

Well London Phase 1 2007–2011

A Multilevel Evaluation



SUPPORTED BY
MAYOR OF LONDON

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Foreword

This document reports on an immensely important project. It comes at a particularly relevant moment with the setting up of new organisational arrangements for public health. Such an initiative is unlikely to be repeated on so large a scale – and most importantly it demonstrates positive results and the further potential that can be realised through health related community development projects in deprived areas. It deserves to be read by audiences from a wide range of backgrounds in policy, practice and research and as such could have a wide-ranging impact both in London and beyond. Its challenge, however, is to report on a very complex set of activities in a fairly small space and to be sure that alongside the positives, the limitations of the design are properly recorded.

I have seen the high level of interest this work provokes, at least one researcher/practitioner conference. The sheer scale and ambition of the project and its diverse imaginative elements, together with its reliance on asset based community development (ABCD), which is at the cutting edge of much current thinking, will give it a highly significant place.

There are few opportunities to work at scale like this and I hope there will be a properly funded series of dissemination events and action plans so that legacies in the research sites can be built on rather than lost and the learning can be accessed by practitioners elsewhere.

I hope too that that the evaluators are going to have the space to develop a series of publications where the exciting substance, the theoretical implications and some of the trickier methodological issues can have a full airing with peers. Some way also of ensuring interested parties can follow the publication trail out of this work will be essential.

A handwritten signature in black ink, appearing to read 'Celia Davies'. The signature is fluid and cursive, with the first name 'Celia' written in a larger, more prominent script than the last name 'Davies'.

Celia Davies
Professor Emerita of Health Care, The Open University

1. Introduction and Executive Summary

Well London is a community development programme that aims to improve health, well-being and wider social determinants of health in deprived neighbourhoods. The first phase of development of the programme was funded by the Big Lottery Well-being Fund, with £9.46 million used to develop, manage, deliver and evaluate interventions which took place over a three and a half-year period, between October 2007 and March 2011 in 20 of the most deprived areas in London. The programme was delivered by the Well London Alliance, led by the London Health Commission. The London Health Commission was hosted by the Greater London Authority, which took the role of accountable body for the Lottery funding.

The programme sought to use the principles of asset-based community development and co-production to ensure that the Well London programme of new activities built on existing assets, and that local communities were involved in decision making at each stage of development and delivery. It began with a period of community engagement, to understand the needs, concerns and priorities of the target communities. The information gathered was used to shape a programme of up to fourteen projects for each area, including core projects to build individual and community capacity, and themed projects to address mental well-being, physical activity and healthy eating, improve local environments and increase culture and arts activities.

The aim of the evaluation was to understand the impact of the Well London programme on health, well-being and the wider social determinants of health, and to make recommendations for further development and improvements to the model in order to increase positive impacts in future iterations of Well London and other similar programmes.

In line with MRC guidelines¹ for evaluating complex community interventions, an extensive multi-level and multi methods evaluation framework was designed to look at impacts of the intervention at the participant, project, community and programme level. Methods included collecting information on participation levels and self-reported behaviour change amongst participants, as well as information on the impacts perceived by residents and local stakeholders through case studies and interviews undertaken as part of a multimedia documentation. Process learning from the Well London Alliance partners' experience of the programme's design, coordination and delivery was also captured and independent evaluations of many of the individual projects were commissioned by lead partner organisations.

In summary, these evaluations have identified a wide range of positive impacts on both individuals and communities as a result of the Well London programme. Areas where the programme and its evaluation could be further developed and refined have also been identified.

A cluster randomised controlled trial was also conducted to look at health and social outcomes at the population wide level, including qualitative research to understand how the programme impacted on participants and non-participants in different types of communities. Results of this study will be published in a series of papers in 2014. A synthesis of all of the Well London phase 1 evaluation, including the CRCT findings, has been published in: 'Well London Phase 1 Evaluation: A synthesis of project, programme and controlled-trial evaluations'.²

A second phase of development of the Well London programme, incorporating learning from phase one, was initiated in nine London boroughs in 2012 and expanded to include two new primary care based programmes in a tenth borough in 2013/14. In phase 2, commissioning of the programme has moved to the local, borough level and the Well London Alliance has been expanded to include the Royal Society of Public Health, as lead on the 'Training Communities' project and 'Youth Force' as the lead for the 'Youth.com' young apprentices project.

Key findings:

- Significant numbers of individuals participated in Well London. Headcounts across projects estimated 46,918 attendances at projects and activities. An estimated 17,108 different individuals participated, 5,069 of these were residents in the target LSOAs and most of the remainder in the immediately surrounding natural neighbourhood. The reach of the programme beyond the target area has also been recognised as offering potentially positive opportunities and could be exploited in scaling up the approach over a wider locality.
- Amongst participants returning evaluation questionnaires detailing demographic information there were twice as many female participants as males, and under-19s made up over 50% of all participants.
- Participants reported that projects had helped them improve their health and well-being : 80% reported that they had been helped to improve their understanding of mental well-being; 86% that they felt more positive; 83% helped to increased levels of physical activity; 63% helped to improve access to healthy food and 60% helped to make more healthy eating choices.
- Participants reported additional individual-level benefits they had experienced, including increased confidence; improved knowledge and skills; new education and job opportunities; and expanded social networks.
- Project leads reported a number of wider benefits to the community, such as volunteers and participants being inspired to embark on further education or training, or who gained employment as a result of their new skills and experiences.
- Participants and local stakeholders reported community level benefits, with residents reporting increased levels of community cohesion; increased confidence that positive changes can be achieved; and both residents and stakeholders reporting improved relationships between communities, decision makers and service providers.
- In several areas the programme led to improved joined-up working between local community and statutory organisations, and has produced sustainable legacies, either through sourcing additional funding, or using local volunteers to deliver further activities.

Key process learning points:

- Counting numbers of individual participants across the huge range of projects and areas was complex.
- A major challenge was the time taken to develop and initiate a number of the new projects during the programme implementation. There were delays, for example, in the establishment of the Well London Delivery Team project in some areas and delivery of some other key projects, such as Training Communities and DIY Happiness, which did not actually start until the end of the second year of the programme, meaning some areas had less time to realise benefits than others.
- Although the Big Lottery funding stipulated that projects were delivered in order to achieve a range of outcomes specifically on mental well-being, physical activity and healthy eating, it was possible to deliver projects in ways which enable wider benefits to be achieved.
- Being able to promote these wider benefits (such as environmental improvements and opportunities for volunteering and employment) may help to engage a wider constituency who would not engage in traditional physical activity or healthy eating projects.

Key recommendations for further development and improvement of the Well London model:

- The target population for the intervention should be defined using 'natural neighbourhoods' rather than geographical administrative boundaries, and greater efforts should be made to ensure that the majority of participants are drawn from the target population.
- The reach of the programme beyond the target area should also be recognised as offering potentially positive opportunities for scaling up the approach over a wider locality.
- An additional period of project development and relationship building with local communities should be built into the programme timescale. This would allow core projects to be established earlier on in the programme, which would in turn facilitate greater co-production in the design and delivery of themed projects, and achievement of community goals.
- The design and content of all themed projects should be co-produced with local people, in order to ensure these meet communities' identified needs.
- A local area coordinator should be identified in each target community in order to ensure good coordination across existing and new local projects to enable project synergies to be maximised.
- Greater efforts should be made to ensure that the demographics of participants, in terms of age, gender and ethnicity, reflect the demographics and need within the target population.
- More explicit strategies for the creation of a sustainable legacy should be made at the start of each programme; for example by mainstreaming through a locally commissioned approach and planning how projects can continue to be developed and delivered by communities with support from existing community organisations.
- Local people should be further supported to engage directly with local decision makers, so they can continue to advocate for their communities' health and well-being needs.
- Development of community assets and positive impacts on wider social determinants of health should be included as explicit objectives of the programme, and should be monitored more systematically.
- Future evaluations should look in more detail at impacts on participants, including whether these are sustained in the longer term, and also explore whether key local issues identified during the community engagement process were adequately addressed.

The report concludes that the information presented suggests that the programme was very well received by the target communities, and that a wide range of benefits were seen through the programme. It also recognises that this was the first iteration of this new model and the first opportunity for it to be put into practice and tested with communities. The model will benefit from the further phases of research and development that are planned, taking into consideration the recommendations from this phase 1 evaluation.

2. Policy context

'...Empowering individuals and communities, and giving people a voice is integral to addressing health inequalities. ...'

Professor Sir Michael Marmot

2.1 Health and well-being policy context

Improving levels of health and well-being is both a goal in itself, and a route to achieving wider social and economic gains. There are known cyclical links between deprivation and health, with deprivation impacting negatively on health and poor health and well-being resulting in low levels of educational attainment and employment, in turn leading to high levels of deprivation and associated ill-health. Improving the health and well-being of those living in deprived communities has therefore been a key policy objective of both the recent and current national and local government administrations and expounded in a number of key policy reports; including the Department of Health, 'High Quality Care for All,' Marmot Review, Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010': NHS Next Steps Review' and 'Healthy Lives, healthy People: Our strategy for public health in England' and the Mayor of London's 'London Healthy Inequalities Strategy'^{3,4,5,6}. In addition, government agendas such as the Big Society and Localism have advocated that communities should be empowered to take greater control over their own lives^{7,8}.

2.2 Community development approach

The need for healthy environments and communities as a prerequisite for individual-level health and well-being is well recognised⁹. The Well London programme was, therefore, designed to work to improve health and well-being using a community development approach, aiming to build active and sustainable communities by removing the barriers that prevent people from acting to address issues that affect their lives¹⁰. The approach seeks to build individual and community confidence and sense of control by developing formal and informal individual and community support networks¹¹. The Well London programme works with communities to understand their assets, needs and concerns and to build local community capacity to enable programme benefits to be sustained in the longer term. The programme involves an initial community engagement process using 'World Café', appreciative inquiry and co-production methodologies, recognising that local people and community organisations are equal partners in the development process, as they bring unique local knowledge and expertise to the table^{12,13,14}.

2.3 Generating evidence

The National Institute for Health and Clinical Excellence (NICE) has reviewed the evidence and developed guidelines on community engagement approaches in public health¹⁵. There is some evidence of effectiveness but this is limited, and while there is plenty of qualitative evidence, there is a need for additional more quantitative research and evaluation. The mission of the Well London programme is 'to develop robust, evidence-based models and benchmarks for community action for health and well-being that will influence policy and practice to secure real enhancements to well-being and reductions in health inequalities across all communities in our capital city and beyond'. To this end, a key aim of the Well London programme has been, from the outset, to rigorously evaluate its activities and their effects, in order to contribute to the evidence base.

A long term research and development pathway for the development and refinement of the Well London programme is envisaged, taking the model through a number of phases of research and development. However, development pathways for complex community-level interventions are not well defined, although there are a few good examples such as the 'Family Nurse Partnership' programme which was developed over a period of 30 years, including three large scale research trials in the USA¹⁶ and is being further evaluated in relation to its transferability to the UK health context with funding from the Department of Health¹⁷. In contrast, medical interventions typically follow a well-trodden developmental path, often over years and even decades and costing hundreds of millions of pounds. Population public health interventions have no such development route and often rely on limited and short term funding and pilot studies.

In this context, it is important to acknowledge that this report concerns the results of the very first phase of research and development of the Well London programme in implementation of the first iteration of the model for the approach.

3. Overview of the Well London Programme

3.1 Vision, mission, key objectives and targets

Vision:

A world city of empowered local communities who have the skills and confidence to take control of and improve their individual and collective health and well-being.

Mission:

To develop robust, evidence-based models and benchmarks for community action for health and well-being that will influence policy and practice to secure real enhancements to well-being and reductions in health inequalities across all communities in our capital city and beyond.

Objectives:

1. To develop a locally focussed, integrated, community-led approach that improves community health and well-being and is effective and sustainable in even the most deprived neighbourhoods.
2. To engage and empower people to build and strengthen the foundations of good health and well-being in their communities by:
 - Significantly increasing community participation in health and well-being enhancing activities
 - Building individual and community confidence, cohesion, sense of control and self esteem
 - Stimulating development of formal and informal community and social support networks
 - Integrating with and adding value to what is already going on locally
 - Identifying, designing and taking action on community-identified health related needs and issues
 - Building capacity of the community and local organisations to deliver activities and making strategic links locally and regionally so the improvement in health and well-being is sustainable for the longer term

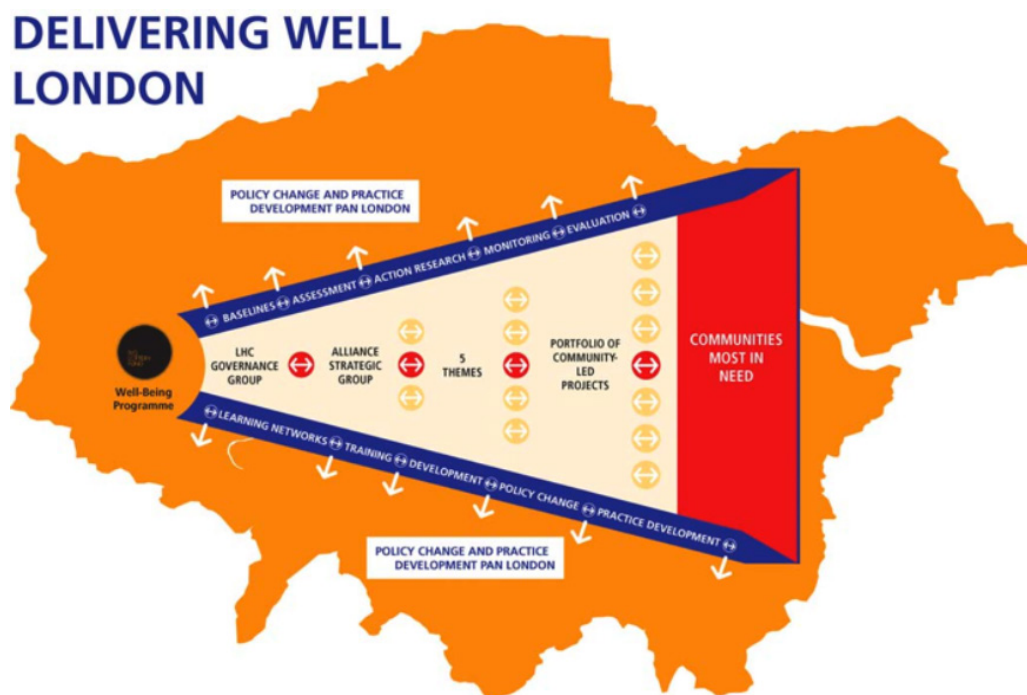
The original vision for delivering Well London is shown in figure 1

Targets:

The phase 1 Well London programme, as required by Big Lottery, also set specific targets. A number of self-reported behaviour change targets were agreed, based on a percentage change from the baseline level at which these behaviours were reported in routine data for the target communities. This corresponded to the following targets:

- 34,508 individuals (100% of the target areas' population) will be provided with opportunities to improve their mental well-being, levels of physical activity and healthy eating
- 5176 individuals (15% of the target areas' population) will report improved mental well-being, and in addition there will be more positive community perspectives on mental health and well-being.
- 4348 individuals (12.6% of the target areas' population) will report increased levels of physical activity
- 4602 individuals (13.3% of the target areas' population) have increased uptake of healthy eating choices; including enhanced access to affordable healthy foods.

