# Which tool to use?

## A guide for evaluating health and wellbeing outcomes for community growing programmes

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Cover photo: Sydenham Garden,
London Borough of Lewisham, London.

# Contents

# 1. Introduction

It is widely recognised that nature-based activities such as gardening, community food growing and other green space activities can have a positive impact on people's health and wellbeing. Experiencing the outdoors and engaging with the natural environment is good for physical and mental health[1, 2]. In many areas community growing and green space projects are working in collaboration with their local GP practices and health service providers to deliver health improvement. However, there is still enormous potential for this to become more main stream.

Many community growing initiatives have highlighted the challenge of evidencing the outcomes and impact of their activities when seeking to expand their services through commissioning by the health or social care services. The lack of local evidence together with difficulties in understanding the best way to measure outcomes is a common barrier.

This guide aims to help these groups by highlighting a selection of tools currently being used to measure the health and wellbeing outcomes of community growing. It also provides guidance on appropriate tools for different situations.

1 Bragg, R. and Atkins, G., 2016. A review of nature-based interventions for mental health care. Natural England Commissioned Reports. Number 204.

2 Schmutz, U., Lennartsson, M., Williams, S., Devereaux, M, and Davies, G., 2014. The benefits of gardening and food growing for health and wellbeing. Garden Organic and Sustain [online] www.growinghealth.info

# 2. Measurement tools included in this guide

The tools included in this guide have all been used in practical settings and commended by community food growing or green space projects involved in delivering health and wellbeing outcomes, and approved by leading academics. In practice there are big differences between projects, settings and in the services provided and for this reason there is no 'one size fits all' approach for measuring outcomes.

The guide includes tools that can be used by projects delivering a wide spectrum of nature-based activities, such as:

- **Green care interventions**, nature-based therapy or treatment interventions for people with defined needs, taking a person-centred approach with clearly stated patient-orientated goals. For example, social and therapeutic horticulture using gardening and plants to address mental health problems.

- **Nature-based health promotion** activities for the general public or specific target groups. For example community growing projects encouraging people to engage in food growing to promote the adoption of healthier lifestyles.

The guide focuses on tools that measure:

- **Holistic health and wellbeing**: This includes measuring personal wellbeing, such as positive and negative emotions, life satisfaction, and psychological functioning (e.g. feeling competent, having sense of meaning and purpose). The indicators are generally subjective referring to questions of feelings, experience and judgements about life. It can also cover healthy behaviours, including physical activity, healthy eating, and contact with nature and being outdoors. The measures focus on the individual and the results are evaluated either at the level of the specific individual or can be collated for a group of beneficiaries.

- **Progress towards person-centred goals**: For green care interventions involving structured horticultural or animal therapy programmes, outcomes are commonly evaluated by measuring the individual's progress towards person-centred goals identified for the specific needs of the individual. These tools may include subjective indicators for personal wellbeing as well as more objective and clinical indicators such as recovery, physical functioning, blood pressure or Body Mass Index.

The highlighted tools in this report are:

A. Case study reports

B. Outcomes Star™

C. Goal Attainment Scaling (GAS)

D. Leuven Wellbeing and Involvement Scale

E. Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and the short version of WEMWBS (SWEMWBS)

F. Office of National Statistics Subjective Wellbeing Questions (ONS4)

G. Big Lottery Fund Wellbeing Programme Evaluation Tools

H. Bespoke evaluation tools/questionnaires

I. Economic Benefit Analysis

J. Social Return on Investment (SROI)

Details for each of these measurement tools are available in Tables A-J below. They have also been listed, together with some additional tools, in the Appendix.

# 3. Other tools

This guide does not include all the tools available; there is a much longer list of clinical measures used in the health service to monitor specific clinical health conditions, for example scales to measure anxiety, depression or mental state or recovery from specific physical conditions. In general, they are less commonly used by community growing projects because they require more technical knowledge. However, some projects working in partnership with local health service providers are requested to use these measures to monitor specific health conditions.

# 4. Selecting an appropriate evaluation tool for your situation

To help choose the appropriate tool(s) for evaluating health and wellbeing outcomes from a community growing or green space project it is useful to consider the questions outlined below. Also consult your partners or commissioners to check if they have a preference for a specific tool to be used. To help with the decisions the diagrams in Figures 1 and 2 illustrate pathways for the main options.

## 4.1 Why do you want to measure health and wellbeing outcomes?

As a first step, it is important to consider the reasons why you want to measure health and wellbeing outcomes and what you will do with the evidence. Being able to evidence the outcomes of your service or intervention can be important for different reasons and the priorities will vary between projects and at different times. The evidence can be used to:

- Better understand the impact of the project or service on people's lives;
- Promote the service among both service users and funders;
- Develop baseline information to measure changes over time;
- Inform development and improvements to your service;
- Demonstrate results against key performance indicators for the project.

## 4.2 What standard of evidence is required?

The choice of tool and how it will be used in the evaluation process will influence the standard of the evidence gathered. It is important to select what is appropriate for:

- The stage of development of the project;
- The number of people involved;
- The resources available to manage the process;
- The requirements from existing or potential funders.

The Nesta Standards of Evidence for Impact Investment[3] provide a useful framework, using a 1-5 scale (Figure 1), for considering the standard appropriate for a particular project or situation.

The starting-point (Level 1) involves clear articulation of why a product or service could have a positive impact. Tools such as case study reports, product sheets, photo or video documentation can provide evidence at the Level 1 standard and is appropriate for community growing projects in the early stage of development.

As the levels are progressed, data is collected to show change amongst those using the service, then to isolate the impact of the service (showing causality), have the findings externally validated and then at Level 5 to provide demonstrable evidence that the product or service can be run at multiple locations and still deliver a positive impact[3].

The tools highlighted in this guide can provide evidence at Levels 2-5, with the precise level depending on how the tool is used e.g. in relation to use of pre- and post-intervention surveys, use of control or comparison groups, number of participants; verification by independent evaluation and number of replications of the evaluations confirming the results (Figure 1).

3 Puttick, R and Ludlow, J., 2012 'Standards of Evidence for Impact Investing'; Nesta, London

# Figure 1: Nesta Standards of Evidence


Adapted from Puttick, R and Ludlow, J (2012) 'Standards of Evidence for Impact Investing'; Nesta, London

## 4.3 At what level do you want to demonstrate change or impact of the service?

Another consideration is whether you want to demonstrate change at an individual or population level. Here are suggestions about the types of tools suitable at each level.

- **Individual**. Here person-centred tools, like Goal Attainment Scaling and the Outcomes Star™, where measures are made at regular intervals and often as part of the therapy session are used, with results on progress fed back to the individual or evaluated by the individuals themselves. Other tools like WEMWBS can also be used for this purpose.

- **Population of beneficiaries**. If a wider view is needed then the Big Lottery Fund Wellbeing Programme Evaluation Tools, WEMWBS, the ONS4 wellbeing questions and bespoke survey questionnaires can be used. They also measure at the level of the individual but more often the results are pooled. These tools are often used in health promotion projects aimed at the general public or specific target groups.

## 4.4 What intended outcomes of your service do you want to demonstrate? What do you want to measure?

The specific outcome or aspect of health and wellbeing that your service aims to achieve is one of the most important factors to consider when choosing a suitable tool. Community growing and green space projects often provide multiple outcomes and benefits. These may be outcomes that directly influence peoples' health and wellbeing, such as improvements in mood or confidence, recovery or improved functioning, as well as more indirectly such as healthy eating, development of skills and employability.

Guidance on which tools are appropriate for measuring the desired outcomes or benefits is illustrated in Figure 2. The expected outcomes may be categorised as:

- **Person-centred outcomes** – Goal Attainment Scaling and the Outcomes Star™ are often used in structured therapy programmes to measure progress towards person-centred goals defined for specific needs of the individual, e.g. recovery from specific condition of ill-health, social interaction or physical functioning. The Outcomes Star™ is available in different versions for specific target groups or people with specific needs.

- **Wellbeing and happiness** – WEMWBS and the ONS4 wellbeing questions measure wellbeing and happiness, referring to feelings and experiences. They can be used on their own or incorporated into other tools e.g. the Big Lottery Fund Wellbeing Programme Evaluation Tools, bespoke survey questionnaires or within a Social Return on Investment frame work.

