



# Understanding Wellbeing in the UK:

**Future Directions for Wellbeing Evidence, Evaluation and Impact**

**@whatworkswb**  
**#wellbeingconf2018**



**Thursday 13th September 2018 | Brunel University London**



# **Welcome and Opening Address**

**Professor Geoff Rodgers**

**Vice-Provost (Research)**

**Brunel University London**



# **Establishing the National What Works Centre for Wellbeing: From Concept to Delivery**

**Nancy Hey**

**Director**

**What Works Centre for Wellbeing**



# **What Works and the Wider Landscape**

**Dr David Halpern**

**Chief Executive**

**Behavioural Insights Team**



# Tea/Coffee

**10.40am – 11.00am**

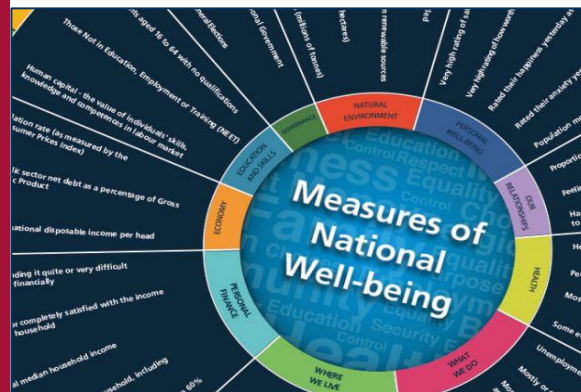


# **Evidence Programmes Position Papers**

**Professor Christina Victor (Culture and Sport)**

**Vice-Dean (Research), College of Health and Life Sciences**

**Brunel University London**



# Overview of presentation

18 December 2018

Why focus on culture and sport?

Phase 1: Establishing priorities for our evidence reviews

Phase 2: Building the evidence base

Thoughts on evidence building

Singing for your wellbeing

[Adrienne Wyper](#) / 08 December 2017



Belonging to a singing group is good for body and soul – here's why, and how to find one – even if you think you can't sing!

The health  
& wellbeing  
benefits of  
swimming



# Why focus on culture and sport?

Diverse nature of opportunities these activities offer for enhancing wellbeing.

Group or individually based

Can be tailored to suit individual preferences (e.g. physical activity, creative arts)

Appropriate for specific characteristics, circumstances and life stage



Institute of Mental Health Professor of Dementia Research, Tom Dening, said: “Our study suggests there is huge potential for these specially organised swimming sessions to improve the quality of life of people with dementia and their carers.

# Why focus on culture and sport?

- Taken for granted that these activities are beneficial but we need to provide evidence for policy/practice in 5 areas:-
- What works? What forms of sport and culture contribute to improvements in wellbeing
- How does it work? What are the processes that might bring about wellbeing improvements
- Who benefits? Do some groups benefit more than others? How do benefits address existing health/wellbeing inequalities
- How long do the benefits last?
- What are the costs of generating these benefits?

# Evidence Programme Project Phases

## **Phase 1: Collaborative Development Work**

Policy, commissioning & managing, academics & scholars, service delivery, public/citizen groups in partnership with academic review team

## **Phase 2: Evidence Reviews**

Selected topics and types reflecting stakeholder voice

## **Phase 3: Mobilisation and translation of evidence**

Usable outputs & data sharing

## **Phase 4: Ideas Exchange Programme**

UK Forums Public Exhibitions, Project Findings Conference

# Establishing the priorities for our evidence reviews

Stakeholder group	Example participants
Policy and decision makers	Public Health England, Arts Council NI, Sport England, Arts Council for England, National Trust, RAD, EFDS
Commissioners and managers	British Film Institute, Scottish Student Sport, London Borough Hounslow, Macmillan Cancer Support, BBC, Women in Sport, UK Active
Service providers	Brighton CUPP, Sporting Equals, Streetgames, Dance UK, The Science Museum, The V & A, Dance Barre, PrideSports, Sport Impact, Urban Youth Network,
Scholars and fellows	Academics, researchers, senior leaders from the four home countries
Public and citizen	Drawn from participants involved in stakeholders' activities

# How did we do this?

## ***Workshop 1: Understanding SWB in culture and sport***

- presenting ONS definition of SWB;
- overviewing approach to measuring SWB;
- enabling stakeholders to identify the most important domains of SWB in culture and sport, for whom and in what contexts

## ***Workshop 2: Examining the factors that promote wellbeing ( in culture and sport )***

- examining what counts as evidence for wellbeing, causes of wellbeing and what wellbeing causes - for whom, in which contexts and for which particular activities in culture and sport (what does and does not work)
- introducing best evidence approach to SR
- showing examples of SR review work possible; beginning to identify grey literature and discussing useable outputs.

## ***Workshop 3: A shared evidence review programme in culture and sport***

- review of initial findings and developing shared review programme
- challenge workshops with all stakeholders using mixed groups;
- networking within and between stakeholder groups

# Issues raised by stakeholders

- Enthusiasm for working towards an agreed/ common/best/pragmatic definition of wellbeing on which to base evaluation and research consisting of both a big picture definition and key 'criteria' / domains
- Understanding SWB and reviewing evidence needs to avoid reductionist / over-simplistic approaches and capture complexities / granular nature of engagement (taking part in varied ways)
- Some dimensions of ONS4 are more relevant (than others?)
- Worthwhileness and anxiety reduction important but happiness is not the goal in culture and sport interventions?
- Importance of related domains: connectedness, sense of purpose, meaning & identification, resilience, self-esteem, confidence, ownership and control, capability/achievement/ success, spirituality, self-worth & optimism, creativity, social capital, anxiety reduction & mental health, belonging, life skills (employability), coping, community & engagement, sociability.

# Providing evidence for wellbeing?

- Recognition of potential weak evidence base for SWB in culture and sport
- Evidence reviews need to go beyond measuring wellbeing to include other 'useful evidence' such as qualitative evidence, mixed methods studies, studies that capture outcomes and processes, case studies, narrative analyses
- Evidence for complex community interventions needed – what are the wellbeing outcomes and how do they work (and for whom?).
- Evidence underpinned by theory is important
- Ability to judge the quality of various evidence types but does hierarchy of evidence used in health would miss good evidence, support for best evidence approach
- Stakeholders identified a potentially large amount of grey literature (reports, independent evaluations, detailed case studies) - a strategy for collating grey literature is needed
- Goal of translation of useful evidence (writing for different audiences, tailored communication and dissemination)

# Priority topic areas for evidence review

18 December 2018

- Children and Adolescents
- Intergenerational factors
- Families
- Minority Ethnic Groups Communities (cultural and sport)
- Lifecourse (across social diversity e.g. gender, age, sexual orientation, ethnicity, disability and spaces / places e.g. workplaces, schools, homes, community contexts, homeless shelters)
- People with mental health conditions
- Women and girls
- Those with lowest wellbeing and 'the hard to reach'
- Volunteers
- Peer mentors and culture and sport ambassadors & champions

## EVIDENCE REVIEW PRIORITY TOPICS

Music, singing and wellbeing across the life course

Sport, dance and wellbeing for young people

Visual arts and wellbeing for those living with mental health conditions

Outdoor physical activity and wellbeing for families



# Evidence on music, singing and wellbeing

## Research questions

- What are the wellbeing outcomes of music and singing?
- What are the processes by which music and singing activities lead to enhanced wellbeing

## Developing evidence-outputs

- Systematic Review inc. Grey Literature
- Secondary Analysis
- Case Studies
- Briefing document
- Academic papers

## Key findings

- Produced 3 separate reviews: healthy adults (24 studies), adults with long term conditions (14 studies) and adults with dementia (6 studies)
- Music - reduced anxiety (young adults) enhanced mood and purpose (adults) and mental wellbeing, quality of life, self-awareness and coping (diagnosed health conditions)
- Music and singing effective in enhancing morale and reducing risk of depression (older people)
- Group, peer, expert led all have merits

# Evidence on sport, dance, young people and wellbeing

## Research questions

- What are the wellbeing outcomes of sport and dance for young people (aged 15-24 years)?
- What are the processes by which sport and dance enhance wellbeing in young people?

## Developing evidence-wellbeing measures

- Few studies reported wellbeing –we used 8 studies (out of 6587)
- Benefits in momentary wellbeing of sports activities
- No UK studies were eligible for inclusion in this review

## Key findings

- Meditative activities (yoga), group and peer supported sport and dance may promote subjective wellbeing enhancement in youth.
- Potential for negative wellbeing outcomes connected to concerns about competency and capability

# Evidence on visual arts and wellbeing for those living with mental health conditions

## Research questions

- What are the subjective wellbeing outcomes of engaging with (taking part in, performing, viewing) visual arts for 'working-age' adults (15-64 years) with diagnosed mental health conditions?
- What are the processes by which the subjective wellbeing outcomes are achieved?

## Developing evidence

- First review of this topic
- We sifted 4828 papers and included 8
- Evidence from UK, USA, Canada & Australia

## Key findings

- Benefits of arts & craft activities (drawing) for those with PTSD
- Long term membership of arts groups for those with mental health conditions
- How? re-engaging participants with everyday life

# Evidence on outdoor physical activity and wellbeing for families

## Research questions

- What are the wellbeing outcomes of participation in outdoor recreation in green and blue space for families?
- What are the processes by which wellbeing outcomes are achieved?

## Developing evidence

- Few studies (13) of families-yet this is the context for wellbeing
- Evidence quality limited-need for bigger and more robust studies

## Key findings

- Potential benefits of outdoor recreation, gardening for fathers & children, outdoor activities for children with chronic conditions

**I**n November 1782, the diarist Fanny Burney wrote the following about her 6am sea swim: 'It was cold but pleasant. I have bathed so often as to lose my dread of the operation which now gives me nothing but animation and vigour'.

# Concluding thoughts on evidence building

18 December 2018

- The lack of effectiveness around wellbeing outcomes does not mean that these outcomes are not achieved
- Informed by adoption of agreed approach (common definition, methods and approaches, support for data analysis)
- Informed by stakeholders (partner projects) and those engaged with culture and sport (co-production of knowledge and co-researching)
- Informed by gap analysis, future scenarios and creative visioning
- Develop effective research-practice-policy collaborations and embed evaluation in intervention/programme planning
- Theory / model informed, rigorous, transparent, longitudinal, scalable (large scale or pooling small scale work)
- Need to look at both what works (measuring wellbeing outcomes) but also how (mechanisms, processes and experiences)

# Any questions?



@WhatWorksWB

<https://whatworkswellbeing.org/>

<https://whatworkswellbeing.org/our-work/sport-culture/>



# **Evidence Programmes Position Papers**

**Professor Kevin Daniels (Work and Learning)**

**Professor of Organisational Behaviour in the  
Employment Systems and Institutions Group**

**University of East Anglia**

# Binary Notions of Work Just Don't Work

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Work & Learning Programme  
@WorkLearnWell



The  
University  
Of  
Sheffield.



University of  
Reading





# Unemployment is just bad

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Involuntary job loss is bad for wellbeing & mental health

More than just economic loss

Social contact, structure, purpose, autonomy

Involuntary early retirement similarly bad

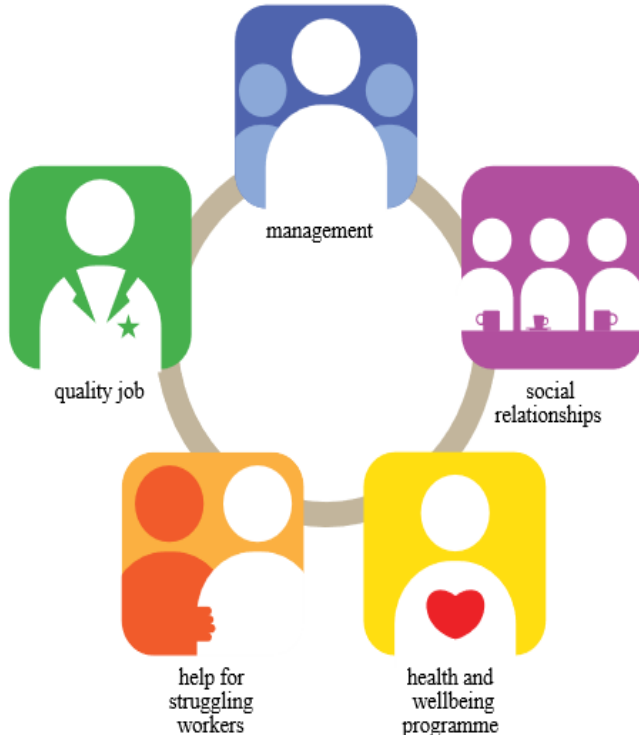
**Wellbeing is a barrier to work and learning**

Questions on implementing the alternatives  
– adult learning and work



***“We just want you to fire a magic bullet and make our lives better!”***

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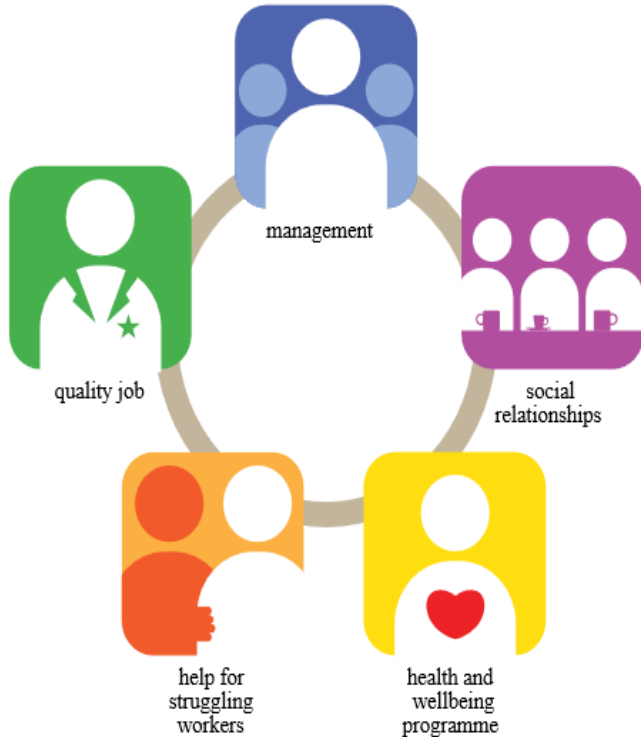
You don't need yoghurt and Pilates

You do need what you'd associate with socially responsible management

Coherent management approach embedded in 'that's the way we do things around here'

# The business case isn't a debate any more

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Job quality + = productivity

Wellbeing = performance

motivation

prosocial behaviour at  
workplace

# ***“Managing people is the day job, it’s not getting in the way of the day job”***

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**Invest time in actions**



**Visioning and planning**



**Understanding & listening to workers**



**Skilled in people management**



**Learning organisation**

# **Learning can have a positive impact**

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**Formal and informal processes**

**Accreditation vs support & self-esteem**

**Tailored to addressing inequalities or special groups – including the old**

**Early wellbeing interventions can help progress and employability**

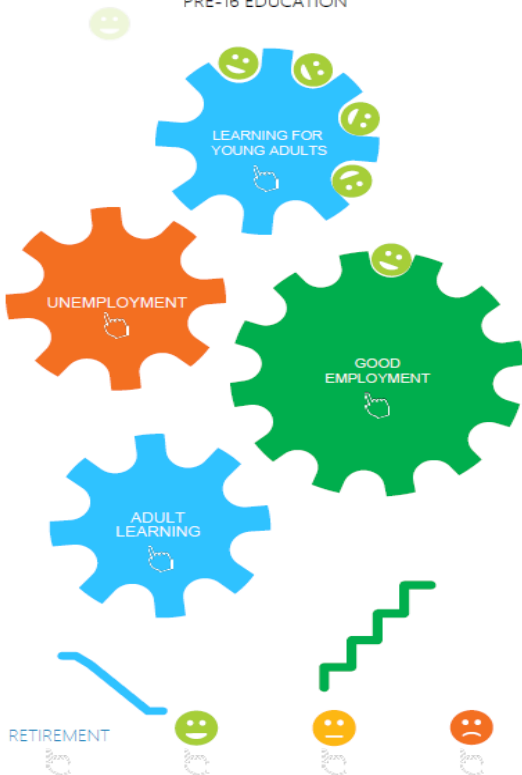
# So What's The Problem?



