food Workers
Area of benefit: Barton, Blackbirds Ley, Rosehill, Wood Farm, Cutteslowe
Main strand: Healthy eating
LA: Oxford
Grant: £54,720

Start date: 1 Jan 2008
End date: 30 June 2011

Brief project description
The project worked with individuals and families in deprived communities, BME groups, homeless people and mental health service users. Community groups were supported to run their own healthy eating sessions. Community Food Workers conducted outreach with local groups and jointly identified activities with them, such as healthy lunchbox, cooking skills for single men, farm visits, games and quizzes.

Organisation: The Sunshine Centre
Project: Family Cookery
Area of benefit: Banbury
Main strand: Healthy eating
LA: Cherwell

Grant: £20,000

Start date: 1 Jan 2008
End date: 31 Dec 2010

Brief project description
The project provided family cookery sessions promoting healthy eating and nutrition, cooking skills and managing a budget for disadvantaged families at family centres across Banbury.

Organisation: West Berkshire Council & Berkshire West PCT
Project: Particip8
Area of benefit: Rural West Berks, Newbury, Hungerford, Tilehurst
Main strand: Physical Activity
LA: West Berkshire
Grant: £24,000

Start date: 1 Jan 2008
End date: 31 March 2011

Brief project description
This joint project involved the purchase of specially designed gym/fitness equipment for the use of young people aged 8 -16. This is linked with the existing exercise on referral scheme for children. It also involved purchase of 'Green' physical activity packs that contain outdoor games to be used in green spaces for loan on a nominal fee.

Organisation: Berkshire West and West Berks Council
Project: Healthy and Active Parishes
Area of benefit: Aldworth, Fawley, Sulhampstead and Ufton Nervet and other parishes in West Berkshire
Main strand: Physical Activity
LA: West Berkshire
Grant: £23,000

Start date: 1 Jan 2008
End date: 31 March 2011

Brief project description
The project worked with local groups and established an infrastructure of locally owned activity and information outlets to promote health and activity messages to isolated communities. Activities being developed by local volunteers include ping pong, cricket and Tai Chi.

Organisation: Berkshire PCT
Project: Health Activist Project for Gypsies and Travellers
Area of benefit: West Berkshire (Paces Hill and Four Corners Housing and non-permanent sites)
Main strand: Healthy eating, Physical Activity, Mental Health
LA: West Berkshire
Grant: £22,000

Start date: 1 April 2008
End date: 31 Dec 2010

Brief project description
The project aimed to train a number of health activists in the travelling communities who will identify their own specific health needs and provide feedback to inform strategic planning. These volunteers will offer support, advice and information in their own communities and work with health care professionals to improve access to services.

Organisation: Wokingham Borough Council
Project: Health Mentors for Older People
Area of benefit: Hawdedon/Lower Earley, Swallowfield in Wokingham
Main strand: Physical Activity and Healthy Eating
LA: Wokingham
Grant: £36,250

Start date: 1 April 2008
End date: 1 October 2010

Brief project description
The project will train 15 older people as mentors to provide informed, community focussed peer support for older people, targeting those over 70. Volunteer mentors will deliver programmes encouraging physical activity and helping to maintain healthy lifestyles. The second year's work aimed to extend to black and minority ethnic elders and older people with disabilities.

Organisation: Berkshire West PCT
Project: Reading Health Activists
Area of Benefit: Reading
Main Strand :Healthy Eating, Physical Activity & Mental Health
LA: Reading
Grant: £38,642

Start date: 1 Jan 2008
End date: 30 Sept 2010

Brief project description
With regards to disadvantaged families and individuals in deprived communities, the project aims to have 12 fully trained Health Activists working in deprived localities and delivering measurable outcomes to improve health.

Organisation: Bucks & Milton Keynes Sports Partnership
Project: Active Communities
Area of benefit: Targeted wards in Aylesbury Vale, Chiltern, South Buckinghamshire and Wycombe
Main strand: Physical activity
LA: Buckinghamshire-wide
Grant: £76,765

Start date: 1 Jan 2008
End date: 1 Oct 2011

Brief project description
Aylesbury – behaviour change programme to help people to be more active and healthy, provisions and incentives for physical activity opportunities e.g. reward scheme, pedometer loan scheme, health walks, walking to work and school, community sports coaches. Chiltern – includes community sports coaches, sports zones, walks and training for youth leaders.
South Bucks – includes family activity days and new Simply Walk Routes.

Wycombe – includes 8-12 year olds' group at Land End youth centre and training youth workers in sports.

Organisation: Healthy Living Centre
Project: Cook and Eat Bucks
Area of benefit: Targeted wards in Aylesbury, High Wycombe, Chiltern
Main strand: Healthy Eating
LA: Buckinghamshire wide
Grant: £49,694 (original) Used only £23,493

Start date: 1 Jan 2008
End date: 1 Oct 2009

Brief project description
A multi-partner project delivered a programme of cookery, nutrition and food hygiene skills training. It was held in community settings in deprived wards throughout Buckinghamshire targeting disadvantaged families, children and young people and teenage parents.

Organisation: Buckinghamshire and Milton Keynes Sports Partnership
Project: Leisure Opportunity for People with a Learning Disability
Area of benefit: Aylesbury**,** Wycombe
Main strand: Physical Activity
LA: Buckinghamshire
Grant: £112,140
Start date: 1 April 2008
End date: 31 March 2011

Brief project description
The project provided access for people with learning disabilities to participate in sport and physical activity by employing a project coordinator who created, supported and developed a series of activities using community based sports facilities. Training of staff and volunteers was given.

Organisation: Milton Keynes PCT
Project: Well Being Co-ordinator
Area of benefit: Milton Keynes
Main strand: Physical Activity
LA: Milton Keynes
Grant: £106,985

Start date: 1 Jan 2008
End date: 1 May 2011

Brief project description
A Well Being coordinator will help to increase opportunities for healthier living and develop a programme of culturally-appropriate physical activities for people in targeted areas of Milton Keynes, for example, pole walking.

