

What Works Wellbeing

Voice of the User Report: *Communities Evidence Programme*



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Summary

This report summarises the stakeholder engagement activities that the community wellbeing evidence programme of the What Works Centre for Wellbeing has carried out since June 2015. In October 2015, our consortium met for a two-day residential meeting, where we presented the results of our stakeholder engagement processes to all partner organisations and a number of advisory panel members. During this meeting we discussed our workplan and how it would take account of our stakeholder engagement findings.

Who did you consult with, how many and how?

We have created a large and growing database of interested and relevant stakeholders, which currently holds around 1,800 people, 95% of them are in the UK, but there are also stakeholders in Europe, the USA, Australia, and South America.

The database was created by inviting people from amongst consortium members' relevant contacts, and from a database of local authority contacts. We continue to receive subscription requests. We have used it to recruit participants for our workshops and questionnaires.

We carried out ten three-hour workshops across the country from July – September in Glasgow, Exeter, Birmingham, Cardiff, Leeds, Belfast, Durham, Liverpool and London.

224 people attended the workshops, including stakeholders from central, local, and devolved government, NHS, charities, charitable trusts, businesses (e.g. housing associations, developers, insurance companies), and academia.

We sent a short online questionnaire to our mailing list. It included 16 questions, both open and closed, and took 10-15 minutes to complete. 317 people responded from a diverse range of organisations (see Section 1).

We conducted eleven interviews with key senior stakeholders from central and local government and third sector, to understand the opportunities and barriers to using wellbeing evidence.

We carried out two community sounding boards to ensure the opinions of stakeholders with a professional interest resonated with members of the public in community settings, one in an estate in Fulham, West London (where we reached 113 local residents), and one in Grimsby in the North East.

We also carried out a separate community sounding board exercise in Liverpool on World Mental Health Day, where we engaged with approximately 50 members of the public.

What did they say?

The stakeholders we spoke to through each of our consultation methods understood community wellbeing as primarily being about social networks and connectedness. Participants in the online questionnaire, community sounding boards, and workshops also felt having one's voice heard was important to wellbeing.

Stakeholders asked us to focus on topics such as social relationships and networks, health and public health, community development, participation and volunteering, co-production, safety and opportunities for informal social interaction.

Their suggestions for outputs our evidence programme could produce included summaries of the qualitative and quantitative evidence, evidence of how individual wellbeing leads to other outcomes (e.g. reduced expenditure), measurement tools and frameworks, work that addresses definitional issues and tools to stimulate demand for wellbeing evidence.

Stakeholders expressed a desire for traditional and non-traditional types of evidence, including bottom-up evidence. Stakeholders asked for longitudinal, comparative evidence, causal evidence, qualitative evidence and evidence of cost-savings associated with wellbeing interventions.

We asked what barriers people face in using wellbeing evidence. The most common barriers were: not knowing it exists, a lack of capacity to access and understand it, and the lack of evidence that is high quality, timely and addresses the complexity of the issues. Also, people felt that wellbeing evidence is not perceived as credible by others.

How have you taken feedback from the wellbeing public dialogues into account?

The public dialogues produced important findings that reinforce many of our conclusions from our stakeholder engagement, and are reflected in our work plan in various ways. These are outlined below.

All of the topics that we have shortlisted for systematic reviews were highlighted as important factors in the dialogues: housing, having a say in the community, and connections with other people. Each of these reviews will produce reports, accessible summary documents and virtual pamphlets including case studies.

The dialogues also cited wealth, investment, green space and networks of people as factors important to community wellbeing. We will conduct a secondary data analysis project examining how personal wellbeing and changes in personal wellbeing are predicted by changes in local authority expenditure and social fragmentation/cohesion. We will also produce a non-systematic review highlighting the value of green space for wellbeing. This will

be produced as a virtual pamphlet aimed at local authorities, DEFRA, planners and other stakeholders.

The dialogue participants called on us to advocate for community wellbeing and communicate community needs to policy makers. The workshops delivered by Happy City are a direct attempt to advocate wellbeing, whilst many of our activities (e.g. the expert hearings) are intended to ensure community needs are relayed to policy makers.

What did the views of stakeholders mean for what you plan(ned) to do?

Our original proposal ensured we had a great deal of flexibility to respond to the views of stakeholders in defining our final work plan. The topics for systematic reviews, secondary data analysis and engagement activities were all open for discussion, as well as the audiences and approaches used to reach them. Each line of the work plan explains how that activity was shaped by stakeholder engagement. The following bullet points note different factors highlighted by our engagement (in italics), and how we have adjusted the work plan.

- The key question we were seeking to answer in engaging stakeholders was to determine what topics we should explore in systematic evidence reviews and secondary data analysis. *Housing, voice and participation, community spaces and the five ways to wellbeing were all topics that came up consistently.* In particular, they were topics where stakeholders formulated specific questions which we felt could be answered by evidence review. For example, what are the most important housing-related factors for improving wellbeing, what are the benefits of applying co-production approaches, how does the built environment and/or the existence of community spaces enhance social relationships in a community, and what are the benefits of applying a five-ways to wellbeing approach to interventions? Interest in safety and security, which also figured regularly, will be reflected by considering them when exploring the relationship between built environment and social relationships.
- *Austerity and budget reductions were important.* Our secondary data analysis will look at the relationship between local authority budgets and how they are spent, and wellbeing. We will conduct an expert hearing on findings from evidence reviews which will consider how they can be applied in the context of reduced budgets. And of course, we will be conducting a cost-effectiveness evaluation on one of our systematic evidence reviews.
- *Wellbeing inequality.* We will conduct secondary data analysis to look at how wellbeing inequality varies between local authorities and what might explain this variation. All our systematic evidence reviews will consider how the effects of interventions differ for different socio-economic groups. One of our expert hearings

will focus on the relevance of our findings for communities which are currently weak in terms of social cohesion.

- *Need for a wide mix of evidence types, including reviews of quantitative evidence, cost-effectiveness assessments, reviews of qualitative evidence, and case studies.* Our systematic evidence reviews will draw on both quantitative and qualitative evidence where relevant. We have proposed that all the ‘virtual pamphlets’ summarising evidence reviews will include case studies.
- *Stakeholders wish to be kept in the loop.* We will ensure that our mailing list is kept regularly up-to-date. We will organise one large event where relevant stakeholders will be invited. And relevant stakeholders will be kept engaged in the systematic evidence reviews.
- Our conceptual review on understanding of community-level phenomena will be informed by the things that stakeholders felt were important such as *trust, sense of belonging and connection, and shared objectives.*
- *Wellbeing approaches need to be sensitive to local context.* Our measurement guidelines work will ensure that measuring wellbeing takes a bottom-up approach.
- *Need for business case for wellbeing policy,* which will be explored in the series of ‘championing wellbeing workshops’.

1. Online questionnaire

Introduction

We created a short online questionnaire using Survey Monkey, and sent a participation link to our mailing list. It included 16 questions, both open-ended and closed, and took 10-15 minutes to answer. 317 people responded between July and August. See Appendix for the full list of questions in their correct order. This section explores the results of the survey and discusses variations in responses from different groups of participants.

Who responded?

- Respondents came from across the UK, with relatively large proportions from London (21%), North West (15%) and South West (14%). 18% said they worked across the UK as a whole and, 10% said they worked across England as a whole.
- Very few respondents said their work focussed on rural communities (6 people). The largest group of respondents said their work related to both rural and urban areas.
- The biggest stakeholder groups were local government (27%) and not-for-profit sector (26%). The smallest group was private sector, which had only 11 respondents.
- 25% of respondents said their work was mostly user-facing service provision, 22% said their work was mostly research and evaluation and 15% said their work was mostly policy-making.
- 72% of respondents said they work on wellbeing, 61% said they work on health / public health, 50% said they work on social capital, 46% on community development and 44% on participation and volunteering.

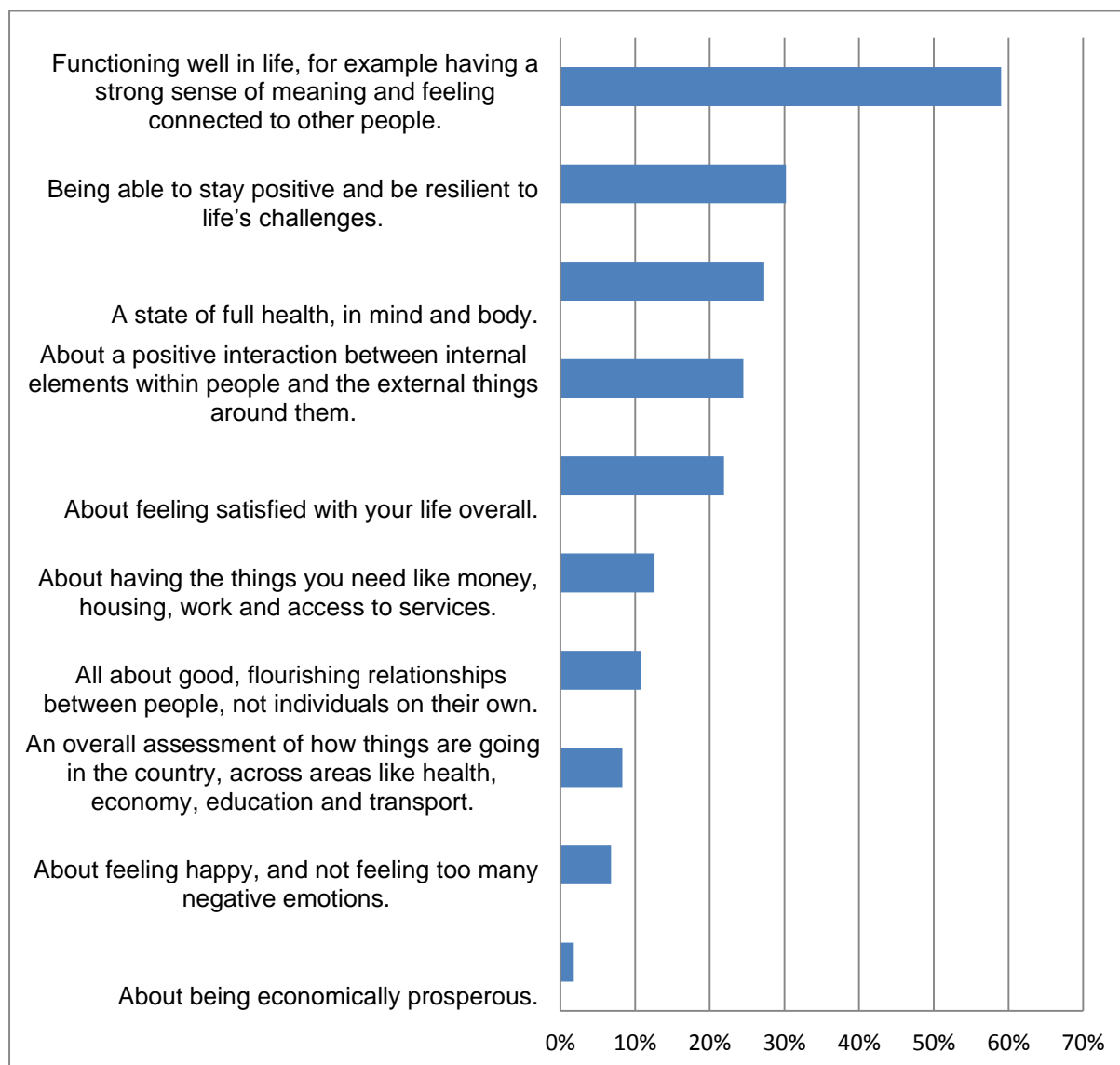
Definitions

We used multiple choice questions to ask respondents how they define 'wellbeing' and 'community wellbeing', and also asked if they had any real life examples that demonstrate high levels of community wellbeing.

Defining wellbeing

In Figure 1, we asked 'which of the following statements comes closest to how you understand wellbeing?' We asked respondents to select up to two answers.

Figure 1: Definition of wellbeing



‘Functioning well in life...’ was the most frequently selected definition of wellbeing across the board except for among respondents who worked in:

- Central government. These respondents most frequently selected the definition ‘being able to stay positive and be resilient to life’s changes’.
- Grant-making/resource allocation. These respondents most frequently selected the definition ‘a state of full health, in mind and body’.

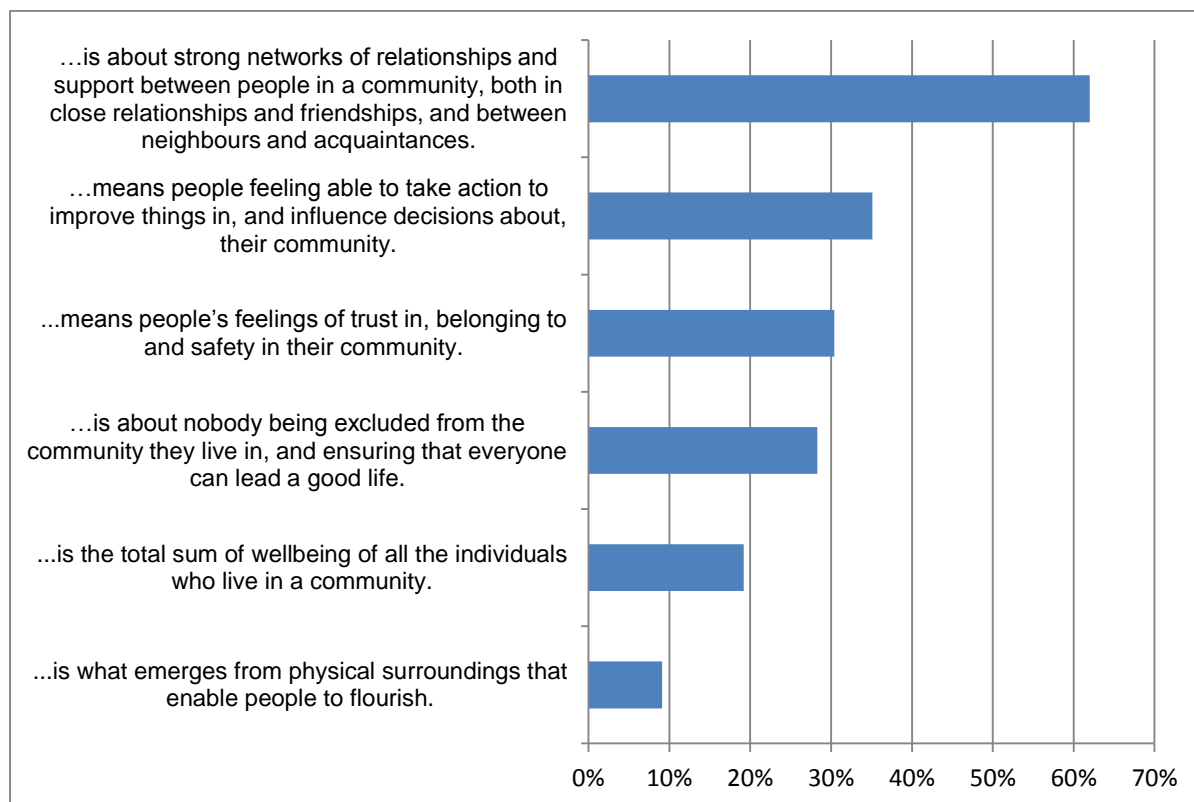
Other significant interesting variations:

- Local government respondents were less likely to choose ‘feeling satisfied with your life overall’ as part of their definition.
- Private sector respondents were more likely to choose ‘a state of full health, in mind and body’, and ‘feeling happy’ than other respondents.

Defining 'community wellbeing'

In Figure 2, we asked respondents 'which of the following statements comes closest to how you understand community wellbeing?' We asked respondents to select up to two answers.

Figure 2: Definition of 'community wellbeing'



'Networks of relationships' was the most frequently selected definition for all organisation types except for central government respondents, where 'nobody being excluded' was most frequently selected.

'What emerges from physical surroundings that enables people to flourish' was the least frequently selected definition for all organisation types (except private sector), and was significantly more frequently selected by respondents working in research and evaluation than other respondents.

'Nobody being excluded' was significantly more frequently selected by respondents working in the voluntary and community sector.

Examples

We asked respondents for real life examples of settings which they felt showed a high level of community wellbeing. This question was open-ended. Of the 317 people who completed the online questionnaire, 96 (around 30%) wrote a response. The findings are summarised below, for a full report of answers to this question, see Section Two.

The responses generated by this question fell into three broad themes:

- **Exemplars of strong community wellbeing** – what is robust community wellbeing and where does it exist?
- **Catalysts for community wellbeing** – what factors, situations or circumstances tend to initiate activity aimed at improving community functioning and ending in improved community wellbeing?
- **Sustainers of community wellbeing** – what factors, situations or circumstances are needed to drive the initial activity forward and to sustain it into the future?

Some central ideas emerged across these themes to appear as essential requirements or fundamental characteristics. These were **co-operative working towards a meaningful, recognised common good** and **embracement**, a concept introduced by one of our respondents that provides a single word help us think about the foundations of civil society.

Exemplars of strong community wellbeing

Several specific practices were referred to including transition towns; supported broad ranging interventions and local/focal quality of life initiatives.

Other general activities included group activities that create and galvanise a new common ground; claiming and using the public realm; cultural celebrations; altruistic acts of individuals that engender mutual trust; and opportunities to volunteer, give to and give back.

Catalysts of community wellbeing

Adversity, trouble, need and discontent were all frequently recognised as catalysts for co-operative community action. Also mentioned were awareness of a chance for positive change/ development; the agentic community - taking responsibility and exerting control; pride in place and intolerance of incivilities; and transmission of minority culture/ heritage.

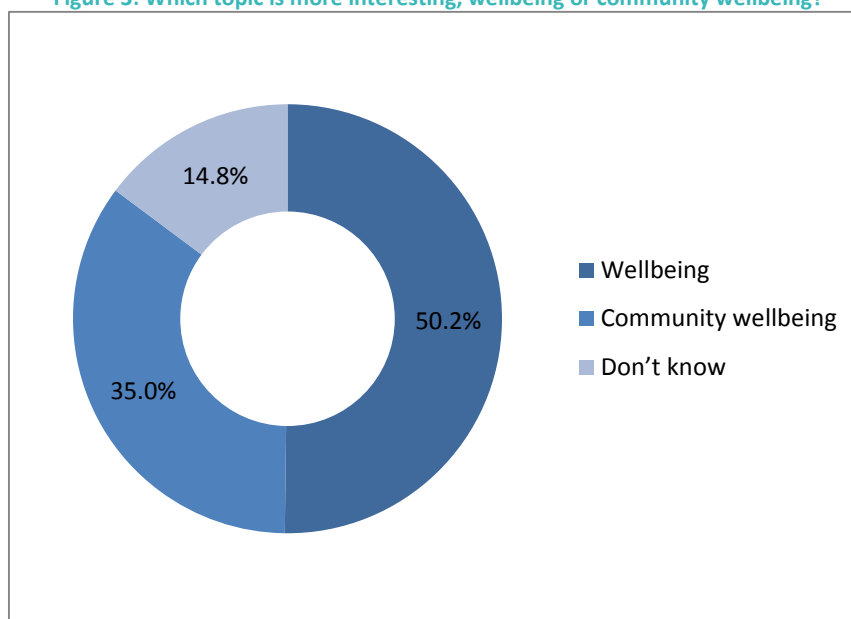
Sustainers of community wellbeing

The question here was how to maintain connections, activity, loyalty, drive and how to avoid de-motivation or dilution of the sense of responsibility. The following factors were recognised to be features that help to sustain activity: organic places – naturally manageable communities where community wellbeing can be sustained either by place infrastructure (e.g. terraced streets) or by grass roots activity that spreads effectively through smaller communities; genuine caring leadership; embracing and using diversity; developing a sense of belonging; developing a culture of activism; partnership ethos; sensitive, light-tough governance; maintaining motivation by avoiding burnout and developing mastery.

