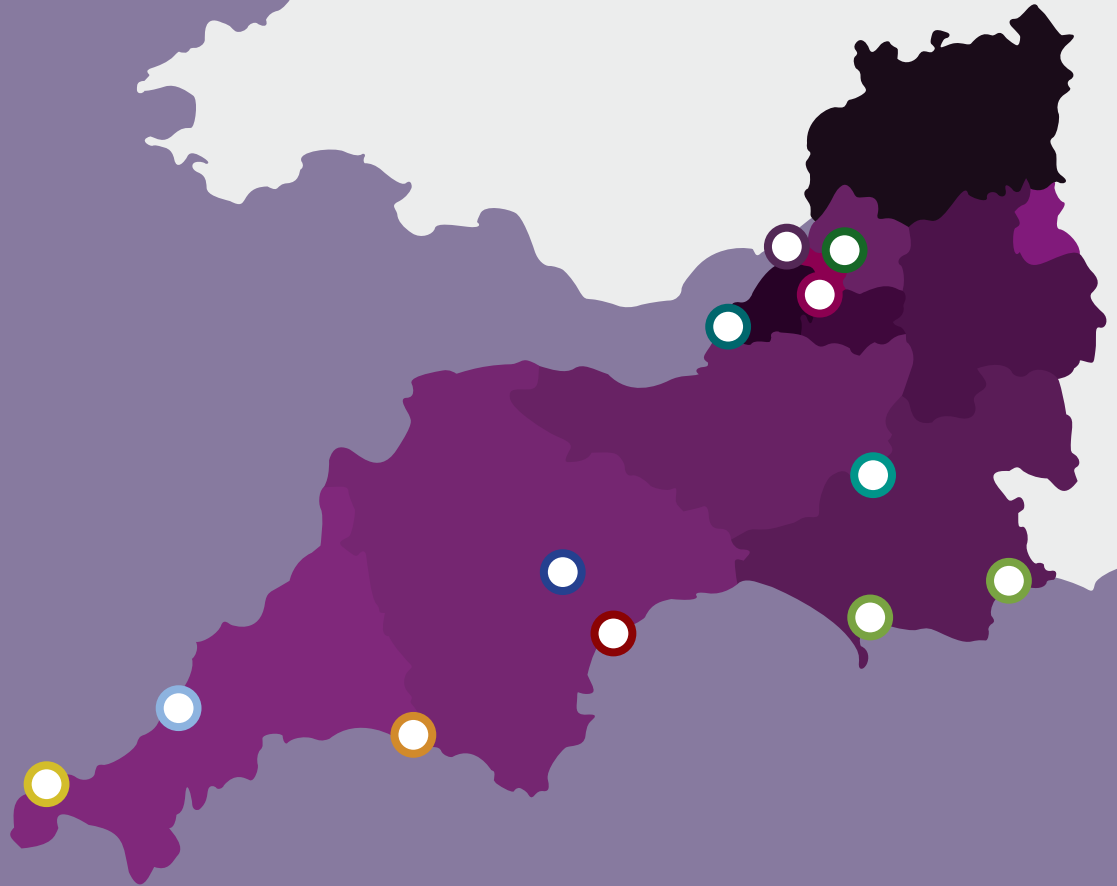




University of the
West of England



South West Well-being Programme

First Year Evaluation Executive Summary
April 2009

Mat Jones, Richard Kimberlee & Toity Deave
Centre for Public Health Research
University of the West of England, Bristol

Contacts

For further information about the evaluation contact:

Mat Jones,

Centre for Public Health Research,
University of the West of England,
Blackberry Hill,
Bristol BS16 1DD

Tel: 0117 3288769

Email: matthew.jones@uwe.ac.uk or christine.rawles@uwe.ac.uk

For further information about the South West Well-being programme contact

Jaine Keable,

South West Well-being Manager,
Westbank,
Farm House Rise,
Exminster,
Exeter, EX6 8AT.

Tel: 01392 824752.

Email: jaine.keable-swwellbeing@westbankfriends.org

Web: <http://southwestwellbeing.co.uk>

For a full copy of the first year evaluation report please visit:

<http://hsc.uwe.ac.uk/net/research/evaluation-of-south-west-well-being.aspx>

First Year Evaluation Executive Summary

Overview

- 1.1 South West Well-being (SWWB) is a Big Lottery funded programme delivered by a consortium of community-based voluntary sector organisations from across the region¹.
- 1.2 This is an Executive Summary of a formative evaluation of the SWWB programme in its first year of delivery. It explores the organisational context to project delivery, beneficiary perceptions of SWWB services, early achievements and challenges, and common underlying themes in delivery.

