

---

Citation:

Atkinson, S and Bagnall, A and Corcoran, R and South, J (2017) What is Community Wellbeing? Conceptual Review. Documentation. What Works Centre for Wellbeing.

Link to Leeds Beckett Repository record:

<https://eprints.leedsbeckett.ac.uk/id/eprint/5237/>

Document Version:

Monograph (Published Version)

---

The aim of the Leeds Beckett Repository is to provide open access to our research, as required by funder policies and permitted by publishers and copyright law.

The Leeds Beckett repository holds a wide range of publications, each of which has been checked for copyright and the relevant embargo period has been applied by the Research Services team.

We operate on a standard take-down policy. If you are the author or publisher of an output and you would like it removed from the repository, please [contact us](#) and we will investigate on a case-by-case basis.

Each thesis in the repository has been cleared where necessary by the author for third party copyright. If you would like a thesis to be removed from the repository or believe there is an issue with copyright, please contact us on [openaccess@leedsbeckett.ac.uk](mailto:openaccess@leedsbeckett.ac.uk) and we will investigate on a case-by-case basis.

# 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>2</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

**info@whatworkswellbeing**

**@whatworkswellbeing**

**whatworkswellbeing.org**

## Contents

<b>Summary.....</b>	<b>4</b>
<b>Introduction.....</b>	<b>7</b>
<b>Part I Mobilisation.....</b>	<b>11</b>
1.1 Existing Understandings and Uses of Community Wellbeing.....	11
1.2 Assumptions, Questions and Gaps in Current Practice.....	23
<b>Part II Conceptualisation .....</b>	<b>27</b>
2.1 What Community? Territorial, Categorical, Multiple, Marginal .....	27
Population sub-categories .....	27
Settings .....	28
Scale .....	34
2.2 Directionality .....	35
2.3 Inter-subjectivity, Relationality, Assemblage.....	36
Inter-subjectivity .....	37
Relationality .....	40
Assemblage.....	41
2.4 Temporalities of Community Wellbeing .....	42
Sustainability.....	42
Inter-generational relations.....	44
2.5 Deliberative practices and co-production .....	45
<b>Part III Moving forward .....</b>	<b>46</b>
<b>REFERENCES.....</b>	<b>50</b>
<b>WEB-SITES.....</b>	<b>57</b>
<b>APPENDICES.....</b>	<b>59</b>
Appendix 1. Dronvalli and Thompson (2015) Five ‘Excellent’ Measurement Tools to Evaluate Health and Wellbeing in Community-based Interventions.....	60
Appendix 2 Summary of Selected Frameworks .....	61
Appendix 3: Glossary.....	62

## TABLES AND FIGURES

### TABLES

1. Key questions for conceptualising community wellbeing	6
2. Potential data types by scope and level of analysis based on OECD's 'How's Life' domains	18
3. The advantages and disadvantages of constructing a composite index	24

### FIGURES

1. Building comprehensive community wellbeing	9
2. Individual, community and national wellbeing	13
3. Scope and scale of analysis in community wellbeing	14
4. Individual and community wellbeing	19
5. Community wellbeing domains	16
6. Territorially defined (single setting) individual (IWB) and community wellbeing (CWB)	28
7. Settings approach (multiple settings) individual (S-IWB) and community wellbeing (CWB)	29
8. Inter-subjectivity and community wellbeing	34
9. Capturing intersubjective community wellbeing	36
10. The OECD framework for measuring wellbeing	39

## ACRONYMS and ABBREVIATIONS

COWB	Community Objective Wellbeing
CSWB	Community Subjective Wellbeing
CWB	Community Wellbeing (Subjective and Objective)
CWEP	Community Wellbeing Evidence Programme
DEFRA	Department for Environment, Food and Rural Affairs (UK Government)
HRQOL	Health Related Quality of Life
ICWB	Individual Objective Wellbeing
ISWB	Individual Subjective Wellbeing
IWB	Individual Wellbeing (Subjective and Objective)
Nef	New Economics Foundation
OECD	Organization for European Cooperation and Development
OWB	Objective Wellbeing
PWB	Population Wellbeing (aggregated individual assessments of individual domains)
PWI	Personal Wellbeing Index
QOLS	Quality of Life Scale
S-IWB	Settings Individual Wellbeing
SWB	Subjective Wellbeing
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization
WHOQUOL	WHO Quality of Life
WWWC	What Works Wellbeing Centre (UK)

## Summary

The 'Conceptual Review of Community Wellbeing' from the UK's What Works Wellbeing Centre Community Wellbeing Evidence Programme (CWEP) pulls together thinking and practice on how to think about and assess community wellbeing. The primary purpose is to stimulate greater attention and debate to what we are terming 'being well together'. There have been many reviews of how the concept of wellbeing has gained renewed prominence, the way the use of the concept has changed and the range of different modes of theorising the concept (see for example, Fleuret and Atkinson, 2007; Gough and McGregor, 2007; Kahnemann et al., 1999; Nussbaum, 2000; Scott, 2012; Sointu, 2005). It is not possible here to review all the different engagements with individual wellbeing as our primary concern is with how to develop a conceptualisation of community wellbeing.

We envisage two audiences for this review: an academic-oriented audience with an interest in concepts, which may well include policy-makers, and a practitioner or community activist audience with an interest in the potential value of assessing community wellbeing for particular purposes. We have also published a blog and a briefing document for those in the second audience group with limited time for greater reflective engagement. Community wellbeing complements those wellbeing assessments for individuals, regions and nation-states in which individual subjective and objective wellbeing scores are aggregated to regional and national scales. Community wellbeing can be understood as a middle-scale measure between these. However, '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. The review draws primarily on research and debates that are live in the United Kingdom and other Anglophone high income countries. As such, it is beyond the scope of the review to address the complex diversity of cultural contexts of wellbeing and their implications for conceptualising community wellbeing (see for example, WHO, 2015, 2016, 2017).

1. There is a wide range of current practice with rather different underpinning assumptions and ideologies. The two key terms, community and wellbeing, are both subject to considerable debate as regards their definition, the ways they are mobilised and the associated implications for policy. While there are calls to standardise the definition and practice of important governance terms such as community wellbeing so as to facilitate comparison by sectors, territorial units, socio-economic groups and so forth, the advantage of a looser definition is that the terms are useful for promoting discussions around policy aims and outcomes. We offer a broad working definition for community wellbeing taken from Wiseman and Brasher (2008) and adopted by the University of Minnesota (<https://www.takingcharge.csh.umn.edu/community-wellbeing>). This definition allows local specification of the detail of community wellbeing in response to local circumstances and priority issues:

*'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: 358]

2. It is useful to distinguish different ways that the concept of community wellbeing is understood and used, what we have termed in this report 'mobilisations'. A particularly important distinction concerns the primary interest or purpose in considering community

wellbeing. Community wellbeing may refer to living well together at a community scale or it the role that community scale aspects of living have in facilitating local individual wellbeing. The definition by Wiseman and Brasher suggests both are of interest and may be mobilised within a community wellbeing framework. This distinction, and the blurring of it conceptually, was also reflected by the CWEP stakeholders who considered community wellbeing to be something greater than the sum of a community's individual members but were less certain whether the outcome of interest was the wellbeing of the community of its individual members (CWEP, 2015). Underpinning this distinction is whether wellbeing is always and only a property of the individual or whether wellbeing may emerge from the relations between individuals, between individuals and place, individuals and cultural values and heritage and so forth. The challenge in designing assessments of community wellbeing is describing and capturing the extra 'something'. The majority of existing processes are premised on the centrality of an autonomous and independently acting or feeling individual and a primary interest in how community aspects of life impact on individual wellbeing tends to be dominant. However, social theory offers alternative understandings of the individual as relational and interdependent with others which aligns with an interest in community and demands different ways of thinking about wellbeing and wellbeing assessments.

3. Community wellbeing can be assessed across a large range of possible domains of life, but almost always includes some variant of health, economy, social relations and security. Four important considerations are often left out that are central to capturing a meaningful concept of community wellbeing; these are sustainability, inequality, considerations of intangible cultural heritage and inter-generational relations. There are, in turn, complex concepts that can be understood and operationalised in a variety of ways.
4. Individual wellbeing assessments can be made from individuals across individual scale domains through both subjective (eg feelings about life) and objective data (eg level of education, employment status) and aggregated up to the scale of the given community. We propose this aggregated individual wellbeing data should be referred to as population wellbeing. Individuals can also assess community scale domains (eg trust, safety, aesthetic) which when aggregated up to community scale describe an aspect of community wellbeing beyond the individual, albeit assessed by individuals. Finally, information at community scale on local life (eg crime rates, availability of various resources) will already exist or can be collected from key informants. However, capturing subjective aspects of local life that are not simply individual but reflect the ways in which people function and feel together is more challenging. Alternative forms of data collection grounded in different theories of knowledge offer the potential for this, such as through deliberative processes or the analysis of narrative and other local cultural outputs.
5. The most important first step in designing a framework for assessing community wellbeing is always to consider its purpose in terms of the options for action that it can assess or distinguish. Whether the purpose is to identify how community scale activities might impact on, or 'nudge', normative desirable individual behaviours, to reduce inequalities between and within communities or across generations, this is not a technical decision but an ideological and political one which needs to be made locally.
6. The development of a framework for assessing and intervening to improve community wellbeing thus needs a series of decisions to be made about the assumptions of the approach

taken, the desired end-points and the extent that existing structures of power and voice can be challenged. Key questions for conceptualising and starting to design frameworks for community wellbeing are summarised in Table 1.

Table 1. Key Questions for Conceptualising Community Wellbeing

What is the end-point of a community wellbeing framework?		
Individual wellbeing of community members		Community wellbeing in its own right
Aspects of community wellbeing are determinants of individual wellbeing		Individual scale aspects as components of community wellbeing
'Population' wellbeing comprising aggregated individual wellbeing scores		Community wellbeing understood as something more than the sum of the individual parts
Which components make up a community wellbeing framework?		
These are best determined in relation to local circumstances and challenges but typically will cover a range of domains usually characterised as social, political, economic, cultural. It may be useful to think simultaneously about the people, the place and the power relations.		
People eg. Forms of social support through friends, neighbours, membership of organisations, available formal support through services and facilities.	Place eg emotional attachments such as a sense of belonging, memories, cultural heritage, aesthetics; available opportunities such as employment and earning potential, education, transport, housing, leisure, shops, personal safety, crime rates, secure futures, sustainability	Power eg political voice and participation, inclusion, inequalities of access to local resources and opportunities, a sense of collective control and influence
How can we capture the inter-personal nature of subjective wellbeing that constitutes community wellbeing?		
Quantitative Individual assessments of community scale factors (eg local government, provision of services, available green space etc.) can be aggregated.	Beyond numbers Individual stories, narratives or case studies of particular institutions in the community or of interventions provide more nuanced and detailed information on local processes and pathways to community wellbeing	
If the community is understood as something that thinks, functions, feels in some way 'together' rather than as individuals who share individual experiences of the same things, or, pragmatically as both, then group data collection may be more appropriate.	Group discussions allow deliberation, possible consensus or identification of points of disagreement around community wellbeing. Different group discussions can be held with different constituencies in the community (eg different age groups, neighbourhood groups, gender groups etc)	
	Local media, social media, other cultural fora and local policy documents all shape and reflect local values; these sources	

about local collective life can be used as sources of information.

## Introduction

The Evidence Programme on community wellbeing is part of the What Works: Wellbeing Centre (WWWC), a member of the 'What Works Centres' in the United Kingdom, and will be referred to hereon as CWEP: (<http://whatworkswellbeing.org>). The CWEP draws together existing evidence on best practice for improving wellbeing, in this case, community wellbeing, through a series of outputs that synthesise evidence on selected aspects of community wellbeing, including housing, social relations, local participatory processes and the five ways to wellbeing. Alongside this work on synthesising evidence, this report offers a review of how community wellbeing is defined and measured, the assumptions underlying the dominant modes of doing this and possible alternative understandings for reflection. This conceptual review is a companion piece to two other outputs: a review of indicators used to assess community wellbeing (Bagnall et al., 2016) and a theory of change for building community wellbeing (South et al., forthcoming). Assessments of community wellbeing aim to gauge what is currently being experienced with a view to taking action in the public and social sectors along with private partners to achieve desirable goals. However, since community wellbeing is 'a relatively new idea in social science, it still lacks the theoretical structure for explanatory purposes' (Sung and Phillips, 2016:2).

There has been growing attention to using first-hand accounts of how people feel their life is going, but there is a variable use of terminology in the literature to describe different approaches to individual and community wellbeing. This report will use the following terminology:

- Subjective Wellbeing (SWB) describes an individual's perceptions and feelings about different aspects of their life. This includes what the United Kingdom's Office of National Statistics term 'personal wellbeing' which is based on four questions about satisfaction with life, levels of happiness and anxiety (<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide>). An important distinction needs to be made between the feelings people have about personal aspects of their life and feelings about their immediate context and their wider social, political and physical environment. This distinction is recorded as individual subjective wellbeing (ISWB) and community subjective wellbeing (CSWB) where the qualifier, individual or community, refers to the scale of what is being assessed.
- Objective wellbeing (OWB) assessments cover aspects for which reliable and valid data exist or can be collected, or which can be accurately reported by an appropriate informant. Again, it is important to distinguish assessments for and at individual scale (IOWB) and assessments for the community scale (COWB).



- Individual Wellbeing (IWB) describes the range of wellbeing measures, both subjective and objective (including objective measures that are reported by the informant) for the individual. Thus, IWB combines ISWB and IOWB such as individual income, individual education level, individual networks etc.
- Domain refers to different categories of indicators, such as education, safety, social relations etc., and a comprehensive approach refers to frameworks that use a wide range of domains and drawing on both subjective and objective assessments.
- Community Wellbeing (CWB) is the subject of this report and can comprise various combinations of these terms as illustrated in Figure 1.