Organisation: Berkshire East PCT
Project: WEBE (Well Being in Berkshire East)
Area of benefit: Targeted wards in Slough, Bracknell, Windsor and Maidenhead
Main strand: Mental health, physical activity, healthy eating
LA: Berkshire
Grant: £159,732

Start date: 1 April 2008
End date: 31 March 2011

Brief project description
A portfolio of projects targeting BME communities, disadvantaged and vulnerable families, young people at risk, those who are housebound. Included obesity reduction programmes; healthy eating for BME groups and older people, falls prevention (extended SHAPE project); theatre in education on mental health awareness and anti-bullying, healthy eating in hospitals and workplace health.

SUSSEX AND SURREY

Organisation: Sussex County Sports Partnership
Project: Active Workplace
Area of benefit: Adur, Arun, Mid Sussex, Chichester, Crawley, Eastbourne. Hastings, Horsham, Rother, Wealden, Brighton and Hove, Lewes, Worthing
Main strand: Mental Health**,** Physical Activity, Healthy eating
LA: Sussex
Grant: £108,257

Start date: 1 Jan 2008
End date: 31 Aug 2011

Brief project description
The Active Workplace officer has been employed to develop workplace physical activity and to increase positive attitudes towards healthy eating and improving well being. Targeted workplaces are in areas of deprivation and with high stress levels.

Organisation: Crawley Borough Council
Project: Active, Healthy Crawley
Area of benefit: Crawley
Main strand: Mental Health, Physical Activity, Healthy eating
LA: Crawley
Grant: £107,783

Start date: 1 Jan 2008
End date: 30 April 2011

Brief project description
Supporting people from three target groups: people at risk of mental health problems, BME groups and socially-isolated older people. Aim is to enable people to become more active and eat healthily via programmes supported by an outreach specialist.

Organisation: Good Food for All
Project: Community Cookery Development

Area of benefit: East & West Sussex, Brighton and Hove
Main strand: Healthy Eating
LA: Sussex
Grant: £119,329

Start date: 1 April 2008
End date: 1 July 2011

Brief project description
Strategic approach to community cookery and nutrition skills development incorporating skilling up of key workers and development of training programme; volunteer programme for community cooks; development and delivery of lifestyles courses.

Organisation: Common Cause Co-operative
Project: Community Growing
Area of benefit: Sussex (targeting Brighton and Hastings)
Main strand: Healthy Eating
LA: East Sussex
Grant: £145,099

Start date: 1 Jan 2008
End date: 30 Sept 2011

Brief project description
The project promoted existing healthy eating resources; revised and rolled out the Beet That card game; provided workshops and accredited training sessions in partnership with a local college for unemployed people and those on a low income, people with brain injury and people who were geographically and socially isolated. Mentoring and support was provided as well as work with l professional growers to develop work experience.

Organisation: Worthing and Littlehampton MIND
Project: Get Active
Area of benefit: Worthing and Littlehampton
Main strand: Mental health, Healthy Eating
LA: Worthing and Arun, West Sussex
Grant: £90,045

Start date: 1 Jan 2008
End date: 31 March 2011

Brief project description
Get Active provided sports and other forms of physical activity for people with mental health problems in Worthing and Littlehampton. This included swimming, gym, walks, skating and camping.

Organisation: Brighton and Hove City Council Sports Development
Project: The Active for Life Project
Area of benefit: Two deprived areas in Brighton
Main strand: Mental Health, Physical Activity
LA: Brighton and Hove
Grant: £107,293

Start date: 1 Jan 2008
End date: 30 Sept 2011

Brief project description
An Active for Life coordinator worked in two deprived areas in Brighton and delivered new accessible exercise activities. Local people were trained to be leaders, volunteers and coaches. The project worked with local community clubs and schools.

Organisation: Arts Partnership Surrey
Project: Sorted! Tea Time to Dance
Area of benefit: Surrey
Main strand: Mental health**,** Physical Activity
LA: Surrey
Grant: £24,292

Start date: 1 Oct 2008
End date: 31 July 2011

Brief project description
An intergenerational dance project across the county involved young dance makers and over 50s' groups and ended with a celebration showcase festival. Have involved older people in care homes, young people with mental health issues and looked after children.

Organisation: Mary Frances Trust
Project: Healthy Mind – Healthy Body
Area of benefit: Leatherhead and other areas in Surrey
Main strand: Mental health, Physical Activity and Healthy eating
LA: Surrey
Grant: £58,092

Start date: 1 Jan 2008
End date: 1 July 2011

Brief project description
The project supported people with mental health issues to access activities in local leisure centres; provided healthy eating education programme, cycling, walks, gardening, crafts and poetry workshops and complementary therapies. Took part in Time to Change initiative to reduce stigma with service providers.

Organisation: Music, Mind, Spirit Trust
Project: Sound Bites
Area of benefit: Farnham and Cranleigh, Park Barn and Bellfields
Main strand: Physical Activity
LA: Surrey
Grant: £75,000

Start date: 1 Jan 2008
End date: 31 March 2011

Brief project description
An intergenerational project with music and dance activities for pre-school and school children, parents, grandparents and older people. Training programmes were provided for teachers in both state and public schools, artists and healthcare workers. Two concerts were organised to showcase the work.

Organisation: Surrey PCT (East Elmbridge & Mid Surrey)
Project: Prevention of Eating Disorders
Area of benefit: Surrey
Main strand: Mental health, Healthy eating
LA: Surrey
Grant: £28,500

Start date:1 April 2008
End date: 30 July 2011

Brief project description
This training project supported the prevention of eating disorders with people working with 11-19 years old and young people themselves through a rolling education programme. Workshops were delivered to school teachers and school nurses to help them recognise signs of eating disorders. 'In the Pantry', a multidisciplinary arts programme complemented these workshops with young people in schools and Pupil Referral Units. The website is: www.cuspinc.org

Organisation: Surrey PCT (Surrey Heath & Woking/North Surrey)
Project: Get Up and Go
Area of benefit: West Surrey boroughs
Main strand: Physical Activity
LA: Surrey
Grant: £21,000 (original) Actual used: £2,155
Start date: 1 Jan 2008
End date: 1 April 2009 (EARLY CLOSURE)

Brief project description
The project established a training course for people working with older people to help deliver chair based physical activity in the communities such as day centres, residential homes etc.