Figure 1: The vision for delivering Well London



3.2 Area identification

The Well London programme aimed to improve health and well-being in deprived communities. In order to ensure the intervention areas were those with high levels of deprivation, it was decided that highly deprived Lower Super Output Areas (LSOAs) should be selected^a. While the programme aimed to target residents living within the selected LSOAs, those living in neighbouring areas were not excluded from participating in activities, as it was recognised that the division between LSOAs does not necessarily follow intuitive geographical or natural neighbourhood boundaries and that it would be impractical and potentially counter-productive to prevent residents from one part of a street from participating in activities that their neighbours were able to attend. The use of LSOAs as the level at which interventions would be delivered made it possible for a cluster randomised controlled trial to be conducted as part of the community level evaluation. From a list of the most deprived 11% of LSOAs in London, boroughs with at least four LSOAs on the list were identified, and local authorities and primary care trusts were asked to short-list the two LSOAs in their respective boroughs that they believed would benefit most from the intervention. A random selection process was then used to identify one 'intervention' and one 'control' LSOA. A list of the intervention areas can be found in Appendix 1.

3.3 Partnership working

The Well London programme was delivered by a partnership of organisations, each with their own area of expertise. The London Health Commission was the overall lead for the programme and its host organisation, the Greater London Authority, acted as the accountable body for the Lottery funding; Arts Council England led on arts and culture; Central YMCA led on physical activity and young people; Groundwork London led on healthy spaces; London Sustainability Exchange led on healthy eating; South London and Maudsley NHS Foundation Trust led on mental well-being; and the University of East London led on community engagement and evaluation. Each partner organisation was also matched to three or four of the intervention neighbourhoods, for which they assumed coordinating responsibilities.

The programme also partnered with local community organisations in each of the selected neighbourhoods. Organisations that already had strong relationships with local communities were identified and invited to 'co-host' the Well London community engagement process, including by providing background information on the local community. Where possible, local organisations were then recruited to deliver the programme's projects. These organisations, in turn, were responsible for recruiting local residents as volunteers or participants within each project. It was an explicit stipulation of the Well London programme that local organisations should be commissioned as delivery partners wherever possible, even if they might not be the most well-qualified to deliver, as part of the aim of the Well London programme was to help build capacity within these local community organisations in order to help them better meet the needs of local people in the future.

Local Advisory Groups were identified or established in each intervention area to ensure that the Well London programme complemented, integrated with and added value to existing local activities. The structures of the advisory groups differed between areas, but commonly included representatives from the local authority, primary care trust and a number of community organisations. An important role of the advisory groups was to explore ways that projects could be sustained beyond the lifetime of the Well London programme funding.

3.4 Community profiling and asset mapping

Demographic profiles and mappings of local community assets were produced for each of the 20 intervention areas. Routinely available data from a variety of sources was used to build a picture of the demographics and health and well-being of local residents and the characteristics of their neighbourhoods. In addition, a researcher walked around each area to observe its characteristics and document the presence of community resources, activities, projects and services. Key local informants were also asked to complete questionnaires with additional information about what was available locally. The profiling and asset mapping also helped ensure that the Well London interventions complemented or built on, rather than duplicating, existing activities in the local area.

3.5 Community engagement and project planning

The community engagement phase of the project enabled local residents and key local policy and decision-makers to explore and identify the health issues and solutions that were most important within the community. The main community engagement events were Community Cafés, modelled on World Café methodology¹⁸, which recognises that ideas and solutions often occur outside of formal structures, for example in coffee breaks or over dinner¹⁹. The Community Cafés aimed to create an informal environment where residents could come together to discuss the question: 'What do you understand are the health needs of your community?' Discussions were facilitated and notes taken by members of the Well London team. Initially, in areas where Café attendance was low, street interviews were also conducted to gather additional information; however as the street interviews were felt to be of value, they were then integrated as a standard part of the community engagement process in subsequent areas.

The information from the Community Cafés and street interviews was combined with information from the community profiles and asset maps, and presented at Community Action Workshops, which were attended by both residents and local stakeholders, such as service providers, voluntary organisations, and local authority and primary care trust staff. The workshops were based on the Appreciative Inquiry methodology, which assumes that every community has something that works well, and that by identifying

a LSOAs are areas of between 1000 and 2000 residents for which routine statistical data, including deprivation scores using the English Indices of Deprivation, is available. The boundaries of LSOAs are drawn with the aim of including a similar demographic of people within each LSOA, but they do not necessarily correspond to the boundaries of the areas that people describe as their 'neighbourhoods'.

this positive core it is possible to build a wider strategy for change. The additional information from the workshops was combined with information from the previous stages of the engagement process to form Community Engagement Reports which were in turn used to create community Programme Initiation Documents, setting out the projects that would be implemented in each community to meet local health and well-being needs.

3.6 Programme design and delivery

The portfolio of 14 different projects was initially developed in outline to inform the Lottery bid, using a co-production approach with two of the proposed target communities, Alliance partners and other stakeholders; the focus was on the Lottery's aims of improved mental well-being, levels of physical activity and healthy eating.

At the start of the funded programme, the community engagement process was further developed and delivered across all of the Well London intervention areas and a number of wider common themes were identified. These included: a lack of 'sense of community' and concerns about young people, safety, language barriers, lack of activities or information about activities, under-utilisation and cost of community space, and the need for empowerment and improved community capacity²⁰. Action on all of these community identified needs and issues were addressed as cross cutting themes through the further detailed design of all of the Well London projects.

Some projects were delivered directly by the Well London Alliance partners, some by specially recruited and trained local people, and some delivered by external providers, with local providers commissioned wherever possible. The projects fell into two broad categories: Core, 'Heart of the Community' projects were further developed and delivered in all intervention areas, while 'Themed' Projects were further developed and, where possible, locally tailored in response to community identified need. Portfolios of projects delivered were therefore not exactly the same across the different intervention areas. See table 1 for summary of the portfolio of Well London projects



Table 1: Summary of the portfolio of Well London projects

Heart of the Community (core) projects

The Heart of the Community projects were designed to assist with overall community capacity building, and to encourage participation in the individual themed projects. A brief description of each of these projects is given below.

Community Engagement, Assessment, Design, Brokerage and Enterprise carried out the initial community engagement work, and conducted work on job brokerage and social enterprise; multimedia documentation of the overall programme; and the design and conduct of the evaluation process.

The Well London Delivery Team were volunteers from each intervention area. The teams went on to act as advocates for local residents, signposting them to Well London projects and other local activities and resources; and engaging with local service providers to ensure existing services better met the needs of the community.

The Youth.com project worked with schools, youth groups and youth services to ensure children and young people were engaged, and that their voices were heard in all aspects of the Well London programme's design and delivery.

The Training Communities project commissioned a variety of training courses for local community members, including accredited Health Trainer training for the Well London Delivery Team volunteers and accredited Physical Activity Trainer training for the Community Activator volunteers; as well as arranging for individuals and groups to receive training in areas which they believed would assist with their own personal and community development.

The Well London Learning Network (Wellnet) set up and supported a well-being-focused learning network for communities and professionals, sharing insights from the Well London programme with community members and organisations.

The Active Living Map project developed web-based maps for each intervention area to show the range of health and well-being opportunities and services within easy access of each community.

Themed projects

The Themed Projects addressed the Well London themes of physical activity; healthy eating; mental well-being; open spaces; and arts and culture. A brief description of each of these projects is given below.

The Activate London project encouraged participation in existing physical activity opportunities and created new opportunities for physical activity where there was additional need, including training local people to be 'Health Activators' for their communities.

The BuyWell project made it easier for people in the intervention areas to buy affordable, , culturally appropriate and healthy foods. It set-up or expanded local community food co-ops, and encouraged businesses to introduce healthier options.

The EatWell project increased the uptake of healthy food by raising awareness of how a healthy diet promotes good physical and mental well-being; The project included practical activities like cook and eat courses, community feasts which brought residents together to celebrate food, and the Activeeat project which ran alongside the Well London football tournament.

The Changing Minds project recruited and trained local people with experience of mental illness to deliver mental health awareness training in their communities, promoting understanding of mental well-being and helping to reduce the stigma and discrimination.

The DIY Happiness project empowered women to take control of their mental well-being and take positive actions to address the specific challenges they face. The project comprised a series of workshops; and the opportunity for participants to secure funding to develop activities that would increase happiness and well-being in their local community.

The Mental Wellbeing Impact Assessment project trained local people to identify the mental well-being impacts of local projects and to develop action plans to maximise positive and minimise negative impacts of both Well London and other community projects.

The Healthy Spaces project developed existing and new sites for community gardens, allotments and play areas, and delivered healthy walks and community art projects. Activities were designed to foster community cohesion and be owned by local people.

The Be Creative, Be Well project commissioned a wide range of arts and cultural activities. Participants were able to learn new skills and improve their well-being through participation in creative activities. The project also used art and cultural activities to promote participation in other Well London projects.

3.7 Policymaker engagement

A key aim of the Well London programme was to share the experience and learning of those in the intervention communities with local and pan-London policy and decision-makers. The Well London Alliance reported regularly to the London Health Commission (LHC), which was the strategic partnership for health in London (2000 – 2011) hosted by the Greater London Authority, and was made up of high level representatives of all the key sectors with an influence on health and determinants of health and health inequalities across London. A number of LHC members also participated in a programme of outreach visits to Well London areas and informal briefings to individual policy leads continued to be delivered throughout and beyond the programme.



4. Evaluation Methods

In line with MRC guidelines (see reference '1') for evaluating complex community interventions, an extensive multi-level and multi methods evaluation framework was designed to look at impacts of the intervention at the participant, project, community and programme level.

Methods included collecting information on participation levels and self-reported behaviour change amongst participants, as well as information on the impacts perceived by residents and local stakeholders through a range of case studies and through interviews undertaken as part of a multimedia documentation. Process learning from the Well London Alliance partners' experience of the programme's design, coordination and delivery was also captured and independent evaluations of many of the individual projects were commissioned by lead partner organisations.

The programme also provided a rare opportunity to embed an experimental, cluster randomised controlled trial (CTCT) methodology to look at the impact on the wider population of the target area (not just participants) within a complex social intervention, with the populations of the target areas being compared with matched non-targeted 'control' areas populations²¹. A random selection of adults in households in the target and control areas were surveyed before and after intervention delivery, to gather information on various health and social indicators. Among adolescents, similar data were collected through school-based surveys. The trial also included qualitative research to understand how the programme impacted on participants and non-participants in different types of communities. Results of the trial will be published in a series of papers in 2014.

4.1 Aims and objectives of the evaluation

The aim of the evaluation was to understand the impact of the Well London programme on health, well-being and the wider social determinants of health, and to make recommendations for further development and improvements to the model in order to increase positive impacts in future iterations of Well London and other similar programmes. The objectives of the evaluation were to collect and analyse participant, project, community and programme level information from each participating community on:

- The number and nature of activities carried out
- The number and demographics of participants in each activity
- Participants' and stakeholders' perceptions of the individual-level benefits of each activity
- Participants' and stakeholders' perceptions of the community level benefits of each activity
- The impact of each of the different projects making up the programme
- Project achievements that are likely to leave a sustainable legacy within communities
- Facilitators and barriers to achieving community and programme objectives

4.2 Data collection

The programme evaluation looked at impacts at participant, project, community and programme levels. Evaluation data were collected by a range of Well London Alliance staff and project organisers using the following methods:

- Headcounts
- Project attendance questionnaires
- Quarterly monitoring reports
- Individual project evaluations
- Case studies
- Interviews with participants, project and community stakeholders through the multimedia documentation
- End of programme semi-structured interviews - with local programme coordinators
- End of programme workshop for delivery partners and organisations

Table 2 links the evaluation objectives to the levels and methods of evaluation.

Table 2: Relationship between the programme evaluation objectives, level of evaluation and methods of data collection.

Evaluation objective	Level of evaluation	Data collection method
<ul style="list-style-type: none"> • The number and demographics of participants in each activity • Participants' and stakeholders' perceptions of the individual-level benefits of each activity 	Participant	<ul style="list-style-type: none"> • Headcounts • All participant questionnaire • Case studies • Multimedia documentation
<ul style="list-style-type: none"> • The number and nature of activities carried out • The impact of each of the different projects making up the programme 	Project	<ul style="list-style-type: none"> • Quarterly monitoring reports • Individual project evaluations • Multimedia documentation
<ul style="list-style-type: none"> • Participants' and stakeholders' perceptions of the community level benefits of each activity 	Community	<ul style="list-style-type: none"> • Case studies • Multimedia documentation
<ul style="list-style-type: none"> • Project achievements that are likely to leave a sustainable legacy within communities • Facilitators and barriers to achieving community and programme objectives 	Programme	<ul style="list-style-type: none"> • Quarterly monitoring reports • End of programme legacy audit • End of programme interviews with programme coordinators • Delivery partners workshop

The following sections describe the implementation of the methods within the four levels of evaluation.

4.3 Participant level evaluation

Attendance and Participation

Attendances at project events and activities were recorded as direct headcounts by project organisers, and all participants were asked to complete an 11 item evaluation questionnaire (Appendix 2) at the end of sessions, providing inter alia demographic information (on age, gender and postcode), as well as information on the number of other Well London sessions and activities they had participated in. In order to prevent double counting of participants, evaluation questionnaire data were used, together with the headcounts to estimate the number of different individuals who participated in any activities. We report these data below and describe some of the challenges arising from the complexity of controlling for participation in multiple sessions, projects and time periods. Methods of adjustment are detailed at www.welllondon.org.uk/URL.

Changes in health and well-being

An 'all participant' questionnaire that was used to collect demographic information also asked for self-reported information on whether participants believed the project had helped them to improve their mental well-being, level of physical activity or healthy eating behaviour. As the information was being asked of all participants, a pragmatic approach was taken to the questionnaire design. This resulted in the use of a simple, but non-validated questionnaire (Appendix 2), as it was felt this was more likely to be completed by a large number of participants than a validated but lengthier version.

The proportions (project/area specific) reporting that projects had helped to change health behaviours, were then applied to the headcounts (project/area specific) and estimated numbers of different individual participants (project/area specific). This provided estimated numbers of different individuals reporting benefits from the interventions. In section 5.1, table 7 we report these estimates collapsed over each of the intervention areas.

Participant experiences

A number of illustrative participant case studies were developed and interviews with a range of programme participants were captured both through the multimedia documentation and through the independent project evaluations. These provide insight into participant experiences of the Well London programme, including the impact they believed it to have had on their health and well-being. A list of case studies is provided in table 3. See table 4, section 4.4, for a summary of project evaluations. The multimedia interviews were assimilated into a series of short films. URL to films in here. www.welllondon.org.uk/10/resources.html

Subjects for case studies and multimedia documentation interviews were selected in discussion with project and programme staff on basis that had interesting stories to tell that were relevant to the aims and objectives of the Well London programme. Extracts from these case studies and interviews are presented in this report.