- a) Traditional policy option is to **(dis)incentivise work(lessness)**
- b) Not only runs counter to research on motivation
- c) Lacks supporting infrastructure
- d) Regional inequalities in employment and quality of employment

# So where do we go

PRE-16 EDUCATION



**Early intervention critical**

**What's a good job for a younger person?**

**How do you get people into these jobs?**

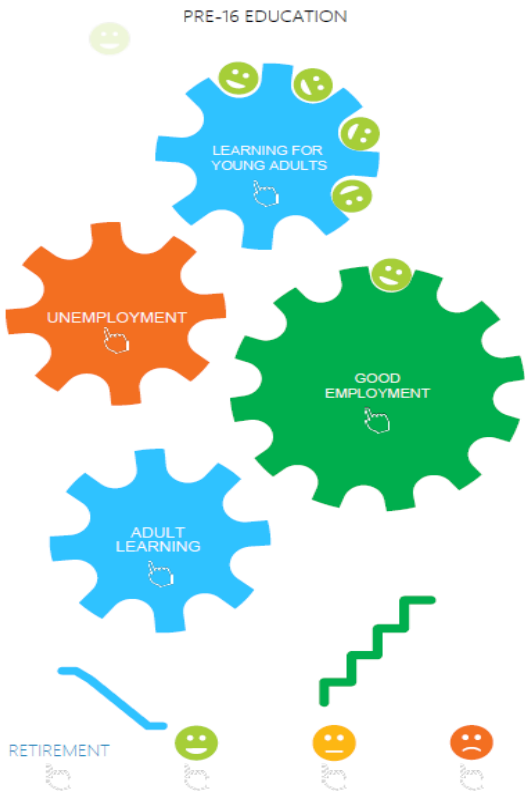
**Education, careers advice**

**Rehab & opportunity important**

**What's good job for someone with different health conditions?**

**What's a good job for return to work**

# So where do we go



**How do you get different stakeholders at different levels to engage (in context of little direct regulation)**

**National, regional and local government**

**LEPs**

**Employers**

**Sector & professional associations**

**NHS**

**Charities & learning providers**

**How do regions get opportunities?**



# THANK YOU!

ESRC grant ref: ES/N003586/1

@WorkLearnWell

[https://www.youtube.com/channel/UCfFtwAaVT4zIVx\\_2g-H7\\_HQ](https://www.youtube.com/channel/UCfFtwAaVT4zIVx_2g-H7_HQ)



The  
University  
Of  
Sheffield.



University of  
Reading





# **Evidence Programmes Position Papers**

**Professor Rhiannon Corcoran (Communities)**

**Professor of Psychology**

**University of Liverpool**



what works  
wellbeing

# The Community Wellbeing Evidence Programme

Prof. Rhiannon Corcoran  
University of Liverpool

# Our Consortium



# CWEP Task

- To generate theory and evidence to understand what works to create community wellbeing and/or wellbeing in places in order to recommend and improve interventions.
- To provide policy makers and practitioners with state-of-the-research evidence to help them allocate resources to best effect.
- Our conceptual understanding and the material we explored was organised into a simple general framework:

❖ **People**

❖ **Place**

❖ **Power**

# CWEP Challenges

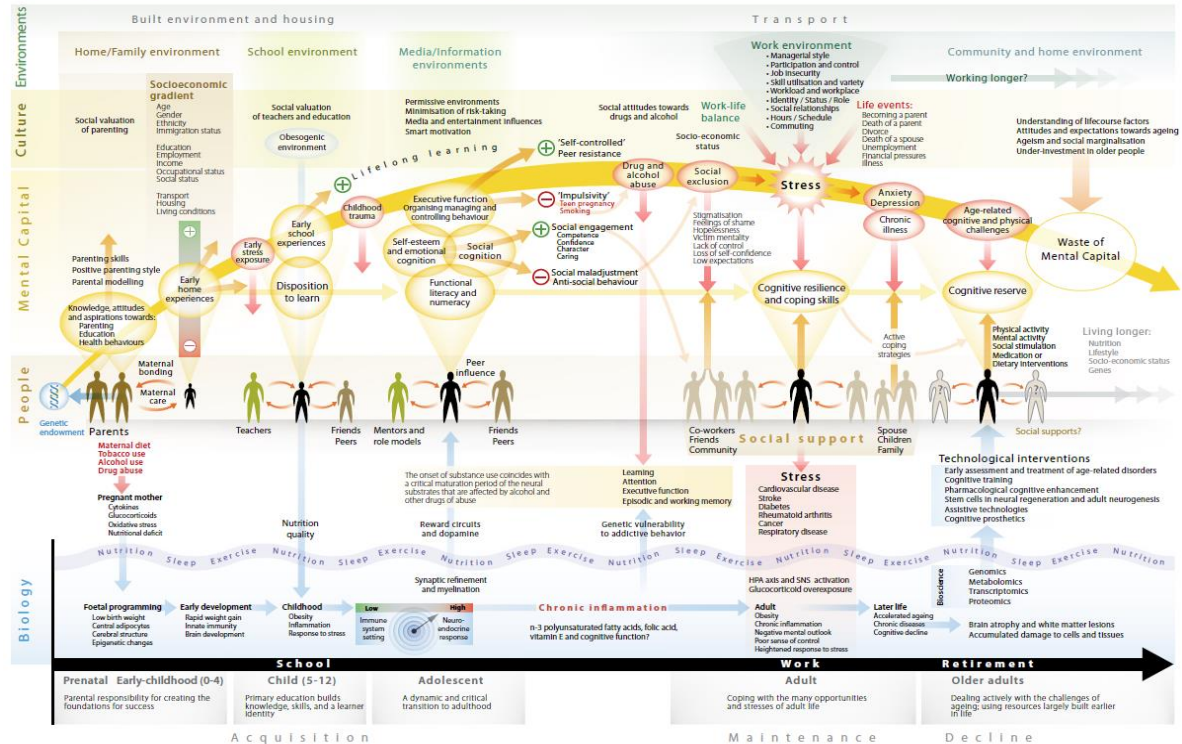
- Identify the evidence that end users need.
- Establish the current 'state of the evidence'. Focusing on quality and rigour.
- Examine & generate evidence on cost-effectiveness of interventions.
- Present scientific evidence in an accessible form, tailored to different policy & practice audiences.
- Outline reasons for & approaches to addressing gaps in current evidence ('roadmaps').

# CWEP Solutions

- A user-led approach:
  - ‘Voice of the user’ engagement exercises - workshops, interviews, online questionnaires, community sounding boards
  - Outputs in stages, with ongoing input from users (advisors, focus groups, newsletters)
  - Public hearings of evidence
- A broad multi-disciplinary consortium & advisors
- Multi-level and multi-topic investigation
- Cross-sector research and involvement
- Integrated and iterative outputs / products

# Acknowledging and Addressing Complexity

Appendix B: Synthetic view of the mental capital trajectory and factors that may act upon it





# CWEP Audience

## Community wellbeing involves & concerns everyone

- The general public
- Politicians, government departments
- Media
- Service commissioners
- Health & wellbeing boards
- Directors of Public Health
- Mental Health NHS Trusts
- Joint Strategic Needs Assessment leads
- Local authority chief executives
- Heads of services
- Voluntary and Community Sector
- Planning, economic development, environmental health and highway officers
- Social housing providers
- Community engagement and community development officers
- Private sector
- Funding bodies
- Think-tanks
- Academia

In sectors with entrenched views our biggest job is to change minds.

# CWEP Voice of the User



**What Works  
Wellbeing**

- Establishing consensus definitions
- What's important
- Research topics
- Barriers
- Types of outputs needed

**Voice of the User Report:**  
*Communities Evidence  
Programme*

(What Works Wellbeing, 2016)

# CWEP Engagement: collaborative development

700 people in Glasgow, Exeter, Birmingham, Cardiff, Leeds, Belfast, Durham, Liverpool, London, Grimsby and Bristol.

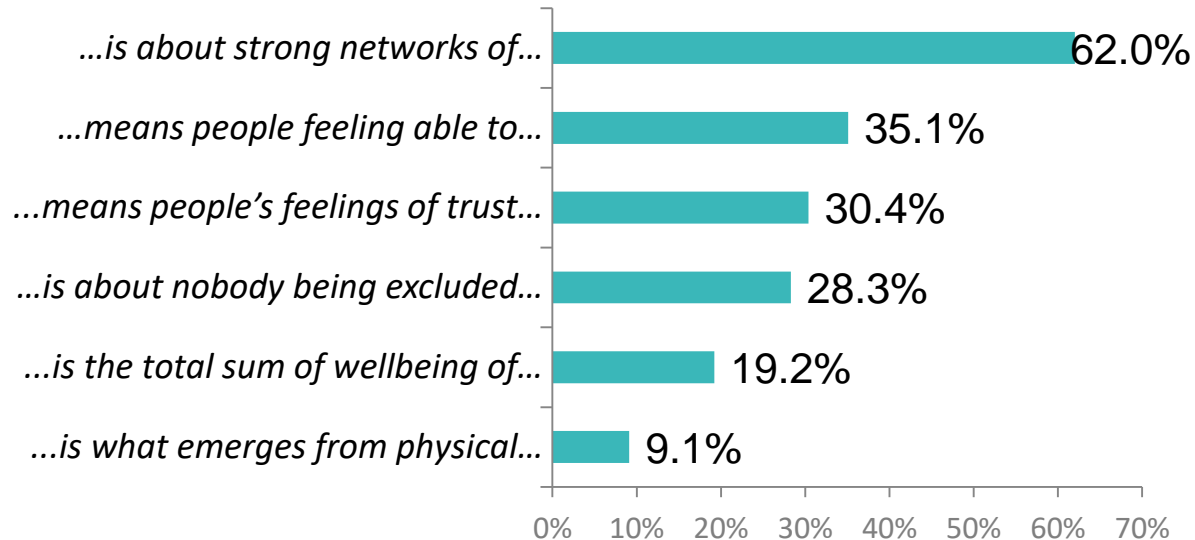


Engagement continued through CWEP with presentations, meetings and workshops with local decision-makers and public hearings of our evidence on the wellbeing of the most vulnerable and on local delivery systems.

# Consensus Definition: Understanding Community Wellbeing

*How do you understand 'community wellbeing'?*

*Community Wellbeing...*



Proportion of all respondents selecting each response  
(What Works Wellbeing, 2016)

# A need for flexible definitions in a broad area

- We also use:
- “The combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential” (Wiseman & Brasher 2008).
- “We-ness” – 1<sup>st</sup> person plural perspective transcending “I” and emerging from strong connection and relations. Our community as like family



## what works Community Wellbeing identified in wellbeing Practice

Illustrating the importance of Place - claiming and using the public realm

*"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....."*<sup>i</sup>

*"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."*<sup>j</sup>

# Review topics identified by evidence users

## Topic- Housing (Place)

- Scoping review: What effect do our homes and the Housing context have on wellbeing?
- Systematic review: What housing policies work best to improve the wellbeing of the most vulnerable?

## Topic – Improving Social Relations (People)

- Scoping review: What interventions work to boost social relationships?
- Systematic review: What community infrastructure interventions work to improve community wellbeing?

## Topic – Community Co-production (Power)

- Scoping review: Is wellbeing / community wellbeing improved by co-production?
- Systematic review: Do joint-decision-making initiatives in communities led to improved individual and/or community wellbeing?

## Topic – Heritage (Place)

- Scoping review: Do interventions focussed in heritage places or using heritage objects



what works  
wellbeing

CWEP Reviews, Reports and Products

<https://www.whatworkswellbeing.org/our-work/community/>



# CWEP Conceptual and Measurement Work:



A theory of how change can happen in communities to improve wellbeing

(South et al., 2016)

# CWEP Conceptual and Measurement Work

**A Conceptual Review of Community Wellbeing** to organise the complexity (Atkinson et al., 2016)

**A Scoping Review of Indicators** to identify indicators currently available/in use that have been used to measure community or social wellbeing and related concepts (Bagnall et al., 2016).

**Community wellbeing is greater than the sum of the individual wellbeing of all the people living in an area**

But what is that extra 'something' that makes community wellbeing?

We can understand community wellbeing as a 'middle-scale' measure of wellbeing that sits between individual and national wellbeing.



## Individual wellbeing

**What is it?**

How we subjectively feel about our life, and objectively whether our human needs are being met.

**How can we measure it?**

Objective data, such as education level and employment status. Subjective data, like life satisfaction and anxiety levels.



## Community wellbeing

**What is it?**

Includes (and impacts) individual wellbeing, but is more than just aggregating individual wellbeing in an area.

**How can we measure it?**

Individual assessments of community scale factors; group data collection; individual stories or case studies of community institutions; group discussions; local media; social media; local policy documents; local cultural fora.



## National wellbeing

**What is it?**

Includes (and impacts) individual and community wellbeing, and covers some national-level indicators not captured at local or individual scale.

**How can we measure it?**

Data from the Office for National Statistics, national indices, international benchmarks

# A Selection of CWEP Best Bits

# Secondary Data Analyses

## **Wellbeing Inequality and its drivers in the UK**

**and**

## **Changes in wellbeing related to community conditions over time**

Some take-home messages:

- Inequalities by area, education & ethnicity.
- Blaenau Gwent and Liverpool amongst most unequal, Enfield and Cheshire East amongst the most equal.
- Trend of declining wellbeing inequalities over time.
- Greater education not always linked to great wellbeing.
- WB inequalities linked to voting behaviour.
- Wellbeing and its change over time is robustly related to community conditions after controlling for individual differences and family factors
- WB inequalities seem amenable to well-designed and targeted interventions but evidence is limited by what has been measured/ included as variables.

# Housing and Wellbeing

**Scoping review** identified physical infrastructure as only area with high quality evidence about wellbeing outcomes

**Systematic review** identified Housing First as the best policy and practice in terms of improving wellbeing in the most vulnerable in our society.