Organisation: Active Surrey Sports Partnership
Project: Active Surrey – Breaking the Tape
Area of benefit: Surrey
Main strand: Physical Activity
LA: Surrey
Grant: £66,000
Start date: 1 Jan 2008
End date: 31 March 2011

Brief project description
The project worked with Special Schools to enable them to provide quality physical activities for students with disabilities through training of staff and community sports coaches and also through the annual event, 'From Playground to Podium'. It worked with local clubs to ensure that disability clubs have the right support to provide appropriate physical activities for their members. People with disabilities were supported to be sports coaches and volunteers.

Organisation: Surrey PCT (Guildford & Waverley, East Elmbridge & Mid Surrey)
Project: Cook and Eat Surrey
Area of benefit: Surrey
Main strand: Healthy eating
LA: Surrey

Grant: £48,630

Start date: 1 Jan 2008
End date: 30 Sept 2011

Brief project description
The project provided a 'cook and eat' training programme to childcare workers in children's centres, staff in pupil referral units and delivered practical sessions with ex-offenders, and homeless people.

Appendix Two – Evaluation models for each 'Good Gardening Group'

Summary of types of minimum evaluation activities

Contact with beneficiaries Evidence base for type of work	Direct ⇨ ⇩	Combination (e.g. via activists/another group)	Indirect
Clear evidence with similar population	**1. Pruning** **Impact on relevant strand**: Brief evidence as part of monitoring (e.g. one question if appropriate – see notes and email). **Other outcomes:** dependent on your project. Further advice in your email. **Recommended initial nef/alternative tool use**: used with a sample. **Follow-up:** with a sample to see if gains are maintained. **In-depth evaluation:** only if problems arise.	**Sowing** **Impact on relevant strand** Brief evidence as part of monitoring at project level (e.g. one question if appropriate – see email). **Recommended initial nef/alternative tool use:** evaluate impact of activist support on a sample of beneficiaries, using nef or alternative tool. **Other outcomes:** Dependent on your project. **Follow-up**: evaluate one activity of each type per activist/community group. **In-depth evaluation:** only if problems arise.	**Watering** **Impact on relevant strand/Recommended initial nef/alternative tool use:** See your email – this may not be possible or meaningful. **Other outcomes:** Collect evidence of success at first level of input (e.g. increase in skills/use of resources). **Follow-up:** medium-term impact of input (e.g. change in policy/attitudes). **In-depth evaluation:** only if problems arise.

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Contact beneficiaries Evidence base for type of work	Direct ⇨ ⇩	Combination (e.g. activists/another group)	Indirect
Mixed evidence/new group	**Growing cuttings** **Impact on relevant strand** Brief evidence as part of monitoring (e.g. one question if appropriate – see notes). **Recommended initial use of nef/alternative tool:** Use nef/alternative tool on a sample (dependent on total numbers and initial monitoring results). **Other outcomes:** as relevant – e.g. knowledge/skills. **Follow-up:** with a sample to see if gains maintained. **In-depth evaluation:** to explore successes and examine problems.	**Replanting** **Impact on relevant strand** Brief evidence as part of monitoring at project level (e.g. one question if appropriate). **Impact on relevant strand/Recommended initi use of nef/alternative tool:** evaluate impact of activist support on a sample of beneficiaries, using nef/alternative tool (dependent on total numbers and initial monitoring results **Other outcomes:** First level of input (e.g. training of activists). **Follow-up**: evaluate a small sample from each type of activity per activist or community group to see if gains are maintained. **In-depth evaluation:** to explore successes and examine problems.	**Feeding** **Impact on relevant strand/Recommended initial use of nef/ alternative tool:** See your email - this may not be possible or meaningful. **Other outcomes:** Evidence of success at first level of input – e.g. training. **Follow-up**: medium-term impact of input (e.g. change in policy/attitudes). **In-depth evaluation:** to explore successes and examine problems.

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Contact with beneficiaries **Evidence base for type of work**	**Direct** ⇨ ⇩	**Combination (e.g. activists/another group)**	**Indirect**
Innovative (no or little good quality research)	**Incubating** **Impact on relevant strand** Brief evidence as part of monitoring (e.g. question if appropriate). **Recommended initial use of nef/alternative tool:** as many as possible (dependent on total numbers/ amount of contact). **Other outcomes:** as relevant, but may be guided by in-depth work. **Follow-up:** with a sample to see if gains maintained if successful. **In-depth evaluation:** Yes.	**Greenhouse growing** **Impact on relevant stran** Brief evidence as part of monitoring at project level (e.g. one question if appropriate – see notes). **Recommended initial use of nef/alternative tool:** if directly related to strands, as many as possible (dependent on total numbers/ amount of contact). **Other outcomes:** if appropriate – e.g. if train activists or groups. **Follow-up:** with a sample from each type of activity per activist or community group to see if gains are maintained. **In-depth evaluation:** Yes	**Cross pollination** **Impact on relevant strand/Recommended initial use of nef/ alternative tool:** See your email – this may not be possible or meaningful. **Other outcomes:** at level of input – e.g. skills gained. **Follow-up**: use/benefits of input/usefulness. **In-depth evaluation:** Yes.

More information is on the Good Gardening Evaluation Guide for your group(s). Please take some time to read this as it provides more details about the level of information you will need to collect and how you may do this.

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Appendix Three: Physical activity core questions

Physical Activity Core Questions

What are these?
These questions are based on the monitoring questions being used by the Wellbeing Portfolio, Living Well West Midlands, produced by GHK Consulting Ltd. The questions are adapted from the Outdoor Health Questionnaire used by Natural England and approved by NICE.

There are two questions – one is for adults (18+) and the other is for children and young people aged 11-18.

NB. This is not suitable for use with children under secondary school age (i.e. under 11 years old). Jo Belcher will be contacting your project with advice soon if you are working with children under the age of 11.

