



DIY Happiness Project

Research Evaluation report

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This research was undertaken for and in collaboration with **Tony Coggins** (Health promotion manager), **Sherry Clark** (DIYH co-ordinator) and **their team** at South London and Maudsley NHS Foundation Trust – the Well London partner leading on the theme of mental health and well-being.



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INTRODUCTION

In order to be effective, health improvement “needs to move away from unexciting, piecemeal propositions – ‘eat less fat’, ‘walk more’ – to an aspirational vision selling satisfied and lives, integrating physical health with mental and emotional well-being. Health improvement also cannot be imposed. The public have to get enthusiastically involved for efforts to be not only effective, but also sustainable” (Care Services Improvement Partnership, 2007).

What is the DIY Happiness project?

The DIYH project is one of three Well London initiatives co-ordinated by the South London and Maudsley NHS Foundation Trust (SLAM) and delivered in 20 communities across London. Of the three projects specifically designed to address the theme of mental health and well-being, DIYH is the project that aims to improve individual and community health and well-being by exploring new ways to promote positive mental health from a whole population perspective by encouraging people to explore what subjective well-being and happiness means to them.

The project aims to steer people away from the idea that mental health is synonymous with mental illness and begin to move people towards seeing mental health as a positive resource which can be improved and protected by making small effective changes. As a part of this, the project’s aim to enhance individual and community resilience, and so contribute to transforming the culture of engagement among the capital’s residents, echoes the spirit of the Mental Wellbeing Impact Assessments developed by SLAM (see also DoH, 2001; 2009) and the four key areas highlighted as necessary to promote and protect mental well-being; these are: enhancing individual control; increasing resilience and community assets; facilitating participation; and promoting social inclusion.

How the DIY Happiness project operates?

Drawing on research emerging from the field of positive psychology, such as evidence for the far reaching, domino effect, of the impact of positive affectivity for individual optimised functioning (see e.g., Watson, 2005), the DIY Happiness (DIYH) project uses positive emotions such as humour, self-assurance, and creativity to increase people’s abilities to ‘bounce back’ in the face of adversity and life limitations. Its concept and associated activities are designed with the aim of building durable personal resources and help reduce physical and the psychological impact of stress. The project consists of a series of participative workshops around the theme of *Can Money Buy Happiness?* Each includes explicit information on the science of happiness, practical activities, and take-away information and advice about health and well-being. As well as exploring the science of happiness in



an experiential way, each participant at the workshop is encouraged to *dare-to-dream* – that is, to develop their own idea for something they feel would increase happiness locally for themselves, their families and/or their communities. Participants are encouraged to use the Foresight report’s *Five Ways to Well-being* (connect; be active; keep learning; take notice; and give) to underpin their ideas and to develop and cost these ideas based on a budget of up to £500. The DYIH project has been operating for the last 3 years working with groups of women in 20 Lower Super Output Areas facing the greatest health inequalities in London. The project’s constitutive strands of delivery are:

1. Can Money Buy Women Happiness – create understanding and inspire

This is the core element of the project’s structure. It consists of 8 sets of workshops / experiences spread across a two month period. Each workshop is led by a trained facilitator (or more, depending on group size) coordinating a range of activities under the theme “Can Money Buy Happiness?” The project is a *group intervention* engaging local women in innovative ways to enhance subjective well-being. The intention is to bring women from different backgrounds, cultures, and faiths living in the same neighbourhood to learn together by being and doing together.

The workshops are hands-on experiential group activities and include explicit information, practical activities, and take-away literature and information and advice about health and well-being. Each set of workshops nonetheless generates different group and individual experience. Owing its organic experientially open ethos the workshop enables women to explore, discuss and co-share themes, activities and messages inspired by the *Five ways to Wellbeing* (connect; be active; keep learning; take notice; and give). The range of activities facilitated during the workshops pivot around the following themes:

1. Body (be active). The activities designed include a focus on healthy eating; healthy living.
2. Mind (keep learning). Activities include a focus on education; new skills; creativity.
3. Spirit (give). Activities include a focus on hope appreciation; spirituality; meaningfulness.
4. People (connect). Activities include a focus on relating; engaging; social connections.
5. Place (take notice). Activities include a focus on the home; belonging; community.
6. Planet (care). Activities include a focus on environment; and the bigger picture of living.

2. Dare-to-Dream (D2D) – taking control

In addition to experientially engaging with the science of happiness, the participants are invited to dare-to-dream (D2D). As part of the D2D activity women are encouraged to use ideas explored during the workshops and to identify practical ways in which to positively affect the wellbeing of



members in their family and/or their local community within a budget of up to £500. Logistical support from the DIYH team is also provided to enable women to put these ideas into action. New ideas with the potential for promoting wellbeing very often need and benefit from financial support to manifest into practice. Each woman who attends all 8 workshops is thus invited to place a bid for £500. If, for instance, ten women attend all the eight workshops, they can earn £5,000 for their neighbourhood. The money can (and have been used) be used locally to continue an existing well-being initiative, or to start something completely new. The D2D's £500 makes possible participant-led projects and facilitates concrete, visible experiential repertoires of options which build a sense of autonomy, enhanced self-esteem and group cohesion through endeavours beneficial to herself and others in her close community.

3. Can Money Buy Happiness kits – spreading the message

More recently, a social marketing company worked with participants to design a DIY Happiness kit which participants themselves can then pass onto others to promote happiness and well-being. This approach aims to support women to share the 5 Ways messages and their own learning about well-being to their families, friends and communities.

In the summer of 2009, the DIYH project was piloted in three London boroughs (Haringey, Newham and Tower Hamlets). Approximately 40 women attended six 2-hour workshops over a two month period. Academics from the School of Psychology at the University of East London (UEL) were invited to design and carry out a research evaluation of the impact of the participation at the DIYH project for the remaining workshops planned to run across 14 other London communities between April 2010 and March 2011. The authors of this report are the three academics who conducted the research evaluation and have done so through the conceptual lens of Positive Psychology.

Why positive psychology?

Positive Psychology is a rigorous scientific study of human flourishing (Hefferon & Boniwell, 2011; Eid & Larsen, 2008; Snyder & Lopez, 2005). It is based on the belief that people want to lead meaningful, engaging and fulfilling lives, to cultivate what is best within themselves, and to enhance experience and individualised well-being (e.g., Linley et al., 2010; Biswas-Diener, 2010; Linley et al., 2009; Boniwell, 2008; Ryff et al., 2004; Seligman, 2003). Founded in 1998, positive psychology has since gained an unprecedented momentum, shaping our thinking and interventions across professional fields such as education, health, psychotherapy, psychosocial work, coaching, and business. Today, it is the fastest growing area in psychology – taught in over 200 universities



worldwide. It is also the subject of frequent international conferences and hundreds of journal articles every year. With an impact far beyond the discipline of psychology, the applied practice of positive psychology is transforming communities and individuals through harnessing strengths, building engagement and enhancing well-being (Carson, 2011). The issue of well-being is rapidly gathering interest across a range of policy areas, most prominently (but by no means only) mental health and health promotion. This interest has not been widely translated into practical action at the sharp end of service design and delivery. As yet, there is no widespread agreement over how well-being should be defined and measured in this context. Moreover, relatively little is known about how existing public health services can be reoriented to promote positive flourishing and subjective well-being across the whole community, especially across communities with high level of inequalities and distinct health needs (e.g., Scanlon & Adlam, 2011; Joseph & Worsley, 2005).

In addressing the challenge of integrating a wellbeing perspective through community engagement approaches, the DIY Happiness project is a forward-thinking initiative involving non-clinical mental health promotion workers. It has the potential to become an important, trend-setting example of how new thinking from positive psychology and related health promotion disciplines can inform service provision for the benefit of the whole community.



METHODOLOGY

Aims and research questions

Following a mixed method design and concepts grounded in positive psychology, this research evaluation was designed to look at the impact of partaking in DIYH project with regard to individual's sense of personal well-being. More specifically, its aim was to explore the relationship between positive mental health, a sense of competence and motivation to exercise choice and control, and adopt a healthier lifestyle. Primary research questions were designed to tap onto participants' subjective well-being and were determined as a result of consultation with the project staff and funders as well as being underpinned by relevant academic literature. These included the following:

- ***Engagement and participation***

Who took part? Was the DIYH project able to engage people in discussions about mental well-being? How important, and in what ways was the £500 important in motivating people to come forward and participate in the project to begin with? Who came along?

- ***The workshops***

How were the workshops perceived and experienced by the participants? Did the workshops lead to a greater understanding of mental health and well-being, and how to enhance and protect it? What worked best in the workshop? What skills and knowledge do the facilitators need in order to deliver the workshops effectively?

- ***The Dare2Dream activity***

What types of decisions did people make about their investments in well-being, i.e. individually or family or community focused? Would people spend the money differently if they had it again? How important were trust and self-determination in this process? Did the Dare2Dream activities increase peoples understanding of mental health and well-being and how to promote and protect it?