Topics for What Works Wellbeing

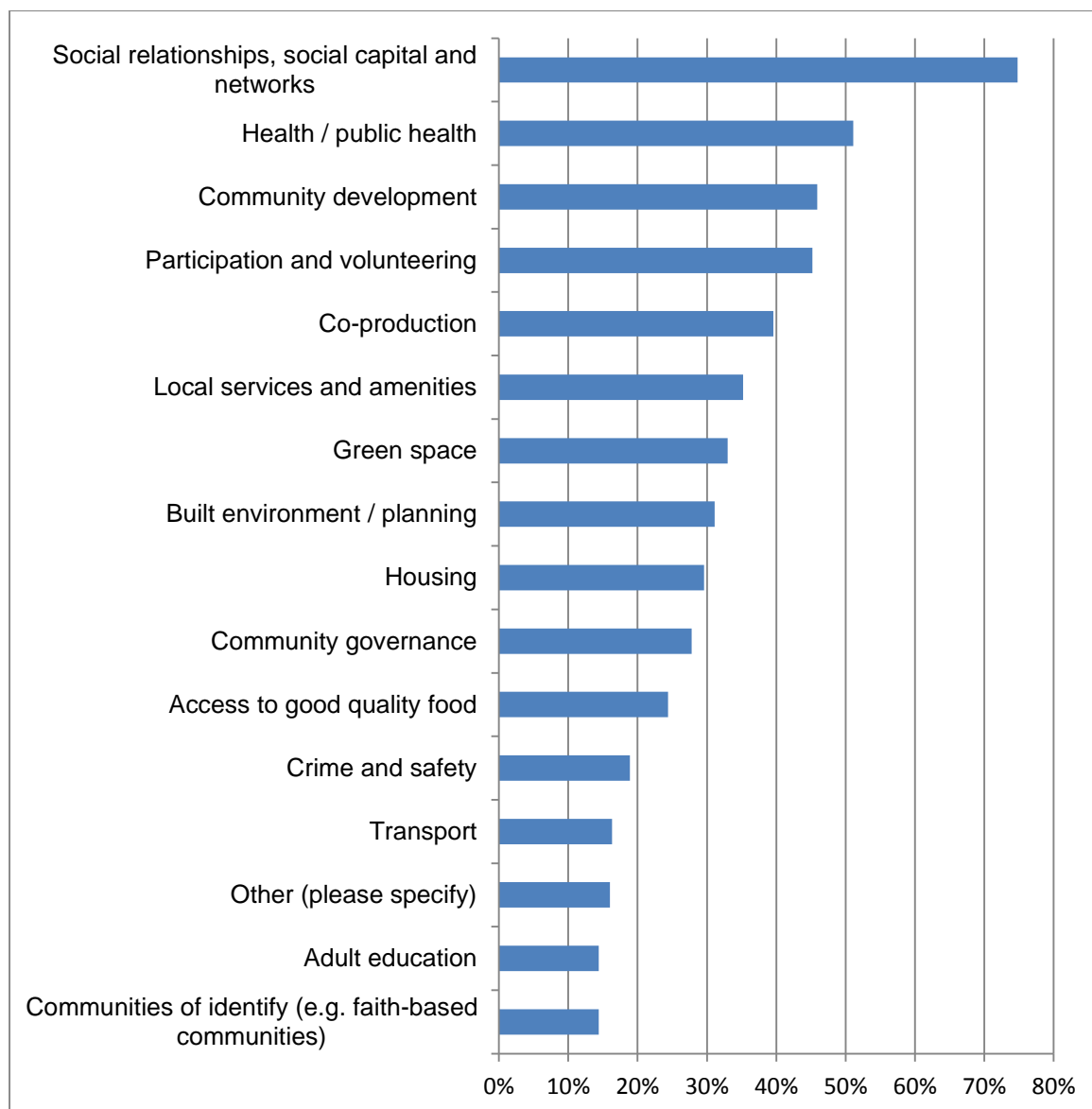
We asked respondents about their level of interest in different topics. Figure 3 shows responses to the question “if you had to choose, which topic is of more interest to you: ‘wellbeing’ or ‘community wellbeing?’” Respondents from all organisation types were more interested in ‘wellbeing’ than ‘community wellbeing’ apart from respondents working in the voluntary and community sector.

Figure 3: Which topic is more interesting, wellbeing or community wellbeing?



We listed a number of topics that have been suggested as being relevant to wellbeing in communities. We asked respondents which topics from the list they would be most interested to see What Works Wellbeing exploring further. Figure 4 shows responses to the question. Note that even when respondents from London were excluded, still 35% of respondents chose co-production.

Figure 4: Topics for What Works Wellbeing



44 of the 270 people who responded to this question chose the option 'Other (please specify)'. Some of their responses came up more frequently than others. Figure 5 shows the frequency with which topics came up.

Figure 5: Tally of responses to 'other (please specify)'

Topic	Frequency
Arts, culture, creativity	8
Young people	4
Community engagement/activism	3
Economic prosperity/security	3
Employment	3

Inequality	3
Sport, active	2
Community led services	2
Access to healthy food	2
Support services	2
Family	2
Social enterprise	2
Social innovation	2
Interdependence of these topics	2
Austerity, welfare reform	2

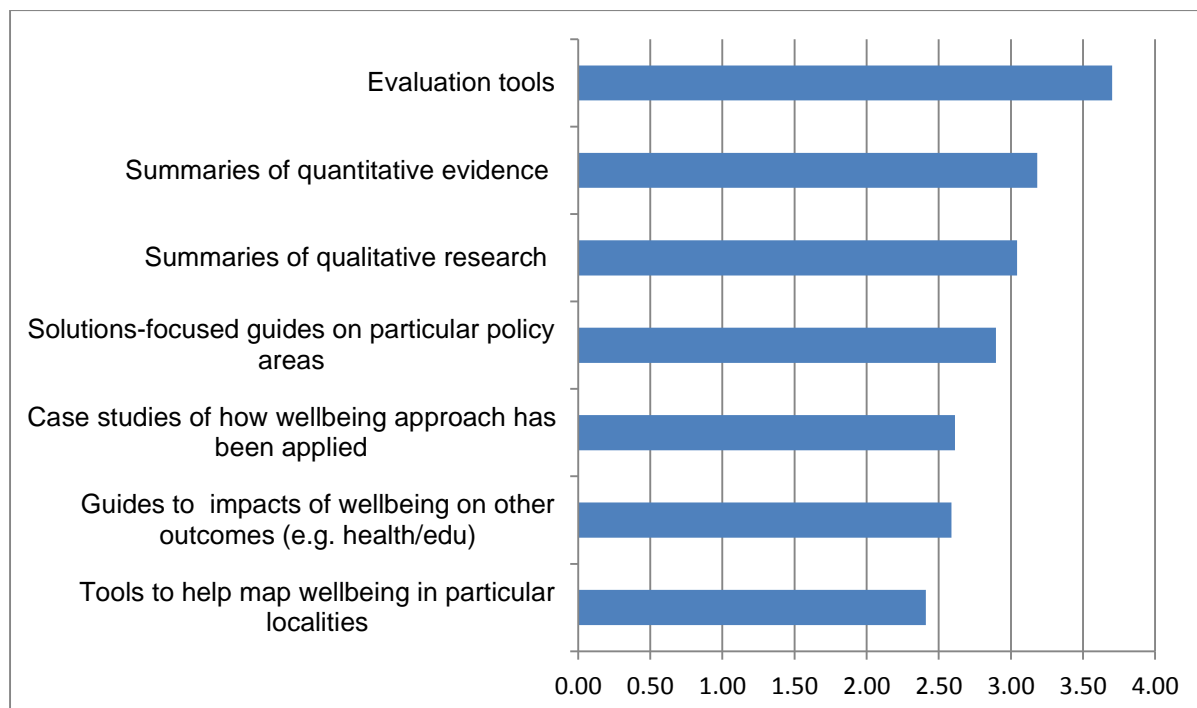
The following topics were also all mentioned once: carbon emission reduction, air quality, common interests community, education in life skills, fairness, inter-generational, inter-ethnic and cross-class interaction and human rights.

Outputs and tools

We asked respondents which types of outputs and tools would be most useful to their work. We used two questions to assess this; the first asked respondents to rank a list of outputs and tools in order of most to least useful. The second question was provided in the event that respondents' browsers did not support the ranking feature of the first question. It used the same list of outputs and tools, but asked respondents to select (rather than rank) the options that would be most useful to them.

The wording of the ranking question was; 'which of these types of outputs and tools from our research would be most useful to your work? Please rank them in order of most to least useful.' Figure 6 shows the results of this question, with averages rankings reversed such that higher scores indeed more importance.

Figure 6: Ranked outputs and tools

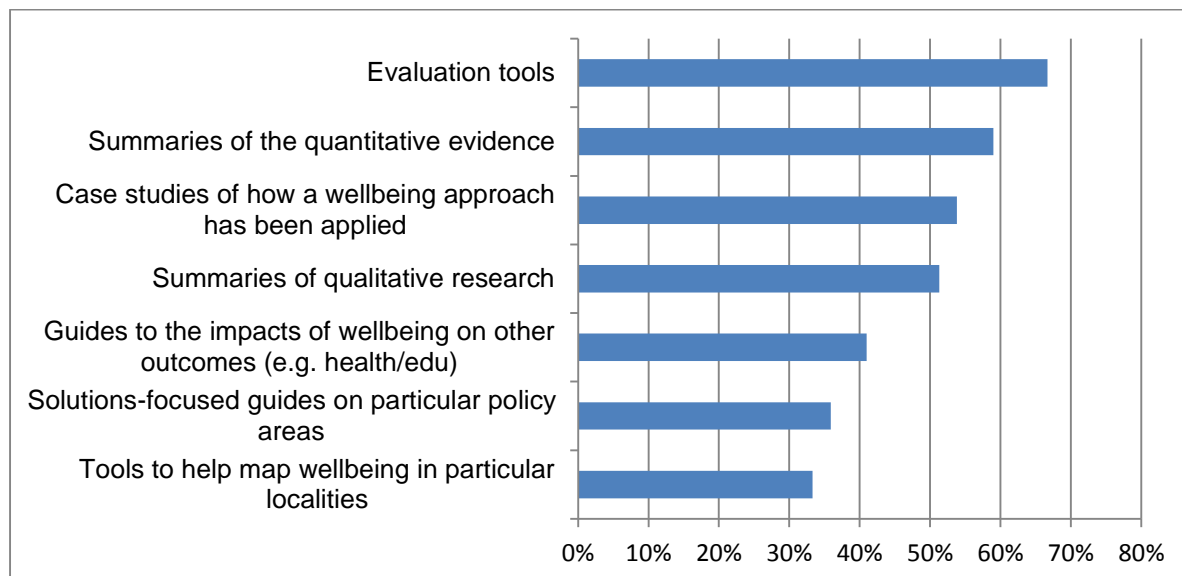


Unfortunately, the question used in the survey did not specify to respondents whether to use lower or higher numbers to indicate higher ranking. Exploring the data, we believe that most respondents interpreted the question correctly, i.e. used lower numbers to indicate higher rankings, but we are aware that some respondents may have interpreted the question differently, and that we should therefore not over-interpret the answers to this question.

Respondents who work in crime/safety ranked 'solutions focused guides in particular policy areas' significantly higher (2nd highest) than other respondents. Respondents working in the voluntary and community sector ranked 'summaries of quantitative evidence' highest.

Figure 7 shows the responses of the 39 respondents whose browsers did not support the ranking feature necessary for the previous question. We asked respondents to choose which types of outputs and tools would be most useful to their work, using the following wording: 'Answer this question only if your browser does not support the ranking feature in the previous question. Otherwise, please go straight to Question 11. Which of these types of outputs and tools from our research would be most useful to your work? Please select the options that would be most useful.'

Figure 7: Most important outputs and tools



We asked one final question relating to types of outputs and tools; ‘what other types of output from our research on community wellbeing would be useful to your work (if any)’.

76 respondents answered this open-ended question. Some types of output were mentioned more than once, these are grouped and tallied in Figure 8. Many answers provided specific details, where applicable these are captured in a third column.

Responses that were mentioned only once are listed below Figure 8.

Figure 8: Other types of output

Output	Frequency	Detail
Cost-benefit analysis	8	Respondents asked for outputs demonstrating preventative spend, a breakdown of how wellbeing can benefit other organisations, ROI
Evidence on co-production	5	Evidence on impact of coproduction on wellbeing, but also that What Works Wellbeing’s outputs themselves should be co-produced
Summary of best practice for community wellbeing	5	5-10 point list, 5 Ways to Wellbeing for Community, most effective (policy) interventions
Definition of Wellbeing	4	

Measuring and Evaluation tools	4	One respondent specifically asked for measuring and evaluation tools for people with learning disabilities
Evidence on impact of wellbeing on public service use	4	
Communication tools	3	Tools to communicate wellbeing to different audiences, to explain wellbeing to public
Variations between different population groups	3	e.g. MSM, young people, BME
Easily accessible	2	Plain English
Evidence on housing impact on wellbeing	2	Registered social landlords
Start a movement/community	2	Need to galvanise the energy of change makers, link up practitioners
Case studies of interventions	2	

The following types of output were each mentioned once:

- Advocacy against austerity
- Case study: substance misuse services
- Collaborations database
- Database of evidence (scored against robustness criteria)
- Email alerts and digests of research
- Encourage robust methodologies for WB evidence
- Evidence on WB and productivity
- Evidence reviews
- Free resources for improving life skills
- Holistic approach
- International evidence and examples
- Longitudinal studies
- National health indicator
- Personal narratives

- Signposting available help and services
- Social Return on Investment evidence and guidance
- Evidence on arts projects
- Evidence on children and families
- Evidence on economy impact on WB
- Evidence on family carers
- Evidence on media
- Evidence on men's wellbeing
- Evidence on transitioning (between cultures, localities)
- Evidence on trust in government
- Tools to help map WB (aggregable by CCG, LA, third sector, community groups etc)
- Training for commissioners and providers

Stakeholders' use of wellbeing evidence

We asked various questions about respondents' use of wellbeing evidence. We asked about how respondents had used wellbeing evidence in the past, how they wished to use it in the future, and what challenges prevent them from using it. Based on their answers, we inferred which groups of stakeholders have used wellbeing evidence most according to which topics they work on, and which sector they work in. These results are showed in Figures 9 to 14.

We provided a list of different ways in which wellbeing evidence can be used. We asked respondents the following question; 'Please look at the following ways in which wellbeing evidence can be used. For each way, please indicate: a) if you have used wellbeing evidence in this way in the past b) if you would like to use wellbeing evidence in this way in the future.'

As well as providing a list of possible uses of wellbeing evidence for the above question, we included an open-ended 'Other' option. The following answers were given by eight respondents:

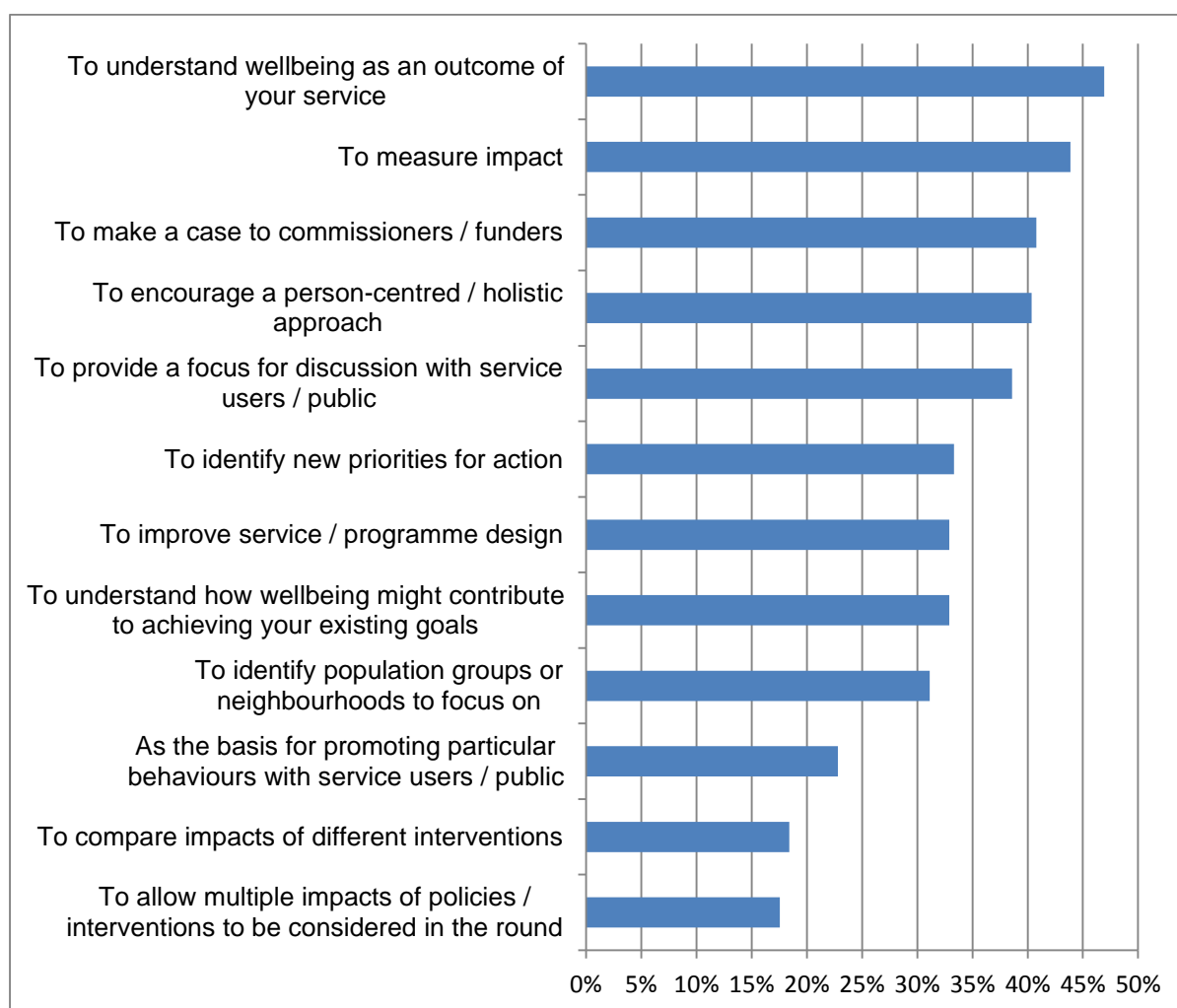
- To influence statutory sector policies
- To help make funding decisions based on evidence of effectiveness
- To develop tools to allow organisations to improve the wellbeing of their workforce
- To demonstrate value for money
- To commission for positive outcomes of mental health services
- To bring different partnerships together

- To be combined with ecological footprint measures and economic cost, where appropriate.
- Person centered holistic approaches needs redefining to include an acknowledgement of how current policies delimit empowerment and don't acknowledge the impact of economic factors. delimited

Past use of wellbeing evidence

Figure 9 shows the percentages of respondents who said they had used wellbeing evidence in each of the listed ways in the past.

Figure 9: Past use of wellbeing evidence



‘To understand wellbeing as an outcome of your service’ was the most common past use of wellbeing evidence for those working in the third sector/not-for-profit (48%) and the community and voluntary sector (57%).

It was also the most common past use of wellbeing evidence for those who work in user-facing service provision, research and evaluation, commissioning and grant-making/resource allocation.

‘To improve service/programme design’ was the most common past use of wellbeing evidence for respondents working in local government (48%). However, those in third sector/not-for-profit rarely used evidence in this way (only 17%).

‘To make the case to commissioners/funders’ was the most common past use of wellbeing evidence for those who work on green spaces (63%).

Which sectors have used wellbeing evidence the most?

By looking at all respondents who said they had used wellbeing evidence in the past, we produced Figures 10 and 11. Figure 10 shows which respondents have used wellbeing evidence most according to work topics, and Figure 11 shows which respondents have used wellbeing evidence most according to sector.