How do I use it?
Follow the advice in your **Good Gardening Evaluation guide(s)** for when to ask people to fill this out. In general this will be:

- At first contact (e.g. incorporated into any monitoring forms you are using, before any activities are undertaken). This may also be at a first session of an activity (before the activity happens).
- At last contact (e.g. incorporated into an evaluation questionnaire at the end).
- Perhaps at follow up (see your **Good Gardening Evaluation guide** for details). Jo will be in contact to give advice about how many people to follow up with.

More information about keeping records, monitoring and evaluation is in your **Good Gardening Evaluation guide(s)** and in the document, **'Having a Healthy Evaluation'**.

How do I score it?
Simply record the number circled.

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chances4change will ask you to feedback:

1. **The average scores for all beneficiaries at the beginning and at the end of all activities/support:**

    - ✓ Calculate this by adding together all the scores you have for beneficiaries' questionnaires on entry to your project. Divide by the number of beneficiary scores.
        i. E.g. 100 people complete this question. When you added their scores together for when they began the programme, it comes to 200. You divide this by the total number of people (200/100=2). 2 is the number you report as the average at entry into the activity.
    - ✓ Then do the same for the scores of those leaving the programme. E.g. the total score comes out at 400 (400/100=4). 4 is the number you report as the average on completing the activity.
    - ✓ You may wish to keep these records for each activity within your project so you can monitor which activities are most successful.

2. **Number of people who have increased their days per week of physical activity at all**
    - ✓ E.g even if someone's score at the beginning is 0 and they go up to 1 by the end of the activity.
    - ✓ Don't include people who stay at the same level or exercise less.
    - ✓ E.g., if 50 people exercise more at the end, 10 stay the same and 40 exercise less, report 50.

3. **Number of adults (18+) who have gone from less than five to more than five days of exercise per week.**

4. **Numbers of children and young people who have gone from less than seven to seven days of exercise per week.**

5. **Follow-up scores with a sample of people who have left the programme.**
   You will use the same methods as in 1 to 3 above. This will be from following up a sample of people who have attended the activities in your project. Further advice is in your Good Gardening Guide and Jo will be contacting you as your project progresses to help you to set this up.

Important points:

- o **Please inform us how many people in total you have used this measure with.**

- o Please make sure you **keep all information about each beneficiary together** – e.g. basic monitoring information, sessions attended, other support accessed as well as scores on core questions and any other measures.

Adult physical activity core question (for people aged 18 and over):

"In the past week, on how many days have you been physically active to a moderate intensity for a total of at least 30 minutes?"

Activities include things such as: brisk walking, cycling, sport, table tennis, golf, social dancing and exercises, heavy DIY activities (e.g. mixing cement), heavy gardening (e.g. digging) or heavy housework (e.g. spring cleaning). Please do not include physical activity that may be part of your job.

'Moderate intensity' means that it was enough to cause you to breathe more deeply, but not to make you out of breath or sweat.

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

Secondary school-age children core question:

In the last 7 days, on how many days have you spent at least 60 minutes doing sports or other active things?
Please include things like riding a bike, football, skateboarding, dancing and swimming, both in and outside of school, college or work. Also count running about and walking quickly.

PLEASE TICK **ONE** BOX ONLY
○ None
○ 1 day
○ 2 days
○ 3 days
○ 4 days
○ 5 days
○ 6 days
○ 7 days

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Appendix Four – Healthy Eating Core Questions

Healthy Eating Core Questions

What are these?

These are adapted from the Core Tool developed by New Economics Foundation (nef) for the national evaluation of the Wellbeing programme. nef drew upon Department of Health guidelines and the North West Public Health Observatory Lifestyle Survey. Having discussed these tools with some of the projects I have added a '0' category to the children's version.

How do I use it?

Follow the advice in your **Good Gardening Evaluation guide(s)** about when to ask people to fill this out. In general this will be:

- At first contact (e.g. incorporated into any monitoring forms you are using, before any activities are undertaken). This may also be at a first session of an activity (before the activity happens).
- At last contact (e.g. incorporated into an evaluation questionnaire at the end)
- Perhaps at follow up (see your **Good Gardening Evaluation guide** for details). Jo will be in contact to give advice about numbers of people to follow up with.

More information about keeping records, monitoring and evaluation is in your **Good Gardening Evaluation guide(s)** and in the document, '**Having a Healthy Evaluation**'.

How do I score it?

To score, please add the totals from both questions together.

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chances4change will ask you to feedback:

6. **The average scores for all beneficiaries at the beginning and at the end of all activities/support:**

    a. Calculate this by adding together all the scores you have for beneficiaries' questionnaires on entry to your project. Divide by the number of beneficiary scores.
        i. E.g. 100 people complete this question. When you added their scores together for when they began the programme, it comes to 200. You divide this by the total number of people (200/100=2). 2 is the number you report as the average at entry into the activity.
    b. Then do the same for the scores of those leaving the programme. E.g. the total score comes out at 400 (400/100=4). 4 is the number you report as the average on completing the activity.
    c. You may wish to keep these records for each activity within your project so you can monitor which activities are most successful.

7. **Number of people who eat more portions of fruit and veg**
    a. E.g even if someone ate no portions of fruit and veg at the beginning of the activity and went up to one at the end, you would count this person.
    b. Don't count people who stay at the same level or eat fewer portions
    c. E.g., if 85 people eat more portions of fruit and veg at the end, 10 stay the same and 5 eat fewer portions, 85 is the number you give us for beneficiaries who ate more portions of fruit and veg after completing the activity.

8. **Number of people who have gone from less than five to more than five portions.**

9. **Follow-up scores with people who have left the programme.** You will use the same methods as in 1 to 3 above. This will be from following up a sample of people using your programme. Further advice is in your **Good Gardening Guide** and Jo will be contacting you as your project progresses to help you to set this up.

Important points:

a. **Please inform us how many people in total you have used this measure with.**

b. Please make sure you **keep all information about each**

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Adult and secondary school-age healthy eating core question:

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)

_____ per day on average

Primary-school age children's healthy eating core question:

How many helpings of <u>FRUIT</u> do you eat a day?