A consultation with stakeholders across the country made by CWEP identified understandings of community wellbeing as being ‘about social connectedness.... [and] having one’s voice heard’ (CWEP, 2017: 6). Wiseman and Brasher (2008) stress that ‘any definition of wellbeing needs to be contextualised within communities of population and interest as well as of place’ (p357). As such, they propose a broad definition that stresses the importance of local voice; we propose adopting this as a useful initial working definition:

*‘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: 358]*

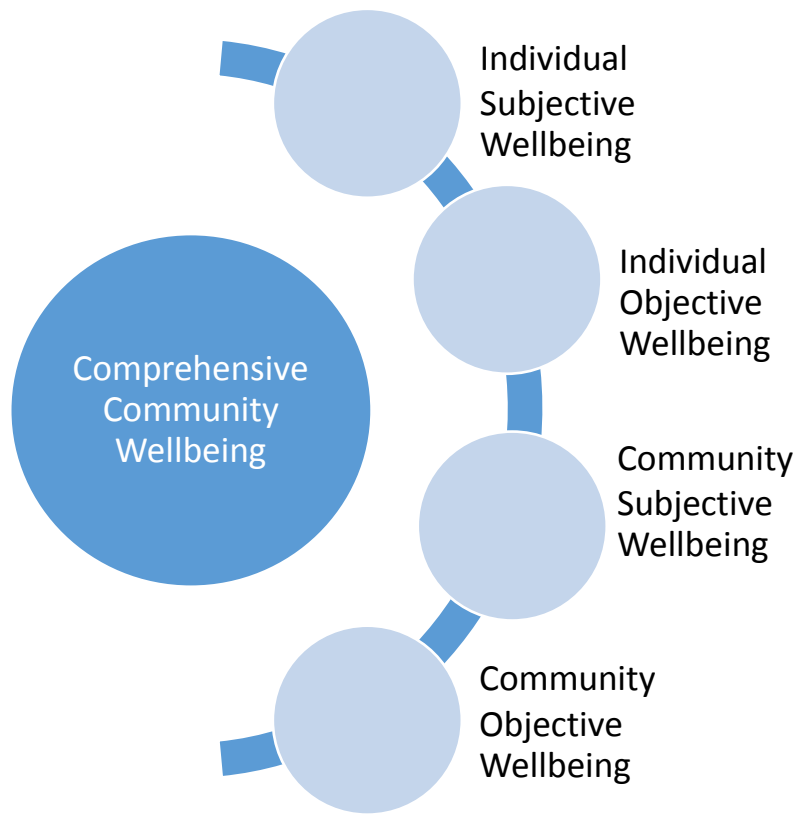
The report is based on three sources of information on existing practice and conceptual framing.

- 1) A comprehensive and systematic review of indicators of community wellbeing in the United Kingdom collated by the CWEP partner team at Leeds Beckett University (Bagnall et al., 2016). Bagnall et al. searched for community wellbeing and a series of related terms and identified 47 data-sets.
- 2) The review of indicators has been supplemented with examples that are widely referenced in the international literature and identified by search for the use of the term ‘community wellbeing’ specifically using google scholar.
- 3) Critical engagements with mainstream approaches to wellbeing are introduced and discussed in relation to their application to community wellbeing so as to identify additional issues in conceptualising community wellbeing.

The report is presented in three sections. Part 1 – ‘Mobilisation’ reviews how community wellbeing is understood and operationalised in existing practice. It identifies common elements and differences in the most widely used approaches and draws out some of the underlying assumptions. Part 2 – ‘Conceptualisation’ introduces three types of social theory, each of which offers a different way of understanding the nature of personhood or the self. These different theories in turn shape understanding of the relationships between the internal self and the external environment (including social, political, cultural, physical etc.), and as such describe different ways of conceptualising community wellbeing. Part 3 – ‘Moving Forward’ discusses how

to consolidate understandings to enable the most useful and practical advances in the practice of community wellbeing.

Figure 1. Building Comprehensive Community Wellbeing



Different options for CWB			
All contribute to Community Wellbeing			
Individual Wellbeing		Both	Community Wellbeing
Individual Wellbeing		Community Wellbeing	
Individual Wellbeing		Community Wellbeing	
Individual Wellbeing		Community Wellbeing	

## Part I Mobilisation

It is a commonplace observation in reviews of measurements and indicators for wellbeing that there exists an enormous number of indicator sets, and this is equally so for community wellbeing. This report makes no claim to a fully comprehensive coverage, but rather aims to draw out those approaches that are prominent in the literature and recognised as sound. In this first section, a descriptive summary of different measurement schemes first identifies commonalities and differences and, secondly, draws out the assumptions upon which the different measurements are based. This leads into Part II in which different theoretical resources for conceptualising community wellbeing are introduced.

### *1.1 Existing Understandings and Uses of Community Wellbeing*

The concept of community wellbeing comprises two terms, both of which are highly contested with no or little agreed consensus on how to define either of them.

The social sciences have a long history of debating what constitutes a community. The traditional distinction between a community of residence and a community of shared values or interests (*gesellschaft* and *gemeinschaft* in Tönnies, 1957) has been expanded through awareness of the many 'communities' within which any one person may enact their everyday lives. Moreover, contemporary usage includes virtual communities of on-line and imaginative spaces. As such, how a residential location intersects with multiple other 'communities' is an important consideration for policy making as recognised, for example, in the WHO's attention to a settings-based approach in the 1990s (see WHO, 1991). Nonetheless, contemporary governance is still organised and managed predominantly through the territorial units of local government and so attention tends to focus on residentially defined communities. The CWEP has, therefore, its primary focus on community define through such territorial units: the neighbourhood and the local authority, with comparisons across urban and rural areas, sub-national regions and devolved governments (ONS <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/oct2015tosept2016>). There is an immediate issue here that a local authority, for which data are most readily available, rarely constitute what might be thought of as a community; that said, what those in the territory do share is the experience of the local authority, its policies and their implementation, which is of crucial interest in supporting community wellbeing.

There is a large literature on defining wellbeing where emphasis has been placed on the overlap with a series of affiliated concepts including quality of life, satisfaction, happiness or flourishing (see Allin and Hand, 2014, chapter 2). As a set, these concepts document the uptake of an argument that public policy primarily targeting economic growth only addresses the means rather than the end point of a good life. Instead, public policy should define its end-point in terms of what is important to people in their everyday lives. One of the major players in making this argument, the New Economics Foundation (nef) summarises it thus:

*'When we understand what makes people's lives go well, see the positive things people bring to situations, and understand people's emotional and social needs, projects and services can be better designed to respond to the many aspects that make up people's lives.'* (nef, 2012: 8).

The various terms in circulation all capture aspects of a policy end-point that is focused on people's lives going well; the recent growth of attention to subjective assessments is the logical result of this argument and acknowledges that only people themselves can assess how they feel their lives are going. The range of terms has been confusing and the range of different understandings of any one of these terms equally so. The common argument for agreeing a fixed, shared definition of wellbeing follows a logic that variation leads to confusion and conflict across policy sectors, that a standardised definition will enable inter-sectoral working and agreed indicators for cross-programme evaluation and comparison (Ereaut and Whiting, 2008). Studies of policy processes offer a counter-argument by showing how policy-relevant concepts that are loosely defined, such as wellbeing, function as border concepts through which deliberative processes are enabled across different interests and political positions (Atkinson and Joyce, 2011; Hajer and Laws, 2006; Scott and Bell, 2013). The recent rise in attention to wellbeing also fits within a wider contemporary political landscape. The dominant understanding and usage of the term wellbeing has changed over the last thirty years, moving away from a collective term for the economy or for social indicators and towards an individual and subjective entity (see Conradson, 2012). Indeed, the only trace to be found in current uses of wellbeing of a more collective understanding remains in relation to environmental sustainability (Atkinson and Joyce, 2011). This change in meaning and usage accompanies a wider shift in which individuals are tasked with responsibility for self-care and self-development as part of the emergence of contemporary forms of neoliberalism and governance (Rose and Miller, 2008; Sointu, 2005). Some have argued that what was once a radical argument for a wellbeing-driven policy agenda, and particularly through subjective wellbeing, risks being hijacked by this wider agenda for self-management (Barnett, 2003; Larner, 2005).

The rise of subjective wellbeing as a monitoring and planning tool for local communities, regions and nations, has generated a number of concerns in relation to this risk of being hijacked in how it is used. These concerns are worth rehearsing here as, in turn, they influence how community wellbeing is to be understood and where the attention of policy-making and intervention may be directed. Sarah White from the Wellbeing-in-Development group at Bath University argues that, first, subjective wellbeing may end up being treated as something of a luxury only to be considered once basic needs are met. Secondly, claims for welfare or safety nets can be undermined if wellbeing is captured through an emotional assessment in which people experiencing disadvantage can express good wellbeing. Thirdly, on the other hand, if wellbeing is treated as a broad and comprehensive term, it becomes of little use in policy analysis (White, 2010). However, the most trenchant criticisms are directed at those mobilisations of wellbeing which interpret it as an inherently liberal and individualistic concept through which an ideology for individual responsibility, meritocracy and 'victim-blaming' are supported (Lee and Kim, 2015;

White, 2010). Attention to subjective wellbeing, which is by definition individual and intimate, can be associated with a tendency to examine the determinants of wellbeing at a similarly individual or local scale, in turn supporting shifts in policy directions similarly focussed on individual behaviour and responsibility. Moreover, this individual perspective may be exacerbated by over-reliance on participatory approaches, despite their being initiated for admirable reasons in order to identify local criteria for subjective wellbeing and to allow for contextual variations in what is important to people. Participatory approaches work well for eliciting the identification of what are called the 'intentional' aspects of life that participants are most aware of and confront on a daily basis (see for example discussions by Pain and Francis, 2003; Williams, 2004). However, these same approaches are often less good at identifying the systems and determinants that operate beyond our everyday lives. Finally, concern has been expressed that subjective wellbeing is assessed in terms of pre-defined qualities and attitudes, that is, ways of being which effectively prescribe what is desirable in a good citizen (see for example Ahmed, 2010). Taken together these concerns relate to the potential use of wellbeing as a tool through which to shape and govern individual desire and conduct such that having poor wellbeing is seen as a failure of responsible citizenship. Seen through this lens, subjective wellbeing is an outcome of individual agency rather than societal structures, inequalities or context (Atkinson, 2013). In relation to community wellbeing, an understanding of wellbeing as primarily residing with the individual and as largely internal to the individual leads to community level interventions to address individual attitudes, individual choices and individual behaviours (see for example the classic work on 'nudge theory' by Thaler and Sunstein, 2008, or on attitude training amongst the unemployed by Friedli and Stearn, 2015). The issue here is not whether behaviours might usefully be redirected or not, but whether this should become the dominant focus for policy action. Policy resources are always finite; the important point here is that their allocation may be directed not only by evidence of 'What Works' but by how the problem is conceptualised in the first place.

The dangers of co-option to a particular agenda does not, however, in itself invalidate the use of subjective wellbeing but rather makes clear the importance of being clear in our assumptions, uses and intended goals. Michaelson (2015) for example, offers a robust defence of using subjective wellbeing that can access first-hand accounts of people's experiences and offers examples of how such evidence has prompted policy responses that attend explicitly to structural, rather than behavioural, changes. The development of performance frameworks for the devolved national governments of Scotland, Wales and Northern Ireland also engage the notions of both community and collective wellbeing as important alternatives to economic performance in thinking about social progress (<http://www.gov.scot/About/Performance/scotPerforms/outcome>; <http://gov.wales/topics/planning/planningstats/performance-framework/?lang=en>; <https://www.northernireland.gov.uk/consultations/draft-programme-government-framework-2016-21-and-questionnaire>). Of particular note is the initiative, 'What Works Scotland' which aims 'to use evidence to transform public services for all of Scotland's communities to flourish.' (Brunner and Watson, 2015: 2). Whilst the focus is not strictly on wellbeing per se, the goal of all communities flourishing comes very close.

The combination of community and wellbeing effectively uses the term ‘community’ to qualify wellbeing as being of interest at the scale of ‘community’ as opposed to that of individuals, devolved governmental units, nation-states or international comparisons (see Figure 2). In contemporary engagements with wellbeing, wellbeing of large territorial units, such as regions, devolved governments or the nation-states, most often represents an aggregation of individual and territorial data on wellbeing for a selected set of domains. Thus, the UK measures of national wellbeing combine national information (e.g. inflation rate) with aggregated individual data (e.g. % reporting a long term illness or disability). These aggregated individual data are measures of population wellbeing, in this case the population being the nation-state. Community wellbeing may be rather different depending on whether the primary interest is in some notion of the wellbeing of collective life at community level or the impact of community life on individual wellbeing. If our interest in community wellbeing is as a significant determinant of the individual wellbeing of the community’s members, then aggregating individual wellbeing scores is an appropriate approach. However, ‘community’ is frequently understood as an entity that is more than the sum of its parts and that captures aspects of life of a social grouping as they are lived and experienced together. And assessing this collective aspect of life demands a different approach from assessing individual or aggregated individual population wellbeing.

