

A Report By:



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ROOTS TO WELLBEING

A handbook for evaluating and communicating the wellbeing impact of woodland social enterprises



MAKING
LOCAL WOODS
WORK



European Centre for
Environment & Human Health



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1. Introduction

Making Local Woods Work (MLWW) is a pilot project funded by the National Lottery through the Big Lottery Fund, which helps Woodland Social enterprises (WSEs) to develop and grow, through delivering targeted support and consultancy, and stimulating networking and peer learning in its client enterprises.

An element of the programme is discretionary, responding to issues and aspirations directly raised by WSEs, and this handbook is a direct response to WSEs requesting support in evaluating and communicating the impact of their diverse activities on the wellbeing of their clients and participants.

This handbook is authored by the Centre for Sustainable Healthcare¹, supported by the European Centre for Environment and Human Health², and eQe OUTDOORS³, specialists in delivering outdoor therapeutic interventions.

2. What is a Woodland Social Enterprise?

MLWW⁴ adopts an inclusive definition of a WSE, that being “an organisation that seeks to achieve primarily social, and sometimes also environmental, objectives through diverse activities including generating income from the resources and opportunities provided by trees, woods and forests”.

It is this definition – that of delivering a social outcome through commercial activity – that shapes our approach to this handbook.

Much of the existing body of work on wellbeing evaluation deals with initiatives which exist in a charitable, public sector or pro bono sphere, where the wellbeing outcome is the sole raison d’être for the activity. The enterprise element of WSEs shapes the rationale for evaluation and the audiences for evaluation data, and this in turn will influence which methodologies are the most effective.



Photo: eQeOUTDOORS

¹ www.sustainablehealthcare.org.uk

² <http://www.ecehh.org/>

³ <http://www.eqeoutdoors.com/>

⁴ <https://www.makinglocalwoodwork.org/woodland-social-enterprise>

3. What is wellbeing?



The World Health Organisation defines health as "...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."⁵ More recently health conceptions of health have been expanded to include the ability to adapt and to self-manage⁶.

Underpinning these understandings there sits a structure of determinants of health, all of which have a bearing on overall wellbeing, and many of which are mutable and can be affected either by changes to living environments, in lifestyle or circumstances, or by participation in activities.

Achieving health outcomes through participating in activities involving contact with nature is far from a new practice. Long before modern health practices were the norm, people were sent to the countryside for convalescent purposes. Today there is a growing sector which is delivering nature-

based interventions which can contribute to wider preventative health measures or as an adjunct to clinical options, both to maintain good health, and also to provide treatment for a growing range of ailments.

Health is usually considered to be a component of 'wellbeing'. Other components include the state of relationships, the things we are able to do, our situation and circumstances, the state of where we live, work and recreate, and opportunities for education, work and other activities we have available. The Office for National Statistics tracks national wellbeing and illustrates trend on its wheel of wellbeing.⁷

3.1 Five Ways to Wellbeing

The mental health charity, MIND, articulated the five ways to mental wellbeing – Connect, Be active, Take Notice, Keep Learning, and Give⁸.

The Five Ways model has been extensively taken up by government departments and funding bodies as a benchmark for measuring mental wellbeing, and hence being able to articulate progress against these five domains can be an important part of demonstrating impact on mental wellbeing.



⁵ <http://www.who.int/suggestions/faq/en/>

⁶ [Huber et al. How should we define health?](http://www.huber.org/et-al/how-should-we-define-health/)

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http://webarchive.nationalarchives.gov.uk/20160519133648/http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dv_c146/wrapper.html

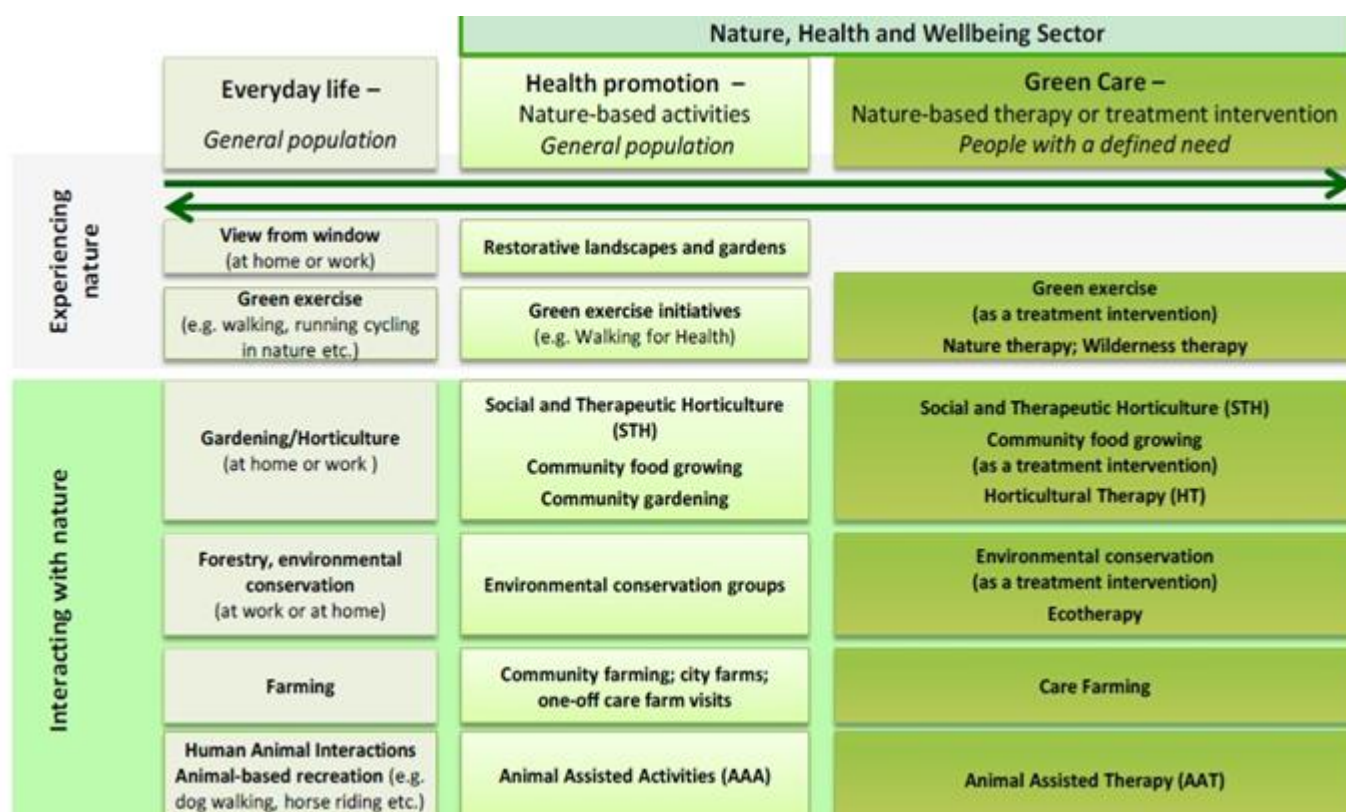
⁸ <https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/>

3.2 Nature and Wellbeing

There is a wealth of evidence around the positive impact of contact with nature on people's wellbeing⁹. Natural settings provide an accessible environment in which people can engage in activities which benefit their health.