0 1 2 3 4 5

One helping of fruit could be:

A handful of grapes | **A glass of fruit juice** | **An apple** | **An orange** | **A banana**

How many helpings of <u>VEGETABLES</u> do you eat a day?

0 1 2 3 4 5

One helping of vegetables could be:

A side salad | **Some carrots** | **3 heaped tablespoons of peas or beans**

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Appendix Five – Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)

Core questionnaire for wellbeing: Warwick Edinburgh Mental Well-being Scale (WEMWBS)

What is it for?

- This is the core questionnaire for measuring wellbeing. **It has been validated for use with adults aged over 16 years old.**

- It is currently being validated for use with 13-16 year olds. Jo Belcher is seeking advice. If your project also works with school-age children, she will contact you soon individually with:
    - Advice about which tool to use
    - Advice about which tool to use with under 13s.

- It has not yet been fully validated for use with adults with mental health problems, but preliminary findings are positive and it has been recommended for this use by its creator (K. Janmohamed, personal communication, July 29, 2008).
    - Jo will be auditing its use amongst relevant projects and piloting its use initially. If it does not perform as expected, an alternative will be used in its place with new beneficiaries.

NB: Jo has gained permission from Dr Janmohamed to use this scale for all chances4change projects. If you wish to use this tool in other work, please contact K.Janmohamed@warwick.ac.uk for permission.

How do I use it?
Follow the advice in your **Good Gardening Evaluation guide(s)** about when to ask people to fill this out. Your email will have information about whether you could use this with a sample of people or if you should ask all beneficiaries to complete it. In general beneficiaries should complete it:

- At first contact (e.g. with any monitoring forms you are using, before any activities are undertaken). This may also be at a first session of an activity (before the activity happens).
- At last contact (e.g. incorporated into an evaluation questionnaire at the end)
- Perhaps at follow up (see your **Good Gardening Evaluation guide** for details). Jo Belcher will be in contact to give advice about numbers of people to follow up with.

More information about keeping records/monitoring and evaluation is in your **Good Gardening Evaluation guide(s)** and in the document, **'Having a Healthy Evaluation'**.

Important information

If the scale is reproduced, it **must include the copyright statement** that appears with it and no changes to its wording, response categories or layout must be made.

Any report regarding use of WEMWBS also needs to include the following text:
"The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Executive National Programme for improving mental health and well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh."

How is it scored?

Just add up the numbered responses to each question. You will end up with a score between 14 and 70. An example can be found on page 15 of the user document, which is available here: http://www.healthscotland.com/documents/2702.aspx

chances4change will ask you to feedback:

10. **The average scores for all beneficiaries at the beginning and at the end of all activities/support:**

    a. Calculate this by adding together all the scores you have for beneficiaries' questionnaires on entry to your project. Divide by the number of beneficiary scores.
        i. E.g. 70 people complete the questionnaire. When you added their scores together for when they began the programme, it comes to 3640. You divide this by the total number of people (3640/70=52). 52 is the number you report for average at entry into the activity.
    b. Then do the same for the scores of those leaving the programme. E.g. the total score comes out at 3802 (3920/70=56). 56 is the number you report for average on completing the activity.
    c. You may wish to keep these records for each activity within your project so you can monitor which activities are most successful.

11. **Number of people whose mental wellbeing has increased**
    a. E.g., even if people increase their mental wellbeing level by one point.
    b. Don't count people who stay at the same level or whose score reduces
    c. E.g., if 60 people get a higher score on completing the activity then they had at the beginning, 7 stay the same and 3 score lower, report 60.

12. **Follow-up scores with a sample of people who have left the programme.** You will use the same methods as in 1 and 2 above. This will be from following up a sample of beneficiaries from your project. Further advice is in your **Good Gardening Guide** and Jo will be contacting you as your project progresses to give you advice on setting this up.

Important points:

a. **NB.** It would be useful to have more information on the results of this tool. **Please be prepared to share your original data (spreadsheets) with Jo Belcher** so that she can perform statistical analyses on it if required**.**

b. Please inform us how many people in total you have used this measure with.

c. Please make sure you **keep all information about each beneficiary together** – e.g. basic monitoring information, sessions attended, other support accessed as well as scores on core questions and any other measures. You may need this in order to look into successes and difficulties in more depth.

d. **Jo Belcher is developing an Excel spreadsheet that will work most of this out for you. Please contact her if you wish to have a copy. You will still need to put the scores in from your beneficiaries.**

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The Warwick-Edinburgh Mental Well-being Scale - (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

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Appendix Six – The four-tier evaluation model explained

Level 1: Basic monitoring

Use toolkit and key resources, with minimal individual input. Outcome focussed.

- **For all projects who:**
  - **provide support that lasts for more than one session and**
  - **core questionnaires are appropriate for their beneficiaries**

- Based on toolkit advice, personalised email & good gardening guides
- Individuals tracked to show change as defined in bid and agreed with BIG, using core questions
  - PA: single questions
  - MW: WEMWBS if agreed and appropriate
  - HE: Training evaluation advice sheet and example questionnaire for skills and knowledge
- Troubleshooting to support project to use this tool – usually initial meeting to discuss and see if project can use this.
- Available for projects to 'check out' their understanding and that they are meeting basic BIG requirements.

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Level 2. Additional support

Coach projects and investigate alternative approaches collaboratively. Share learning with similar projects where possible. Outcome focussed.

Negotiate with BIG what is considered appropriate on an individual basis.

- **Where Level 1 is not appropriate for the project**
- **Troubleshooting**
- **Development of evaluation**

Where Level 1 is not appropriate for the project

- Beneficiaries attend 'one-off' introductory sessions – support (using logic model approach) to identify what change can be measured.
- Where intervention is unusual in some other way – e.g. equipment put into leisure centre, where outcome on behaviour is unknown.
- For people accessing drop-in programmes at different stages
- For client groups requiring additional considerations
    - Those who have difficulty understanding written English (i.e. questionnaire is not appropriate)
    - People with learning disabilities
    - Children under the age of 7
    - Children of any age doing physical activity projects
    - Children of any age in wellbeing projects
- Support to do qualitative evaluation

Troubleshooting

- Those who find core questions are not appropriate with their project
- Providing feedback on how questionnaires developed by project can be made more robust/independence can be increased.
- Those with difficulties analysing their data (through EOY report).
- Provide alternative measures
- Provide advice on using alternatives to questionnaires

Development of evaluation

- For projects who wish to evaluate something beyond the requirements set out in Level 1.
- For projects wanting support in doing follow-up work. Follow-up work is for learning, is recommended, but is not mandatory.
- Support to carry out qualitative evaluation.