The South West Well-being Programme

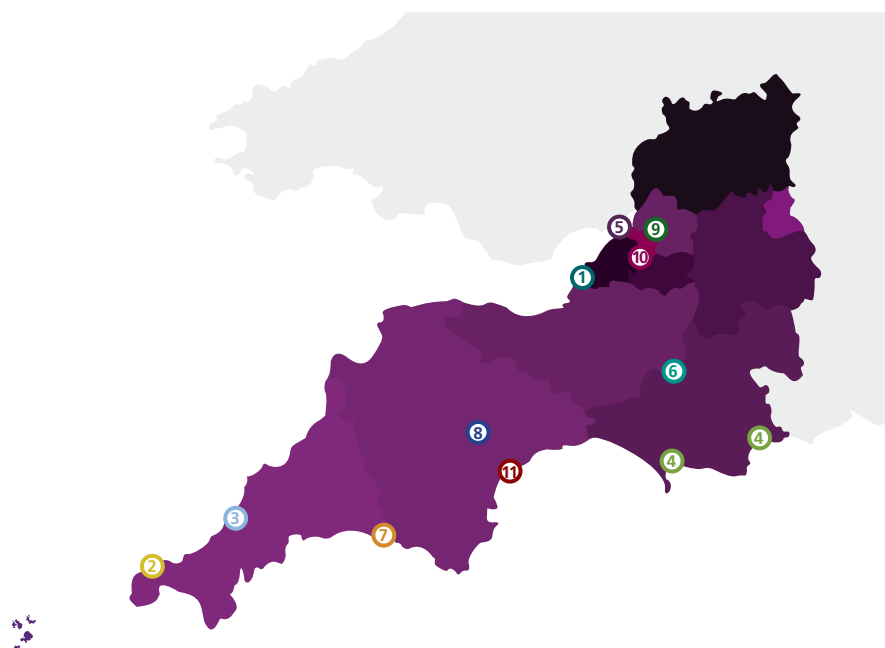
- 2.1 South West Well-being: a healthier way to live runs from January 2008 to January 2011. It has been awarded £3.96 million of Big Lottery along with match funding or in-kind support at the level of local projects.
- 2.2 Westbank Healthy Living Centre, based in Exminster, is the organisation nominated to manage the initiative by the South West Healthy Living Alliance (SWHLA).
- 2.3 SWHLA (2006) strategy document, "Well-being in the South West: a healthier way to live", defined a vision for the SWWB programme. It aims to improve the health and well-being of the region's most deprived communities through a holistic service delivery. The programme emphasises local community involvement and the role of informal social networks. The focus is on positive

¹ One project is led by a statutory sector organisation that delivers its services through community and voluntary sector groups.

physical, social and mental states, as opposed to a definition of well-being based upon the absence of pain, discomfort and incapacity.

- 2.4 In its initial phase of delivery, eleven community-based projects across the region were funded under the SWWB programme. A seed corn fund allocated grants to a further four initiatives in the first year.
- 2.5 Target beneficiaries primarily include people with low level mental ill health, those approaching older age, and families on lower incomes. Three core outcomes are improving mental well-being, increasing physical activity and encouraging a healthy diet.

South West region and the first 11 SWWB projects



1. Mental Health for All, For All HLC, Weston-super-Mare
2. Pathways to Health and Wellbeing, West Cornwall HLC, Penwith
3. Step by Step, Cornwall & Isles of Scilly HPS, Redruth
4. Activate Your Life, Healthy Living Wessex, Dorset
5. Lawrence Weston Health Steps, Barrowmead HLC, Bristol
6. The Well Bean Project, Balsam Centre, Wincanton
7. Health Matters in Plymouth, Wolesley Trust, Plymouth
8. Health Maps, Upstream HLC, Crediton
9. Pathways to Health, Knowle West Health Park, Bristol
10. Wellspring Community Kitchen, Wellspring HLC, Bristol
11. Westbank New Steps, Westbank HLC, Exminster

Study methodology

- 3.1 The focus of the first stage of the evaluation has been to document and explore the context in which programme outcomes may be achieved.
- 3.2 The formative evaluation is intended to inform the outcome component of the evaluation. This consists of a longitudinal study using a common set of outcome measures for general health, physical activity, diet related behaviour, mental well-being and social well-being.
- 3.3 The process evaluation commenced in April 2008. Fieldwork took place until February 2009 and included a series of questionnaires, and structured and semi-structured interviews with 28 project staff and 40 service users. Service users were purposively sampled to represent a range of target beneficiaries, a range health of well-being related needs, and a range of self-reported positive outcomes.