- **Behaviours contributing to health and wellbeing** – the Big Lottery Fund Wellbeing Programme Evaluation Tools measure wellbeing based on a wider range of indicators. As well as incorporating the short version of WEMWBS (SWEMWBS) and the ONS4 subjective wellbeing questions, these tools also include questions on healthy behaviours e.g. physical activity and healthy eating. A wider range of indicators can be measured in bespoke survey questionnaires developed for community green space projects, including questions that measure changes in healthy eating, which is particularly relevant for food growing projects where access to fresh produce can influence the intake of fruit and vegetables. Measuring behaviour in terms of contact with nature and being outdoors is also very relevant for community growing and green space projects, working on the premise that this will contribute to health improvement.

- **Wider issues** – for projects aiming to deliver sustainable health care solutions, evaluating outcomes wider than those directly associated with health and wellbeing can also be important. This may include measuring changes in behaviours related to environmental, social and economic sustainability. For example, using indicators related to land management, recycling or biodiversity, to social cohesion or social networks or to shopping habits and development of skills leading to employment. For these situations bespoke survey questionnaires or the Social Return on Investment framework can be the appropriate tools to use.

- **Economic evaluation of outcomes** – Economic Benefit Analysis and Social Return on Investment provide options for evaluating the outcomes or impact in monetary terms. This can be important for comparing the outcomes from different interventions or care pathways used for delivering health improvement.

## 4.5 Who are the service users and beneficiaries?

Another important question to consider when choosing the right tool is "who are the beneficiaries of the service"? It is important to identify the people or clients you are targeting and the options you have for involving them in the evaluation. The factors to consider include:

- **Age group** – some tools are designed for specific age groups, e.g. the Leuven Wellbeing and Involvement Scale was developed for use in early years settings. For most of the other tools listed in Tables A-J, versions are available for different age groups. For example, Outcomes Star™ is available for children, young people, adults and older people; different versions of the questionnaires for the Big Lottery Fund Wellbeing Programme Evaluation Tools have been developed for adults and for young people (aged 8-14). WEMWBS is primarily for adults, but has been tested and verified for young people (13-15 years). Bespoke surveys can be developed for specific age groups and the design of the questionnaires can then be adapted accordingly. For example, pictures to illustrate the question and symbols like smiley/sad faces and thumbs up/down for recoding answers are often used for children or adults with severe learning difficulties.

- **Level of literacy or IT skills** – self-completed questionnaires are usually administered in paper or electronic formats, or through telephone interviews. However, in situations where levels of literacy, IT skills or access to IT equipment make it difficult for people to engage, the use of face-to-face interviews or focus groups for discussion and collection of the data may be more appropriate.

- **Language** – the engagement of people who don't speak English as their first language needs to be considered. Some of the tools are available in different languages. WEMWBS, for example, is available in more than 20 languages. Other tools may require translation or the provision of interpretation services.

- **People with learning difficulties, dementia or other specific needs** – observational tools like Goal Attainment Scaling can be used where levels of literacy or the ability to communicate and engage with the evaluation process is a barrier. This tool is commonly used for people with learning disabilities and for people with dementia. The Leuven Wellbeing and Involvement Scale has also been adapted to be used for people with dementia. A version of the Outcomes Star™ for people with learning disabilities is available. Bespoke survey questionnaires have also been developed by community groups working with client groups with specific needs. For these situations the questions may need to be simplified according to the abilities of the respondents and, as mentioned above, the use of illustrations and symbols instead of words can be effective.

## 4.6 What resources are required for evaluation?

The costs and resources required for the evaluation need to be considered, ideally at the stage of planning the project to ensure that sufficient resources are allocated in the budget. This may be:

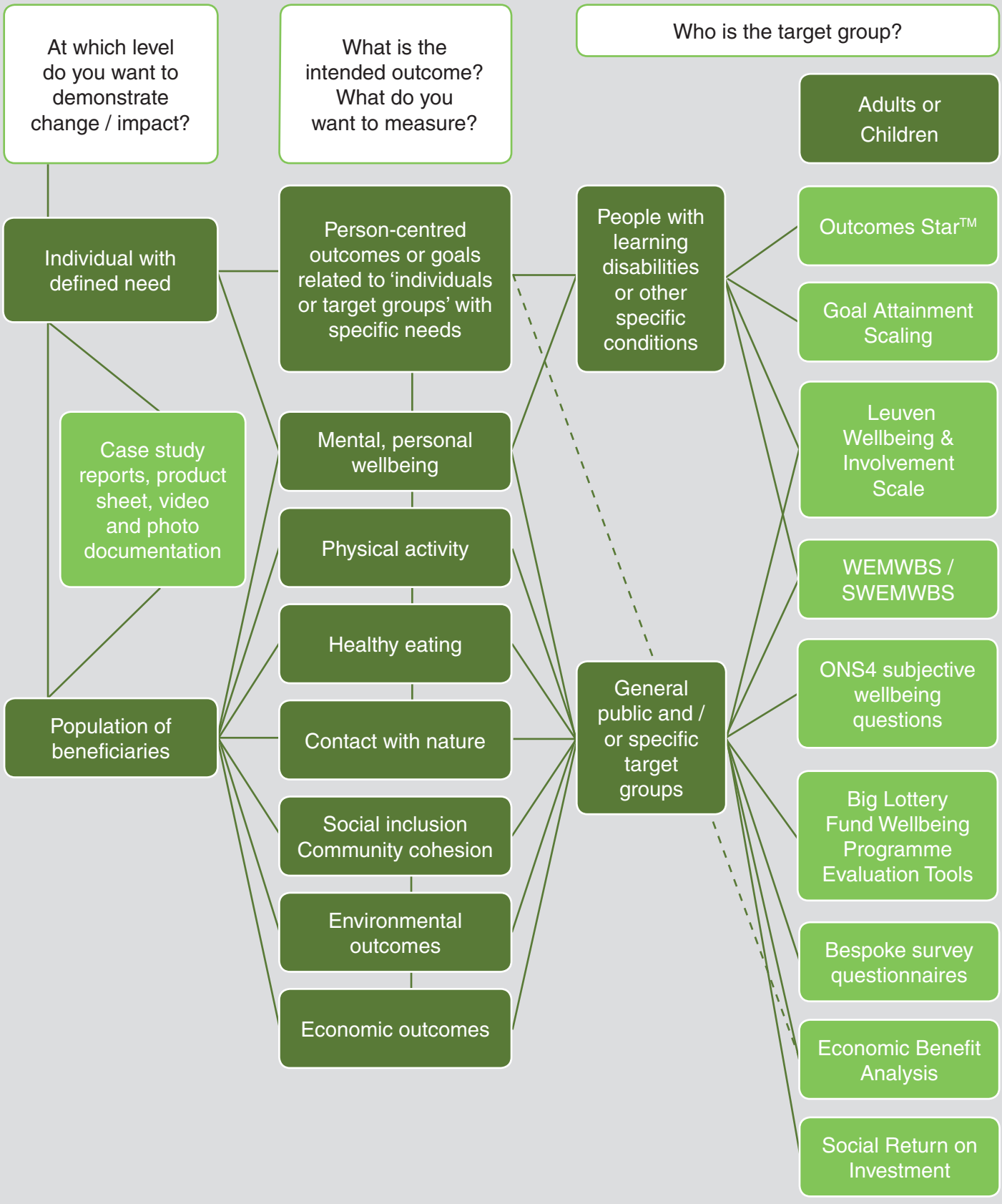
- Input by managers, therapists, session leaders or dedicated evaluation personnel to plan the activity;
- Time by staff or volunteers to make recordings on a one-to-one basis with service users, to facilitate interviews or group discussions or to administer the distribution and later collection of data from survey questionnaires;
- Handling, analysing and interpreting the results and for preparing reports; this may require specialists' knowledge and skills in for example IT, statistical analysis and data protection.

In many situations training may be needed on using the tools and undertaking the evaluation; this may be provided in house or by external training providers. For some tools the completion of training is a requirement for accessing the tool e.g. the Outcomes Star™.

Projects that do not have sufficient capacity or the required skills within their own staff resource may choose to use external consultants or researchers for the evaluation; this will incur costs that also need to be budgeted. Some of the tools, like Social Return on Investment or Economic Benefit Analysis can be more resource intensive as they require specialised expertise and are usually undertaken by, or in collaboration with, qualified and accredited practitioners/consultants.