- ***Connecting to other and building social capital***

As a result of the programme did people stay in touch with others from the group? Have their social networks increased? Have participants made connections that otherwise would not have happened? Have they changed their views about others or themselves? How many other people were impacted by the Dare2Dream projects? Did participants spread the 5 Ways to well-being messages, to friends and families?

- **Mental well-being**

What aspects of mental well-being (MBB) were impacted by the programme (e.g. positive affect, life satisfaction, psychological well-being)? Was there a change in people levels of MWB after the 8 workshops, after the Dare2Dream activity, and 6 months later?

Design

Research methodology follows the principles and practice of a mixed methods approach. Findings from numeric and narrative/textual modes of data collection are triangulated to arrive at holistic interpretations. The study involved a quantitative and a qualitative element to address the research questions outlined above. The design and development of research materials (e.g., questionnaires; interview schedules) entailed both top-down and bottom-up techniques: concept driven as well as being informed by knowledge emerging from participant feedback routinely collected by the workshop facilitators.

There were three points of data collection:

- Questionnaires administered at the beginning of the first workshop;
- A selection of the initial pool of the questionnaires re-administered at the final workshop;
- One-to-one and focus group interviews within 6 months after partaking at the DIH project. This enables comprehensive analysis of changes in participants' scores and responses within the same group (via before and after comparisons) as well as analysis of commonality in participants' experiences (common trends) and across the body of data in terms of core psychological variables.

Data collection tools and procedure

The tools used for the quantitative element include (a) routine data collection questionnaires which the DIYH facilitators ordinarily collected to monitor attendance and participant feedback; and (b) standardised psychometric scales intended to measure conceptually driven variables and generate data mapping variation within scores, before and after the group intervention. The latter were used to obtain paired-data for the latest three sets of workshops.

A. How happy are you about your life questionnaire

This is a 7-item questionnaire devised by the DIHY team to capture the Foresight report's *Five Ways to Well-being*. Participants' responses are generated via a 7 point scale: ranging from "very happy" to "very unhappy" (Appendix A).



B. Warwick Edinburgh Mental Well Being Scale (see Hefferon & Boniwell, 2011)

This is a 14-item statement based psychometric tool measuring well-being by focusing on positive aspects of mental health (e.g., optimism; clarity of thinking; self-confidence; feeling appreciated) via a self-report 5 point scale ranging from “none of the time” to “all of the time” (Appendix B).

C. Demographic data questionnaire & Workshop evaluation

This is a 3 (A4) paged structured questionnaire designed by the DIYH team to collect personal information relating to these women participants’ age group; level of education; employment status; and ethnicity. It also serves as a medium for collecting feedback on their experience of individual workshops (Appendix C). Some of the women interested to participate in the DIYH project were not always able to attend all sessions due to family and/or work constrains. It was important therefore to administer this questionnaire at the end of each individual workshop.

D. Dare2Dream (D2D) structured questionnaire

This questionnaire was designed by the DIYH team to facilitate, record, assess and make possible (where appropriate) the ideas for wellbeing actions suggested by the women participants. This facilitation is done in relation to the rules and protocols of bidding for the £500 D2D in operation for that particular set of workshops (see later information about the variation across the five occasions when the DIYH was delivered). It consists of 3 main open ended questions (What’s your great idea? Why do you think your idea will make (your borough / community) happier? How much money will you need?). Additionally, there is a range of structured question and answers for the women to indicate “To what extent does the idea include or involve ...?”. Then 13 structured answer-options are offered, each to be rated on a 3 point scale (Appendix D).

E. PANAS – Positive and Negative Affect Schedule (Watson, Clark & Tellegen, 1988)

This is a 20 one-word items psychometric scale measuring self-reported appraisal of ‘positivity’ conceptualised as dominant emotional mood feeding into one’s current attitude towards his/her immediate world (Appendix E). Positive as opposed to negative affect has been shown to have a facilitative impact on both social behaviour (such as generosity; optimal conflict negotiation) and cognitive processes (flexibility in perspective taking). Women’s PANAS scores will be examined to ascertain to what extent partaking in the DIYH workshop has increased their positivity – thus promoting a self-positioning, generalised mood within an individual internal lifeworld; which in turn will help improve their overall functioning (e.g., Isen, 2005).

F. Psychological well-being scales (Ryff, 1989)

This is comprehensive psychometric measure of positive psychological functioning. It involves six subscales each addressing a core dimension of psychosocial wellbeing: self-acceptance; positive relations with others; autonomy; environmental mastery; purpose in life; and personal growth (Ryff, 1989). It has been developed and standardized as a 14 item (measured on a 6 point scale) but shorter 9-item versions can also be used (see Appendix F for alpha coefficient and definitions for the three sub-scales used in the present research in terms of interpreting high and low scores). Research has shown variation in self-reports of wellbeing across age groups, gender and socioeconomic status. Unsurprisingly, struggles and life limitations typically associated with the lower end of the socioeconomic spectrum, and especially in terms of levels of education index, reveal lower scores across the psychological wellbeing scales. In terms of environmental mastery and sense of autonomy, midlife and older age show gradually higher scores when compared to young adulthood. Women, especially adult women, tend to score consistently higher scores than men for the interpersonal dimensions – positive relations to others – but the reverse tends to be the case for autonomy (e.g., Ryff, & Singer, 2005).

The women participants that the DIYH project is engaging are from the disadvantaged socio-economic neighborhoods and the following three subscales were deemed as conceptually relevant measures for the group intervention ethos of the DIYH workshops:

- Environmental mastery (9 items)
- Personal growth (9 items)
- Positive relations with others (9 items)

Interview schedules

For the qualitative element of the research, a selection of open ended questions (appendix G) was devised in light of the overarching evaluation aims and research questions. For the interviews (focused group and individual interviews) with the women DIYH attendees, the questions were intended to capture participant-driven accounts about their experiences at the workshop in order to tap into the areas of positive (or otherwise) changes to their internal and interpersonal lifeworlds. A different empirical intention informed the interview schedule with the facilitators. Here the focus was on the process of delivery, personal observations and ideas for good practice to inform future delivery. In both instances, the style of the interview was open ended and interactional. The interviewer used the interview schedules to guide but not restrict or prescribe the narrative. Each interview was audio taped, with the participants' permission; personal details were edited and disguised during transcription. The narrative data was analysed following the principles and practice



of Thematic Analysis where description and participant defined realities are taken at face value rather than subjected to academic or interpretative relativism.

Ethical considerations

Ethical approval for the research project was granted by Ethics Committee at the University of East London upon submission of a successful application (Appendix I). Ethical commitments required for conducting research with human participants articulated in the application form were observed as part of the research process. All the participants received written and verbal statements about their rights as research participants such as that their participation in the research was voluntary; that they have the right to terminate their participation at anytime without negative consequences; that all the information they provide (via the questionnaires or interviews) will at all times be treated confidentially. The Informed Consent Form (Appendix H) illustrates this practice and commitment.

Participants

The DIYH project was delivered five times across London. Each set covered three to four boroughs at the time; each workshop was intended for and run with engagement from between 8-10 women participants. The five sets of DIYH project delivery were as follows:

1. June 2009 to August 2009: at Haringey, Newham, and Tower Hamlets
2. January 2010 to March 2010: at Croydon, Greenwich, and Lambeth
3. April 2010 to June 2010: at Barking & Dagenham, Enfield, Hackney, and Waltham Forest
4. October 2010 to December 2010: at Hammersmith & Fulham, Lewisham, Southwark, and Westminster
5. January 2011 to March 2011: at Brent, Camden (stopped due to insufficient participants), Ealing, and Islington

Overall, over 300 women from across 20 boroughs (identified as a *Lower Super Output* target areas) participated in 160 workshops and collectively made 60 Dare-2-Dream investments. The workshops were run by 6 facilitators. Under the leadership of the DIYH co-ordinator Sherry Clark, they designed multiple activities and helped make possible over 50 local happiness/wellbeing interventions. Recruitment and advertising for the DIY Happiness project was done through the Well London networks and liaisons with other community development coordinators.

The evaluation undertaken by the University of East London collected qualitative and quantitative data. With the assistance of the DIYH facilitator, the research team collected questionnaire and



psychometric tests based data from a sample of 179 women participants overall. The qualitative, narrative data analysed and discuss below included women’s written statements provided as a part of the Dare2dream activity and interviews after 3 months or more after the DIYH project. Overall, the UEL research team conducted: 4 independent focus group interviews with a total of 17 women participants and 5 of DIYH facilitators respectively; and 5 one-to-one, individual interviews with women from a range of participating boroughs.

RESULTS

Engagement: who took part in the DIYH project?

