Measuring Outcomes: Existing Tools

- Wide range of existing tools available to capture the outcomes of your work.
- Tried and tested!
- Many are freely available to use
- Can be used at both programme and project level
- Some offer potential benchmarks or comparators
Office for National Statistics (ONS)

- Producer of official statistics on economy, population and society
- Harmonised questions and concepts - https://www.ons.gov.uk/methodology/programmesandservices/harmonisationprogramme/primarysetofharmonisedconceptsandquestions
- Demographics and ‘status’ questions
- Range of topics – housing, social capital, employment, etc.
Increasing interest in measuring wellbeing led to research to develop and test a set of questions (National Wellbeing Programme).

- Based on individual’s views of their own wellbeing.
- Avoids the need for assumptions about how certain conditions/factors (e.g. health or incomes) impact on wellbeing.
- Allows people to decide what is important when they respond.
Next I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I’d like you to give an answer on a scale of nought to 10, where nought is ‘not at all’ and 10 is ‘completely’.

• Overall, how satisfied are you with your life nowadays?
• Overall, to what extent do you feel that the things you do in your life are worthwhile?
• Overall, how happy did you feel yesterday?
• Overall, how anxious did you feel yesterday?

Source: Office for National Statistics (May 2015)
Benchmarks

- Used in Annual Population Survey (APS) since April 2011.
  - Analysis by country, region, local area.
  - Analysis by demographics

- Have also been used in Crime Survey, Life Opportunities Survey, Community Life Survey, etc.
- Adults (aged 16+).
- Variation for children which excludes anxiety question.
Growing health

Using WEMWBS®
What?
Why?
Who?
How?
When?
Wellbeing, put simply, is about ‘how we are doing’ as individuals, communities and as a nation. Personal wellbeing is a particularly important dimension which we define as how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day to day emotional experiences (happiness and anxiety) and our wider mental wellbeing.

(ONS Reflections on Measuring National Well-being July 2013
Source: www.whatworkswellbeing.org)

Mental wellbeing is a key determinant for
• physical health- managing long term conditions, making healthy lifestyle choices
• Parenting and educational attainment
• Employment and work
• Community participation

“What differentiates WEMWBS from all existing measures of mental health is that it has been developed specifically to measure positive mental health - all the items represent positive thoughts or feelings. Its positive focus offers a vision of future population mental health and enables others to see where mental health promotion programmes might be headed.” (Parkinson, J. (2006). Measuring Positive Mental Health: Developing a New Scale. NHS Health Scotland.)
What is WEMWBS?
• Validated measure of wellbeing developed for free use by © NHS Scotland and Edinburgh and Warwick Universities 2006
• Long WEMWBS (14 positively worded statements) with single score from 14-70
• Short SWEMWBS (7 items) with single score from 7-35
• Covers life satisfaction (‘hedonic’ perspective) and positive functioning (‘Eudaimonic’ perspective) measuring mental wellbeing…not mental ill health

Why use WEMWBS?
• Measure mental wellbeing at a population level
• Compare outcomes to mean population wellbeing or between population groups
• Measure changes over time e.g. assess the impact of an intervention, to see if wellbeing has improved as a result

Who uses WEMWBS?
• Validated for use with age 13-74 years
• Available in 20 different languages
• Tested for use within BME community (validated Chinese and Pakistani)
• NOT an individual diagnostic tool…other measures should be used for this
• Evidence shows it is preferred as a measurement tool by some groups
The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

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

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When to use WEMWBS

- Can be used at beginning, mid and end of intervention, with at least two week intervals
- When you have decided what programme to use it for and how you will administer, store data and resource it...
- When staff team clearly understand how to use it and are ‘on board’
- When you have explained what it is used for i.e. measuring the impact of the project
- When you have gained consent of the individual

How to use WEMWBS

- Questionnaire is self-completed (has not been tested for interviewer completion)
- Privacy respected
- Completion by support only recommend through interview if literacy issues or visual impairment
- If completed with support best to use an independent member of staff
How has it been used in gardening and food growing projects?
Gardeners in the therapeutic programme complete the following:

• Structured Gardening for Health ‘sessions’ led by a Horticulture Therapist focus on shared tasks, group, and individual work. Some sessions are tailor-made for particular groups e.g. those with long term conditions, or those over fifty. Other sessions are open to everyone.
• Three and six monthly reviews, feedback and personal goal setting, with the Horticulture Therapist. Clear procedural structures.
• Also use SWEMWBS, PAR Q Assessment at start and end of project
• Occasional interviews or questionnaires for case studies of impact

People come to the gardens for many reasons, common goals include:

• Getting fitter and losing weight
• Getting out of the house and meeting people
• Improving health and mobility following an episode of poor health e.g. following a stroke
• Working on specific fine and gross motor and co-ordination skills
• Learning new skills
• Improving mental health through a meaningful activity
• Supporting recovery and maintenance

(Case: Growing Opportunities, Ideal for All. www.idealforall.co.uk)
Referral (self or other)

Enter 12 week horticulture programme

Complete 12 week programme

12 week programme

• Initial WEMWBS

• Final WEMWBS

Collecting WEMWBS data

At start

e.g. 8 to 10 weeks

After project ends

Open ended projects....
Scoring WEMWBS

• WEMWBS is very simple to score. The total score is obtained by summing the score for each of the 14 items. The latter ranges from 1 – 5 and the total score from 14-70.

• SWEMWBS is a shortened version and is more complicated to score and it is important it is scored correctly in order for comparisons to be made across different studies.

• SWEMWBS is scored by first summing the score for each of the seven items and then transforming the total score for each person according to a conversion table.

• The WEMWBS total scores of each person are used for analysis, for example to find an average score for a group of people.
Analysing the results

• Make sure no data missing... has the person completed all the questions?
• Keep track of participants ID at each stage, so you can compare the changes
• Use the total scores of each person
• Scores are added and mean change is calculated for the group as a whole
• Estimated ‘meaningful’ change ranges from 3 to 8 WEMWBS points
difference between ‘before’ and ‘after’

You may want to look at…

• Do average WEMWBS scores increase from project start to finish?
• How big are the differences between baseline and follow up?
• What else might have influenced scores? Are men and women different for example?
• How are you going to present the results? Are commissioners interested? Who are you going to tell?
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Presenting your results....

Using the Short Warwick Edinburgh Well Being Scale

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<th>Feeling optimistic about the future</th>
<th>Feeling useful</th>
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<th>Dealing with problems</th>
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<td>Stayed the same or improved</td>
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(Pilot of 22 adults 2012 © Ideal for All Growing Opportunities)
Average baseline and follow up WEMWBS scores across diagnosis classifications...compared to mean population general wellbeing score (Lancs 26.85). (National mean SWEMBS score 25.3)

Sometimes reflection on WEMWBS statements may make someone feel sad or distressed.
You may need to offer support making use of other person centred or recovery tools or refer on to a GP or other service…
You might use WEMWBS as part of a wider package of measurements...e.g. outcomes star or bespoke questionnaires,
‘I have got arthritis, so it’s not going to go away, but I find I can move smoother when I have been here. Whether it’s the fresh air, or whether I have relaxed or what, but my movements are much smoother’

‘It keeps me mobile, because I think if I had stayed at home not doing anything, probably I would feel worse than I am’

‘My cholesterol was really high and I was overweight, but since coming to the garden, I have lost weight and my cholesterol has gone down. Coming here helps me to see how I can feel better...I can see light at the end of the tunnel’

‘Before I came, I was down in the dumps and very depressed. I had lost a few people in my life and wasn’t going out or talking to people at all. Its helped me get my confidence back, I’m more relaxed and get on better with people’

‘I like to pick out and put the plants in and see them grow. I enjoy the company and the fresh air, I live in a flat and I wanted to get out and do more’