Many of the tools are available to use free of charge, but some require purchasing of a license e.g. the Outcomes Star™.

## Figure 2: Pathway options for selecting measurement tools.



# 5. The tools

## Table A: Case study reports

| | |
|---|---|
| Name of tool | Case study report, product sheet, video and photo documentation. |
| Purpose of tool | To describe what the intervention/project does and why it matters. |
| Who would use the tool and who is it for | Project personnel gather and produce the reports, in collaboration with existing and ex-service users.<br>Applicable for projects working with a wide range of beneficiaries, including the general public or specific target groups |
| How does the tool work | A case study report can provide the first level of evidence, (see Nesta's Standards of Evidence for Impact Investing - Figure 1). The report:<br>● Articulates what the intervention does and why it matters in a logical, coherent and convincing way;<br>● Gives an account of the impact and provides a logical reason, or set of reasons, for why and how it can deliver the desired outcomes and impact;<br>● Draws upon existing or projected data, for example description of activities, number of service users and other beneficiaries, levels of attendance, person diaries and documented stories of beneficiaries/service users.<br>● Research and documentation from other sources, can also be included. |
| Data collection | Information, including, for example:<br>● Data on number of service users or beneficiaries, attendance, hours of volunteering, etc.<br>● Anecdotal information from interviews/conversations with service users and person diaries.<br>● Evidence from published literature or similar projects.<br>● Photographic records or films. |
| What are the outputs | Case study report or product sheets, with information on background, description of service or intervention, links to local health and wellbeing priorities, key outputs e.g. number of service users, key target group, expected outcomes measured where available, reference to other research or evidence from similar services/interventions. |
| Strengths | This level of evidence can usually be provided by any service/project provider and helps make a good case for the service. As the service develops the evidence behind it is normally expected to increase. |
| Limitations | Inspiring but sometimes regarded as selective or primarily used for promotion. |
| Resources and support available | Published case study reports and product sheets are available for many community growing projects and can be used to serve as a template for the report, see www.growinghealth.info |
| Resources required | Staff resources to gather and produce reports. Systems in place for collecting basic data about the project e.g. number of service users, attendance of service users, number of other beneficiaries, number of sessions provided etc. |
| Access to tool | For examples of Case study reports and product sheets see:<br>● www.growinghealth.info<br>● www.healthyfoodforall.com/community/community-case-study/<br>● www.biglotteryfund.org.uk/-/media/Files/Research%20Documents/er_rc_case_studies.pdf<br>● www.farmgarden.org.uk/system/files/fcfcg_cgr_pack_inners_wales-eng_web.pdf |

# Table B: The Outcomes Star™

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|---|---|
| Name and publisher of tool | The Outcomes Star™ was developed and is supported by Triangle Consulting Social Enterprise. |
| Purpose of tool | A unique suite of tools for supporting and measuring change when working with people. The Outcomes Star™ both measures and supports progress for service users towards self-reliance or other goals. The Outcomes Star™ can be used to track the progress of an individual service user, to measure the outcomes achieved by a whole project and to benchmark with a national average for similar projects and client groups. |
| Who would use the tool and who is it for | Session leaders, care workers or therapists working on a 1:1 basis with a client.<br>There are over 20 versions of the Outcomes Star™, designed for different settings based on the need of the service user (the client group), the intended outcome or goal, the type of service and key work provided, especially the amount of 1:1 time with people.<br>This include versions for children, young people, adults and people in later life; adults and young people with learning disabilities, adults recovering from mental illness, substance misuse or living with long term conditions; children and adults with ADHD, adults visual impairment and people in a caring role. A full list of the versions of the Outcomes Star™ and guidance on how to choose is provided on the website below. |
| How does the tool work | The Outcomes Star™ is a person-centred tool. All versions are based on the steps that service users take on their journey towards independence - the Ladder of Change.<br>● A Star reading is taken at or near the beginning of the services user's time with the project.<br>● Using the ladders or other scale descriptions, they identify together where on their ladder of change the service user is for each outcome area.<br>● Each step on the ladder is associated with a numerical score so at the end of the process the scores can be plotted onto the service user's Star.<br>● The process is then repeated at regular intervals (every three, six or 12 months depending on the project) to track progress. |
| Data collection | ● The Stars are designed to be completed collaboratively between the worker and the service user as an integral part of key work.<br>● Star readings are taken and plotted at the beginning of the service user's time with the project and is then repeated at regular intervals. |
| What are the outputs | The scores for the star readings are plotted on the service user's Star, showing the recordings for each reading to track progress. |
| Strengths | Validated tool that is recognised by the health service sector and has received backing from national and local government departments. |
| Limitations | If not carefully implemented with full understanding of the 'process' there is a danger that it can become a 'tick box' exercise. Needs time and support so as to be used as a tool for empowerment. |
| Resources and support available | Full-length documentation for all relevant Stars including star charts, user guides, organisation guides, quizzes and additional resources such as flashcards are available to licensed Star users. Training courses for workers using the Star with service users are also available (provision of the core training course is a requirement for obtaining the licence). |
| Resources required | Financial resources to purchase licences and for training personnel involved.<br>Staff resources (session leaders/keyworkers) to collect Star readings on a 1:1 basis at regular intervals and to collate and analyse data. |
| Access to tool | A Star licence, and training, is required in order to use the Star with service users. Two kinds of licence are available: a license with or without a web app. The licence cost is calculated based on the number of workers and managers who will be using the Star with service users. In addition, all workers using the Star with service users must complete the core one-day course. www.outcomesstar.org.uk |

# Table C: Goal Attainment Scaling (GAS)

| | |
|---|---|
| Name and publisher of tool | Goal Attainment Scaling (GAS) and GAS-Light.<br>GAS was first developed by Kiresuk and Sherman, 1968[4]. |
| Purpose of tool | GAS is used to evaluate physical and mental health outcomes, and rehabilitation using a method of scoring the extent to which a client/service user's individual goals are achieved in the course of the intervention. |
| Who would use the tools and who is the target audience/setting | GAS is a participatory tool involving collaboration between multi-disciplinary team members, care worker, therapists and the service user. Scoring is done on an observational basis by the therapists. It was first introduced for assessing outcomes in mental health settings, but has been modified and applied in other areas, including elderly care settings, chronic pain, cognitive rehabilitation and amputee rehabilitation.<br>GAS is suitable for adults and children, for people with learning disabilities and for people with dementia. |
| How does the tool work | The most important step in GAS is the setting of clearly defined priority goals for treatment that are agreed between the individual and their treatment team before starting the treatment.<br>● Goals should be SMART (specific, measureable, achievable, realistic and timed) so that the extent of the achievement can be accurately rated.<br>● GAS is rated in a 5-point scale (-2 to +2) with the degree of attainment captured for each goal area, which may be weighted to take account of the relative importance of the goal, and/or the anticipated difficulty in achieving it.<br>The GAS-Light model has been devised to help therapists to more easily make the assessment an integral part of the decision making and review process.<br>● GAS-Light is less time consuming as the only predefined scoring level is that for the zero score (i.e. a clear description of the intended level of achievement.<br>● Goal rating is done using a 6-point verbal score in the treatment setting, which is later translated into numerical scores to derive the T-score. |
| Data collection | Each goal is rated on a 5-point scale (-2 to +2), with the degree of attainment captured for each goal area. Normally 2-4 goals are identified, which are incorporated into the single GAS T-score. Evaluations to determine GAS T scores are carried out at regular intervals through the treatment intervention and as a minimum at the beginning (baseline score) and end of the intervention (achieve score). |
| What are the outputs | Clearly defined and agreed priority goals of the treatment/service for the individual, normally 2-4 goals.<br>At the point of evaluation a single GAS T score is calculated, incorporating all of the different goals, GAS T score as baseline scores and all change scores. |
| Strengths | As goal setting is already a part of routine in clinical practice, GAS builds on already established processes. GAS encourages communication and collaboration between carers and therapists as they meet together for goal setting and scoring, and by patient involvement. |
| Limitations | The original GAS approach can be time consuming and therapists generally dislike applying negative scores which may be discouraging to service users. Additionally knowledge and experience of using GAS and of the outcomes expected for service users is vital in selecting the appropriate and most important goals. With a low ceiling and high floor careful use of SMART goals to ensure full progression or deterioration can be recognised. |
| Resources and support available | Resources for GAS are available for free, including a GAS Calculation sheet, GAS Practical guide, GAS-Light only, GAS Record sheet, and GAS Engagement Scales. Training courses for practitioners are available at Kings College London (link below), and by other trainers. |
| Resources required | Staff resources (therapists/key workers) to define priority goals and for 1:1 observations to evaluate and collect GAS ratings at regular intervals, and to collate and analyse data. |
| Access to tool and resources | www.kcl.ac.uk/lsm/research/divisions/cicelysaunders/resources/tools/gas.aspx |

4 Kiresuk, T. J., Sherman, M. R. E., 1968. "Goal attainment scaling: a general method for evaluating comprehensive community mental health programs" Community Mental Health Journal 4 (6):443-453.