While Housing First is evidence-based in terms of efficacy in improving wellbeing, a **cost effectiveness analysis** showed that it is a costly approach that may not translate in terms of cost effectiveness



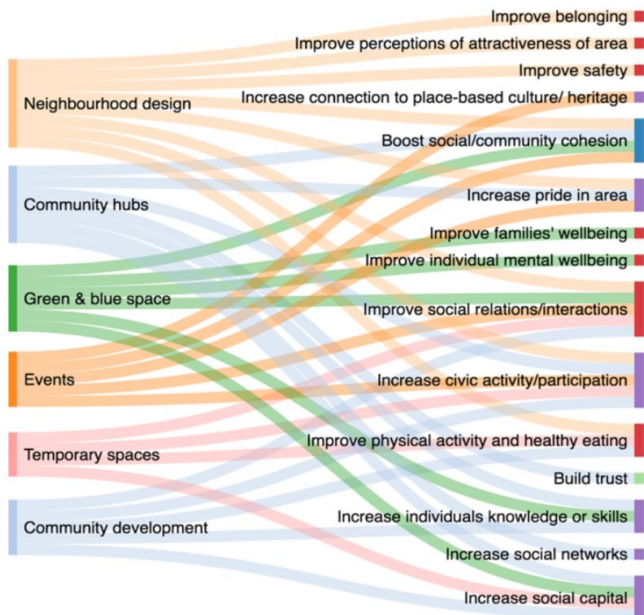


what works  
wellbeing

## How does community infrastructure improve wellbeing? Outcome mapping.

OUTCOMES	Community hubs	Events	Public realm design
+ Relationships	—	YES	YES
+ Cohesion	YES	YES	YES
+Trust	YES	—	YES
+Participation	YES	YES	YES
+Belonging/Pride	—	YES	YES
+IWB/Health/Activity	YES	—	YES
+Networks	YES	—	—
+Heritage/Culture	—	YES	—
+Feeling safer	—	—	YES
+Skills/knowledge	YES	—	—
+Local economy	—	—	YES

# The wellbeing effects and relative costs of community infrastructure interventions



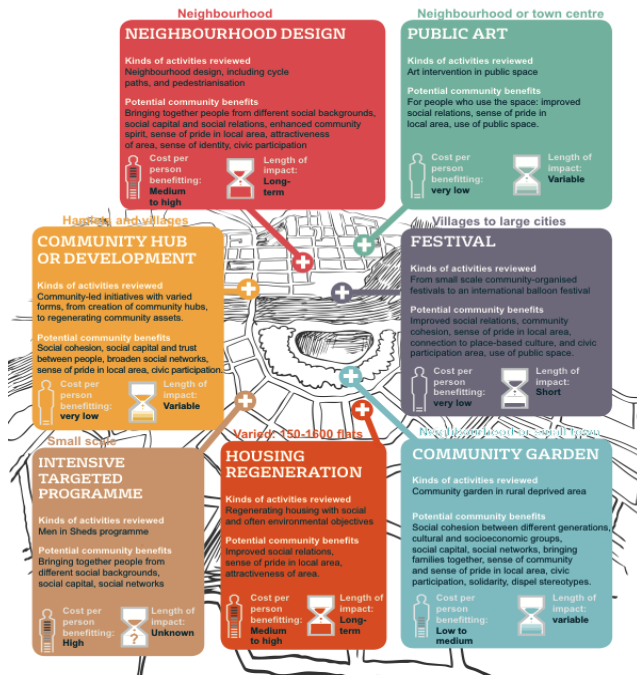
No evidence that top down regeneration schemes improve individual or community wellbeing

May 2018

briefing | places, spaces, people and wellbeing

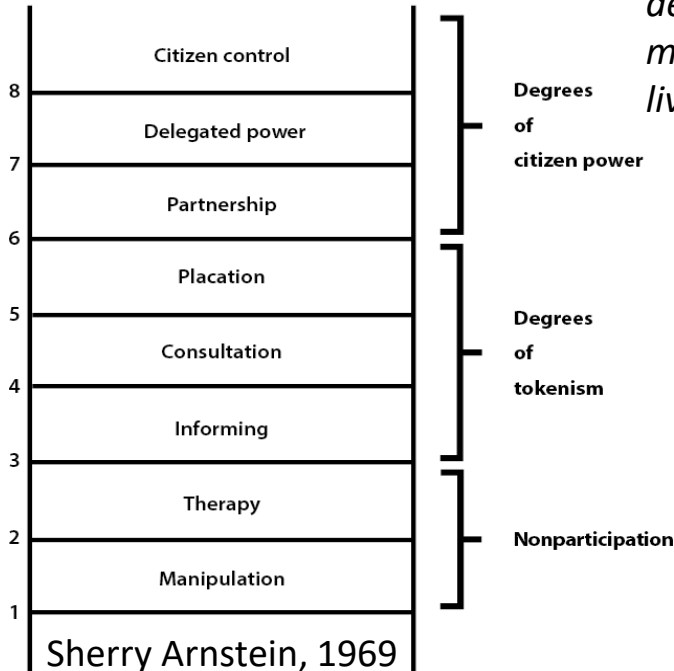


Below, we've attempted to bring together some of the key information on implementing activities. Each box contains approximate costs, potential community benefits, length of impact, and scale of impact (written above box). This information was gathered from the subset of the studies reviewed in the systematic review and is intended to give a general outline rather than an exhaustive review of these practicalities. The studies used **ave** little evidence on long-term effects. We also made assumptions about the length of time the infrastructure was in place.



# Joint decision-making initiatives and wellbeing/community wellbeing

*'The **meaningful** involvement of local people in decisions that **protect, maintain, or enhance** the material and social conditions in which they live.'*



Meaningful involvement:

1. Power is agreed and acknowledged as being held jointly across constituents and this is acted upon.
2. Active and full involvement in all decisions made that are relevant to, or impact upon, the intervention.
3. Barriers to access and participation are acknowledged and tackled (inequalities addressed).
4. There is, when appropriate, full and active involvement in the implementation of the intervention in place/ community.



# Joint decision-making initiatives and wellbeing/community wellbeing

**Beneficial impacts** for people involved and the wider community.

## **Improvements to:**

- Depression, self-esteem, individual sense of mastery.
- Sense of community, community empowerment, social capital,
- social cohesion, social inclusion, social networks.
- Skill development, learning, personal empowerment, employment.
- Physical health.
- Physical environment/determinants.

**Adverse impacts** to some of those involved especially the most vulnerable

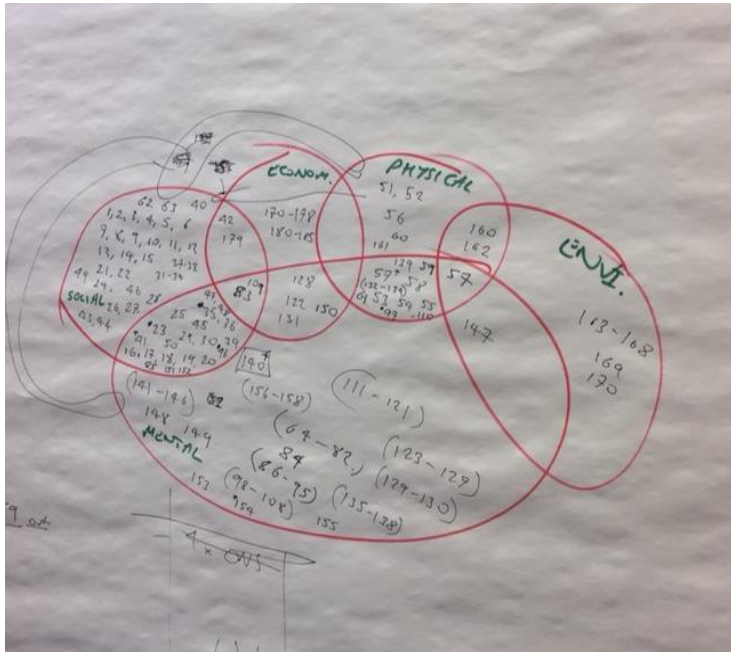
- Physical and psychological 'strain'
- Consultation fatigue
- Distress and frustration
- Conflict

# Heritage scoping review: outcome measures organization

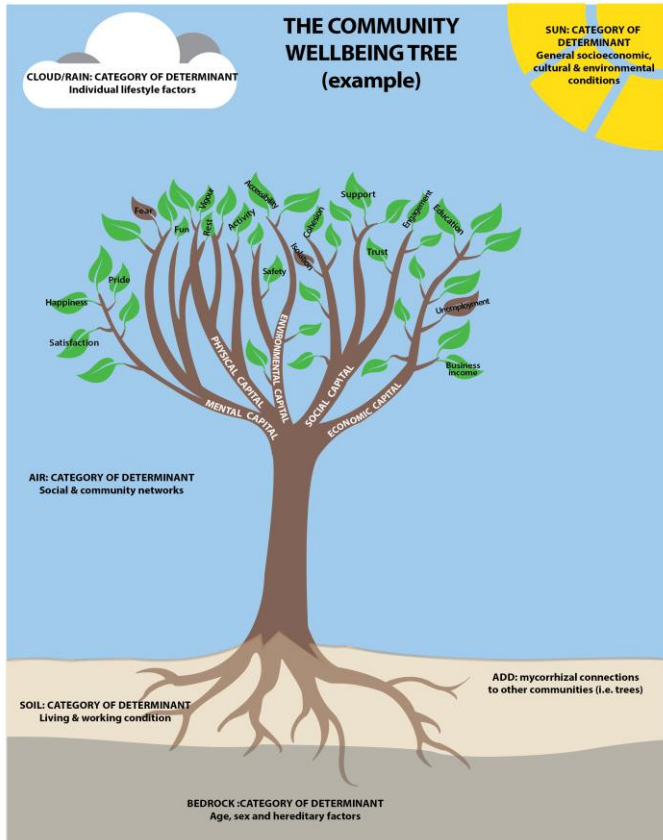
On-going review shows plenty of evidence that being in heritage places and participating in heritage based interventions improves outcomes associated with wellbeing and community wellbeing. The evidence is of variable quality and there are issues about inclusion

Of note in this work is the number of outcomes measures used – over 180!

Work in progress is looking at how these map into themes –mental, physical, social, environment and economic capitals or domains that contribute to a holistic understanding of community wellbeing



# Introducing the Community Wellbeing Tree: a concept visualization and intervention tool.



An ecological model showing each community as a tree with its 5 main branches representing the capitals of community wellbeing. Twigs and leaves represent the outcome measures and the outcomes for individual and or the community.

The conditions in which the tree must survive are the macro- meso-and micro- determinants of community wellbeing with roots connecting to other trees/ communities in the population wellbeing forest.

The tree can be developed to become a pre- and post place-based intervention visualisation of change or it can show what CWB capital changes particular interventions deliver most effectively.

# CWEP Cross Programme Summary

- More gaps than evidence so more primary research is needed
- Evidence of interventions typically does not convincingly (if at all) track through to wellbeing outcomes
- Evidence that does exist is typically of low quality
- Multiple diverse outcomes related to WB and CWB are used and the relation between them is unclear
- The concept of community wellbeing is under-developed and the methods of evaluation need to be agreed and structured.
- Secondary data analysis uncover useful patterns but review findings need to influence variables included in national surveys

# What next for CWEP?

Subject to funding we will:

- conduct reviews to explore the wellbeing effects of community businesses and place-based projects.
- conduct spatial mapping and analysis exploring transport, movement and connectivity and its relationship with local wellbeing data.
- produce much needed decision-making and measurement tools including the further development of the community wellbeing tree, a wellbeing inequalities tool kit and a wellbeing in place scale to improve the quality of interventions and evidence

# Thank You for Listening

## From



## The Community Wellbeing Evidence Consortium



# **Evidence Programmes Position Papers**

**Professor Paul Frijters (Cross Cutting Methods)**

**Professor of Wellbeing Economics**

**LSE**

# **LSE-CEP Wellbeing Economics group update**

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***Paul Frijters***

***LSE/CEP***

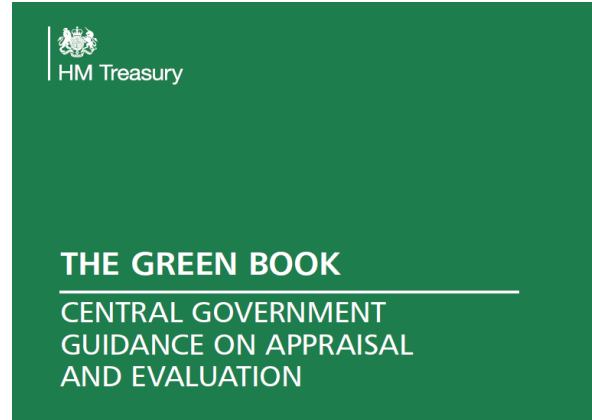
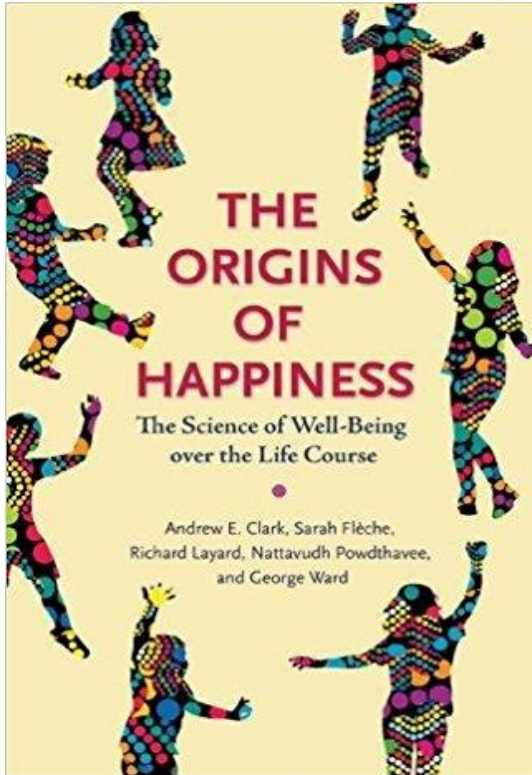


# People

- z Richard Layard
- z Paul Frijters
- z Jan De Neve
- z Andrew Clark
- z Nick Powdthavee
- z Christian Krekel
- z Lucia Macchia



# Major products in 2017/2018

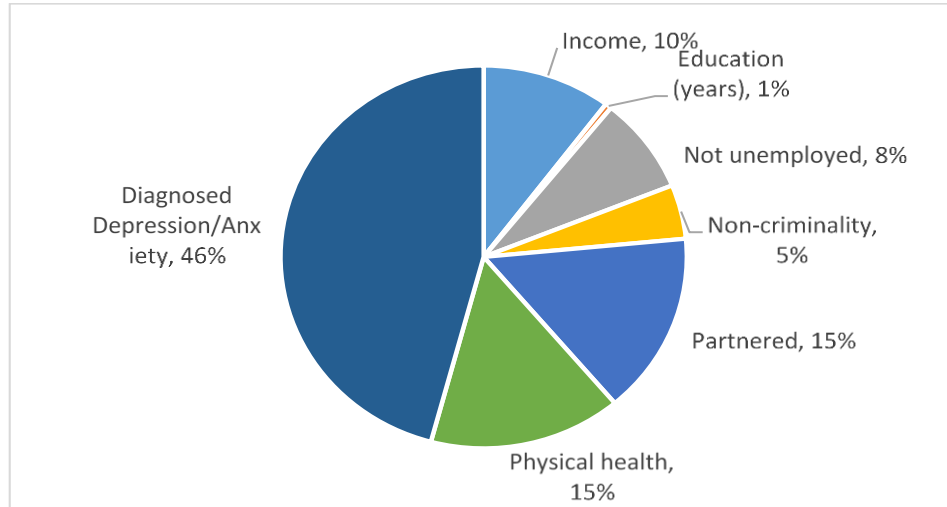


Which now recognises and thus endorses wellbeing cost-effectiveness as a valid means of arguing for policy.

Widely read and influential.