Impact on participants and non-participants was also evaluated more systematically as part of the larger qualitative study that was undertaken by University of Westminster as part of the CRCT, the results of which will be published later in 2013.

Table 2: List of case studies'

Source	Number of Case Studies	Brief Description (Source)	Brief Description (Content)
Wellnet	15	Web based case studies	Food Co-ops (2); Buywell (2); Gardening/Food Growing (2); Cook & Eat (2); Arts (4); WLDT (2); Physical Activity (1)
Be Creative Be Well: Arts, wellbeing and local communities	10	A 'realistic' evaluation by Richard Ings, Nikki Crane and Marsaili Cameron	With Arts Projects in Waltham Forest; Hackney; Enfield; Greenwich; Newham; Lewisham; Southwark; Lambeth; Tower Hamlets; Ealing
Social Return on Investment (SROI) Evaluation of Changing Minds	5	Justine Cawley & Karina Berzins, University of East London	With 5 Beneficiaries
Community Activator Programme	6	Evaluation by John Chapman, Leisure Futures	6 Activators' stories in Croydon, Camden, Southwark, Greenwich, Hounslow, North Kensington
WLDT	2	White City Health Champion Project Evaluation Report + White City No Smoking Day	2 Evaluations based on the work of the WLDT in White City, H&F
Youth.comUnity and the Young Ambassadors Programme	6	Evaluation by Sandy Craig, Leisure Futures	6 Youth ambassadors' Stories in Croydon, Hackney, Greenwich, Camden, Newham, Lambeth
Well London Stories	19	Stories down by Journalist	Buywell & DIY Happiness Projects; Waltham Forest Programme; Co-host; Tenants Groups (2); Community Gardens; Cook & Eat; Councillor; Young Ambassador (2); WLDT Members (2); Choir; Police; Head Teacher; Borough & Project Lead; PH Team; Changing Mind participant;
Total	63		

4.4 Project level evaluation

Project outputs

Projects submitted quarterly monitoring information on a standard template on the number and nature of activities carried out in each area, and these outputs are reported in section 5.2.

In addition, more detailed evaluations of a range of the projects were commissioned, involved a range of methodologies (see table 4) and the key findings from those evaluations are summarised in table 4 and, with more detail in 5.2.

Project case studies

A number of illustrative project case studies were also developed, highlighting some of the wider impacts that projects had on local communities, including the projects' legacies; see table 3 for list of case studies. Extracts from these project case studies are included in this report.

The nature and perceived impact of the different projects were also captured through the multimedia documentation and assimilated into a series of short films. URL to films in here. www.welllondon.org.uk/10/resources.html

Table 4: Summary of project evaluations

Heart of the community projects

Name of project	Evaluated by	Main methods used	Headline findings
CADBE (Community Engagement, Assessment, Design, Brokerage and Enterprise)	UEL	Analysis of monitoring data.	<ul style="list-style-type: none"> Delivered 40 World Cafés, 20 Appreciative Inquiry Workshops, 20 Feedback sessions and engaged 1373 residents in Year 1. Collected 1263 Survey Forms in Year 2. Knocked on at least 80% of all doors in target areas, and delivered newsletters. Trained 166 Fieldworkers for Baseline Adult Survey. Held 118 Video Workshops in target areas to document Well London. Compiled and distributed database of 96 job brokerage or support services located in close proximity to target areas.

Well London Delivery Team (White City Health Champions project)

Saumu Lwembe, NHS Hammersmith & Fulham

Analysis of monitoring data, semi-structured interviews.

Health Champion outcomes:

- 18 trained to RSPH NVQ level 2
- 12 trained in mentoring, etc
- 14 gained paid employment
- 4 were trained and employed as Smoking Cessation Advisors
- 4 graduated as Physical Activators
- 6 were trained and engaged as cancer ambassadors
- 1 gained work placement with NHS Hammersmith and Fulham Public Health Directorate.

Healthy lifestyle outcomes:

- 1200 residents engaged to attend community events.
- over 400 referrals to Smoking Cessation Services.
- 30 healthy cooking and eating sessions delivered; numerous referrals to cook and eat classes.
- 6 community engagement events organised where Health Trainers undertook Health checks on over 200 residents.



Youth.com	Leisure Futures	Interviews with Young Ambassadors and WL partners, observation, case studies	<ul style="list-style-type: none"> • Over 1000 residents participated in physical activities sessions led by the Physical Activators • 20 residents enrolled into a Do-It-Yourself Happiness project. <p>The Young Ambassadors:</p> <ul style="list-style-type: none"> • engaged 2421 young people 13-25 yrs (target 2400). • reported improvements in their skills and capacities across a wide range of organisational, social and life areas.
<p>Training Communities</p> 	SLaM	Analysis of monitoring data.	<p>The project provided the following training opportunities:</p> <ul style="list-style-type: none"> • RSPH Level 2 training in Health Promotion for 172 WLDT volunteers. Many volunteers used the qualification to train as health champions and to gain employment. • Accredited training in working with young people for Youth.Com Young Ambassadors. • NVQ Level 2 Community Activators training for 19 residents from the Well London areas who volunteered as Community Activators. • 516 'Personal Support Packages' (PSPs) to fund training for individuals in the target areas. It was very flexible and people could choose the training they wanted to do. <p>PSP outcomes (in 22 recipients surveyed):</p> <ul style="list-style-type: none"> • Rated usefulness of training 4 or 5 (on a scale of 1-5): 100% • Used new skills and knowledge gained from training: 91% • Training led to a qualification: 56% • Training led to a job: 32% • Training led to other education and training: 43% • Rated overall PSP process 4 or 5 (on a scale of 1-5): 100%
Wellnet	LSx	Analysis of monitoring data, semi-structured interviews.	<ul style="list-style-type: none"> • Wellnet helped Well London participants feel more confident through seeing their work as part of a wider healthier living movement. • Many participants reported that the Wellnet resources (website, bulletin, events) were invaluable learning and networking tools. • Through Wellnet 523 individuals were trained at 19 local and pan-London events. • All targets on spreading new learning, workshop, presentation and event usefulness and opportunities to network were exceeded. • 82% of respondents felt their confidence/abilities to deliver projects that promote and measure well-being had been enhanced. • 90% reported that their level of new learning was good, very good or excellent.

			<ul style="list-style-type: none"> • 90% found the usefulness of the workshops and presentations good, very good or excellent. • 93% found the opportunities for meeting new people and sharing information was good, very good or excellent.
Active Living Maps (ALM)	Groundwork London	Analysis of monitoring data.	<ul style="list-style-type: none"> • Interactive online and paper format (3 editions) of the ALMs produced. • 16,000 copies of each edition delivered to households in all 20 project areas. • 1010 visitors and 2506 page views of the ALM website from September 2009 – March 2011.

Themed projects

Name of project	Evaluated by	Main methods used	Headline findings
Activate London (Community Activator Programme)	Leisure Futures	Interviews with Activators at 3 and 6 months; questionnaire survey with participants at 3 and 6 months	<ul style="list-style-type: none"> • The 16 Activators recruited 380 people into specific activity sessions. • 8 months after completing the training, 13 of the 16 Activators were committed to continuing to deliver regular sessions of physical activity in their communities. • Most participants stayed on the programme for at least three months and 79% at the 2nd survey indicated they would continue to exercise regularly.
BuyWell (Food Co-ops, Community Café, Retail Project, Refugee Food Programme, and Healthier Options Award)	Sustain	Customer register; Well London evaluation questionnaire; qualitative interviews with customers and shop staff; focus group; pre & post intervention customer survey; management interview.	<ul style="list-style-type: none"> • 5 new locally run co-operatives set up • 9 businesses and cafes supported to increase sales of healthy food. • Doubled the weekly fruit and vegetable sales across the 6 convenience stores participating in the Buywell Retail project. • 43% of customers said they ate their 5 a day after the intervention, which is 22% higher than the London average of 21%. • Food coop, restaurant and retail project users: 7251 (exceeded target of 6920 by 105%)
EatWell (Community Feasts, Cook & Eat, and ActivEAT)	LSx	Questionnaire survey	<ul style="list-style-type: none"> • Community Feasts were highly successful in fostering intergenerational participation and promoting all Well London projects, not just healthy eating. • Community Feast and ActivEAT participants: 10542 (exceeded target of 4000 by 264%) • Cook & Eat participants: 1671 (exceeded target of 400 by 418%) • 70% of participants reported an increase in eating fruit and vegetables • On average, across Cook & Eat programmes, there was a 50% increase in weekly fruit and vegetable consumption by participants (equal to an extra portion of both fruit and vegetables per week)

			<p>increasing their 'five-a-day' by at least two portions.</p> <ul style="list-style-type: none"> • 34% said they were cooking more meals from basic ingredients for themselves and their families, on a weekly basis.
Changing Minds	UEL	Social Return on Investment (SROI)	<ul style="list-style-type: none"> • Beneficiaries reported a number of positive health related outcomes, in particular: increased confidence, increased mental well-being, better physical health, more physical activity, reduction in medications, reduced visits to health care professionals, sleeping better, and weight loss. • The SROI found that £8.30 of social value was created for every £1 spent.
DIY Happiness Project (and DIY Happiness Game)	University of East London (and Uscreates for the DIYH Game)	Base line and follow-up questionnaire survey with 104 participants, post-intervention one-to-one interviews and focus groups, participant headcounts	<ul style="list-style-type: none"> • DIYH engaged a representative profile of participants in terms of key socio-economic indices - age, ethnicity, employment status. • It was successful in bringing together women and fostering avenues for gaining a better understanding of generational, spiritual, and life experiences variations. • Statistical analysis of paired (before – after) self-reports on psychometric scales showed increase in mental and subjective well-being. <p>DIY Happiness Game</p> <ul style="list-style-type: none"> • 232 residents in 9 Boroughs played game. • Social Media Interactions showed 5279 all-time blog views and up to 969 monthly active Facebook users. • The game received substantial local, national and international press coverage and interest from some psychological, academic and mental wellbeing organisations in using it with their groups.
Mental Wellbeing Impact Assessment (MWIA)	SLaM	Questionnaire survey of 24 of 93 people (26%) trained in MWIA	<ul style="list-style-type: none"> • 89% of respondents said that the MWIA training had increased their understanding of mental well-being. • 87% positively rated the MWIA as useful to their work (i.e. score of 3, 4 or 5 on a 0-5 scale). • 83% would recommend MWIA to others.



Be Creative Be Well
(BCBW)

Richard Ings, Nikki Crane
& Marsaili Cameron

'Realistic' evaluation
using a narrative
synthesis approach with
embedded case studies.

- Over 100 creative activities were developed and delivered
 - 3500 people participated in the project
 - BCBW fostered a new sense of possibility and inspired people to try new things, change jobs, refresh their outlook on life and gain useful creative skills.
 - Many local arts organisations and communities formed enduring relationships
 - Many projects left a legacy of improved physical spaces or resources
 - The use of arts, culture and community festivals attracted people to the Well London programme and its primary themes
 - Projects worked best when artists were embedded in the community and linked to local partnerships and structures
-

4.5 Community level evaluation

Participant and stakeholder experiences

A number of illustrative case studies were developed (see table 3) and interviews with a range of programme participants and key stakeholders were captured both through the multimedia documentation and through the project evaluations (see table 4). These provide insight into participant and key stakeholder experiences of the Well London programme, including the impact they believed it to have had on the health and well-being of the target communities. The interviews were assimilated into a series of short films which can be viewed at: <http://www.welllondon.org.uk/1145/research-and-evaluation.html>. Extracts from these case studies and interviews are presented in section 5.3.

4.6 Programme level evaluation

Process learning

Semi structured interviews were conducted with local area Coordinators at the end of the programme to capture their insights into the facilitators and barriers to achieving community and programme objectives at the local level. A copy of the interview topic guide is provided in Appendix III.

The experiences and learning of the Well London Alliance and delivery organisations were also captured through the quarterly monitoring reports, regular Alliance partner meetings and an end of programme learning workshop. A summary of this programme level process learning has been included in this report.

4.7 Limitations of the evaluation methods

While great emphasis was placed on the importance of robust evaluation of the Well London programme, it is important to recognise that there are still limitations to this evaluation, and that these impact on the conclusions that can be drawn. One main limitation is that the evaluation focused on capturing data on mental well-being, physical activity and healthy eating behaviours, as these were the outcomes sought by the funders. Although additional data collected through interviews and case studies identified a wide range of additional benefits to individuals and communities, information on these outcomes was not systematically collected.

There are also limitations to the information that was collected about the demographics and mental well-being, physical activity and healthy eating behaviours of participants, using the participant questionnaire. This includes the fact that the questionnaire used to gather the information was not a validated tool; the questionnaire was created specifically for the evaluation of this programme, and so had not been tested or validated in other settings, thus it is not known how effective these questions are at detecting actual changes in health behaviours.

It was not possible to ensure that all participants completed the questionnaire, and there may be differences between the types of people and outcomes amongst those who chose to fill in the questionnaire and those who did not. Even amongst those who did complete the questionnaire, many did not respond to all the questions; a large proportion of questionnaire respondents did not answer the questions on health and well-being (it may be that those who did not feel they had benefited left the questions blank).

Also, as well as being subject to the uncertainties outlined below in the underlying numbers of different individual participants, participants reporting positive impacts may be over-estimated, as it is possible that those who attended multiple activities were more likely to report positive changes and were over represented in the questionnaire results. There may also be significant biases due to lower than optimal response rates.

It is also important to note that, because of missing data, it is possible that the large number of females and younger people counted could be due to females and younger people being more likely to complete all sections questionnaire. In addition, questionnaires could be completed at any session, therefore, the higher number of females and young people recorded could reflect the possibility that they were more likely to participate in multiple sessions and projects and over different time periods.

In addition, people were asked to complete the questionnaire immediately after participating in a Well London activity, so it is not possible to know if their reported behaviour changes were sustained in the long-term.

There were considerable challenges in determining numbers of different individual participants from the headcounts and the questionnaire data due to the likelihood that individuals could be counted several times in the headcounts where they attended multiple sessions of the same project or different projects, either in the same, or across different reporting time-periods. While information relating to more than one attendance was collected on the project questionnaire they were insufficient to be confident that the LSOA/project specific adjustment factors used do not either overestimate or underestimate the number of different individual participants. Therefore caution should be exercised in the interpretation of analyses based on numbers of individual participants. Details of the methods for adjustment are available on the website at <http://www.welllondon.org.uk/1145/research-and-evaluation.html>

While a number of independent evaluations of individual projects were commissioned, these were conducted by different evaluators, and each project was evaluated using different methodologies. It is, therefore, difficult to compare between projects to identify which projects were more successful than others, or relative value for money.