# Table D: Leuven Wellbeing and Involvement Scale

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|---|---|
| Name of tool | Leuven Wellbeing and Involvement Scale.<br>Developed by the Research Centre for Experiential Education, Leuven University, Belgium. Laevers, 2005[5]. |
| Purpose of tool | To evaluate the wellbeing and involvement as indicators of quality early years provision and activities. |
| Who would use the tool and who is for | Observations are carried out by project personnel or session workers.<br>The target group is primarily children in early years settings.<br>This tool has also been reported to be appropriate for people with dementia and people with severe learning disabilities. |
| How does the tool work | The tool is a 5 point scale to measure both wellbeing and involvement. It is based on the premise that lack of wellbeing and/or involvement is likely to threaten a child's development; when there are high levels of wellbeing and involvement it is known that deep level learning is taking place.<br>● The evaluation starts with assessing the levels of well being and involvement in accordance with tables provided.<br>● The procedure is simple and can be compared to 'scanning': observe the children for about two minutes to ascertain the general levels of wellbeing and involvement using a five-point scale.<br>● The observation can focus on groups of children or can be used to focus on a particular individual. Unless a child is operating at level 4 or 5, learning is regarded as being too limited.<br>● It is assumed that children cannot peak at levels 4 and 5 all the time and levels will fluctuate throughout the day. |
| Data collection | Scores based on observations of groups of children or individuals. |
| What are the outputs | A score of 1-5 for individuals or groups of children. |
| Strengths | This observational tool has been developed specifically for evaluating wellbeing in young children. The tool is also being used for people with dementia and severe learning disabilities. |
| Resources and support available | The Leuven Scale is available in user-friendly formats, free of charge, and is downloadable from various websites, see link below. |
| Resources required | Staff resources (session leaders/keyworkers) to undertake observations at regular intervals and to collate and analyse data. |
| Access to tool and information | www.plymouth.gov.uk/documents-ldtoolkitleuven.pdf<br>www.twinkl.co.uk/resource/t-c-6863-the-leuven-scales-for-well-being-and-involvement-display-posters |

5 Laevers, F., 2005. Well-being and involvement in care settings. a process-orientated instrument. Research Centre for Experiential Education, Leuven University ISBN: 978-90-77343-76-8

# Table E: Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and the short version of WEMWBS (SWEMWBS)

| | |
|---|---|
| Name and publisher of tool | Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved. |
| Purpose of tool | To measure mental wellbeing in the general population and the impact of projects, programmes and policies which aim to improve mental wellbeing. |
| Who would use the tool and who is it for | For community project personnel and health and social care professionals to measure wellbeing in general populations or beneficiaries of projects/interventions.<br>Suitable for adults (general population or specific target groups) and has also been tested and verified for young people (13-15 years), minority populations (Chinese and Pakistani) and users of mental health services and their carers. |
| How does the tool work | The scale examines a wide idea of well-being, including effective emotional aspects, cognitive evaluative dimensions and psychological functioning.<br>WEMWBS is a 14 item scale with 5 response categories, summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing.<br>The SWEMWBS is a shortened version of the WEMWBS. This includes seven items that have undergone a more rigorous test for internal consistency than the 14 item scale and have superior scaling properties. The seven items relate more to functioning than to feeling and therefore offer a slightly different perspective on mental wellbeing. The scores from the two scales are highly correlated but the main advantage of the 7 item scale is that it is shorter and it can be transformed for use as an interval scale for psychometric analysis. |
| Data collection | • Self–completed questionnaires, paper or electronic self-interviewing formats.<br>• Where there are issues around literacy and where respondents are not able to self-report, the questionnaire may have to be administered through interview.<br>• Completed by service users on a one off occasion survey basis or on a before, mid and after intervention basis, with at least 30 before and after data needed for statistical significance. |
| What are the outputs | A score, ranging from14-70 for each individual, and changes in score over time. Average score for service user's pre and post intervention. Scores are added and mean change is calculated for the groups as a whole. |
| Strengths | • Positively worded, represents positive attributes of wellbeing and covers both feeling and functioning. Psychometric properties are robust and it is sensitive to the changes that occur in projects promoting wellbeing.<br>• Easy to complete, and to capture concepts of wellbeing familiar to general and minority populations.<br>• Validated tool that is widely recognised by the health service sector.<br>• Results at a project level can be compared with national survey data, including data from different population norms related to age, gender and various other demographic groups. |
| Limitations | May raise awareness of poor mental health to individuals completing, and other approaches should be available to discuss mental wellbeing with participants if this occurs. Relies on self-reporting from beneficiaries so scope for bias in responses. |
| Resources and support available | User guides, handbook for practitioners, excel templates with sample data, and resources for researchers or practitioners training in the use of WEWMBS as a pre and post intervention measure are down loadable from the websites below. Guidance for practitioners on how to add SWEMWBS to an evaluation is also available from www.neweconomics.org/publications/entry/measuring-well-being |
| Resources required | Staff input to administer questionnaires, analyse results and evaluate findings. |
| Access to tool | WEMWBS and SWEMWBS are free to use but are copyrighted to NHS Health Scotland and the Universities of Warwick and Edinburgh. Permission and registration are required for use. Registering to use the tool can be done by completing an online registration form on the Warwick University site for WEMWBS:<br>www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx<br>www2.warwick.ac.uk/fac/med/research/platform/wemwbs/ |

# Table F: Office of National Statistics Subjective Wellbeing Questions

| | |
|---|---|
| Name and publisher of tool | Office of National Statistics, Subjective Wellbeing Questions (ONS4). |
| Purpose of tool | Measure personal wellbeing. |
| Who would use the tool and who is it for | For community project personnel and health and social care professionals to measure wellbeing, to evaluate the outcomes for beneficiaries of projects/ interventions or in the general population.<br>The ONS4 subjective wellbeing questions have been tested for children aged 11-15 years as well as for adults 16+ years. |
| How does the tool work | Consists of four survey questions used to measure personal wellbeing, that relate to life satisfaction, sense of worthwhile, happiness and anxiety. Responses are recorded on a 0-10 scale, where 0 is 'not at all' and 10 is 'completely',<br>One, or all of the four questions are often included as part of bespoke survey questionnaires, often alongside the short version of WEMWBS (7 questions) or longer form (14 questions), to maximise the potential to compare, to benchmark and to support economic evaluation.<br>The four questions are part of the Annual Population Survey (APS) and the APS Personal Wellbeing dataset is the source of the national estimates of personal wellbeing in the UK that are published annually by ONS. |
| Data collection | • Self–completed questionnaires, paper, electronic or web based formats, by face-to-face or telephone interviewing format.<br>• Completed by service users on a one off occasion survey basis, or on a before and after intervention basis or at regular intervals. |
| What are the outputs | Average score (0-10) for population of beneficiaries for each of the questions. |
| Strengths | Validated set of questions that is widely recognised by the health service sector, local authorities, academics and other authorities on wellbeing. Results at a project level can be compared with ONS' national statistics or local area population results. |
| Limitations | Relies on self-reporting from beneficiaries so scope for bias in responses. |
| Resources and support available | Questions can be downloaded/copied and used free of charge. Guidance for practitioners on how to add the ONS4 wellbeing questions to an evaluation is available from www.neweconomics.org/publications/entry/measuring-well-being |
| Resources required | Staff resources to plan and administer the evaluation, and analyse and interpret the results. |
| Access to tool and resources | www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html<br>https://whatworkswellbeing.files.wordpress.com/2014/10/revised-adding-subjective-wellbeing-to-evaluations_final.pdf |