Figure 10: Use of evidence by work topics

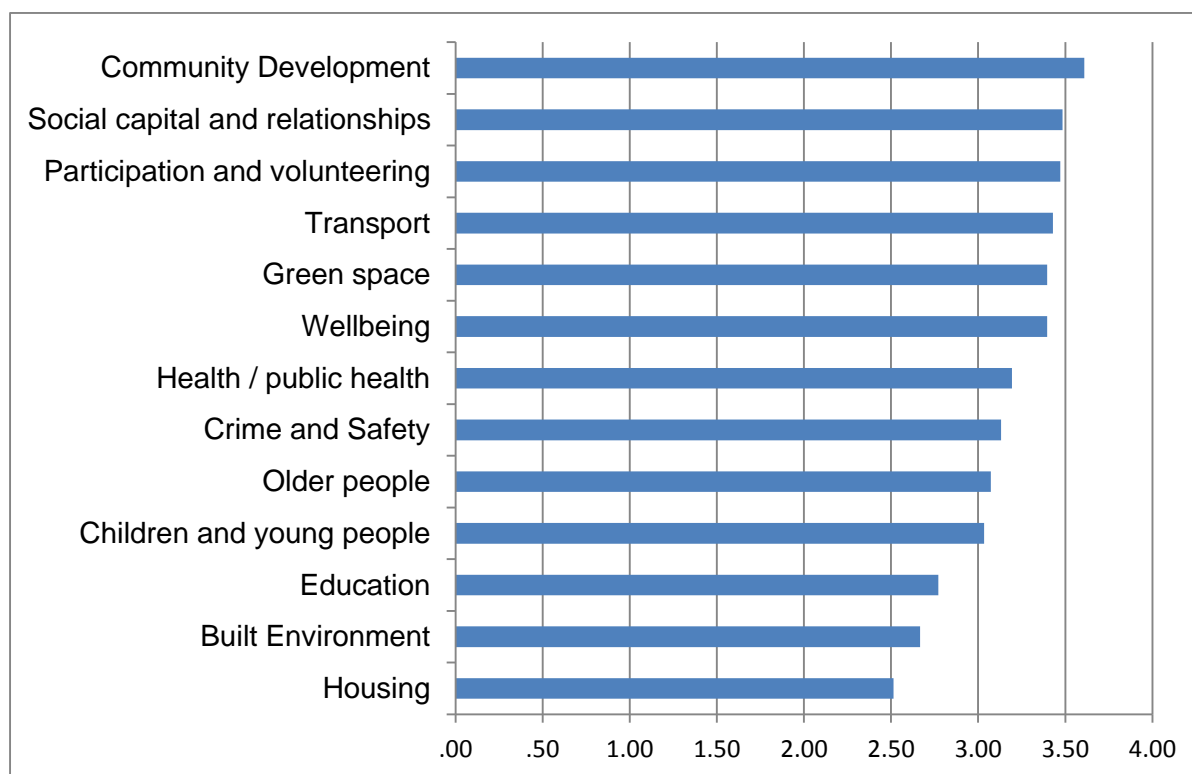
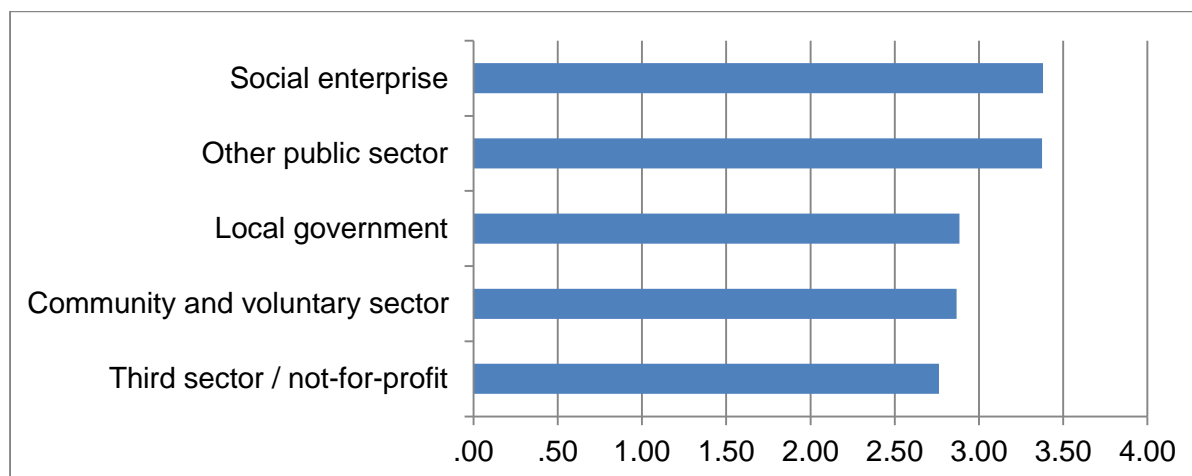


Figure 11: Use of evidence by sector



Those working in community development were more likely to use wellbeing evidence for the following purposes to make a case to commissioners/funders, to identify new priorities for action, to provide a focus for discussion with service users, and to understand how wellbeing might contribute to achieving existing goals.

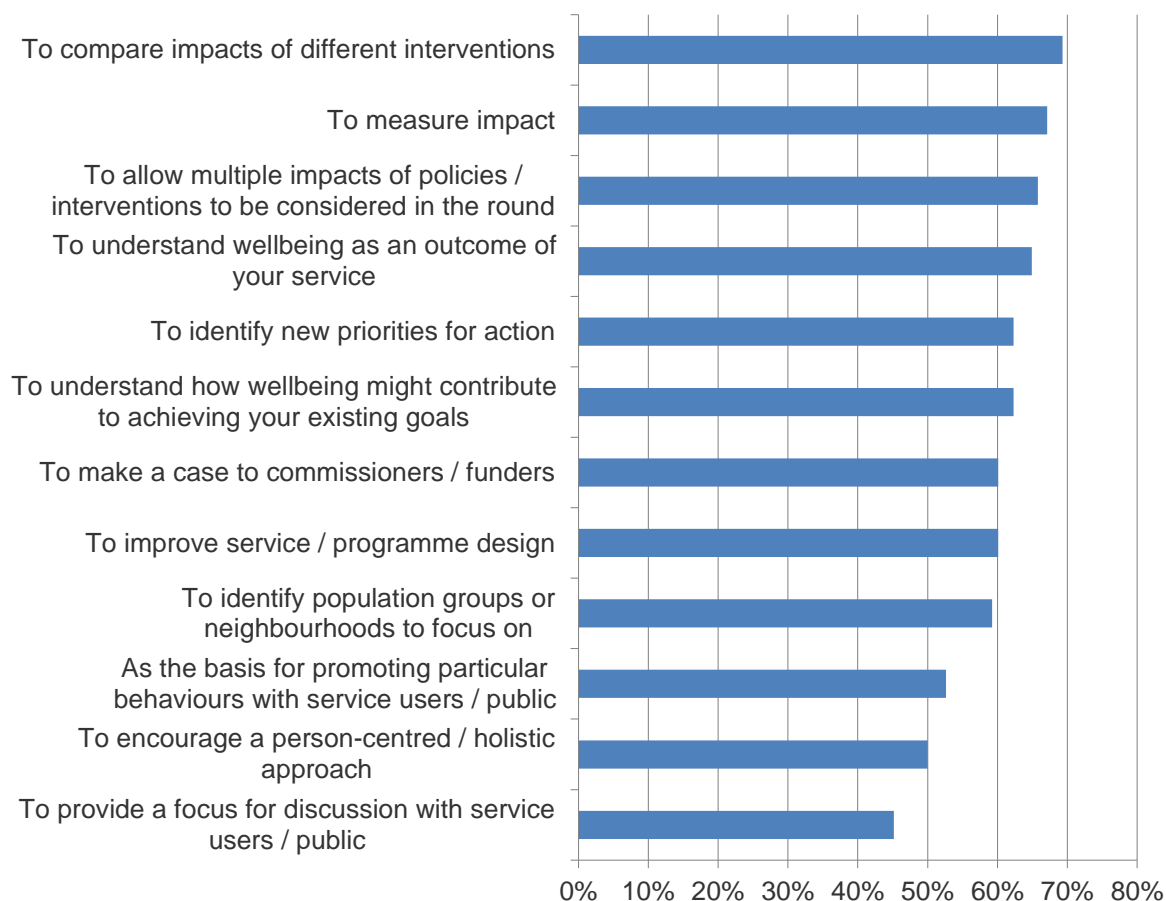
Those working on social relationships / networks were more likely to use wellbeing evidence to provide a focus for discussion with service users and to identify new priorities for action.

Those working on volunteering and participation were more likely to use wellbeing evidence to encourage a person-centred/holistic approach, to understand wellbeing as an outcome, and to make a case to commissioners/funders.

Intended use of wellbeing evidence

Using the same list of uses of wellbeing evidence, we asked respondents to indicate the ways in which they would like to use wellbeing evidence in the future. Figure 12 shows respondents’ intended use of wellbeing evidence.

Figure 12: Intended evidence use



We found that:

Those who work with/on social, participation, wellbeing, older people, community development, health and children/young people were all significantly more likely to want to use wellbeing evidence ‘to provide a focus for discussion with service users’

Those who work on wellbeing, crime/safety, older, and children/young people were all significantly more likely to want to use wellbeing evidence ‘to identify population groups or neighbourhoods to focus on’

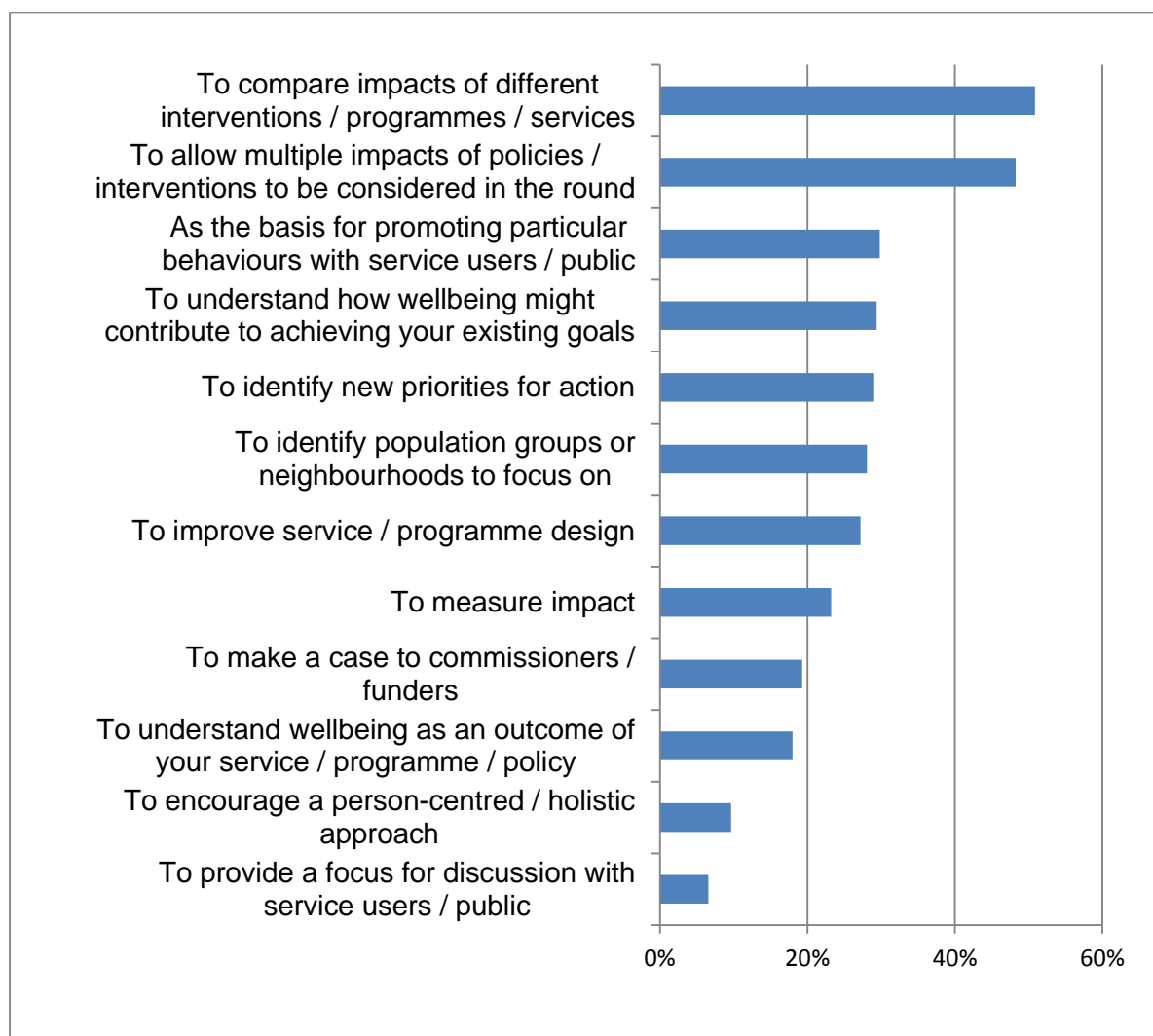
Those who work on housing and built environment were significantly more likely to want to use wellbeing evidence ‘to measure impact’

Those who work on social and community development were significantly more likely to want to use wellbeing evidence ‘to make a case to commissioners/funders’

Those who work on housing and health were significantly more likely to want to use wellbeing evidence ‘to encourage a person-centred/holistic approach’

Based on responses to our questions about respondents’ use of wellbeing evidence, we examined the biggest reported differences in intended (future) and actual (past) use of each of our listed uses of wellbeing evidence. These findings are shown in Figure 13.

Figure 13: Gaps between intended and actual use of wellbeing evidence

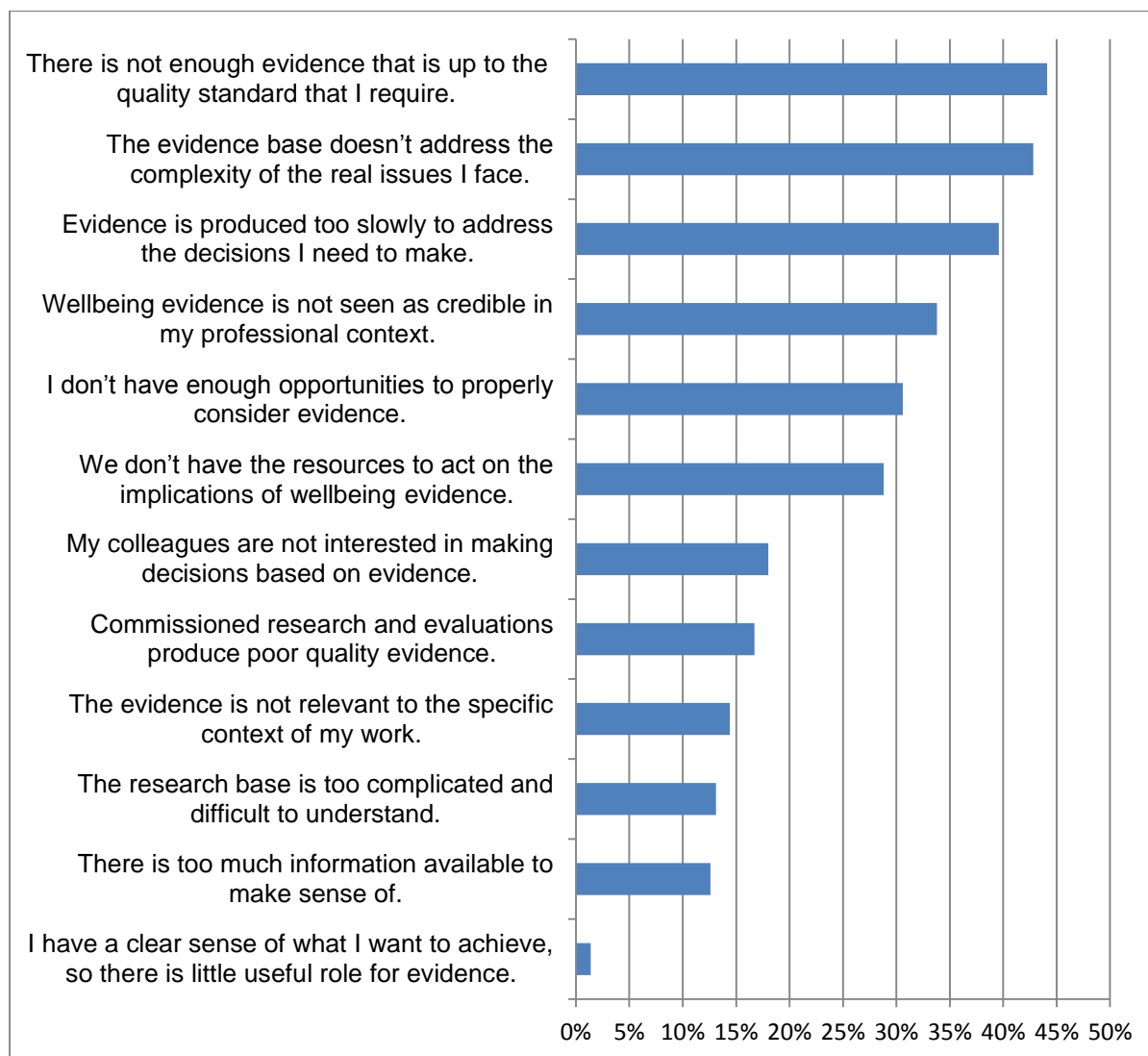


Challenges to using wellbeing evidence

We provided a list of possible challenges to using wellbeing evidence. We asked respondents the following question: ‘The following statements describe possible challenges to using wellbeing evidence. Please indicate which, if any, are similar to challenges you have encountered. Please select all that apply.’

Figure 14 shows the results to this question.

Figure 14: Challenges to using wellbeing evidence



We found that:

‘The evidence base doesn’t address the complexity of the real issues I face’ was particularly an issue for those working with children and young people (46%), and those working in user-facing service provision (47%).

‘My colleagues are not interested in making decisions based on evidence’ was particularly a challenge for those working on green space and built environment (30%)

‘Evidence is produced too slowly’ was the main challenge for those working in central government (47%) and local government (48%).

'The research base is too complicated' was more of a challenge for those working in the voluntary and community sector (23%) and central government.

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November 2015

2. Full report on question seven, online questionnaire

Introduction

As part of the Community Evidence Programmes' collaborative development phase, we initiated a short online questionnaire that was disseminated to the programme's extensive national mailing list of stakeholders. We included the following question:

"If you have a relevant example, please briefly describe a real-life setting you have encountered which you feel shows a high level of community wellbeing, and explain why or how this high wellbeing is apparent. You may wish to anonymise place names etc."

The sample comprised a diverse range of policy-makers, commissioners, practitioners, social entrepreneurs and other members of the public (for further information on the nature of the sample and on the other questions included with responses generated please refer to Section 1. Online questionnaire).

Of the 317 people who completed the online questionnaire, 96 (approximately 30% of the sample) chose to write a response to the above question. This paper scrutinises these responses with a view to establishing what people understand by the term 'community wellbeing'; how they know it when they see community wellbeing, how it develops and; whether there are common themes that are central to this complex and nebulous construct.

The responses generated by our question seemed to fall naturally into three broad themes:

Exemplars of strong community wellbeing – what are the fundamental characteristics of robust community wellbeing and where does it exist?

Catalysts for community wellbeing – what factors, situations or circumstances tend to initiate activity aimed at improve community functioning and ending in improved community wellbeing?

Sustainers of community wellbeing – what factors, situations or circumstances are needed to drive the initial activity forward and to sustain it into the future?

For the most part, and a perhaps a little surprisingly, these broad themes generated sub-themes that were mutually exclusive. However, some clearly crossed thematic boundaries to appear as essential requirements, fundamental characteristics, catalysts, drivers and sustainers. Perhaps the strongest of these is **co-operative working towards a meaningful, recognised common good**.

In some cases this common good related to the addressing of basic needs. In other cases it coalesced on altogether more esoteric matters –such as culture or heritage or pride in place. Sometimes the common good was created afresh within the activity itself. Another of these essential requirements, **embracement** was introduced by one of our respondents who suggested that it provides a single word framework to help us think about the foundations of civil society.

“My village toddler group (now a distant memory) was a lovely community - with co-operation and support between mothers and a high level of trust between groups of mothers. The ability to turn to someone when faced with uncertainty - a 'family feeling' outside the immediate family.”

“I supervised one of the authors of this UNESCO report: Discover Yourself Outside new landscapes for a civil society in a changing climate. It demonstrated a phenomenon that Dr. Burls and I first described in 2004 as 'Embracement' (Burls A, Caan W. Social exclusion and embracement: a helpful concept? Primary Health Care R & D 2004; 5: 191-192).”