Development of resources

- Develop tools to address recurrent needs and FAQs

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Level 3 – In-depth and process evaluation

Detailed analysis of process and impact of project. Process outcome and exploratory focus, with some outcome evaluation where quantitative methodology is inappropriate.

For projects who are doing innovative work.

- Research & Evaluation Manager to carry out individual pieces of qualitative research with identified projects.

Development of evaluation

- 1-1 support for projects wishing to make their evaluation more robust – e.g. by using quasi-experimental method.

Process evaluation lessons

Project level

- Review of process lessons recorded in quarterly monitoring, with focus on engaging with hard-to-reach client groups in portfolio.
- Follow-up interviews with projects that have developed innovative solutions to access and engagement issues.

Portfolio level

- Evaluation of capacity-building impact of Building Blocks
- Evaluation of process outcomes of supporting projects
- Support evaluation of process outcomes of chances4change management

Level 4: Research & legacy

Focus on adding to the evidence base and learning from the Portfolio.
Exit strategy and legacy work.

Partnerships to establish research programmes on cross-portfolio issues.

- PhD Studentship with OU on community group-appropriate tools for measuring physical activity in younger children.
- Seeking funding for broad work around other problematic areas, e.g.:
  - Measuring cost-effectiveness of work
  - Alternatives to using questionnaire-based forms for people who may be unable to understand written English.
  - Measuring mental wellbeing impact for people with serious mental health problems.
  - Measuring impact for people with learning disabilities.

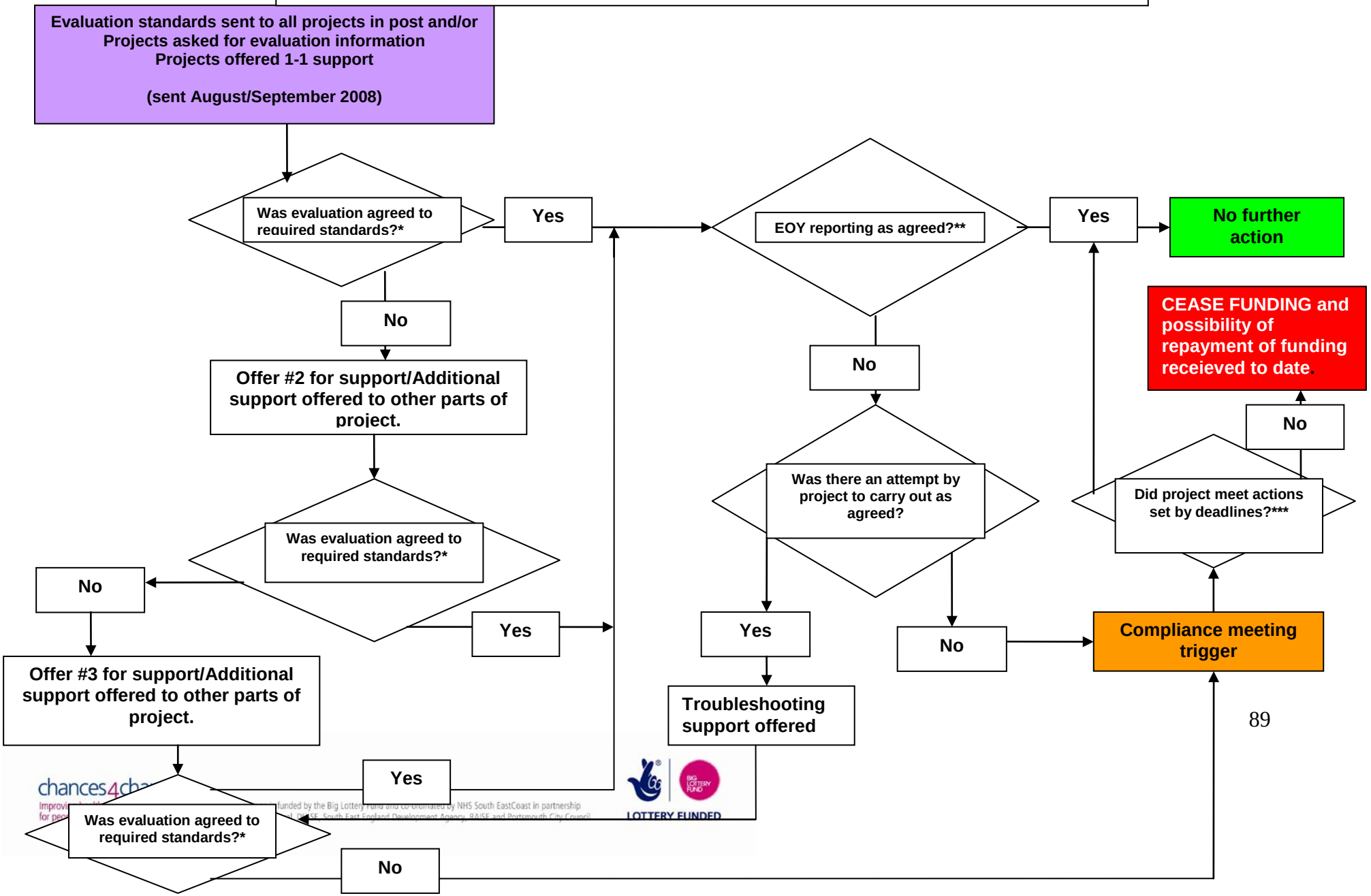
Research into projects with potential for increasing the evidence base

- Dissertation project on innovative projects or measurement difficulties as outlined above.