# Table G: Big Lottery Fund Wellbeing Programme Evaluation Tools

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|---|---|
| Name and publisher of tool | BIG Lottery Fund Wellbeing Programme Evaluation Tools.<br>Standardised tools for evaluation of the Wellbeing 1 programme were developed by the Centre for Local Economic Strategies (CLES) and New Economics Foundation (nef). An updated version of the tools was subsequently developed by Ecorys in 2013 for the evaluation of the Wellbeing 2 programme. |
| Purpose of tool | Developed to capture behavioural changes over time (related to physical activity, healthy eating and mental wellbeing) for Wellbeing Programmes beneficiaries. The primary purpose was to facilitate collection of consistent data across the programme by designing tools which could be administered at portfolio/project level. |
| Who would use the tool and who is it for | Used by project personnel.<br>Different versions of the tool are available for adults and young people (8-14). |
| How does the tool work | The Wellbeing 2 evaluation involved one core set of questions which were used across all projects. The survey was designed to be repeated at three points in time:<br>● T1, baseline or entry to the programme;<br>● T2, at the end of their involvement with the programme and<br>● T3, follow-up, around 3 months after T2.<br>Different versions of the questionnaire were developed for each of the three stages (to reflect timing). |
| Data collection | ● The tools were designed to capture information from direct beneficiaries of the programme.<br>● Surveys were designed for self-completion, with scope for support to be provided by project staff if required (e.g. in cases where the respondent is unable to read the questions for themselves). |
| What are the outputs | Quantitative data with scope to analyse change between the different stages (T1 compared to T2, etc.). |
| Strengths | Use of validated/existing question sets to provide credibility and scope for benchmarking. |
| Limitations | Relies on self-reporting from beneficiaries so scope for bias in responses and does not provide as means to demonstrate causality. |
| Resources and support available | The complete set of survey questionnaires used for Wellbeing 2, along with a range of other resources produced as part of the evaluation are available from the Big Lottery Fund. The Big Lottery Fund is however, not able to provide direct support for those wanting to use the tool. |
| Resources required | Staff resources to plan and administer the evaluation, and analyse and interpret the results. |
| Access to tool | www.biglotteryfund.org.uk/research/health-and-well-being/wellbeing |

# Table H: Bespoke evaluation tools / questionnaires

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|---|---|
| Name of tool | Evaluation tools with bespoke questionnaires. |
| Purpose of tool | To evaluate the effects of a project/intervention on the health and wellbeing of those involved. |
| Who would use the tool and who is it for | Tools used by community project personnel evaluating health and wellbeing in general populations or to evaluate the outcome for beneficiaries of projects/interventions. Bespoke questionnaires can be developed for adults, for children and for specific target groups. |
| How do the tools work | The methodology for evaluating a project normally follows a series of steps.<br>● Decide what to measure – develop a storyboard to understand how the activities address the identified need and lead to particular outcomes and design a questionnaire based on the outcomes to be measured.<br>● Identify the beneficiaries or the people you want to measure.<br>● Collect information with questionnaires.<br>● Evaluate and reflect on what actually happened.<br>Questionnaires are often devised by using standard questions from other tools together with questions that relate more specifically to the project or the intended outcomes, asking for qualitative or quantitative information. The design of the questionnaire can be adapted for specific target groups using for example simple language and illustrations and symbols instead of words. Questionnaires with retrospective questions are sometimes used where baseline data is not available |
| Data collection | ● Self–completed questionnaires, paper or electronic self-interviewing formats, face-to-face on a 1:1 basis or in focus groups or by telephone interviews.<br>● Completed by service users on a one off occasion survey basis or on a before, mid and after intervention basis. |
| What are the outputs | Quantitative scores and qualitative information for the range of indicators. |
| Strengths | Questionnaires can be adapted to include questions that more specifically relate to the service/intervention and the expected outcomes and to the target group of beneficiaries. |
| Limitations | Formulating and devising the set of questions can be difficult and often requires help from external consultants. The precise wording and order of the questions can be critical, especially when using standard questions and the results are to be compared with reference data. The questionnaire often needs to be tested before used in the wider group. Usually relies on self-reporting from beneficiaries so scope for bias in responses. |
| Resources required | Personnel resources, or external consultants, to develop questionnaires, administer questionnaires, to collect data, collate and evaluate the results. |
| Resources and support available | Guidance on how to devise bespoke questionnaires is available, see links below |
| Access to tool | Examples of bespoke questionnaires used for measuring health and wellbeing outcomes from community growing and green space projects are available at www.growinghealth.info<br>nef's Prove it Toolkit, developed for measuring the effects of community regeneration project on the quality of life of local people, and provides details of all aspect of the methodology involved:<br>www.nef-consulting.co.uk/our-services/evaluation-impact-assessment/prove-and-improve-toolkits/prove-it/ |

# Table I: Economic Benefit Analysis

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|---|---|
| Name of tool | Economic Benefits Analysis. |
| Purpose of tool | To examine and evidence the economic implications of an intervention/project using a case study approach. |
| Who would use the tool and who is it for | Tool for trained project personnel in collaboration with external consultants.<br>Applicable for projects working with all different beneficiaries, including the general public or specific target groups |
| How do the tools work | This method focuses only on the economic benefits arising from a set of outcomes, and is undertaken at a case study level to keep it straightforward and relatively simple. The economic benefits analysis, undertaken within the framework of Cost Benefit Analysis (CBA), examines and articulates how individuals engage with the intervention/project over a period of time, the outcomes/impacts and the value of benefits achieved.<br>In relation to mental health or green care interventions economic benefits might include the avoidance of costs to the state such as prescriptions and medical consultation costs, or cost savings arising through reduced visits by a community support worker. Alternatively it might involve the increase of payments to the state such as increases in tax and National Insurance arising through an improved ability to work.<br>If required the value of the savings and contributions achieved for the individual or the group of beneficiaries can be compared with the cost of the support provided through application of a more formal CBA or Social Cost Benefit Analysis. In this case all social and environmental impacts are translated into monetary terms, in order to compare like-for-like these different costs and benefits with the economic costs and benefits. Once all the impacts are translated into the same metric then the sum of economic, social and environmental benefits can be worked out and compared with the sum of economic, social and environmental costs. |
| Data collection | Case study information for the project e.g. costs, number of beneficiaries and outcomes and impact for individuals involved. |
| What are the outputs | Evidence of change and outcomes for individual beneficiaries.<br>The monetary value the benefits achieved compared with costs. |
| Strengths | Evaluates the benefits in monetary terms, which is useful when comparing the outcomes from different interventions or care pathways used for delivering health improvement. Valuable to include in case study reports. The valuations derived through economic benefit analysis can also usefully feed into the estimates required for a Social Return on Investment model (see Table J.). |
| Limitations | Usually requires external support from consultants with specialist expertise and access to standard reference data for costs of different health care options. |
| Resources and support available | Although CBA is a standard approach used by economists, the methodology for undertaking economic benefits analysis incorporating health and social considerations is not readily available as an ‘off-the-shelf tool’ and the approach thus usually involve working with external consultants. |
| Resources required | Financial resources to access external consultancy to develop and adapt the approach appropriate for the intervention. Demand on staff time to gather the data and information required. |
| Access to tool | New Economics Foundation (nef) and nef Consulting specialise in these methodologies.<br>http://www.mind.org.uk/media/338566/The-Economic-Benefits-of-Ecominds-report.pdf<br>http://www.nefconsulting.com/our-services/evaluation-impact-assessment/social-environmental-cost-benefit-analysis-scba/ |