5. Evaluation Findings

Summary of key findings:

- Significant numbers of individuals participated in Well London. Headcounts across projects estimated 46,918 attendances at projects and activities. An estimated 17,108 different individuals participated, 5,069 of these were residents in the target LSOAs and most of the remainder in the immediately surrounding natural neighbourhood. The reach of the programme beyond the target area has also been recognised as offering potentially positive opportunities and could be exploited in scaling up the approach over a wider locality.
- Amongst participants returning evaluation questionnaires detailing demographic information there were twice as many female participants as males, and under-19s made up over 50% of all participants.
- Participants reported that projects had helped them improve their health and well-being : 80% reported that they had been helped to improve their understanding of mental well-being; 86% that they felt more positive; 83% helped to increased levels of physical activity; 63% helped to improve access to healthy food and 60% helped to make more healthy eating choices.
- Participants reported additional individual-level benefits they had experienced, including increased confidence; improved knowledge and skills; new education and job opportunities; and expanded social networks.
- Project leads reported a number of wider benefits to the community, such as volunteers and participants being inspired to embark on further education or training, or who gained employment as a result of their new skills and experiences.
- Participants and local stakeholders reported community level benefits, with residents reporting increased levels of community cohesion; increased confidence that positive changes can be achieved; and both residents and stakeholders reporting improved relationships between communities, decision makers and service providers.
- In several areas the programme led to improved joined-up working between local community and statutory organisations, and has produced sustainable legacies, either through sourcing additional funding, or using local volunteers to deliver further activities.

5.1 Participant level evaluation

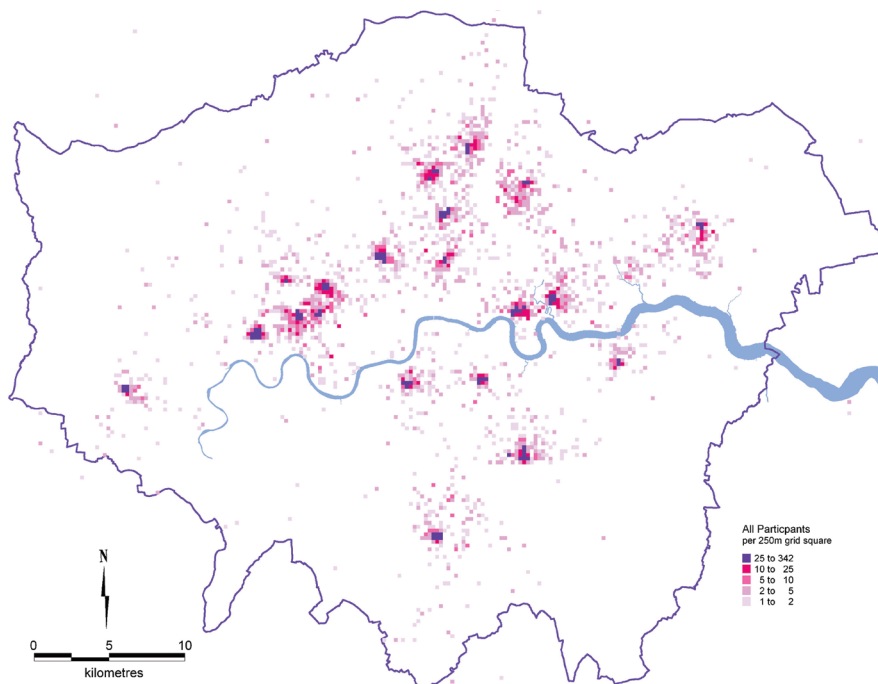
Programme activity, participation and demographics

Over the three and a half-year delivery period of the Well London programme, headcounts of 46,918 attendances were recorded at Well London activities. Thirteen thousand three hundred and fifty nine questionnaires were returned by participants.

Location of participants

The participant questionnaire collected the postcodes of participants, which were subsequently mapped to the target LSOA areas, showing that amongst the 11,074 (81%) of participant questionnaires on which postcodes were provided, 33% of participants were residents of the target LSOAs. The map in figure 2 presents participants by postcode, showing a concentration of participants resident in each intervention area, with many others living in adjacent areas, while others, possibly friends and family of the target area residents, came from much further away.

Figure 2: Map indicating number of participants residing in each 250m square grid.



Age and Gender

Participation also varied by gender and age-group. Age-group was missing in 26% and sex in 13% of questionnaires. Of the 9,297 (69%) participant questionnaires that contained information on both gender and age-group, Table 5 shows the gender and age-band breakdown of participants who completed participant questionnaires, in comparison with the profiles of the target LSOAs, although the different age bands for which the data is available makes direct comparisons difficult. Sixty nine per cent were completed by females, almost 50% were completed by those aged under-20, and less than 5% by those aged over-70.

Table 5: Age and sex distribution of questionnaire respondents

	All Respondents			Respondents living within LSOA		
	Male	Female	M+F	Male	Female	M+F
Percent of all respondents	31.5	68.5		35.8	64.2	
Distribution by Age-group	% of sex	% of sex	%	% of sex	% of sex	%
Percent of sex						
0-19 yrs	71.2	37.5	49.2	68.6	37.2	48.5
20-29 yrs	5.5	11.0	9.1	5.8	11.7	9.5
30-39 yrs	7.3	16.1	13.1	8.5	18.1	14.7
40-49 yrs	5.6	11.7	9.6	5.8	11.9	9.7
50-59 yrs	4.8	8.1	7.0	5.6	7.6	6.9
60-69	3.1	9.7	7.4	3.1	10.9	8.1
70+ yrs	2.3	6.0	4.7	2.6	2.7	2.7

Headcounts and participants.

Project partners reported total headcounts of 46,918 person-attendances across the twenty intervention areas and showed considerable variation between boroughs (range: 1,129 [Barking and Dagenham] -7,029 [Hammersmith and Fulham]). Estimates of the total number of different individuals attending Well London activities over the duration of the project was 17,108 and also showed considerable variation across boroughs (range: 301 [Kensington and Chelsea] -2,942 [Hammersmith and Fulham]). Total individual participants resident in target LSOAs was 5,069, rate per 100 residents of 14.9 overall. There was again variation across boroughs in these rates (range: 2.9 [Kensington and Chelsea] -26.7 [Lambeth])

Headcounts and estimates of individual participation among residents and non-residents of intervention LSOAs, by borough, are shown in table 6 below.

Table 6. Headcounts and estimates of individual participation among residents and non-residents of intervention LSOAs; by borough (not including participation in community engagement activities - see table 8.)

Intervention borough	Intervention area population	Total No. of attendances at Well London activities (headcount)	Estimated total number of different individuals attending any Well London activities	Percentage of individual attenders resident in LSOA	Estimated number of individual attenders resident in target LSOA	Estimated participation rate amongst target LSOA residents
Barking and Dagenham	1,675	1,129	462	10.4	48	2.9
Brent	2,127	1,413	405	58.0	235	11.0
Camden	2,204	1,383	647	30.4	197	8.9
Croydon	1,619	1,885	833	66.5	554	34.2
Ealing	1,669	3,224	1,120	29.3	328	19.7
Enfield	1,726	1,729	728	60.6	441	25.6
Greenwich	1,564	1,933	768	46.6	358	22.9
Hackney	1,273	2,074	730	26.3	192	15.1
Hammersmith and Fulham	1,457	7,029	2,942	10.1	296	20.3
Haringey	1,580	3,265	1,472	18.5	273	17.3
Hounslow	1,668	1,596	464	47.2	219	13.1
Islington	1,855	1,205	572	17.3	99	5.3
Kensington & Chelsea	1,513	1,231	301	19.9	60	4.0
Lambeth	1,791	3,409	1,200	39.8	478	26.7
Lewisham	1,595	2,950	745	26.7	199	12.5
Newham	1,409	2,845	808	13.0	105	7.5
Southwark	1,853	2,807	781	57.1	446	24.1
Tower Hamlets	2,085	2,519	740	28.0	207	9.9
Waltham Forest	1,315	1,322	688	28.8	198	15.1
Westminster	2,124	1,970	702	19.4	136	6.4
All intervention sites	34,102	46,918	17,108	29.6	5,069	14.9

We describe some of the challenges arising from the complexity of controlling for participation in multiple sessions, projects and time periods in sections 4.3 and 4.7. Methods of adjustment are detailed at www.welllondon.org.uk/1145/research-and-evaluation.html

Changes in health and well-being

The Well London programme set targets, in line with Big Lottery requirements, for the numbers of people who would self-report improvements in mental well-being, levels of physical activity and healthy eating behaviours, as a result of participation in Well London activities. The targets were based on a percentage change from the baseline levels of behaviour in the target LSOAs, as reported in routine statistics. The targets were for 5,176 individuals to report improved mental well-being; 4,348 to report increased levels of physical activity; and 4,602 (3,424 adults and 1,178 children) to report increased uptake of healthy eating choices; including enhanced access to affordable healthy foods.

Questionnaire respondents at project sessions provided responses to a series of questions to determine whether the project had helped them in relation to mental health and well-being, physical activity and healthy eating. We used these responses to calculate LSOA/project specific rates for positive responses and applied these to numbers of individual people estimated to have participated in Well London (see table 6). The figures presented in table 7 represent the estimated number of individual participants who reported they had been helped to achieve behaviour change.

Of all respondents:

- 80% reported that they had been helped to improve their understanding of mental well-being;
- 86% that they felt more positive;
- 83% helped to increased levels of physical activity;
- 63% helped to improve access to healthy food and
- 60% helped to make more healthy eating choices.

When these rates estimated for each LSOA/project were applied to the LSOA/project-specific estimates of numbers of individual participants, more than 12,000 individuals were estimated to have been helped to achieve change across every domain.

Considering only residents of the LSOAs, an estimated 3,963 (75% of target) had been helped to improve their understanding of mental well-being; 4,064 (78% of target) that they felt more positive; 4,019 (93% of target) helped to increased levels of physical activity; 4,305 (93% of target) helped to improve access to healthy food and 4,443 (122% of target) helped to make more healthy eating choices.

Uncertainties and potential biases to be considered in interpretation of these findings is covered in section 4.7.

Table 7: Estimated number of individual participants who reported they had been helped to achieve behaviour change.

Health and well-being outcome	No. of individuals	Percentage of questionnaires where question was answered	Percentage of questionnaire responses reporting this outcome	Estimated total number of individual participants reporting outcomes		Estimated number of individual participants from target LSOAs reporting outcomes	
		%	%	No	% of target	No	% of target
Individuals helped to improve understanding of mental well-being	5,176	26%	80%	12,993	251%	3,963	75%
Individuals feeling more positive	5,176	56%	86%	13,259	259%	4,064	78%
Individuals helped to increased levels of physical activity	4,348	56%	83%	13,857	319%	4,019	93%
Individuals helped to improve access to healthy food	4,602	48%	63%	14,196	-	4,305	93%
Individuals helped to make more healthy eating choices	4,602	54%	60%	14,958	325%	4,443	122%

Participant experiences

The interviews conducted with participants through the multimedia documentation and project level evaluations revealed some of the broader ways that the Well London programme impacted positively on individuals' lives. Participants reported that their involvement in the programme had led to increased confidence; improved knowledge and skills, new education and job opportunities, and expanded social networks. They also reported recognising community level benefits, including increased community cohesion between groups with different cultural backgrounds, increased confidence that positive changes can be achieved, and improved relationships with local decision makers and service providers. A concern expressed was that it was unrealistic to expect benefits to be maintained once external professional support was no longer available. The extracts below provide examples which illustrate each of these findings.

M has lived on the same estate for 20 years. She talked about how despite difficulties in the past - including being burgled, harassed and intimidated – Well London has helped her to get out and meet people in her community, improving her mental well-being:

'I've done the [community] gardening, the healthy eating courses... it's brilliant, absolutely brilliant. I did DIY Happiness, too, and every class was different. It was like going forwards, instead of going backwards. I've come out of my shell now. It's just the best.

'I go walking every Thursday; I help out and volunteer with the over-60s; and I'm meeting more people on the estate too... Other than coming here [the community centre], I wouldn't meet other people. You just don't, otherwise. I'm a lot, lot better than I used to be.'

C talked about how volunteering has helped her to gain confidence and improve her English:

'Before [volunteering] I used to be kind of a loner. I wasn't confident in myself. But through Well London and all the training I got through them, I was able to view myself as someone who has confidence, someone that thinks 'I can do this'.

'It also helped me to improve the way I speak. My first language is Ibo - I am Nigerian. When I got to socialise, through Well London, my English improved a lot.'

S talked about how she had gained confidence and changed her future career aspirations since working as a Well London Youth Ambassador:

'I started being a Well London Youth Ambassador about a year ago. I'm 19 and I've lived here... for about nine years. I found out about Well London and being an Ambassador through [the local housing association], and I was really interested because I'm a young person from the area, so I wanted to get involved. Now I get involved in practically everything. When you talk to young people you can understand them and get them involved, so I help them out and support them.

'It's been an amazing experience. I feel a lot more confident talking to people now. It's made me understand what I want to do with my future. I've got an interview coming up with the University of East London to study community work and youth work, and there are other courses I have applied for at five other universities as well, which relate to what I have been doing. I want to get a career out of it and push myself a bit more... now I understand what I really want to do. It changed me a lot. I have goals now and ambitions.'

R completed the Well London Changing Minds course, and now works as a health educator with the charity that delivered the course. He talked about how his life has changed since attending the course:

'A couple of years ago I had a nervous breakdown. I was very lost in my life at the time, I wasn't working, wasn't motivated. Then I saw an ad... for Changing Minds – it said 'this could lead to paid work'. Changing Minds trains people who have or have had mental health difficulties to train others in mental health issues. I thought, 'I can do this'.

'It was incredibly difficult to begin with. I really was down, I was drinking very heavily as well, and taking over-the-counter sleeping tablets. I was out of it most of the time because I was suffering from extremely high levels of anxiety. I was so scared that often I couldn't go to the toilet, I couldn't shower, couldn't eat – I was in a bad way.

'The course was interesting, really well presented and the trainers were really good. Everyone was very supportive and very encouraging. It was very gentle too, which was good for anyone suffering from mental health issues. It's a cliché perhaps, but I wouldn't be sitting here if it hadn't been for that course. I've been well since February. I've had some dips but I have been able to weather them, which I wouldn't have been able to do before.

'Here [at the charity where R now works] I am a health trainer. It would be better I think to call us health advisors or health educators. Our job is to go out into the community and engage with people who can be hard to access, to help educate them about health and the services available.

'There are plenty of projects that I would tell you are just a waste of public money. But I think this was money well spent.'

5.2 Project level evaluation

5.2.1 Heart of the Community Projects

Community Engagement, Assessment, Design, Brokerage and Enterprise project

The community engagement and assessment project reported the outputs listed below.

Outputs

- 40 Community Cafés and 20 Community Action Workshops were held
- 1585 people completed community engagement surveys
- 1008 people attended the Community Cafés
- 505 people attended Community Action Workshops
- 20 sessions of social enterprise support were delivered
- A guide to social enterprise was produced
- A database of local job brokerage and support services was compiled and distributed
- 166 people were trained to conduct surveys for the CRCT
- 118 video workshops were held, with 11 documentary films produced as part of the multimedia documentation project

A review of the community engagement methodology used has been published elsewhere²²

Community engagement participation rates and demographics

A total of 1,008 individuals attended Community Café events, with a mean of 50 attendees in each intervention area.