Some benefits are ambient, simply accruing from being in more natural environments or contact with nature, while others are more direct, requiring specific tasks or activities in order to deliver a benefit.

The graphic below, focusing on horticulture as a vehicle for delivering health outcomes, illustrates how nature-based work can impact on health, in everyday life, as health promotion, and directly as part of a care package, and also how health benefits can be achieved either as a natural consequence of contact with nature, or as part of a more structured "ecotherapy" approach.



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⁹ www.nhsforest.org/evidence

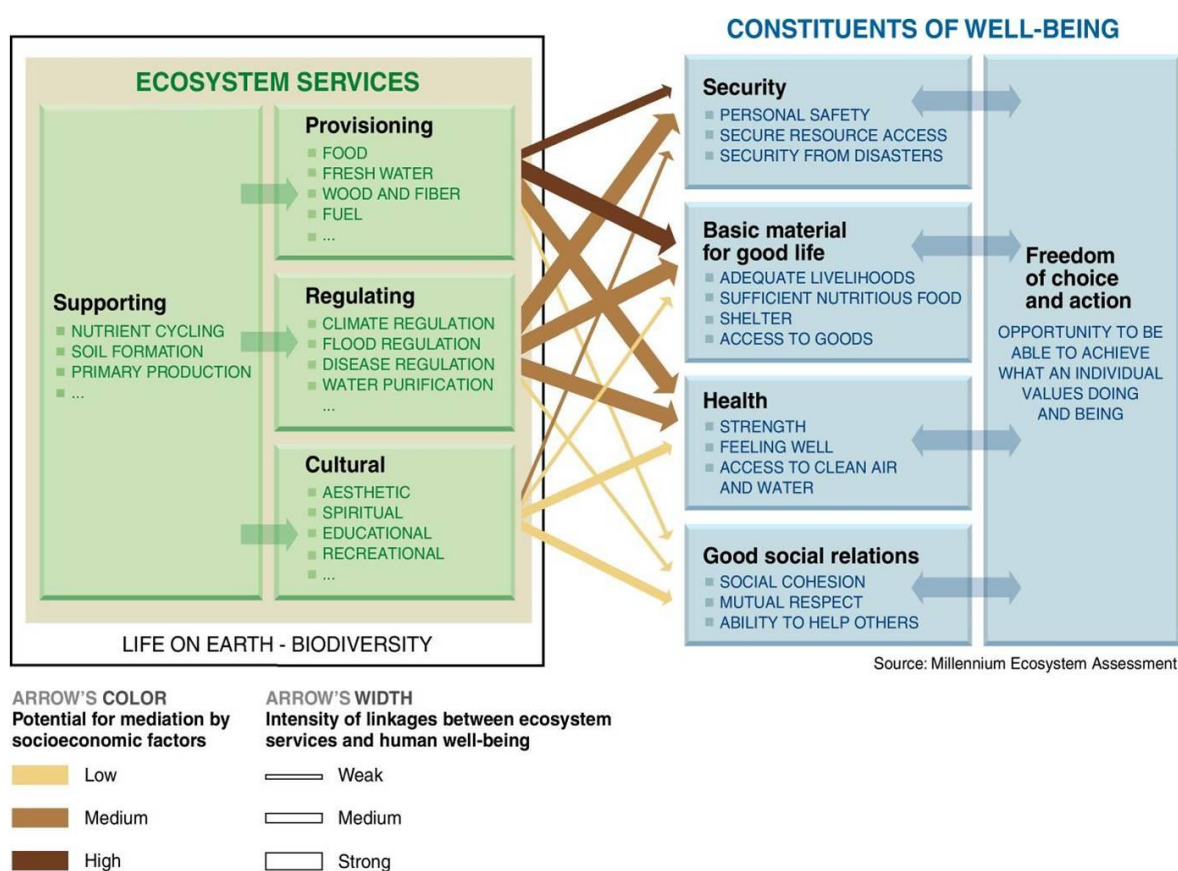
¹⁰ Adapted from Haubenhofer, Bragg et al, 2010, Sempix and Bragg, 2013, Bragg, 2014

3.3 Ecosystem Services and Wellbeing

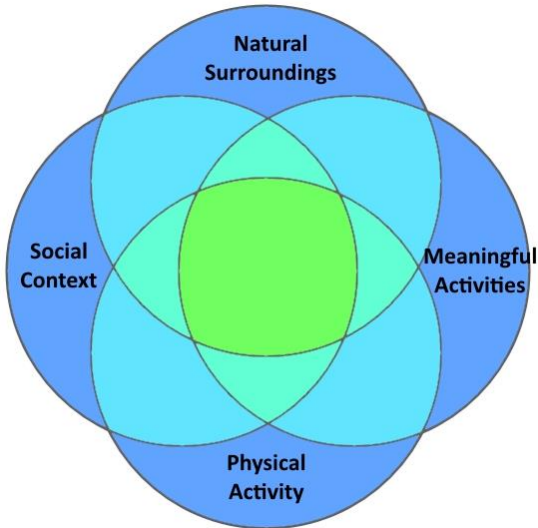
The benefits that nature provides have been codified through the 'Ecosystem Services' framework. This describes the different categories of service:

- Supporting
- Provisioning
- Regulating
- Cultural

The UK National Ecosystem Service Assessment framework (UKNEA)¹¹ makes good correlations between specific aspects of ecosystem services and specific determinants of health, and gives a good basis for a WSE to consider what aspects of its work might have an impact on health and wellbeing.