The findings of this section are organised according to the three broad themes above wherein sections will provide sub-themes including illustrative examples of each. The sections are ordered according to the frequency with which each sub-theme was referred to in the descriptions/statements provided, so the most frequently referenced themes are summarised first.

The findings

Exemplars of community wellbeing

Specific practices

A number of our respondents referred to particular established practices that they viewed as robust examples of community wellbeing in action.

Transition Towns are quite well developed holistic community projects with multiple associated activities aimed at promoting health and wellbeing and typically focused on permaculture, horticulture, local food productions and provision. In particular Peckham, Tooting and Totnes were referred to.

Other holistic wellbeing-focussed practices included several supported broad-ranging interventions. In general these were seen as exemplars of good practice and included established neighbourhood partnerships (e.g. Bedminster, East Preston, Wayland), allotments, men in sheds, time-banking and children centres.

More local/focal quality of life initiatives referred to ranged from 'knit and natter' groups; local economic initiatives such as the Brixton Pound; community health transport services in rural areas; grass roots parent support groups; supported training for the use of social media for isolated older people living in Salford; the award-winning Liverpool-based project Housing People, Building Communities that is sustained through sweat equity, donations, volunteering and secondments.

General activities

Five types of widely acknowledged general activities were also described by our respondents.

Group activities that create and galvanise a new common ground

The group activities that created new common ground were often, but not exclusively, arts-based.

"I deliver and research arts projects and engage people in sharing stories through those projects. People love to share stories about the things they love, and I am finding that rather than do so in isolation, they love coming together and they learn from each other about their own things. They talk about family, historical times in their lives and the future too - what will happen to their objects in the future? It offers a gateway into their private life but overcomes shyness and loneliness too. The objects become agents to enable them to communicate. And the objects can connect them to people and places they love."

"On a more local basis the two associations came together to do some 'guerrilla gardening' on a patch of ground that ended up with fly-tipped furniture and rubbish. This is now a real gem in the neighbourhood. Local people come together to manage the upkeep."

"A group called 'City-Zen' and recently has become 'Skill Share' - where the community has come together and shared skills and interests. The workshops have been informative and empowering and have brought people together on mutual ground. My personal experience is that it was grass roots and organic and made me feel connected to the community and motivated to be proactive in making changes and get involved in local decisions."

"Writing groups in public libraries - connecting individuals across gender, class, age and health differences."

Claiming and using the public realm

This frequently cited form of group activity involves highly observable forms of activism and physical activity.

“A once run down, crime ridden area has been given a new sense of pride for the individuals to live in due to one street deciding to come together to do little things i.e. plant flowers and shrubs and to discourage their children of throwing litter around etc. It has made a huge difference over time and led to people appearing to smile more. “

“We have a local group which has taken over a piece of unused green space and is making a community garden with places to walk, sit and play and a vegetable garden. It has brought people together and is improving community cohesion, social capital and individual wellbeing.”

“Spread & growth of 'Playing Out' activities. This is where streets are closed to traffic for short periods of time, but opened-up to children and adults to play, talk, interact and socialise. This has the potential to increase exercise for children, reduce isolation and loneliness, allow neighbours to get to know one-another, builds trust, understanding, increases safety in that people look out for one-another and much more.....”

“Being a member of a crown green bowling club, with a wide range of members in age and background who collaborate well.”

“I swim regularly as a member of a swimming club at an open air pool. As well as the benefits of exercise I gain benefits of being outside experiencing nature and the sociability and support of club members.”

Cultural celebrations

“Where I live in inner London we hold a street party for neighbours every year attended by about 100 people. This is organised by a residents' association. For the Diamond Jubilee and Royal Wedding two residents' groups organised huge festivals with over 500 people attending.”

“The residents of a street celebrated the centenary of their houses. Several people were involved in the planning over six months and all the residents took part. The road was closed at both ends to traffic and decorated, people brought out tables of food to share, we had kids activities and then some folk dancing followed by a steel band. The families were from England, Ireland, Poland, Cyprus, India and the Caribbean. This activity

engaged people, they had fun together, they got to know each other a bit (enough to say hello to on the street and start up new conversations) and it broke down prejudices. You can't have a community without relationships and you can't have relationships until you have a conversation. We need to foster better communications between people at the ground level."

*"Culture Night Belfast. An annual community arts festival"*ⁱⁱ

"Recently I have participated in a museums-led training programme for family and volunteer dementia carers. As part of the session, we participated in a guided tour of the local, social history museum. Some of the carers taking part were accompanied by a person with dementia, usually a close relative. During the tour, participants became visibly animated by and engaged with the experience, each sharing their own recollections with each other (related to the museum collections). The growing sense of wellbeing within the group was palpable, and testament to the value of museums and other cultural assets, including the staff who run them, to notions of community wellbeing."

Altruistic acts of individuals that engender mutual trust

"Being able to trust a number of your neighbours to look after your house or pets when you are away. Small actions like this that engender mutual trust are important to feeling a sense of community."

"A bike shop I know gives away free parts to a man with mental health issues. He is happiest when he is building a bike. So they give him frames and all sorts and he becomes visibly happy. He walks off with a smile and a sense of great purpose."

"A tower block in which the warden / cleaner decided to help develop the previously unconnected residents into a community, including a conservatory, cafe, gardens, etc., based on the concept of the world's oldest residential towers in Yemen. The block went from having empty flats to a waiting list to move in."

Opportunities to volunteer, give to and give back

"An isolated drug user with schizophrenia and poor relations with his family came into contact with a drug rehab centre. They encouraging him to go on an expert patient programme. The man did not complete the course but was encouraged to eat breakfast rather than cakes and biscuits all day and found it made him feel a lot better. He was put in contact with a voluntary organisation in the community where he volunteered as a

health champion and set up a breakfast club where people get tea and coffee, toast and porridge. He encourages people to come, and makes them welcome including homeless people he finds on the streets. He has also set up an art group for children and works 4 days a week having been DBS checked. Without the community organisation this individual would have continued to be isolated and their health would very likely have deteriorated, whereas now the relations with his family have improved, and he is contributing to community life.”

“Monthly community market in my local area. Building the volunteer team has enabled expansion to a number of 'hubs' covering different themes (crafts, health & wellbeing, food etc), and into other community-led activities (e.g. film nights, concerts).”

“In a previous council worked at there was a very active learning disabilities partnership board which made many improvements to the lives of its members and people with LD. For instance local shops were trained to become autism aware and there was a strong volunteering program with many organisations taking part and going onto employ people with disabilities.”

“Our prime target group (Bengali women) suffers high levels of social exclusion, particularly in relation to employment, but by volunteering with us they are able to make a positive contribution to their community. This both gives them an enormous sense of achievement, impacting on their physical and mental health, and allows us to make limited resources go further in creating opportunities for participation and improving the wellbeing of the wider target group.”

Catalysts of community wellbeing

Adversity: trouble, need and discontent

The existence of visible adversity and inequity is a well-recognised, powerful catalyst for community action. Just as ‘trouble’ reframes the thinking of the individual, so it re-focuses the efforts of a community. Many of our respondents made explicit reference to the catalysing influence of such general hardships and were able to appreciate what took place as a result of them and beyond them to make a positive change in a community. Echoing the psychological literature reflecting positive change within an individual, the effect of this kind of collective action could be described as post - traumatic community growth.

“Communities self-organising to face high unemployment rates (ex: time banks, social currencies. etc.).”

“At times of sudden death or crises in the community I work in - there is a sense of rallying together 'us against the world' “

“The places (both physical and cyber) where I have encountered high community well-being are where is a mixture of the following. Community resilience: ability of community to bounce back from a major set-back, as a group, and not just those people who are generally more positive and are likely to have high individual well-being (e.g. high individual resilience, very happy etc). May only be truly measured in the wake of a set-back (e.g. how long to return to previous or higher levels of well-being)?”

“An example from within a church community in Bedford- where there was a family breakdown when the mother left the family, the father who was struggling to care for his children asked the church to help him by taking his children in- 2 families in the church took in his children (1 in one family and 2 in the other).”

“Communities in the North of England responding to flooding with emergency local fund raising and practical assistance.”

“Peckham peace wall after the riots.”

“We see high levels of community wellbeing play out when we bring together people who are facing a similar challenge, going through a similar situation - bring people together around a shared purpose to share knowledge, wisdom and so that people feel heard, understood and respected.”

“A community high in the deprivation statistics that worked together on a huge community project to bring flowers and planting to the community.”

“A group of women, living in one of the most deprived areas of our locality, recently came together with a community development worker, initially just to socialise and learn about each other. It became apparent that many of the women were struggling, particularly due to domestic violence. They all had a shared goal in meeting, which was to improve their lives and that of their community.Where I feel this example demonstrates community wellbeing is in the shared ambitions of the women, in the face of great difficulty, to work together to make a difference for the better for themselves and for the whole community. Despite their troubles, this community has a bond and the will to take control and take action to support one another and it worked because the community was incredibly cohesive, everybody knew about the project and everybody supported it and through those bonds the goal was achieved.”

Awareness of a chance for positive change/development

While the experience and recognition of common adversity sets up a discontent that catalyses a 'common will' to act, in order for this to make a change for the better there needs to be an awareness of the chance to change. This provides the spark of optimism required for positive prospection even within the context of negative experiences.

“The group channelled their experience into a community art project which started small but evolved into an empty property being redeveloped into a community space and art exhibition. The space itself was excellent. “

“The event nourishes in people a feeling that they are able to contribute to the 'bigger picture' of climate change, in small ways, thus feeling motivated. People organising events and projects experience a great deal of satisfaction and experience intrinsic motivation as they volunteer for what they are interests are and where their passion lies.”

“Attended a Chances 4 Change community meeting where lots of people and organisations got together to determine what they wanted to achieve to promote better health and well being in their community. Lots of inspirational people and projects were highlighted, giving a feeling of empowerment.”

The agentic community – taking responsibility and exerting control

Several of the specific exemplars of interventions in the community provided by our respondents reflect top-down control with its underpinning passive philosophy of permission. However, there is a sense in many of the statements/ descriptions falling under the *catalyst* theme that a better instigator for community wellbeing exists in the joint assumption of an active stance; one that sees the community as responsible and prepared to exert control.

“When The Black Cap pub in Camden was closed to be turned into expensive flats, the LGBT community locally fought back, squatted the building and as a result the council took action.”

“It gave the community a sense of taking back its destiny into its own hands.”

“The feeling of elation and empowerment a community experiences when they successfully prevent a development the community doesn't like or when they successfully meet self-identified needs for members of their communities.”

Pride in place and intolerance of incivilities

Some respondent's descriptions/ statements reflected the importance of feeling pride in the places they lived – as though the place reflected who they were, their values and sensibilities. Related to this seemed to be an intolerance of anyone treating the place badly.

"...strong sense of pride in the place."

"...people who feel passionate about their area and are campaigning for change."

"...look after / take pride in their properties."

"An area suffering high levels of anti-social behaviour coming together, empowered by external organisations but led by the community. Deciding what the issues are in the area and how best to tackle them and being supported to do so."

"News about anti-social behaviour goes around fast, helped by the fact that a local facebook group has been set up so people can flag up issues."

"Smells and noise from a restaurant ventilation system that affects many dwellings and dependent upon weather conditions. There is community wellbeing if the owner is persuaded/forced to use better technology to improve the problems."

Transmission of minority culture/heritage

The feeling of pride is not exclusive to communities of place. A few respondents referred to the community wellbeing that stems from being part of an active minority group. This seemed particularly reinforcing when the catalyst was the desire for the cross-generation transmission of culture and heritage

"I'm Jewish - and there's a tremendous sense of community which extends to funding good quality social housing/old age provision etc. for members of that community. There's a commitment to decent minimum standards for all and a social cohesion which transcends social class differences. That said there is an ethnic exclusivity at work which I don't much like, and a sense of community which is not altogether geographically-based."

"A group of African diaspora elders taking shared responsibility for the emotional and spiritual development of the young people within their community. The young people have developed a mutual respect and appreciation for the elders. Childcare and education is considered as a shared responsibility amongst the community which helps to alleviate some of the stresses upon working parents."

Sustainers of community wellbeing

Once community activity observed to improve wellbeing is established, the challenge becomes how to maintain connections, activity, loyalty, drive and how to avoid de-motivation or dilution of the sense of responsibility.

Our respondents picked up on the importance of these sustainers of community wellbeing, highlighting several that spanned physical sustainers that exist in place infrastructure to governance of groups, leadership and developing expectations or cultures.

Organic places

Organic places are naturally manageable communities where community wellbeing can be sustained either by place infrastructure (e.g. terraced streets) or by grass roots activity that spreads effectively through smaller communities.

“My personal experience is that it was grass roots and organic and made me feel connected to the community and motivated to be proactive in making changes and get involved in local decisions”

“The physical surroundings enable people to flourish. “

“Design of older streets with closely joined houses, terraced semi detached seemed to encourage more interaction between neighbours. Modern design seems to encourage isolating oneself.”

“On a micro scale, a small close of some 25 houses in south London. Everyone knew each other, looked out for each other, and kept the contacts by meeting in each house in turn, once a month, for coffee, chat and sharing of news about their wider community and the local council. Wellbeing apparent from the low turnover in residents, the care given to the local environment and that anyone needing help was invariably quickly and sympathetically looked after. “

“I used to live in London. My social life revolved around my work. I felt completely disconnected from the community in which I lived. Now I live somewhere else. I know my neighbours. I have lots of friends who live near by and I regularly bump into people I know. I work in a small town nearby. My colleagues can hardly walk down the main street without meeting someone they know.”

Genuine caring leadership

“I have rarely had the opportunity to know and work with people who are so genuinely compassionate, despite often not having the financial or material resources they themselves have needed.”

“Often it is a few who provide the support and resources to the many which builds community well-being.”

“So, in summary, a service that ensures the wellbeing of people who are often anything but well physically, and need support that is provided by people who genuinely care and empathise, which is to say 'fellow travellers' drawn from the local community who ensure their journeys are as much an opportunity to share thoughts, laugh and enjoy the ride.”

Embracing and using diversity

“The Zest Centre in Sheffield is a community - managed healthy living centre/community hub. The centre brings together people from all walks of life and communities.”

“The Greater Manchester NHS Values Group comprises professionals , cvs and lived experience members with experience of socio-economic exclusion , protected characteristics ,membership of an Inclusion Health group (ex offenders, Asylum seekers , substance mis use and so forth) and experience of stark inequalities . They work together as a small community and high levels of wellbeing are apparent through the cohesion of the group ,the asset based community development approach to their own development and the clarity of purpose and togetherness.”

“People with mental health needs are integrated into their neighbourhood because people are aware of their needs and make allowances for these and facilitate their participation in communal activities ...despite sometimes demonstrating challenging behaviours. This is facilitated by a number of key activists and influencers.”

Developing a sense of belonging

“...for example, having a strong sense of belonging, feeling safe walking around the local neighbourhood etc.”

“Small village, community life where people know each other, support each and other and have a sense of belonging.”

“...a 'family feeling' outside the immediate family.”

Developing a culture of activism

“Some positive contributions to community wellbeing for one project include the development of a network of people who are already involved and interested in their community for the purpose of socialising, sharing information, supporting each other, increasing the local community voice and enabling more local residents to participate in their community whether through attending local activities or contributing to them.”

“Many, many people in this town know many, many other people and loads of them are active at a community level.”

Partnership ethos

“Decisions are made by [our partner communities and organisations], day to day management is by Trustees, Staff and a large number of volunteers. The Partner communities and organisations are very supportive of each other.”

“Establishment of Neighbourhood Council required basic community engagement, development and consultation on wide ranging neighbourhood strategy and priorities, harnessing the skills of community members and agencies, advertising and winning a vote to establish (one of the first nationally in an inner urban area); bidding for and tasking additional funding from Big Lottery, City Deal and other areas; ensuring that all this was led, at a time of financial stringency, from within the local community.”

Sensitive, light-tough governance

“...a social enterprise model, light-touch governance and no expectation of 'hand outs', i.e. grants - in fact deliberate policy of not applying as determination to keep paperwork to minimum and avoid interference of 'professionals' within community and voluntary sector (who are notoriously fixated with sustainability, while having usually nothing to offer other than 'advice').”

“Every year I am involved in a community event in a local gardens for which we fundraise so the event is free and anyone can attend and participate. “

Maintaining motivation: avoiding burnout and developing mastery

“Totnes - this seems to be a hotbed of excellence in wellbeing sparked by the Transition Town movement. There is a lack of cynicism which often impedes these kind of movements in different parts of the country.”

“We had a number of parents on the council who became involved and took on further training to grow their skills and confidence, some of which led them to getting back into work or progressing their work. Some of them also used this experience to get involved in other community groups and boards.”

Summary and conclusion

We asked our stakeholders the following question in the context of an online questionnaire:

“If you have a relevant example, please briefly describe a real-life setting you have encountered which you feel shows a high level of community wellbeing, and explain why or how this high wellbeing is apparent. You may wish to anonymise place names etc.”

Approximately one third of our sample provided statements ranging from single sentences to in-depth descriptions of activities, settings or circumstances they know about. These responses have enabled us to develop a ‘state of the art’ idea of how people currently experience community wellbeing in their places and spaces. A thematic analysis of our stakeholders’ statements has proved useful by providing the beginnings of a timeline understanding of sustainable community wellbeing. It has enabled us to describe features of good current practice, indicate the factors that galvanise action towards community wellbeing uplift and highlight the processes and circumstances that help to maintain those activities and practices.

Rhiannon Corcoran

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October 2015

3. Workshops

Introduction

We carried out ten workshops across the country between July and September: Glasgow, Exeter, Cardiff, Leeds, Belfast, Durham, Birmingham, Liverpool and two in London.

More than 225 people attended the workshops. They included a wide range of stakeholders including people working in central, local, and devolved government, NHS, charities, charitable trusts, businesses (e.g. housing associations, developers, insurance companies), and academia.

Each workshop lasted three hours and was split into three sessions:

1. Identifying community-level ingredients that contribute to wellbeing
2. Identifying the challenges stakeholders face in their work
3. Identifying ways that wellbeing evidence could address these challenges

The four main workshop outputs were:

1. A list of specific topics that stakeholders identified for further research
2. A list of the types of evidence stakeholders need
3. A list of the main challenges stakeholders face in using wellbeing evidence
4. A list of suggestions to bear in mind for What Works Wellbeing

In this section, these four outputs are summarised. More detail about the workshops is provided in the Appendix, where we have combined the results of all ten workshops and listed the findings in full. The Appendix also includes the full workshop plan.

Topics stakeholders identified for further research

Stakeholders identified topics for What Works Wellbeing to research in two ways.

Community-level ingredients important for wellbeing

Firstly, the first session of the workshop asked stakeholders to identify community-level ingredients that they felt contribute to wellbeing. They used post-it notes to list 'ingredients', which were collected and counted after the workshops. Many topics came up multiple times, so were grouped. The topics that came up most frequently over the ten workshops were:

- **Participation and voice**; stakeholders felt that having a say in the community was an important ingredient for wellbeing. For example, they mentioned participation,

being listened to, having a voice, capacity to get involved, control and feeling noticed and valued.

- **Environment;** stakeholders felt that the environment they live in was an important ingredient for wellbeing. For example, they mentioned nature, green space, built environment, and communal/public spaces to meet.
- **Connectedness and belonging;** stakeholders felt that feeling connected to, and a sense of belonging in, one's community was important. For example, they mentioned connectedness and belonging, intergenerational connections and not feeling excluded or lonely.
- **Neighbourliness and relationships within communities;** stakeholders mentioned networks of family, friends, colleagues and neighbours, local network groups, and social capital.