South West Well-being Programme Themes

- 4.1 SWWB projects draw on a range of discourses of well-being. Nevertheless all projects reflect contemporary theoretical models for the promotion of well-being. Health is a focus of holistic personal engagement; and all projects ensure their activities encompass diet, physical activity and/or mental well-being.
- 4.2 The programme embraces different levels of intervention that include structural changes at the level of the community and local economy and individual changes in health-related behaviours.
- 4.3 Of the three programme strands, the promotion of mental health is often the underlying, if not central, objective for many activities.
- 4.4 All projects report they are addressing health inequalities to some degree. Emphasis varies across the programme with those projects operating in areas of relatively low health poverty aiming to address 'fine grain' health inequalities.
- 4.5 All projects employ an understanding of promoting social capital through diverse activities including social networking, community capacity building, and the promotion of neighbourhood trust and reciprocity. Many emphasise the benefits of group-based social engagement.
- 4.6 The SWWB consortium model sees projects collaborating with partners from all sectors to meet the well-being needs of individuals and communities within the region. These are delivered through a variety of different partnership arrangements.
- 4.7 Participating projects show a clear intention to pool knowledge and skills to enhance local delivery and to develop strategically. Given that this is a complex, developmental initiative, with varied local geographical remits, participating projects have understandably demonstrated a clear commitment to learn and grow together to meet evolving need.
- 4.8 Quarterly monitoring returns show consistent progress for all projects across the consortium in line with planned delivery.
- 4.9 Some host organisations have conducted a comprehensive review of the delivery and position of their organization in the context of local and national service drivers including Joint Strategic Needs Assessments, Primary Care Trust priorities, LSP Community Plans, Local Area Agreements and so forth. However, only a minority of projects are able to quantify their planned impact against the scale of local need.
- 4.10 Many projects are led by recently created third sector organisations that are emerging as community anchors and key advocates for voluntary sector health services. Project leads perceive that SWWB funded work has a significant role in demonstrating the potential longer term role for healthy living organisations to deliver local services.
- 4.11 Some projects have faced and overcome early challenges that have mitigated quick progress. This is not a systemic problem but more a consequence of unique factors at a local project level.



- 4.12** The sample of beneficiaries interviewed report being extraordinarily happy with the quality and character of SWWB activities. Their personal accounts provide clear illustrations of how SWWB activities deliver a personalised, participant-led and holistic response to health needs. Many had a clear understanding about the range and provision of activities on each project but very few had a sense that they were part of a regional well-being programme.
- 4.13** SWWB activities address a wide range of participants. The majority of activities focus on services for SWHLA target beneficiaries: older people, families and people with poorer health. However positive outcomes for indirect participants are potentially considerable but for many projects this still remains difficult to quantify.
- 4.14** Many projects have re-engaged with individuals who have previously used their services. This reflects ongoing, high level needs and also a strong level of community engagement and service loyalty. Management of demand for services and the recruitment of entirely new service users represent a challenge for some staff.
- 4.15** Registration of beneficiaries has proved challenging for various reasons including: the need to build trust, the organisation's administrative capacity and the informal format of activities. However all services are in the process of formalising their induction process.
- 4.16** Salaried staff are central to project delivery with most projects making extensive use of part time salaried staff and sessional workers to support flexible delivery and to optimise their skill base. The role of volunteers is mixed. For some projects volunteering is a central aspect of their ethos and delivery, for others it is less important.
- 4.17** The projects appear to offer a very high level of individually tailored support to beneficiaries. This support is based on a range of strategies that include personal motivational support, group facilitation, incentives and membership schemes, the use of peer support, the provision of local transport and, of course, the free or subsidised use of services.
- 4.18** A recurrent theme universally expressed has been the friendly and informal nature of services. Successful activities often do not foreground needs associated with ill health, low income etc., but tend to emphasise the fun, creative and sociable elements of the service.
- 4.19** There are some important differences between ongoing project activities and those with a formal end point in terms of tracking and recording behaviour change outcomes.
- 4.20** Drawing on the thematic review of the project profiles this report highlights areas for knowledge exchange between the projects by showcasing aspects of innovation and best practice developed by projects that could be usefully shared.



Recommendations

- 5.1** This report also provides recommendations for the SWWB programme and its constituent project, and for the next stage of the evaluation.
- 5.2** Recommendations for the programme as a whole address the following areas:
- refining the theory base of activities and the strategic direction of the SWWB programme,
 - supporting SWWB staff training and knowledge exchange,
 - focusing on marketing and communications,
 - refining and upgrading beneficiary monitoring,
 - recording the self-defined well-being outcomes for beneficiaries,
 - refocusing and restructuring delivery where opportunities arise,
 - sharing learning on working with individuals with complex needs,
 - public dissemination of SWWB programme.
- 5.3** Recommendations for the next stage of the evaluation include focused research on the role of social marketing; service cost effectiveness; project approaches to social isolation, health transitions, complex care, hard to reach groups and the active participation of volunteers; and the relationship between SWWB services and local statutory provision.



Future Evaluation Reports

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|----------------|---------------------|
| March 2010 | Evaluation Report 2 |
| September 2010 | Evaluation Report 3 |