¹¹ [UKNEA](#)



The direct and positive health benefits (of relevance to this guide) from engaging with green space may accrue from a combination of the following four factors:

- Contact with nature – either in a natural setting or with natural materials
- Physical activity – either through purposefully taking exercise or through carrying out management activities
- Social context through group activities, often away from day to day settings and surroundings,
- Meaningful activities – delivering tasks which have a tangible and visible outcome, either through creating a woodland product or improving a landscape.

Exercise 1 – consider your WSE. Which of these aspects of wellbeing do you think that you could influence through your work?

4. How can WSEs affect wellbeing?

The breadth of activity delivered by WSEs, combined with the breadth of the determinants of health and wellbeing, gives near-boundless scope for the delivery of wellbeing outcomes. The nature and extent of these outcomes will vary significantly and will be governed by factors including:

- The nature of the activities undertaken
- The contact time with the participants, dose, frequency and longevity
- The type of contact with nature – incidental through pursuit of another goal, or targeted to achieve a specific outcome
- The social context in which the activity is taking place – group size, leadership, type of engagement with the activity (e.g. purely voluntary, social prescription referral etc.)

4.1 What aspects of Woodlands are particularly important?

Woods provide a huge range of ecosystem services which support our wellbeing in many ways. The UKNEA details many of these in the woodland chapter¹².

Ecosystem service provided by woodlands	Examples of goods and benefits in the UK	Key references
Provisioning services		
Crops, livestock and fisheries	Little tradition of agro-forestry other than grazing particularly as part of wood-pasture systems; non-timber forest products (NTFPs) for commercial and domestic use, e.g. meat (including from culled deer), berries, honey, fungi, medicinal derivatives and drugs.	Martin <i>et al.</i> (2006); Emery <i>et al.</i> (2006); Kirby <i>et al.</i> (1995)
Trees for timber	Provision of raw timber materials for use in commercial and domestic enterprises; provision of wood chips for boards and pulp for paper. Use of timber as an alternative for other building materials such as steel and concrete in order to reduce use of fossil fuels and enhance building standards.	Forestry Commission (2003a) Suttie <i>et al.</i> (2009)
Trees for bio/woodfuel	Timber products (e.g. harvesting residues, stumps and roots, recycled wood) as fuel for heat and power plants, as domestic firewood, for biochar and as raw material for processed hydrocarbon fuels.	Chapter 14 Ireland <i>et al.</i> (2004)
Woodlands and water supply	Wooded catchments especially in the uplands provide important water supplies for major urban areas (e.g. Thirlmere and Manchester).	Ritvo (2009)
Regulating services		
Climate	Avoidance of climate stress. Tree cover can help dampen the climatic effects experienced in the open, thus protecting soils, animals and humans from extremes of temperature, strong winds and UV light. Carbon sequestration. Woodlands and their soils are important reserves of terrestrial carbon, and timber products can also be considered.	Mason <i>et al.</i> (2009) Morison <i>et al.</i> (2009); Lorenz & Lal (2010)
Hazard	Soil protection. Tree cover can offer protection from soil erosion and slope failure. Forest management will reduce exposure to chemicals and pesticides and likelihood of soil compaction compared to agriculture. Flood and water protection. Woodlands moderate rainfall events and river and stream hydrographs, delaying and reducing flood events.	Moffat (1991); Nisbet <i>et al.</i> (2008) Nisbet <i>et al.</i> (in press)
Disease and pests	Woodland dwelling organisms can help in regulating the incidence and spread of insect pests of crops and pathogens of importance to humans, livestock, crops and ecosystems.	Chapter 14
Detoxification and Purification	Water quality. Because of minimal use of pesticides and fertilisers, woodlands managed under sustainable principles also offer benefits of water quality. Soil quality. Woodland cover can stabilise contaminated brownfield land and hinder the pathways between source and receptors. Air quality. Capture of atmospheric pollutants in tree canopies can lead to consequent reduced exposure for humans, crops, buildings etc. Noise reduction. Belts of trees between residences and transport routes can absorb sound.	Nisbet <i>et al.</i> (in press) Moffat & Hutchings (2007) NEGTAP (2001) Huddart (1990)
Pollination	Woodlands likely provide habitat for diverse wild pollinator communities of importance to trees, crops and other plants.	Devoto <i>et al.</i> (2011)
Cultural services		
Wild species diversity	Biodiversity. UK forests, including plantations, provide habitat for a wide range of fauna and flora but a limited genetic resource (e.g. compared to tropical forests).	Humphrey <i>et al.</i> (2003)
Environmental settings	Trees and woodlands are valuable for personal enlightenment and as places or catalysts for social activity and cohesion.	O'Brien (2006); Lawrence <i>et al.</i> (2009)
	Forests are increasingly acknowledged for their educational value.	O'Brien & Murray (2007)
	Trees have been perpetual motifs in fine art, and influenced many other art forms.	Phythian (1907); Hohl (1998)
	Many forests are open to the public for the enjoyment of outdoor pursuits and recreational activities. Their access facilitates exercise and benefits human health and longevity. Trees and woodlands increase the diversity of landscape character; their existence provides a link with the past when man's existence was more closely linked to woodlands and their products; woodlands reduce the rate of, or eliminate the need for, cultivation, a significant cause of archaeological destruction.	Woodland Trust (2004); O'Brien & Morris (2009) Rackham (1976); Smout (2002); Crow (2004)
Supporting services		
Soil formation, nutrient cycling, water cycling, oxygen production	Forests facilitate soil formation and other biogeochemical processes essential to life.	Fisher & Binkley (2000)
Biodiversity	Little in way of unique species (endemism) at least amongst the well-know groups, but locally adapted provenances and distinctive assemblages associated with some species being at the edge of their range in Britain; a distinctive maritime climate; and historical differences. These include 'Atlantic' elements such as the abundance of bluebells, rich bryophyte communities in western oak woods, ash-hazel dominated woods (beyond range of beech), abundance of veteran trees with associated lichen and saproxylic associated species.	Rodwell (1991); Peterken (1996); Kirby <i>et al.</i> (2005)

¹² www.uknea.unep-wcmc.org/LinkClick.aspx?fileticket=EuaMBUTBZIU%3D&tabid=82

Woodland and trees ‘afford’ many types of health and wellbeing promoting activities. These range from providing a context for the development of children’s fine and gross motor skills through climbing trees and playing on rough terrain, as a setting for physical activity throughout the life course, to the opportunities for recovery from stress through spending time in a peaceful environment.