The Well London aspires to build stronger local communities by getting people working together to improve their neighbourhoods and their health and well-being (www.london.gov.uk/welllondon). As a part of the Well London initiative, the DIYH project thus set out to bring together individuals from across each participating borough that would not necessarily meet. Tables 1 to 4 show a typical snapshot of the 300 women who took part in the DIYH five sets of delivery. The 179 sample analysis indicates a well represented profile of participants in terms of the key socio-economic indices such as age, employment status and ethnicity. To this extent, the strategies used in promoting and recruiting have been successful. The DIYH project was also successful in meeting its target of running workshops with 8 to 10 women. Apart from one occasion (in Camden), it engaged a minimum of 8 (e.g., Islington), typically 10, and as high as 18 (e.g., Hackney) number of participants. Provisions such as covering transport fares and support with child care have made easier and more feasible for the women to maintain their full participation at the workshops (source: interview data). Typically 60% to 70% of women were able to attend all the workshops. This is an encouraging participation rate given their family, child care, and other life commitments.

Typically each DIYH workshop involved over 50% of women from ethnic minority communities. This percentage mirrors a similar profile to that provided by published Census data per respective boroughs (<http://www.ons.gov.uk/census>). At local level, there are several communities which are not as well represented as expected based on Census figures (see Table 1 to 4). For example, in Southwark none of the women participants self-identified as Asian/Asian British while, by contrast, the Census is indicating a 4.06% proportion of this borough population as Asian/Asian British. The White and Black African community was successfully represented at workshops in places such as Greenwich. However, overall in the sample, engagement of women from the White and Black African community is weak; Census figures indicate this ethnic group to commonly represent just under a 1% of population of respective local boroughs (e.g., Lambeth). Typically adult women in the 25 – 49 as well as 50 – 64 categories were best represented across the sample. By contrast younger women aged 16 – 24 are in minority, but overall they are nonetheless represented at most workshops. To this extent, again, the DIYH team has succeeded in bringing together women from different generations and fosters avenues for gaining a better understanding of generational variations. The workshops also facilitated knowledge and collaboration between women at different point in their life cycle (mothers of young children; retired; beginning education).



Tables 1 – 4 showing a demographic profile of DIYH women attendees based on data from 179 participants

Table 1.				
January – March 2011, the 5th set of DIYH delivery. Total overall DIY women participants = 30				
Brent	Overall n = 11 7 (approx) attended all Work Shops	18% in education 45% unemployed 36% retired	70% some disability 27% single parent	50% + from ethnic minority population
	Age profile 25 – 35 = 1 35 – 49 = 4 50 – 64 = 4 65+ = 2	FT education = 1 PT education = 1 Unemployed = 5 Retired = 4 FT /PT work = 1 + 1	Some disability = 8 Single parent = 3 Incapacity benefit = 2	Indian = 5 Caribbean = 3 African = 1 White = 1 Other = 1
	Census figures for all people in the borough = 263,464 of which:			
	White: 45.27 % Asian/Asian British:27.73%; Indian: 18.45% Black/Black British: 16.07% Caribbean: 10.46% White other: 9.13 % White &Black African: 0.66%			
Ealing	Overall n = 11 6 (approx) attended all Work Shops	18% in education 27% unemployed 18% retired	27% some disability 54% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 1 25 – 35 = 1 35 – 49 = 7 50 – 64 = 1 65+ = 1	FT education = 0 PT education = 1 Unemployed = 3 Mum at home = 4 Retired = 2 FT work = 3 PT work = 1	Some disability = 3 Single parent = 6 Incapacity benefit = 1	Pakistani = 1 Caribbean = 3 African = 1 White = 1 W/Other = 2 Other = 3
	Census figures for all people in the borough = 300,948 of which:			
	White: 58.72% Asian/Asian British: 24.53%; Indian: 16.52%; Pakistani: 3.74% White Other:9.07% Black /Black British: 8.79%; Caribbean: 4.48% Chinese / Other ethnic group: 4.32% African:3.68 % White &Black African: 0.44%			
Islington	Overall n = 8 5 (approx) attended all Wok Shops	0% in education 25% unemployed 50% retired	0% some disability 25% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 1 25 – 35 = 1 35 – 49 = 2 50 – 64 = 1 65+ = 3	FT education = 0 PT education = 0 Unemployed = 2 Mum at home = 3 Retired = 4 FT /PT work = 0	Some disability = 0 Single parent = 2 Incapacity benefit = 1	Bangladesh = 4 Mixed White = 1 White Other = 2 White = 1
	Census figures for all people in the borough = 175,797 of which:			
	White: 75.35%; White other:12.86% Black /Black British: 11.86%; Caribbean:4.86 % White &Black African: 0.70% African: 5.97% Asian/Asian British: 5.39%; Bangladesh: 2.40%			



Table 2.				
October – December 2010, the 4th set of DIYH delivery. Total overall DIY women participants = 51				
Hammersmith & Fulham	Overall n = 14 9 (approx) attended all Work Shops	7% in education 36% unemployed 7% retired	14% some disability 43% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 1 25 – 35 = 3 35 – 49 = 5 50 – 64 = 4 65+ = 1	In education = 1 Mum at home = 0 Unemployed = 5 Retired = 1 FT/PT work = 2+1	Some disability = 2 Single parent = 6 Incapacity benefit = 2	Caribbean = 7 African = 4 White & Black African = 2 White = 1
	Census figures for all people in the borough = 165,242 of which:			
	White:77.82%; White other: 14.95% Black British: 11.13%; Caribbean: 5.16% Asian /Asian British: 4.43% African: 4.88%; White & Black African: 0.62%			
Lewisham	Overall n = 16 10(approx)attended all Work Shops	7% in education 13% unemployed 52% retired	25% some disability 19% single parent	44% from ethnic minority population
	Age profile 16 – 24 = 1 25 – 35 = 1 35 – 49 = 4 50 – 64 = 2 65+ = 8	FT education = 0 PT education = 1 Unemployed = 2 Mum at home = 3 Retired = 9 FT /PT work = 0 +1	Some disability = 4 Single parent = 3 Incapacity benefit = 3	Caribbean = 3 White & Black African = 1 White = 9 Irish = 1 White Other = 2
	Census figures for all people in the borough = 248,922 of which:			
	White: 65.92%; White other: 6.14% Black /Black British: 23.4%; Caribbean: 12.27% African: 9.06%; White & Black African: 0.64% Asian/Asian British:3.79%:			
Southwark	Overall n = 10 6 (approx) attended all Work Shops	10% in education 30% unemployed 1% retired	20% some disability 30% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 1 25 – 35 = 3 35 – 49 = 5 65+ = 1	PT education = 1 Unemployed = 3 Mum at home = 4 Retired = 1 FT /PT work = 0	Some disability = 2 Single parent = 3 Incapacity benefit = 0	Caribbean = 4 African = 4 White & Black African = 1 White other = 1
	Census figures for all people in the borough = 244,866 of which:			
	White: 63.02 %; White other:7.71 % Black /Black British:25.90%; Caribbean: 7.98% White & Black African: 0.79%; African: 16.06%; Asian/Asian British: 4.06%			
Westminster	Overall n = 11 8 (approx) attended all Work Shops	0% in education 27% unemployed	9% some disability 18% single parent	50% + from ethnic minority population
	Age profile 25 – 35 = 3 35 – 49 = 6 50 – 64 = 2	In education = 0 Unemployed = 3 Mum at home = 5 Retired = 0	Some disability = 1 Single parent = 2 Incapacity benefit = 1	Bangladeshi = 3 Caribbean = 1 African = 1 W& B African = 2 White/other = 1+3
	Census figures for all people in the borough = 181,286 of which:			
	White: 73.20 % White other:21.07% ; Chinese or other ethnic groups: 6.34%; Asian/Asian British: 8.88%; Bangladeshi: 2.75%; Black/ Black British: 7.43%; Caribbean: 3.09%; African: 3.68 %; White & Black African: 0.66 %			