Specific topics

Stakeholders also identified topics that they specifically asked What Works Wellbeing to conduct research on. Topics that were mentioned by more than one person were:

- **Co-production;** stakeholders wanted to know about the impact of co-production on wellbeing. They also mentioned person-centred approaches and asset-based community development.
- **Cost-savings analysis;** many stakeholders wanted to know about the cost-savings associated with increased wellbeing. There were also specific requests for research on the impact of wellbeing on usage of health services.
- **Value of 'bumping spaces';** stakeholders wanted to know about the value of physical spaces in the community that facilitate people bumping into each other.
- **Evidence on the value of improvements in the wider determinants of health**

- **Work;** stakeholders wanted to know the impact of work on wellbeing, including unsatisfying work and unemployment. Stakeholders also asked about the relationship between wellbeing, workforce, productivity and profit.
- **Children’s wellbeing**

Types of evidence stakeholders need

The second part of the workshop asked stakeholders to identify challenges that they face in their day-to-day work. We clustered these challenges together to form groups. The final session of the workshop asked these groups to discuss how wellbeing evidence might help them. From this discussion, stakeholders identified the different types of evidence that they need, and also the barriers they face to using wellbeing evidence in their work.

The types of evidence that stakeholders asked for most frequently (across all ten workshops), included:

- **Diverse types of evidence;** stakeholders agreed that we should use non-traditional evidence types, bottom-up evidence from service providers and qualitative data
- **Case studies;** stakeholders asked for illustrative case studies, narratives, stories and the voice of the service user
- **Evidence of how wellbeing leads to other outcomes;** some stakeholders asked for evidence on how wellbeing leads to reduced expenditure, social return on investment and use of health services. **However** note that some stakeholders resisted ‘the commodification of wellbeing’ and discussed its intrinsic value, suggesting it shouldn’t be measured in financial savings.
- **Context-specific evidence;** in particular, stakeholders from Wales, Scotland and Northern Ireland expressed a need for context-specific evidence. Stakeholders suggested that wellbeing indicators should be tailored to what different population groups value.
- Longitudinal studies

- Evidence of both outcomes and quality/validity/reliability of intervention to improve quality of programmes
- Geographically comparable data
- Evidence on the reliability of wellbeing measures
- Identification of an 'acceptable' level of wellbeing
- Models and chains
- Evidence on both hard and soft outcomes

Challenges to using wellbeing evidence

In the final session of the workshop, we asked stakeholders to identify the main challenges they felt prevent them from using wellbeing evidence in their work. The challenges that were mentioned most frequently included:

- **Funding and resources;** stakeholders mentioned lack of funding and resources, especially in current context of austerity policies
- **Lack of knowledge about where evidence is**
- **Lack of capacity or time to use evidence;** this was identified as a challenge for the third-sector in particular
- **Improving wellbeing takes time, and it is hard to measure outcomes;** this was mentioned especially in relation to funding bodies who want short-term results
- **Lack of tools to measure wellbeing;** stakeholders asked for new tools to be designed for different types of interventions
- **No standard definition or measurement of wellbeing;** stakeholders said that wellbeing is seen as too vague and undefined. They asked for standardised definitions.
- **'Subjective wellbeing difficult to quantify'** was a challenge raised in some workshops.
- **Lack of context-specific evidence**

- **Wellbeing is too individualistic**
- **Lack of credibility**; stakeholders felt that wellbeing is seen as ‘too fluffy’, especially for certain parts of government (health was mentioned). Some stakeholders said that subjective wellbeing in particular lacks credibility.

Suggestions to bear in mind

We gave workshop participants chances to tell us other suggestions and requests for our programme, and also What Works Wellbeing more widely. The suggestions that came up most frequently are listed below.

Suggestions to bear in mind for the Communities Evidence Programme

- **Create templates/toolkits to help collect evidence**; stakeholders asked for guidelines and measurement tools, a database of tools and co-produced tools.
- **Use simple language**; stakeholders suggested we use simple language to ensure our outputs are accessible for everyone.
- **Use wellbeing dialogue to bring communities and commissioners together to identify common goals/needs, and shape a long term approach to create more sustainable outcomes.**
- **‘Don’t ignore the impact of austerity’**; austerity was mentioned in many workshops, and stakeholders asked us to bear in mind the impact of austerity on wellbeing, services, and sectors.
- **Ensure outputs are relevant to devolved contexts**; stakeholders asked us to engage with, and be aware of, work that has already been done on wellbeing in Scotland, Wales and Northern Ireland.

Suggestions to bear in mind for the wider What Works Wellbeing programme

- **Provide a definition of wellbeing**; stakeholders asked for clear definitions around wellbeing to allow for a common language between the different stakeholders who use it.

- **Be an advocate for wellbeing;** we were asked to advocate wellbeing in central government and to the general public.
- **Be a centre for dialogue;** stakeholders asked us to act as a centre for dialogue, linking employers to academics, and ensuring everyone's voice is heard.
- **Use wellbeing as an umbrella;** some stakeholders asked us to work to try to bring different types of work under the umbrella of wellbeing.

Hanna Wheatley, Saamah Abdallah and Juliet Michaelson

New Economics Foundation

November 2015

4. Community sounding boards

Introduction

"It's safe to let the kids go down and play outside"

"I can come home after 11.30 when I've been to bingo and its ok"

"No dog shit"

"We are getting the TA (Tenants Association) going again"

"I like my home...I like living here...the shops are nearby"

(West London residents)

"First time anyone has ever listened to us"

"I am glad I came...I have a voice"

"Community wellbeing....politicians buzz word"

(Grimsby residents)

We wanted to corroborate the input of stakeholders with a professional interest in wellbeing by speaking to members of the public in community settings. The two 'community sounding boards' took place in West London, on a local authority housing estate, during July and early September 2015, and in Grimsby in late October 2015 at two community centre venues.

West London

The West London 'community sounding board' was located on a large council estate. This site was loosely inner-city; urban high rise; deprivation seeping out of the walls; gang stuff going on; disabilities and Long Term Medical conditions in abundance; ethnically very diverse; working class but with gentrification going on with flats being sold off and privately rented; and 'posh' shops appearing; a couple of local pubs one serving Sky sports and cheap beer whilst the other had expensive lagers, real ales and dinners, customers at both were amenable to talking.

89 residents on the estate and the surrounding neighbourhood were engaged in questions relating to their understanding of 'community wellbeing'.

Using qualitative semi-structured individual and informal group interviews the 89 residents (52 female, 37 male, approx. 50% White British, remaining 50% BAME, Eastern European and not

known, ages from 18 to 93) came from 62 homes were interviewed across the estate between July and September 2015. Individual and group Interviews took place on resident's doorsteps, in their homes and in the street either during the day, in the evening and at weekends. In addition another 8 residents emailed their comments. 11 individuals living in close proximity to the estate and local shopkeepers plus 5 staff from local community organisations also gave their views.

Grimsby

The two Grimsby 'Community Sounding Boards' took place at; Grimsby CPO Media (<http://www.mycpomedia.com/>), and Centre 4 community centre (<http://www.secondavenue.org.uk/>).

Both Grimsby locations were centred in wards that are in the top 10% most deprived wards in the UK. In total some 26 residents of Grimsby participated; 12 men and 14 women. The ages ranged between 25 and 60. The majority were White British. The 'community sounding boards' took place between May 26th and 27th 2015.

In addition 15 informal interviews with small groups and individuals (aged between 19 and 75; 10 male and 5 female; all White British) were undertaken in the local Wetherspoon pub in Grimsby town centre and in the High Street shopping centre.

Findings

The term community was explored at both sites, resulting in broadly similar explanations, definitions and feelings. These discussions gave insight as to how residents viewed their sense of identity and place, particularly the idea of neighbourliness. In addition, residents considered what the term 'community wellbeing' meant to them;

"Flower pots on the landing" (High rise resident, West London)

"My neighbour is very good person I have been sick and he comes around and helps me. He is married now with a child. I don't know how they cope in that tiny flat. But if I call him he will manage to help me"

"It's a good community, there's lots going on in the community"

"I've family and friends who live on the estate...over in xxx and xxx"

'Living together"

"It's about good communication. Caring for others"

“It’s where we live”

“Is about being all something together, speaking to one another about your views. All friends staying together”

“Mixing together”

“Coming together. Helping out when needed... Come together in good and bad times”

“Pulling together, staying in contact with neighbours”

“Groups that bring people together: Centre 4, gym, swimming pool, pub”

“People around you. Neighbours, friends and family”

“A group of friends and family that live close to each other”

“The local pub (social friend, teams). The rugby club”

“Grimsby Town Football Club”

One Grimsby resident expressed community in the form of a poem;

“Estate

Street living

Show what you’re giving

Keep on the right path

And stay out of prison”

Ingredients that support community wellbeing

Similarly the term ‘wellbeing’ within a community context was discussed with health, social capital/participation, local facilities, and safety and security being the key themes that emerged.

The following suggestions from residents highlight these areas;

Health

- Fitness, health, eating, learning
- Trying to have a healthy life
- Improving healthy lifestyles
- Going to the gym
- Availability of GP appointments

Social capital/participation

- Friendship, communication, activity
- Trying to help people when and if needed. Looking out for the area you live in.
- Coming up with ideas to help lift up your area
- Support of others
- Having support and knowing how to access it

Local facilities

- Community facilities such as parks
- Children's play areas, pubs, gyms, hospital
- Bus stops nearby
- Local services

Safety and security

- Being protected. Feeling safe
- Community support from the police
- Children are safe

Ingredients that harm community wellbeing

For the residents of the West London housing estate, a number of factors adversely affected their sense of community and general wellbeing, including;

Visual: the estate feeling unloved – in poor decorative and physical condition - poor quality of the communal areas

Anti-Social Behaviour: drug dealing; dogs and pigeons; people urinating in public places

Policing the Estate: lack of a visible presence – youth gangs on the estate

Play Areas: inadequate estate play areas for children

Parking: problems for residents wishing to park their cars

Fly tipping on the estate

Community Centre/Tenants Hall: no existing facility for residents to meet and socialise

Poor civic engagement/participation: with local authority councillors and staff; and outsourced organisations working on the estate

Community bumping spaces: eg. lack of benches on the estate - community hubs/spaces

Summary and conclusion

Residents from both locations voiced similar views in discussing 'Community Wellbeing'. Whilst it was generally felt to exist in various forms, although not a term immediately recognised or used on a daily basis by the majority of residents, it had the potential to develop if the following factors were in place;

"Isn't it what makes you happy and ok with the world?" (West London resident)

- Security – feeling safe and financial
- Environment – the local neighbourhood/locality
- Social capital/participation

Security – feeling safe and financial security

Feeling safe

- Safety in the area – streets and home
- Feeling safe in the area you live e.g. walking the dog
- Feeling safe when walking and generally being out of the home
- Reliability and safety – nothing out of ordinary is going to happen
- Neighbours are okay
- No anti-social behaviour
- More police e.g. community policing – local 'bobby' gone
- Crime prevention and a reduction in local crime

Financial security

- People need to feel financially secure
- Being able to keep yourself without debt – promotes less anxiety – keep out of debt
- Good employment opportunities/prospects
- Not being on benefits
- Gaining qualifications – access to work
- Work experience opportunities available
- Job safety - real job security (eg. Scunthorpe steel works closing)

Environment - the local neighbourhood/locality

- Safe and clean affordable housing available
- The locality is rubbish free - tidiness

- Clean and well preserved areas
- Clean environment – recycling bins available
- Good local shops nearby – choices
- More areas for your children to play in
- Parks nearby – within walking distance
- Good and available local services – Local Authority - Support/Easy to get help
- Good local transport links – and reasonably priced
- Learn computer skills
- Less pubs – other places to meet
- Education – good local schools
- Family and friends live nearby
- Future for young people
- Not worrying about the future

Social capital/participation

- Socialising – different groups available to join
- Caring and communicating with neighbours - good neighbours
- Neighbourhood trust
- Looking after the elderly
- People know each other and look out for each other
- Being friendly to each other
- Being non-judgemental eg disability - Feeling valued as an individual
- Accepting people
- More community centres - places to meet – talk to each other – more leisure centres
- Talking to others
- Local council listens
- More leisure activities and centres for people
- Feeling okay with life - Happiness/morale

There were mixed views as to whether the term 'Community Wellbeing' was useful or should be called something else. There was a feeling that for some residents it stated what was 'on the tin', "*community wellbeing is useful...I understand the term*", and it was reasonably clear that it referred to "wellbeing is just being there when needed, family, friends and community"; "Being

well within the community”; “Encouraging each other to be well in mind and body”; “Useful if we all help each other”; and “Neighbourhood, friendship and communication”.

Whilst other residents felt it should be renamed, for example; “Community Support”; “Social Living”; “Pulling Together”; “Working together for the good of the community”; “Community live well, live well together”; “Community Health” or “Wellbeing of others”.

Many were unclear if it related a community; society in general; or was it local as in a housing estate as viewed by many of the West London residents.

Several residents felt it could not be applied to all communities as there were, in their words “lots of communities” in each area, for example, on a housing estate or a neighbourhood was comprised of “different areas”, and how it related to their own community. There was some suggestion that it depended on local employment levels and other factors such as, the mix of people e.g. ethnicity and religion.

Roger Green

Goldsmiths

November 2015

5. World Mental Health Day community sounding board

Introduction

The data and findings summarised in this section were gathered by members of the Prosocial Place Knowledge Exchange Programme as part of Liverpool University's Mental Health in Context Research Group activities during World Mental Health Day (WMHD).

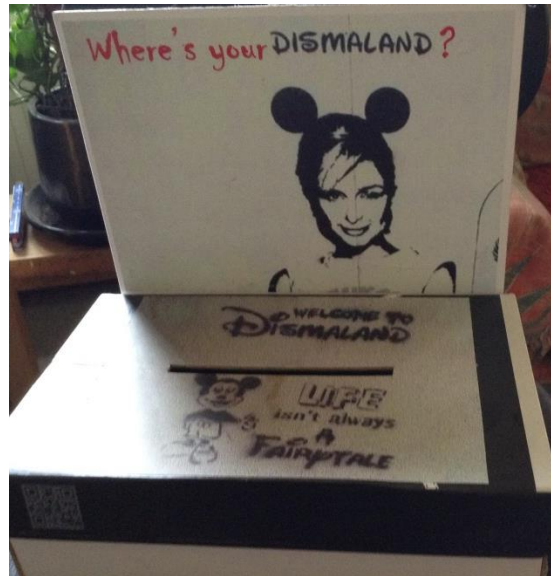
The celebration of WMHD in Liverpool took place in Williamson Square in the middle of the retail area of the City. The day's activities are organised and brought together every year by the Liverpool Mental Health Consortium. The event attracts a diverse representation of the public including people who use the city region's mental health services, providers and commissioners of those services, shoppers, visitors and tourists.

The Prosocial Place Programme activities involved the use of an airing line and a comments box for people to express their views about place and community. People were asked to write on postcards and to hang them on the washing line in response to three questions:

- **“What makes a good place?”**
- **“What do you like about where you live?”**
- **“Where do you go to feel better?”**



A comments box was used for people to post their views on the question: **“Where’s your Dismaland?”**



At the start of the day some active encouragement was needed to get passers-by to air their views. However, once postcards began to be completed and the line began to fill up, no further encouragement was needed and responses were gathered informally and at people’s leisure, demonstrating the attractiveness of this methodology for gathering unsolicited views about quality of community/place. Some respondents answered all or more than one of the questions while others contributed only one view.

The findings are summarised below to highlight the most frequent themes around which people’s views clustered. For each of the four questions, the top three ranked themes are shown in bold. The word-for-word views expressed are provided within themes as are summary statistics.

What makes a good place?

Views aired by 36 people. Total number of individual views expressed = 66. A number of people expressed more than one view.

Physical/living environment factors (total=27 views)

Nature and green/open space: a park; Lots of green spaces; Loads of parks nearby; Lots of pleasant bike rides; Playing football; space; nature; access to the nature; Countryside and natural beauty; Trees; natural beauty. (11 views)

A clean living environment: A good environment; Less litter; more concern about your area; well kept areas; Light;; fresh air; fresh air; No noise; no traffic. (9 views)

Good amenities and services: local shops; Easy to get where I need to be; A high street; Good bus route; Community centres; Good shops; Sheltered accommodation. (7 views)

Social factors (total=35 views)

Community spirit; good people and neighbourliness: People and community; Community spirit; A place where I feel welcome and loved; a friendly atmosphere; Being welcomed and wanted; Plenty of contact with people; Sense of solidarity; People who smile at strangers; Nice people; Good people make a good place!; Good people; Clean and healthy minds; friendly people; Kindness; People who are nice and stop to talk to you. Friendly neighbours; Trusting neighbours; Knowing your neighbours. (18 views)

Personally relaxed/safe: Low crime; Private and comfortable; Somewhere you can be yourself; Feeling safe; No pressures; they must feel safe and secure. (6 views)

Family and friends: Close to friends; Family; Good place is where my family is; Family and friends. (4 views)

Diversity and equality: Diversity; Equal opportunities; Ethnic minorities; Equality. (3 views)

Activities/things to do: things for people to do; Social activities; Stimulation; activities and events. (3 views)

Miscellaneous factors (total=3)

Good food; History and heritage; Liverpool! (3 views)

What do you like about where you live?

Views aired by 35 people. Total number of individual views expressed = 56. A number of people expressed more than one view.

Physical/living environment factors (total=28)

Nature and green/open space: Squirrels in the garden; Being close to the park; Sky; Close to the park; Close to the river; Being so close to a park; Green space; birds singing; being by the sea; nice beach; countryside really close; Air; Green Spaces. (13 views)

Tranquillity: Nice and quiet close; I like the quietness and hope it will get even better; The quiet; It makes me relax and I love living there; Peace; Quiet; Nice and Quiet. (7 views)

Good amenities and services: Local pubs; Just the privilege of security staff; Cycle paths; Love the Cavern ; The Bridge; the dog park. (6 views)

Place general: The sense of it being 'somewhere'; The best town in the world. (2 views)

Social factors (total = 27)

Community spirit; good people and neighbourliness: Sense of community; The people I live with; Friendliness; Everyone on our street is friends; Nearly every house has kids who play out on the street; My neighbours; Being around people who care and I trust; Community and friendly faces; I love living in Liverpool, going out and meeting people— age 89!; People —humour, honesty, grit and passion; Friendly community; The helpful and kind neighbours; nice people; Community spirit and engagement; Everyone so friendly (14 views)

Family and friends: I like where I live because of my family; Being close to family; My mum's arms; My friends; That my immediate family are close by (5 views)

Prosocial acts: Nobody litters; Everyone re-cycles; We share milk. (3 views)

Activities/things to do: loads to do; Lots of things to do – events, days out etc. (2 views)

Miscellaneous factors

Familiarity: the familiarity; Its home.

Independence: independence; Independence.

Diversity: I like the diversity in the community.

Where do you go to feel better?

Views aired by 39 people. Total number of individual views expressed = 51. A number of individuals expressed more than one view.

Physical/living environment factors (total=25)

Nature and green/open space: by the river; I go to see the hills; the sea; The sea-front; Gardening at St. Andrews, Clubmoor; To watch the sunset in Thurbaston; To see trees, lakes, wildlife, plants, rivers, flowers; Green spaces are vital for good mental and physical health. Parks are the lungs of the city. Hands off!; Walking in the Hills; Walking in the woods; Crosby beach; Go to fresh air, trees, flowers, wildlife and nature. (13 views)

Clubs/pubs/amenities: The local library; The pub; Doctors; I go to the Bingo!; The gym. (5 views)

City places: I go to town; Into the city centre (aged 89); Bold Street. (3 views)

A familiar/comfortable place: To home comforts and a place where I belong; Hollywell – a place that's familiar and comfortable; To my bedroom! My house; Rivington Barn. (5 views)

Social environment (total = 17)

Family and friends: I feel comfortable when I am with family and friends; To my family and friends and to people who are positive; To my mum (age 8); to meet my friends; Having a nice cup of coffee with a friend; Run to my friends; Family; Friends; To friends; To friends for a Chippy tea; Family. (11 views)

Faith: To the Lord The King of Kings; Church; Church; The Church; I go to God for help and comfort and all my needs (Philipians 4 v19); My church. (6 views)

Miscellaneous

Private activities, diversions: Video games; films; I go to do craft-work to keep occupied; Walk to the beach with the dog; I walk the dog in the local park; My Shed; A big cycle ride; Take my dog for walk around the city (it makes me happy to see my dog happy); My bedroom to read. (9 views)

Where's your 'Dismaland'?