Figure 2. Individual, Community and National Wellbeing

### 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?

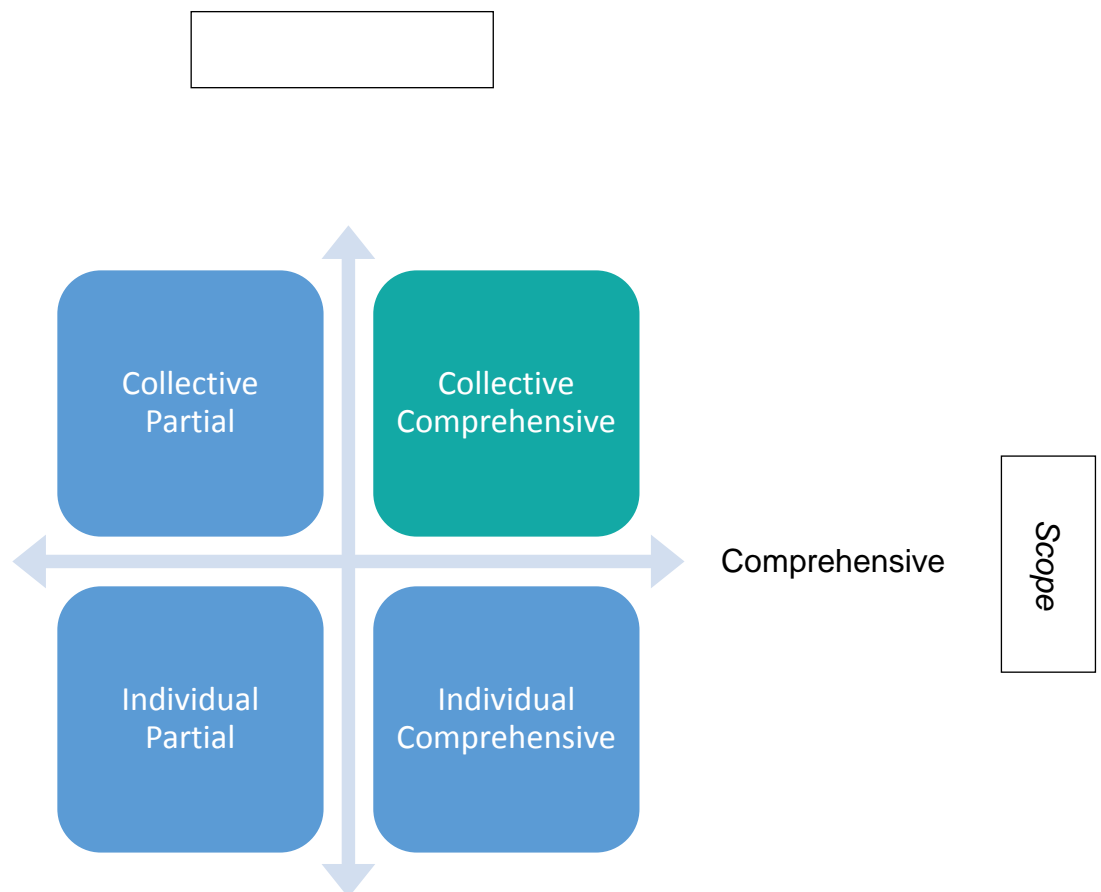
Includes (and impacts) individual and community wellbeing, and covers some national-level indicators not captured at local or individual scale.

#### How can we measure it?

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

One example where this question is explicitly tackled is in work by Lee and Kim (2015) who offer an analytical matrix in which community describes the scale of analysis and wellbeing describes the scope of analysis. In this framework, each element comprises a spectrum of options for mobilisation such that community, as the scale of analysis, has options ranging from individual to collective and wellbeing, as the scope of analysis has options ranging from partial to comprehensive (see Figure 3). Lee and Kim map a selection of research papers against this matrix to argue that the elements of individual and partial do not capture community wellbeing. Across the other three quadrants, most approaches draw on a range of domains of everyday life but vary as to whether these are assessed as individual or collective expressions. A number of approaches combine a mix of individual and community level indicators across a range of domains and as such sit across the two quadrants on the right side of the figure. However, Lee and Kim argue that it is useful to distinguish individual from collective wellbeing and, as such, that community wellbeing refers only to the top right quadrant of both collective and comprehensive. This argument reflects the observation that a collective scale of analysis addresses something that is more than the sum of its parts and so, in this case, community wellbeing is more than the sum of individual wellbeing (Lee and Kim, 2015).

*Figure 3. Scope and Scale of Analysis in Community Wellbeing (adapted from Lee and Kim, 2015)*





The key issue here is how the notion of community is built from an assessment of subjective wellbeing. Figure 4 illustrates two pathways through which community wellbeing may be constructed. Central to this is an important distinction between subjective assessments of the domains of our individual lives (how we feel about our own house, our own job or our own levels of stress and happiness etc.) and subjective assessments of the domains of collective living (how we feel about local transport, the local economy or local safety, and local social factors such as level of trust in the community etc.). Alongside the subjective wellbeing measures are objective measures of wellbeing which can similarly describe either individual factors (individual education level, individual or household income level etc.) or community level factors (local crime rates, local health indicators, local economy etc.).

Following Lee and Kim's typology, it is useful to distinguish these different kinds of indicators and scales in order to be clear what it is that is being measured and discussed and indeed what the relationships between these different aspects of wellbeing may be. Thus Figure 4 uses the terminology as described in the introduction: individual subjective wellbeing (ISWB) and individual objective wellbeing (IOWB) together constitute individual wellbeing (IWB). Whilst subjective wellbeing is always an individual expression, here individual refers to the scale of the domains being assessed. Scale here is used to describe both the place in a system and something of the relationships across different scales. The relationships between different scales may be understood as distinct levels within a hierarchical system, often depicted as a pyramid. On the other hand, the complexities of relationships across scales may be better captured through a metaphor of a mosaic. The way in which we understand, define and relate to different scales is part of our social processes and, at the same time, also productive of those social processes. Appreciating different understandings of scale is important because these are mediated through power relations; different interests, such as those in flows of capital, invest in particular, often hierarchical, constructions of scale. But such constructions are not fixed as we have seen in the rapid social changes associated with the term globalisation which both reflect and produce profound restructuring in the scales through which economic and social life is organised (Brenner, 2001)

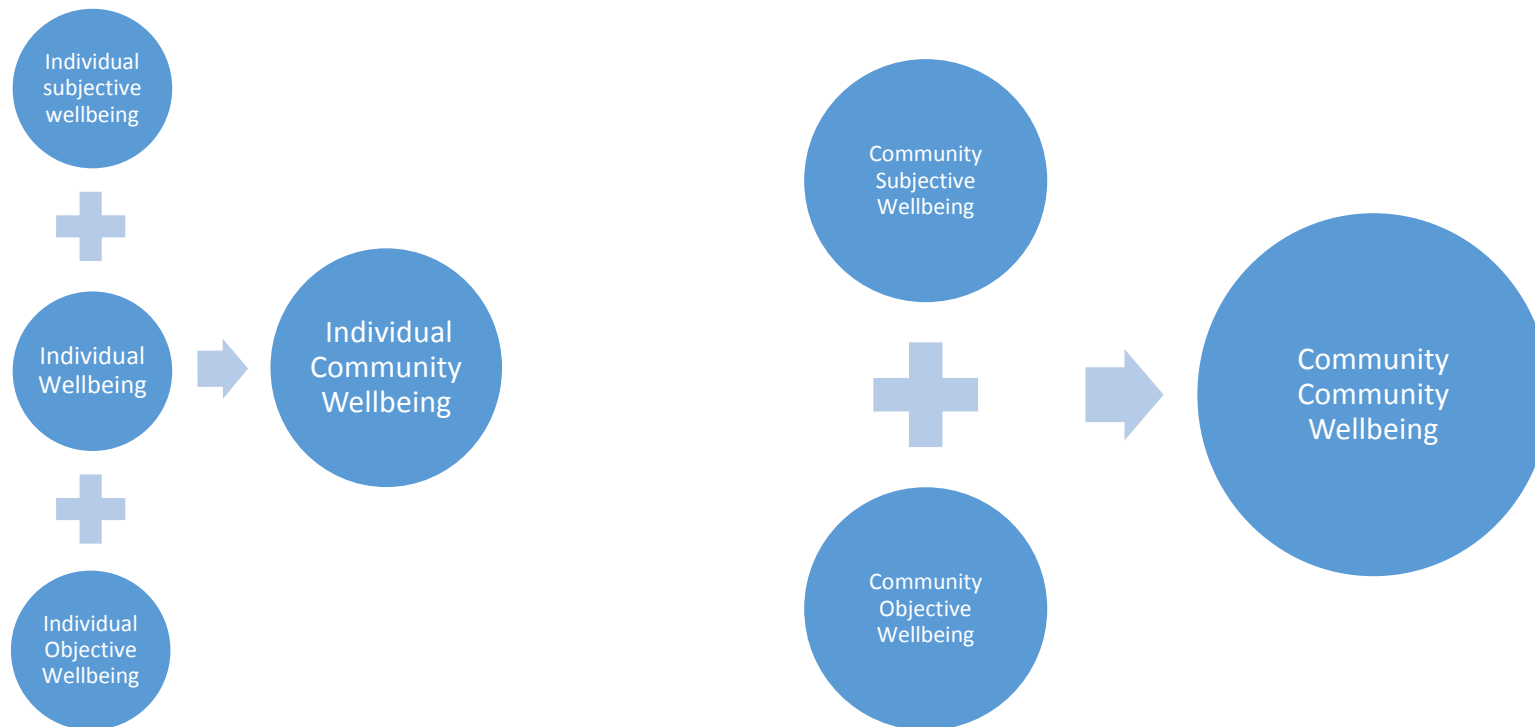
In order to build an assessment of community wellbeing, the individual scale assessments of each person in the given community are aggregated (ICWB). This follows standard practice in population surveys, including for example health surveys. While this does capture something about a population's wellbeing at the scale of the defined community, it is only able to capture the collective processes that actually make a community in rather an indirect manner (for example through aggregating individual social networks or individual use of facilities). From a certain perspective, this indicator based on aggregated individual assessments might be better termed '*population wellbeing*.' By contrast, assessments made of community scale activities and resources explicitly address what it means to live collectively. When referring to assessments of community scale factors, the terminology in Figure 4 is: community subjective wellbeing (CSWB) and community objective wellbeing (COWB) together constituting an assessment of community wellbeing (CWB). In practice, many schemes for assessing community wellbeing draw on both

approaches, but conceptually and methodologically they are distinct with particular aspects of community life being captured. A set of potential examples of data sources and type structured through the OECD domains and organised by level and scope of analysis are presented in Table 2.

Given the apparent difficulties of pinning down the key terms of community wellbeing, an alternative way of 'defining' policy terms and concepts is to start with how they are being used, or mobilised, within policy and practice and to work backwards to identify the underlying premises and definitions. Bagnall et al., (2016), who reviewed the variety of practice in the United Kingdom, note that government agencies were more likely to use indicator sets based on pragmatic options, whereas academic institutions and non-government organisations were more likely to build the work on conceptual frameworks and academics were most likely to use indicator measurements and scales that had been tested and validated. There are advantages and disadvantages to the approaches based on pragmatism or prior research. While an approach underpinned by prior research may appear a sounder approach for proceeding, without an explicitly detailed set of assumptions underpinning the conceptual framework, we remain unaware of what biases in thinking informed what indicators, measurements and scales were selected for testing in the first place. Bagnall et al. also note that indicators and frameworks explicitly using the language of community wellbeing are few (they report only five examples) and they expanded the scope of their review by including a range of closely related terms:

*family and community wellbeing; local wellbeing; community health and wellbeing; asset based approaches; public/community health; social outcomes/social integration/collective efficacy/fear of crime; resilience/evolutionary resilience of place; neighbourhood satisfaction; neighbourliness; social capital; community capital; social inclusion; social and digital inclusion/exclusion; community engagement; community cohesion; community development; national success; social settlement; city liveability; sustainable community; sustainable development; social change; community capacity building; community prosperity. [Bagnall et al., 2016:14-16]*

Figure 4. Individual and Community Wellbeing



**Key:**

ISWB: subjective assessment of individual aspects of wellbeing (how well feel life is going broken down into component elements)

IOWB: objective assessment of individual aspects of wellbeing where there are external data or data that can be reported accurately (income, education level, marital status etc.)

IWB: an assessment or mapping of individual level wellbeing that combines subjective and objective measures

PWB: community wellbeing constructed from the aggregated individual wellbeing assessments across a given population. This is better termed *population wellbeing* in keeping with other aggregated measures such as population health status

CSWB: subjective assessment of collective aspects of the defined area or population group (how do you feel about the neighbourhood, broken down into component elements, including safety, trust, local facilities etc.)

COWB: objective indicators of collective aspects of wellbeing for which there are external data or which can be accurately reported by key informants (crime rates, health status, use of facilities, transport, economy etc.)