# Messages in Origins ...

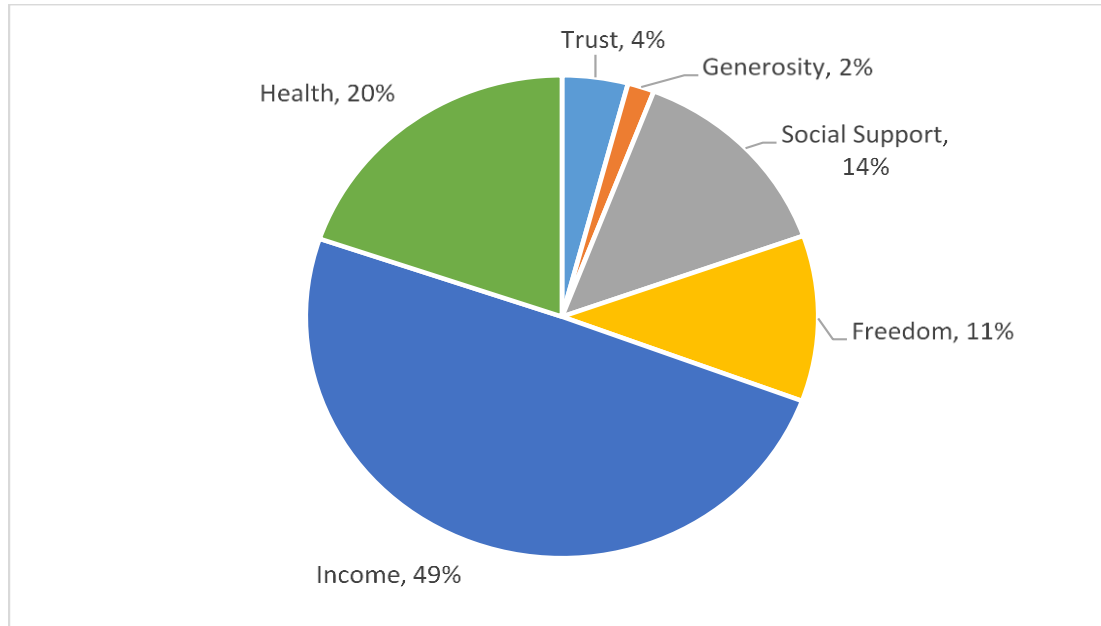
**Figure 2. The contribution of different socio-economic factors to adult Life-Satisfaction in the BHPS**



Which means that mental health dominates the explained variation in the UK.

# Across countries?

**Figure 3. The contribution of different factors to explained National Life-Satisfaction variation in the 2008-2015 Gallup**



Note that they don't measure Mental Health. More GDP is associated with higher life-sat, arguably because it can buy a welfare state.

# Other Origin-related messages....

- z 1. Schools matter and teachers matter for the life-sat of students. But we don't yet know which teachers and schools we should have.
- z 2. Unemployment is bad for the individual and the community. The total effect is about 3 times as bad as for the individual. This finding is crucial in macro-debates and trade.
- z 3. The quality of social relations matter and can be improved. But we don't know exactly how in the UK.

# Follow-ups

- z Another book by Layard (and Ward) to document the wellbeing interventions that have strong evidence behind them in different parts of UK society.
  - y Expected mid 2019.
- z Evaluations of the 'Healthy Minds' school curriculum and of the 'Action for Happiness' teaching program.
  - y Expected in the coming months. Initial results look very promising (and scalable!).

# Green-Book + WWCW activities

- z In the last 3 years we've mainly worked on wellbeing cost-effectiveness.
  - y Workshops, presentations, methodological refinements, guidelines, examples.
  - y Translation methodology: how to go from measure A to measure B?
  - y Synthesis activity: what is the most likely effect of factor X on life-sat?
  - y Frontier: micro-macro models of largescale interventions in the UK.

# Wellbeing CE

Z

$$\frac{\text{Net benefit}}{\text{Public cost}} > \lambda$$

Public cost is whole of government net costs.

Net Benefit is benefit in terms of a WELLBY: an additional unit of Life Satisfaction for one person for one year.



# Life satisfaction

- z “How satisfied are you with life as a whole these days, where a 0 is ‘not at all’ and a 10 ‘completely’.”

# Standing of LS?

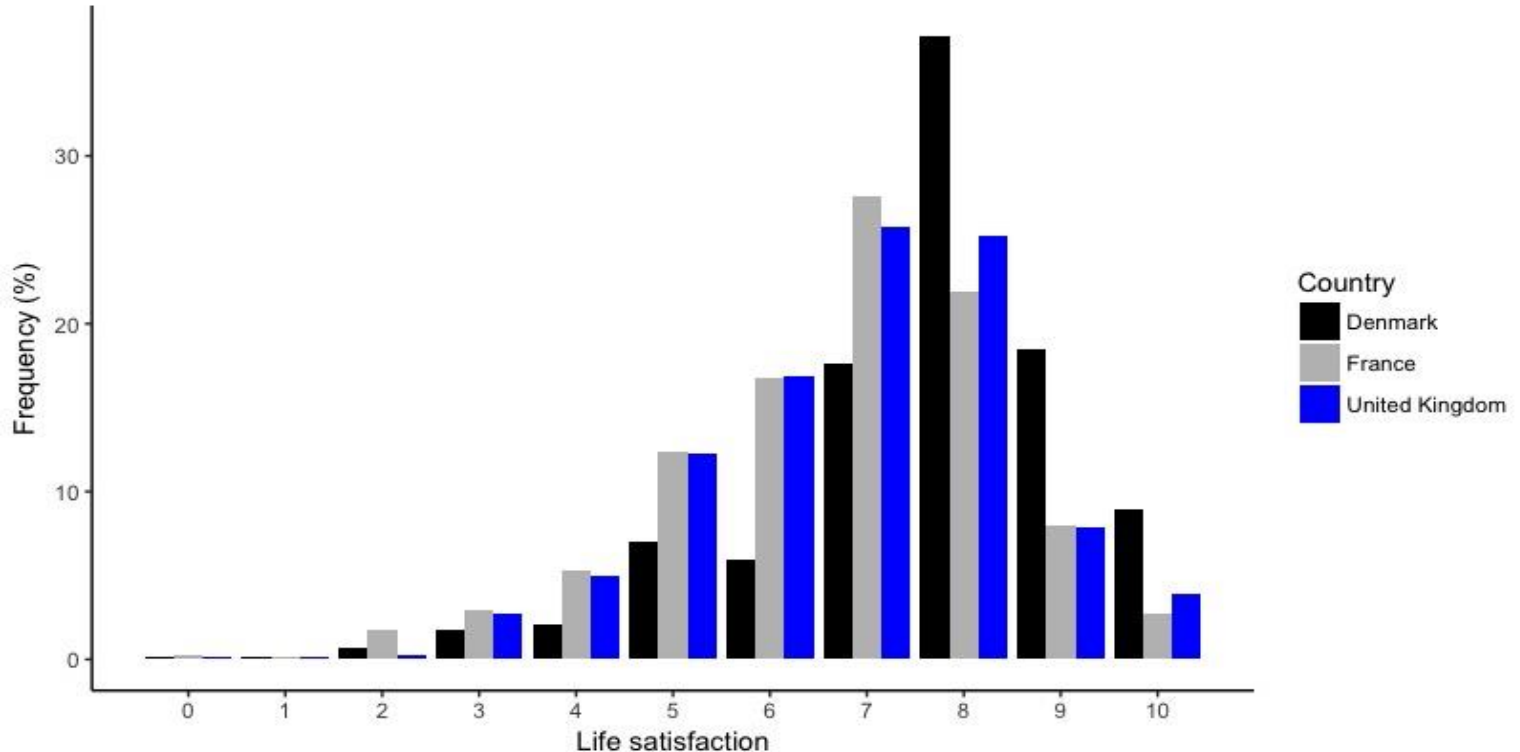
- z In the UK, Life Satisfaction was advocated by a Legatum Institute report in 2011
  - y Angus Deaton
  - y Gus O'Donnell
  - y Richard Layard
  - y David Halpern (Nudge)
  - y Martin Durand (OECD)
  
- z Also adopted in the World Happiness Report, and the Sarkozy report.

# Why do we like it?

- z It is simple and easy to explain.
- z It takes the individual as the evaluator of his/her own life.
- z It talks about how life is, which is not a hypothetical.
- z It is easy to collect, either in person, by phone, or via internet survey. Virtually everyone answers the question.
- z It is the best predictor so far of political choices: it predicts changes in the share voting for the government twice as well as the economy (George Ward, 2017). Expectations of it predicted Trump better than the economy.

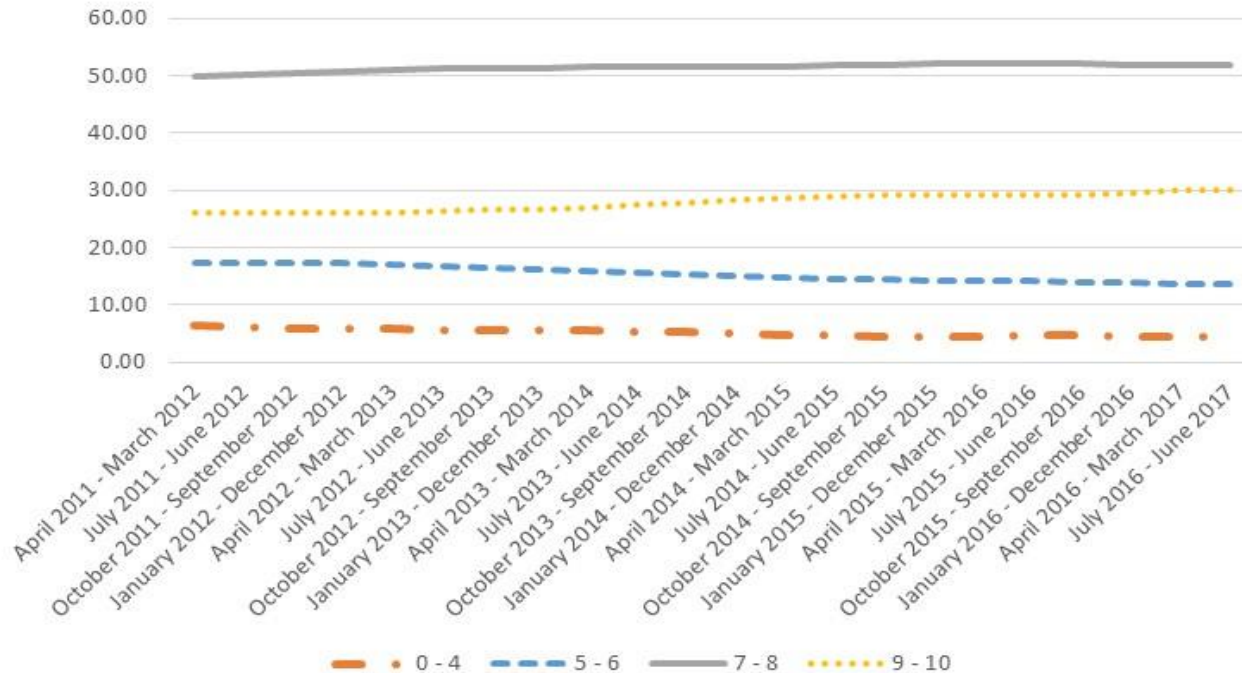
# The UK in perspective

Frequency distribution of Life satisfaction in 2016 (GWP)



# Over time....

Proportions of the population in satisfaction bands in the UK  
2011-2017



# So...

- z If you have to make tradeoffs, comparing policies on the basis of Life-Sat cost-effectiveness is the best we can suggest at the moment.
- z As with health, education, and crime though, we should always be on the lookout for better measures.

# Dynamic optimal control problem

What interventions to enact that lead to the highest overall well-being?

Equivalently, given a fixed (optimal) budget, which interventions have the highest wellbeing-per-pound?

$$\frac{\Delta \sum_{t=0}^T U_t(\mathbf{INT}^l)}{\Delta E} > \widetilde{ME}$$

Net increase in national wellbeing

Net change in public expenditure

Marginal gain-for-expense

The diagram illustrates the relationship between the ratio of net increase in national wellbeing to net change in public expenditure and the marginal gain-for-expense. The equation is presented as  $\frac{\Delta \sum_{t=0}^T U_t(\mathbf{INT}^l)}{\Delta E} > \widetilde{ME}$ . An arrow points from the numerator  $\Delta \sum_{t=0}^T U_t(\mathbf{INT}^l)$  to the text 'Net increase in national wellbeing'. Another arrow points from the denominator  $\Delta E$  to the text 'Net change in public expenditure'. A third arrow points from the term  $\widetilde{ME}$  to the text 'Marginal gain-for-expense'.

# Important realisation

- z Knowing the public costs is half the problem.
- z For many policies, we in fact do not know the full public costs.
  - y Individual departments are not rewarded (enough) for the savings or costs they impose on other departments.
  - y It is hard to know how policies affect whole lives.
  - y Example: who knows the full public cost of divorce?  
Or of a mental health episode of a teenager?



# A dLS/dX list ?

- z We have such a list for the UK. Preliminary, incomplete, but it's a start.
- z And we have an institution that is set up to generate lots more numbers on dLS/dX:  
<https://whatworkswellbeing.org/>
- z Note that its much better to have a list of dLS/dX than try to estimate all dLS/dX for one dataset. Too much reverse causality, measurement error, and other problems.

(small extract)

**Table 1. A selection of key findings from the literature on Life Satisfaction**

<b>Change</b>	<b>Effect on 0-10 Life Satisfaction</b>	<b>Dynamics</b>	<b>Key literature References</b>	<b>Confidence in effect and causal interpretation</b>
From employment to Unemployment	<b>-0.46 (UK)</b> <b>-0.71 (Ger)</b>	Immediate effect higher, then reducing, but no long-run adaptation.	UK: [1] Tbl 4.2 Ger: [1] Tbl 4.2.	High. Large effects found in longit studies, cross-sections, recession and employment shock-related closures).
From unemployment to out-of-labour force	<b>+0.32 (UK)</b> <b>+0.57 (Ger)</b>	Unknown.	UK: [1] Tbl 4.2	Effect very robust in cross-section panels, but causality unclear
From no commute to 1 hour car commute	<b>-0.012 (UK)</b> <b>-0.151 (Ger)</b>	Unknown.	UK: [2] Ger: [3]	Low. Findings disputed and unclear. No RCTs.
From car commute to walking commute (time)	<b>Insig. (UK)</b> <b>Insig. (Ger)</b>	Unknown.	UK: [2] Ger: [3]	Low: results from fixed-effects unclear
Doubling of household income	<b>+0.16 (UK)</b> <b>+0.5 (E-Ger)</b>	Persistent effect with elation peak.	UK: [1] Tbl 2.1 E-Ger: [4]	High. Effect found in panels, sections, and shock-related studies. Height disputed and income measurement problematic.
Extra year of compulsory education	<b>-0.03 (UK)</b>	Persistent effects.	UK: [5]	High for UK, since effect found in UK compulsory school changes. result also found in other W countries.