Views aired by 26 people. Total number of individual views expressed = 29. A number of individuals expressed more than one view.

Aspects/features of city living: Traffic jams; Multi-storey car parks; Crowded shops; People walking slowly; Where everything is grey; By my house –there is too much crime; Birmingham City Centre; Anywhere with massive slow-moving crowds; Self-service checkouts; Green Lane – the most dismal road in Merseyside; Hospitals. (11 views)

Matters of governance/politics: Unorganized events; Time management; Parliament; University of Liverpool!; War-torn countries; Globalised, commodified anything; City of Westminster; Primark (8 views)

Being alone: Waiting for a bus on your own at night; Isolation; Wherever I am on my own (3 views)

An altered state: Where my mind makes hell of heaven!; Anywhere that alcohol or substances take me (2 views)

Antisocial: Discrimination; Anywhere where people hate each (2 views)

Unclassified views

Stop spraying us with chemicals!; In a field with white horses; Disneyland

Summary and conclusions

Across all three 'airing line' questions the most frequently referred to positive aspects of place focussed on community spirit /good people and public open space assets. Typically these views made up half of all views expressed – approximately evenly split between the two. Thus, the data gathered using this informal polling method is consistent with the notion that social sustainability and community wellbeing exist and are derived in both social spaces and physical places. Clearly the people who expressed their views cherish and value these social and living environment assets and they understand their value very well.

Consistent with evidence about the negative effects of city living on mental health and wellbeing, 38% of views expressed in relation to the question "Where's your Dismaland?" referred to presumably stressful or depressing aspects of city living. Matters of governance or politics, referring to the state of modern global or Western living, made up a further 28% of these answers.

Although it is undoubtedly the case that some of the more nuanced responses to the questions we asked reflect the nature of the event of which this activity was a part (i.e. Liverpool World Mental Health Day), our findings point to clear conclusions. The future of socially sustainable places, characterised by high wellbeing, rests on our ability to design, develop and manage the infrastructure and assets of the living environment in ways that facilitate natural social interactions, the development of community spirit and neighbourliness.

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University of Liverpool

October 2015

5. Interviews

Introduction

The purpose of the interviews was to explore with policy-makers/stakeholders some of the key issues on the use of evidence in relation to wellbeing in policy. This has involved 10 interviews to date.

The starting point of the research was a review of some of the key contributions on the use of evidence in policy – both academic and practitioner-focused contributions

The academic contributions included:

- Boswell, C. (2008) The political functions of expert knowledge: knowledge and legitimation in European Union immigration policy, *Journal of European Public Policy*, 15:4, 471-488
- Head, B. (2010) Reconsidering evidence-based policy: key issues and challenges, *Policy and Society* 29, 77-94
- Layard, R. and Clark, D. (2014) *Thrive: the power of psychological therapy*, London: Penguin
- Majone, G. (1989) *Evidence, argument and persuasion in the policy process*, New Haven: Yale University Press
- Weiss, C. (1979) The many meanings of research utilization, *Public Administration Review*, September/October 1979, 426-31

The practitioner-focused contributions included:

- Government Social Research Unit (2007) *Analysis for policy: evidence-based policy in practice*, London: Government, Social Research Unit, HM Treasury.
- House of Commons Science and Technology Committee (2006) *Scientific advice, risk and evidence based policy making, Seventh Report of Session 2005-06, Volume 1*, London: The Stationery Office Limited.
- Nutley, S., Powell, A. and Davies, H. (2013) *What counts as good evidence? Provocation paper for the Alliance for Useful Evidence*, Research Unit for Research Utilisation (RURRU), School of Management, University of St Andrews

- Rutter, J. (2012) *Evidence and Evaluation in Policy Making*, London: Institute for Government
- Shepherd, J. (2014) *How to achieve more effective services: the evidence ecosystem – crime reduction / health and social care / education / early interventions / ageing better / local economic growth*, Cardiff University/ ESRC What Works Network

From this review, a number of themes and questions were extracted to guide the interviews [these were circulated to the team for comment]. Central to the approach was John Shepherd's review of evidence ecosystems for the What Works network. [His report covers the use of evidence in six What Works Centre policy area but not wellbeing. The review was undertaken before the launch of the WWCW].

Themes and questions

1. Key terms and issues

- Wellbeing - how do you understand this term? How do they think other people understand it? What do you understand by 'community wellbeing'?
- 'What works' – what does this mean to you?
- Policy – What does 'policy' mean to you? Are some policy areas more conducive to a wellbeing approach?

2. The evidence ecosystem (based on Shepherd's approach)

- Evidence sources – what sources of evidence do you know about and what are the ones you use?
- Transmission lines – what are the channels through which your organisation receives evidence?
- Problems – What are the main challenges around the use of evidence?
- Incentives – What are the main incentives for using evidence?

3. The challenge of wellbeing

- Does the issue of wellbeing present specific challenges in the use of evidence? If so, of what types?
- Other than research evidence what other forms of knowledge are important to wellbeing (e.g., political, professional, experiential)?

4. Moving forward

- What specifically do you want from the WWCW?

A summary of initial findings is presented here.

Key terms and issues

Wellbeing

Interviewees generally defined wellbeing in a holistic/multidimensional way. For example:

“It’s about how the nation’s doing, how communities are doing and how individuals are doing.”

“Social, economic and health - many things – and how you fit and in and relate to the community.”

However, most interviewees suggested ‘others’ tend to have a narrower understanding. For example,

“Professionals in different areas will give different definitions - emotional wellbeing, mental wellbeing...”

“Policy-makers in my field tend to associate it with mental health: they medicalise it.”

“You ask ten people, you get 11 different answers, essentially.”

For some interviewees this difference presented an ongoing challenge in relation to advancing wellbeing in policy.

Community wellbeing

There was less consensus on definitions of community wellbeing, although not all interviewees were specifically engaged in this area of policy. Definitions included:

“Benefits to a whole community...”

“I see it in social capital terms... amount of space and opportunities to mix: mix between social groups.”

“We tend to talk about social wellbeing – our approach is influenced by Sen’s work. Participation is emphasized – it is for communities themselves to identify.”

What works?

On the meaning of ‘what works’, responses to this tended to be similar and reflected the aims of the WWCW (i.e., they were related to the use and standards of evidence):

“Identifying, based on evidence, what works and then doing something with that information so it leads to change.”

“Not just to take things at face value.”

Are some policy areas more conducive to a wellbeing approach?

On this question there was a range of responses. Some identified particular policy areas (e.g., ageing health, mental health) as particularly conducive, while others took a broader view:

“It could be quite central to a lot of policy-making now.”

“Policies that don’t just look at the thing in isolation.”

“It’s those that really have a social impact and doing them for social reasons, community reasons rather than purely economic reasons.”

The evidence ecosystem

Evidence sources used

A wide range of evidence sources are used, varying across different organisations and for different purposes. These include (in no particular order):

- Commissioned research and evaluations
- Randomised control trials
- Systemic/meta-reviews (e.g., Kings Fund/NICE/NEF)
- Voluntary and community sector
- Grey literature
- Syntheses of academic literature (e.g., by think tanks, VCS)
- Participatory approaches
- Focus groups
- Online surveys
- In-house research (some use ONS SWB indicators)
- Academic papers
- Evaluations
- Parliamentary events
- All-Party Parliamentary Groups
- Secondary datasets
- Government reports (Cabinet Office, DWP)

- Government surveys (ONS, Cabinet Office)
- Legatum Institute
- Internet
- OECD
- Roundtables
- Co-production

Observations on evidence sources included:

“I occasionally go back to the source material, but there is so much research.”

“I think it’s important that the ecosystem of evidence is equally valued and equally mined but that when one is looking for some direct correlation between an input and an output that might be subject to slightly more rigorous scientific, methodological means.”

“If you have a hierarchy of evidence that puts certain types of evidence at the top, then that immediately narrows the amount of available evidence to you, doesn’t it?”

“The Government favours quantitative evidence.”

Evidence sources least used

Some interviewees said they could make more of international sources (and evidence from elsewhere in the UK) but there were issues of capacity and replicability/transferability.

One interviewee suggested that social media might be used more. It gives ‘lower quality but very large volume measures on wellbeing, which can then be effectively correlated or used in natural experiments to establish direct effects on wellbeing’.

Most interviewees did not generally read academic papers (although one described these as their ‘main source’). Generally academic research was received through summaries or through face-to-face presentations and individual contacts

Transmission lines

Interviewees received evidence through a diversity of transmission lines (in no particular order):

- In-house research and light touch evaluation, literature reviews, evidence-gathering
- Commissioned research
- Academics
- Professional networks

- Wider sector networks
- Policy advisory groups
- Guidance from national bodies (e.g., PHE)
- Circulars (NICE, NHS, Kings Fund etc.) around specific issues (e.g., obesity).
- Twitter
- Own organisation (e.g., local authority)
- Search engines (e.g., Pub Med)
- Conferences and seminars
- ‘People send us things’ (think tanks, personal emails from various actors)
- Meetings (e.g., Alliance for Useful Evidence/NESTA)
- Information services (provide regular bulletins)
- Universities
- Private consultancy organisations
- Co-production
- Presentations (given face-to-face)
- Internet
- Parliamentary events

The interviewees were well connected within relevant networks and a lot of material comes to them through personal contacts:

“You have the right conversations to make sure you’re not missing any tricks.”

“...making sure I’m linked in with the right experts and then reports may come my way as a result of that... not very scientific at all.”

Problems

Problems in relation to the use of evidence were identified on both the supply and demand sides (in no particular order):

- Awareness (‘knowing that it exists’)
- Understanding evidence
- Understanding who the evidence is for and why they need it
- Lack of staff skill in using evidence
- Timeframes (i.e., within which impact has to be seen: ‘It takes time to commission decent work and produce decent work’)

- Timeliness (i.e., evidence not available when it is needed; legislative cycle not right)
- Time pressures (on staff)
- Funding /capacity constraints
- Access to evidence (e.g., academic journals)
- Policy making is 'messy' (not rational and linear)
- Bad evidence
- Academic work not accessible/practical
- Lack of clarity on the relative strengths of the evidence
- Challenging the default position ('some are culturally and educationally programmed to consider only one type of evidence').
- Evidence focused on individual outcomes not social (e.g., 'improving blood pressure, not social capital')
- Qualitative evidence less valued ('financial climate - value for money')
- Sheer volume of research

A key issue is the **presentation of research**:

"The packaging is really important and the plain English"

"If something isn't packaged in the right way I don't really have time"

Issues of **time, timing and timeframes** are also important:

"Unless I can download it instantly, print it off, have it there and make sure I've given some time to read it, it's no good to me"

"It can take a generation to influence a community but it is difficult to plan in advance with financial uncertainty. It stifles innovation and planning. You look for options that can give more immediate results."

On the **relative strengths of different forms of evidence**, one interviewee stated:

"I think it is beholden in publications to say, "Look, this is what we're basing these findings or statements on and here's the levels of evidence". So it's just that much more honest and open, transparent way of which evidence is being used. And letting people make up their own mind to a certain extent."

Finally, a number of interviewees pointed to the **messiness of the policy process** pointing to the importance of issues such as political processes (manifesto commitments, interest groups, electorate etc.)

Incentives

There were a range of internal and external incentives to use evidence (in no particular order):

- Quality of 'own' work
- Assurance processes
- Value for money
- Population benefits
- Producing better policies
- Influencing government
- To get more funding
- To learn and improve
- Credibility (e.g., 'it might give us a seat at the table')
- Appraisal processes within Whitehall ('you're going to be challenged')
- Confidence ('that that decision that you're making isn't just based on instinct, hunch or bias')

Interviewees regularly referred to the 'current climate' and issues of scrutiny and value for money. This was both within organisations and in the wider policy arena – particularly within government. For example:

"Civil servants want to develop policies that will work – we don't want to be caught out."

"it's even more important in the current climate in that there is a definite view that charities are kind of ideologically-driven, political mouthpieces... you leave yourself very, very vulnerable to [this criticism] if you're not evidence-based."

"We want this evidence to be so strong that the government and the Treasury cannot turn away the findings because their methodologically unsound."

"If you're publishing a policy you've got to back it with evidence... [There are] gates to get through for decision-making gates for big policies, like impact assessments and business cases, spending reviews. So big incentives are built into the system in some respects... also dealing with the public..."

Other forms of knowledge

To varying degrees, all interviewees identified other forms of knowledge as important: professional, political and experiential. For example:

“People understand that the evidence ecosystem is pooled and shaped and manipulated in different directions by each of those different interests... “

“We proceed on a case-by-case basis... stakeholder experience of the problem, frontline workers who are engaged in your policy or who could help to deliver solutions.”

“We absolutely liaised with the voluntary sector, who do frontline delivery. We liaised with the infrastructure bodies.”

“Service users can throw up implementation issues.”

“We’re a membership organisation so we’re always surveying our members.”

“About one-third is evidence.”

The challenge of wellbeing

For most interviewees the complex/multidimensional nature of wellbeing and contestation over definition and measurement presents a particular challenge for the use of evidence:

“It’s still a contested term – I doubt there will be a consensus.”

“Wellbeing might require more complex interventions.”

“It does need to move us into areas of scientific inquiries that are much more integral or integrated across disciplines. And that challenges the way in which academia currently organises itself and scientific funding is currently distributed.”

There were difference between those who believe a broad range of indicators should be used for wellbeing in policy and others who think that subjective wellbeing indicators are a way forward, pragmatically at least. So, on the one hand:

“They say we can’t reduce wellbeing down to a couple of questions. No, you can’t, but if you think that it’s practical always putting 20 or 30 wellbeing questions into a survey - it’s very naïve to think that’s the case. You have to sacrifice yourself and basically, reduce or boil down to a few questions.”

And, on the other:

“The use of subjective wellbeing as a dominant measure is because we – a lot of people - are looking for simplistic answers to very complex questions... we need to balance that with much greater objectivity.”

There was also a sense that some that contestation over definition and measurement is inevitable and that:

“There’s no point in criticising anyone’s approach on wellbeing because it has to be administration/context-specific.”

One organisation dealt with this issue through participatory research, drawing on what people in specific contexts view as ‘the most important things in their lives’. However, this interviewee acknowledged that this approach ‘probably has some gaps methodologically’.

Moving forward

There were numerous suggestions on what the What Works Centre for Wellbeing might do to **address issues in the evidence ecosystem**. These included (in no particular order):

- Improve accessibility of evidence (‘short and simple’)
- Promote different types of sources
- Scale up examples of good practice (e.g., within a community)
- Give ‘concrete examples’ of what worked and why
- Improve availability of evidence
- ‘Find more innovative, creative and successful channels of evidence transmission.’
- Organise events/ promote networking
- Provide an online resource bank for different methods
- Have direct contact with organisations

More **generally** the WWCW should:

- Be collaborative (‘not least with people on the ground’)
- Prioritise (i.e., provide a specific focus within wellbeing)
- Link with other WWCs (the ‘multidimensional challenge’)
- Address definitional issues/ build consensus around the term ‘wellbeing’ and related metrics (e.g., in government)
- Build capacity of organisations (esp. VCS)
- Provide simple tools and frameworks for policy-makers

- Provide evidence ‘beyond what might be politically expedient’
- Create a demand for wellbeing evidence
- Provide insight into upcoming/emerging trends on wellbeing
- Develop a strong brand (‘that can be trusted’)

The need to translate of complex research into short and accessible information was a key theme. A number of interviewees identified a rapid growth in research on wellbeing – an ‘exponential curve’. One interviewee suggested that:

“Wellbeing has tended to be a very academic subject we’re trying to convert into something that’s very clearly actionable and can influence decisions’. For policy-makers this might be ‘a checklist of ten questions that policy-makers should ask themselves based on domains of wellbeing, or whatever it is.”

A number of interviewees also raised the issue of whether the Centre should have a specific focus (e.g., mental wellbeing, subjective wellbeing). One gave the example of how the Joseph Rowntree Foundation had ‘honed down on poverty’. However, there was no clear consensus on what this specific might be for the WWCW.

There was some consensus on the need to embrace and promote different types of evidence. One interviewee stated that the complexity of wellbeing required:

“... a much more modern way of addressing the issues; a much more integrated sense of all of these things together. And that lends itself to, I think, new and potentially very exciting forms of evidence... the Wellbeing What Work Centre needs to promulgate that ecosystem and multiplicity of what we consider as justifiable evidence.”

Another interview suggested that ‘sometimes evidence gets used because it’s the most visible evidence and the Centre should ‘bring a lot more evidence into play to make that more visible’.

Finally, the Centre might also play a key role over definitional issues and in promoting a ‘common currency’ for appraising and evaluating the value of different policies. While the ONS questions were seen as having widest recognition in many contexts, it was suggested that the ‘WWCW could help here by setting out different measures for different purposes’.

Final reflections

The interviewees indicated considerable demand for evidence of different types and for a range of purposes. While there are issues about definition and measurement outstanding, there is also a sense that scepticism around wellbeing had receded significantly in recent years:

“I think people do understand that wellbeing is important and I think some of those arguments have generally been won. They don’t think it’s mad anymore to be measuring this. I think what they want is to do something about it.”

At the same time, this level of acceptance has to contend with other priorities. For example:

“If they have a pound to spend on research on obesity, they’re going to focus on the research around body mass index [rather than measuring wellbeing].”

This issue links to the question of funding challenges facing some organisations. As one interviewee put it:

“I don’t think there’s resistance to wellbeing. The white elephant in the room is the funding crisis. It’s increasingly difficult to innovate and do long-term planning.”

Ian Bache

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Appendix

Annex 1: Full online questionnaire

What Works Wellbeing stakeholder engagement questionnaire

This survey has been developed by the What Works Centre for Wellbeing communities evidence strand. It aims to understand what types of wellbeing evidence will be most useful for different types of users, to inform the development of the Centre's research agenda.

The questionnaire does not ask for names or other identifying details, hence respondents will remain completely anonymous. It should take around 10 minutes to complete.

The first questions ask about the work that you do.

1. Which of the following topics do you work on in your everyday work? Please pick as many as apply.
 - Transport
 - Housing
 - Built environment / planning
 - Green space
 - Social relationships, social capital and networks
 - Participation and volunteering
 - Wellbeing
 - Education
 - Crime and safety
 - Older people
 - Community development
 - Health / public health
 - Children and young people
 - Other

2. Which of the following best describes the type of organization you work for? Please pick one answer only.
 - Central government
 - Local government

- NHS
- Other public sector
- Third sector / not-for-profit
- Community and voluntary sector
- Social enterprise
- Private sector
- Other

3. Which of the following best describes the work you do? Please pick one answer only.

- User-facing service provision
- Policy making
- Commissioning
- Design and planning
- Research and evaluation
- Professional networks and support
- Grant-making / resource allocation
- Work as an MP, councillor or other politician
- Other

The following questions ask about your understanding of wellbeing concepts.

4. Which of the following statements comes closest to how you understand wellbeing?

Please select up to two answers.

Wellbeing is...

- ...about feeling happy, and not feeling too many negative emotions.
- ...about being economically prosperous.
- ...being able to stay positive and be resilient to life's challenges.
- ...a state of full health, in mind and body.
- ...about feeling satisfied with your life overall.

- ...about a positive interaction between internal elements within people and the external things around them.
- ...about having the things you need like money, housing, work and access to services.
- ...an overall assessment of how things are going in the country, across areas like health, economy, education and transport.
- ...all about good, flourishing relationships between people, not individuals on their own.
- ...functioning well in life, for example having a strong sense of meaning and feeling connected to other people.

5. Which of the following statements comes closest to how you understand community wellbeing? Please select up to two answers.

Community wellbeing...

- ...is about nobody being excluded from the community they live in, and ensuring that everyone can lead a good life.
- ...means people's feelings of trust in, belonging to and safety in their community.
- ...is about strong networks of relationships and support between people in a community, both in close relationships and friendships, and between neighbours and acquaintances.
- ...is the total sum of wellbeing of all the individuals who live in a community.
- ...means people feeling able to take action to improve things in, and influence decisions about, their community.
- ...is what emerges from physical surroundings that enable people to flourish.