The intervention area in Tower Hamlets saw the highest attendance rate (110 individuals, 8.4% of the adult population in the target area), while the intervention area in Brent saw the lowest attendance (21 individuals, 1.2% of the adult population in the target area)^b.

In the first year of the programme, informal 'street interviews' were conducted in a number of intervention areas, to provide additional data to that captured during the Community Cafés. A total of 322 individuals were interviewed, with a mean of 25 in each intervention area. The highest number of interviews (40, 3.5% of the adult population in the target area) was conducted in Ealing, with the lowest number (12, 1.2% of the adult population in the target area) conducted in Croydon. A total of 505 people attended the Community Action Workshops, with an average of 25 attendees in each intervention area. The lowest attendance (9 people) was in Lambeth, while the highest (59 people) was in Hackney^c.

Table 8: Participation in initial community engagement activities and year 2 'street interviews'

Intervention Borough	Intervention Area Adult Population	Attendees at Community Cafés		Street Interviews Conducted in Year 1		Attendees at Community Action Workshops		Street Interviews Conducted in Year 2	
		No.	% of pop%	No.	% of pop%	No.	No.	% of pop%	
Barking and Dagenham	1,076	48	4.50	25	2.3	10	41	3.8	
Brent	1,741	21	1.20	37	2.1	19	63	3.6	
Camden	1,516	57	3.80	26	1.7	19	61	4.0	
Croydon	1,245	19	1.50	12	1.0	16	61	4.9	
Ealing	1,140	78	6.80	40	3.5	30	83	7.3	
Enfield	1,205	44	3.70	26	2.2	29	54	4.5	
Greenwich	1,140	43	3.80	-	-	20	65	5.7	
Hackney	1,106	50	4.50	25	2.3	59	64	5.8	
Hammersmith and Fulham	1,475	72	4.90	-	-	16	78	5.3	
Haringey	1,369	31	2.30	-	-	25	37	2.7	
Hounslow	1,143	58	5.10	17	1.5	28	70	6.1	
Islington	1,110	32	2.90	-	-	30	32	2.9	
Kensington and Chelsea	1,465	45	3.10	22	1.5	30	61	4.2	
Lambeth	1,277	40	3.10	-	-	9	81	6.3	

^b All percentages use the target LSOA adult population 2008 as the denominator, although it is noted that some participants in the community engagement process may not have been residents of the targets LSOAs.

^c Community Action Workshops invited local stakeholders, service providers and decision makers to attend, many of who may not have been residents of the target LSOA, and so participation rates in these workshops are not reported as a percentage of the LSOA population.

Intervention Borough	Intervention Area Adult Population	Attendees at Community Cafés		Street Interviews Conducted in Year 1		Attendees at Community Action Workshops	Street Interviews Conducted in Year 2	
		No.	% of pop%	No.	% of pop%	No.	No.	% of pop%
Lewisham	1,181	33	2.80	15	1.3	16	72	6.1
Newham	1,189	41	3.40	-	-	40	85	7.1
Southwark	1,323	50	3.80	28	2.1	32	35	2.6
Tower Hamlets	1,312	110	8.40	-	-	30	78	5.9
Waltham Forest	1107	46	4.20	31	2.8	16	64	5.8
Westminster	2063	90	4.40	18	0.90	31	78	3.8
All intervention boroughs	26,183	1,008	3.80	322	1.2	505	1,263	4.8

A further 1,263 informal ‘street Interviews’ were conducted in the second year of the programme, with an average of 63 in each area. Demographic data collected during the ‘street Interviews’ shows that the majority (59.1%) were conducted with females, and 29.1% were conducted with males, with gender not recorded for the remaining interviews. A small proportion (3.4%) of interviews were conducted with those aged under 16; almost 14.6% with young people aged 16-24; a third (34.1%) with those aged 25-44; 16.4% with those aged 45-64; and 7.5% with those aged 65 and over. Of the 1263 people interviewed in the second year, 286 (22.6%) reported that they had already heard about the Well London programme.

Key themes emerging from the community engagement in each target area informed the design of each of the local projects and programme.

Key cross cutting themes emerged across all target areas:

- a lack of ‘sense of community’
- concerns about young people
- community safety
- language barriers
- lack of activities and/or information about activities
- under-utilisation and cost of community space
- the need for empowerment and improved community capacity

Findings from the community engagement, with a focus on community perspectives on barriers to community cohesion have been published elsewhere²³

Action on all of these community identified needs and issues were addressed as cross cutting themes through the further detailed design of all of the Well London projects.

Well London Delivery Team project

The Well London Delivery Team project reported the output listed below. While each Delivery Team was unique, and responded to the unique needs of the local community, the case study below, gives an example of the types of activities carried out by the delivery teams.

Outputs

- 400 volunteers were recruited and offered accredited Health Trainer training
- 172 volunteers completed the Health Trainer training
- Over 2000 people were engaged by the volunteers, and referred to relevant local services

The Well London Delivery Team in Hammersmith and Fulham

The Well London Delivery Team in White City in Hammersmith and Fulham carried out a wide range of activities within the community. 18 were trained to RSPH NVQ level 2; 12 trained in mentoring; 14 gained paid employment; 4 were trained and employed as Smoking Cessation Advisors; 4 graduated as Physical Activators; 6 were trained and engaged as cancer ambassadors; 1 gained work placement with NHS Hammersmith and Fulham Public Health Directorate.

1200 residents engaged to attend community events; over 400 referrals to Smoking Cessation Services; 30 healthy cooking and eating sessions delivered; numerous referrals to cook and eat classes; 6 community engagement events organised where Health Trainers undertook Health checks on over 200 residents; over 1000 residents participated in physical activities sessions led by the Physical Activators; 20 residents enrolled into a Do-It-Yourself Happiness project.

Youth.com project

The Youth.com project reported the outputs listed below. The independent evaluation of the project identified that the project had positive impacts on the Young Ambassadors themselves and had helped to engage young people in Well London activities; however the project had little success in influencing the design of wider projects with impact on young people. The case study below gives an example of one of the Youth.com projects.

Outputs

- 20 Young Ambassadors were recruited, trained and supported in each intervention area
- 2421 young people aged 13-25 were engaged through the project
- 50% of all residents engaged in Well London projects were 19 or under
- The Well London Community World Cup football tournament was developed and delivered

Key evaluation findings

The Young Ambassadors:

- have developed a range of personal skills including communication and project management skills, and have enjoyed and valued the opportunity to participate
- have been supported to implement their own project ideas and become active citizens
- have encouraged participation from other young people in their communities (although it is not known if those who were encouraged to participate included young people who were previously disengaged from community activities)
- have not demonstrated success in influencing wider projects which impact on young people

The Youth.com project in Croydon

The Young Ambassador in Croydon, K, was already an engaged member of the community, being a Youth Leader at the local Resource Centre, helping out with football training, and representing young people's views at community meetings. He volunteered to become the Young Ambassador because:

'It would bring the community together and give the kids something to do. It would give me experience and help with my career. Plus, it would give me support to set up some of my ideas.'

K's project idea was to organise a series of regular football sessions for young people, developing this over time into a Football Academy, which takes a holistic approach to football, educating people about healthy eating and career opportunities as well as sport. He was also aware of the wider benefits that the project could bring to young people and the community:

'... for the kids, to be a team brings them together... They're safe, they're not judged, they're there to have fun. I'm also hoping that the Mums and Dads will get involved.'

Training Communities project

The Training Communities project reported the outputs listed below, which included coordinating and delivering training to three of the other Well London projects. The case study below gives an example of some of the personal and group training packages that were delivered.

Outputs

- 172 people received accredited Health Trainer training (RSPH Level 2)
- 19 people received accredited Community Activator training
- 93 people were trained to carry out Mental Well-being Impact Assessments
- 516 Personal Training Packages were supported, including, for example: training in photography; music therapy; counselling; exercise and nutrition; football coaching; family mediation; child minding; IT; first aid; diabetes and diet management; stress management; community interpreting; maths. A number of Group Training Packages were also supported, including, for example: training in bee keeping; chair based exercise; circus skills; community development leadership; cookery; DIY for women; film making; food hygiene; jewellery making; life coaching; parental skills; printmaking; public speaking; sewing; steel pan music; and zumba

- Personal training packages were highly regarded and very popular and, in many cases, led to new qualifications, to further education and training and to employment.

The Training Communities project in Hackney

The Training Communities project in Hackney provided a personal training package of piano lessons to a resident who wanted to refresh his piano playing skills. In return the resident used the newly improved skills to teach piano playing to other local residents. The project also provided a group training package of 'DIY for women', who wanted to learn basic DIY skills so that they could better maintain and improve their homes. Thirteen women received training in painting, tiling, carpentry, and the use of fixtures and fittings.

Wellnet - Learning Network project

The Well London Learning Network (Wellnet) reported the outputs below.

Outputs

- 426 people attended local network events (target was 350 people)
- 523 people attended London-wide network events (target was 200 people); 82% of participants felt their confidence/ abilities to deliver projects that promote and measure well-being had been enhanced; 90% reported that their level of new learning was good, very good or excellent.
- 15,402 people visited the Well London website (target was 2500 people)
- 1770 people subscribed to the Well London E-bulletin (target was 500 people)

Active Living Map project

The Active Living Map project reported the following outputs:

Outputs

- 3 editions of paper Active Living Maps were produced in each intervention area
- 16,000 copies of each edition were delivered across the 20 intervention areas
- 1010 people visited the Active Living Map website
- 4 training and evaluation sessions were held for Well London partners and delivery teams

5.2.2 Themed Projects

Activate London project

The Activate London project reported the outputs below. The independent evaluation found that the vast majority of participants had attended 6 or more sessions of physical activity, and that several of the community activators planned to continue using their training to benefit the community, beyond the lifetime of the Well London programme. The case study below gives an example of a project that was designed to increase levels of physical activity amongst women from Black and Minority Ethnic groups.

Outputs

- 25 Community Activators were recruited and trained to provide physical activity opportunities
- 165 sports and physical activity programmes were delivered
- 65 football teams of young people participated in the Well London Community World Cup
- 1000 people of all ages attended the Well London Community World Cup

Key evaluation findings

- The Community Activators recruited a diverse range of 380 participants to their sessions, the majority of whom were previously inactive, or had low levels of physical activity
- 80% of survey respondents had attended 6 or more sessions
- 79% of survey respondents said they would continue to be physically active after the activator programme ended
- 10 of the Community Activators planned to continue the activities they had developed, by linking with other local organisations or sourcing additional funding, or working in other areas of community volunteering

The Activate London project in Hammersmith and Fulham

This project created opportunities for women-only physical activity sessions, addressing the cultural sensitivities that had previously prevented participation and also using the physical activity sessions to integrate healthy eating and general well-being approaches into participants' lifestyles.

Although women-only swimming classes were already available in the local area on a weekly basis, local women wanted a greater range of women-only physical activity opportunities. The Activate London project consulted with local women from Black and Minority Ethnic backgrounds, using existing local networks, to explore what types of physical activity would be of interest. Once activities had been chosen and instructors recruited, classes were promoted via word of mouth and outreach to schools, homes, clubs and centres, as well as by posters, flyers and newsletters.

In addition to promoting physical activity, the sessions promoted healthy eating, providing water, fresh fruit and vegetables for participants to eat after exercise. Weighing scales were also made available, so that women could monitor their progress towards achieving a healthy weight.

Over 200 local women took part in the activities, with 85 taking part in Salsa, 82 in aerobics and 45 in yoga, with the majority of participants reporting positive changes in healthy behaviours and mental well-being.

BuyWell project

The BuyWell project reported the outputs below. The independent evaluation of the project found that the project had resulted in increased fruit and vegetable sales in participating shops, and increased consumption of fruit and vegetables by survey respondents. The case study below gives an example of how projects can be sustained beyond the lifetime of the Well London project.

Outputs

- 7251 people participated in the project (target was 6920)
- 15 businesses were supported to introduce healthier products
- 5 new community food co-ops were set up
- 1 new community café was set up
- 1 refugee food programme was set up

Key evaluation findings

- Fruit and vegetable sales increased by an average of 60% across the 15 intervention businesses.
- The most successful stores were the ones where managers had good community links, and where new chillers were purchased to display fruit and vegetables
- Customers reported feeling more positive about their local store after the changes
- Customers reported eating more fruit and vegetables after the changes

The BuyWell project in Lewisham

The Bellingham Food Co-op was set up to improve the availability and affordability of fruit and vegetables in the local area. High local levels childhood obesity meant there was strong local stakeholder support for interventions to encourage healthy eating. A questionnaire was used in local schools, and during the Bellingham festival, to explore demand for a local food co-op, including gaining information about what produce local residents would like to be able to buy.

Well London supported a local community organisation to set up two weekly fruit and vegetable stalls within the neighbourhood, with one hosted by a local primary school, and the other by an older people's housing project. In addition to selling affordable healthy food, the project also provided a series of healthy eating sessions for children and parents. The stalls continue to run on a weekly basis, staffed by volunteers, with on-going support provided by the local community organisation.

EatWell project

The EatWell project reported the outputs below, showing that they exceeded their participation targets by over 100%. The case study below highlights some of the additional benefits that participants gained from attending the 'cook and eat' course, which included new friendships.

Outputs

- 11,794 people participated in the project
- 1671 people attended Cook and Eat sessions (target was 400)
- 10,542 people attended Community Feasts (target was 4000); these were highly successful in fostering intergenerational participation and promoting all Well London projects, not just healthy eating.
- On average, across 'cook and eat' programmes, there was a 50% increase in weekly fruit and vegetable consumption reported by participants (equal to an extra portion of both fruit and vegetables per week) increasing their 'five-a-day' by at least two portions.

The EatWell project in Newham

This Cook and Eat course provided local residents with improved knowledge and awareness about healthy eating and cooking, delivering three phases of six weekly sessions. Each session was three hours long, and included group discussions and practical cooking experience.

By the end of the course, more people said they knew where to access information about healthy eating, and most wanted to make a change to their lifestyle. Participants also reported having made new friends; being more likely to attend community activities in the future; and having shared their new knowledge and skills with friends and family outside of the course.

Changing Minds project

The Changing Minds project reported the outputs below. The independent evaluation found that participants reported improved health and well-being and improved personal relationships and career prospects. The evaluation was conducted almost two years after the project ended, suggesting that these benefits had been sustained beyond the lifetime of the intervention. The story of one of the participants in the Changing Minds project is given as an example of participant experience in section 6.1 of this report.

Outputs

- 4 organisations were trained to deliver Training the Trainers courses
- 35 people completed Training the Trainers courses
- 75% of those trained went on to deliver Mental Health Awareness sessions
- 216 Mental Health Awareness sessions were delivered in 18 intervention areas
- 1200 people attended Mental Health Awareness sessions
- 12 Mental Health Awareness events were held in 4 intervention areas
- 6 learning networks were run for local mental health organisations and trainers
- A Changing Minds DVD was produced, outlining the work of the project

Key evaluation findings

- Participants reported:
 - o a range of improved health and well-being outcomes, including improved mental well-being and confidence; improved physical health; higher levels of physical activity; reduced use of medication and health services; improved sleep and weight loss
 - o improved family relationships and social networks
 - o further pursuit of education, volunteering and employment opportunities
- The 'Social Return on Investment' of the project was calculated as being £8.30 for every £1 spent.