# Frontier

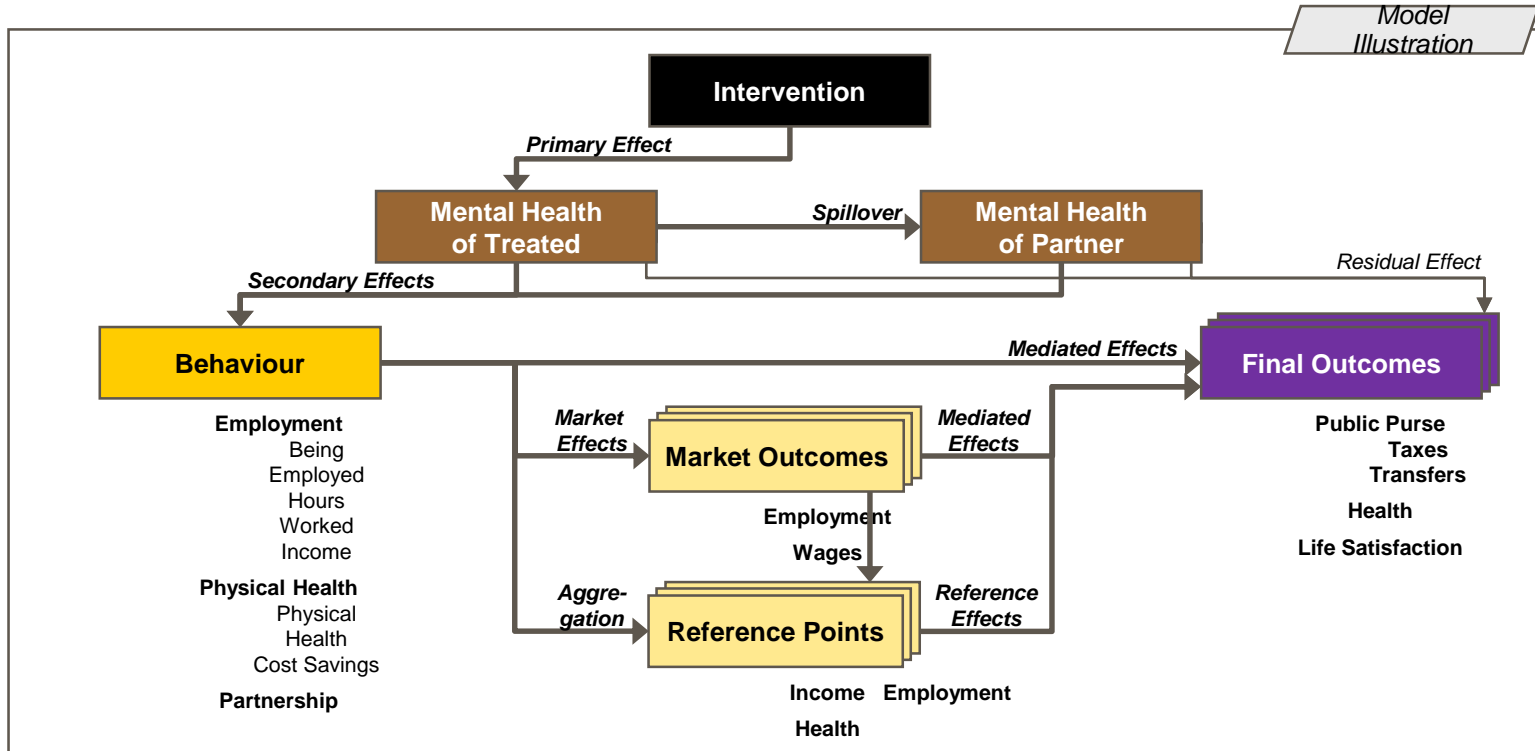
- z Models that integrate the issue of public costs with a life-cycle perspective on wellbeing.
- z This essentially formalises and deepens the thinking in 'Origins'

# On the model

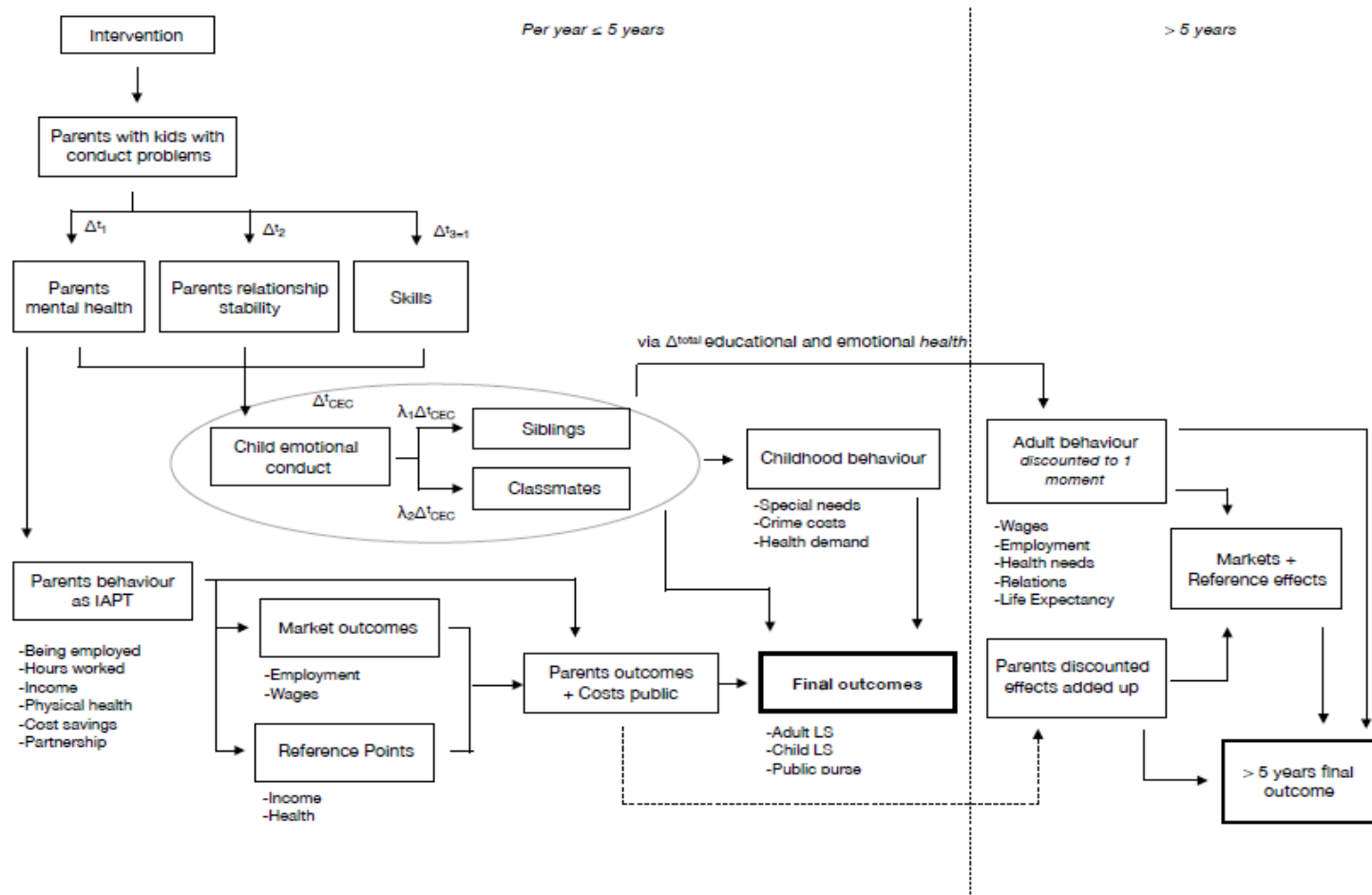
## z We want to build

- y An as-if UK population for the last 5 years combining datasets with common Xs.
- y The first micro-macro model of wellbeing that can be used to appraise large policy interventions. The purpose is for this model to take the route of economic macro-models in the 1950s: a professionalization of the field, getting it into the state bureaucracy, incorporating the main lessons.
- y We build the model one intervention at a time. We start with modelling mental health, childhood intervention, parenting interventions, and loneliness.
- y How far are we? We have a mental health intervention data+model and are halfway modelling a childhood intervention.

# Model mid 2017



# Model April 2018



# Key elements

- z Causal effects estimates of all the main relations: we are synthesising the randomista literature.
- z Look-back rather than look-forward: 'what would the last 5 years have looked like'. Gives us population data and a baseline.
- z A micro-part that captures knowledge of RCTs and other policy experiments + a macro-part that summarises key general equilibrium relations.

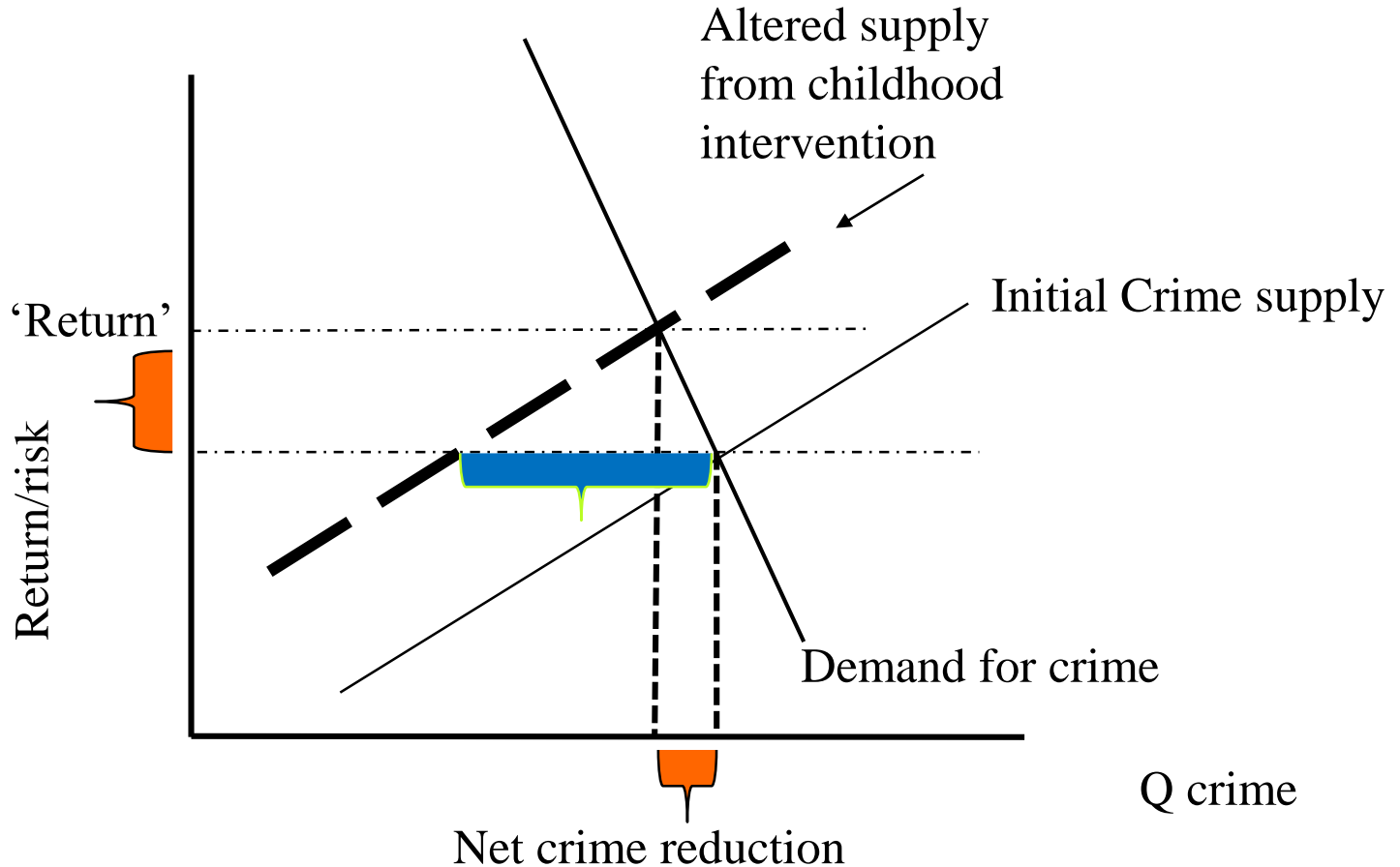
# What do we want to know from you?

- z Randomista estimates of Unknown macro relations!



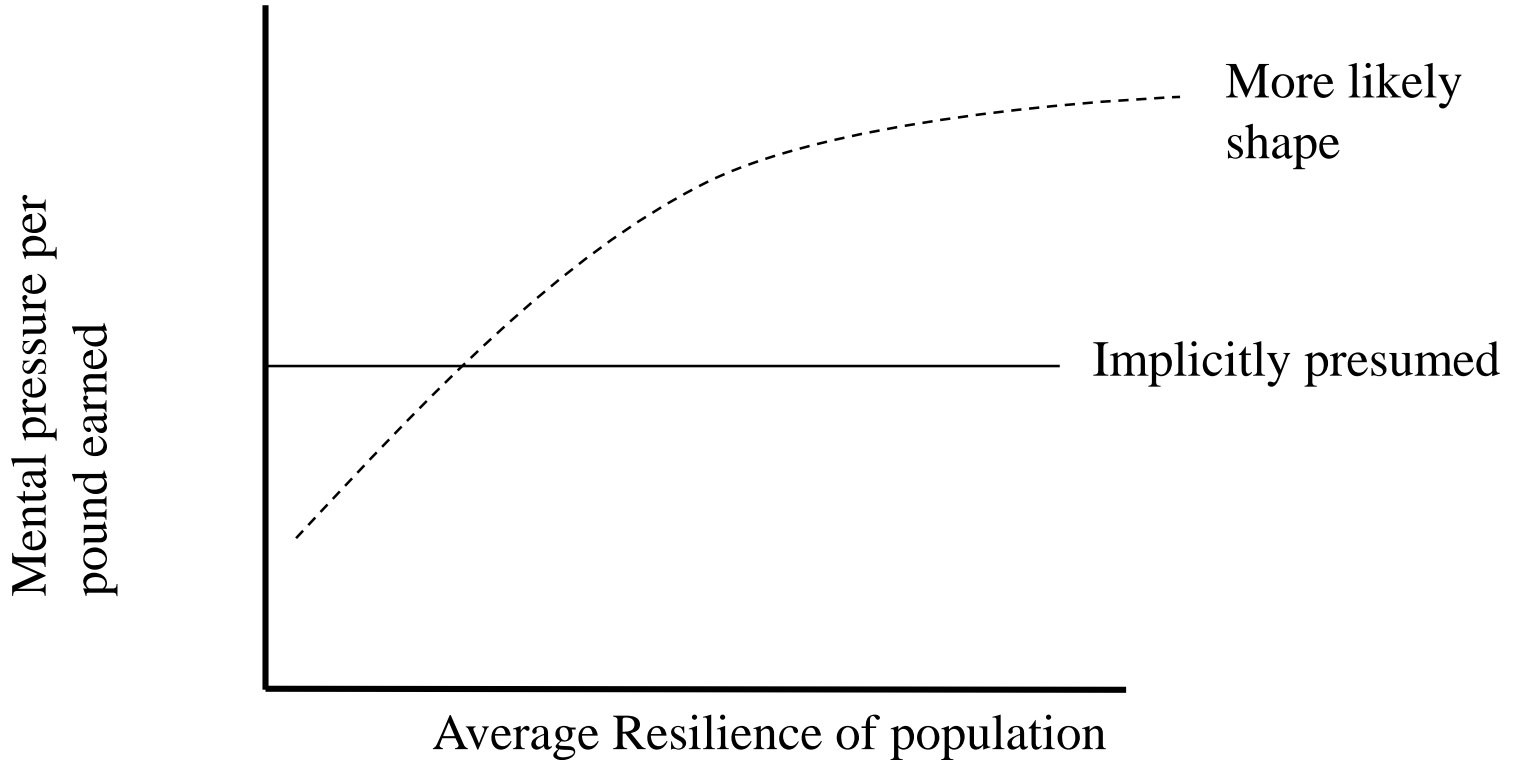
# For instance

crime



# For instance

Mental Health



# Future activities

- z Help Whitehall more with cost-effectiveness methodology.
  - y Key numbers.
  - y The basics of data-handling, multiple measures, how to use the literature, how to use discounting, how to decide on pathways, etc.
  - y Workshops and other dissemination.
  - y CE Handbook

# Future Research questions

- z The effects of changes in taxes, welfare, and cost of living on individual and aggregate LS.
- z Social trust =  $F(\text{regional policy } j)$  ? What policy  $j$ ?
- z Is regional + national +international identity zero-sum?
- z Is empowerment zero-sum?
- z What is the individual and societal return on an egalitarian education (and can we 'bottle' that education)?
- z Is there a general social multiplier of individual anxiety and depression? Is it 3 (as with unemployment)?
- z Can trade and technology shocks be smoothed by policy?