Shinrin-yoku¹³, or “Forest Bathing” is a term applied to simply being in a woodland environment, in a relaxed frame of mind. There is an increasing body of evidence to suggest that simply being in a wooded landscape provides intrinsic benefits to immune system, blood pressure and stress levels, irrespective of activities being undertaken.

Trees and woods are culturally important. the longevity of trees means that individual trees can often carry an emotional connection for people and connect people with place and memory.

Woodlands stand out among landscapes¹⁴ in their ability to disconnect people from the everyday. Even a relatively small wooded space in a dense urban area, can achieve a marked separation from its surrounding area. The combination of acoustic and visual barrier provided by trees achieves this, and enables wellbeing benefits through calm and relaxation. Similarly, this gives woodlands a high carrying capacity. The same relatively small woodland can accommodate more people and achieve health outcomes, than can a more open landscape type.

Woodlands provide an ideal location for social and practical activities. Whether through managing the woodland itself, crafting products from woodland materials, or simply exploring the woodland itself, woodlands provide an accessible and diverse range of activities to suit all audiences¹⁵. These activities can be employed both in everyday contexts to maintain health, and also in a more structured fashion, as part of care packages for everything from obesity and pre-diabetes, to supporting people with early stage dementia¹⁶.

Many woodlands are free to access, and are often located close to people’s communities. Ninety-nine percent of the UK population lives within an hour’s drive of a Forestry Commission woodland, with an abundance of smaller woodlands dotted around the UK’s parks and open spaces.

Trees, woods and forests and the WSEs they support can also promote wellbeing through:

- Supplementing incomes and local economies
- A resource for foods and fuels
- Providing sites for educational (at all stages) activities
- Opportunities for skills acquisition
- Learning about the natural environment
- Improving the living environment for the wider community



Grounded Ecotherapy participants at Tower Hamlets Cemetery Park. Photo: Ken Greenway

¹³ <http://www.shinrin-yoku.org/shinrin-yoku.html>

¹⁴ [https://www.forestry.gov.uk/pdf/FR_twnhs_book.pdf/\\$FILE/FR_twnhs_book.pdf](https://www.forestry.gov.uk/pdf/FR_twnhs_book.pdf/$FILE/FR_twnhs_book.pdf)

¹⁵ <https://www.woodlandtrust.org.uk/mediafile/100263109/cs-wt-2014-healthy-woods-healthy-lives.pdf>

¹⁶ <http://scotland.forestry.gov.uk/news-releases/1180-woodland-activity-programme-helps-people-with-early-stage-dementia>

4.2 How can my Woodland Social Enterprise affect wellbeing?

It is probable that all WSEs have the potential to have an impact on wellbeing. Contact with nature intrinsically delivers benefit to wellbeing, whether that be through time spent in a natural space, or the aesthetic appreciation of an organic and natural form. However, certain WSE undertakings can potentially deliver greater benefit through increased contact with people or through delivery of worthwhile activities, some of which may have additional outcomes such as skills acquisition. The classification below gives a summary indication of the potential scope for achieving wellbeing outcomes through different types of WSE (the darker the box the more impactful the activities or engagement is likely to be).

	Woodland products	Woodland activities
People as customers	Community forestry Coppice work Woodland crafts Forest fruits Buying from a social enterprise	Forest tourism Geocaching Bike/Walking trails
People as participants	Woodland skills training Arts and crafts workshops Art installations	Volunteering and woodland management Forest School Outdoor learning Guided woodland walks Orienteering
People as beneficiaries	Occupational therapy – crafts Wood fuel as fuel poverty intervention	Woodland therapies Occupational Therapy Ecotherapy Therapeutic horticulture SEND education

Exercise 2 – Identify the grouping which best reflects your WSE or project.

5. Why evaluate and communicate wellbeing impact?

Although many of the activities associated with WSEs are not primarily focused on promoting health and wellbeing there are a number of reasons why effective evaluation of such impacts, and communication of those impacts, can contribute to recognising their value and enhancing their sustainability as social enterprises.

Being able to evaluate and communicate the impact of a WSE on people's wellbeing can deliver a direct commercial benefit to a WSE. Effective evaluation can:

- Support a WSE in planning and demonstrating the its social outcomes,
- Help promote the WSE and recruit customers and participants,
- Help achieve repeat business from major clients through demonstrating a greater return for their investment,
- Help secure grants and contracts through demonstrating added value,
- Open up new market areas where health and wellbeing is a specific priority.

An initial round of discussions with WSEs to identify their drivers for health evaluation, uncovered four key areas of scope for evaluation. These are:

1. Communicating health outcomes to health audiences
2. Communicating health outcomes to non-health audiences
3. Communicating health outcomes to participants
4. Estimating economic impact of WSE work

Health audiences include local clinical commissioning groups (CCGs), NHS organisations, and the social prescribing system whereby one or more health and wellbeing outcomes may be the core objective of the activity being commissioned.

Non-health audiences include wider public sector commissioners, increasingly under pressure to demonstrate added value from their procurement of services, and for whom evidence of health outcomes can indicate good value for money and can deliver a procurement advantage to a WSE. This audience also includes an increasing number of grant giving bodies, in particular National Lottery distributors, for whom the impact of their grant programmes on wellbeing in a growing area of interest.

Enabling **participants** to understand the impact that activities have had can be a key factor in determining whether or not WSEs benefit from continued or repeat custom. This applies both where participants directly pay for access to services, or where funds accrue based on participant numbers; in either case ensuring that the participant voice is strong and positive can be a big factor in sustaining business.

Communicating the **economic impact** of activities can provide a strong argument for investment in a WSE, however methodologies for this are poorly developed and highly subjective, and in many cases attributing a specific health impact directly to a given WSE intervention is difficult, and this aspect of evaluation should be approached with extreme caution.

Exercise 3 – Identify which of these reasons for evaluation is most important to your WSE or project

6. Evaluation

Understanding the context in which evaluation takes place is a key precursor to putting it in place. It can provide the difference between “evaluation for the sake of evaluation” and a meaningful process which supports both the quality of delivery, and the ability of a Social Enterprise to plan, monitor, and report its social impact.