© www.idealforall.co.uk
NEF Five ways to wellbeing

Evidence based actions to promote wellbeing

• Connect
• Be active
• Take notice
• Keep learning
• Give

Reminder:
SWEMWBS is not an individual diagnostic tool….other measures should be used to support people with enabling them to see their progress…eg. Outcomes star, COPM etc.
‘Since gardens are so ubiquitous they are the elephant outside the room, providing multiple pathways to health gain’ challenging policy makers and researchers alike’

‘Further, much research evidence is not useful to policy-makers. It is often too specific, out of context (from different countries, systems, or otherwise lacking direct relevance), and not policy-focused ....much of it focuses on the nature of the problem rather than solutions, and is often only available after a decision has to be made.

‘..while more RCTs would definitely be helpful, we also need to put into practice what we already know’ (Buck 2016:42).
Group discussion

- Have a go at completing one yourself
- What did you think about this? How did it make you feel? Did all the questions seem straightforward?
- If you use WEMWBS share your experiences
- What might you need to consider before starting to use WEMWBS in your project?
- What type of project are you involved in that would be appropriate for WEMWBS?
- What concerns do you have about using this?
Veronica.barry@mail.bcu.ac.uk CEBE, Birmingham City University
E.westwood@idealforall.co.uk Ideal for All
Photos © Ideal for All Growing Opportunities www.idealforall.co.uk
References:

User Guide to WEMWBS
http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/userguide/wemwbs_practice_based_user_guide.pdf

http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/guidance/

Wellbeing 2 Programme Evaluation

- Wellbeing 2 was £40 million investment by the Big Lottery Fund in local projects (2013 to 2015).
- Targeting outcomes in three key areas:
  - Physical activity
  - Healthy eating
  - Mental wellbeing
- [https://www.biglotteryfund.org.uk/research/health-and-wellbeing/wellbeing](https://www.biglotteryfund.org.uk/research/health-and-wellbeing/wellbeing)
WB2 Evaluation Tool

• Self-completion surveys for participants at 3 points in time:
  – T1: entry to project
  – T2: exit from project
  – T3: follow up

• Intention to track change in behaviours over time for a sample of participants.

• Separate surveys for adults and young people (aged 8-15).
Physical activity

- IPAQ physical activity measures
- Views on attitudes towards physical activity
- Self report on how/why behaviour had changed

Healthy eating

- Questions on fruit and vegetable consumption and cooking behaviours
- Views on attitudes towards healthy eating
- Self report on how/why behaviour had changed
Mental Wellbeing

- ONS 4 personal wellbeing questions
- WEMWBS
- Self report on how/why mental wellbeing had changed
Analysis

• Analysis of change in the ‘matched sample’.
• Patterns of change between T1 and T2 and T3.

Challenges

• Difficulties in matching survey responses.
• Challenges in securing follow-up; attrition over time.
Exercise and discussion

Take a look at the examples provided and have a go at completing one yourself.

• What are your first impressions?

• Would these be suitable for the groups you work with?
• What pros and cons do you envisage?
Final Thoughts

Resources:


http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/

https://www.biglotteryfund.org.uk/research/health-and-well-being/wellbeing
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- Validated measure of wellbeing developed for free use by © NHS Scotland and Edinburgh and Warwick Universities 2006
- Long WEMWBS (14 positively worded statements) with single score from 14-70
- Short SWEMWBS (7 items) with single score from 7-35
- Covers life satisfaction (‘hedonic’ perspective) and positive functioning (‘Eudaimonic’ perspective) measuring mental wellbeing

Why use WEMWBS?
- Measure mental wellbeing at a population level
- Compare outcomes to mean population wellbeing or between population groups
- Measure changes over time e.g. assess the impact of an intervention, to see if wellbeing has improved as a result

Who uses WEMWBS?
- Validated for use with age 13-74 years
- Available in 20 different languages
- Tested for use within BME community (validated Chinese and Pakistani)
- NOT an individual diagnostic tool
- Evidence shows it is preferred as a measurement tool by some groups
When to use WEMWBS