DIY Happiness project

The DIY Happiness project reported the outputs below. The independent evaluation found that the project had engaged women from a diverse range of backgrounds, and that participants reported improved mental well-being after participating in the project.

Outputs

- DIY Happiness workshops were delivered in 19 intervention areas
- 320 women attended the workshops
- 60 Dare-to-Dream initiatives were delivered, including DIY family happiness; physical activities; creative activities; day-trips and camping

Key evaluation findings

- The project engaged women from a range of age, ethnic and socio-economic and groups
- Participants reported improved mental well-being following participation in the project in before and after psychometric tests.
- Participants reported greater optimism, resilience, improved personal relationships and greater appreciation of the importance of social connections

The DIY Happiness project in Croydon

Women who participated in DIY Happiness were given small pots of funding to use to improve the health and well-being of themselves and their communities. Two of the participants in the Croydon project decided to pool their funding in order to set up a Tai Chi class for local residents. The class has been running for six months, has a good attendance rate, and has secured additional funding from Age UK to allow it to continue once the initial Well London funding runs out.

The two residents who set up the course say that participating in the DIY Happiness project made them more confident, more sociable and more connected to their communities. Their comments included:

'[the course] taught us to connect, to meet people, to be active... I've [also] started doing up the garden behind my flat because now I feel it is my duty,'

and:

'I now find I can go from house to house, chatting to people... I have met a lot of people since.'

Mental Well-being Impact Assessment project

The Mental Well-being Impact Assessment project reported the outputs below, showing that it did not quite meet its targets for number of participants in training sessions and workshops. The independent evaluation however found that the vast majority of people who were trained reported having an improved understanding of mental well-being after the training,

Outputs

- 94 people were trained in Mental Well-being Impact Assessment (target 100)
- Impact assessments carried out by on a range of Well London and other projects
- 326 people attended 31 Mental Well-being Impact Assessment workshops (target 400)
- Findings from the impact assessments used to shape Well London projects
- A learning network of Mental Well-being Impact Assessment practitioners was established
- 5 learning network events were held

Key evaluation findings

- 89% of participants in the training reported improved understanding of mental well-being
- 82% of participants in the workshops reported improved understanding of mental well-being
- Findings from the assessments were used to shape a number of Well London projects
- Delays with other projects meant assessments could not always be carried out as planned

The Mental Well-being Impact Assessment project in Westminster

A Mental Well-being Impact Assessment was conducted on a yoga project, and findings from the assessment were used to make changes, including improving publicity; communicating the benefits of yoga more clearly; running taster sessions; and introducing a new mixed-gender class at the weekends, to increase participation. Following these recommendations, increased levels of participation in the project were seen.

Healthy Spaces project

The Healthy Spaces project reported the outputs below. The case study below shows how one of the major improvement projects was carried out, and the number of local people who got involved in the project.

Outputs

- 3 major and many smaller environmental improvement projects were carried out
- £375,000 of match-funding was raised

The Healthy Spaces project in Brent

The project began with community consultation to find out what improvements local residents would like to see in the area's open spaces. The Tubbs Road Pocket Park was identified as an area that could benefit from improvement. The project then worked to engage the community in an appreciation of existing open spaces, with activities such as health walks; trips to other open spaces; bird box and feeder building; and hanging basket making. At the same time the project worked to raise the additional funds that were needed for the improvement of the Tubbs Road Pocket Park. They were successful in raising £89,000, two-thirds of which was raised from sources outside of the Well London programme. A range of consultation activities were carried out, to develop a design brief for the park which reflected people's aspirations for the space.

During the process:

- 25 adult and 6 young residents participated in the park design process
- 250 people participated in workshops and events
- The project won a £1000 prize in the London Health Commission Awards, which residents plan to use to pay for a festival in the newly developed park

Be Creative, Be Well project

The Be Creative, Be Well project reported the outputs below. The independent evaluation found that the project left behind a legacy of relationships between communities and local arts organisations, and a physical legacy of improved community spaces.

Outputs

- Over 100 creative activities were developed and delivered
- 3500 people participated in the project

Key evaluation findings

- Many local arts organisations and communities formed enduring relationships
- Many projects left a legacy of improved physical spaces or resources
- The use of arts, culture and community festivals attracted people to the Well London programme and its primary themes
- Projects worked best when artists were embedded in the community and linked to local partnerships and structures

The Be Creative, Be Well project in Waltham Forest

Local artists developed a portable drawing studio, the 'drawing shed' – that could be set up in different venues, providing materials and space for drawing. The drawing shed was wheeled around the community and workshops were held in various locations to get people talking and drawing together. Around 200 people participated in the six workshops. The project received positive feedback from residents and staff:

"Every borough should have a drawing shed... if I could come here and draw every week I'd sort stuff out that I can't do in other ways - it makes me feel calm." - local resident

"I think the Drawing Shed project is brilliant... it's got some of the young men in here out of their rooms – drawing and actually talking about themselves and their problems... it's shown us that they are also really talented." – community worker

5.3 Community level evaluation

Participant and stakeholder experiences

The evaluation also sought qualitative information on the community level impact of the programme. Interviews were conducted with participants and stakeholders as part of the multimedia documentation, who talked about the benefits they had seen in the communities where they lived or with whom they worked.

Residents talked about improved community cohesion, reduced antisocial behaviour, and improved relationships with local decision-makers.

Stakeholders, including a head teacher; the police; public health professionals; and a local councillor, described how the Well London approach had been different to the ways in which they and other organisations had worked in the past, and how they believed it was this new approach that led to community improvements. Both the police and public health professionals talked about how they felt the programme had helped improve relationships between communities and services providers; and the public health professionals talked about opportunities to continue or replicate the work, beyond the lifetime of the programme. Concerns were also expressed over the short-term nature of the intervention, and the likelihood of benefits continuing once the Well London programme was over.

C (a resident) talked about how people in her area are now more keen to get involved in community decision-making processes:

"Because of Well London, community cohesion has improved a lot. People are now coming out and voicing their opinions. Before, when we had a residential meeting we'd only get two or three [attendees] – now we get 12 or 13 people each time and more are joining in.

W (a resident) talked about how Well London's support for his gardening enthusiasm has brought people together, created new healthy eating opportunities, and reduced anti-social behaviour by young people:

"When I first got to the flat I thought that most people would kill for a garden that size, but I found that most people had never even been out there, or even thought about it, and neither had they really spoken to each other.

"I decided to transform it into something to enjoy and also give the neighbours something to eat. In conjunction with housing [the local housing association] and Well London I got support to build a small veg patch that now has planted flowers and vegetables and attracts admiring comments from neighbours across the whole estate. People stop and talk to me. Even the kids have stopped jumping the fence and running through the garden. Most importantly it has got people talking together.

"I want to see more people in the area taking responsibility for the green spaces, if they don't it becomes waste ground and tipping spaces, I want to get people talking, sharing and respecting each other. My gardening has been a perfect way to do it.

There are loads of benefits to this - most people have never grown a green thing in their lives. People just need to get out there and start doing.

'And now thanks to Well London I am continuing to learn more about horticulture as part of my personal support package [for training]. I am gaining more confidence with the skills I have and my neighbours will naturally benefit from this.'

P (a resident) runs the kitchen in her local community centre. She talked about her experience of winning a prize for the 'healthiest and tastiest meal' in the Community Cook-Off, and how her learning from the Well London EatWell project can be used to improve the health of her community:

'The win makes me feel like a world champion. I've learned a lot from this course - not eating a lot of salt, sugar and fat, and doing lots of activity and exercise. I now cook without adding salt or sugar, and if they [the customers] ask for it, I tell them they don't need it. I've worked here for 12 years - I can start championing it [healthy eating] here.'

B (founder of her local Resident's Association) talked about how the local park that was refurbished as part of the Well London Healthy Spaces project has helped to bring residents of different cultures together. She also talked about the importance of external professional support:

'The park has been a real focus for the community. It will be even more so in the summer. Our group is so diverse, there are people from all communities - Croatian, Ghanaian, I'm German - we are hugely mixed and the park has really pulled people together. People say hello to each other in the street now, and that is a huge thing. Well London has brought the community together to make rewarding things happen, and it has worked really well. In this area a number of different communities and community groups have started to come together and that's a very important development.

'[However] It's a false economy that people who are working, who have families, who are busy with life will be able to do these things by themselves [without professional support].'

L (a member of the Resident's Association) talked about how the project has made people realise that positive changes can be achieved:

'The park has improved people's well-being. Not only that, but when we were door-knocking about having the park done up, people were a bit negative to start with - they thought nothing would be done. But now people have seen the result, they have more belief that things can be done.'

R (a resident) talked about how Well London had helped to improve his community's relationship with local decision makers and service providers, how it has reduced antisocial behaviour, and left a sustainable legacy:

'The TMO [Tenant's Management Organisation]... didn't have a great relationship with the council. What Well London did for us was bring us out of our isolation. It changed the perception of us [the residents]; I think we were seen [by the council] as battling tenants, always moaning, and so it was a wonderful thing for us, in that final year and a half of Well London, to get that recognition from [the local] council. We went from being seen as people who were always demanding things to people who could bring in something new.

'We had kids playing football in the car park here, banging against cars. So using money from Well London we got a football coach in, to get them to go into the park and play about, and take ownership of a park that they had been frightened to go into. We built their confidence with the coaches and took them in there. It changes what we [the TMO] are - we can help out instead of just enforcing rules.

'I do think it's been a success. The boxing club sustains itself now; we trained our caretaker here to quite a high level in the boxing club and we have five trainers now, so we no longer have to pay because we can train people ourselves... we've got 12 young people on the boxing course. We've got much more capacity now to do things.'

R (a head teacher) talked about the Well London legacy of volunteering, and how the programme had listened to local people and responded to their needs:

'The real legacy of Well London is the volunteers, those people who live on [the estate] rather than us who waft in and do what we do. It's the people on the ground who is the really powerful movers.

'They [the estate residents] are taking the time to get to know each other, and Well London has made that happen. By purely having health as its focus and not trying to tell people how it should be from the top down, but taking the time to listen, which is the hard bit, and to then respond to local demand - that's where Well London has trod very carefully. It is genuinely ground-up, and that is very novel.

'Out of all the projects I have been involved in, this has the capacity and potential because of the groundwork that Well London has done, to really do something positive.'

R (a police borough commander) talked about how he believes the Well London programme is an example of the 'Big Society' ideology:

'The prime minister is talking about the big society, and here it is. I know there are still issues out there, but [Well London] has made a great difference to the area.'

B (a police sergeant, and member of the local Safer Neighbourhoods Team in the same borough) talked about the change in relationship between residents and the police:

'Well London has helped to bring this community together for the first time. They [the community] are taking back their estate. We used to find that residents wouldn't call things in. We were struggling to get people to trust the police. Now we are speaking to each other. If it wasn't for [the local Well London co-ordinator], we wouldn't have that network. She works non-stop. She is helping the community to trust the police and that has helped us take the estate back.'

S (a public health professional) talked about what his organisation has learned from the Well London approach, and how he believes the Well London Delivery Team's Health Champions have helped to improve the health of local residents:

'Something I have observed personally is that, whereas before, when a professional like me wanted to do a project on, for example, cervical screening, I would sit down, write a leaflet on what it is supposed to look like and just go out and do it. But with this project, before the delivery team decided what projects to do, they sat down with the residents and asked them to identify their priorities.

'More and more I am seeing that we are adopting that approach. We are expanding the role of Health Champions to signpost [to] health and social care services. Now instead of saying to the champions: 'These are the social care services that you will be signposting residents to', we are talking to the residents and asking them what services they want. We are inviting residents to become co-producers and co-designers of the services they want. Residents are more receptive to that [approach]. They become active participants rather than passive recipients.

'I have just finished an evaluation of the health champions aspect of the Well London project. It asked: 'Have the health champions been successful in addressing the public health objectives?' And they have. They have made significant inroads in supporting public health objectives in [the borough], and they have been successful in addressing health inequalities and improving access to healthcare services. What the evaluation also shows quite strongly is that the health champions have established a two-way communication between residents and service providers. They provide the community intelligence that then informs service delivery. There is always that bouncing back of ideas. It is really working well.

'There is a push from the borough to replicate this model in other areas, such as adult social care. No decision has been made, but the indications are good so far.'

K (a public health professional in a different borough) talked about the legacy that the Well London programme has left behind:

'[Well London] has had a great impact on the residents in this community. [It] has established community cohesiveness, provided information and knowledge on opportunities available, and has built the residents' confidence and skills.

'Well London has brought this community together and the residents are very keen to carry on the work that has been started. I think there is momentum to keep it going... the residents is very enthusiastic about the work Well London has started.'

J (a local councillor) talked about the benefits his community has seen, but voiced his concerns about the relatively short-term nature of the programme:

'... A drama group... did a wonderful production at Harlesden Methodist church, of an American play called 'Our Country's Good', which was all played by teenagers from local schools. The other big thing was the pocket park... there was a space where you'd expect there to be two houses, and they've turned it into a park. The park project and the theatre project have been very successful.

'What has been frustrating is that it took [the local Well London coordinator] quite a long time to get to know the area, and after she's done all that hard work of getting to know the area, it's coming to a halt, which is a bit of a shame. That's probably the worst aspect of it - the stopping and starting.

'It's very difficult to get to know an area like this - it changes all the time, and there are so many different communities. If you're doing community projects you need to work out who to talk to, and who will engage with you. It's a terrible shame that all that knowledge is acquired, and then it goes.'

5.4 Programme level evaluation

This section outlines some of the findings, observations and learning of the Well London Alliance, which was identified through end of programme interviews with the local Coordinators (who were employed by Alliance partners) and also from information that was shared at partnership meetings and in the end of programme workshop for partners and delivery organisations. The observations and learning have been divided into key topic areas of: establishing community links; using co-production to develop and deliver projects; rolling out the projects; supporting community cohesion and development; working with young people; ensuring good communication; influencing stakeholders; and project sustainability.

Establishing community links

The Well London Delivery Teams were designed to be the main link for the Well London programme with the local communities. Once set up, the delivery teams proved strong catalysts for the development of further programme activities. However this project took time to be developed and there was a considerable delay before initiation and successful recruitment of these volunteer teams in many of the areas, which impacted on the delivery of the rest of the programme. The main learning for the Well London Alliance was the importance of establishing these teams as early as possible, and providing them with continuing support throughout the programme's duration.

Using co-production to develop and deliver projects

The funding for the Well London programme required the overall programme of projects to be decided upon before funding was allocated. This meant that while a co-production process could be used to decide the local portfolio and the design the finer points of each project, communities were not able to influence the types of projects that were available, as these were already pre-determined. Where possible, local people were recruited and trained to deliver the projects; however, the need to deliver all activities within the timescale of the funding meant that this was not always possible.