The Better Evaluation initiative have suggested that there are six (or seven depending on the strength of evidence needed) steps to a typical evaluation¹⁷:

Manage - *Manage an evaluation (or a series of evaluations), including deciding who will conduct the evaluation and who will make decisions about it. What is the purpose of this evaluation? Where does it sit within the operations of our WSE?*

Define - *Develop a description (or access an existing version) of what is to be evaluated and how it is understood to work. What are we looking to evaluate? What does a successful outcome look like and how can this be observed?*

Frame - *Set the parameters of the evaluation – its purposes, key evaluation questions and the criteria and standards to be used. Tools, datasets, and methodologies (the significant focus of this and future sections)*

Describe - *Collect and retrieve data to answer descriptive questions about the activities of the project/ programme/policy, the various results it has had, and the context in which it has been implemented. How will you deliver the evaluation and collect qualitative and quantitative data.*

Understand Causes - *Collect and analyze data to answer causal questions about what has produced outcomes and impacts that have been observed. Control groups and demonstrating causality – this will only generally be undertaken at more advanced standards of evaluation (see NESTA standards below)*

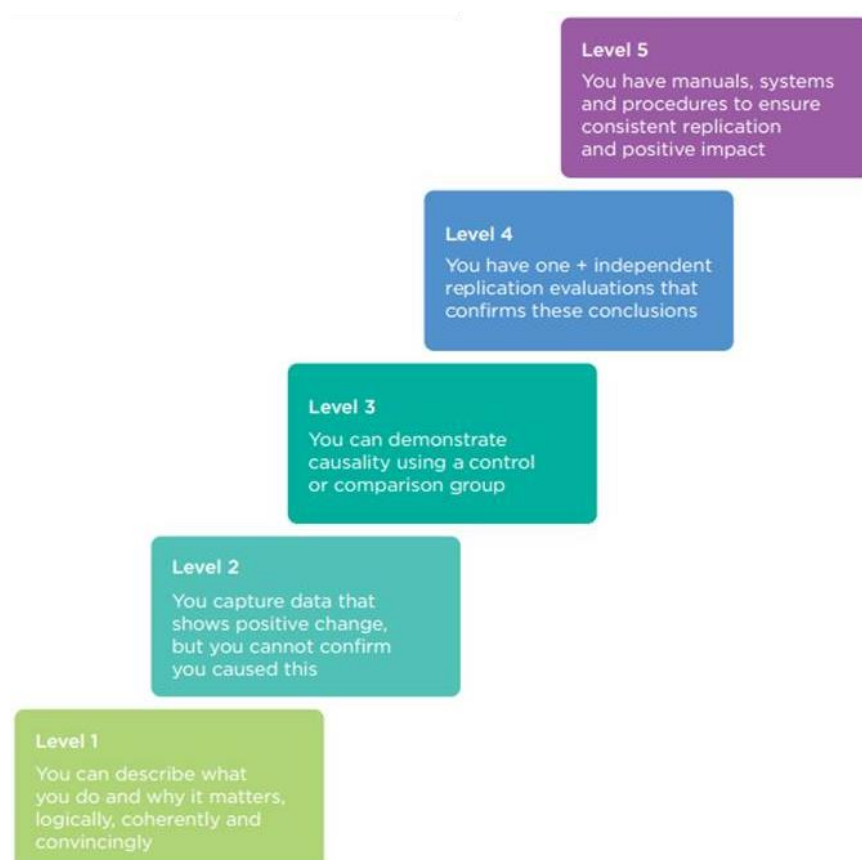
Synthesize - *Combine data to form an overall assessment of the merit or worth of the intervention, or to summarize evidence across several evaluations. How do the data build up? What do they tell us about the activity? Is it delivering our success criteria?*

Report and Support Use - *Develop and present findings in ways that are useful for the intended users of the evaluation, and support them to make use of them. Having understood our impact, how do we best communicate it?*

Running through this underpinning thought process as part of planning evaluation will help put the evaluation within the working context of the WSE, and will help focus the evaluation to deliver clear and tangible outcomes that directly support the work of the WSE.

¹⁷ [Better Evaluation Rainbow Framework](#)

6.1 Standards of Evidence



There are different standards of evidence. Different types of evaluation produce different 'strengths' of evidence.

The NESTA standards of Evidence¹⁸ articulate this very clearly and provide a good benchmark for WSEs.

When reporting impact, it is important to be clear about the strength of the assertion that you are making.

Are you simply reporting an outcome based on research that suggests that such an outcome ought to follow from a given intervention?

Can you demonstrate that an improvement in a participant's wellbeing is directly attributable to the work you have done?

Overstating impact can significantly undermine the work of a WSE, so being clear when communicating

impact about the robustness of your evaluation is very important.

For the overwhelming majority of WSEs, they will be evaluating around NESTA levels one and two. Larger organisations with access to greater resources and ties with research bodies are beginning to permeate into level three, but accredited level three evidence in green health scenarios is rare.

6.2 Evaluation Tools

There exists a bewildering array of potential tools which can be used to evaluate and communicate wellbeing outcomes. Across the multiple determinants of health, the spectrum of different interventions, and the potential range of impacts on individuals, there is a tool for everything, and more besides.

"Which Tool to Use"¹⁹, produced by the Federation of City Farms and Community Gardens, provides an excellent analysis of potential tools in the context of therapeutic horticulture, and captures the complexity of the evaluation landscape.

When approaching evaluation tools, there are a number of home truths that are well borne in mind:

- **There are no magic bullets. No approach or tool is perfect, no approach or tool is universal. The key is to understand what evidence the tool will provide you with and the limitations of that tool.**
- **Evaluation can be time consuming. The more detail, the more time and money it will take.**
- **The perceived suitability of tools varies between audiences, different clients will recognise or require different tools.**
- **There is a lot of focus on quantitative evaluation, but don't overlook the power of a well told story.**

¹⁸ <http://www.nesta.org.uk/publications/nesta-standards-evidence>

¹⁹ <https://www.farmgarden.org.uk/system/files/whichtooltouse.pdf>

As well as the aspects identified above, there are two further key factors which influence selection of the tool:

- The population scale at which interventions are being delivered,
- The time over which interventions take place

Population Scale

Typically, when evaluating interventions which have taken place with a small population or group, one will be wanting to demonstrate progress in an individual:

Participant A reported an improvement in their stress and anxiety levels by two points out of ten at the end of the session as compared with at the start.