# Lunch

**12.40pm – 1.40pm**



# **Conference Address**

**Professor Julia Buckingham CBE, DSc, FRSB**

**Vice Chancellor and President**

**Brunel University London**



# **Evidence Programmes Challenges and Successes**

**Professor Olga Tregaskis (Work and Learning)**

**Professor of International Human Resources Management**

**University of East Anglia**

Olga Tregaskis  
Employment Systems & Institutions  
Norwich Business School  
UEA  
&  
Work & Learning Programme  
What Works Wellbeing Centre  
@whatworksWB  
@WorkLearnWell

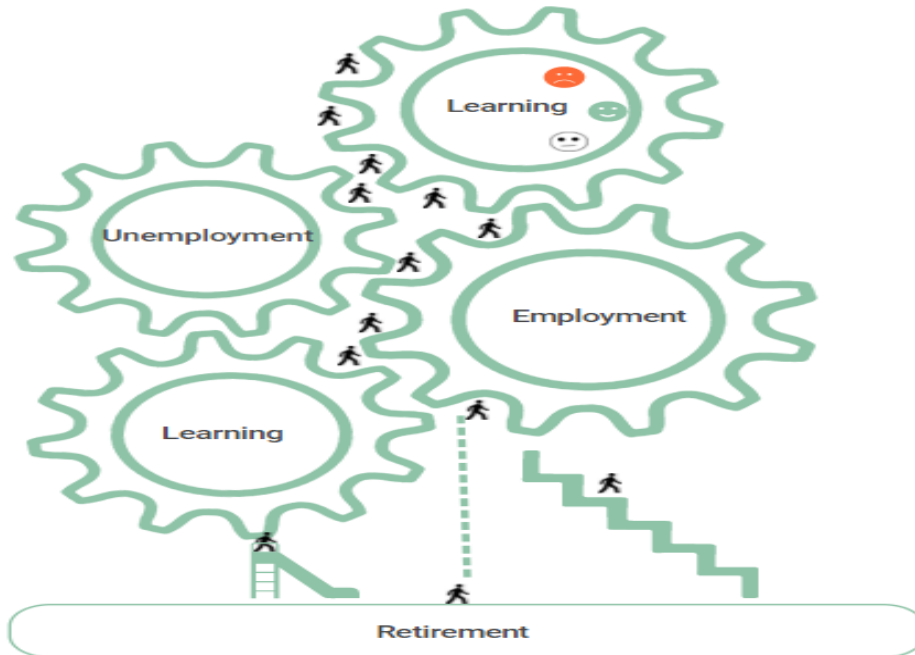
ESRC grant ref: ES/N003586/1







# Wellbeing through the working life



400



9



Systematic Reviews=238 studies / 25,192 studies sifted		
Unemployment/retirement/Finding and keeping work =121 / 9,825	Job quality/team work =41 / 2854	Learning at work/adult learning/16-24 year olds = 76 / 12,513
Secondary Analyses:	Databases used	Database coverage
Gender & Wellbeing Transition from FT education to employment	Understanding Society (2009-14) Understanding Society (2009-14)	27,000 per year observations (5400 people) 2,300 per year observations (460 people)
Good Work & Performance Organisational communities What is a Good Job?	NHS Survey WERS 2012 Skills & Employment Survey	240 Trusts/200,000 employees/ 64,000 patients 7,000 workers/ 600 workplaces 3,200 UK workers
Job training & wellbeing Adult training & wellbeing Youth Wellbeing as predictor of future learning16-24 year olds	Understanding Society (2010-14) Understanding Society (2010-14) Understanding Society	49,028 per year observations (12,257 people) 139,622 per year observations (34,905 people)

# Key Messages – Employment opportunity, & retirement



## Unemployment is just bad 😞😞😞

- People don't fully adapt, there are spillover effects to other family members
- Moving from worklessness to work is sensitive to job quality – especially younger people

## Poor mental health is limiting potential

- Poor mental health is damaging for employment prospects of young people
- Those with low wellbeing are at greater risk of being out of work e.g. sick leave or unemployed

## Retirement

- Wellbeing higher for those who have control over their retirement – bridging jobs & planning; more difficult for those moving from high prestige or satisfying work & and for men whose wives continue working.

# Key Messages – Productive Organisational Configurations



# Key messages – The value of learning



## Learning can boost wellbeing & maximise potential 😊😊😊

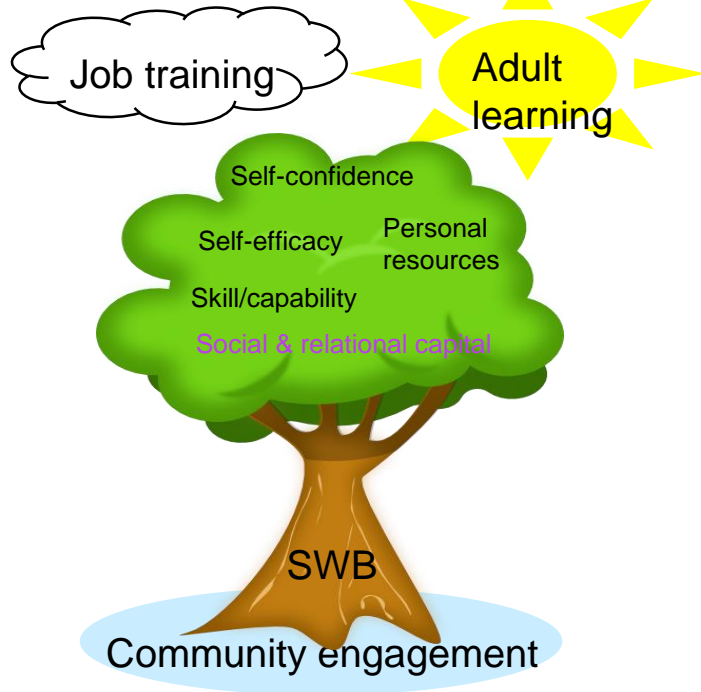
Learning-wellbeing casual pathway

Pathways to wellbeing - self-esteem & confidence, social networks & relational

Can facilitate social contact & community wellbeing

Helps with (re-)employment

Can enhance learning outcomes for those in HE/FE, via cognitive-behaviour strategies, & learning design, increasing engagement and performance



# THANK YOU!

ESRC grant ref: ES/N003586/1

[www.whatworkswellbeing.org](http://www.whatworkswellbeing.org)

@whatworksWB

#wellbeing

[www.uea.ac.uk/esi/home](http://www.uea.ac.uk/esi/home)

@WorkLearnWell



The  
University  
Of  
Sheffield.



University of  
Reading





# **Evidence Programmes Challenges and Successes**

**Dr Christian Krekel (Cross Cutting Methods)  
Post-Doctoral Research Fellow  
LSE**



# **Evidence Programmes Challenges and Successes**

**Professor Anne-Marie Bagnall (Communities)**

**Professor of Health & Wellbeing Evidence & Associate  
Director, Centre for Health Promotion Research**

**Leeds Beckett University**





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BECKETT  
UNIVERSITY



# Mostly Promising: the challenge of appraising and synthesising non-randomised studies of complex community-based interventions

Anne-Marie Bagnall<sup>1</sup>, Jane South<sup>1</sup>, Andy Pennington<sup>2</sup>, Rhiannon Corcoran<sup>2</sup>, Peter Kinderman<sup>2</sup>

# Challenges of context

- What works, for whom, and in what circumstances?
- Context is everything in community based interventions!
- Transferability is key
- Social determinants of health & wellbeing
- Mechanisms of change?
- Our response:
  - Proposed a working theory of change for community wellbeing
  - Sense checking at beginning (collaborative development) & end (public hearings)
  - Transferability checklist in reviews



# Challenges of relevance

# What works to boost social relations?

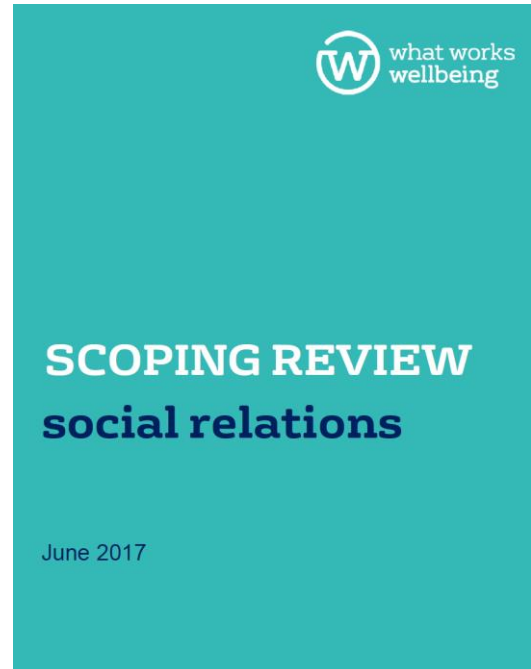
- Identified as one of key topics in collaborative development work
- Rapid scoping review produced a 'Goldilocks list' of key topics
- Systematic scoping review of reviews conducted to map the evidence and identify gaps
- Searched: CDSR; DARE; C2; DoPHER; MEDLINE; IDOX; CINAHL; PsycINFO; Social Care Online; Social Policy & Practice; Academic Search Complete + **Grey literature**
- 11,257 records screened; 34 included

# Findings

- **Create good neighbourhood design and maintain safe & pleasant physical spaces** e.g. meeting places, public parks, public seating, local shops.
- **Support mixed populations** in new neighbourhood developments.
- **Local events** e.g. car boot sales, markets, street parties.
- **Local information sharing** e.g. notice boards.
- **Provide greater opportunities for residents to influence decisions** affecting their neighbourhoods and encouraging engagement.
- It's easier to improve neighbourliness through **encouraging local understanding and action** than large-scale policies

# Gaps

- Interventions for social isolation &/ or loneliness in adults aged up to 65 years;
- Volunteering in people aged up to 65 years;
- Social network analyses;
- **Community infrastructure (places & spaces).**



# Community infrastructure (places & spaces) to boost social relations & community wellbeing

1: How **effective** are interventions designed to improve community infrastructure (places & spaces) in improving social relations and/ or community wellbeing?

2: What **factors (positive and negative) affect** the implementation or effectiveness of the interventions?

3: What are people's **subjective experiences** of interventions designed to improve infrastructure (in relation to social relations and community wellbeing)?

21,337 studies examined

**51 studies included**

# Challenges of definition: complex interventions

Public places and 'bumping' places designed for people to meet

e.g. streets, squares, parks, play areas, village halls community centres.

Places where people meet informally or are used as meeting places

e.g. cafes, pubs, libraries, schools & churches.

Services that can facilitate access to places to meet

e.g. urban design, landscape architecture, public art, transport, public health organisations.



# Challenges of definition: complex interventions

- Community infrastructure and activity is contextual, developmental and covers both informal and formal structures/roles.
- Community interventions will often be messy not neatly defined, developmental not pre-determined and not always clear what is change mechanism - the intervention or process of participation.
- This is challenging but important for selecting studies in a systematic review.

# What counts as an intervention?

We put this question ‘what counts as an intervention?’ to the advisory group.

Agreement that

Its ‘not a silly question’ and may be hard to define

Publications need to demonstrate there was an **intention to make a change** (and who was targeted) and then the interventions was evaluated

Research on an existing church, garden, park, event etc. without an explicit intention/goal/objectives would be excluded, as this is about determinants of community wellbeing rather than ‘what works’.

Also EXCLUDE papers that are exclusively about processes eg volunteering.

INCLUDE papers that describe interventions, pathways/ change mechanisms and how they relate to outcomes.

INCLUDE papers where intention was not about improving wellbeing but wellbeing outcomes were an unintended consequence

Risk we will exclude papers with useful (often qualitative) information.

# Examples

## Community gardens

Include if project has a clear intervention element e.g. community garden programme

Borderline if just about people using a community garden

Could include if people actively engaged

Exclude if about health benefits of gardens

What about projects that have been built by communities? ('without organisational involvement').

Hubs – intervention using arts centre as setting; providing services but existing community infrastructure; new space e.g. health cafe.

Time lag – once upon a time a church or park was an intervention


# Challenges of definition: complex outcomes

## **Community wellbeing:**

The combination of social, economic, environmental, cultural and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential  
(Wiseman & Brasher 2008)

## **Social relations:**

Connections with people around us = an important determinant of individual & community wellbeing

 social values such as trust in others & social cooperation (Evans, 2015)

# Challenges of measurement

## Search strategy:

**Electronic databases** (2010 – 2016): IDOX, CINAHL, PsycINFO, MEDLINE, Social Policy and Practice.

**Web searching:** Relevant organisations.

**Contacts:** Known experts and partners.

**Call for evidence:** What Works wellbeing mailing list

**6,508** titles & abstracts screened;

**382** articles screened in full;

**47** articles included;

**43** indicators or measures;



## Systematic scoping review of indicators of community wellbeing in the UK

VERSION 1.1

August 2017

### Review team

Anne-Marie Bagnall<sup>1</sup>, Jane South<sup>1</sup>, Ben Mitchell<sup>2</sup>, Gerlinde Pilkington<sup>1</sup>, Rob Newton<sup>1</sup>, Salvatore Di Martino<sup>3</sup>

<sup>1</sup> Centre for Health Promotion Research, Faculty of Health and Social Sciences, Leeds Beckett University

<sup>2</sup> The Retail Institute, Faculty of Business and Law, Leeds Beckett University

<sup>3</sup> Institute of Psychology, Health and Society, University of Liverpool

[info@whatworkswellbeing.org](mailto:info@whatworkswellbeing.org)

[@whatworksWB](https://twitter.com/whatworksWB)

[whatworkswellbeing.org](http://whatworkswellbeing.org)