Dissemination of learning from portfolio

- Presenting key findings from all levels at conferences, writing papers and articles
- PhD student to continue to provide advice for organisations and disseminate completed toolkit
- Development of networks who can support the above
- Dissemination of insight from work with hard-to-reach groups and learning from portfolio management.

Appendix Seven – Decision tree for audit of project evaluations



Appendix Eight – Summarised Evaluation Requirements (Concise)

***What are the required standards?**

1. **It must be independent**
   Avoid asking people to feedback directly to someone who has provided a service for them. There is a tendency for people to give the most 'socially desirable' answers if they feel they are being judged or could offend someone. Ask someone independent to do it or use an anonymised questionnaire.

2. **Standardised measures should be used**
   There is a set of core measures that is recommended for measuring the impact of your project **if you work directly with beneficiaries or through activists/another organisation**. All are available to download from the website and will have been sent to you by email from Jo Belcher:
   - For mental wellbeing: the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
   - For physical activity: the core questionnaire (days of activity undertaken per week)
   - For healthy eating: the core questionnaire (portions of fruit and veg eaten per day) for projects who work with people over more than one session. Projects also need to demonstrate that skills and knowledge have been gained in eating healthy food.

   You need to agree the use of alternative measures with Jo Belcher. Exceptional circumstances are required and you will be supported to put an existing, standardised questionnaire in place if available, or another suitable alternative.

3. **Impact is assessed at appropriate levels**
   This will have been set out in the Good Gardening guides you were sent. You need to report on work related to the three strands of mental wellbeing, physical activity and healthy eating. This will be different depending on whether you:
   a. work directly with beneficiaries,
   b. work through another organisation/activists or
   c. provide support or training to others.

   The end of year reporting forms give further information (available from the website).

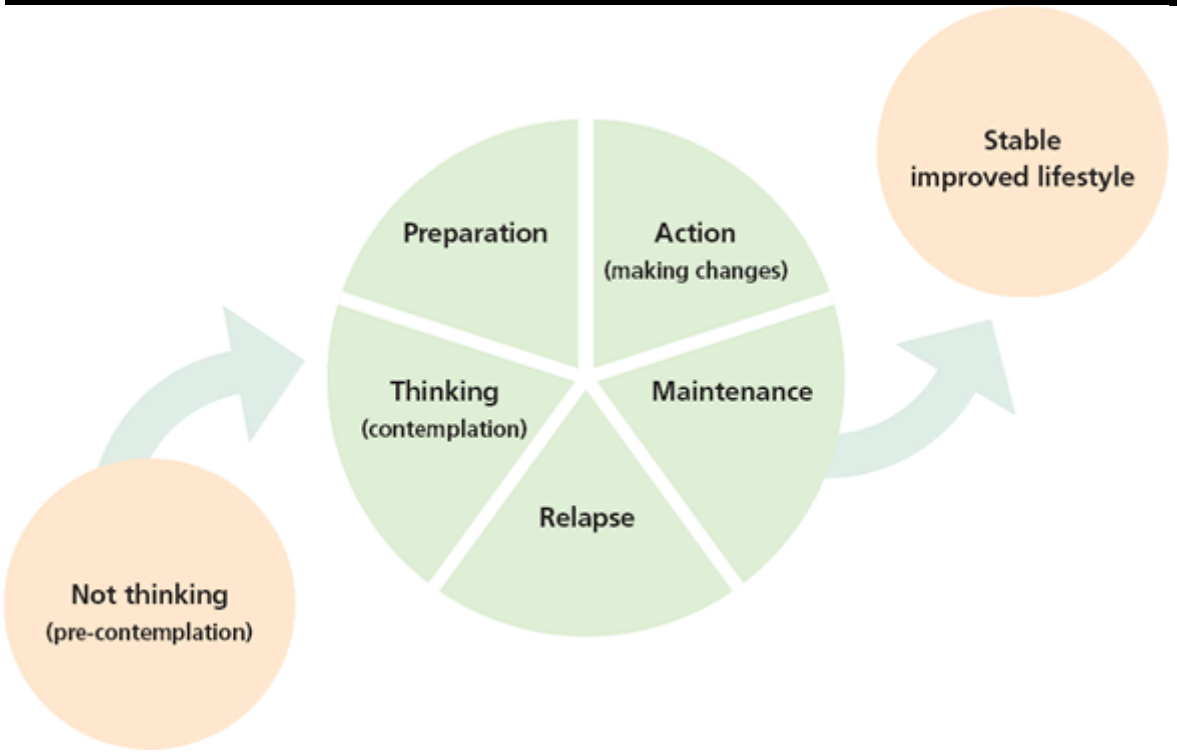
4. **People taking part in one-off activities are evaluated too**
   People who take part in one-off activities can only be counted toward your total number of direct beneficiaries if you are evaluating the impact of your project on their behaviour.

   Use the logic model (available from the website) to work out how to do this and run it past Jo Belcher to agree it.

5. **Sampling rationales and numbers must be agreed**
   Some projects have large numbers of beneficiaries and limited capacity to carry out evaluations with all of them. If a project wish to sample a group of beneficiaries to evaluate the impact of their project, this must be agreed with Jo Belcher. Projects must demonstrate that they are using a recognised and appropriate method of sampling.

5. **Consent must be gained**
   You must gain consent to carry out an evaluation. However, you do not always need signed consent. This depends on how you are evaluating and who you are working with. The guidance document, "Consent and chances4change evaluations" sets out how and when to gain consent – please read and apply this guidance!