Table 3.				
April – June 2010, the 3rd set of DIYH delivery. Total overall DIY women participants = 61				
Barking & Dagenham	Overall n = 14 9 (approx) attended all Work Shops	35% in education 21% unemployed 0% retired	14% some disability 35% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 3 25 – 35 = 5 35 – 49 = 5 50 – 64 = 1	FT education = 2 PT education = 3 Unemployed = 3 Mum at home = 5 Retired = 0 FT /PT work = 1+2	Some disability = 2 Single parent = 5 Incapacity benefit = 3	Tamil = 1 African = 4 White & Black African = 3 White = 4 White Other = 2
	Census figures for all people in the borough = 163,944 of which:			
	White:85.00%; White Other: 2.70%; Black / Black British: 6.97%; African: 4.44%; Asian Other: 0.53%; White & Black African: 0.35%			
Enfield	Overall n = 13 8(approx) attended all Work Shops	31% in education 15% unemployed 8% retired	15% some disability 38% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 3 25 – 35 = 3 35 – 49 = 4 50 – 64 = 3	FT education = 2 PT education = 2 Unemployed = 2 Mum at home = 1 Retired = 1 FT /FT work = 2 +3	Some disability = 2 Single parent = 5 Incapacity benefit = 3	Caribbean = 3 Black/B British = 3 Chinese /other = 2 W & B African = 1 Mixed Other = 2 White = 2
	Census figures for all people in the borough = 273,559 of which:			
	White: 77.00%; Other White: 12.80%; Black/ Black British: 10.45%; Caribbean: 0.93% Asian/Asian British: 7.78%: Chinese or Other ethnic group:1.70 % White & Black African: 0.39%			
Hackney	Overall n = 18 13 (approx) attended all WS	33% in education 28% unemployed 22% retired	46% some disability 16% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 1 25 – 35 = 4 35 – 49 = 5 50 – 64 = 5 65+ = 3	FT education = 2 PT education = 4 Unemployed = 5 Mum at home = 4 Retired = 4	Some disability = 6 Single parent = 3 Incapacity benefit = 2	Indian = 1 Bangladeshi = 6 Caribbean = 3 African = 3 W & B African = 1 White = 4
	Census figures for all people in the borough = 202,824 of which:			
	White: 59.4%; White Other: 12.25% Black/ Black British: 24.65%; Caribbean: 10.29% Asian/Asian British: 8.58 % ; Indian: 3.75%; Bangladeshi:2.94% African: 11.98%; White & Black African:0.78 %			
Waltham Forest	Overall n = 16 10 (approx) attended all WS	13% in education 25% unemployed 31% retired	13% some disability 38% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 2 25 – 35 = 5 35 – 49 = 7 50 – 64 = 2	In education = 2 Unemployed = 4 Mum at home = 3 Retired = 5 FT /PT work = 2 +3	Some disability = 2 Single parent = 6 Incapacity benefit = 2	Pakistani = 3 Caribbean = 3 W& B African = 2 White = 7 White Other = 1
	Census figures for all people in the borough = 218,341 of which:			
	White: 64.49%; White Other:6.41 % Back/Black British: 15.4%; Caribbean: 8.15% Asian / Asian British: 14.75%; Pakistani: 7.92% White & Black African: 0.54%			



Table 4.				
January – March 2010, the 2nd set of DIYH delivery. Total overall DIY women participants = 37				
Croydon	Overall n = 12 6 (approx) attended all Work Shops	8% in education 16% unemployed 16% retired	8% some disability 16% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 1 25 – 35 = 2 35 – 49 = 3 50 – 64 = 3 65+ = 3	FT education = 0 PT education = 1 Unemployed = 2 Retired = 2 FT /PT work = 3 +1	Some disability = 1 Single parent = 2 Incapacity benefit = 1	Indian = 1 Pakistani = 2 Caribbean = 3 African = 1 Mixed Other = 1 White = 4
	Census figures for all people in the borough = 330,587 of which:			
	White: 70.16%; White Other: 4.30%; Black /Black British: 13.33%; Caribbean: 7.88% Asian /Asian British: 11.30%; Indian: 6.42%; Pakistani: 2.24% African: 4.42%; White & Black African: 0.40% Mixed Other: 0.82%			
Greenwich	Overall n = 13 8 (approx) attended all Work Shops	23% in education 38% unemployed 0% retired	0% some disability 30% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 2 25 – 35 = 3 35 – 49 = 7 50 – 64 = 1 65+ = 0	FT education = 2 PT education = 1 Unemployed = 5 Mum at home = 2 Retired = 0 FT /PT work = 2 +2	Some disability = 0 Single parent = 4 Incapacity benefit = 2	Indian = 2 Caribbean = 1 African = 5 W & B African = 3 White = 2
	Census figures for all people in the borough = 214,403 of which:			
	White: 77.11%; White Other: 4.28 % Black/Black British: 11.07%; Caribbean: 3.15% African: 7.13% ; White & Black African: 0.44% Asian/Asian British: 6.78%; Indian: 4.38 %			
Lambeth	Overall n = 12 7 (approx) attended all WS	17% in education 25% unemployed 0% retired	17% some disability 33% single parent	50% + from ethnic minority population
	Age profile 16 – 24 = 1 25 – 35 = 5 35 – 49 = 6 50 – 64 = 0 65+ = 0	FT education = 1 PT education = 1 Unemployed = 3 Mum at home = 5 Retired = 0 FT work = 2	Some disability = 2 Single parent = 4 Incapacity benefit = 1	Indian = 1 Caribbean = 2 African = 3 Black/British B= 1 Mixed Other = 2 White = 2 White Other = 1
	Census figures for all people in the borough = 266,169 of which:			
	White: 62.38%; White other: 9.55% Black / Black British: 25.75%; Caribbean: 12.07% African: 11.58%; White & Black African: 0.81 % Asian / Asian British: 4.57 %: Indian: 1.99% Mixed Other: 1.29 %			



Positive affect, life satisfaction, psychological well-being: quantitative findings

Responses collected from 104 women before and immediately after the DIYH group intervention programme typically show a significant increase in positive affect and subjective well-being across each of the components measured. Statistical analysis of the “How happy are you about your life questionnaire?” data shows consistent and considerable improvement. Comparison between individual women’s self-reports demonstrate how the DIYH activities substantially impact on their experience of a healthier engagement with their body, mind, spirit, people and life overall. As Table 5 below illustrates, the “spirit” DIYH group activities and their explorations of hope appreciation, spiritual nurturing registered the highest subjective increased (a 0.9 point increase in the “after” mean score; and 2.0 point increase in the starting point used in self-reporting i.e., min of 3 “after” vs. a min of 1 “before”). Similarly, the most commonly reported value for the “people” DIYH group activities has shifted by 1 point (mode of 6 “before” vs. mode of 7 “before”) and high “after” the workshops score mean of 6.0. This is significant evidence of the value of the DIYH project as a group intervention. It has succeeded its objective of bringing people together to build stronger social presence and sense of belonging. A focus on co-sharing at a group experience where individual skills and capacity to self-care and to relate are facilitated has clearly sent in motion subsequent appreciations of investing emotionally and practically in social connections.

Table 5. How happy are you about live? (scores used so that 1 = very unhappy; 7 = very happy). N = 104.							
	Body	Mind	Spirit	People	Place	Planet	Life
	B / A*	B/A	B/A	B/A	B/A	B/A	B/A
mean	4.7/5.5	5.4/5.8	5.5/6.1	5.7/6.0	4.9/5.5	4.4/5.1	5.2/5.9
mode	6.0/6.0	6.0/6.0	6.0/6.0	6.0/7.0	6.0/6.0	5.0/6.0	6.0/6.0
SD	1.7/1.3	1.3/0.9	1.3/0.86	1.3/1.2	1.4/1.3	1.5/1.3	1.5/1.0
min	2/1	2/3	1/3	½	1/1	1/1	1/3
max	7/7	7/7	7/7	7/7	7/7	7/7	7/7
*B = before; A = after							
<i>t test**</i>	<i>t</i> = - 4.95	<i>t</i> = - 3.10	<i>t</i> = -4.43	<i>t</i> = -2.22	<i>t</i> = -3.16	<i>t</i> = -3.52	<i>t</i> = -4.94
(<i>df</i> = 103)	<i>p</i> ≤0.001	<i>p</i> ≤0.002	<i>p</i> ≤0.001	<i>p</i> ≤0.028	<i>p</i> ≤0.002	<i>p</i> ≤0.001	<i>p</i> ≤0.001

** each showing statistically significant *p* values (i.e., statistically supporting the DIYH as the source of the differences)

The pattern of significant increase in positivity experienced by these 104 women is also evidence by a convergence of rating across the paired-data observable as consistent decrease in the before/after Standard Deviation values (the gap between each data score). Statistically significant differences between “before” – “after scores” also confirm an increased perception of global life satisfaction directly related to having taken part in the DIYH group intervention programme (before vs. after ratings under “life” category; see Table 5).



This sample of 104 was primarily composed of women who participated at DIYH workshops which subscribed to the 1st phase of the Dare to Dream protocol. The three points of variations in the Dare to Dream (D2D) activity are an important contextualising feature of the research evaluation (see page 21). These women’s positive experience of the DIYH workshops as a sanctuary for self-review, self-nurturing, learning new skills, engaging in collaborations and receiving validation from others is also reflected in their ratings on the Warwick Edinburgh (WE) Mental Well Being scale (Table 6).