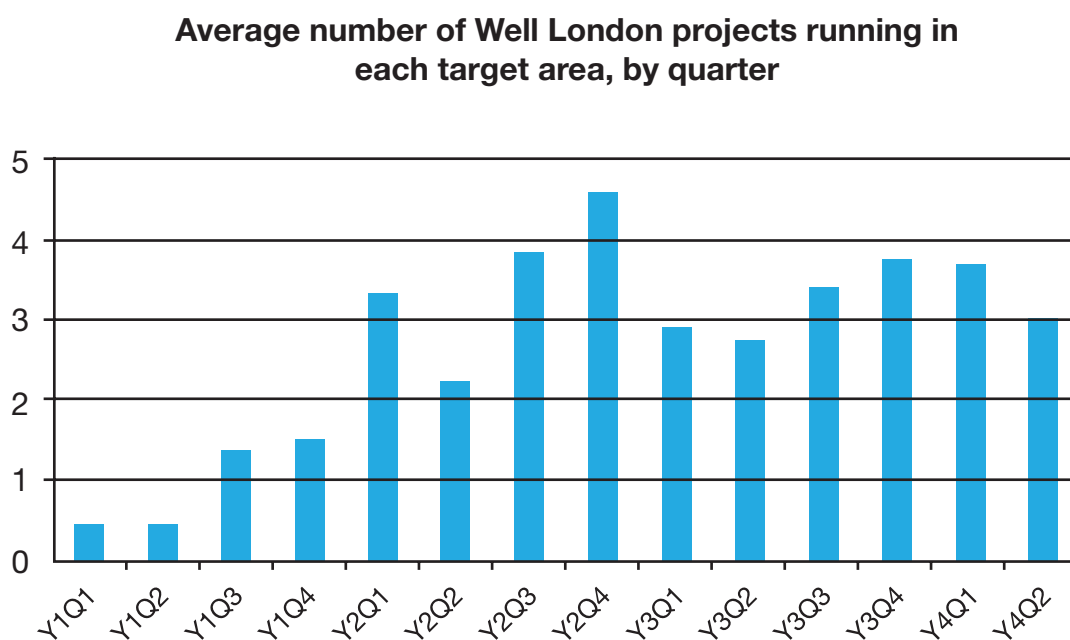
Rolling out the projects

Due to the large number of intervention areas, the programme was initiated in two waves starting in October 2007. Initial community engagement activities were delivered in nine areas in the first two quarters of project year one and not completed in the remaining eleven areas until the first quarter of the second project year. Thus the programmes in eleven of the intervention areas were delivered within a shorter timescale, as all delivery had to be completed by the end of the second quarter of project year four.

In addition, some projects experienced a delayed start due to a lengthy period of development for some of the projects. It is also of note that the Well London Delivery Teams, which were felt to be integral to the running of the programme, were not recruited until the third quarter of year two in most areas

Figure 3 below shows the average number of projects (including the initial community engagement work) running in each of the 20 intervention areas over the three and a half year period of programme delivery. A more detailed chart showing which projects ran in each area in each quarter can be found in Appendix IV.

Figure 3: Average number of Well London projects in each area by quarter



Improving community cohesion

The programme's objectives included those of building community cohesion; stimulating community networks, and integrating with and adding value to work that was already going on locally. While the extent to which community cohesion was improved is difficult to evaluate, a number of examples of community organisations working more closely together and pooling resources to maximise community benefits were identified. Some examples are outlined in the box below.

Examples of community organisations working together

Ealing

Partnerships between a number of local community organisations, including Acton Community Forum; CAPE; the local Restorative Justice Team and the Young Offenders Team have provided a wide range of activities and encouraged inter-generational skill-sharing.

Hackney

The Garden Committee; Green space Management; Groundwork; and Manor House Development Trust have established a strong working relationship to deliver improved Healthy Spaces. There have also been other partnership links formed, between Access Sport and Manor House Development Trust; between Manor House Development Trust and STA Bikes, who are looking to set up a permanent base in the local community centre; between Hackney Homes Tenants' and Residents' Association and the Luncheon Group who are working to secure additional funding; and between Genesis Housing and the Housing Association Charity Trust, who are planning to deliver a programme of art, music and dance events.

Waltham Forest

The Hoe Street and Wood Street Network of Service Providers Group was facilitated by Well London, leading to increased membership and participation. A Youth Service Providers sub-group was also established, and is now being run by the local YMCA.

Working with young people

Initial community engagement work identified that while communities may perceive young people as a problem, they are also concerned for them, and wish for them to become actively engaged in activities to help them fulfil their potential. The learning from implementing the programme included the fact that young people are often the best placed to engage both with their peers and local youth services, in order to ensure that young people's needs are being met. The programme also found there were benefits of engaging young people in intergenerational projects, as well as those specifically targeted at the youth age-group.

Ensuring good communication

In the initial phase of the programme it took some time to develop and establish good communications between the Well London programme and local residents and stakeholders. In particular, there was a lack of coordinated communication between the different Well London projects that were running within each area. Strong 'branding' also took time to be established and with residents often being informed about each activity separately, they often did not realise that separate activities were all part of the wider Well London intervention programme. There were also some initial problems with communication between individuals working at different levels within the Well London programme, which exacerbated the sub-optimal local level project coordination; however, the lines and networks of communication improved over time. Communications with external stakeholders, including the Big Lottery Fund; the media; and London-wide policy makers; ran more smoothly, with the majority of external communications handled by the London Health Commission. The main learning for the Well London Alliance was the importance of setting out clear internal and external communications channels and branding requirements at the start of the project; ensuring all members of staff and external partners were made aware of these channels and requirements; and allocating adequate resources for external communications.

Engaging with local services and decision makers

One of the aims of the Well London programme was to share findings and improve community relations with local services and decision-makers. The box below outlines a number of examples of where this was done.

Examples of engaging with local services and decision makers:

Barking & Dagenham

Well London raised awareness of the lack of services in the local area with statutory organisations. Some local targeted programmes have been started, including a project to raise the aspirations of young people to continue in education and to access training and employment opportunities.

Croydon

The local resource centre is now being used as a training venue, and there are plans for a Sure Start Mother and Toddler Group to be set up in the same venue.

Greenwich

Residents have started to attend the Safer Neighbourhood Panel and more crimes are being reported to the police. There are better connections with the Borough Participation Team, the local School Cluster and NHS Greenwich. Residents report an increased understanding of local politics.

On-going volunteering and employment

The Well London Delivery Teams were made up of volunteers from each of the intervention areas, and some of these teams continued to exist after the Well London intervention ended, with the team in Brent setting up as a Tenant's and Resident's Association, and the Croydon team being absorbed into the Well London co-host community organisation. In addition, a number of other participants from the Well London programme have gone on to find alternative volunteer roles, including, for example, some participants from the Be Creative, Be Well project going on to attend a formal volunteer training programme run by a local arts organisation; and some participants from the EatWell project volunteering in their local school farm. As well as volunteering, a number of Well London participants have gone on to find paid employment, including jobs as a football coach; physical activity instructors; health trainers; a youth worker; a teaching assistant; a community development officer; expert patient programme tutors; a chef; and a variety of other, mainly community based, roles.

Project sustainability

While some of the Well London funded interventions came to an end with the end of the programme, many found alternative funding sources. In addition, many of the mental well-being; healthy space; and arts projects left a community legacy that did not require continued funding. Participation in the DIY Happiness project continues to provide inspiration to many of the women with whom it worked. Many of the sports and physical activity programmes commissioned through Activate London have been continued by local authority providers, or through the work of the Activators within the community. Healthy Eating programmes are embedded within a number of the communities, through on-going Cook and Eat sessions or continued access to local food cooperatives. A number of the Healthy Spaces projects have secured further funding or support; however, all continue to provide a healthy space for local residents. Following the work of the Be Creative, Be Well project, local people in many of the intervention areas continue to be engaged, and engage others, in arts and cultural programmes. The box below provides examples of some of this legacy work.

Examples of activities continuing beyond the lifetime of the Well London programme

Hammersmith and Fulham

A group of local residents including Well London volunteers have come together to form a new group called the Community Transformation Partnership. The group aims to organise physical activities and social events for the community once the Well London projects have come to an end.

Haringey

The community has linked up with the Haringey Timebank and the congregation of St Mark's Church, along with Noel Park conservation & residents' groups, and are planning a gardening group to tidy up the church grounds. The same residents have taken over the care of the newly planted horse trough on Gladstone Avenue and are working with local businesses to care for the other new planted areas.

Newham

A Friends of Ascot Hall Group has been established, which will support on-going delivery of health and well-being activities and projects. They have applied for funding to purchase and renovate the hall and to improve the surrounding green space.

Waltham Forest

Members of the Well London Delivery Team and DIY Happiness projects came together to form a new group - Ask Frida - to improve health and well-being on their estate. Well London has helped a local church to develop a mentoring programme for young people at risk of joining gangs, and has established new links between residents in Attlee Terrace and The Drive, through the local YMCA.

6. Discussion

The Well London programme was set up to improve health and well-being using a community development approach in deprived areas of London. It was funded by the Big Lottery Well-being Fund, which sought improvements in individual levels of mental well-being, physical activity and healthy eating behaviours. The Well London Alliance, however, sought to improve not just the health behaviours of individuals, but the wider social determinants that affect the health and well-being of whole communities. This approach recognised the cyclical links between deprivation and health, with deprivation impacting negatively on health and poor health and well-being resulting in low levels of educational attainment and employment, which in turn lead to high levels of deprivation and poor health and well-being.

The Well London programme chose to improve health and well-being using a community development approach, empowering local people to participate in the issues that affect their lives, in line with the current government's Big Society and Localism agendas. The programme sought to build individual and community confidence and sense of control, by improving individual and community support networks, as well as providing opportunities for individuals to participate in activities to boost levels of mental well-being, healthy eating and physical activity. Community engagement was used to identify each community's assets and needs, and a co-production process was used, drawing on local knowledge, in order to identify and design solutions. This evaluation has identified a wide range of positive impacts on both individuals and communities as a result of the Well London programme, including: good levels of participation in both the community engagement process and the subsequent projects and activities; high proportions of participants reporting improved mental well-being, physical activity and healthy eating behaviours after participating in Well London activities; participants reporting additional individual-level benefits such as improved confidence, new education and job opportunities and expanded social networks; and participants and stakeholders reporting additional community level benefits such as improved community cohesion and improved relationships between communities, decision-makers and service providers.

The evaluation also identified some areas for development and improvement, including improving effectiveness of targeting within the target areas, and the fact that men, young adults and middle-aged people were under-represented amongst those who provided details of their age.

Participant postcodes did however show that high number of participants were residents of adjacent areas, which may have been just as deprived as the selected target areas. It is likely that many of those who came from outside of the target area post codes, were in fact residents of the same natural neighbourhood or geographical community, due to the nature of the LSOA boundaries that were used to define target areas. The reach of the programme beyond the target area has also been recognised as offering potentially positive opportunities and could be exploited in scaling up the approach over a wider locality. For example, a number of intervention 'hubs' could be established across a local authority or city-wide area, targeting the most deprived communities but also reaching out more widely across communities between 'hubs'.

With respect to the age and gender breakdown of participants, it is possible that the high levels of participation amongst women, young people and older people reflect the fact that these were the groups who had greater amounts of free-time to engage in the programme, and it could be argued that young people and older people may have been groups with greater levels of need. It is, however, important to ensure that in future programmes activities are made available and promoted to all demographic groups.

Evaluation of the delivery process identified the importance of establishing good relationships and communication channels between the Well London partners and local communities, and the need to build sufficient time into the programme plan to allow for this. In particular, the recruitment of the Well London Delivery Team members was seen to be key, and it was felt that these should be recruited as early as possible in any future programme. The fact that the range of projects delivered within programme had to be pre-determined as part of the funding agreement was identified as a constraint, as it limited the degree of control that communities had in designing the interventions. It was however recognised that despite a pre-determined list of projects, and the funder's focus on health behaviour outcomes, there was still the opportunity to influence the way that these projects were delivered, in order to impact on a much wider range of social determinants of health.

Achievement of programme objectives

The Well London programme had a vision of creating 'a world city of empowered local communities, who have the skills and confidence to take control of and improve their individual and collective health and well-being'; and a mission to 'develop robust, evidence-based models and benchmarks for community action for health and well-being'. From the interviews with participants and local stakeholders, there is evidence that participating individuals and communities have improved skills and confidence to take control of and improve their health and well-being. It is not possible from this evaluation, however, to know the extent to which that is true of all participating individuals and communities.

The programme has also developed as the first iteration, phase 1, of a new model for community action for health and well-being with the aspiration to develop, through refinement, research and evaluation as a 'robust, evidence based model' and benchmark.

The programme's objectives were to 'develop a locally focussed, integrated, community-led approach that improves community health and well-being and is effective and sustainable in even the most deprived neighbourhoods'; engage and empower people to build and strengthen the foundations of good health and well-being in their communities', by increasing participation in health and well-being enhancing activities; building individual and community confidence, cohesion, sense of control and self esteem; developing formal and informal community and social support networks; integrating with and adding value to what is already going on locally; taking action on community-identified health related needs and issues; and building the capacity of local organisations to deliver activities and make strategic links to ensure sustainability.

It can be seen that a local, integrated, community-led approach was developed in highly deprived neighbourhoods, and that participants did report improvements in mental well-being, physical activity and healthy eating behaviours. There are examples of a range of projects in the different communities which were sustained beyond the time period of the programme. Further research will be needed to investigate whether improvements in health and well-being are sustained in the longer term.

Relatively high levels of participation in activities were seen and increases in levels of participation were reported by stakeholders. Baseline levels of participation in the target communities prior to the Well London programme were not systematically measured so increases cannot be confirmed. However, it is widely reported that levels of community participation, in general, and in health improvement activities, specifically, are relatively low in deprived communities.

There were reports from individuals about increased levels of confidence, community cohesion, and improved social networks. Further evaluation is required to tell us how generalisable these findings are to all of the individuals and target communities.

Well London projects did integrate with what was going on locally. The specific added value that was created was not measured systematically.

The community engagement process did enable communities to identify their health needs, and this information was used to shape project design and delivery; this was partially constrained by the fact that the broad outlines of projects had been pre-determined in line with the funding agreement.

Finally, there is evidence that a range of local organisations gained capacity to deliver interventions and create strategic links. Again, further evaluation is needed to determine the extent to which this is generalisable.

On the basis of the evidence taken from interviews with individual participants and stakeholders, and from examples of specific organisations, it can be concluded that, overall, the Well London programme broadly met its objectives. Further evaluation is needed to determine the extent to which the benefits were seen across all individuals and organisations across all the target communities.

The Well London programme also set specific targets for the number of individuals who would report improved mental well-being, increased levels of physical activity and healthier eating behaviours after participating in Well London activities, in line with the requirements of the funders. In terms of the total numbers of participants reporting the changes, all of the targets were exceeded.



7. Conclusion

Well London is an ambitious programme and in the first phase of its development it was delivered in 20 of London's most deprived neighbourhoods over a three and a half year period, with around 17,000 individuals participating across the 20 neighbourhoods. A community development approach was used, and the programme resulted in a number of positive outcomes for individuals living within those communities, as well as wider benefits to the communities as a whole. The vast majority of individuals who participated in programme activities reported increased mental well-being, increased levels of physical activity and healthier eating behaviours, and individuals who were interviewed reported improved confidence, new education and job opportunities and expanded social networks. Participants and local stakeholders who were interviewed also reported improved levels of community cohesion, and improved relationships between communities, decision makers and service providers.