Appendix Nine - Stages of Change Model (Prochaska & DiClemente, 1982[30])



[30] Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy: toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice, 19(3)*, 276-288

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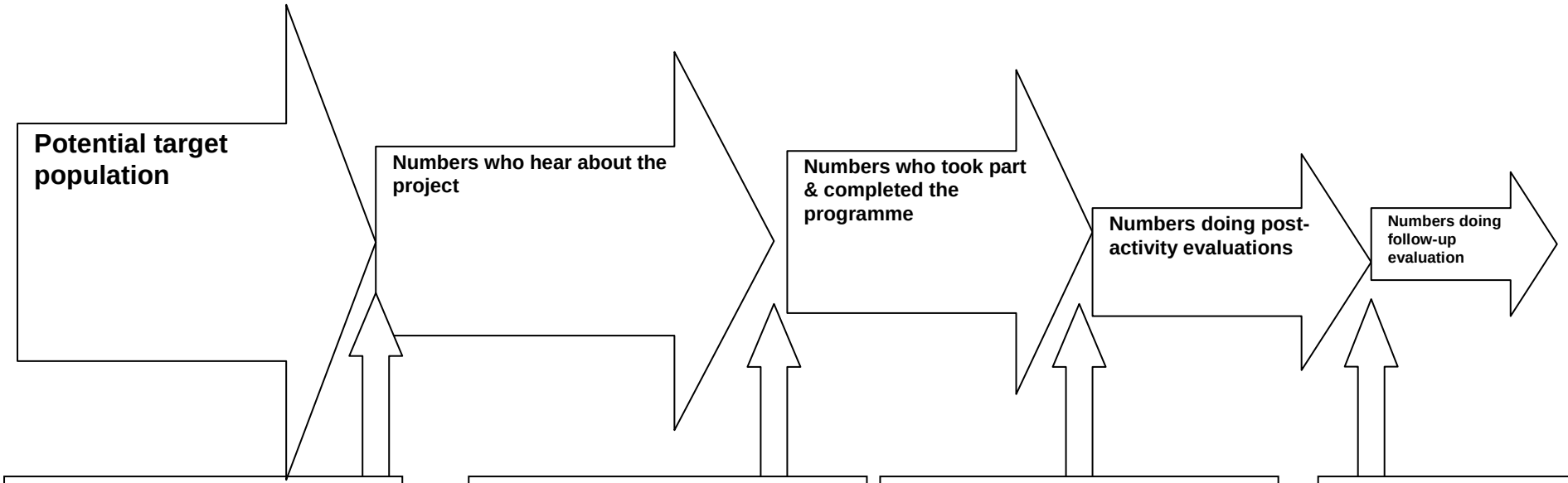
Appendix Ten – Possible influences on those participating in project and evaluations



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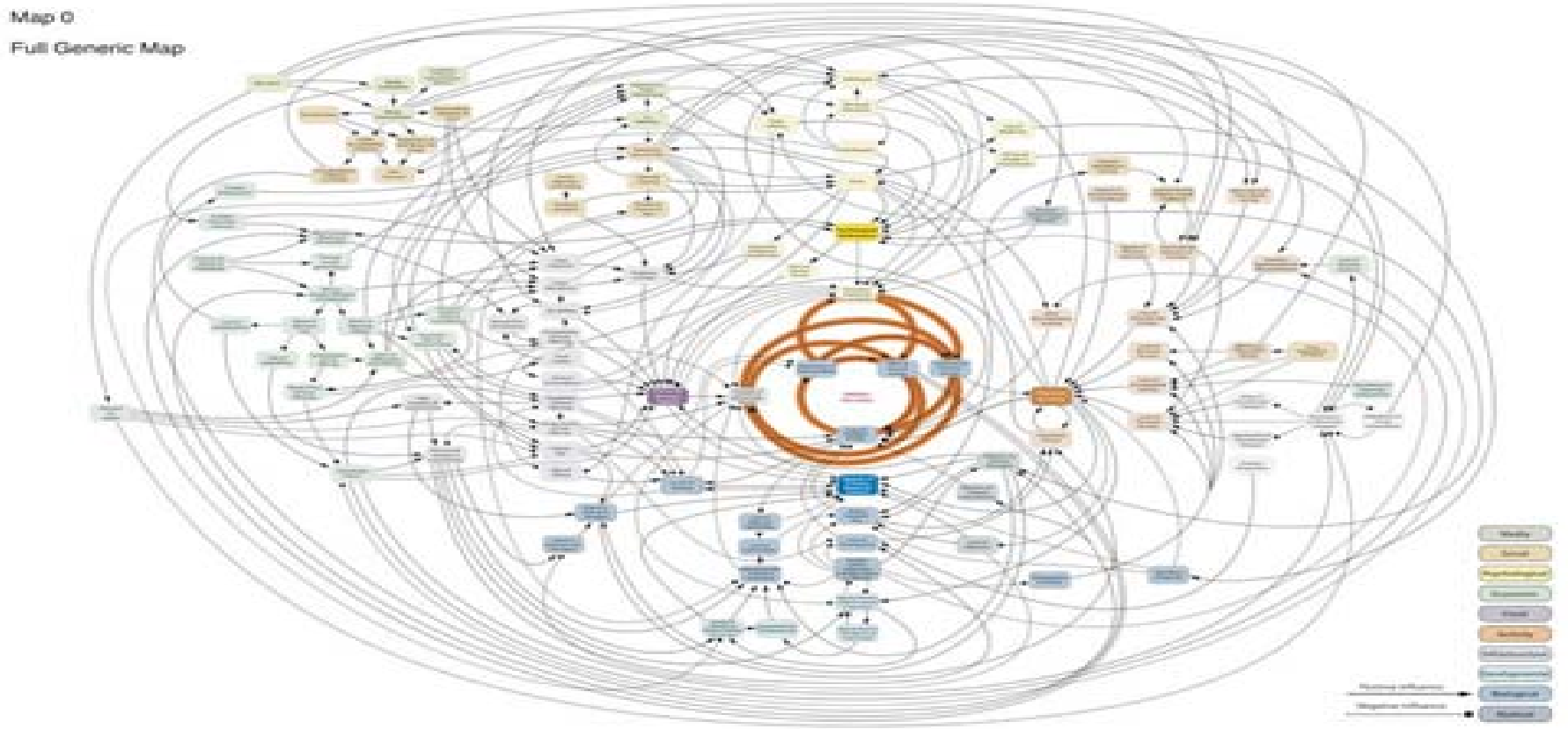
Appendix Eleven – Factors influencing obesity (Foresight report)



Source: Foresight - Tackling obesities: future choices - http://www.foresight.gov.uk/Obesity/Obesity_final/Index.html

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