Table 6. Warwick Edinburgh Mental Well Being scale (1 = none of the time; 5 = all of the time). N = 104.						
	Item 1 Optimism about future	Item 5 Feeling energised	Item 8 Feeling good about Self	Item 11 Decisiveness Confidence	Item 12 Feeling loved	Item 13 Interested in new things
	B/A*	B/A	B/A	B/A	B/A	B/A
mean	3.4/4.0	3.0/3.3	3.3/4.0	3.6/4.1	3.7/4.1	3.8/4.2
mode	3.0/4.0	3.0/4.0	3.0/4.0	3.0/4.0	4.0/5.0	4.0/4.0
SD	0.8/0.7	1.1/0.9	1.0/0.8	0.9/0.8	1.0/0.9	0.9/0.7
min	½	1/1	1/2	1/2	1/1	½
max	4/5	5/5	4/5	5/5	4/5	5/5
*B = before; A = after						
<i>t test**</i>	<i>t</i> = -5.09	<i>t</i> = - 2.30	<i>t</i> = - 5.66	<i>t</i> = -4.05	<i>t</i> = - 3.31	<i>t</i> = - 3.75
(<i>df</i> = 103)	<i>p</i> ≤0.001	<i>p</i> ≤0.023	<i>p</i> ≤0.001	<i>p</i> ≤0.001	<i>p</i> ≤0.001	<i>p</i> ≤0.001

** each showing statistically significant *p* values (i.e., statistically supporting the DIYH as the source of the differences)

The overall scores collected after having participated at the DIYH programme (mean = 3.84) are higher than the scores collected before the workshops began (mean = 3.47). This incremental difference is statistically significant ($t(103) = -6.44; p \leq 0.001$). A closer look at the patterns of self-ratings and computation of variations between individual before-after data identifies those areas of change which underlie this positive picture of enhanced experience of mental well-being as a result of the DIYH intervention. The highest “after” workshops mean value was recorded for Item 13 “I have been interested in new things” (mean = 4.2), followed closely by feeling loved (mean = 4.1), and an acquired sense of self-confidence owing to feeling more able to “make up my own mind about things” (mean = 4.1). Item 2 (“I’ve been feeling useful”) taps onto an important aspect of self-efficacy and relational belonging; the paired data shows an increment at the “after” the workshops collection point (3.9 vs. 3.7) but the difference is not statistically significant ($t(103) = -1.26, p = 0.210$).

The Dare2Be activity to some extent facilitates a medium through which the women experience a greater sense of feeling useful via deliberate actions and empowerment to “make a difference” to oneself and/or others. Future DIYH activities would find this a beneficial conceptual variable to explore its translation into practical activities in a more apparent way. Together, autonomy and a

sense of the ‘power’ to make a difference are important elements for the development of personal resources which can be mobilised to nourish one’s resilience capacity (see e.g., Biswas-Diener, 2010). As also illustrated in Table 6, the WE’s Item 8 (“Feeling good about myself”) shows the biggest shift in paired-responses (a 0.7 point shift in the mean value; a full 1.0 point positive shift in terms of the place of starting on the scale (min = 2 vs. 1) as well in terms of the maximum (5 vs. 4) values reached as a cohort). Previous research from positive psychology has documented well this close relationship between increased hope, curiosity and optimism, and self-confidence, feeling loved and feeling energised as core interlocking elements needed for optimal functioning (Hefferon & Boniwell, 2011).

The next quantitative data analysis (Table 7 and 8 below) considers findings from other psychological measures of subjective well-being collected from a different sample: 37 women participated at DIYH workshops that subscribed to the rules and protocols characteristic of Phase 3, and for some cases Phase 2, of the Dare2Dream component of the project. This contextualising feature of the evaluation research will be revisited again in the qualitative data analysis section of the report.

Table 7. “Positive and Negative Affect Schedule” (PANAS). Scores were reversed (R) where appropriate (1 = very slightly/not at all; 7 = extremely). N = 37.

	Item 1 Interested	Item 3 Exited	Item 4 Upset (R)	Item 11 Irritable (R)	Item 12 Alert	Item 15 Nervous (R)	Item 16 Determined
	B/A*	B/A	B/A	B/A	B/A	B/A	B/A
mean	3.5/4.1	3.0/3.6	3.4/4.1	3.3/3.8	3.1/3.7	3.7/4.1	3.6/4.0
mode	3.0/4.0	3.0/4.0	4.0/4.0	4.0/4.0	3.0/4.0	4.0/4.0	3.0/4.0
SD	1.0/0.8	1.1/0.8	1.4/0.8	1.3/1.0	1.2/1.1	1.3/0.9	1.3/0.9
min	2/2	1/2	½	1/2	1/1	1/2	1/2
max	5/5	5/5	5/5	5/5	5/5	5/5	5/5
*B = before; A = after							
<i>t test** (df = 36)</i>	<i>t = - 2.813</i>	<i>t = - 2.698</i>	<i>t = - 2.820</i>	<i>t = - 2.299</i>	<i>t = - 2.307</i>	<i>t = - 2.208</i>	<i>t = - 2.160</i>
	<i>p ≤0.008</i>	<i>p ≤0.011</i>	<i>p ≤0.008</i>	<i>p ≤0.027</i>	<i>p ≤0.027</i>	<i>p ≤0.034</i>	<i>p ≤0.038</i>

** each showing statistically significant *p* values (statistically supporting the DIYH as the source of the differences)

The analysis of the paired data on the “Positive and Negative Affect Schedule” (PANAS) corroborate the results discussed earlier. Self-reports collected from a sample of 37 women (different from the 104 sample above) show statistically significant difference in before and after the DIYH intervention scores ($t(36) = - 2.687, p \leq 0.011$). Following the workshops these women report more positive and fewer negative affect. They report feeling, inspired, energised, more active and confident while having lower levels of nervousness, upset/sadness or hostility. Positive emotions such as those highlighted in Table 7 are tightly related to perceptions of self value, agency thinking, and a creative approach to problem solving (Snyder, Rand, & Sigmon, 2005). Hope, optimism about the future,

confidence, increased self-value (Table 6), higher levels of alertness and self-determination (Table 7) together, are good predictors of enhanced mental well-being, absence of physical illness, elevated capacity of psychological adjustment, emotional, economic and interpersonal resilience (see e.g., Hefferon & Boniwell, 2011). Consistent with their intentions, therefore, the DIYH workshops have succeeded to motivate, inspire and assist their participants to acquire a greater understanding of their mental health and well-being, how to enhance it, and their agentic role in protecting it.

The analysis of paired data on the three subscale of the “Psychological well being scales” add some further insights into the impact the DIYH intervention in terms of these 37 women’s self-reports on questions related to Environmental mastery (9 items), to Personal growth (9 items) and to Positive relations with others (9 items).

Table 8. Three Psychological well being scales (1 = strongly disagree; 6 = strongly agree). N = 37. Descriptive and inferential statistical analysis of Before – After scores per scale.					
				B/A t-test	B/A correlation
	B/A mean	B/A mode	B/A SD		
Environmental Mastery scale	4.25/4.30 ↑	5.0/4.0 ↓	1.07/0.81 ↓	not sig. $p = 0.71$ $t = -0.364$ $df = 36$	sig. $p \leq 0.001$ $r = + 0.671$
Personal Growth scale	4.78/4.88 ↑	4.2/4.4 & 5.2 ↑	0.70/0.78 ↑	not sig. $p = 0.79$ $t = -0.796$ $df = 36$	sig. $p \leq 0.001$ $r = + 0.549$
Positive Relations scale	4.43/4.63 ↑	5.2/4.8 ↓ & 5.2	0.93/1.0 ↑	not sig. $p = 0.16$ $t = -1.416$ $df = 36$	sig. $p \leq 0.001$ $r = + 0.290$

These scales were selected for the added level of complexity into the phenomena of psychological well – being that they invite us to acknowledge. They each invite us to observe the intricacy of personal and interpersonal mastery, where one’s sense of subjective coherence and enhanced functioning are a lifelong project. This project is always in becoming and always already firmly embedded in personal journey of development and current life limitations (material, emotional, physical, economic and so forth). The items in each scale convey the common life struggles of this project of securing and maintaining psychological well-being. As notable in Table 8, the results mirror the dynamics of the phenomena. It is apparent that overall the “after” the intervention scores are greater (mean values are consistently higher) than the “before”, yet the difference is not big enough to secure statistical probability. Modal variation is multiple (with two or more values most frequently reported) and contradictory (higher as well as lower) as are the changes across the paired Standard Deviation values. The statistically significant correlations (Table 8) show that individuals’ who responded with a high or a low rating before the workshop would respond similarly at the “after” the workshop collection point. Yet this account does not capture the full explanative picture. The correlation strengths are weak or medium (e.g., $r = 0.29$), which leaves proportions of the

variations in scores open to interpretations. Have DIYH workshops not affected these three areas of psychological well-being? No: since (a) the concepts addressed in these scales overlap with those in earlier measures; (b) the results encountered earlier offer robust evidence of this impact; (c) a closer item based explorations show variations in the predicted direction – greater positivity – with statistical significance. For example, on the “Positive relations with others” (PRO) scale the women reported enhanced abilities in:

- Maintaining close relationships and find this less difficult and less frustrating [PRO Item 2; $t(36) = -3.078$; significant with $p = 0.004$]
- Enjoying better personal conversations with family members or friends [PRO Item 4; $t(36) = -2.898$; significant with $p = 0.006$]
- Experiencing more instances of warm and trusting relationships with others [PRO Item 8; $t(36) = -2.189$; $p = 0.035$]

Thus we emphasise the utility of these data as an invitation to remember the complexity of the phenomena that these scales aim to unearth. Inherently the scales’ items capture ordinary yet highly individualised life-struggles, with their fluctuations and re-occurrences. Moreover the wording and the content of the items would have introduced important reflections for the participants who completed them. The topics, issues and challenges raised would have resonated with the women’s own experiences. Future DIYH workshops could beneficially explore participants’ self-reports on these scales and introduce principles and activities from Positive Psychology Coaching to develop hands-on activities able to enhance skills and mastery.