This evaluation was not, however, able to determine the extent to which these positive outcomes applied across all participants and communities, or the longer-term impact of the programme. This has important implications for the design of evaluation of future iterations of the model which will be applied through further phases of development and implementation of the programme. Those responsible for the delivery of the programme identified a number of areas for development and improvement; including the need to build more time into the programme for relationship-building and communication with local communities; the need to recruit local volunteers earlier in the project cycle; the need for a more flexible approach from funders to allow communities to have a greater level of involvement in the design of the individual projects; and the need for local area coordinators to be identified to ensure better coordination between the multiple local projects.

Members of the Well London Alliance noted that although the funder required health behaviour outcomes (ie. improved mental well-being, physical activity and healthy eating) delivering these using the Well London approach enabled a much wider range of benefits, such as impacts on the wider social determinants of health, to be delivered.

The information presented in this evaluation report suggests that the programme was very well received by the target communities, and that a wide range of benefits were seen through the programme.

It is recognised that this was the first iteration of this new model and the first opportunity for it to be put into practice and tested with communities. 'The model will benefit from the further development through phase 2 of the programme which is taking on board the recommendations outlined in Section 8 below.



8. Recommendations

It is recognised that the phase 1 Well London programme was the first stage of development in creating a new framework for community based improvement in health and well-being, and that such a model will benefit from further developments and refinements. This section gives recommendations for actions that will be taken to further develop and improve the Well London model.

Key recommendations for further development and improvement of the Well London model:

- The target population for the intervention should be defined using 'natural neighbourhoods' rather than geographical administrative boundaries, and greater efforts should be made to ensure that the majority of participants are drawn from the target population.
- The reach of the programme beyond the target area should also be recognised as offering potentially positive opportunities for scaling up the approach over a wider locality.
- An additional period of project development and relationship building with local communities should be built into the programme timescale. This would allow core projects to be established earlier on in the programme, which would in turn facilitate greater co-production in the design and delivery of themed projects, and achievement of community goals.
- The design and content of all themed projects should be co-produced with local people, in order to ensure these meet communities' identified needs.
- A local area coordinator should be identified in each target community in order to ensure good coordination across existing and new local projects to enable project synergies to be maximised.
- Greater efforts should be made to ensure that the demographics of participants, in terms of age, gender and ethnicity, reflect the demographics and need within the target population.
- More explicit strategies for the creation of a sustainable legacy should be made at the start of each programme; for example by mainstreaming through a locally commissioned approach and planning how projects can continue to be developed and delivered by communities with support from existing community organisations.
- Local people should be further supported to engage directly with local decision makers, so they can continue to advocate for their communities' health and well-being needs.
- Development of community assets and positive impacts on wider social determinants of health should be included as explicit objectives of the programme, and should be monitored more systematically.
- Future evaluations should look in more detail at impacts on participants, including whether these are sustained in the longer term, and also explore whether key local issues identified during the community engagement process were adequately addressed.

9. Appendices

Appendix I: List of communities in which Well London interventions were delivered

Borough	Ward	LSOA code	LSOA Population	LSOA IMD Score	LSOA IMD Rank*
Barking and Dagenham	Heath	E01000061	1617	53.75	148
Brent	Kensal Green	E01000529	2216	53.49	157
Camden	Haverstock	E01000905	2032	60.37	41
Croydon	Broad Green	E01001013	1609	48.95	309
Ealing	South Acton	E01001358	1595	48.99	307
Enfield	Upper Edmonton	E01001554	1610	54.44	130
Greenwich	Woolwich Common	E01001703	1569	58.22	64
Hackney	Brownswood	E01001721	1468	59.94	44
Hammersmith and Fulham	Wormholt & White City	E01001958	1920	47.87	343
Haringey	Noel Park	E01002026	1670	61.41	33
Hounslow	Cranford	E01002588	1588	43.1	585
Islington	Canonbury	E01002720	1518	63.87	16
Kensington and Chelsea	Notting Barns	E01002879	1886	48.61	318
Lambeth	Larkhall	E01003092	1649	51.78	207
Lewisham	Bellingham	E01003192	1523	52.07	199
Newham	Canning Town North	E01003503	1564	62.25	28
Southwark	Nunhead	E01004005	1600	69.45	6
Tower Hamlets	Limehouse	E01004252	1730	70.9	4
Waltham Forest	Hoe Street	E01004407	1456	60.42	38
Westminster	Queens Park	E01004722	2688	63.46	20

*Rank out of 4765 LSOAs in London

Appendix II: Participant questionnaire

Project Evaluation Questionnaire Version 3

This Questionnaire can be completed either by the participant; or the participant's responses recorded by a project worker.

Name of Well London Project < To be modified by Alliance Partner >

Area/Community < To be modified by Alliance Partner >

Name of participant:

.....

Home Postcode:

.....

Age: (please tick one) 0-9y 10-19y 20-29y 30-39y 40-49y 50-59y 60-69 Over70y

Sex: Male Female

Today's Date: / /

.....

PLEASE ANSWER ALL QUESTIONS BY TICKING ONE BOX

1. How many sessions/activities for this project have you participated in? 1 2 3 or more

2 Please tick as boxes below to indicate **all** the types of Well London Activity in which you have participated during the **last 3 months**

Arts / cultural Physical Activity Heathy Eating Mental Wellbeing Training

Young People's Activities Network Events

3. Did you take part in any Well London activities between 3 and 6 months ago? yes no

4. Has this project helped you to make more healthy eating choices? yes no

5. Has this project helped you to increase your levels of physical activity? yes no

6. Has this project helped you to increase your levels of physical activity? yes no

7. Has participating in this project made you feel:

A. Much more positive about your life than when you started/arrived

B. More positive about your life then when you started/arrived

C. About the same as when you started/arrived

D. More negative about your life than when you started/arrived

E. Much more negative about your life than when you started/arrived

8. Has this project helped improve understanding of mental wellbeing? yes no



Appendix III: Coordinator interviews – Topic guide

1. About the coordinator:

- Name
- Which LSOAs did you work in?
- Who employed you in your role as Well London Borough coordinator?
- How long have you worked as a Borough coordinator?
- How many hours a week were you employed to work on this?
- How many hours a week do you think you actually worked on this?
- What else, if anything, were you also employed to do while you were a Borough coordinator?

2. About the area:

- What is the area like that you worked in?
 - Who lives there?
 - What are the local facilities like?
 - What was the community like before you started?
 - What other activities were being offered in the area before the Well London project?
 - How well attended were these activities? (And who went to these)
 - What history does the area have of other activities/local participation?

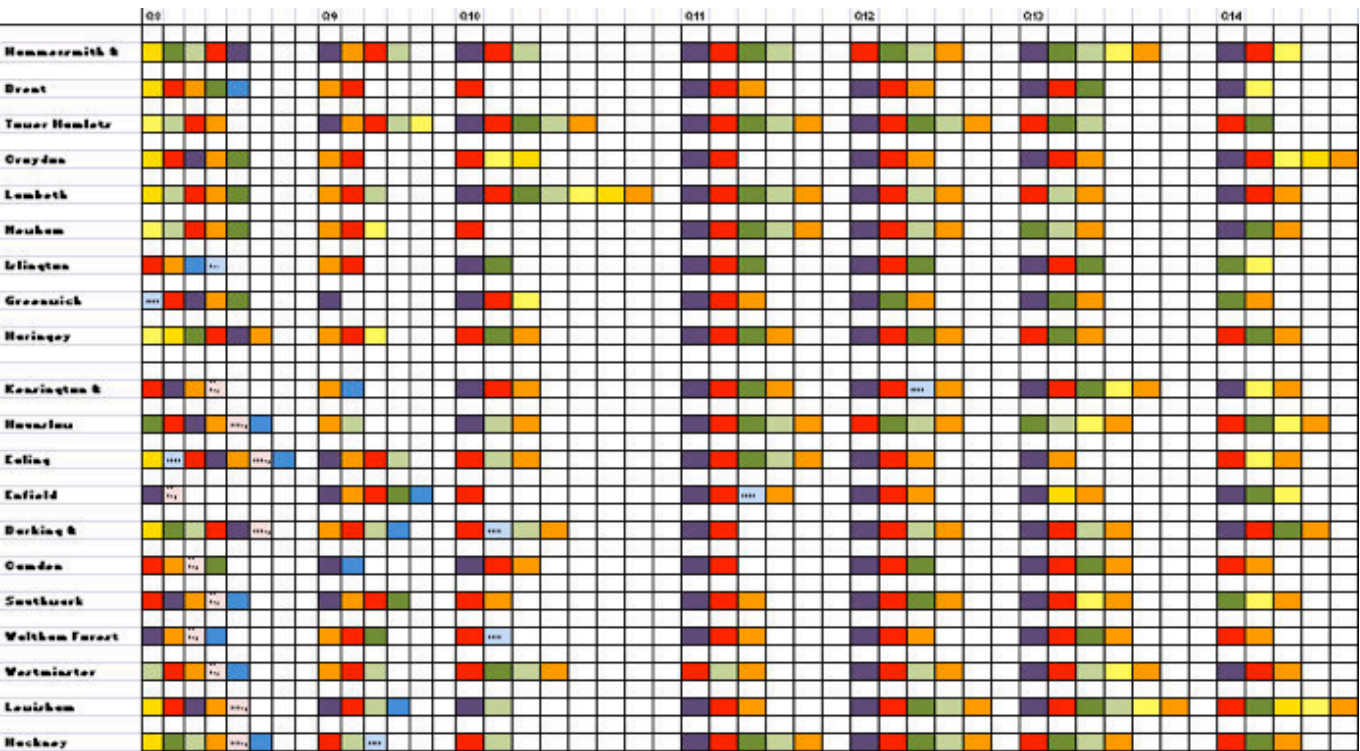
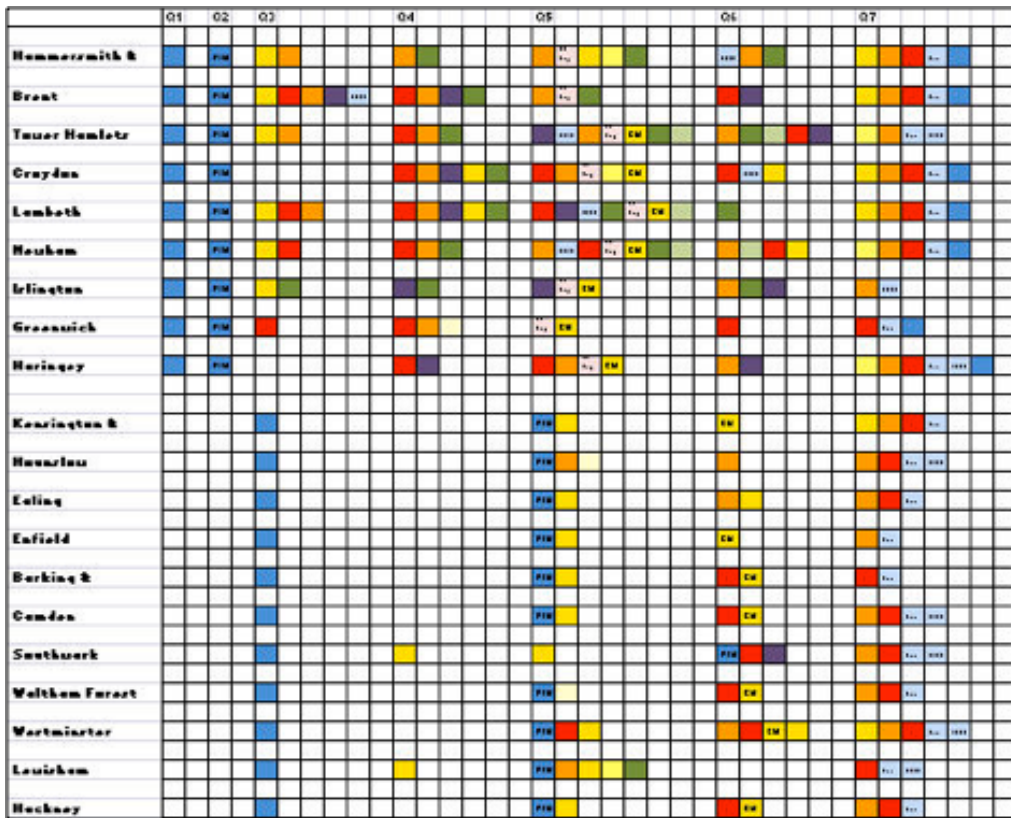
3. Coordinating the Well London project:

- How did you come to be Well London coordinator for this area?
- What appealed to you about taking on this work?
- What were your expectations of this role?
 - How did the actual role compare to these?
- What were main responsibilities in this role?
 - How did you go about undertaking these?
 - What were the different phases/stages in coordination? How has the role changed since you started?
- How did your role as Well London coordinator fit with other roles you undertake (at work)?
- What did you enjoy about the role?
- What challenges or problems did you face in undertaking the role?
 - (Include issues of area selection & multi-area coordination & LSOA limitations)
- How did the characteristics of the area affect how you coordinated the project?
- How do you think your previous experience or personality helped or hindered you in undertaking this role?
- What else affected how the project was coordinated?
- What do you think were the most successful elements of your role?
 - Who participated in Well London?
 - Who else got involved/gained from this?
 - To what extent do you think you reached your intended audience? Why?
- Were particular groups harder to reach? Why? Did you overcome this? How?
- What do you think held residents back from participating in Well London? How have you worked with these problems?
- What do you think were less successful elements of your role?
 - How could these be done differently?
- How did you ensure that communication was effective in your borough(s)
- Who were the people you needed 'on side' to make it work and why
 - How does the role of Coordinator fit within local services providers and the statutory sector?

4. Improving the role of Well London Coordinator:

- Were you able to create a community led programme in your SOA? How? What were the barriers and facilitators?
- Looking back, would you have done anything differently in your role? (e.g. the order in which elements of the project were undertaken?)
- From your experience, how could the Well London coordinator role be improved?
- From your experience, what are the key skills needed for a Well London coordinator?
- If you were continuing in your role, what would you continue/do next in your areas?
- What difference, if any, do you think the Well London project has made:
 - o To the area?
 - o To individuals who participated?
 - o How has this developed over time?
- How did you introduce and incorporate sustainability of Well London into your borough?
 - o What would be the ideal pathways and mechanisms to support residents beyond the Well London project?
- What did you gain from working as a Well London coordinator?
- Do you think your role made an impact – why?

Appendix IV: Projects running in each area, by quarter



Legend

- Community Engagement ■
- Training Communities ■
- Eatwell ■
- Buywell ■
- Activate London ■
- Active Living Maps ■
- Be Creative, Be Well ■
- Changing Minds ■
- DIY Happiness ■
- Well London Delivery Teams ■
- Healthy Spaces ■
- MWIA ■
- Wellnet ■
- Youth.com ■



10. References

¹ www.mrc.ac.uk/complexinterventionsguidance

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