Headlines Data Report

Dr. Kate Hamilton

Research & Training Officer

Headlines Data Report – Actif Woods Wales November 2015

Dr. Kate Hamilton, Research & Training Officer – katehamilton@smallwoods.org.uk

9th December 2015

CONTENTS

INTRODUCTION

This report summarises up to date findings from the Actif Woods Wales project, focusing on evidence that is reported in the project database: that is, participant data from Health Questionnaires which are (in theory) administered quarterly to all participants, and attendance data which is uploaded by activity leaders after every session. It does not include review of other types of qualitative data although this is available on request and will be shared in other project outputs over the next few months as the current phase of the project comes to a close.

RESULTS PER HEALTH QUESTION (QUANTITATIVE)

QUESTIONNAIRE RESULTS AS PER PROJECT DATABASE, OCTOBER 2015

- 930 people were on the database at the time of downloading data from health questionnaires;
- Around 330 participants have no questionnaire data registered – either through not being offered the questionnaire (e.g. if they attended on a one-off basis at a large event) or refusing/failing to complete it when offered it.
- Of the remaining 600 participants only a small minority of participants have had more than one set of questionnaire responses registered into the system (some of whom have provided responses 6 or 7 times by now)
- Of these, around 20% are obviously invalid – i.e. the data is nonsensical (no date, question not answered, invalid response) and cannot be interpreted. Hence the figures below.

QUESTION A: GENERAL HEALTH

	Oct 2015	**Notes**
Valid results	71	92 repeat data points in all, 21 invalid
Improved	27* (38%)	*overall: 34 (48%) have shown an increase at some point
Stable	27 (38%)	
Declined	18 (25%)	

QUESTION B: PHYSICAL ACTIVITY

	Oct 2015	**Notes**
Valid results	71	92 repeat data points, 21 invalid
Improved	34* (48%)	*overall: 39 (55%) shown improvement at some point
Stable	18 (25%)	
Declined	19 (27%)	

QUESTION C: MENTAL WELLBEING

	Oct 2015	
Valid results	77	104 repeat data points, 27 invalid
Improved	41* (53%)	*overall change over time and all dimensions: 65 (84%) shown improvement at some point on at least one dimension
Stable	14 (18%)	
Declined	23 (30%)	

	Oct 2015	
Valid results	42	42 responses with meaningful numbers; 76 w repeat data including text response. However, validity hard to establish as numbers and text sometimes contradict each other.
Improved	19 (45%)	
Stable	8 (19%)	
Decline	15 (36%)	

Extrapolating these percentages across all 930 participants on the system these percentages would lead us to expect:

- *353-493 people w net health improvement (446-781 improved at some point), depending on the measure;*
- *167-353 w stable health*
- *232-335 w health decline*

However, the data we have is not really solid enough to justify this kind of statistical extrapolation, so this is purely indicative.

RESULTS PER HEALTH QUESTION (QUALITATIVE)

The following word cloud gives a quick visual representation of the kinds of issues raised by participants when given a chance to identify their own priority health concerns (the terms are my simplified one-word descriptions of what they have expressed to varying levels of detail: 493 responses are considered, many including multiple terms and including several responses from the same participants):

This confirms key points made in our earlier analyses, namely:

- That a large number of participants consider themselves to be 'well', in either absolute or relative terms, despite choosing to participate in activities which are promoted as 'getting healthy the woodland way';
- In addition, a substantial number of participants are unwilling or unable to share any health issues with us (which is what 'n/a' tends to represent);
- Beyond this, depression, anxiety, weight, and fitness are very prevalent preoccupations (often associated with one or more of the more specific conditions mentioned)
- And overall there is a huge variety of concerns, from specific diseases to social and lifestyle issues.
- (We do not expect this picture to change dramatically over the remaining life of the project so are unlikely to revisit this analysis but are devising a new question set which may produce deeper insight in future.)

MOTIVATIONS FOR ATTENDING AND CONTINUING IN THE PROJECT

Like their health conditions, participants' reasons for joining and continuing in the project are varied and tend to be expressed in many different ways. A year ago a standout finding based on an open question to participants about the benefits they experience was the relative importance to them of the social benefits of participation, alongside specific health improvements and being in a natural environment. This year we have over 3 times as much

data to review (521 responses in total, again some of them from multiple participants and many referencing more than one type of benefit), and a similar pattern emerges:

- 393 references to specific health benefits (of which 259 were about physical health and 134 about mental health: many participants mentioned both);
- 152 references to benefits of the natural environment
- 320 references to social benefits
- More than half of all responses related to more than one category

The question we ask is non-prescriptive and does not ask people to categorise their own responses: these are therefore my interpretations of the responses given, which is bound to be imperfect. In particular there is a very soft boundary between some of the mental health benefits and social benefits – e.g. 'confidence' often straddles the two – so the numbers are not to be over-interpreted. But the broad pattern of participants being conscious of and positive about a much wider range of impacts is confirmed, and this validates the way we are taking this insight forward in planning the next stages of the project.

ATTENDANCE FIGURES AND PATTERNS

There were 985 participants on the database at the time attendance data was downloaded, although only 847 individuals showed up on the attendance registers. The discrepancy appears to be due to technical errors which are still being investigated, but the figures below relate to this smaller total in order to maintain internal consistency.

In the past it has proven difficult to analyse attendance patterns meaningfully as initial assumptions about participants belonging to a single group with weekly sessions organised into 12-week programmes have not held firm in practice. Therefore we revised the definition of 'regular' participants, to mean attendance at ANY session, at least X times within X months – giving an average of at least once a month - and chose 3 months, 6 months, and 12 months as relevant benchmarks.

a) 301 participants (35% of all) have attended an Actif Woods session only once
b) 141 participants (16%) have attended more than once, but do not fit the above criteria for being 'regular', either because they have only recently begun

attending, or because they have attended more sporadically (in some cases over a year or more).

c) 408 participants (unique individuals – 48%) have attended at least 3 sessions within 3 months – so far: a number of participants in categories a) and b) may achieve this over the next 6 months.

d) Of these, 249 (29% of all participants) have attended 6 or more sessions over 6 months

e) And of these 152 (18%) have attended 12 or more sessions within 12 months;

f) 153 participants (18%) have attended AWW sessions for more than 12 months, whether 'regularly' or not.

The original target of 1,000 participants attending regularly over 3 months reflected an assumption of new participants for every 3 month period. This has not held true, as the above figures for 6-month and 12-month periods show, although the project's Steering Group is agreed that retaining participants for longer-term engagement is a positive measure and so should be encouraged. However, just out of interest, we can translate our current figures into an alternative metric which reflects this assumption by counting each 3 month period separately. This cannot be done perfectly (as the above figures do not necessarily fit neatly into prescribed 3 month periods and attendance over 6 or 12 months might not be evenly distributed over the whole period) but just for the sake of comparison we estimate that the above attendance patterns translate into approximately 961 'instances' of regular attendance over any 3 month period in the project.

Other top-level attendance statistics of interest (downloaded 17th November 2015) are:

- There were 7,533 attendances on the database in total. This is an increase of 4,435 over the 13 months since October 2014

- On this basis we have been achieving roughly 341 attendances/month over the past year. This compares with 275/month in the first half of year 2 and 120/month in year 1.

- We have put on 1189 sessions to date (including some which are cancelled or not attended at the last minute for reasons such as dangerous weather: we do not exclude these figures because a) it is technically difficult to remove them from our statistics and b) they are an important part of the realities of delivering this type of project);

- Therefore we have an average of 6.3 attendances at each session across the whole project to date, below target but gradually increasing.