# Table J: Social Return on Investment (SROI)

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|---|---|
| Name of tool | Social Return on Investment (SROI). |
| Purpose of tool | A participative method for comparing the value of social, environmental and economic benefits created by an initiative or organisation with the investment needed to create that value. |
| Who would use the tool and who is it for | Tool for trained project personnel, external consultants and SROI accredited practitioners in collaboration with project personnel.<br>Applicable for projects working with a wide range of beneficiaries, including the general public or specific target groups. |
| How does the tool work | SROI is a stakeholder driven and outcomes focused evaluation developed from traditional cost benefits analysis and social accounting. The SROI approach can be broken down into three main stages, and depending on the aims of the evaluation the SROI can be limited to the first one or two stages:<br>● Exploring change, developing a Theory of Change and identifying measurable outcomes.<br>● Evidence change through the development of indicators and data collection instruments.<br>● Valuing change through the monetisation of outcomes and estimation of benefits to investment ratio.<br>A simplified version of SROI, following these three stages, was developed for smaller voluntary organisations by the University of Gloucestershire (see link below). |
| Data collection | Self–completed questionnaires, paper or electronic self-interviewing formats.<br>Completed by service users on a one off occasion survey basis or on a before, mid and after intervention basis. |
| What are the outputs | ● Documentation of the Theory of Change.<br>● Evidence of change and outcomes for beneficiaries (e.g. health, social and environmental aspects).<br>● Financial proxies applied to each of the outcomes.<br>● The monetary value of the benefits-to-investment ratio. |
| Strengths | Robust method for a comprehensive assessment of the outcomes of the initiative or organisation. Stakeholder perspectives feed into the planning and measurement process. External verification of SROI is available. Giving monetary values to health, social and environmental outcomes allows policy makers, organisations and funders to make better decisions, and maximise the impact of their work. |
| Limitations | SROI can be a resource intensive framework, usually requiring external support by accredited practitioners, training and a re-think of data management systems and procedures. |
| Resources and support available | Two-day SROI practitioners training courses and Master classes are offered by nef Consulting and Social Value UK, see link below. Documents, guides, and mentoring from accredited SROI practitioners are also available. |
| Resources required | Financial resources to access external training, mentoring and consultancy. Demand on project staff time and period of time to effectively build in SROI approach to activities. |
| Access to tool | New Economics Foundation (nef) and nef consulting have been integral to the development of the SROI methodology.<br>www.nef-consulting.co.uk/our-services/evaluation-impact-assessment/<br>http://socialvalueuk.org/<br>For a simplified version of SROI developed for smaller voluntary organisations by the University of Gloucestershire see<br>http://southwestforum.org.uk/sites/default/files/u1765/02698_pov_annex_doc_final.pdf |

# 6. Things to consider when planning your monitoring and evaluation

Other additional considerations when using the tools, especially if you are designing your own questionnaires, include:

**A. Implementing the tools in practice** – Some of the tools in Tables A–J are usually used on their own, including Goal Attainment Scaling, Outcomes Stars™, WEMWBS and clear guidance is provided on how to use them. Some tools are often used in combination with other measures, for example to measure wellbeing at a population level SWEMWBS can be used in combination with the ONS4 subjective wellbeing questions. Bespoke questionnaires are often designed to include standard question sets combined with additional questions.

**B. Questionnaire design** – The precise wording of the questions and the order of the questions need to be considered carefully. This is important when using standard questions and where the results will be compared with reference data from other sources. For written self-completed surveys the questions need to be clear, concise and presented in a logical format (i.e. using an easy-to-read text font and size). The survey should not be excessively long; a maximum of four pages of an A4 format is a good rule of thumb.

**C. Frequency of measurement** – Each tool provides recommendations for the timing and frequency of measurement. For most of the tools it is generally recommended that measurements are made, at a minimum, before and after the intervention. Some recommend measurement at regular intervals, especially where the beneficiary is involved over a prolonged period of time.

**D. Sample size** – For the tools using survey questionnaires the number of respondents will influence the confidence that can be placed on the results, though it is not usually feasible to collect data from all of those involved. The more respondents the better, but it is also equally important that the respondents accurately represent the groups of beneficiaries that you want to measure.

**E. Prior informed consent** – It is important to obtain prior consent from those involved. All respondents need to be informed of the purpose of the evaluation and how the data will be used. In a survey questionnaire, consent is usually sought by including a question at the beginning where respondents confirm their agreement in writing or verbally. For research involving children prior consent for both the child and the parent is usually required and when working with adults where communication is a barrier, consent is usually sought from a family member, carer or key worker. Many organisations also have an ethics procedure to which the evaluation process would need to comply.

**F. Anonymity, confidentiality and data protection** – In many situations, especially when measuring change in a population of beneficiaries, individuals can respond on an anonymous basis without giving personal information. In an interview, discussion group or in a 1:1situation, the person's name is often known, but is not recorded in combination with other contact details such as address. Respondents should be reassured that the data will not be used for any other purpose and will be kept confidential. Any personal data, which includes identifying details like name and address, needs to be stored and handled in line with the Data Protection Act 1998. Photo permission must be sought for any photo of a person used in the evaluation or the report.

**G. Analysis and interpretation of data** – For some of the tools highlighted in Tables A-J detailed guidance is provided on how to analyse and interpret the data and handbooks are also available that provide more general guidance. It is important to consider who is going to undertake this task and to ensure that the necessary skills and resources are available e.g. IT software for statistical analysis.

# 7. Further information and useful resources

**What Works Wellbeing** – for information on measuring wellbeing

- whatworkswellbeing.org
- whatworkswellbeing.org/what-works/evaluation-wellbeing-impact/

**New Economics Foundation** – for information on measuring wellbeing

- www.neweconomics.org/issues/entry/well-being
- Measuring Well-being. A guide for practitioners
  www.neweconomics.org/publications/entry/measuring-well-being

**Growing Health** – for information on the use of community growing to deliver health and wellbeing outcomes and for access to case studies using some of the tools mentioned in this Guide.

- www.growinghealth.info

# Appendix: Tools for measuring health and wellbeing in community growing projects

| | Tools for measuring person-centred goals | | |
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| 1 | Canadian occupational performance measure© (COPM) | COPM is a person-centred instrument designed to identify the occupational performance problems experienced by the client. Using a semi-structured interview, the therapist initiates the COPM process by engaging the client in identifying daily occupations of importance that they want to do, need to do, or are expected to do but are unable to accomplish. Areas of everyday living explored during the interview include self-care, productivity or leisure. | www.thecopm.ca |
| 2 | Goal attainment scaling (GAS) | GAS is used to evaluate physical and mental health outcomes, and rehabilitation using a method of scoring the extent to which a client/service user's individual goals are achieved in the course of the intervention. It is a participatory tool involving collaboration between multi-disciplinary team members, care worker, therapists and the service user. Scoring is done on an observational basis by the therapists. It was first introduced for assessing outcomes in mental health settings, but has been modified and applied in other areas, including elderly care settings, chronic pain, cognitive rehabilitation and amputee rehabilitation. GAS is rated in a 5-point scale (-2 to +2) with the degree of attainment captured for each goal area, which may be weighted to take account of the relative importance of the goal, and/or the anticipated difficulty in achieving it. | www.kcl.ac.uk/lsm/research/divisions/cicelysaunders/resources/tools/gas.aspx |
| 3 | Outcomes Star™ | A unique suite of tools for supporting and measuring change when working with people. The Outcomes Star™ both measures and supports progress for service users towards self-reliance or other goals. The Outcomes Star™ can be used to track the progress of an individual service user, to measure the outcomes achieved by a whole project and to benchmark with a national average for similar projects and clients.<br>There are over 20 versions of the Outcomes Star™, designed for different settings based on the need of the service user (the client group), the intended outcome or goal, the type of service and key work provided, especially the amount of 1:1 time with people. This include versions for children, young people, adults and people in later life; adults and young people with learning disabilities, adults recovering from mental illness, substance misuse or living with long term conditions; children and adults with ADHD, adults visual impairment and people in a caring role.<br>A Star licence, and training, is required in order to use the Star with service users. | www.outcomesstar.org.uk |