Dare to Dream: content analysis of written narratives

Overall there were three distinct variations to the rules and protocols in the Dare to Dream (D2D) activity, as follow:

- Phase 1 of the D2D. In the initial phase of the Dare2Dream activity, 80% attendance at the workshops and the submission of an idea plan (with a subjectively driven rationale) were the only two chief restrictions on the offer of £500 to put the plan in action.
- Phase 2 of the D2D. Following discussions with founders and stakeholders, the DIYH team introduced changes to the rules and protocol. The drive was to encourage group benefits via “community based” well-being initiatives. As the DIYH project is designed as a group intervention, it was felt that individual and/or family oriented D2D proposals run the risk of not tapping into the further reaching, social connection and community building goals.



- Phase 3 of the D2D. For the last set of DIYH workshops delivery, further protocols were introduced which removed the option of personally-centred projects of self-care. Instead a range of possible group vs. individual led D2D activities was encouraged. Each of these were community focused and groups of women could bid for the accumulative D2D sum of money (e.g., 10 women in a D2D group could raise and use £5000). Women who attend 6 or 7 workshops earn £400 for the community; anyone attending fewer than 6 workshops would not qualify to apply for the D2D funds.

Table 9 contains a summary of the content analysis of written narratives from a sample of 21 women via the “The Dare to Dream” questionnaire (see Appendix D). It illustrates the kind of decisions, choices and deliberations women participants made as part of the Dare-to-Dream (D2D) activities. The sample was selected from the earlier DIYH sets of delivery and included women living across a range of boroughs (further information is withheld in order to protect women’s anonymity). These earlier sets of delivery operated with the rules and protocols typical of the phase 1 of the Dare to Dream activity. A total openness to the nature of the Dare2Dream proposals might at first raise concerns over the possibility of reckless or over-indulgent use of money. However as Table 9 and 10 illustrate, women participants have drawn on the themes explored during the workshops. Each of the proposals considered here reflect awareness of the value of self-care and its domino effect upon psychological well-being. Likewise they reflect appreciation of social responsibility towards others and the co-dependence between individual quality of life and space shared with others – whether as in roles of a parent, partner, child or friend and community member.

Table 9. What type of decisions did people make about their investments and well-being? A content analysis of a sample of individual responses as a part of their The Dare to Dream Activity (n = 21).

	Proposed activity			Expected benefits
	Self care oriented (f = 13; 62%)	Family & friends oriented (f = 12; 57%)	Directly Community oriented (f = 6; 29%)	
1	A spa break for myself	A spa break for my self and for my daughter		Having the chance for a break will make me feel less stressed. I will be better able to connect and be of help to others. CODE: - improved mental health - increased social connections
2	Gym membership for myself and family members	Organise a big garden party to bring my family together		At the Gym I could meet someone. It will lengthen my life. I would use it to unite my family. CODE: - improved physical health



				<ul style="list-style-type: none"> - improved quality of life - improved family relations
3	To pay for baby sitter to have 2 hours a month alone: time away from the baby	A computer for my children.		<p>Time/space alone would help me be less wound up and less isolated. Able to go out, maybe meet someone: A step towards going back to work.</p> <p>CODE:</p> <ul style="list-style-type: none"> - improved mental health - reduced sense of isolation - improved readiness for employment
4	Pay for driving lessons to learn to drive			<p>Being able to drive would give me give freedom. I would be able to do more in a day. I would be in control of how I organise my day. It would improve quality of life.</p> <p>CODE:</p> <ul style="list-style-type: none"> - increased mobility - increased autonomy - increased quality of life
5	Use the money for medical expenses to improve my health		Improved health lets me get more involved in the community	<p>Would share with others what I've learnt. With improved health I could get more involved in the community.</p> <p>CODE:</p> <ul style="list-style-type: none"> - increased physical health - increased sense of purpose - increased contribution into the community - reduced social isolation
6		Hold a party for my autistic sons and family and friends		<p>The participant would be able to bring her family together and offer a happy day for her children</p> <p>CODE:</p> <ul style="list-style-type: none"> - improved family relations - reduced social isolation
7		Treat my Mum; Buy a health cover for my Dad who had a stroke		<p>Mum and I will be less stressed; as a carer she [Mum] ...will boost her and myself</p> <p>CODE:</p> <ul style="list-style-type: none"> - improved physical health - improved quality of life - improved family relations - greater psychological well-being
8	Laser treatment on my facial [marks]			<p>This is causing me concern. People will stop telling me about the marks on my face</p> <p>CODE:</p> <ul style="list-style-type: none"> - improved physical health - enhanced self-esteem - greater psychological well-being
9	Attending flowers arrangement courses			<p>Flowers bring a smile to peoples' faces.</p> <p>CODE:</p> <ul style="list-style-type: none"> - greater psychological well-



				<p>being (sense of purpose)</p> <ul style="list-style-type: none"> - increased social connections
10			<p>Would like **** Group to receive 20 weeks complimentary therapy</p>	<p>This is an entirely a community oriented proposal.</p> <p>CODE:</p> <ul style="list-style-type: none"> - increased contribution into the community - increased social connections
11	Go on holiday to a nice place	...with my daughter		<p>This would make “us happy because we have always wanted to go abroad” but never could dream they can afford it.</p> <p>CODE:</p> <ul style="list-style-type: none"> - improved family relations - greater psychological well-being
12			<p>Create a women’s-only workshop to support individuals effected by mental health</p>	<p>Build their confidence; gain mutual understanding; develop their tolerance for new people and alternative ideas; promote mental health recovery</p> <p>CODE:</p> <ul style="list-style-type: none"> - increased contribution into the community - increased social connections
13			<p>Buy a sewing machine for the community centre and teach women sewing</p>	<p>This would make women happier. They are keen to learn sewing.</p> <p>CODE:</p> <ul style="list-style-type: none"> - increased contribution into the community - increased social connections
14			<p>Set up an Asian sewing class</p>	<p>Attend classes regularly. It’s cheaper</p> <p>CODE:</p> <ul style="list-style-type: none"> - increased contribution into the community - increased social connections
15		Buy a computer for my son		<p>Children can’t study without a computer. Meet new people via the internet; share ideas with others.</p> <p>CODE:</p> <ul style="list-style-type: none"> - improved readiness to study - reduced sense of isolation - increased social connections
16	Learn to drive	Husband is not well; my children will be happier; take my friends out		<p>Life will be easier.</p> <p>CODE:</p> <ul style="list-style-type: none"> - increased mobility - increased autonomy - increased quality of life
17	Driving lessons	I am a single Mum; Son loves car rides		<p>Learning something new and people go “wow”. [Passing the test raises her perceived self-value in her community)</p> <p>CODE:</p> <ul style="list-style-type: none"> - increased mobility - increased autonomy - increased quality of life



				- increased self-esteem
18	I would love to decorate my house	Connecting to family and friends to decorate. Spend money on my daughter's needs		Home is the "most important place to relax" and unwind. CODE: - improved family relations - greater psychological well-being - increased social connections
19	Learn to drive	Mum is very ill		Life will be easier. CODE: - increased mobility - increased autonomy - increased quality of life
20			Reading group for adults; blind people and disabled Organise a workshop on how to recycle clothes	Reading helps divert the mind; take your mind off any unfavourable circumstances I want people to believe that although we are all different, we can still work together and share the same interests Generate new skills; help environment; re-ignite old passions Connects people; keep community active mentally; mentally; physically and psychologically CODE: - increased contribution into the community - increased social connections
21	Buy a flat screen TV	For my family		Like the old owner had. To cover the holes left by [his] flat screen. CODE: - greater psychological well-being - improved family relations - greater self-esteem

Of the 21 proposals examined here, 62% are self-care oriented, 57% are friends and family oriented and 29% are directly oriented towards enhancing community well-being. The former two categories are commonly overlapping in scope and expected benefit. As the conceptual codes used to map the content show, the Dare2Dearm proposals may be categorised as personal, family and friends, or community focused, but the impact is always involving a benefit related to increased subjective well-being which is always already intertwined and has positive effects beyond, into the social realm. Tables 9 and 10 illustrate this point well – the Dare2Dream money were invested in such as way that the activity can be accurately described as a Dare to Be, rare opportunity for this group of women. Put in different terms, this data expands on the findings discussed earlier and show evidence in line with health promotions objectives informing the DIYH project. In their Dare2Be choices the women



display appreciation of a ‘whole-person’ approach to well-being including a good understanding of the links between physical and mental health and well-being.