Whereas with a larger group, one will typically be reporting on the progress of the cohort:

Across a group of 30 participants, 86% reported an improvement in their stress levels,

Or

Across a group of 30, participants reported an average improvement in their stress levels of 11%

Time

The longer or more regular the contact with the client is, the more scope there is for delivering an outcome, but also the more opportunities there are for evaluation.

Longitudinal studies (studies carried out over a period of time) are particularly valued in research terms as they give an opportunity to monitor change over a period of time, and they can “screen out” external factors which may skew evaluation carried out over a shorter period.

Longer term evaluation is more resource intensive, and care must always be taken to ensure that the approach to evaluation is appropriate to the health outcomes sought, the contact with the beneficiary, and to the resources available.

Exercise 4 – bearing in mind responses to exercise in Section 4, identify where in the following matrix your WSE or project sits. Refer back to the exercise in section 4.2 and the shade of blue that was generated.

The tools identified in the following table have been selected from those available to give an accessible range of qualitative, quantitative, and narrative options.

Explanations of the tools and assessments of their respective uses is considered in Section 7.

By design these tools tend towards the generic and standardised and do not specifically focus on the specific aspects of wellbeing which relate to woodlands. Within some tools are options to focus elements of evaluation. Additionally, these tools do not presuppose a method of data collection, which can be far more individualised to woodland settings than the tools themselves. Data collection is discussed more in Section 8.

	Individual	Cohort
Sporadic or short term engagement	Feedback form	Feedback form
	Before/after self-assessment	Feedback form
	Before/after self-assessment Case study	Before/after self-assessment
	Before/after self-assessment Case Study	Before/after self-assessment WEMWBS
Longer term or regular engagement	Before/after self-assessment EQ-5D	Before/after self-assessment
	EQ-5D WEMWBS	Before/after self-assessment WEMWBS
	EQ-5D WEMWBS Outcomes Star	WEMWBS
	EQ-5D WEMWBS Outcomes Star	WEMWBS

WEMWBS – Warwick Edinburgh Mental WellBeing Scale (see below for further information)

7. Analysis of tools:

7.1 Feedback Form

Feedback forms are often regarded as an integral part of running a session or a programme, and in their most basic format capture participant views on quality of delivery, venue, catering, etc. However, with a little fine tuning, feedback forms can capture basic wellbeing impact as a result of a session.

Appendix 1 a feedback form used by ARC (a WSE participating in the Making Local Woods Work project), is structured around the Five Ways to Wellbeing, however forms can be similarly structured around any of the determinants of health, depending on the nature of the work undertaken by the WSE.

Feedback forms are typically completed anonymously, reducing their use for tracking individuals' progression. Individual responses can be collated and analysed to give an overall picture of the participants' views on the session.

Example

Section 1 of **Appendix 2** illustrates some sample feedback based on the ARC form. From this analysis a WSE would be able to conclude that:

Across a group of 18 participants responding to the statement "attending Ecotherapy sessions at Foundry Wood helps me to be active", the average score was 2.39, where 1= "No", and 3= "A Lot".

While not comparative, this evaluation can demonstrate to a commissioner or funder that in general terms Ecotherapy at Foundry Wood supports its participants to be active.

7.2 Before/after self-assessment

Before/after self-assessment is a very broad category, which seeks to quantify the impact of an intervention on a specific determinant or set of determinants of health.

At its simplest, it can be a case of capturing expectations at the start of the intervention, and then gauging to what extent those expectations have been met afterwards. More complex self assessments can take the form of full WEMWBS assessments. The focus and level of detail of these assessments needs to be considered in light of the focus of the activity, the resources available for evaluation, and the level of input required from the participant relative to their time with the project.

Appendix 3 shows the range of domains covered by WEMWBS, which has a specific focus on measuring mental wellbeing.

A before/after self assessment might include three or four of the WEMWBS statements, targeted towards the activity in question. It might pick up some elements of the Five Ways to Wellbeing, as in **Appendix 1**. It might include similarly worded questions around physical health and wellbeing, such as:

I feel comfortable walking briskly for thirty minutes

I take notice of myself and the world around me

I am happy and confident doing tasks that involve physical work

Equally, a self assessment could include questions specific to contact with nature or woodland, particularly where activities take place in urban settings and contact with nature is not the norm:

I feel comfortable and safe in a woodland environment

I understand the benefits of spending time in a natural setting

I understand the relationship between woodlands and [wood fuel/timber/woodland products]

Asking these questions at the beginning and end of engagement with the WSE will give a clear impression of the impact of the intervention on the participant, and through consistently using the same suite of questions over a period of time, the WSE can establish a clear and robust picture of how it is delivering health outcomes.

Example

Section 2 of **Appendix 2** illustrates some sample before/after analysis adapted from the ARC Ecotherapy Assessment Tool. From this analysis we can derive the following potential statements:

Across a group of 18 participants responding to the statement “I take notice of myself and the world around me”, the average score after the session was 2.61 (where 1= “No” and 3= “A Lot”), compared with 2.11 prior to the session, an average improvement across the group of 0.50.

Of the group, 9 people reported no change, 6 people reported a moderate improvement (one point), and two people reported a significant improvement (two points)

One participant reported a negative outcome from the session (minus one point). The session leader spoke to this participant and it transpired that he had sustained a minor injury during the session. This was noted in the incident log, and this participant has agreed to come back to a future session with additional supervision in place.

As well as demonstrating the overall impact of the session, this evaluation delivers a finer grain of detail, articulating the impact on individuals, and allowing the evaluator to identify any erroneous outcomes – in this case a negative outcome in an overall positive trend, and act on them.

7.3 Case Study

Case studies can provide a clear, compelling and impactful illustration of wellbeing outcomes. Best used to support the more quantitative measures, they provide an opportunity to communicate the impact at the personal level, often in a participant's own words. Case studies can be focused either on the impact of an individual, or the project or intervention as a whole.

With the rise of online media and mobile platforms, case studies can take a host of formats, and in particular the increased accessibility and affordability of video production provides a fantastic opportunity to capture and communicate the impact of wellbeing work.

Personal Level

Communicating the impact of a WSE's work on an individual is a fantastic way of bringing the work to life. Care should always be taken when dealing with an individual, that the individual is aware of, and consents to, the use and communication of their personal information for this purpose. Individual data can be anonymised, but if this approach is taken, care should be taken that, even if no specific names or images are used, that an individual cannot be identified from the wider information used.