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| 4 | Occupational Self Assessment (OSA) | OSA is an assessment tool derived from the principles behind MOHO™ (Model of Human Occupation). Reflecting the uniqueness of each client's values and needs, the OSA facilitates client-centred therapy. The OSA self report and planning forms assist the client in establishing priorities for change and identifying goals for occupational therapy. The wide range of everyday activities, including handling responsibilities, managing finances, and relaxing, provides a client with the opportunity to identify and address their participation in important and meaningful occupations. The OSA is designed to capture clients' perceptions of their own occupational competence on their occupational adaptation. Clients are provided with a list of everyday occupations, and assess their level of ability when participating in the occupation and their value for that occupation.<br>Tool available for a fee. | www.cade.uic.edu/moho/productDetails.aspx?aid=2#sthash.bEod8f8j.dpuf |
| 5 | PATH™ | Positive alternatives tomorrow with hope (PATH™) is a creative, person centred planning tool which starts in the future and works backwards to an outcome of first (beginning) steps that are possible and positive. Ideally completed with a scriber and facilitator. Used widely in learning disability settings. | www.inclusion.com/path.html |
| | **Tools for measuring wellbeing** | | |
| 6 | Big Lottery Fund Wellbeing Programme Evaluation Tools | Standardised tools for evaluation of the Wellbeing 1 programme were developed by the Centre for Local Economic Strategies (CLES) and New Economics Foundation (nef). An updated version of the tools was subsequently developed by Ecorys in 2013 for the evaluation of the Wellbeing 2 programme.<br>Captures behavioural changes over time (related to physical activity, healthy eating and mental wellbeing) for Wellbeing Programmes beneficiaries. The Wellbeing 2 evaluation involved one core set of questions which were used across all projects. The survey was designed to be repeated at three points in time: T1, baseline or entry to the programme; T2, at the end of their involvement with the programme and T3, follow-up, around 3 months after T2. Different versions of the questionnaire were developed for each of the three stages (to reflect timing). | www.biglotteryfund.org.uk/research/health-and-well-being/wellbeing |
| 7 | New Economic Foundation (nef) Wellbeing Programme | nef recommend the use of three sets of established questions for measuring wellbeing: the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), the ONS Subjective wellbeing questions (ONS4) and a single question on social trust. | www.neweconomics.org/publications/entry/measuring-well-being |
| 8 | New Economics Foundation National Account of Wellbeing Survery | This survey is made up of the questions from the European Social Survey which was used to create the National Accounts of Well-being indicators. By answering the questions on-line, individuals can measure their own well-being to produce their personal Well-being Profile, and compare their results to countries across Europe. The survey contains around 50 questions capturing the multi-dimensional nature of well-being under five main components. Recommended if you want to explore particular aspects of wellbeing in more detail. | www.nationalaccountsofwellbeing.org/engage/survey.html |

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| 9 | Leuven Wellbeing and Involvement Scale | Leuven Wellbeing and Involvement Scale was developed to evaluate the wellbeing and involvement as indicators of quality early years provision and activities. It is an observational tool using a 5 point scale to measure both wellbeing and involvement. It is based on the premise that lack of wellbeing and/or involvement is likely to threaten a child's development; when there are high levels of wellbeing and involvement it is known that deep level learning is taking place.<br>The Leuven Wellbeing and Involvement Scale has also been reported to be appropriate for people with dementia. | www.plymouth.gov.uk/documents-ldtoolkitleuven.pdf |
| 10 | Office of National Statistics personal wellbeing questions (ONS4) | For community project personnel and health and social care professionals to measure wellbeing, to evaluate the outcomes for beneficiaries of projects/interventions or in the general population. It consists of four survey questions used to measure personal wellbeing, that relate to life satisfaction, sense of worthwhile, happiness and anxiety. Responses are recorded on a 0-10 scale, where 0 is 'not at all' and 10 is 'completely' The ONS4 subjective wellbeing questions have been tested for children aged 11-15 years as well as for adults 16+ years.<br>The four questions are part of the Annual Population Survey (APS) and the APS Personal Wellbeing dataset is the source of the national estimates of personal wellbeing in the UK that are published annually by ONS. | www.ons..gov.uk/ons/guide-method/user-guidance/well-being/index.html<br><br>https://whatworkswellbeing.files.wordpress.com/2014/10/revised-adding-subjective-wellbeing-to-evaluations_final.pdf |
| 11 | Personal Wellbeing Index (PWI) | Personal Wellbeing Index has been developed to measure the subjective dimension of quality of life – subjective wellbeing. Measured though questions of satisfaction directed to people's feelings about themselves. Individual items refer to specific life domains (life aspects) and the scores are averaged to produce a measure of subjective wellbeing, which can be used cross culturally. The PWI scale contains eight items of satisfaction, each one corresponding to a quality of life domain as: standard of living, health, achieving in life, relationships, safety, community-connectedness, future security, and spirituality/religion. Self completed by adults, after explanation. Used widely in mental health settings. | Reference: International Wellbeing Group (2006). Personal Wellbeing Index. Melbourne: Australian Centre on Quality of Life, Deakin University |
| 12 | Profile of Mood States (POMS) | The questionnaire is a 30-item short form standardised questionnaire, which is widely used in research examining the relationship between exercise and mood. The POMS contains a list of 30 adjectives, describing certain mood states. The respondent rates the degree to which they are experiencing the particular mood state using a five point Likert scale, where 0 indicates "not at all" and 4 represents "extremely". | www.brianmac.co.uk/poms.htm |
| 13 | Rosenberg Self-Esteem scale (RSE) | The Rosenberg Self-esteem Scale (RSE) is considered to be the most widely used and popular self-esteem measure in health psychology and social science research. The scales reliability and validity has been demonstrated with many different sample groups, including adults, adolescents and older populations. The RSE consists of 10 statements relating to overall feelings of self-worth or self-acceptance and each item has four response choices ranging from strongly agree to strongly disagree.<br>Works well and can be used short term e.g. one session. However, it is worded quite negatively and the administrator needs confidence to ask the questions. Payment required for accessing this tool. | www.selfesteem2go.com/rosenberg-self-esteem-scale.html |

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| 14 | Warwick Edinburgh Mental Well-being Scale (WEMWBS) | The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed to enable the measure mental wellbeing in the general population and the impact of projects, programmes and policies which aim to improve mental wellbeing. The scale examines a wide idea of well-being, including effective emotional aspects, cognitive evaluative dimensions and psychological functioning.<br>WEMWBS is a 14 item scale with 5 response categories, summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing. SWEMWBS is a shortened version of WEMWBS. This includes seven items that have undergone a more rigorous test for internal consistency than the 14 item scale and have superior scaling properties. The seven items relate more to functioning than to feeling and therefore offer a slightly different perspective on mental wellbeing. The scores from the two scales are highly correlated but the main advantage of the 7 item scale is that it is shorter and it can be transformed for use as an interval scale for psychometric analysis.<br>Validated tool that is widely recognised by the health service sector. | www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx<br><br>www2.warwick.ac.uk/fac/med/research/platform/wemwbs/ |
| 15 | What Works Centre for Wellbeing | The Social Impact Taskforce recommends that measures of subjective wellbeing should be a key component of the measurement framework for national wellbeing. They recommend that the four ONS4 wellbeing questions and WEMWBS should be used alongside each other maximising the potential to compare, to benchmark and to support economic evaluations. WEMWBS could be more suited than the ONS4 to evaluating interventions in a health or clinical setting given its design and wider spread use in the NHS. | http://whatworkswellbeing.org/what-works/evaluation-wellbeing-impact/<br><br>https://whatworkswellbeing.files.wordpress.com/2014/10/revised-adding-subjective-wellbeing-to-evaluations_final.pdf |
| | **Tools for measuring wider outcomes (health, social, environmental, and economic)** | | |
| 16 | Bespoke survey questionnaires | Evaluation tools with bespoke questionnaires can be used to evaluate the effects of a project/intervention on the health and wellbeing of those involved as well as wider outcomes. Bespoke questionnaires can be developed for adults, for children and for specific target groups.<br>The methodology for evaluating a project normally follows a series of steps:<br>1. Decide what to measure; develop a storyboard to understand how the activities address the identified need and lead to particular outcomes and design a questionnaire based on the outcomes to be measured;<br>2. Identify the beneficiaries or the people you want to measure;<br>3. Collect information with questionnaires and<br>4. Evaluate and reflect on what actually happened.<br>Questionnaires are often devised by using standard questions from other tools together with questions that relate more specifically to the project or the intended outcomes, asking for qualitative or quantitative information. The design of the questionnaires can be adapted for specific target groups using for example simple language and illustrations and symbols instead of words. Questionnaires with retrospective questions are sometimes used where baseline data is not available. | Examples of bespoke questionnaires used for measuring health and wellbeing outcomes from community growing and green space projects are available at www.growinghealth.info<br><br>nef's Prove it Toolkit, developed for measuring the effects of community regeneration project on the quality of life of local people, and provides details of all aspect of the methodology involved link.<br>www.nef-consulting.co.uk/our-services/evaluation-impact-assessment/prove-and-improve-toolkits/prove-it/ |