Table 10. Numerical mapping of the content analysis of the Dare2Dream written statements. N=21. (f = frequency; % calculated out of 21).	
CODE 1: increased contribution into the community f = 5; 23.80%	CODE 6: increased mobility & thus life autonomy f = 8; 38.09%
CODE 2: improved physical health f = 4; 19.04%	CODE 7: increased quality of life f = 6; 28.57%
CODE 3: improved mental health f = 2; 9.52%	CODE 8: improved family relations f = 6; 28.57%
CODE 4: greater psychological well-being f = 6; 28.57%	CODE 9: increased social connections f = 8; 38.09%
CODE 5: increased sense of purpose and psychosocial readiness (work; school) f = 4; 19.04%	CODE 10: reduced sense of isolation f = 4; 19.04%

The content analysis presented here also serves as a window into the ways in which factors such as the economic profile of participants (e.g., on low family income), particular life circumstances (e.g., carer for physically family member) and position in the life-cycle (e.g., retired; single parent) have shaped the decision they made regarding D2D activities.

DIYH project as a place where women can Dare to ‘Be’: collective themes from interview data

Thematic analysis of verbal narratives, generated by four focus-groups and six one-to-one interviews with women from across a range of London boroughs, collaborates and expands further the statistical results and shows the following the master recurrent themes:

- Being with others: establishing new, positive networks
- Feeling less alienated: gaining a sense of belonging, being less isolated
- Reaching beyond generational gaps: connectivity and community
- A catalyst for gaining positive control (empowerment)
- Doing new activities: doing things you would not do in everyday life
- “Be the change you want to see”: increased self determination and resilience capacity
- Spreading the DIYH learning to others
- Happiness in relation to self and to others
- Can money buy you happiness?



Being with others: establishing new, positive networks

The opportunity to just be part of a group, and be welcomed as a member, in itself engendered feelings of belonging and associated positive emotions. The DIYH atmosphere of positive regard facilitated relationships to build with people from areas of the community that they would not necessarily or typically meet. The opportunity to establish new connections with others by sharing common experiences was reported as one of the *most valuable* aspect of the project by all of the participants:

"... with neighbours, a very serious issue and it just made me sort of be able to erm to look at it, to look at that, not in a way of forgiving the problem... to put it on a more positive level and try and get to the root of it, the problem really."

"It's sort of given me inspiration to have a sense of community spirit"

"They wouldn't be people that I would normally see and say hello to in the street, you know...I'm always going to look at it I have something to learn from them and equally they to me. So, you know, it changed my attitudes ..."

Feeling less alienated: gaining a sense of belonging, being less isolated

The women commonly reported as an important feature of the workshops the possibility for mutual sharing of both, personal sorrows or joys. In the experience of sharing with another and through the witnessing process of the group, women found themselves feeling less isolated and less alienated. The group structure in itself facilitated avenues for confiding, co-sharing, and collaborating in ways that enhanced these women's open engagement to the workshop activities. This was a powerful theme that provided a space for the possibility of daring to 'be'. In turn this attitude of openness also grounded an appreciation of the value of being 'held' by a community spirit:

"...you think that nobody else is going through and you think that erm you know feel a bit isolated and where you're sharing it within the group and you're hearing that people have got just as much problems and they're still smiling and they're still laughing and they're still. You know, it sort of makes you put your life into more perspective and that's what it done for me."

"...I came on my own... The hole in the group was filling [by a] community spirit, I had a sense of belonging in a group"

"...meeting and mingling with the local community because a lot of those ladies I've never met before and learning about their experiences of what they, I think I've got a challenging life, what they deal with as well and I think sometimes you need to be made aware of your not on your own."

Reaching beyond generational gaps: connectivity and community

In a snowballing manner, the daring to 'be' attitude engendered by the workshops, served as an opportunity for women of different ages to recognise commonalities and so removing unhelpful stereotypes. Attitudes were markedly different after the workshops. Women reported the great value of this change:

...“I’m in thirties, they’re a lot older than me, and I had so much to learn from them and equally maybe with me.”

...“I do feel now when I see somebody on the street that’s a lot older than me I wouldn’t be thinking oh I’ve got nothing in common with them, you know, I’m always going to look at it I have something to learn from them and equally they to me. So, you know, it’s changed my attitudes as well.”

...“I meet, my daughter’s friends, I mean there in their sort of thirties, forties, so there, to me, there never has been a generation gap”

A catalyst for gaining positive control (empowerment)

The DIYH workshops were described by the participants as a catalyst – feeling energised, hopeful and empowered. A new view about subjective well-being gets developed. A view that psychological well being and feelings of happiness can be self-cultivated, given the right tools:

...“What I learned here is that I can bring happiness by myself. I don’t have to get it from someone, ‘cause I can do it, I can create the happiness. [...] They show us how I can do it for myself. [...] And they think I can do it and, yes, eventually I will be happy and then like I said earlier if I get happiness, my kids gonna be happy.”

The sense of ‘daring to dream’ gave them *permission* to ‘dare to be’ and enhance their confidence and trust to be ‘real’ within their group:

...“Yes, to be positive and to go forward and whatever you want to achieve you can achieve it if you go forward without looking back ‘cause I think the aim of it was the DIY happiness to look forward other than to look back. So that’s what it has enabled me to do. To um, you know, look forward.”

...“So those new ambitions, have they come from the course, or it’s all sort of happened at the same time?... No it came from the course.”

“... it gave me, it identified a lot of issues that I might have sort of buried deep down and I didn’t really want to talk about with people I knew and it sort of gave me an opportunity to open up more.”

The reported impact of the DIYH in these women’s lives also reached beyond the facilitated context of the workshops. Their experiences on project and the kick-start of the Dare2Dream financial component also served as a catalyst for *practical* changes alongside emotional changes:

...“I’ve signed up for a few more courses so it’s sort of given me inspiration to have a sense of community spirit, all that stuff, so for my personal growth I’m starting an introduction to social work course which is something that I’ve been wanting to do for a very long time and um I’ve felt it was something I needed to do for me. Although I’m a mum, there are still things that I could do that’s going to fulfil me. I felt [...] I had to also give something back to my community as well” .

...“I’ve signed up with crisis which is a charity for to do some voluntary work as well because I felt that you know I had to also give something back to my community as well.”

The workshops stimulated a sense of trust and respite. A sanctuary where to stop and review what is important in life:

... "It really made me look at my life and appreciate even the negative things that are happening."

"... you've gone from not thinking you make a difference to thinking that actually you can make a difference."

... "And having the crèche close by. I do a lot of courses at the centre so the fact that this is going to benefit the community as such, but it's also benefited me as a person."

Doing new activities: doing things you would not do in everyday life

The 5 Ways to Well Being themes used to inform the structure of the DIYH workshops succeeded in shifting attention to the 'whole person'. Engaging in tasks that one would not normally (e.g., flower arrangement; conversing about nutritional components in common foods) raises awareness about taken for granted needs, strengths, wishes, as well as hidden assumptions or unvoiced worries:

... "You know don't be afraid to try things, new things and come out of your comfort zone and just go for it 'cause there's only one life we have and make the most of it."

... "I've gone away and done research and I'm actually doing a presentation at my daughter's school in a couple of weeks about this so it's just, you know, just really opened up a lot things, I've been provided with so much information, I've sort of taken it on board and I'm sharing it with other people."

"Be the change you want to see": increased self determination and resilience capacity

Women's experiences on the project fuelled their hope and engendered a sense of personal control in terms of promoting and protecting their mental well-being and subjective life satisfaction.

Especially, but not solely, through their Dare2Dream activities, the concrete experience of seeing they *can* make a difference to their ways of being in the world has increased their confidence in themselves as agents of change. It activated, and through application enhanced, their resilience capacities:

... "Turning my own negative into thoughts into positive thoughts and my negative thoughts because I've not been very well."

... "The awareness from here made me look at erm not only myself but how I can help other people around me as I said and also made me a lot more aware of things, little things that I can do regarding my help to [inaud] a better planet. You know those sort of things."

... "I think if you have got a family member who has got an illness and you're their 24/7 carer, you know, life at times you can think to yourself I just gonna bash my head up against the wall, but now I know I don't need to get myself so stressed out over situations that I have got no control of really."