6. If you had to choose, which topic is of more interest to you: 'wellbeing' or 'community wellbeing'?

- Wellbeing
- Community wellbeing

- Don't know
7. If you have a relevant example, please briefly describe a real-life setting you have encountered which you feel shows a high level of community wellbeing, and explain why or how this high wellbeing is apparent. You may wish to anonymise place names etc.
8. A number of topics have been suggested as being relevant to wellbeing in communities. Which of these would you be most interested to see What Works Wellbeing exploring further?
- Transport
 - Housing
 - Built environment / planning
 - Communities of identify (e.g. faith-based communities)
 - Local services and amenities
 - Green space
 - Social relationships, social capital and networks
 - Access to good quality food
 - Participation and volunteering
 - Adult education
 - Community governance
 - Co-production
 - Crime and safety
 - Community development
 - Health / public health
 - Other (please specify)

The following questions ask about the kinds of wellbeing evidence you would like to see from What Works Wellbeing, and how you might use them.

9. Which of these types of outputs and tools from our research would be most useful to your work?

Please rank them in order of most to least useful. If your browser does not support the ranking feature, please answer Question 10 instead.

- Summaries of the quantitative evidence e.g. the strength of statistical associations between wellbeing and its different drivers
- Case studies of how a wellbeing approach has been applied in communities
- Summaries of qualitative research e.g. in-depth studies in specific communities of factors affecting wellbeing
- Tools to help evaluate impact of projects and services by measuring wellbeing changes
- Solutions-focused guides on particular policy areas and their links to wellbeing, with specific recommendations for interventions and policy programmes
- Guides to the impacts of wellbeing on other outcomes such as health or education
- Tools to help map and understand wellbeing in particular localities

10. Answer this question only if your browser does not support the ranking feature in the previous question. Otherwise, please go straight to Question 11. Which of these types of outputs and tools from our research would be most useful to your work?

Please select the options that would be most useful.

- Summaries of the quantitative evidence e.g. the strength of statistical associations between wellbeing and its different drivers
- Case studies of how a wellbeing approach has been applied in communities
- Summaries of qualitative research e.g. in-depth studies in specific communities of factors affecting wellbeing
- Tools to help evaluate impact of projects and services by measuring wellbeing changes
- Solutions-focused guides on particular policy areas and their links to wellbeing, with specific recommendations for interventions and policy programmes
- Guides to the impacts of wellbeing on other outcomes such as health or education
- Tools to help map and understand wellbeing in particular localities

11. What other types of output from our research on community wellbeing would be useful to your work (if any)?

12. Please look at the following ways in which wellbeing evidence can be used.

For each way, please indicate:

- a) if you have used wellbeing evidence in this way in the past
- b) if you would like to use wellbeing evidence in this way in the future.
 - To understand wellbeing as an outcome of your service / programme / policy
 - To understand how wellbeing might contribute to achieving your existing goals
 - To measure impact
 - To make a case to commissioners / funders
 - To identify new priorities for action
 - To identify population groups or neighbourhoods to focus on
 - To improve service / programme design
 - To compare impacts of different interventions / programmes / services
 - As the basis for promoting particular behaviours with service users / public
 - To provide a focus for discussion with service users / public
 - To encourage a person-centred / holistic approach
 - To allow multiple impacts of policies / interventions to be considered in the round
 - Other (please specify)

13. The following statements describe possible challenges to using wellbeing evidence.

Please indicate which, if any, are similar to challenges you have encountered.

Please select all that apply.

- Wellbeing evidence is not seen as credible in my professional context.
- Evidence is produced too slowly to address the decisions I need to make.

- I have a clear sense of what I want to achieve and how to do it, so there is little useful role for evidence.
- The evidence base doesn't address the complexity of the real issues I face.
- There is not enough evidence that is up to the quality standard that I require, e.g. randomized controlled trials (RCTs).
- The research base is too complicated and difficult to understand.
- The evidence is not relevant to the specific context of my work.
- I don't have enough opportunities to properly consider evidence.
- My colleagues are not interested in making decisions based on evidence – other considerations (e.g. political) are more important.
- There is too much information available to make sense of.
- Commissioned research and evaluations produce poor quality evidence.
- We don't have the resources to act on the implications of wellbeing evidence.

Finally, we'd like to know a bit more about the work that you do and your professional background, to help us understand your responses better.

14. Does your work relate to urban communities, rural communities or both?

- Urban
- Rural
- Both
- Not applicable

15. Which country or region of the UK does your work relate to?

- Whole UK
- Northern Ireland
- Scotland
- Wales
- England - all
 - North East
 - North West
 - Yorkshire and The Humber

- East Midlands
- West Midlands
- East of England
- London
- South East
- South West

16. If you studied in further or higher education, what subjects did you study?

Many thanks for taking part in the survey. Your answers will play an important role in informing the direction of the What Works Wellbeing research programme on community wellbeing.

If you'd like to find out more about What Works Wellbeing, go to <http://whatworkswellbeing.org/>.

Annex 2: Workshop outputs

Introduction

This appendix provides further detail about the outputs of the ten stakeholder engagement workshops we conducted. We combined the post-it notes, flip charts and answers sheets from all ten workshops and collated them using a rough tallying system. However, please note that as this was not quantitative research, the tallies should be understood as guidelines.

Session one: Identifying sub topics

In the first session of the workshop, we asked stakeholders ‘what community-level factors are important for wellbeing?’ We asked them to brainstorm in small groups and write down their answers on individual post-it notes. Over the ten workshops, many topics came up frequently. Figure 15 shows the tallied frequency of different topics. In order to preserve the different phrasings of topics, we have included two additional columns which give a further breakdown of topics.

Figure 15: Community-level ingredients stakeholders felt were important for wellbeing

Topics (grouped)	Total frequency of mentions	Specific topics	Total frequency of mentions
Participation, voice	111	Participation	13
		Being listened to / voice	11
		Sense of control / empowerment	11
		Ability to overcome practical barriers / capacity to get involved	10
		Control (e.g. control over self and environment)	9
		Variety of opportunities; different levels of engagement for different issues	8

		Volunteering / peer support opportunities	8
		Feeling noticed / valued	7
		Community citizenship / social action organisations	7
		Involvement and choice creates ownership	4
		Wide representation	4
		Power (and shared power with public sector)	4
		Community organising /engagement	3
		Consultation on important decisions	3
		Community development	3
		Local democracy	2
		Participatory methods process	1
		Ownership / co-production of services	1
		Having the choice to participate	1
		Collaboration	1
Environment	96	Environment (built; green space; attractiveness / beauty; clean streets, refuse collection)	40
		Nature, green space, blue space	28
		Community centre/hub (place to meet)	11

		Open and communal space	4
		Public space (available, condition)	3
		Sociable and supportive 'bumping spaces'	2
		Clean air (and water)	2
		Health promoting environments	1
		Weather	1
		Built environment	1
		Living environment	1
		Beauty	1
		Planning / future proofing places	1
Connectedness and belonging	64	Connectedness and belonging	16
		Opportunities for connection	14
		Connectedness, belonging, shared culture, experience	8
		Sense of belonging	7
		Connections between different ages	6
		Not feeling excluded / lonely	5
		Connectivity (rural and urban places)	3
		Social contact/inclusion/social connections	2
		Social connections	1

		Sense of place	1
		Connections between same ages	1
Neighbourliness and relationships within communities	60	Networks of family and friends	16
		Neighbourliness and relationships within communities	11
		Social networks; friends, family, colleagues, neighbours	13
		Supportive relationships and networks	6
		Social capital	4
		Local network groups (patients, neighbourhoods, tenants)	4
		Personal relationships (love and sexuality)	4
		Social interaction, bumping into people you know	2
		Relationships based on trust and appreciation	2
		Knowing how to make deeper friendships	1
		Strong communities	1
Safety and Security	49	Safety and security	18
		Feeling safe and secure, crime	15
		Safety and security (incl. policing, fear of crime, lighting)	11
		Anti-social behaviour	2

		Safety, e.g. safe in environment	2
		Visible and trusted police and fire service	1
Access to culture / activities / sports	47	Access to culture, sport, exercise, activities	16
		Involvement in meaningful/worthwhile/positive activities e.g. helping, giving	4
		Opportunities to engage in positive activity	4
		Availability of enjoyable activities	3
		Local activity, local volunteers	3
		Social prescribing	3
		Arts, culture. Community events	5
		Access to exercise	3
		Support to start your own community group	2
		Access to activities that are free / low cost	1
		Sport	1
		Reasons to meet	1
		Community projects	1
Local services and amenities	41	Local services and amenities (including health care)	18
		Access to local services/amenities	15

		Infrastructure	3
		Clever use of existing services	1
		Knowing how/where/being able to access services	1
		Culturally sensitive services	1
		Access to health services	1
		Public services (e.g. libraries, schools)	1
Equality, diversity and inclusion	32	Diversity, inclusivity, cohesion, tolerance & acceptance of difference	11
		Diversity, inclusivity, cohesion	7
		Respect (incl. for values)	5
		Equality	4
		Cohesion and diversity	3
		Harmony, inclusion	1
		Feeling equal in community (free from injustice/inequality)	1
Transport	29	Transport infrastructure (e.g. access to bus stops; cost; cycle paths / green transport)	16
		Transport	5
		Access to your community	2
		Mobility	2
		Less traffic	1
		Cheaper transport	1
		Accessibility	1

		Walking and cycling paths	1
Access to education	27	Access to good education and learning opportunities (incl. libraries)	17
		Access to education and learning	6
		Good schools, access to education	3
		School opportunities	1
Housing	27	Decent housing	11
		Housing	8
		Decent available affordable housing	4
		Supported community based living for vulnerable people	2
		Retirement living	1
		A place to call 'home'	1
Governance	23	Good governance / organisation (not too formal, e.g. peer workers, CDWs)	11
		Role models, CDWs, facilitators	4
		Accountability	3
		Things working together effectively	2
		Good governance	1
		Strong institutions	1
		A joined up systems approach	1

Information	11	Dialogue, communication	3
		Being informed (knowing that there are things going on)	3
		Communication	2
		Access to information	2
		Media	1
Community identity	13	Sense of pride and ownership of community	7
		Norms and values	2
		Shared goals	1
		Perception / positive image of communities	1
		Shared purpose	1
		Community owned understanding of wellbeing	1
Support	12	Access to support and advice	5
		Having someone to talk to when in need / being able to support others	4
		Knowing where to get help when things start to go wrong	1
		Support services	1
		Peer support	1
Food	11	Access to food	2
		Access to healthy food	9
Local economy	9	Access to / availability of employment	5

		Deprivation	2
		Strong local economy	1
		Resources to share	1
Giving	7		
Opportunities / ability to choose	6		
Trust	5		
Digital connectivity	4		
Engaging around assets as well as deficits (e.g. schools)	4		
Building communities of interest	4		
Faith groups	4		
Openness to ideas	3		
Advocacy	2		
Meeting the need	1		
Fairness	1		
Caring and compassion	1		
Movement away from a dependency model	1		
Capitalising on assets	1		
Affordable childcare	1		
Fear of change	1		
Language support	1		
Freedom of expression	1		
'neutral spaces'	1		

VCS infrastructure	1		
Awareness of social, environmental and spiritual issues	1		
Opportunity for social mobility	1		

Session two: Identifying challenges

In the second part of the workshop, we asked participants to identify the challenges they face in their work. They recorded the challenges on post-it notes. This exercise was designed to set up the next session, rather than as an output in itself. However, many of the same challenges came up in each workshop. These are listed in Figure 16 and tallied according to how many workshops they were mentioned in.

Figure 16: Challenges that stakeholders face

Challenge (grouped)	N of workshops mentioned in	Specific challenges
Making the case for specific interventions/activities, particularly which have soft outcomes	10	Soft outcomes
		Project/programme evaluation, demonstrating impact
		Securing funding by translating soft WB outcomes into hard outcomes (i.e. preventative spend)
		Business case
	7	Breaking down silos
		Coordination across silos

Breaking down silos between departments / bridging between different levels of government		Silos and systems
		Cross-sector working
Overcoming short-term thinking	4	Influencing long-term priorities
		Funding/financial short-termism
		Short-termism
Countering traditional ideologies / post-growth ideas	4	Increasing public understand about wellbeing
		Focus on economic growth make it hard to implement wellbeing
		Individualism and materialism
		Beliefs/ideologies
Supporting person-centred approaches	4	Person-centred approach
		People seen as problems not solutions
		Building confidence and leadership capacity in communities
		Increasing community involvement
Identifying priorities or where to target interventions	3	Quality of programmes - targeting
		Prioritising

		Prioritisation in a diverse environment
Influencing policy makers	3	Influencing policy makers
		Policy culture
Improving services	2	Commissioning and procurement
		Need evidence of what works
Finding common goals within diverse communities	2	Bringing communities together
		Developing shared visions in diverse communities
Raising hope/aspirations	2	Raising aspirations
		Building hope for the future
Risk-aversion in organisations	1	Resistance to change

Session three: Identifying types of evidence

In preparation for the final session of the workshop, we clustered the challenges that participants had come up with in session two. We then chose the most popular challenge clusters to use as break-out group topics for the final session. In the final session, we asked participants to choose which break-out group they wanted to join.

In their groups, participants were asked to think about how wellbeing evidence could help address the group’s challenge. They were asked to think about what type of evidence they would need, and also what barriers might prevent them from using wellbeing evidence to address the challenge. This exercise yielded two outputs; a list of the types of wellbeing evidence stakeholders need, and a list of the barriers that prevent them from using wellbeing evidence. Figure 17 shows a list of the types of wellbeing evidence stakeholders need tallied by how many workshops it came up in. A third column shows some of the specific wording that stakeholders used to express their views.

Figure 17: Types of evidence stakeholders need

Evidence type (grouped)	N of workshops mentioned in	Specific evidence types
Diversity of evidence type	9	Agreement that we should use non-traditional evidence
		Promote bottom-up evidence from service-providers
		Qualitative data
		Link qualitative and quantitative data
		Range of measures required, both qualitative and quantitative
Illustrative case studies, narratives, stories, the voice of the service user	8	Illustrative case studies, narratives, stories, the voice of the service user
		Detailed case studies we can learn from
Evidence of how individual wellbeing leads to other outcomes, e.g. reduced expenditure, SROI N.B However, many people resisted 'the commodification of wellbeing' and	7	Evidence of how individual wellbeing leads to other outcomes, e.g. reduced expenditure (in £s), SROI
		What evidence is there for the relationship between well-being and usage of health services? Does it have a contribution to prevention and therefore financial savings?
		Economic evaluations – focus on benefits of disinvesting in ineffective initiatives and investing in effective ones

discussed its intrinsic value		
Context-specific evidence	6	Wellbeing priorities for different population groups
		Need for context-specific evidence
		Be aware of devolved contexts
Longitudinal studies	5	Longitudinal studies
		Long-term evidence
Evidence of both outcomes and quality/validity/reliability of intervention to improve quality of programmes	4	Evidence of both outcomes and quality/validity/reliability of intervention to improve quality of programmes
		Impact assessments
Comparable data	4	Between localities, including guidelines for LAs on measurement
		Need to allow comparison between devolved geographical localities
		International comparisons
Evidence on reliability of wellbeing measures	4	Evidence on reliability of wellbeing measures
Identifying 'acceptable' level of WB/resilience	3	Identifying 'acceptable' level of WB/resilience, i.e. a threshold

Models and chains	3	Logic chains to identify and justify relevant interventions, decision trees, etc.
		Logic model / theory of change
		Model of wellbeing and theory of change (thus harnessing the virtuous circles of wellbeing), recognising intermediate outcomes
Outcomes	2	Evidence on 'hard' and 'soft' outcomes
		Evidence on how different types of outcomes interact with each other to result in wellbeing (or not)
Evidence on causal chains	2	Causal/interlinking/ripple effects of wellbeing
		Evidence on causal chains that would allow claims to be made based on short-term findings (e.g. knowing that increasing social interactions in the short term has an x% chance of leading to long-term increases in wellbeing)
Ability to measure aggregate community-impact of interventions	2	Need greater development of collective/community measures of wellbeing
		Ability to measure aggregate community-impact of interventions
Place-based review of wellbeing	1	i.e. a review that considers and assesses all the place factors in the round
Method for translating bottom-up evidence into more robust evidence	1	Method for translating bottom-up evidence into more robust evidence
Top three wellbeing levers	1	The big three wellbeing levers i.e. evidence of the impact of different interventions to prioritise the

		type of intervention that will have the most effective impact within our power to deliver
Secondary data	1	

Figure 18 shows the barriers stakeholders identified as preventing them from using wellbeing evidence. Again, this is tallied by how many workshops the challenge was mentioned in, and a third column shows some of the specific challenges stakeholders mentioned.

Figure 18: Challenges to using wellbeing evidence

Challenge (grouped)	N of workshops mentioned in	Specific challenges
Funding and resources	7	Austerity and limited resources
		The market and competitiveness
		Difficult to find where the money comes from (PHE/NHS?)
Lack of knowledge about where evidence is	7	Lack of knowledge about where evidence is
		Lack of knowledge about where evidence is and what types of evidence to use
Lack of capacity or time to use evidence	7	Lack of capacity or time to use evidence
		Lack of accessibility to evidence for non-academics
		Capacity of third sector to evidence their work
		Lack of familiarity with wellbeing evidence and data
Improving wellbeing takes time, hard to measure outcome	6	Improving wellbeing takes time, hard to measure outcome
		Funding bodies want short-term results
	6	Lack of tools to measure wellbeing

Lack of tools to measure wellbeing		Need to be designed for different levels/types of interventions
No standard definition/measurement of wellbeing	6	Need more standardised definitions of wellbeing
		'Wellbeing' meaning diluted / unclear
		Lack of shared language, definition
		Wellbeing seen as too vague and undefined
Lack of context-specific evidence	5	Lack of context-specific evidence
		Lack of context-specific evidence esp. Northern Irish context
Subjective wellbeing difficult to quantify	4	Subjective wellbeing difficult to quantify
Wellbeing too individualistic	4	Wellbeing too individualistic
Lack of credibility (too fluffy)	4	Robustness of evidence insufficient for some parts of government (e.g. health)
		Wellbeing too 'fluffy' for finance departments
		Lack of credibility of some wellbeing measures (subjective)
		Some people don't believe subjective wellbeing evidence
Commodification of wellbeing	3	Commodification of wellbeing
		Commodification of wellbeing e.g. too numerical, needs to cover wider individual experience and have stronger qualitative element
Lack of value attached to process	3	
Political reception	3	Lack of political interest in wellbeing

		Central government is too remote and inaccessible
		Lack of policy integration of wellbeing
		Beliefs at the top inconsistent with wellbeing approach
Public reception	3	Public's perception of what's good for them is overly materialistic
		Communication of evidence and lack of public/community engagement and participation
		Evidence is just one part of changing beliefs
Difficulties in collecting evidence	3	Surveys to assess wellbeing are perceived as too long
		Difficult to build measurement into initiatives
		Independence of evaluations
Silos	2	Lack of co-ordination
		Silos (different departments capital vs current)
Causality	2	Attribution of effects
		Interconnectedness of what creates wellbeing
Gulf between academic and on the ground evidence	1	
Timeliness	1	
Hierarchy of types of evidence, i.e. case studies influential but not robust statistically	1	

Summary and conclusion

In the summary and conclusion of the workshop, we asked stakeholders if they had one wish for something our programme, or What Works Wellbeing generally, does. These are shown in Figures 19 and 20.

In Figure 19, the suggestions are tallied according to how many times they were mentioned in the facilitators' summaries of the ten workshops. A third column shows some of the specific suggestions stakeholders mentioned.