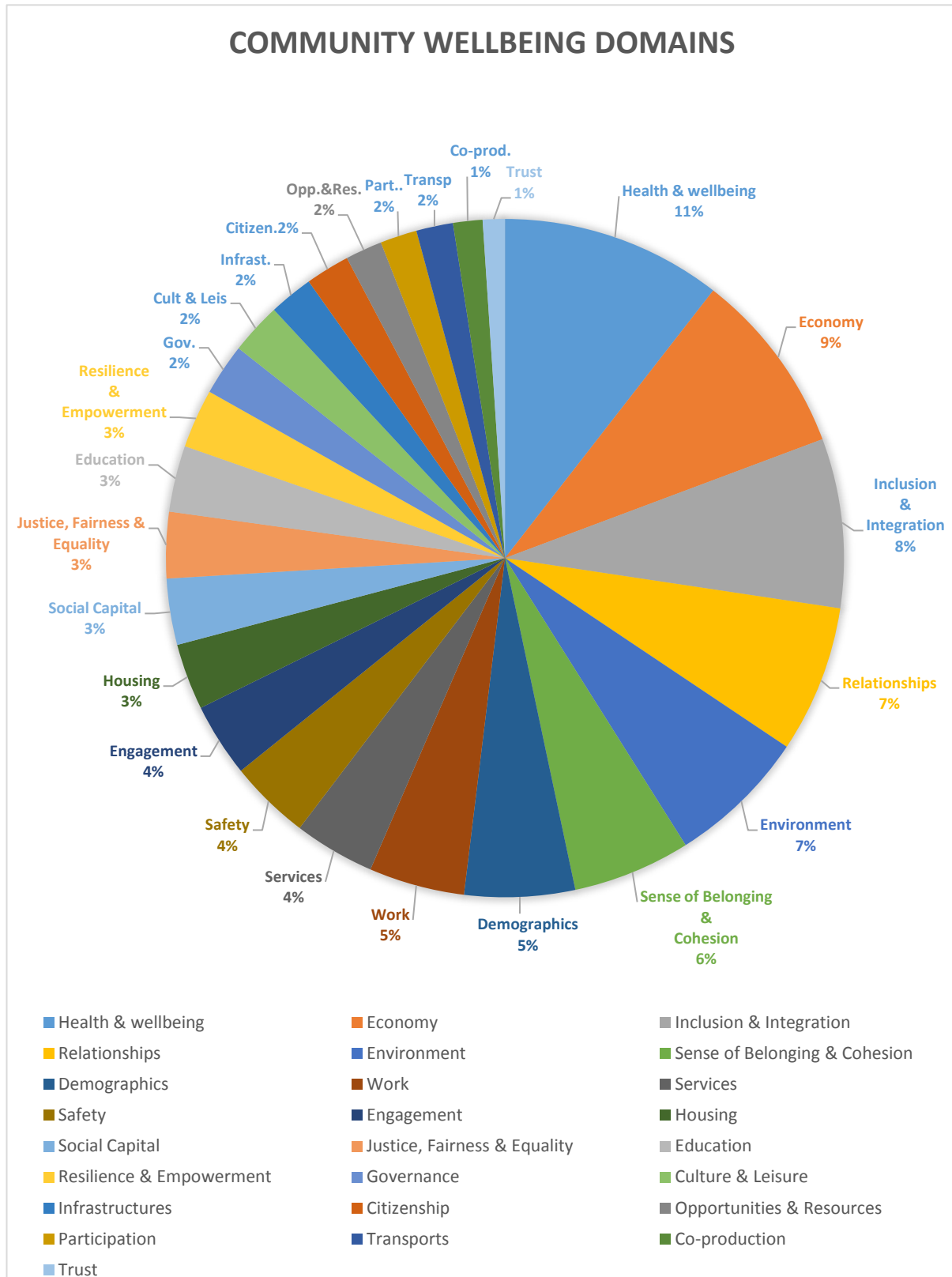
CWB: an assessment or mapping of community wellbeing including both subjective and objective measures.

Table 2. Examples of Potential Data Types by Scope of Analysis and Level of Analysis Using the Domains of the OECD's 'How's Life'  
(OECD itself uses secondary data sources)

OECD: How's Life Domains	Scope of Analysis		Level of Analysis	
Quality of Life	Distribution of data, comparison by social categories such as gender, age etc. as relevant across all data			
Personal security	Homicides Feeling safe at night	Police data Individual survey	Objective Subjective	Collective Individual aggregated
Subjective wellbeing	Life satisfaction,	individual survey	Subjective	Individual aggregated
Civic engagement and governance	Stakeholder engagement Voter turnout	Local authority data Electoral data	Objective Objective	Collective Collective
Social connections	Social support	Individual survey	Subjective	Individual aggregated
Education and skills	Cognitive skills Years in education Educational attainment	Individual survey Individual survey Individual survey	Subjective Objective /reported Objective /reported	Individual aggregated Individual aggregated Individual aggregated
Health status	Perceived health Life expectancy	Individual survey Health service data	Subjective Objective	Individual aggregated Collective
Work-life balance	Working hours Time off	Individual survey Individual survey	Objective /reported Objective /reported	Individual aggregated Individual aggregated
Material Conditions	Distribution of data, comparison by social categories such as gender, age etc. as relevant across all data			
Income and wealth	Household income Financial wealth	Individual /household survey Individual /household survey /banking or tax data	Objective /reported Objective /reported	Collective Collective
Jobs and earnings	Employment Earnings Labour market insecurity Long-term unemployment	Individual survey /government data Individual survey /government data Government data Government /social services data	Objective /reported Objective /reported Objective Objective	Collective Collective Collective Collective
Housing	Rooms per person Housing affordability Basic sanitation	Individual survey Government data Individual /household survey	Objective /reported Objective Objective /reported	Individual aggregated Collective Collective
Environmental quality	Air quality Water quality	Environmental monitoring Environmental monitoring	Objective Objective	Collective Collective

In their review of indicators used in relation to these terms in the United Kingdom, Bagnall et al. (2016) identify 43 measures or indicators or frameworks. The indicators are mobilised across a wide range of domains, shown in Figure 5, although health and wellbeing, economy, services and infrastructure, environment and a range of variants on social associations and inclusion are the most dominant.

Figure 5. Community Wellbeing Domains [From Bagnall et al., 2016]



A systematic review of measurement tools for health and wellbeing for application to evaluate community based interventions identified 27 different measurement tools but rated only five as excellent based on an assessment of validity, reliability, responsiveness, length, use in cross-cultural settings, global scale assessment, inclusion of subjective measures, clarity, cost (Dronvelli and Thompson, 2015). The five scales rated as excellent are summarised in Appendix 1 and are:

- Quality of Life Scale (QOLS) (Burckhardt and Anderson, 2003);
- Personal Wellbeing Index (PWI) (Cummins, 2013);
- Community Wellbeing Index (CWI) (Forjaz et al., 2011);
- WHO Quality of Life – brief version (WHOQOL-BREF) (Skevington et al., 2004);
- Health Related Quality of Life from the Dartmouth Cooperative Information Project (HRQOL – from COOP/WONCA charts) (Martin-Diaz et al., 2006).

Dronvalli and Thompson summarise the uses of their top five: WHOQOL-BREF is ideal for detailed assessment and has been extensively tested, while QOLS is also suitable but less able to be generalised to diverse settings. PWI and HRQOL are both easy to administer as they are relatively brief but may not perform as strongly in their ability to discriminate different experiences. The HRQOL measure has many advantages because it is picture based and in particular, the use of pictures may overcome language barriers, may make assessment more standardised and may facilitate the easy administration of the tool. Finally, the Spanish CWI is purely a measure of local community based on individual assessments of their surrounding community. As such, the tool is useful for assessments of a community or of interventions that have their effects at the community level. In many ways, the last of these is closer to the concerns of the community wellbeing evidence programme and the identification of ways to assess community wellbeing.

Three other key indicator sets that appear frequently in the literature are the OECD 'How's Life' (2015), the Gallup 'Healthways' wellbeing index (2008-) and the Canadian index of Wellbeing (2009-2012, University of Waterloo). These sets explicitly assess individual wellbeing and aggregate the data to construct territorially defined reports. Further measures explicitly using the term 'community wellbeing' are found in Canada's Indigenous and Northern Affairs (2012), the University of Minnesota and Victoria, Australia (Cox et al., 2010). These approaches have a greater emphasis on community level indicators, albeit some based on aggregate individual assessments. Variations in terminology are seen in the earlier work by Kusel (1996) and Doak and Kusel (1997), both in Ribova (2000) in the Arctic areas of Canada who articulate their assessments through a concept of community capacity. The concept of community capacity is also drawn on in the 'Happy City Index' and in the Scottish Government's 'Place Standard', perhaps reflecting the fact that interventions at the community scale are also often framed in the language of building community capacity. These examples are summarised in Appendix 2 and web-links provided at the end of the reference list.

The sets of domains identified in Bagnall et al., (2016) demonstrate that range of aspects of life to be considered if a 'comprehensive' assessment of community wellbeing is to be made. In setting up an assessment of community wellbeing, the domains may be defined and limited by available

data and practicalities of resource, including cost and time. The real challenge, however, lies in the detail of what elements and their associated indicators or measures are to be covered within each domain. One of the less contentious domains is that of the physical environment, and a substantial body of work has demonstrated the benefits to wellbeing of green-space (POST, 2016) and similar arguments are beginning to be made in relation to 'blue-space' of water bodies (Völker and Kistemann, 2011). By contrast, arguably social relations is the most problematic domain to pin down into a meaningful set of assessments and is also the most important in capturing the sense of connectedness implied by the notion of community. Concepts typically mobilised for this domain include: social networks, social support, social inclusion and exclusion, social capital, social justice, sense of belonging, sense of solidarity, respect and tolerance for diversity, gender equality, trust, reciprocity, security and safety, collaborative activities, local participation, political participation. These domains reflect collective processes which contribute to building communities and offer entry points for interventions that aim to enhance community wellbeing, for example through community capacity building (see Trickett, et al., 2011).

The concept of social capital has received a good deal of attention after being picked up by the World Bank. The seminal work argued that different forms of social association (weak, horizontal ties, bridging, bonding and linking forms etc.; see Coleman, 1990; Putnam, 1993) constitute a resource that can be conceptualised as capital. Related to this is assessment of the kinds of spaces that facilitate building social capital, such as community organisations or public spaces in which people might run into one another informally (see Cattell et al., 2008). Much of the work on social capital arguably loses this key focus on the resource as capital, but nonetheless has demonstrated the significance of all kinds of social association in negotiating the ups-and-downs of everyday life and with assessments of subjective wellbeing (Helliwell and Putnam, 2004). A different approach to social capital gives the primary focus to the availability of and access to resources within the territorially defined community such that the attention is less on categorising the forms of relationship but the processes through which availability and access are procured (for example, proximity, prices, rights and informal reciprocity, Bernard et al., 2007). A counter literature opposes the privileging of the concept to capture social association. The criticisms include an argument that all capital is inherently social and that to label one aspect of everyday life in this way serves to undermine this crucial insight and depoliticise the contribution of social analysis (see Fine, 2010) and an argument that the networks of social association referenced by social capital underwrite as much exclusion as inclusion (Portes, 2014). A second concept that has received attention although has proved more difficult to mobilise is that of trust. City mapping through the percentage of wallets returned has become a staple of city reports (despite a number of design flaws), but capturing local feelings of trust is more challenging. Helliwell and Wang (2010) use data from Gallup and from the Canadian General Social Survey to argue the importance of trust to individual subjective wellbeing. The most important 'community' of trust was trust in co-workers in the workplace, followed by trust in neighbours, trust in the police and trust in strangers. Trust in all these groups could have an impact of as much as 18% on individual subjective wellbeing. In this work, the question we started with emerges again: is the interest in community wellbeing primarily to improve the impact of community level features on individual wellbeing (subjective or

objective; Helliwell and Wang's work on trust provides a good example of this) or is the interest broader in building something called community wellbeing for its own sake?

### *1.2 Assumptions, Questions and Gaps in Current Practice*

The review of indicators and frameworks reveal that there is a dominant approach to trying to capture community wellbeing. First, all approaches to community wellbeing (or its associated terms) follow a components approach. This means that the object of inquiry (ie community wellbeing) is accessed and made manageable by breaking it down into its component parts or domains. This components approach may also allow for a more useful assessment of community wellbeing in providing a more nuanced description of potential mechanisms and intervention points. Secondly, assessments draw on a mix of objective and subjective indicators which are used to represent the community either as an aggregate of individual attributes (whether objectively or subjectively assessed) or as descriptors of the territorial characteristics. Thirdly, within this, there is variation in which domains are treated as part of community wellbeing itself and which are treated as determinants of community wellbeing, mirroring similar variation with respect to individual wellbeing (see Atkinson et al., 2012). However, almost all approaches include some variant of the economic, of social relationships, of work conditions, of safety and of health.

This variation in turn reflects whether the community wellbeing is understood primarily as an individual attribute that can be aggregated for a specified population group, or as something more than the individual reflecting a collective experience in the context of community. Those contributing to the CWEP stakeholder consultation commonly viewed community wellbeing as more than the sum of individual wellbeing and, as such, treated community conditions as an important element in community wellbeing itself (nef, 2014). The CWEP team also, on the whole, engage community wellbeing through an ecological metaphor in which inter-connections are central, and especially those between people, places and power. Thus, all formulations of community wellbeing include objectively assessed community level characteristics that are in nature experiential, such as crime rates, life expectancy or employment rates, but may exclude community level characteristics that are in nature material, such as environmental quality or local infrastructure, treating these instead as part of the determinants.

Finally, there are some notable and surprising omissions in the mainstream domain sets. There are very few inclusions of cultural aspects, of what UNESCO term 'intangible cultural heritage' and only two formulations that references equality or equity (the Happy City approach and the University of Minnesota) and only one formulation, the Happy City approach, that references sustainability as intrinsic aspects of defining and measuring community wellbeing.

Inequality is particularly interesting as not only might it be included as an indicator in its own right to represent social justice, but there is an on-going debate about the importance of absolute and relative values for a range of material wellbeing indicators in terms of their association with national wealth, local health and subjective wellbeing outcomes (Wilkinson and Pickett, 2009). Moreover, the intersection between inequality and other aspects of community wellbeing are



likely to be significant given there is a social gradient across many indicators of people's participation in civic life. The What Works Scotland initiative intentionally puts inequalities and social justice as central to its goals and draws on Sen's capabilities approach in developing an approach to assess delivery of public services (Brunner and Watson, 2015). Closely related to intangible cultural heritage, a specific consideration that similarly is lost in most schema is any notion of a sense of place or community (Kee and Nam, 2016) and the histories of place that somehow goes beyond, or certainly deeper, than assessments of individual emotional attachments to place (see Andrews et al., 2014; Gesler and Kearns, 2002; Searle et al., 2009). A further omission is any consideration of how a community may maintain and protect existing wellbeing, however defined. Frameworks predominantly focus on assessment and measurement, on the potential interventions to improve and grow wellbeing, whether as the percentage of individuals reporting satisfied or as rates of crime or quality of service provision etc. This bias towards improvement reveals a mind-set that only considers progress. However, histories of post-industrial economic decline, environmental degradation or green belt housing developments, and population relocation schemes all attest to the processes through which community wellbeing can deteriorate. Local communities need to consider strategies to protect and sustain existing resources and opportunities whilst also managing existing practices that may be discriminatory or harmful to certain sub-groups. There is a parallel conceptual and practical debate about what it is that makes communities more 'resilient'; for example, what is the role in this of good local organisation for participation and voice.