# Scoping review of indicators: synonyms for community wellbeing

## **“Community wellbeing”** (4 studies)

Family & community wellbeing

Local wellbeing

Asset-based approaches

Public/ community health

Social outcomes

Resilience

Neighbourhood satisfaction

Neighbourliness

Social capital

Community capital

Social inclusion

Social & digital inclusion

Community engagement

Community development

National success

Social settlement

Sustainable community

City liveability

Sustainable development

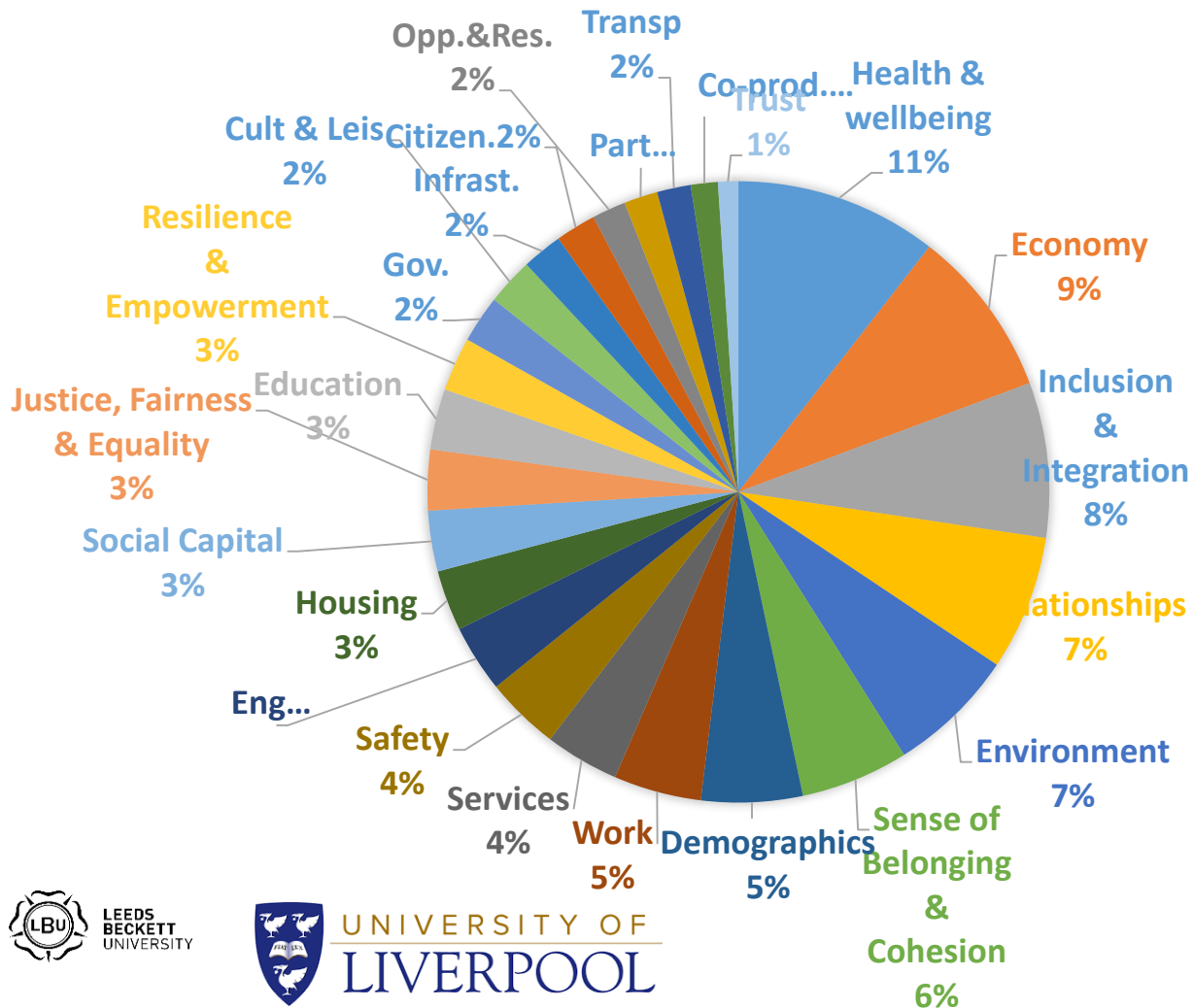
Social change

Community capacity building

Community prosperity

Community cohesion





# Challenges of scale

- Conceptual review of community wellbeing:
- ‘Community’ involves more than a simple aggregation of individual values at a larger scale;
- Community conveys the sense of something shared by a group, whether defined by shared residential area or shared values or both.



## What is Community Wellbeing?

*Conceptual review*

September 2017

### Review team:

Sarah Atkinson<sup>1</sup>, Anne-Marie Bagnall<sup>2</sup>, Rhiannon Corcoran<sup>3</sup>, Jane South<sup>2</sup>  
With: Sarah Curtis<sup>1</sup>, Salvatore di Martino<sup>3</sup>, Gerlinde Pilkington<sup>4</sup>

- 1 Durham University, Department of Geography and Centre for Medical Humanities
- 2 Leeds Beckett University, Centre for Health Promotion Research
- 3 Institute of Psychology, Health and Society, University of Liverpool
- 4 Public Health Institute, Liverpool John Moores University

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[@whatworkswellbeing](https://twitter.com/whatworkswellbeing)

[whatworkswellbeing.org](http://whatworkswellbeing.org)





## Community wellbeing is greater than the sum of the individual wellbeing of all the people living in an area

But what is that extra 'something' that makes community wellbeing?

We can understand community wellbeing as a 'middle-scale' measure of wellbeing that sits between individual and national wellbeing.



## Individual wellbeing

### What is it?

How we subjectively feel about our life, and objectively whether our human needs are being met.

### How can we measure it?

Objective data, such as education level and employment status. Subjective data, like life satisfaction and anxiety levels.



## Community wellbeing

### What is it?

Includes (and impacts) individual wellbeing, but is more than just aggregating individual wellbeing in an area.

### How can we measure it?

Individual assessments of community scale factors; group data collection; individual stories or case studies of community institutions; group discussions; local media; social media; local policy documents; local cultural fora.



## National wellbeing

### What is it?

Includes (and impacts) individual and community wellbeing, and covers some national-level indicators not captured at local or individual scale.

### How can we measure it?

Data from the Office for National Statistics, national indices, international benchmarks

# Challenges of assessment & synthesis

- Mostly qualitative evidence: moderate to good quality
  - Thematic synthesis using Nvivo; mapped back to research questions
- Quantitative evidence was poor quality and heterogeneous
  - No meta-analysis. No silk purse.
- Wide variation in interventions, settings, indicators & study designs
- Mixed methods synthesis focused on thematic synthesis of qualitative evidence
- Grouped by category of intervention

# Challenges of translation

- GRADE & CERQual summary of findings tables used to summarise strength of evidence across each outcome (within intervention categories)
- If a mix of good and moderate studies had the same outcome, strength of evidence was downgraded to “moderate”
- All qualitative findings were classed as “promising”
  - Though some seemed more promising than others!
- Currently no satisfactory way to summarise non-randomised quantitative or mixed methods evidence on complex interventions

# Place

## Community hubs



Social cohesion; Social capital;  
Trust; Wider social networks &  
interactions; Knowledge &  
skills.

## Neighbourhood design



Sense of belonging & pride

## Green & blue space + activities or meetings



Social interaction; Social  
networks; Social capital;  
Physical activity; Healthy  
eating; Skills & knowledge

A **range** of approaches  
to community  
infrastructure can boost  
social relations &  
community wellbeing.

Evidence does not tell  
us which is best!

# People

- **Social cohesion** – bringing together different social or generational groups
- **Social interactions** and
- **Sense of belonging/ pride/ community identity**

Are all increased by **activities** including:

Temporary street pedestrianisation *e.g. Markets*

Community gardening

Changes to church services

Events *e.g. festivals*

Health related activities *e.g. guided walks or exercise classes in community hubs*

# Unwanted outcomes

## Negative perceptions:

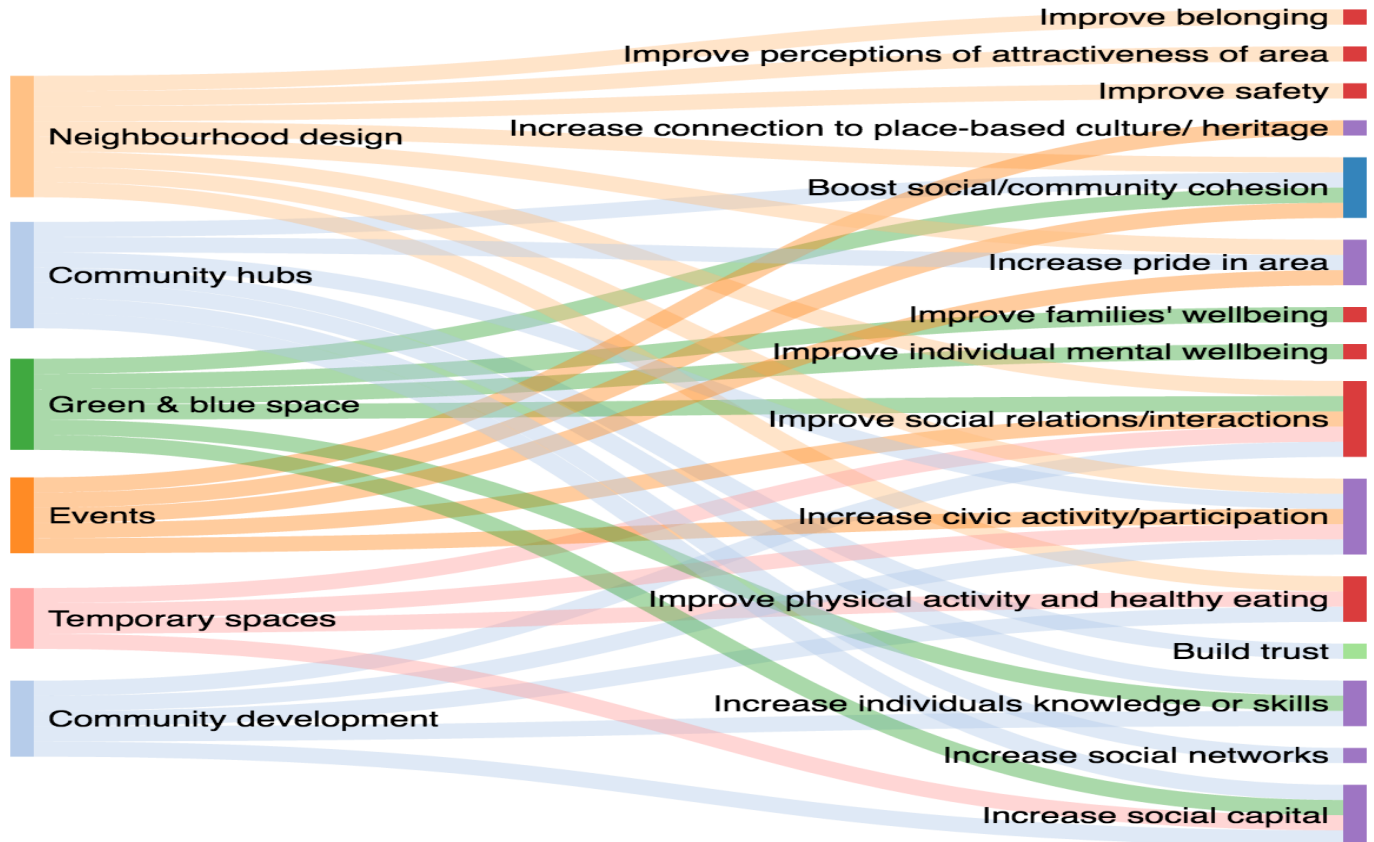
- Changes to neighbourhood design can create new problems or move existing ones;
- Activities targeting specific groups may have negative effect on wider community cohesion.

## Unintended exclusion:

- Events celebrating a local community;
- Neighbourhood design;
- Temporary change of use of space;
- Community development projects;
- Urban regeneration

**Lack of effect on social relations:** Top-down urban renewal projects.

# Relationship between interventions and outcomes





# Actions & challenges for local leaders making changes to places & spaces

- **Accessible** in terms of ability, attitude, culture, finance, transport & location;
- **Involve** community members in organisation & planning;
- Be aware of potential for **unintended exclusion**;
- **Sustainable** – look at long term outcomes;
- **Marginalised groups** – remove barriers by providing group based activity or reason to interact.



# Summary of successes

- Collaborative development  relevant reviews.
  - Scoping reviews of housing, boosting social relations and joint decision making.
  - Systematic reviews of housing for vulnerable groups; community infrastructure; joint decision making.
  - Working theory of change of community wellbeing.
  - Conceptual review of community wellbeing.
  - Scoping review of indicators of community wellbeing in the UK.
  - Methodological development.
  - Secondary analysis of wellbeing inequalities.
  - Public hearings: deliberative process to share knowledge with and from LA & VCS stakeholders + Civil Society organisation involvement
- relevant outputs.
- 

# WHAT WORKS CENTRE FOR WELLBEING

## Successes and challenges in stakeholder work for understanding culture, sport and wellbeing

**Professor Louise Mansfield (BUL)**  
**Professor Norma Daykin (UW)**

Professor Christina Victor (PI, BUL)  
Professor Catherine Meads (ARU)  
Professor Alan Tomlinson (UB)  
Professor Paul Dolan (LSE)  
Professor Tess Kay (BUL)  
Dr Annette Payne (BUL)



## 131



# **Multidisciplinary and cross sector partnerships in culture, sport & wellbeing**

## **KEY SUCCESS 1**

***a grounded understanding of wellbeing priorities in the culture and sport sectors***

# 1. Determining Priority Evidence Reviews Stakeholder Workshops and Observations

<div data-bbox="145 255 215 314"> </div> <div data-bbox="188 350 336 368"> <p>The Culture, Sport and</p> </div> <div data-bbox="271 408 336 427"> <p>WORKS</p> </div> <div data-bbox="240 443 292 468"> </div> <div data-bbox="240 482 336 493"> <p>WHAT WORKS WELLBEING</p> </div> <div data-bbox="240 504 320 534"> <p>Culture and Sport: social diversity and context matters</p> </div> <div data-bbox="240 534 320 598"> <p>Professor Catherine Gray (ESRC) Dr. Catherine Gray (ESRC) Dr. Catherine Gray (ESRC) Dr. Catherine Gray (ESRC) Professor Peter Little (ESRC) Professor Kate Tansley (ESRC) Professor Kate Tansley (ESRC) Professor Kate Tansley (ESRC)</p> </div> <div data-bbox="181 644 336 721"> <p>Workshops for the Policy Group University London on THURSDAY Workshops for the Commission Delivery Group Take place at Brun JULY 2015.</p> </div> <div data-bbox="181 733 233 745"> <p>CONTENTS</p> </div> <div data-bbox="181 745 336 851"> <p>Programme, workshops 1 and 2 List of participating Culture and Sport Culture and Sport Evidence Review The ONS definition of wellbeing Discussion group guidelines for work Participant information sheet Participant consent sheet Campus map</p> </div>	<div data-bbox="395 235 466 294"> </div> <div data-bbox="708 235 810 294"> </div> <div data-bbox="485 294 721 320"> <p>ESRC What Works Wellbeing Culture, Sport and Wellbeing (CSaW) Evidence Review</p> </div> <div data-bbox="499 333 707 348"> <p>PROGRAMME, WORKSHOPS 1 AND 2</p> </div> <div data-bbox="485 360 721 375"> <p>Heinz Wolff Building, Second Floor, Rooms 224 &amp; 273</p> </div> <div data-bbox="387 385 813 863"> <p>10.00 Arrivals and registration Tea / coffee / water available from 9.30am</p> <p>WORKSHOP 1: Subjective Wellbeing</p> <p>10.15 Welcome and introductions Introducing the academic review team. Aims of the What Works Wellbeing Centre and the evidence review programmes. Engagement, communication and opportunities for Q &amp; A.</p> <p>10.30 The CSaW Evidence Review Programme and the Subjective Wellbeing Workshop CSaW evidence review programme and collaborative development phase. Workshop aims &amp; objectives. Introducing subjective wellbeing and opportunities for Q &amp; A.</p> <p>11.15 Break and refreshments</p> <p>11.30 Discussion 1: Subjective Wellbeing (SWB) Participant introductions, interests, and exploring SWB in culture and sport.</p> <p>12.30 Conclusion of Workshop 1 and lunch with groups; networking and optional campus walk.</p> <p>WORKSHOP 2: Wellbeing Evidence in Culture and Sport</p> <p>1.30 Evidence Reviews: Presentation and Q &amp; A A best evidence approach and evidence standards</p> <p>1.50 Discussion 2: Evidence in Culture and Sport Types and uses of evidence used and required in culture and sport, challenges of collecting and using evidence, benefits of evidence, ensuring usable evidence.</p> <p>2.50 Conclusion of Workshop 2, break and refreshments</p> <p>3.05 Plenary session Sharing discussions between groups, next steps</p> <p>3.45 Event End.</p> </div> <div data-bbox="762 925 813 940"> <p>2   Page</p> </div>
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# 1. Determining Priority Evidence Reviews DELPHI Stakeholder Consultation

PEER REVIEW

What works for wellbeing in culture and sport?