The Information commissioner's Office contains comprehensive guidance on data protection²⁰.

Project Level

Appendix 4, from the Idle Valley Ecominds project, communicates the impact at a project level in clear and human language. Further detail and quantitative data is referred to and available via links, and direct quotes from participants and beneficiaries bring the outcomes to life.

The NHS Forest programme features a short video case study of work at University Hospital Coventry²¹. This video provides a basic summary of the key arguments for the work, backed up by first hand views from individuals directly involved in the project, and provides an excellent example of how video can be used at the project level.

²⁰ <https://ico.org.uk/for-organisations/guide-to-data-protection/key-definitions/>

²¹ <https://youtu.be/g5bD5AGetbc>

7.4 WEMWBS

The Warwick Edinburgh Mental WellBeing Scale (WEMWBS), is one of the most commonly used and recognised evaluation tools for mental wellbeing today. It features questions across 14 domains of mental wellbeing, ranked on a score of 1-5 (**See Appendix 3**).

It is based around a series of simple statements, is highly accessible for self-evaluation, and generates a score between 14 and 70 for the participant.

WEMWBS' value, as opposed to other forms of self evaluation, lies in its standardisation and its ability to generate data that can be monitored over time, and compared with national and regional data to illustrate the impact of the work:

Of 435 participants over the year, participants reported an average improvement of 9.3% on the WEMWBS scale when compared to their starting score.

Participants leaving our project averaged 55.2 on WEMWBS, higher than the national average of 50.7

As well as the aggregate score, WEMWBS data can be analysed in individual domains to identify specific areas where an intervention or activity is impacting on wellbeing:

Participants leaving our project showed an average improvement of 9.3% on the WEMWBS scale, but with an improvement of 22% on Statement 10, "I feel Confident".

The value of WEMWBS is in its consistency and integrity, so whereas with other evaluation processes it is possible to focus on specific aspects, if using WEMWBS it is strongly advised to use it wholly and consistently.

While WEMWBS is the commonly used tool for assessing mental wellbeing, some organisations may use the **General Health Questionnaire (GHQ)**²².

There are many similarities between WEMWBS and GHQ in terms of their consistency and ability to generate a score from the data, but GHQ is available in four variants with 12, 28, 30, and 60 questions giving a series of options to capture finer detail.

²² <https://www.gj-assessment.co.uk/products/general-health-questionnaire-ghq/>

7.5 EQ-5D

EQ-5D²³ is a standardised and international tool commonly used in the UK by NHS organisations to monitor patient health. It asks questions across five domains of physical and mental health which combine to give an overall snapshot of a patient or participant. In cases where WSEs are receiving beneficiaries directly referred from the National Health Service (for example through a local social prescribing initiative), it is likely that they will be required to capture information via EQ-5D.

This will either be directly completed by the WSE, or by an intermediary employed or commissioned by the NHS.

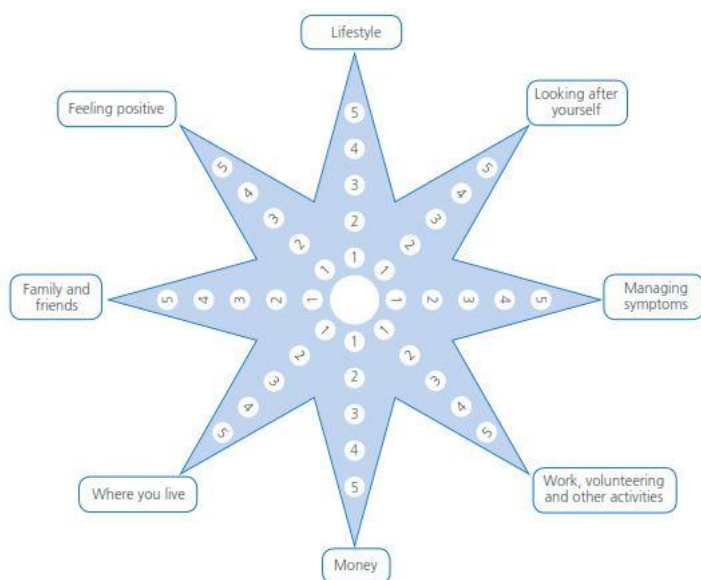
In many cases, EQ-5D is embedded within a wider local baselining tool which includes other measures, such as **Appendix 5**, the questionnaire used by a social prescribing initiative in London. Local referral agencies or the Clinical Commissioning Group will be able to provide templates of questionnaires used locally.

EQ-5D data can be analysed in similar fashion to the other quantitative data such as WEMWBS and before/after self-assessments.

While many evaluation tools in the arena of health and wellbeing are designed to be accessible and participative, this is not necessarily the case with EQ-5D and other NHS tools. Rather than self-evaluation, these questionnaires are normally completed by a trained officer in consultation with the participant, and so the resource implications of using this tool are higher than might otherwise be the case, particularly for lighter-touch interventions.

²³ <https://euroqol.org/eq-5d-instruments/>

7.6 Outcomes Star®



The Outcomes Star²⁴ is the most in-depth tool that this handbook will consider. Highly personalised, very participative, it is an ideal tool for capturing detailed information about the progression of an individual. The Stars operate across a range of topic areas, and each Star includes eight domains, each assessed on a scale of five.

As well as a range of off-the-peg Stars, there is also the possibility to work with their creator, Triangle (themselves a Social Enterprise) to customise the approach to a WSE's specific needs.

The resultant evaluation gives a detailed and highly visual representation of a participant's condition according to these domains, and

successive iterations of the evaluation can be layered upon each other to give a clear depiction of the direction of travel.

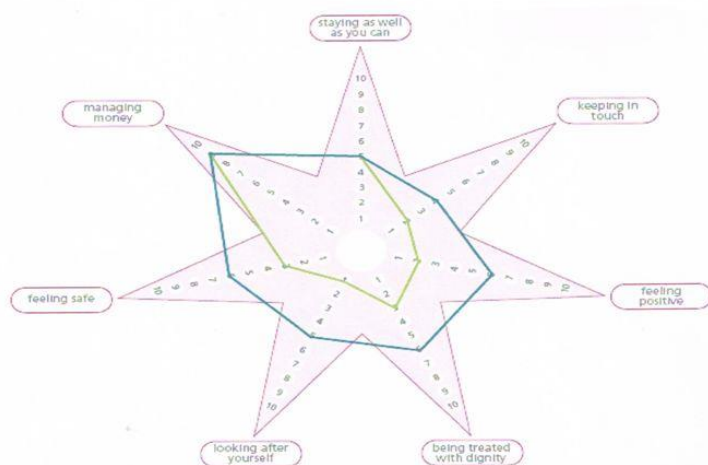
Implementing the Star also generates important participant feedback, allowing WSEs using it to tailor and personalise their interventions to the specific needs of each participant.