Figure 19: Suggestions to bear in mind for our programme

Suggestion (grouped)	Total N of mentions in workshop summaries	Specific suggestion
Templates/toolkits to help collect evidence	19	Guidelines/tools for measurement, concise and simple
		Collective database of evidence and tools
		Co-produced evaluation tools, e.g. tailored around what people value
		Wellbeing impact assessment tool, wellbeing star
		Advice on which outcome measures could be useful for local evaluations
		A unit of measurement
		Robust evaluation strategies
Simple language	5	'Plain English' for service users
		Simple and clear presentation of findings, methods
Use wellbeing dialogue to bring communities and commissioners together to identify common goals/needs, and shape a long term	5	

approach to create more sustainable outcomes		
Don't ignore impact of austerity	4	
Ensure outputs are relevant to devolved contexts	3	Engage with devolved work on wellbeing
		Be aware of devolved contexts
Consider the messenger. People will listen to trusted peers	1	
Help projects find independent evaluators	1	
Focus work on a local level, given ideological challenge at national level	1	
Don't homogenise wellbeing – reflect diversity within populations	1	
Bear in mind how wellbeing evidence can be used to empower people	1	

In Figure 20, the suggestions are tallied according to how many times they were mentioned in the facilitators' summaries of the ten workshops. A third column shows some of the specific suggestions stakeholders mentioned.

Figure 20: Suggestions to bear in mind for wider What Works Wellbeing

Suggestion (grouped)	Total N of mentions in workshop summaries	Specific suggestion
Definition of wellbeing	7	Shared definition of wellbeing for decision-makers and communities

		<p>Clear definitions around wellbeing, helping translate between different understandings of wellbeing, and link to other concepts like resilience</p> <p>More consistent and common definitions of wellbeing</p> <p>Refine definition and use of wellbeing</p> <p>Common language between health economists and VCS regarding wellbeing</p>
Be an advocate for wellbeing	6	<p>Advocate wellbeing in central government</p> <p>Advocate wellbeing to general public</p> <p>Influence service users to care about wellbeing evidence, as then there will be a bottom-up demand for wellbeing evidence</p> <p>Use social media to bypass the negative image of wellbeing produced by mainstream media</p> <p>Help to promote wellbeing and encourage adoption in wider policy sphere</p>
Centre for dialogue	4	<p>Link employers to academics</p> <p>Centre for dialogue</p> <p>Allow everyone's voice to be heard, not just usual stakeholders</p> <p>Support the sharing of evidence from different areas</p>
Use wellbeing as an umbrella	2	<p>Using WB as a unifying metric</p> <p>Work to try to bring different types of work under the umbrella of wellbeing</p>
Act as a central hub for wellbeing evidence	1	

Miscellaneous

Throughout the workshop, we noted down specific topics that stakeholders asked us to conduct research on. These were mentioned by stakeholders verbally, and also sometimes written down on stakeholders' feedback forms. Figure 21 shows a list of specific topics that stakeholders identified for further research. These are tallied by how many workshops they were mentioned in, and a third column provides specific wording of topics and stakeholder-suggested research questions.

Figure 21: Specific topics for further research

Topic (grouped)	N of workshops mentioned in	Specific topics / research questions
Co-production	4	Co-production / asset-based community development / person-centred approaches
		<p>Performance/contract management – what evidence is there about the benefits and otherwise of different power relationships between commissioner and provider in third sector wellbeing services?</p> <p>'Extra benefits' – what benefits are there from services within the scope of wellbeing above additional to those which are the primary goal for the services. Is there benefit in monitoring this?</p> <p>Participatory budgeting</p>

		E.g. What difference does it make to feel like to matter and contribute for your mental health? And how does this give you hope?
Cost-savings analysis	3	Cost-savings associated with wellbeing (this came up frequently)
		Wellbeing and prevention – What evidence is there on the role of wellbeing and usage of health services? Does it have a contribution to prevention and therefore financial savings?
		Evidence on cost-saving benefit of preventative spend
Value of ‘bumping spaces’	2	What is the value of physical space, in terms of community assets and also places where people can ‘bump’ into each other? In both housing and neighbourhood spaces.
		Value of ‘bumping spaces’ as physical assets
Evidence on the value of improvements in the wider determinants of health	2	Evidence on the value of improvements in the wider determinants of health
		Robust causal evidence where health is involved
Work	2	Unsatisfying employment vs. unemployment
		Relationships between wellbeing, workforce, productivity and profit
Children’s wellbeing	2	Children’s wellbeing
		Child mental wellbeing
Cooking skills	1	
Libraries	1	
Gentrification	1	

Power	1	
Volunteering	1	
Process/design principles	1	
Active travel vs. cars	1	
Five Ways to Wellbeing	1	
Technology	1	
Planning	1	
Holistic/ cross-cutting approaches	1	
Wellbeing in residential settings (care homes)	1	What evidence is there on the role of well-being (individual and community) on outcomes in care homes and could the CQC use this?
Value of place-based work	1	

Annex 3: Workshop plan

What Works Wellbeing stakeholder engagement workshop

Standard framework for workshops outlined in proposal:

1. Introduce WWW remit, including the understanding of wellbeing intended
2. Present some of the state of the evidence based on the scoping process
3. Learn about what users would like to know, in terms of topic areas and types of knowledge
4. Learn about how users would like to engage with WWC, in terms of how they would like to gain information and what they would like to learn
5. Identify evidence to assess in the main stage of the programme

Proposal objectives to engage with:

Form an in-depth understanding of current and potential appetite for the use of wellbeing evidence of different types among different end-user groups, and their capacity to make sure of these evidence types. This will involve understanding what types of evidence will be most effective for whom and what capacity building in evidence use will be necessary, by consulting widely, but also in-depth, across the various parts of community sector.

Materials needed:

- Sign in sheet and badges
- A bell or hand signals to get everyone's attention
- Multiple flip-chart stands with pre-prepared flip chart sheets, lining paper or some other way to put large drawing spaces on walls,
- Laptop with slides pre-loaded, projector
- Post-its, mini-post-its, pens, markers
- Tables and chairs (set up in no more than 6 groups)
- Evaluation forms
- 6 X A4 laminate for each group summarising some of the different ways that wellbeing data could be used
- Refreshments for break and lunch

- A few copies of scoping reviews for facilitators to read and refer back to during the workshop

Outputs we need to take away from workshop:

Session one: flip chart sheets with sub-topics stuck in place on mini post-its

Session two: 'Challenges' on post-its

Session three: A sheet from each table with questions filled in by group, notes from facilitators floating around, set of flip chart sheets that collect feedback discussion points by question.

Notes on discussion during plenaries

Notes on running of workshop and how might be improved

Collected evaluation forms at the end

Objectives

1. To identify and understand
 - The needs, expectations and perceptions of stakeholders;
 - The challenges and opportunities of using wellbeing evidence identified by stakeholders;
 - Stakeholders' engagement with evidence.
2. To help identify non-academic evidence sources relevant to the evidence programme.
3. To foster community by building closer links between researchers and stakeholders.
4. To answer the following research questions:
 - *What kind of wellbeing evidence (types and topics) would be useful for stakeholders?*
 - *What opportunities and barriers shape how stakeholders use wellbeing evidence in their work?*

Programme

Arrivals and sign in

Welcome and introductions

Presentation

Session one: Identifying sub-topics exercise

Session two: Identifying challenges exercise

Session three: Identifying types of evidence

Whole room feedback session

Wrap up and close

Outcomes

Stakeholders should have:

- An understanding of the session and everybody's role within it;
- An understanding of the role of What Works Wellbeing;
- Clarity on next steps and ongoing participation;
- Connected with researchers and other evidence-users.

We should have:

- A set of research questions/areas generated by participants through discussions, tested early assumptions about wellbeing and evidence;
- A better understanding of the opportunities and levers in policy and practice for building community wellbeing and the challenges and problems faced by evidence-users, and of how wellbeing evidence might help them;
- An understanding of what kind of involvement stakeholders want to have with the research;
- Feedback on efficacy of workshop that will improve future events.

Introduction

- Introduction to What Works Wellbeing (powerpoint presentation)
- Outline purpose of the workshop: Explain we want to know details about what will be useful for stakeholders, both in terms of topics and types of evidence

Explain how the session will run/ground rules

Introduce all facilitators & other members of consortium, explain who everyone is and what their roles will be;

Highlight that the session is designed to be highly interactive, so prepare people to give a lot of input;

Highlight that there are experts on wellbeing, including academics, who do the research we are talking about here today;

Warn them that today is designed with the perspective of the evidence user in mind;
Encourage them to listen and take the opportunity to think about their research agendas;
Encourage everyone to treat these experts as a resource, and ask them what they know about the evidence when relevant;
Phones off/silent;
To make sure we stick to time, we will use a bell/hand signals to get everyone to be quiet so that we can all feedback. (i.e. facilitator puts hand in the air and participants copy and stop talking);

Session one: Identifying sub-topics

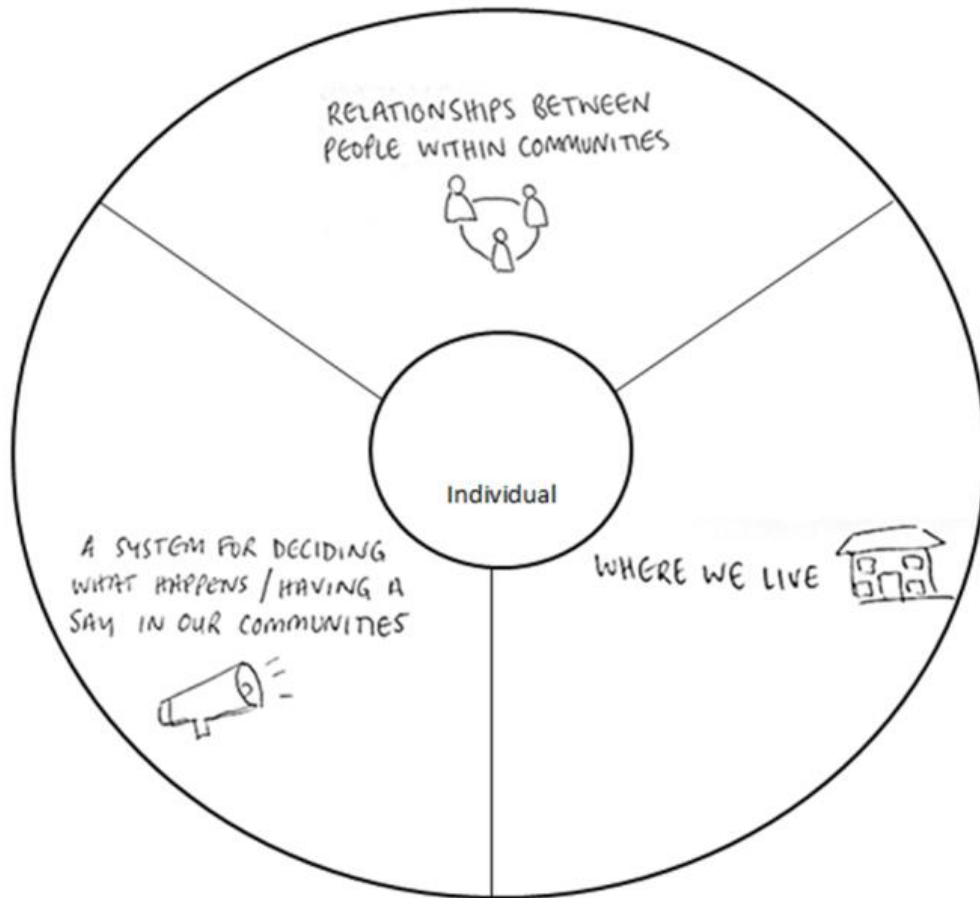
Materials: Mini Post-it notes, flipchart paper

Instructions

In small groups of 2-3, talk about what ingredients are important for wellbeing. Write your ideas on individual mini-post-its.

(Make sure they are not trying to define wellbeing, but rather considering what determines it. Tell them to consider factors in the community in particular)

Facilitator to display flip chart grid to the group. Have a couple of flip charts or different ways of collecting post-it notes as just one chart can get congested when people get up to stick answers.



Facilitators to ask a few participants to shout out their ideas, discuss where they go on the flipchart, and then put them up. Once it's clear how the diagram works, invite all participants to come up and stick up the rest. When post-its do not fit into the three sectors round the outside because they are more at individual level, participant places post-it in centre ring, but encouraged to think about which community sector is most relevant.

Potentially some post-it notes might refer to issues that are beyond the community level (e.g. 'a decent national government'). Facilitators should encourage participants to try and link the impacts to one of three community sectors. If that's not possible, then stick outside the diagram.

At the end, facilitator to make observations about what is emerging on the wall to sum up, i.e. if there are broad categories forming, if some parts of the diagram are more populated than others.

Outputs of session one

- Flip sheet with sub-topics stuck in place.
- Establishing sub-topics of policy areas that people are interested in.
- Establishing whether or not our policy areas are comprehensive to cover everyone's interests.
- People reflect on wellbeing from a personal perspective

Session two: Identifying challenges

Materials: Powerpoint to display the questions, post-it notes, flip chart paper

Instructions

Display the questions on a powerpoint/flipchart.

Facilitator to give instructions:

Talk to the people at your table (groups 4-5). If you haven't already, introduce yourselves.

Bear in mind your work and the areas we have identified already. Discuss:

- *What is your work fundamentally 'for'?*
- *In 10 years, how will you know if you are achieving that?*
- *What are the key principles/approaches that are key to your work being successful?*
- *What are the challenges you face?*

When you are talking about these questions, and you think of any challenges, write them on individual post-its. We want to have a set of challenges at the end of this session. IMPT: We're interested in the challenges you face in your work, not the challenges in using wellbeing evidence.

Academics – you might consider your work to be fundamentally for 'the pursuit of knowledge'. If that's the case, can you also consider what you would like your work to be used for.

Facilitator to take notes while roaming.

Get participants to go through questions, then push them to think about the questions in the future, i.e. in 10 years' time.

Groups to feedback with any burning issues, and groups to give 'challenge post-it's' to facilitator.

Facilitator to cluster 'challenge post-it's' with discussion from whole group.

I.e. lack of funding, cuts, poverty could be clustered under money

Clusters might include money, lack of interest, access to resources etc.

Notes to facilitators:

Some WB experts might come up with challenges to *using wellbeing* rather than general challenges (i.e. there's no definition of WB, it's too fluffy, there's not enough evidence). Note these down.

Be aware that there will be both bottom-up and top-down evidence users and producers in the room. Try to make sure all perspectives are valued and listened to.

Outputs of session two

- Set of 'challenges' written on post-its. Facilitators will then use these to define the break-out groups for the next session.
- We understand the challenges communities face in supporting people to live better.
- Participants see the links between the different challenges they face.
- We and the participants hear about some success stories in overcoming challenges

Break

Instructions

Facilitators to decide (maximum of) 6 break-out group topics based on the challenges that come up in previous session. We are looking for the challenges that we think wellbeing evidence may be able to help with.

Facilitators draw room plans on flip charts and assign each table a topic for the next session.

Facilitators to set up flip charts for the feedback session: Write out the following headings on a sheet/space each:

- What kind of evidence?
- Barriers

Session three: Identifying types of evidence

Materials: A4 laminate explaining various uses of evidence, powerpoint with questions, worksheets for groups

Instructions

- Stakeholders to choose which breakout group (based on the clusters from previous exercise) they join based on their interests/concerns/experience.
- WB experts in the room to join groups they think they can contribute to/challenges they think their evidence can speak to.
- Facilitators to explain that this session is about different types, and uses, of evidence.
- A4 laminate for each group summarising some of the different ways that wellbeing data could be used. Facilitator to speak to this, giving several verbal examples of different uses of wellbeing evidence, e.g. evidence that proves, improves and creates discussion. i.e. Sophie used X evidence to achieve Y outcome.

Ask groups to do the following:

1. Identify a rapporteur by choosing the person whose birthday is the earliest in the year
2. Quickly go round the table and say how the challenge is relevant to their work
3. Take a moment to look at the laminate and consider the information there
4. Try and answer the questions on the sheet (get groups to label their sheets)

Questions:

- *How might wellbeing, a focus on wellbeing, wellbeing data, or effective wellbeing interventions, address challenge X?*
- *What kind of evidence related to wellbeing might stakeholders need to overcome/address challenge X?*
- *Who does this evidence need to convince?*

- *What barriers prevent you from using wellbeing evidence in to meet these challenges?*

Facilitators and other consortium members to float and make notes during discussion, helping groups with prompts about different uses of WB evidence if necessary.

Ensure that all types of evidence are at least considered, e.g. qualitative evidence, bottom-up evidence, etc.

Feedback session:

Facilitator asks each group to give headline feedback (without going through all the questions). After all groups have spoken, people can raise burning points.

One facilitator to facilitate discussion with participants and another facilitator to note these on laptop/projector or two flipchart boards. This needs to already be set up with two headings, e.g.:

- What kind of evidence?
- Barriers

Facilitators to encourage people to ask questions that have come up over session. If there are wellbeing experts present, encourage them to respond.

Outputs from session three

- A sheet from each table with questions filled in by group. Also notes from facilitators floating around.
- Set of flip chart sheets that collect discussion points by question. This will help facilitator to draw links and make some summarising remarks at the end.

Summing up and conclusion

- Brief discussion to tie sessions together:
- Display question on powerpoint/projector
 - *Are there any gaps, or issues we haven't addressed, in what we've discussed today?*
 - *If you had one wish for what the centre does, what would it be?*
 - *How would you like to stay involved*
 - *We'd like to share everyone's email contacts, if you'd rather we didn't share yours, please let us know by (give them three days)*

- Fill in evaluation forms with feedback on workshop itself.

Annex 4: Potential topic list

Topic	Topics specifically asked to research		Topics identified as important to community wellbeing			
	Workshops (specific no. of workshops mentioned in	Questionnaire (no. of people who mentioned)	Workshops (sessions) no. of mentions	Sounding Board	Sounding board exercise (no. mentions)	Public Dialogues
People						
Social relationships, social capital and networks		202	60	High	44	Strong
Communities of interest (e.g. faith groups)		39	8		6	Low
Connectedness / belonging			64			Strong
Co-production / person-centred approaches	4	107				
Digital connectivity			4			Low
Family		2			9	Low
Diversity			32	Low	4	
Intergenerational connection		1				Strong
Trust, caring, compassion			6			
Community identity			13			
Volunteering / reciprocity / giving / activism	1	125	11			Low

Community centres / community spaces				High	1	Low
Pubs					2	Low
'neutral spaces'			1			
Opportunities/space for chance encounters (e.g. benches)	2			Low		Low
Power						
Community Governance		75	23			Low
Sense of equality / respect		4	1	Low		
Participation and voice			111	Medium		Medium
Responsive local councillors				Medium		Medium
Human rights, freedom of expression		1	1			
Community development		126				
Community leadership						Medium
Cultural celebrations		Low				
Power	1					
Access to information			11			Medium
Place						
Housing	1	80	27	Low	1	Medium
Transport infrastructure (public transport, active travel)	1	44	29	Medium	3	Medium

Arts, culture and sport, activities		10	47	Medium	7	Medium
Natural environment / green space		89	96	Medium	38	Medium
Safety and security (including ASB)		51	49	High	3	Strong
Access to education and learning		40	27	Low		Medium
Access to good quality/healthy food		68	11		1	Medium
Gentrification	1			Low		
Economic prosperity		3	9	Medium		Medium
Employment	2	3		Medium		Low
Local services and amenities		95	41	High	3	
Cleanliness/waste				High	11	Low
Built environment / planning	1	84				
Libraries	1				1	
VCS infrastructure			1			Low
Air quality		1				
Car parking				Low		
Support services			12			
Language support			1			
Carbon emission reduction		1				
Miscellaneous						

Cost savings	3					
Children and young people	2	4				Low
Childcare			2			Low
Health / public health	2	138		High		Medium
Austerity		2				
Five ways to wellbeing	1					
Cooking skills	1					
Awareness of social, environmental and spiritual issues			1			
Capitalising on assets			1			
Engaging around assets as well as deficits			4			
Technology	1			Low	1	
Fear of change			1			
Movement away from a dependency model			1			
Openness to ideas			3			
Opportunities			6			
Opportunity for social mobility			1			
Process/design principles	1					
Social entrepreneurship / innovation		4				
Tranquility					7	
Value of place-based work	1					

Endnotes

ⁱ Staniford, K. (2015, 23 July). A Year in the Life of Our Playing Out Street [blog]. Retrieved from <http://playingout.net/a-year-in-the-life-of-our-playing-out-street/>

ⁱⁱ Culture Night Belfast (n.d.) Homepage [webpage]. Retrieved from <http://www.culturenightbelfast.com/> [accessed 2 November 2015].