The most popular approaches combine individual and collective scales, individually aggregated 'population' wellbeing and community-based community wellbeing. An area of debate is whether domains are best presented separately, what Stiglitz et al., (2009) term a dashboard of measures or what others treat as multi-domain mapping through spider diagrams (see for example <http://www.nationalaccountsofwellbeing.org/>) or whether some composite index can be constructed that provides an easy handle on the overall picture (see for example Michalos et al., 2011). The advantages and disadvantages of the single composite index are summarised by Michalos et al. (2011) and presented here in Table 3. However, the acknowledgement that there is little underlying justification, conceptually or statistically, for combining different elements of wellbeing into a single composite index still weighs against the advantages of doing this.

*Table 3. The advantages and disadvantages of constructing a composite index*

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1. Single composite index w single numerical value = excellent communications tool</li> <li>2. Provide simple targets helps focus attention</li> <li>3. Simplicity facilitates necessary negotiations re practical value and usefulness</li> <li>4. Reduced transaction costs of negotiations w single, increases efficiency and effectiveness, probably leading to better policy and programming</li> <li>5. Means for simplifying complex multidimensional phenomena and measures</li> <li>6. Make it easier to measure and visually represent trends over time or space or pop groups</li> <li>7. Increase in ease of measuring and representing increases ability to predict and manage future trends</li> <li>8. Means to compare diverse phenomena and assess relative importance status or standing</li> <li>9. Increases comparability leads to increases in capacity to make holistic assessments and balanced judgements</li> <li>10. Increases capacity to do #9 reduces likelihood of public agenda being unduly influenced by relatively narrow interests of few at expense of broader interests of many</li> <li>11. As require construction based on conventions agreed by potential users, have considerable flexibility to include desired and excluding undesired features</li> <li>12. In constructing comprehensive indices over diverse phenomena, researchers case exploratory resources and concepts broadly leading to collaboration among disciplines and richer explanatory scientific theories.</li> </ol>	<ol style="list-style-type: none"> <li>1. Single index oversimplifies complexity</li> <li>2. Requires all issues to be significantly comparable</li> <li>3. Oversimplification gives misleading policy directions and poor policies and programmes</li> <li>4. Encourages invidious comparisons across community, states, regions, nations etc</li> <li>5. Ad hoc selection of domains, variables, weighting and aggregation functions</li> <li>6. Ad hoc selections increase influence of statisticians and technically trained at expense of democratically elected and ordinary citizens</li> <li>7. Still be politically motivated biased selections</li> <li>8. Redundant variables and double-counting occur</li> <li>9. Some issues buried in composite figures, inc. changes in component variables that significant increase or decrease composite figures</li> <li>10. Variation and inequalities buried in composite and averages</li> <li>11. GDP per cap contains as much info as any alternative composite</li> <li>12. If alternative found, leads to same sort of group-think surrounding GDP</li> <li>13. Index values have no clear meaning</li> <li>14. Values of domains, variables and indices vary over time</li> <li>15. Ends and means improperly mixed</li> <li>16. Composite figures lack practical value, resulting from all their difficulties</li> <li>17. Search for composite measures may lead to political paralysis while doing so.</li> </ol>

(From Michalos et al., 2011)

While some processes indicate the use of some complementary qualitative information, there is little wider discussion of how this might inform, extend or even frame more quantitatively based assessments. In the United Kingdom, this dominant approach to community wellbeing, in practice,

bears very little difference to previous local government approaches to local performance. The national indicator set previously authorised by central government enabled local authorities to augment core mandatory data collection with additional variables relevant to the challenges in their particular jurisdiction monitoring (see for example DCLG, 2007, 2008; Rydin, 2007; Scott, 2012). The language that was used in this government monitoring shifted towards social, economic and environmental wellbeing and, to all intents and purposes, the new language of 'community wellbeing' may merely replace and reactivate this approach. What may be new within local authority indicators is the inclusion of more subjective assessments, although satisfaction surveys and questions related to a sense of belonging are certainly already familiar to local authorities. Nonetheless, introducing a new language of community wellbeing may then merely generate an unnecessary anxiety in local organisations about how to operationalise it. On the other hand, the concept may offer what currently is a missed opportunity to think about community, policy and governance in rather different ways from the dominant approach.

The current dominant approach retains a version of the self as a largely independent, autonomous, intentional individual. None of the approaches is really able to capture the quality of relationality, which some would argue is the key attribute of anything we want to term community wellbeing. Contemporary social theory challenges this model of the autonomous individual through the focus on systems approaches, work on inter-subjectivity, on assemblage and on performativity. These theoretical contributions have great significance for understanding community wellbeing. Participants in the CWEP stakeholder consultation viewed relational aspects of the locality as defining features of community wellbeing. The next section describes these alternative modes of thinking about self and others, opens up dialogue on what an approach to capture relationality might look like and offers differentiated pathway models drawing on different initial assumptions for deciding on how to conceive of and then appropriately assess community wellbeing.

## Part II Conceptualisation

### *2.1 What Community? Territorial, Categorical, Multiple, Marginal*

The concept of community has a long history of debate about its meaning since Tönnies first defined two forms of 'community' and 'society' in 1887, as indicated in Part I. Hillery, by 1955, already identified 94 different definitions, although most of these shared a sense of community as comprising persons in social interaction within a geographical area with one or more additional common ties. By the turn of the Millennium, community was still understood largely in terms of two major types, geographical and functional, but with both sharing the common characteristic that people engaged in face-to-face communication, exchange and interaction (Fellin, 2001). Since then, new forms of virtual and digital interaction, communication and relationship through the internet and social media have opened new spaces and potential expressions and interpretations of what a community might be. Alongside the rise of virtual interaction, the greater interconnectivity across different 'scales' from local to global that is captured under the general label of globalisation, makes clear that our understandings and experiences of what is 'local' and what is 'community' are no longer easily fixed in territorial terms. Nonetheless, Lee and Kim (2015) argue that the application of community in relation to wellbeing is still usefully taken as a geographically bounded group of people at a local scale who are subject to direct or indirect interaction with one another. This reflects the dominant mobilisation of community wellbeing which largely draws on a territorial definition. That said, many of the existing approaches need not of necessity be limited to territorial or residential forms of community and, indeed, some are explicitly presented for application to project based interventions (see for example nef, 2012). This section reflects on the limitations of taking a territorially defined community as the primary focus for assessing community wellbeing and flags important social groupings that may, through this dominant focus, be missed from our assessments.

### *Population sub-categories*

The community wellbeing of defined population sub-groups can be assessed where survey data have been collected at an individual level which can be aggregated up as long as the surveys have collected qualifying data on age, gender, ethnicity, income, employment status, disability and so forth. There is a debate here as to whether socio-economic or demographic groups really constitute a community or whether what we are interested in here might be more accurately termed population sub-group wellbeing. Either way, the socio-economic and demographic categories identified within any society are highly significant groupings for wellbeing. First, these are categories that can be strongly associated with differentiated everyday experiences as a result of the social meanings, values and attitudes that adhere to what are often visible expression. Secondly, such categories capture multiple positions and experiences within society and through which people's own identities are informed. Thirdly, some combinations of such multiple layers describe the most abject experiences in society and which are often also those most difficult to reach through surveys through their relative invisibility. This is an important point to emphasise; a community wellbeing measure that excludes, for example, trafficked and undocumented sex workers, who we may assume to have some of the lowest rates of wellbeing imaginable and to

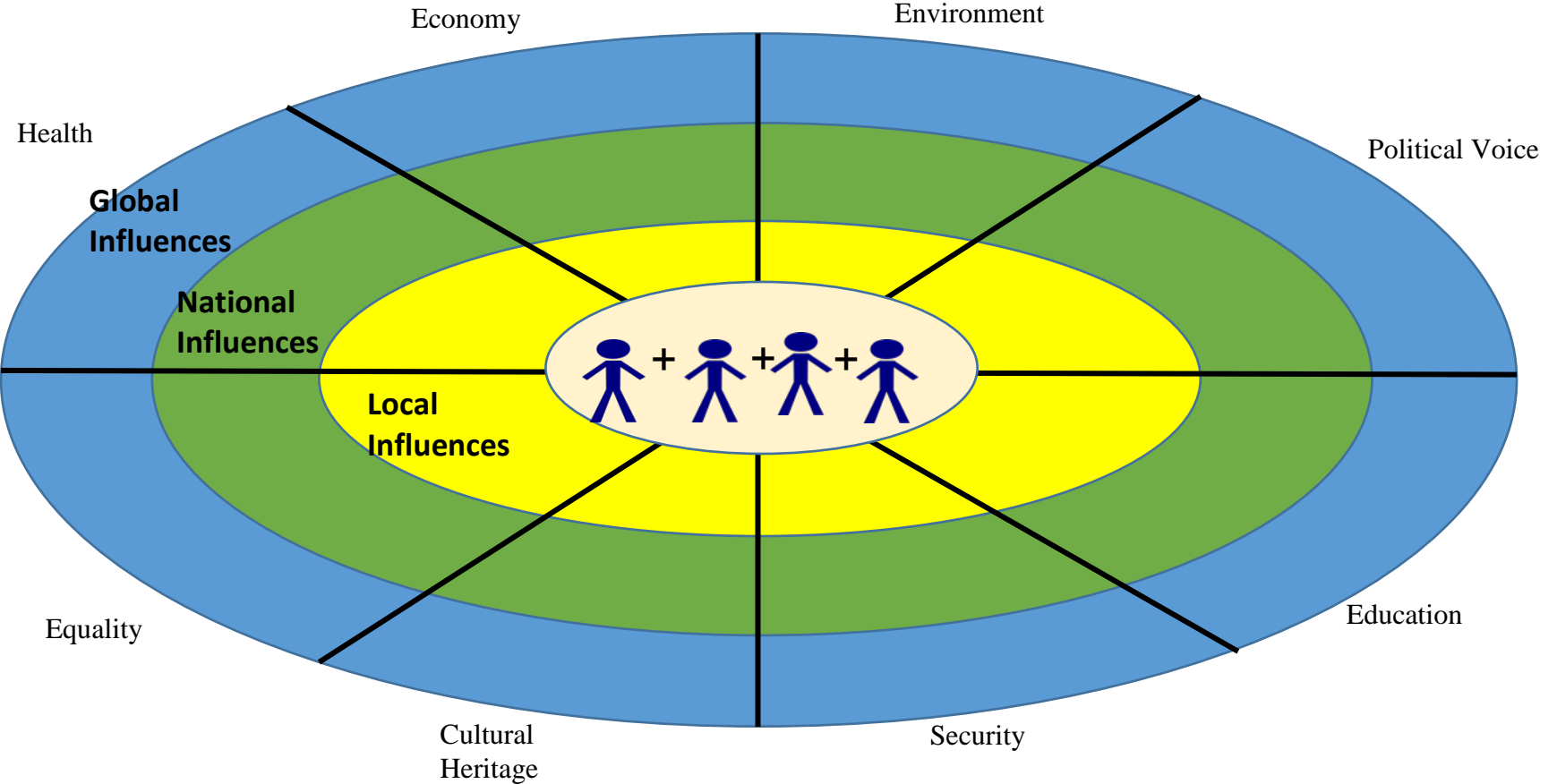
exist in most urban areas, fails to measure the facilitating contexts and enabling practices of such experiences. Current approaches to community as territorial and as populations accessed most typically through various instruments of household survey will inevitably miss those who are within in the territory but marginalised or invisible to the community. While those in the most abject of circumstances may always be invisible, and often intentionally so, an awareness of the limitations of the tool is important for at least two reasons. First, the size of a sub-population group living 'below the radar' will vary by territory. Comparisons of units of community wellbeing may be seriously misleading where one community has a far lower representation than another. Secondly, while the invisibility of certain groups is unavoidable, their experiences are likely to reflect local inequalities that we can detect. Community wellbeing measures need to be amenable to disaggregation to socio-economic, demographic and sub-territorial levels in order to provide an additional community wellbeing measure of inequality across the territory. Aggregated individual assessments of individual and community scale domains can be aggregated for sub-territorial groupings but community level measures will need to be intentionally collected by sub-categories or sub-territories for this purpose. The challenges of disaggregating territorially based data notwithstanding, a community with good aggregate wellbeing scores but which mask large sub-territorial inequalities does not align with most people's idea of good community wellbeing. A community characterised by inequalities is a community characterised by social injustice in the distribution of resources and opportunities. It is important, then, that assessment of inequalities in the wellbeing across community sub-groups is included as a key indicator in assessing the wellbeing of the community as a whole.

### *Settings*

Attention to socio-economic and demographic sub-groups raises questions about how to treat those groupings with shared identities or solidarity both within and beyond the territorially defined community. The WHO 'settings' approach, developed to advance health promotion, (Dooris, 2009) starts out from asking where and with whom people spend their time. In this approach, an individual may be part of several communities associated with different settings. This multiple communities approach has intuitive value for modern living: a person may be part of a residential community, a workplace community, a leisure communities, online communities etc. If the various categories of a person's significant socio-economic and demographic identities are added to these, the communities to which we belong functionally and affectively build wellbeing from multiple sources and places, creating an individual wellbeing that may be best captured through the metaphor of a kaleidoscope. The distinction between a territorial community wellbeing and a settings community wellbeing is illustrated in Figure 6 and Figure 7. Figure 6 shows the aggregation of individual wellbeing assessments for an indicative range of domains in just one setting as represented by one yellow circle. Figure 7 depicts a single individual assessing wellbeing for the different domains across their different settings (S-IWB) which are represented by multiple yellow circles. The issue for defining community wellbeing is whether to select just one of these multiple communities and ignore the complexity of life across different settings as in Figure 6, or whether to try to capture the more meaningful, but broader, range of belongings. But the challenge for the settings approach of Figure 7 is whether it is meaningful to aggregate

individual settings based wellbeing (S-IWB) given each individuals' suite of settings may differ from each other.