- Can be used at beginning, mid and end of intervention, with at least two week intervals
- When you have decided what programme to use it for and how you will administer, store data and resource it...
- When staff team clearly understand how to use it
- When you have explained what it is used for i.e. measuring the impact of the project
- When you have gained consent of the individual

How to use WEMWBS

- Questionnaire is self-completed (has not been tested for interviewer completion)
- Privacy respected
- Only recommend through interview if literacy issues or visual impairment
How has it been used in gardening and food growing projects?
Gardeners in the therapeutic programme complete the following:

- Structured Gardening for Health ‘sessions’ led by a Horticulture Therapist focus on shared tasks, group, and individual work. Some sessions are tailor-made for particular groups e.g. those with long term conditions, or those over fifty. Other sessions are open to everyone.

- Three and six monthly reviews, feedback and personal goal setting, with the Horticulture Therapist. Clear procedural structures.

- Also use SWEMWBS, PAR Q Assessment at start and end of project

- Occasional interviews or questionnaires for case studies of impact

People come to the gardens for many reasons, common goals include:

- Getting fitter and losing weight
- Getting out of the house and meeting people
- Improving health and mobility following an episode of poor health e.g. following a stroke
- Working on specific fine and gross motor and co-ordination skills
- Learning new skills
- Improving mental health through a meaningful activity
- Supporting recovery and maintenance

(Case: Growing Opportunities, Ideal for All. www.idealforall.co.uk)
Referral (self or other)

Enter 12 week horticulture programme

Complete 12 week programme

12 week programme

• Initial WEMWBS

• Final WEMWBS

Collecting WEMWBS data

At start

e.g. 8 to 10 weeks

After project ends

Open ended projects....
Analysing the results

• Make sure no data missing...has the person completed all the questions?
• Keep track of participants ID at each stage, so you can compare the changes
• Use the total scores of each person
• Scores are added and mean change is calculated for the group as a whole
• Estimated ‘meaningful’ change ranges from 3 to 8 WEMWBS points difference between ‘before’ and ‘after’

You may want to look at...

• Do average WEMWBS scores increase from project start to finish?
• How big are the differences between baseline and follow up?
• What else might have influenced scores? Are men and women different for example?
• How are you going to present the results? Are commissioners interested? Who are you going to tell?
<table>
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<tr>
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<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
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Presenting your results….

Using the Short Warwick Edinburgh Well Being Scale

Stayed the same or improved

(Pilot of 22 adults 2012 © Ideal for All Growing Opportunities)
Average baseline and follow up WEMWBS scores across diagnosis classifications…compared to mean population general wellbeing score (Lancs 26.85). (National mean SWEMBS score 25.3)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Baseline WEMWBS</th>
<th>Follow up WEMWBS</th>
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<tr>
<td>Depression</td>
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<td>24</td>
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<tr>
<td>Anxiety</td>
<td>18</td>
<td>20</td>
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<tr>
<td>Mixed anxiety/ depression</td>
<td>16</td>
<td>18</td>
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<tr>
<td>Other</td>
<td>15</td>
<td>16</td>
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<tr>
<td>Mean pop.</td>
<td>20</td>
<td>22</td>
</tr>
</tbody>
</table>

Sometimes reflection on WEMWBS statements may make someone feel sad or distressed. You may need to offer support making use of other person centred or recovery tools or refer on to a GP or other service…
You might use WEMWBS as part of a wider package of measurements...e.g. outcomes star or bespoke questionnaires.
NEF Five ways to wellbeing

Evidence based actions to promote wellbeing

• Connect
• Be active
• Take notice
• Keep learning
• Give
Group discussion

- Have a go at completing one yourself
- What did you think about this? How did it make you feel? Did all the questions seem straightforward?
- If you use WEMWBS share your experiences
- What might you need to consider before starting to use WEMWBS in your project?
- What type of project are you involved in that would be appropriate for WEMWBS?
- What concerns do you have about using this?
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E.westwood@idealforall.co.uk  Ideal for All
Photos © Ideal for All Growing Opportunities  www.idealforall.co.uk