## What works for wellbeing in culture and sport? Report of a DELPHI process to support coproduction and establish principles and parameters of an evidence review

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**Keywords**

culture, sport, wellbeing, evidence review, coproduction, DELPHI

### Abstract

**Aims:** There is a growing recognition of the ways in which culture and sport can contribute to wellbeing. A strong evidence base is needed to support innovative service development and a 3-year research programme is being undertaken to capture best evidence of wellbeing impacts and outcomes of cultural and sporting activities in order to inform UK policy and practice. This article provides an overview of methods and findings from an initial coproduction process with key stakeholders that sought to explore and agree principles and parameters of the evidence review for culture, sport and wellbeing (CSW).

**Methods:** A two-stage DELPHI process was conducted with a purposeful sample of 57 stakeholders between August and December 2015. Participants were drawn from a range of culture and sport organisations and included commissioners and managers, policy makers, representatives of service delivery organisations (SDOs) and scholars. The DELPHI 1 questionnaire was developed from extensive consultation in July and August 2015. It explored definitions of wellbeing, the role of evidence, quality assessment, and the culture and sport populations, settings and interventions that are most likely to deliver wellbeing outcomes. Following further consultation, the results, presented as a series of ranked statements, were sent back to participants (DELPHI 2), which allowed them to reflect on and, if they wished, express agreement or disagreement with the emerging consensus.

**Results:** A total of 40 stakeholders (70.02%) responded to the DELPHI questionnaires. DELPHI 1 mapped areas of agreement and disagreement, confirmed in DELPHI 2. The exercise drew together the key priorities for the CSW evidence review.

**Conclusion:** The DELPHI process, in combination with face-to-face deliberation, enabled stakeholders to engage in complex discussion and express nuanced priorities while also allowing the group to come to an overall consensus and agree outcomes. The results will inform the CSW evidence review programme until its completion in March 2018.

### BACKGROUND

There is a growing recognition of the ways in which culture and sport can contribute to wellbeing. Developments in policy including local commissioning of needs-based health and social care have created new opportunities for culture and sport activities to be integrated into service

delivery.<sup>1</sup> However, a strong evidence base is needed to support innovations of this kind. The UK What Works Wellbeing Centre has commissioned a 3-year programme of research synthesis and secondary data analysis across three areas: work and learning, community wellbeing, and culture and sport. The evidence

## EVIDENCE REVIEW PRIORITY TOPICS

Music, singing and wellbeing across the life course

Sport, dance and wellbeing for young people

Visual arts and wellbeing for those living with mental health conditions

Outdoor physical activity and wellbeing for families

# Multidisciplinary and cross sector partnerships in culture, sport & wellbeing

## KEY SUCCESS 2.

*Comprehensive, rigorous evidence reviews and secondary analyses*

<https://whatworkswellbeing.org/our-work/sport-culture/>

# **Multidisciplinary and cross sector partnerships in culture, sport & wellbeing**

## **KEY SUCCESS 3**

***from evidence to impact –  
producing useful and useable  
evidence***





All-Party Parliamentary Group on  
Arts, Health and Wellbeing  
*Inquiry Report*

# **Creative Health:** The Arts for Health and Wellbeing

July 2017



Public Health  
England

Protecting and improving the nation's health

## **Arts for health and wellbeing** An evaluation framework



**Aesop** Arts Enterprise with  
a Social Purpose

## 2. From Evidence to Impact – dissemination and mobilisation through stakeholder networks

**UK active** More people More active More often

**eGYM LESMILLS**

**ukactive's Bristol Promising Practice Regional Roadshow**  
*Sponsored by eGym, Les Mills and Alliance Leisure*

**Date:** Thursday 4<sup>th</sup> May, 2017  
**Time:** 09.00 - 13.00  
**Location:** Easton Leisure Centre, Thrissell Street, Easton, BS5 0SW  
**Dress code:** Business Attire

@ukactive #PromisingPractice

**UK active** More people More active More often

**eGYM LESMILLS**

**ukactive's Manchester Promising Practice Regional Roadshow**  
*Sponsored by eGym, Les Mills and Alliance Leisure*

**Date:** Tuesday 11<sup>th</sup> April, 2017  
**Time:** 09.00 - 13.00  
**Location:** Wythenshawe Forum, Forum Square, Manchester. M22 5RX.  
**Dress code:** Business Attire

@ukactive #PromisingPractice

**UK active** More people More active More often

**eGYM LESMILLS allianceleisure**

**ukactive's London Promising Practice Regional Roadshow**  
*Sponsored by eGym, Les Mills and Alliance Leisure*

**Date:** Monday 8<sup>th</sup> May, 2017  
**Time:** 13.30 - 17.30  
**Location:** The Castle Centre, Elephant & Castle Station, 2 St Gabriel Walk, London, SE1 6FG  
**Dress code:** Business Attire

@ukactive #PromisingPractice

# Multidisciplinary and cross sector partnerships in culture, sport & wellbeing

## KEY SUCCESS 4

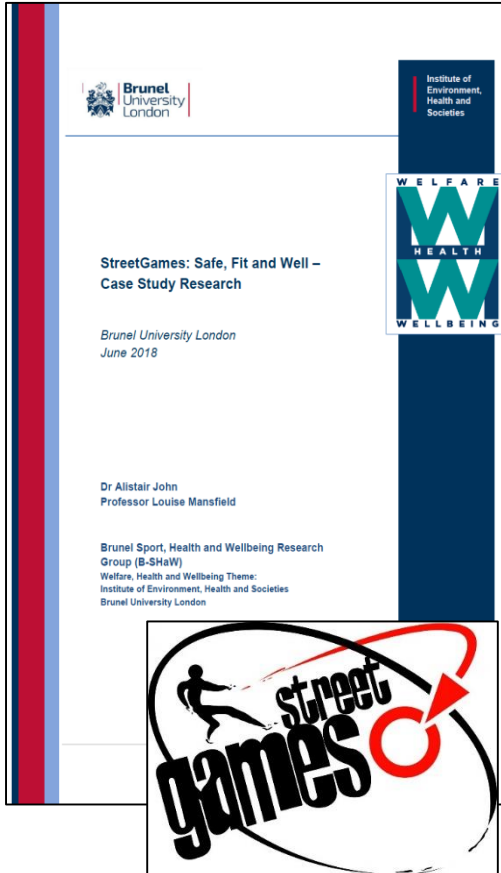
***Informing evidence building in the sectors***

# The Sport Sector

**AIM: Gaining deeper understanding and contributing to the evidence base on the impact of 'Doorstep Sport' in supporting the mental health and wellbeing of young people through sport in disadvantaged communities**

Active ingredients in the StreetGames Doorstep approach supporting and enhancing mental health and wellbeing for young people taking part

- ***Tailored provision***
- ***Workforce training***
- ***Partnerships for delivery***
- ***Strategies for high quality and credible research, monitoring and evaluation***



# The Culture Sector

## Creative & Credible


How to evaluate arts and health projects

The Douglas Alfred Bunce Memorial  
Lecture Series 2016

# Creative and Credible

**Evidencing the Impact of Arts  
for Health and Wellbeing.**

10am-3pm Thursday 6 October 2016



THE UNIVERSITY OF  
WINCHESTER

# **Multidisciplinary and cross sector partnerships**

## **3 KEY CHALLENGES**

# KEY CHALLENGES

<b>Time and timing</b>	Academic vs policy and practice time, Political priorities and timing and academic rigour
<b>Expectations and resources</b>	Outputs, outputs, outputs (publication, design, UK and international, translation and mobilisation) Academic convention, authorship and political imperatives
<b>Capacity and capacity building</b>	Multi-disciplinary academic teams, stakeholder engagement, research assistance, training and development, PhD pathways, wellbeing science.



# Conclusion

- Need for conceptual clarity about key concepts
- Need for better evidence and better use of evidence
- Improvements in methodologies in some evidence (e.g. in music and singing)
- Strengths and difficulties in developing communities of practice for policy, practice and research

# WHAT WORKS CENTRE FOR WELLBEING

**Successes and  
challenges in  
stakeholder work for  
understanding culture,  
sport and wellbeing**

**Professor Louise Mansfield (BUL)**  
**Professor Norma Daykin (UW)**

Professor Christina Victor (PI, BUL)  
Professor Catherine Meads (ARU)  
Professor Alan Tomlinson (UB)  
Professor Paul Dolan (LSE)  
Professor Tess Kay (BUL)  
Dr Annette Payne (BUL)

**@WhatWorksWB**  
**@loumansfield101**

<https://whatworkswellbeing.org/>

[https://whatworkswellbeing.org/  
our-work/sport-culture/](https://whatworkswellbeing.org/our-work/sport-culture/)



# **Evidence Programmes Challenges and Successes**

**Professor Louise Mansfield (Culture and Sport)  
Professor in Sport, Health and Social Sciences  
Brunel University London**

**Professor Norma Daykin (Culture and Sport)  
Professor of Arts and Wellbeing  
University of Tampere, Finland**



# Tea/Coffee

**3.10pm – 3.20pm**



# **Cross Centre Panel Discussion Making a Difference to Wellbeing Inequalities: Measures, Evaluation and Impact**

- **Professor Paul Dolan, LSE**
- **Professor Lord Richard Layard, LSE**
- **Professor Jane South, Leeds Beckett University**



LEEDS BECKETT UNIVERSITY

SCHOOL OF HEALTH &  
COMMUNITY STUDIES

# **Making a Difference to Wellbeing Inequalities: Measures, Evaluation and Impact**

Jane South, Professor of Healthy Communities, LBU and National  
adviser – Communities, Public Health England

Cross Centre Panel Discussion at What Works Wellbeing  
conference, Brunel University, 13<sup>th</sup> September 2018

# 1 – Should we focus on variations or inequalities in wellbeing?

“The fact that in England today people from different socioeconomic groups experience avoidable differences in health, well-being and length of life is, quite simply, unfair and unacceptable” (Marmot Review 2010, p.37)

“....levels of mental distress among communities need to be understood less in terms of individual pathology and more as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing.” (Friedli, 2009,p.iii)

# Domains of community wellbeing used in UK



Indicators used to measure community wellbeing by academic institutions, governmental and non-governmental agencies in the UK

25 categories/domains of community wellbeing

Highest frequency domains:

- Health and wellbeing (11%)
- Economy (9%)
- Inclusion & Integration (8%)
- Relationships (7%)
- Environment (7%)
- Sense of belonging & cohesion (6%)



## 2 – Have we got enough social in the science of wellbeing?

“No man is an Island, entire of itself; every man is a piece of the Continent, a part of the main.” John Donne (1624)

# Community wellbeing



Community wellbeing is the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential.” Wiseman and Brasher (2008, p.358)



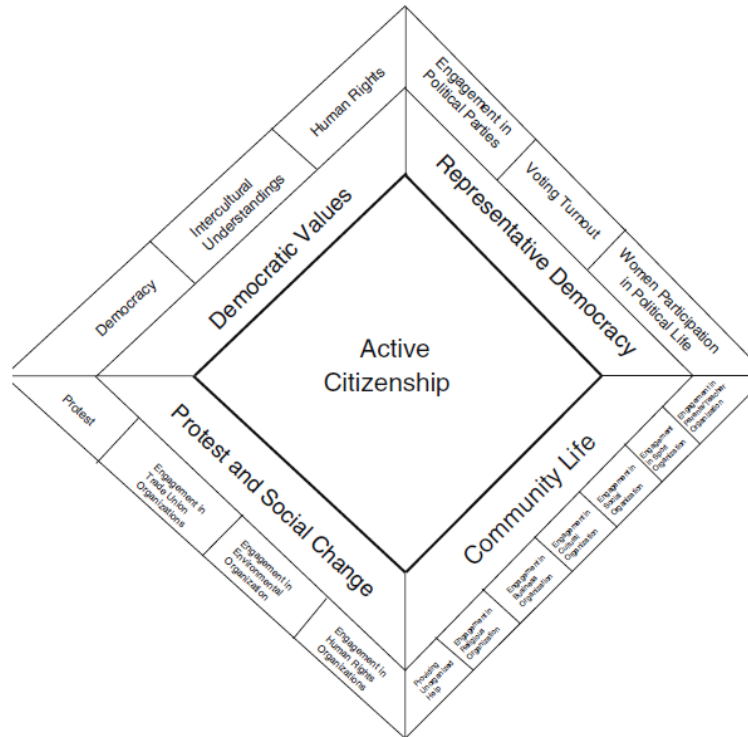
# The range of outcomes (PHE & NHS England 2015)

Summary of potential outcomes reflecting the levels at which change occurs:

Individual	Community	Community Processes	Organisational
<ul style="list-style-type: none"><li>• Health literacy</li><li>• Behaviour change</li><li>• Self-efficacy, self-esteem, confidence</li><li>• Self-management</li><li>• Social relationships, social support</li><li>• Wellbeing – quality of life</li><li>• Health status – physical and mental</li><li>• Personal development, life skills, employment, education</li></ul>	<ul style="list-style-type: none"><li>• Social capital – social networks, community cohesion, sense of belonging, trust</li><li>• Community resilience</li><li>• Changes in physical, social and economic environment</li><li>• Increased community resources</li></ul>	<ul style="list-style-type: none"><li>• Community leadership – collaborative working, community mobilisation/coalitions;</li><li>• representation and advocacy</li><li>• Civic engagement – volunteering, voting, civic associations, participation of groups at risk of exclusion;</li></ul>	<ul style="list-style-type: none"><li>• Public health intelligence</li><li>• Changes in policy</li><li>• Re-designed services</li><li>• Service use- reach, uptake on prevention services</li><li>• Improved access to health and care services – appropriate use, culturally relevant;</li></ul>

Drawing from Institute of Medicine. An integrated framework for assessing the value of community-based prevention. Washington DC: The National Academies Press, 2012

# Active Citizenship Composite Indicator (Hoskins & Macherini, 2009)



# 3 - Whose evidence is it?

*“Your softer outcomes may be my hard outcomes, your hard outcomes I don’t give a monkey about. So the thing about feeling wanted, the feeling that you might have a sense of belonging, the sense of making a real friend today, .... which you would describe as softer outcomes, they’re actually my euphoria.”*

*“We need a balance between ‘conversations and spreadsheets’, ‘stories and statistics.’”*

# Concluding points

Measuring wellbeing inequalities - whatever the metrics, don't miss....

- A focus on social justice & determinants of avoidable differences
- Measurement at a community-level (social relations/citizenship)
- Lay perspectives on wellbeing



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BECKETT  
UNIVERSITY

# Thank you

[j.south@leedsbeckett.ac.uk](mailto:j.south@leedsbeckett.ac.uk)

<https://whatworkswellbeing.org/our-work/community/>

# Workshops – 4.20pm – 5.15pm

## **Workshop 1 - Newton Room**

**Are Workplace Wellbeing Interventions Cost-Effective?**

## **Workshop 2 - Room**

**Creative and Credible Arts, Health and Wellbeing Evaluation**

## **Workshop 3 - Room**

**Moving Forward: Developing Evidence Road Maps for  
Community Wellbeing**

## **Workshop 4 – Room**

**Why Do We Like Life Satisfaction?**

## **Workshop 5 - Room**

**Wellbeing Measurement Tools and Approaches**





# Plenary Talk

**Dr Paul Litchfield CBE OStJ FRCP FFOM**

**Chair – What Works Centre for Wellbeing**



# **Thank you for coming**

## **Drinks reception - 5.45pm**