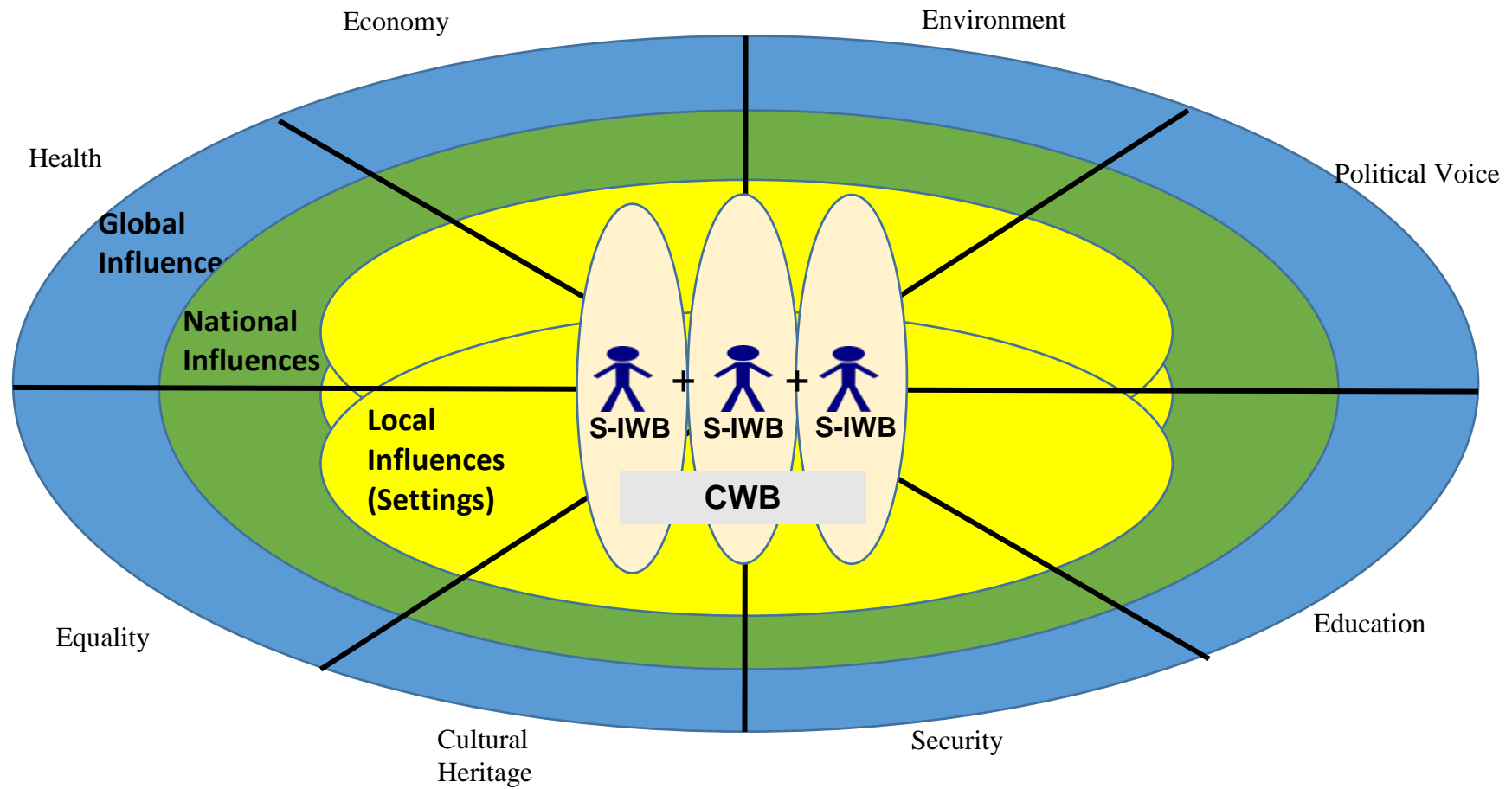
*Figure 6. Territorially defined (Single Setting) Individual Wellbeing (IWB) and Community Wellbeing (CWB)*





*Figure 7. Setting Approach (Multiple Settings) Individual Wellbeing (S-IWB) and Hypothetical Community Wellbeing (CWB)*

$$\begin{aligned} \text{S-IWB} &= \sum \text{settings IWB} \\ \text{CWB} &= \sum \text{S-IWB} \end{aligned}$$



If the individual's wellbeing is shaped within different non-overlapping settings, then there is no one bounded community with whom to aggregate the multiple settings assessments. On the other hand, if the individual wellbeing is only aggregated with the other members of a bounded community (whether residence, workplace or leisure group), much of the individual wellbeing may not be attributable to this single community. So there is a difficulty conceptually whichever way community wellbeing is approached. If, on the other hand, community wellbeing has as its primary focus the collective aspect of the term and is to be assessed through collective level measures, then arguably the wellbeing inheres to the scale of the analysis, whether local, site-specific or population group specific, and, as such, does not demand consideration of individual multiple settings. Both, however, do require consideration about the relationships with different scales of analysis.

### *Scale*

There is an important spatial consideration in conceptualising and assessing community wellbeing surrounding the decision about how to treat the different scales, that is where to place those non-local wellbeing indicators, those aspects of life that do not strictly measure personal wellbeing but do describe the conditions that enable people to flourish and which have to be impacted on at a collective scale. At the community level, local government and governance explicitly think in terms of indicators relevant to policy and practices that are 'place-shaping', that is 'the creative use of powers and influence to promote the general wellbeing of a community and its citizens' (Lyons, 2000). Such community, national and global wellbeing indicators can be considered either as part of community wellbeing or as influences on community wellbeing. The CWEP describes these inter-relations in the theory of change for building community wellbeing (South et al., forthcoming).

The classic approach to different scales of wellbeing is to treat most as influences on the core measure of interest (whether it be community subjective wellbeing or community wellbeing more broadly). Work on what influences wellbeing mirrors work on social determinants of health in which determinants are conceptualised as operating in different domains and scales and are depicted as a set of nested concentric circles (inherent, individual, household or community) embedding the core 'wellbeing' measure (see for example Dahlgren and Whitehead's classic diagram, 1993).

Spatial differences in wellbeing have been described at a range of scales commonly investigated in geographical inquiries: international, national, interurban, intra-urban, neighbourhood, understanding space as having both physical and social dimensions. Subjective wellbeing tends to be lower in more densely populated, urban locations although not consistently and countered by a tendency for wellbeing to be higher with easier access to shops, schools, transport, health facilities and so forth. There is also a reported tendency for deprivation, prosperity and resource availability, both at local and national levels, to influence local and individual subjective wellbeing (summarized in Schwanen and Wang, 2014). These studies reflect an approach of hierarchical scales, in which 'higher' scales of analysis influence and shape 'lower' scales of analysis. Other

work reports how cultural traditions in non-western countries in which community cohesion and unity are valued are coming into tension with an emergent individualization of aspiration and consumption in the new economies of the growing peri-urban neighbourhoods of Latin America and Asia (see Calestani, 2012; Schaaf, 2012). Here, the relationship between different scales is more complicated; trends at a global scale are built from actions at the local scale but, in turn, the changes and tensions at the local scale reflect influences from the global scale. This resonates with an alternative multi-scalar understanding of wellbeing in which different scales are simultaneously interconnected and interacting in the production of wellbeing and of each other (Schwanen and Wang, 2014: 83). This sits intentionally in opposition to a conventional hierarchical approach in which the larger scale may influence and impact on the local but rarely *vice versa* (Marston et al., 2005).

As intimated above, research attention to the complexities of scale and place has mostly focused on how different scales interact in shaping subjective wellbeing. This work provides important and critical insights on multi-scalar considerations beyond the immediate neighbourhood or community. First, comparison across very different settings exposes cultural factors that can affect the extent to which subjective wellbeing or happiness is expressed or even valued. Secondly, there is an important policy debate about whether relative inequality and social comparison is or is not more important than absolute levels in measuring determinants of subjective wellbeing. A multi-scalar approach demands greater specification of which population groups and which scales comparison is most appropriately made. While a focus on community wellbeing tends to examine relative inequality locally within the neighbourhood, Ballas and Dorling (2013) suggest it is comparison across the nation-state that is crucial. Third, the determinants identified as the most important for subjective wellbeing may vary across space and across time. Spatially informed research using large European data-sets aimed to identify key influences on subjective wellbeing for a range of macro-scale factors. An important result was that whether the absolute or the relative value in income and other indicators had greater influence on subjective wellbeing varied across different regions and countries (Aslam and Corrado, 2012). This study highlights that particular macro-political, economic and historical trajectories of a given setting are highly influential for understanding territorial subjective wellbeing. These kinds of studies, working with large data-sets, both emphasise the complexities in developing and evaluating policy interventions and expose a range of issues that need consideration across different scales of governance.

## 2.2 Directionality

The importance of considering wellbeing as multi-scalar counters an emerging new mainstream approach within the wellbeing literature. In this, wellbeing, and particularly subjective wellbeing, is presented as, first, resulting from internal processes (e.g. mind-set, attitude, personality) rather than external influences and, secondly, as influencing other levels of wellbeing including individual objective wellbeing (e.g. indicators of 'success'). This reversal of directionality in wellbeing takes its rationale from the work of the positive psychology movement in which psychology's interests have moved away from deficient to positive mental states. While the main proponents of this approach flag the importance of the social and of context (see for example, Seligman, 2011), the core

argument is that positive thinking, positive attitudes or 'optimism' can be learnt and taught. This, in turn, impacts on other aspects of individual wellbeing. Since the rise of the positive psychology movement, there has been an explosion of self-help books for happiness associated with success and 'get[ting] the life you want' (Lyubormirsky, 2011) or 'fuel[ling] success and performance at work' (Achor, 2010) alongside an equally marked increase in practices and courses to improve the inner self. Perhaps most notable of these is the rapid growth of interest in mindfulness. The redirection of intellectual and popular attention to the inner self rather than the external social context may also be associated with a redirection of both private and public resources. In a model in which the primary attention is given to the inner self, community wellbeing is positioned as an outcome of individualised processes. In the more extreme versions of the mindfulness ideology, the path to individual wellbeing is to escape the influence of the social altogether, that to escape the influence of other people, which leaves community wellbeing largely irrelevant. This shift to a self-help wellbeing may represent 'new opportunities for human fulfilment, more (cost) effective policy impact through 'behaviour change', and more 'people-centred' policy' or a 'smokescreen for austerity or simple marketing ploy' with 'the potential to depoliticise by shifting attention from the level and quality of welfare provision to emotions and the self' (White, 2017: 1). Whichever it is, something important is happening here in terms of repositioning the place of the social and of the community. White (2017) describes a widespread cultural anxiety which she diagnoses as resulting from the erosion of the value of social aspects of our lives. Whippman (2016) offers a similar critique, amassing the substantial evidence on the importance of the social to human wellbeing alongside a critique of the move to retreat and isolationism characteristic of some of the popular, contemporary inward-looking practices.

The policy implications of an inward-looking wellbeing are also differently positioned to the more conventional approaches in which wellbeing is at the centre of a hierarchy of scales. If the important site for wellbeing is the inner self, then the important site for intervention is the same. Friedli and Stearn (2015) critique what they describe as a move from welfare to wellbeing in which those unemployed in the UK are obliged to attend courses for attitude training. This policy is underpinned by an assumption that it is only a lack of inner positivity that prevents securing a job. Again, in these forms of inward-looking wellbeing, it is less than clear what the form, position or role for any assessment of community wellbeing might be, other than to document territorial success or otherwise in effective influence over individual behaviours.