Spreading the DIYH learning to others

The experiential impact of participating at the DIYH project motivated the women to pass on their learning and sense of empowerment. One of the women interviewed reported how she would have wanted her partner to have a similar place to attend in the belief that this would have helped immensely with his depression symptoms. Across the individual as well as focus groups interviews

the positive outcomes of the DIYH interventions were pronounced and identifiable as was the women desire to spread the learning in their communities and with family members.

... *"The five ways, he [now] has that basically [from me]. It's like his Bible, he has that there and he refers to it on a sort of daily, bi-daily basis."*

... *"I would say I've been on a brilliant course. [it] basically helped me to face all the challenges in my daily life, I'd try and relate it to them personally, I think it would help me cope... or I think it would help you improve"*

... *"I would describe it as self healing"*

... *[in telling others about the DIYH I would say that] "They would learn a bit about themselves, a bit about their environment, a bit about their community, a bit about generations all depending on cross generations coming to the groups. Learn about other people and their personalities"*

... *"I would say [the DIYH] would help them to find their selves and it would lighten them in here [points to chest]. It doesn't matter what happens on the outside, it's what's in here [that needs nurturing]. So I would certainly recommend it."*

... *"get a chance to maybe say things that they would never ever say in the outside world, you know, there might be things they're unhappy with that they wouldn't say out there but they'd be quite happy to say in here."*

Happiness in relation to self and to others

Importantly the participating at the DIYH workshops has enabled and developed a sense of self-efficacy, autonomy and responsibility for these women. In turn this implicated the women in their effectiveness in the community as a whole. The inevitable outcome would be a more integrated sense of community spirit:

... *"Yes, happiness is what you make it. Yeah I've learnt that happiness, you know, you have the power to create your own happiness as long as you identify and you have to define what your happiness is."*

... *"Cause your happiness and some body else happiness is gonna be always different and how you measure it is always going to be different to somebody else"*

... *"So you have to work out what it is that makes you happy".*

... *"It was coming here that made me think happier thoughts and how to change myself and I think also, I don't know, it was just nice, really nice."*

... *"the happiness has got to come from me. Happiness has got to come from within."*

... *"I think it was the flower arranging [activity]. And I took it over and showed him. He said: I tell you what girl since you've been going down there you haven't sworn at me once when you come in [she laughs]."*

... *"So it's good [you later find out how deeply] it's affected you, it's affected your relationships with others, your husband. Absolutely positive. Brilliant!"*

Can money buy you happiness?

When asked directly this question the participants conveyed clearly how the complexity of *what* is being asked is only superficially matched by *how*/the way is being asked:

... *"Not necessarily, but it's not helpful when you don't have it."*

... *"Not necessarily, but the challenge is finding a positive way around the pressure to have money."*

... *“Not necessarily. Happiness is not always not what you’ve got, you know, materialistically, it can also be, you could have everything you want in the world but in here you’re not happy [points to chest], so it’s, you know, it’s a mixture of each. As long as you are comfortable with what you’ve got, you can still feel happy inside.”*

Together these master themes echo and detail earlier findings. Especially they hammer home the overarching theme across the entire body of data; namely, the sense that the DIYH project serves as a robust kick start for positive well being and enhanced life satisfaction.

The analysis of the focus group interview with DIYH facilitators adds further insights to the overall picture from the perspective of delivering the workshops, which in many instances proved to be a potent and transformative process. Commonly the facilitators noted that the workshops provided women with a space and time to devote to themselves. Co-sharing and witnessing the participants’ experiences was received as a personally valuable gift. They equally benefited in the project as they recognised that they were not experts: *“a credit to all of us that we were able to kind of be equal partners in this...”* As one of the facilitators puts it *“[The workshops delineated] a sense of defined personal space was valued and treasured by the women and the facilitators which made you feel special.”* They felt that the DIYH activities can engender a collaborative model of learning based on a trust that women would be interested in “technical” knowledge. The tool-kit offered to the participants which enables them to make sense of (past) emotional experience(s) in a creative and beneficial way; a kind of *“tools instead of tablets [leading to] personal empowerment”*.

Women were open to the experience and treated it as a journey which the facilitators echoed also. This collaborative model empowered both the participants and the facilitators:

“...there was a big sense of personal empowerment – for me that held the whole thing together. Along with the material...it was like, I’m taking this knowledge and I’m empowering myself to do something different.”

‘...we interacted with people as peers, as equals, rather than as teachers, and a lot of people have a got a huge amount of experiential knowledge.’

“Who would have thought when we were talking about gratitude, well actually that’s a big thing and to show people how you can use it to empower your life and not just as this fleeting thing that you get when someone gives you a gift and you say thank you. That’s quite a powerful thing. [...] We’re just providing a platform for you to experience it and contextualise it.”

Transformation of (perceived) cultural barriers through sharing feelings and (emotional) experiences occurred. Although they report where initial tensions seemingly arose from cultural convention and linguistic differences. One of the facilitators described an instance which illustrates this tension; the resolution is rich in terms of training skills and role of reflexivity:

... “[I felt] terrified because I walked into a room full of women [...] and I suddenly thought what on earth have I got in common with these women? The [ethnic] clothing for me had presented more than just a physical barrier. I thought I’m not going to get through to, connect to these women at all, whatsoever. By the end of the session...when everything had broken down and I was connecting and I was realising that these women have exactly the same...it was one of those amazing light bulb insight days ...to go from a complete barrier to complete connectedness in couple of hours.’

This is a good example of the necessity to coach and provide appropriate developmental training skills for future facilitators. A consideration could be made for drawing upon trainee counsellors to be used in group processes. Bringing into awareness such issue as diversity and stereotypical assumptions are basic values which this area of intervention and population needs to recognise. Facilitators’ awareness of their personal and professional developmental needs were congruently realised and discussed. Emotional empathy provided an opportunity to experience and glimpse at the connectedness which had the potential to transcend and pre-empt cultural and religious lines of interpretation and perceived differences:

... “Cultural barriers may exist but actually the emotions are identical across the board and the experiences really are identical it’s only how they’re interpreted that might be different within different cultures and race and religions but actually the emotions are the same. And the challenges are the same really.”

employed happiness, strengths, optimism, and gratitude as organising themes for its 8 workshops. The combination of experiential workshops activities, the interpersonal dynamics of sharing and the ownership of ethics of responsibility inherent to group work, also proved to be effective. It enhanced the well-being of alcohol misusing adolescences and elicited positive rehabilitation behaviours.

SUMMARY of FINDINGS

- The DIYH project engaged a well represented profile of participants in terms of the key socio-economic indices such as age, employment status and ethnicity.
- The DIYH project was successful in bringing together women and foster avenues for gaining a better understanding of generational, spiritual, and life experiences variations.
- Statistical analysis of 141 paired (before – after) self-reports on a range of psychometric tools evidence the DIYH programme as an intervention effective in enhancing peoples’ mental and subjective well-being.
- As a result of the DIYH intervention, the participants: (a) harbour greater optimism about the future; (b) show enhanced ownership of individualised sources of resilience; (c) convey an enthusiastic appreciation of the benefits of personal investment in social connections; (c) report more experiencing instances of warm and trusting relationships with others.
- DIYH workshops have succeeded to motivate, inspire and assist their participants to acquire a greater understanding of their mental health and well-being, how to enhance it, and their agentic role in protecting it.
- In their Dare2Dream choices, the women displayed appreciation of a “whole-person” approach to well-being including a good understanding of the links between physical and mental health and well-being and positive ethics of responsibility.
- The Dare2Dream activity was used and experienced in ways that can be accurately described as the *Dare to Be* – a rare, precious opportunity for these groups of women. While Dare2Dream proposals may be categorised as personal, family and friends, or community focused, the impact is always involving a benefit related to increased subjective well-being which is always already intertwined, and has positive effects beyond, into the social realm.
- Collectively, the combination of workshop activities and the offer of £500 with protocols that posed no or less restrictions on the direction of the investment (especially, the 1st phase of the Dare2Dream activity) has increased women’s positivity, hope and life satisfaction.
- Nine master themes identified in the analysis of the interview data echo and detail earlier findings. They hammer home a core overarching message: the sense that the DIYH project serves as a robust kick start for positive well being and enhanced life satisfaction.



Closing the circle back to the puzzle set out at the inception of the DIYH project – Can money buy happiness? A negative answer declares itself forward so as to avoid obscuring the complexity of life, its struggles and its resources. Through the atmosphere, structure, content, practical outcomes, and positivity the DIY Happiness team made possible, the women experienced the workshops as a sanctuary for self-review, psychological-nurturing, acquiring new skills and knowledge, and how to take this learning forward. The DIYH represents a successful group intervention which has aptly and consistently demonstrated its merits for further investment and support to shore up its continuity.



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*NOTE: Appendices mentioned herewith are provided as a separate document associated with this report.