However, this level of detail comes at a cost. Outcomes Star is a licensed product, and its use requires both the purchase of a license, and training in the use of the tool.

Outcomes Star is also comparatively time-intensive to implement, and therefore is best suited to projects and interventions where regular 1:1 consultations with participants are a part of the programme.

Outcome Star Evaluation Tool

Show data on Star



6 Month Intervention Before & After

Staying well as you can	5	5	0
Keeping in touch	2	4	2
Feeling positive	2	6	4
Treated with dignity	3	6	3
Looking after yourself	1	5	4
Feeling Safe	3	6	3
Managing Money	9	9	0
Average	3.6	5.9	2.3

2.3 % Overall Improvement

²⁴ <http://www.outcomesstar.org.uk>

7.7 Summary

Tool	Cost	Time	Ease of use in a woodland	Personalising	Consistency
Feedback Form	Minimal resources, consistent template can be used	Often completed by participants. Occasional officer support.	Materials on site – storage, weather, writing surfaces	Typically anonymised	Comparable questions and data sets
Before/After Self-assessment	Minimal resources, consistent template can be used	Before and after increases time input	Materials on site – storage, weather, writing surfaces	Individual record maintained and analysed	Comparable questions and data sets
Case Study	Time in production, formatting. Potential print costs.	Data collection, writing up, formatting and production	Typically produced after the fact so less need for materials on site	Highly focused on an individual or project	Designed to showcase a specific aspect or message
WEMWBS	Comparatively lengthy survey, plus successive repetitions	Often jointly undertaken by participant and worker	Materials on site – storage, weather, writing surfaces	Designed for use at population scale	Comparable questions and data sets
EQ-5D	Comparatively lengthy survey, plus successive repetitions	Ideally completed in discussion with trained worker	Materials on site – storage, weather, writing surfaces	Individual record maintained and analysed	Comparable questions and data sets
Outcomes Star	Licensing, training and staff time	Always completed with trained worker	Can be done verbally but some record needed	Highly focused on an individual	Use of consistent measures within Star



8. Delivering Evaluation

As well as selecting an evaluation tool that is appropriate to the activity against which evaluation is being carried out, the method in which evaluation is implemented and data collected will have a bearing on the effectiveness and accessibility of the evaluation.

Integral to planning how to deliver evaluation is the fact that for the vast majority of WSEs, the evaluation will be undertaken for the most part in the woodland itself. Choice of format, resources used, and the approach taken can all be amended to reflect this woodland context.

Evaluation can be delivered either passively or participatively



Photo: eQeOUTDOORS

Passive techniques rely on a participant volunteering information in response to a request, while **participative** approaches involve a worker or volunteer facilitating the information gathering, either as a stand-alone evaluation activity, or embedded within the activity itself.

Approach can vary between activities, or between different participants in the same activity. A participant with learning difficulties may require a more participative approach in order to generate the same feedback as a passive approach with the wider group.

A poorly-considered approach to evaluation can dramatically undermine its validity and usefulness. Evaluation needs to be fully inclusive if it is to be effective. If a chosen approach is not accessible by a proportion of participants then this approach will introduce a bias to the evaluation. Equally, when delivering evaluation through a participative process, observer bias can creep in through using leading questions which presuppose a given response, again undermining the validity and usefulness of the evaluation.

Collecting Data in Woodlands

Irrespective of the approach selected, it is well worth considering the woodland context in which the evaluation is taking place, and how that can be used creatively to bring life to the data collection process. Woodlands contain an abundance of natural materials – can these be used rather than a paper-based exercise to capture data? Consider that a WSE is using the woodlands to deliver its outcomes, so why can the woodland itself not be used as an integral part of the evaluation process too? Think leaves instead of post-it notes

Some Approaches to Data Collection

Questionnaires

Appropriate for	All evaluation types
Passive	Written questionnaires
Participative	Complete questionnaire with participant
Positives	Portable, versatile, lightweight, relatively accessible
Negatives	Prone to waterlogging

Online Survey

Appropriate for	Feedback form, Case Study, WEMWBS, EQ-5D
Passive	Link to survey
Participative	No real participative option
Positives	Versatile, no materials required in woodland, inbuilt analysis of results
Negatives	Takes place after the event, respondents self-select, intrinsic barriers through availability and use of online tech

Social Media

Appropriate for	Feedback form, Case Study
Passive	Post to social media
Participative	N/A
Positives	Good for harvesting quotes and soundbites
Negatives	Very self-selecting, tendency to generate an “echo chamber” of self-reinforcing viewpoints

Log Books

Appropriate for	Case study, Outcomes Star
Passive	Allow participants to fill in by themselves
Participative	Reflective time built into activities
Positives	Can be a highly detailed record of engagement, can capture images and physical outcomes e.g. in conservation tasks. Captures progress over time.
Negatives	Time consuming to complete, non-standardised

Participant Interview

Appropriate for	All evaluation types, is structured to cover all relevant aspects
Passive	N/A
Participative	Audio, Video interview
Positives	Highly detailed, capture emotional as well as physical outcomes
Negatives	Subjective to experiences at time of interview, expensive in equipment and time

Blog/Audio/Video Diary

Appropriate for	Case Study, Outcomes Star
Passive	Leave participant to complete
Participative	Built into activity either through reflection or reciprocal recording (participants interview each other)
Positives	Highly detailed record with good supporting story and narrative. Can be structured to ensure that it covers specific areas of focus. Captures progress over time.
Negatives	Expensive in time and resources.

Exercise 5 – based on WSE’s selection of evaluation tools and knowledge of their work, what approach do they consider best for data collection?

Exercise 6 – What key questions or aspects would you wish to capture (See Appendix 6 – list of potential evaluation areas)?

Exercise 7 – try designing an approach to evaluate your activity