### *2.3 Inter-subjectivity, Relationality, Assemblage*

The majority of approaches to defining and measuring community wellbeing have, at their core, an emphasis on individual wellbeing. One important criterion for individual wellbeing consistently emerges as experiencing good quality social relationships. Where community wellbeing is founded and built up from individual assessment, relationship is captured in terms of individual networks, numbers of significant associations or individual membership of local organisations. Similarly, individuals can be asked to rate collective and relational entities such as trust or belonging, reciprocity, social integration or neighbourhood cohesion which are then aggregated to provide community and contextual measures of social aspects of the area (Helliwell and Wang, 2010;

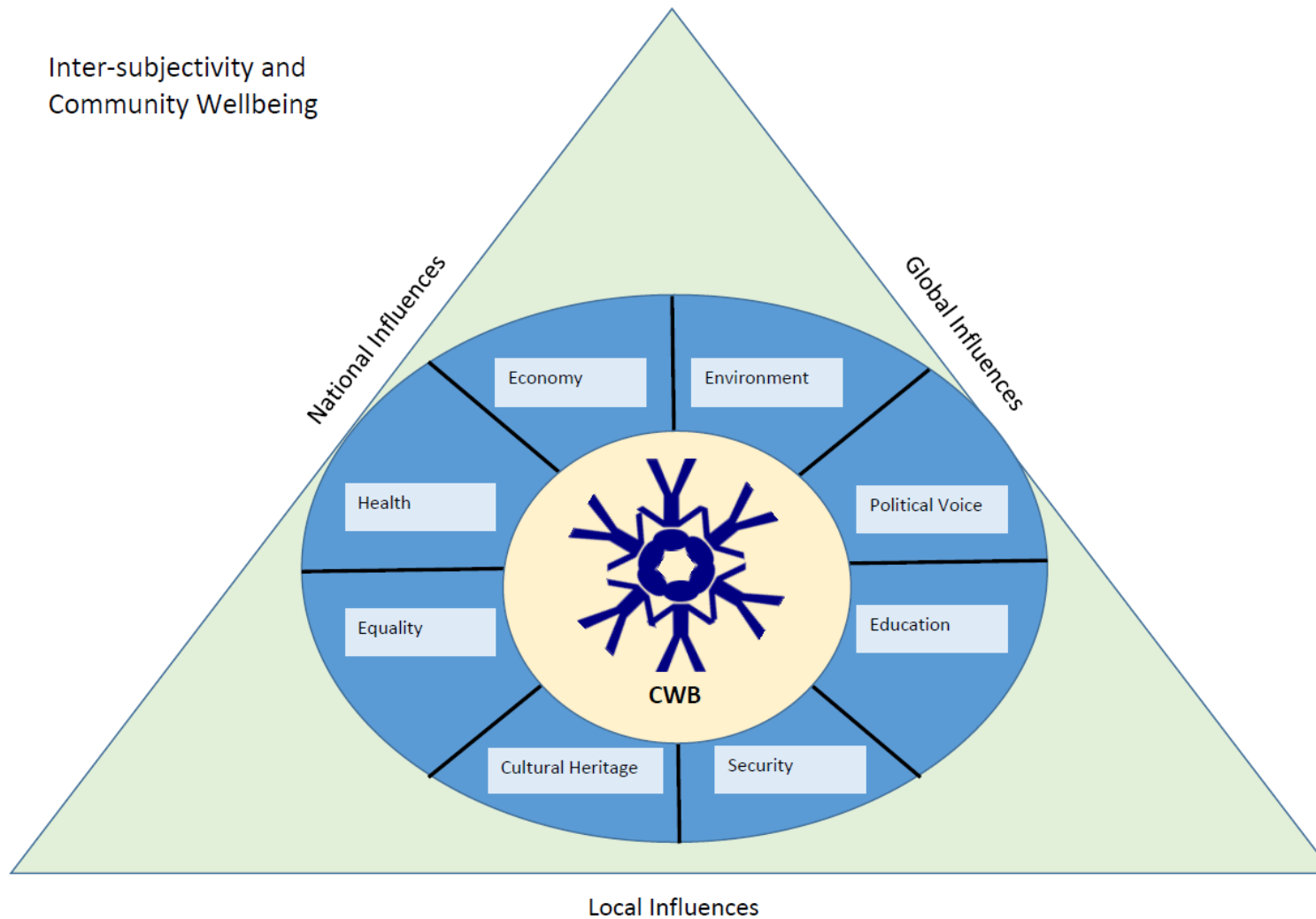
Uphoff et al., 2013). However, a significant tranche of contemporary social theorisation of identity and everyday being as inherently relational is ignored in the dominant approach that positions each individual as an autonomous unit (see for example, Donati and Archer, 2015; Gergen, 2009). The development of measurable indicators for individual wellbeing and their aggregation to describe community wellbeing is premised on a very particular and rather limited understanding of subjectivity which ignores how our very being is shaped through how we live collectively, that is socially and interactively.

There are a number of variants of social theory that describe the person as relational and as interdependent, rather than independent and autonomous. Interdependency and relationality are terms that reference our connections not only with other people but also with all aspects of the external environment - physical or material, discursive, cultural, historical, affective, social and so forth. Here we will discuss three engagements with the human as intrinsically relational: inter-subjectivity; relationality more widely and assemblage.

### *Inter-subjectivity*

It is a truism to say that humans are first and foremost social. The large bodies of literature on our processes of socialisation, on culture and social mores and on historical change, all attest to how we exist and act as social entities. The core business of the social sciences is, to a large extent, the exploration of the interface of the individual with their interior and exterior worlds and has been expressed through a range of debates including questions of structure and agency, group behaviour, identity formation, processes of social change, nature and culture, objective and subjective and so forth. And these debates are evident in different approaches to wellbeing and particularly to community or collective wellbeing. The introduction of the concept of inter-subjectivity refers to the ways in which human interaction informs our internal (e.g. empathy) and external (e.g. culture) worlds. As such, the meanings each of us gives to our experiences and, indeed, all knowledge we hold of the world, is not the product of an individual set of senses and cognitions but built inter-subjectively through our relations with other, mediated through our interactions, involving a reciprocity of perspectives and informed by our specific social and cultural reference points in the world (Anderson, 2008). The term also draws attention to a range of what must be understood as public resources through which we make meanings, including concepts and language. An explicit expression of inter-subjective processes is the ways in which infants develop through imitation. Daniel Stern extended insights from his work on child development and inter-subjectivity to argue for an inter-subjective, narrative self (Stern, 1985, 1998). An alternative 'inter-subjective' model of wellbeing is illustrated in Figure 8, in which no individual wellbeing exists without reference to community or collective wellbeing and influences; wellbeing is always an effect of interaction with others in particular times and places.

Figure 8. Inter-subjectivity and community wellbeing



Measuring wellbeing as inherently inter-subjective is challenging and may in part explain why wellbeing practitioners avoid trying. There is one exception to this blanket neglect of inter-subjective theories within quantitative studies of community wellbeing. Lee and Kim (2016) critique existing dominant approaches to assessments of community wellbeing based on subjective and individual wellbeing (IWB) as,

‘mainly focused on the individual and are unable to provide an accurate assessment of CWB. While a community is certainly a collection of individuals, it is also more than the simple sum of individuals. IWB can give some indication of the level of CWB, but they are not identical. On a practical level, local governments can take note of subjective well-being, happiness, or life satisfaction levels of individuals to assess the presence of problems, but these indicators do not give direction to what areas the local government can or should focus on improving. Second, community indicators mostly offer objective information and lack subjective information. We acknowledge that objective conditions and resources are important ingredients for CWB, but equally important is the community’s assessment of these resources and how they are being used.’ (Lee and Kim, 2016: 17)

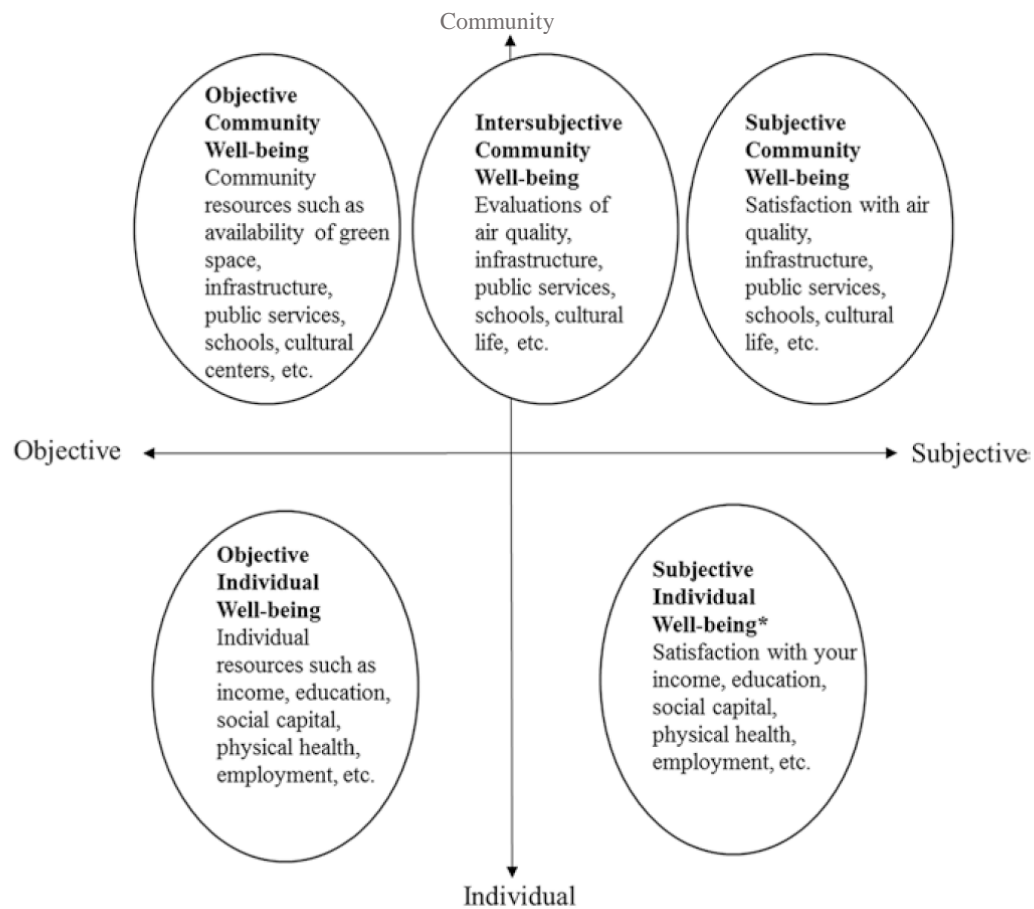
Lee and Kim (2016) present an approach to inter-subjective community wellbeing (IS-CWB) alongside individual wellbeing (IWB) and community wellbeing (CWB). They also propose that policy makers should give greater weight to the CWB measures than IWB. The pragmatic mode of capturing IS-CWB is to make a distinction in measurement between satisfaction (individual wellbeing) and evaluation (intersubjective community wellbeing) in relation to aspects of community life. They use an example of traffic conditions to illustrate the distinction between objective provision, subjective satisfaction and intersubjective evaluation:

‘I may be dissatisfied with the level of traffic in my district, but at the same time I can be aware that the reason there is congestion in my district is because it is a desirable place to live. This is a relatively more objective way of thinking, because I can recognise the congestion as a given community parameter. At the same time, I can recognise that in comparison to other districts, my district is making adequate efforts for dealing with traffic congestion .... My satisfaction with the traffic situation can be different from my evaluation of it. We call the former (ie satisfaction) subjective CWB and the latter (i.e. evaluation) intersubjective CWB.’ (Lee and Kim, 2016: 20).

Whilst the introduction of new terminology, not to mention the particular use of existing terminology, seems to confuse further, the distinction between satisfaction and evaluation offers a useful practical solution to addressing a complex issue. However, the mobilisation of inter-subjectivity is still based on the reports of the individual subjective respondent. The sense of an inter-subjective or relational identity remains elusive. The relationships of objective and subjective wellbeing, individual and community including the inter-subjective category are represented in Figure 9. Conceptualising the individual self as inter-subjective allows for a separate and autonomous self, but one that is dependent on the influence of others. The next section envisages the self as even more interconnected, challenging us to consider further how we can capture the experiences of ‘thinking together’ or ‘feeling together’.



Figure 9. Capturing inter-subjective community wellbeing (Lee and Kim, 2016: 19)



### Relationality

A similar mode of trying to capture the collective as more than the sum of the individual parts is offered by other schema. Approaches emphasising place-based approaches to community and collective wellbeing argue that a relational approach in which different domains fully intersect enriches understanding and intervention for community wellbeing (see Fleuret and Atkinson, 2007; Winterton et al., 2014). In psychology, Isaac Prilleltensky has posited three sites of wellbeing or, in his terminology, 'wellness', the personal, the relational and the collective, extended with attention to concerns of power, oppression and liberation (2008; 2012):

'Wellness entails the simultaneous fulfillment of the three types of needs. Personal needs (e.g., health, self-determination, meaning, spirituality, and opportunities for growth), are intimately tied to the satisfaction of collective needs such as adequate health care, environmental protection, welfare policies, and a measure of economic equality; for citizens require public resources to pursue private aspirations and maintain their health..... The third side of wellness concerns relational needs. Individual and group agendas are often in conflict. Indeed, like power, conflict is immanent in relationships. To achieve wellness, then, I claim that we have to attend to relationality as well. Two sets of needs are

primordial in pursuing healthy relationships among individuals and groups: respect for diversity and collaboration and democratic participation. Respect for diversity ensures that people's unique identities are affirmed by others, while democratic participation enables community members to have a say in decisions affecting their lives' (Prilleltensky, 2008: 122-123)

Prilleltensky's three sites of what he terms 'wellness' each has equal status and equal inter-dependence. White (2017) endorses this attention to the inter-dependency of different sites as strongly resonating with her empirically grounded field studies across countries in both the global south and north. In her words:

'Wellbeing is understood as arising from the common life, the shared enterprise of living in community – in whatever sense – with others. Relationships thus form a central focus, as both the means through which (psychological, symbolic, social and material) goods are distributed and met, and as intrinsic to the constitution and experience of wellbeing. Subjective perceptions are anchored in material and relational contexts, producing a sense.....of 'life within limits' (White, 2017: 8).

All of the wellbeing schemes, individual or community, flag the importance of social relationships. This body of work is doing something that is distinctive and different from the established mainstream in important ways. Where there is a primary emphasis on the individual, individual social associations, individual social networks, the relationships are positioned as a resource for individual wellbeing, that is, as primarily instrumental to the independent, autonomously acting individual to realise their capacities or their potentialities. Here, relations are very different in that relationality is inherent to who the individual is. As White puts it, drawing on the influential work on relational being by Kenneth Gergen (2009), 'This flips the switch, as it were, from seeing individuals as forging relationships, to viewing (multiple) relationships as forging individuals.' (White, 2017: 9).

### *Assemblage*

A third variant of relational thinking offers a way of conceptualising how multiple relationalities, that is with people, structures, affects, materiality, places, other life forms and so forth, may combine to be intrinsically generative of identity, of stability, of change and of both individual and community wellbeing. Theorists such as Deleuze and Guattari (1987) and Delanda (2016) have elaborated the concept of the assemblage, the coming together of diverse aspects of life in particular times and spaces such that all are equal participants in the assemblage. In this, each moment constitutes and is constituted by a particular assemblage and as such daily life is intrinsically unstable. However, multiple processes tend towards repetitive practices and assemblage, the repertoires of everyday habit and, as such, generate stability and predictability. The approach, however, allows for disruption, degeneration or transformation and the regeneration of new arrangements and habits for better or worse. The introduction of time as an important part of an assemblage includes historical trajectories and enables consideration of the ways in which inequalities are reproduced both structurally and affectively. Whilst this complex

approach is not easy to operationalise into a monitoring system, it does provide ways of conceptualising multiple entry points at which intervention may shift, destabilise and reassemble the generative processes of individual or community wellbeing (Atkinson and Scott, 2015). The assemblage is most often engaged through qualitative and ethnographic methods. For example, research understanding the constellations of places that are restorative or enhancing in relation to wellbeing (see Conradson, 2005) has been promoted through the geographical concepts of therapeutic landscapes (Gesler, 1992) and spaces (Williams, 2007). While the focus of such work is primarily on the individual and subjective wellbeing, the interaction with place is two way, relational and comprehensive and as such effectively constitutes an assemblage (Duff, 2015).