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| 17 | Case study reports | Case study reports, product sheet, video and photo documentation can usually be provided by any service/ project provider and helps make a good case for the service. The report articulates what the intervention does and why it matters in a logical, coherent and convincing way. It gives an account of the impact and provides a logical reason, or set of reasons, for why and how it can deliver the desired outcomes and impact. The reports draw upon existing or projected data, for example description of activities, number of service users and other beneficiaries, levels of attendance, person diaries and documented stories of beneficiaries/ service users. | For examples of case study reports and product sheets see www.growinghealth.info |
| 18 | Economic Benefits Analysis | Economic Benefits Analysis focuses only on the economic benefits arising from a set of outcomes, and is undertaken at a case study level to keep it straightforward and relatively simple. The economic benefits analysis, undertaken within the framework of Cost Benefit Analysis (CBA), examines and articulates how individuals engage with the intervention/project over a period of time, the outcomes/impacts and the value of benefits achieved.<br>In relation to mental health or green care interventions economic benefits might include the avoidance of costs to the state such as prescriptions and medical consultation costs, or cost savings arising through reduced visits by a community support worker. Alternatively it might involve the increase of payments to the state such as increases in tax and National Insurance arising through an improved ability to work. If required the value of the savings and contributions achieved for the individual or the group of beneficiaries can be compared with the cost of the support provided through application of a more formal CBA or Social Cost Benefit Analysis. In this case all social and environmental impacts are translated into monetary terms, in order to compare like-for-like these different costs and benefits with the economic costs and benefits. Once all the impacts are translated into the same metric then the sum of economic, social and environmental benefits can be worked out and compared with the sum of economic, social and environmental cost. | www.mind.org.uk/ media/338566/The-Economic-Benefits-of-Ecominds-report.pdf<br><br>www.nefconsulting.com/ our-services/evaluation-impact-assessment/social-environmental-cost-benefit-analysis-scba/ |
| 19 | Social Return on Investment (SROI) | SROI is a stakeholder driven and outcomes focused evaluation method used for comparing the value of social, environmental and economic benefits created by an initiative or organisation with the investment needed to create that value.<br>approach can be broken down into three main stages, and depending on the aims of the evaluation the SROI can be limited to the first one or two stages:<br>1. Exploring change, developing a Theory of Change and identifying measurable outcomes.<br>2. Evidence change through the development of indicators and data collection instruments.<br>3. Valuing change through the monetisation of outcomes and estimation of benefits to investment ratio.<br>A simplified version of SROI, following these three stages, was developed for smaller voluntary organisations by the University of Gloucestershire (see link).<br>SROI can be a resource intensive framework, usually requiring external support by accredited practitioners, training and a re-think of data management systems and procedures. | New Economics Foundation (nef) and nef consulting have been integral to the development of the SROI methodology.<br>www.nef-consulting.co.uk/ our-services/evaluation-impact-assessment/<br>www.socialvalueuk.org/<br>For a simplified version of SROI developed by the University of Gloucestershire see<br>www.southwestforum. org.uk/sites/default/files/ u1765/02698_pov_annex_ doc_final.pdf |

| | Tools for measuring physical activity and physiological aspects | | |
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| 20 | Accelerometry | Accelerometers are used to assess levels of physical activity. The accelerometer is a small, non-invasive device attached to a belt, which is worn around the waist. The accelerometer records the movement of the person it is attached to in the form of accelerometer counts. Cut points are applied to the counts, which allows the time spent in the different intensities of physical activity to be determined. Accelerometers are the gold standard tool for assessing physical activity. | |
| 21 | Blood pressure | Blood pressure is measured using non-invasive methods to determine the pressure that the blood exerts on the artery walls. Measures of systolic and diastolic pressure (in mmHg) are reported, with systolic referring to blood pressure during the contraction of the heart and diastolic referring to pressure while the heart is relaxing. | www.finapres.com/customers/portapres.php |
| 22 | Body Mass Index (BMI) | BMI is a simple index of weight/height that has been widely used to estimate body fat and to classify underweight, overweight and obesity of adults. It is defined as weight in kilograms divided by the square of height in metres (kg/m2). Classification of BMI scores are: <18.5 = underweight; 18.5-24.99= normal; 25-29.99= overweight and >30= obese. | |
| 23 | Cortisol | Cortisol is commonly known as the stress hormone. It reflects changes in psychological state in response to experiencing a stressful situation. Cortisol levels can be measured by taking salivary samples at regular points in the day to generate a cortisol profile. It can also be used to investigate the impact of an intervention on cortisol stress response and recovery. | |
| 24 | Heart rate variability (HRV) | Heart rate variability (HRV) is the analysis of the time period between consecutive heart beats. This time period naturally varies as a person breathes and can be measured non-invasively using an ECG (electrocardiogram) or portable monitors. Analysis of HRV is able to infer the relative contributions on the control of heart rate from the two branches of the autonomic nervous system. The data can be used to observe healthy autonomic function and how well an individual can cope with the demands of stress or recover from stress exposure. It is also useful for assessing the impact that the environment might have on the areas of the brain that control autonomic function. | |
| 25 | International Physical Activity Questionnaire | Standard questionnaires to measure physical activity. Particularly suitable for measuring physical activity in large population studies or in the context of physical activity surveillance for which this measure was designed. Questionnaires are available in different version: short and long, self-completed and telephone administered, for young and middle aged adults (15-69 year old) and for elderly, and in different languages. This physical activity questionnaire is publically available, it is open access, and no permissions are required to use it. One or more questions from this are often included in composite questionnaires. | www.ipaq.ki.se |
| 26 | Physical activity behaviour | The single question below, or slight variations on this question, is often used to evaluate physical activity behaviour in different interventions, including community growing or other green space activities. *'In the past 7 days, on how many days have you done a total of 30 minutes, or more, of moderate intensity physical activity such as sport, exercise, brisk walking, cycling and active recreation? (Do not include physical activity that is part of your job or usual role activities)'* | |

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| 27 | Public Health England<br>Online tools for valuing physical activity, sport and obesity programmes | The PHE guide to online tools for valuing physical activity, sport and obesity programmes contains information on six on-line tools:<br>● PHE obesity economic impact tool<br>● WHO health economic assessment tool (HEAT) for cycling and walking<br>● Sport England Model for estimating the outcomes & values in the economics of sport (MOVES)<br>● NICE Physical activity return on investment tool<br>● Sport England Economic Impact of Sport – Local Model<br>● PHE/Sustran health impact of physical inactivity (HIPI) tool. | www.be-activeltd.co.uk/assets/Online-tools-briefing.pdf |

### Communities Living Sustainably

This programme aims to encourage behaviour change among individuals and communities so they can cope better with the environmental, economic and social impacts of a changing climate. 12 community partnerships of public, private and voluntary sector bodies have been awarded funding from the Big Lottery Fund. The Groundwork UK Learning Partnership is made up of five organisations each with expertise in tackling climate change and helping communities to live more sustainability, providing support and advice to the community partnerships and disseminating learning.

### Federation of City Farms and Community Gardens (FCFCG)

The FCFCG supports, represents and promotes community-managed farms, gardens, allotments and other green spaces, creating opportunities for local communities to grow. It also provides the national face of the community farm and garden movement, representing members, promoting their work and raising their profile with decision-makers, funders, the public and Government across the UK.

### Growing Health

Growing Health is a joint project run by Garden Organic and Sustain, funded by the Tudor Trust. It provides a network of support for health professionals, commissioners, academics and food growing projects and aims to make community food growing a natural part of the health and social care services.  It has produced a number of case studies, guides and a tool kit to help groups looking to get commissioned by the NHS or public health.

### Garden Organic

Garden Organic (formerly known as the Henry Doubleday Research Association) is the UK's leading organic growing charity. The charity has been at the forefront of the organic horticulture movement for nearly 60 years and has over 20,000 members across the UK and overseas. Dedicated to promoting organic gardening in homes, communities and schools, the charity encourages people to grow the most sustainable way, and demonstrates the lasting benefits of organic growing to the health and wellbeing of individuals, communities and the environment.

### Sustain

Sustain: The alliance for better food and farming, advocates food and agriculture policies and practices that enhance the health and welfare of people and animals, improve the living and working environment, enrich society and culture, and promote equity. It represents around 100 national public interest organisations working at international, national, regional and local level.

# Which tool to use?

## A guide for evaluating health and wellbeing outcomes for community growing programmes

**Communities Living Sustainably & Growing Health, 2016**

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