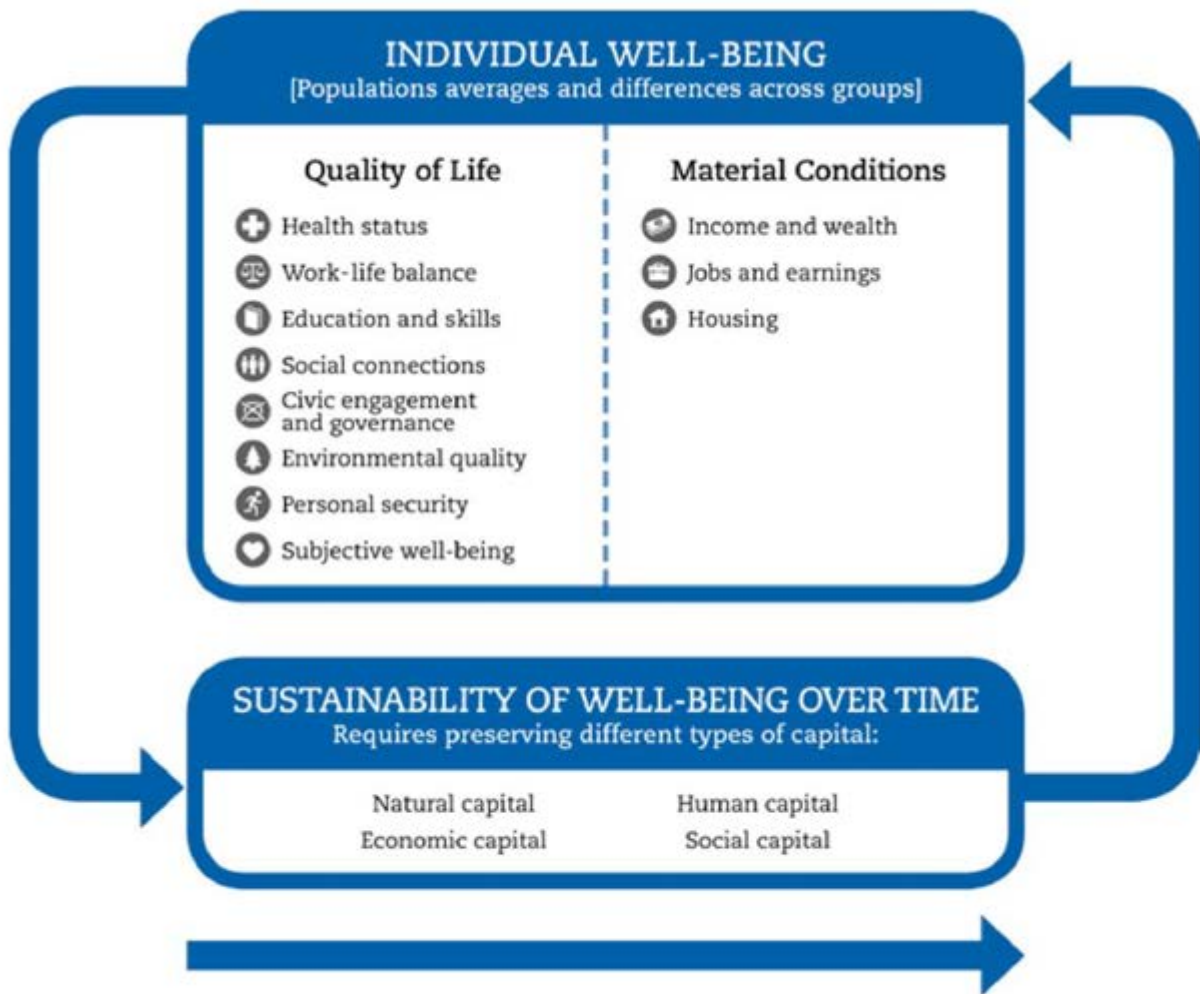
#### *2.4 Temporalities of Community Wellbeing*

The previous section started to bring issues of temporality into considerations of community wellbeing. Strangely, despite the avowed intent of schemes for community wellbeing to monitor performance and progress, very few explicitly include any conceptualisation of how community wellbeing may relate to time.

#### *Sustainability*

One of the earliest engagements in the UK with the current renewed interest in wellbeing was by DEFRA (the Department for Environment, Food and Rural Affairs). DEFRA explicitly asked whether wellbeing might serve as a useful concept in negotiating the tensions between policies for environmental sustainability and those for economic growth (see nef, 2005). The importance of sustainability was thus at the heart of any consideration of wellbeing, and wellbeing in turn, was viewed as inseparably connected with the twin drivers for a healthy future economy and a healthy future environment. Current frameworks for wellbeing give little explicit attention either to sustainability or to the temporal frameworks within which wellbeing might be amenable to consolidation or change. Two exceptions are the OECD framework (Figure 10) for measuring wellbeing and the Happy City Framework which both position sustainability as a primary dimension. The Happy City formulation references sustainability as progress towards environmental sustainability in terms of CO2 emissions, local recycling and energy consumption. By contrast, the OECD framework references sustainability as the continued availability of key resources, viewed as forms of capital (social, human, natural and economic) which result from the community wellbeing and in turn support it in a continuous feedback loop. Whilst other frameworks may nod to sustainability in passing, OECD appears to be one of the few that continue to formally build this into their understanding of community wellbeing. The latest variant of global development goals are reformulated as 'sustainable development goals' encouraging a renewed interest in the meaning and processes that inform sustainability, despite policy trends in the opposite direction.

Figure 10. The OECD framework for measuring well-being



Source: OECD (2011), *How's Life?: Measuring Well-Being*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264121164-en>.

The distinction made in the psychological literature between hedonic and eudaimonic wellbeing, the wellbeing from pleasure or meaning and purpose respectively, is of note in this regard. Achieving an acceptable and adaptive level of wellbeing requires both. However, there is debate about how these relate to one another, how much of each is optimal, which is dominant and what the implications are of the different forms at individual level for wider considerations such as community wellbeing. Some have argued that eudaimonic wellbeing will always override the short-term gains of pleasure (see for example Muirhead's study of environmental volunteerism, 2012). However, psychologists describe a consistent and robust preference in human subjects for smaller, immediate rewards over larger, but deferred, rewards. If hedonic wellbeing consistently dominates eudaimonic wellbeing, there are longer term costs for both individuals, communities and even the planet. The pursuit of hedonic wellbeing is resource depleting and unsustainable, especially when pleasure is obtained through substance use, over-spending etc. Just as this is unsustainable for individuals, so it is for communities where 'gig' and party economies mean that places suffer net costs (e.g. relatively higher levels of ill-health, incivility, and maintenance bills).

Carlisle et al. (2012) argue that it is modern culture, characterised by the consumerism of contemporary capitalism, which promotes and values hedonic wellbeing over the longer term gains of meaning and purpose. In doing so, they explicitly include sustainability as a domain of collective wellbeing. The perils of an unsustainable lifestyle are regularly aired through environmental warnings, economic crises and intra-national and inter-national conflicts. The tensions between these two expressions of wellbeing can be seen to play out locally, where local governments may favour 'quick wins' over longer-term strategies for lasting improvements. If, on the other hand, eudaimonic wellbeing through meaning and purpose became the primary policy goal, overriding the pursuit of immediate pleasure, planning for the future and the sustainable allocation of resources become the default processes and outcomes. Consistent with Cresswell's (2014) definition of places as spaces endowed with meaning, at the level of community a eudaimonic approach explicitly aims to create places with purpose where heritage, culture, geography and/or industry define the actions of people in place are associated with more resilient economies and with greater capacity to withstand setbacks as they play out over time.

Foregrounding sustainability, or temporal processes more generally, is important to conceptualising and thinking about how to monitor community wellbeing. Thinking about temporal sequences draws attention to a range of local conflicts and interests in the allocation of resources and the benefits to wellbeing. The Happy City recognises this through their emphasis on both sustainability and equality alongside the city conditions. First, how benefits to wellbeing are distributed and how this distribution changes over time is an important aspect of monitoring community wellbeing. Secondly, as the sustainability agenda makes clear, wellbeing gains for the community should not be at the cost of wellbeing of future communities and, as such, more attention is needed to questions of inter-generational community wellbeing.

#### *Inter-generational relations*

Inter-generational community wellbeing has received little direct attention, although debates in affiliated areas of social policy, such as employment, fees for higher education, pensions and, most recently, the Brexit referendum all reveal a major tension between the collective wellbeing of different age cohorts. McGregor et al. (2000) describe the inter-generational contract for wellbeing:

'In all 'communities' .... there are relationships for the transfer of resources between generations and these relationships carry with them uncoded 'rights' and obligations... [we] ... explore the transfers and processes governing transfers... heavy emphasis has been placed on the state in securing, if not actually institutionalising the inter-generational bargain. Wide ranging thinking and global social and economic forces require us to think more flexibly...and see [the bargain] as a more complex interplay of state, market, community and household.' (McGregor et al., 2000: 447)

Discussion related to inter-generational transfers tends to focus on material conditions and entitlements, the transmission of poverty from one generation to the next and how this reflects back to inequity within any one generation. While much of this discussion has come from work

within lower income countries, distributional inequalities of resource are evident in rich nations, and in many cases growing under so-called austerity cuts. In terms of inter-generational transmissions, it is equally important to consider the transmission of non-material aspects of life, of meanings, values and relations which are all part of how communities form their identity and self-define their collective wellbeing (Summer et al., 2009). Equally, non-material dimensions of community wellbeing are essential components of the inter-generational transmission of material and bodily inequalities through both household and extra-household sites (Bird, 2007). Much of the inter-generational transmission of non-material aspects of life are clearly also relational in terms of shared meanings, particularly in relation to child rearing, gender roles and aspirations for the next generation. The centrality of both shared non-material aspects and material resources in the inter-generational transmission of community wellbeing reaffirms the importance of a comprehensive approach to community wellbeing. These approaches, however, must also detect how wellbeing is differentiated by community sub-groups as well as between generations. Moreover, in order to assess change and the causes of change in community wellbeing, a longitudinal perspective is needed that can both create and link together different sources of data. Designing this kind of study effectively is challenges and relatively few studies to date have done this compared with the significant body of research following a cross-sectional design which can look at possible associations and determinants of community wellbeing but only at one time-point. In terms of the temporalities of community wellbeing, not only does a focus on time force us to keep sustainability at the foreground, but also discloses difficult challenges related to the transmission of differentiated power through cultural values and mores.

### *2.5 Deliberative practices and co-production*

A last consideration for conceptualising community wellbeing draws on rather different thinking about what it is, what measuring it does and what kinds of information is needed.

An alternative practice is to see the very process of identifying tools for monitoring as itself contributing to building local identity. The opportunity to set local criteria and local measures, at least in part, acknowledges the limited value, or possibility, of resolving diverse practice around community wellbeing into one single definition and framework. There may be, instead, a community of best practice in terms of the processes of decision-making, a set of options to select from and, where relevant, augment for the processes through which community wellbeing is assessed (Warner and Kern, 2014).

There is a considerable amount of literature on the processes through which local communities have defined their own measures of progress, whether from scratch or by selecting from an existing suite of indicators. Whilst the choice of measures that come from such processes may be little different from a set based on an existing framework, or defined by local governance bodies, the process itself is what is important to community wellbeing. The process of discussing and defining what is important locally serves to open discursive spaces as much as it results in a practical output (Scott and Bell, 2011 Scott, 2012). The transformative work is about promoting a participatory and democratic process, developing a set of conversations across the community

about what is important and allowing, welcoming even, the identification and expression of conflicts of interest within a deliberative forum.

In this way, talking about community wellbeing itself becomes a means of exploration, understanding and developing local identity. The stories that emerge, the narratives about place and history both create local community and are accountable to the community's visions of wellbeing. For example, asset-based approaches draw out the relational aspects of community and resources (or assets) held in a community (Kretzmann and McKnight 1993). Critically the question of 'what is a community asset' varies by what is deemed of value by community members (South et al., 2017). Trying to capture shared values, shared understandings of place and shared cultural heritage are key to capturing community wellbeing and yet extremely difficult to operationalize. Perhaps even more important is capturing the ways in which one group understands their collective wellbeing in relation to another group, whether in competition or cooperation, and in relation to notions of fairness and political voice (for example, the role of identity in the Brexit Referendum can be seen in this light, Swales, 2016). Current practice in assessing community wellbeing, as in the wider landscape of local government and public sector organisations, tends to be very dependent on quantitative indicators and measurements.

An indicator approach to capture community expressions of subjective wellbeing are by necessity largely tied to a model of the self as individual and independent. If we are to capture and support a more relationally inflected conceptualisation of being, community and community wellbeing, then we need to value other forms of evidence, evidence that is qualitative, narrative, creative and most of all, collective. The value of stories to research in health and wellbeing has been recognised recently by the WHO through the commissioning of a WHO HEN Synthesis Report (Health Evidence Network) on using narrative research (Greenhalgh, 2016). Story-telling for community wellbeing has enormous potential for operationalising a conceptualisation of community wellbeing that is comprehensive, relational, multi-scalar and sensitive to diversity, inequalities, power and sustainability. Other forms of exploration of our worlds through qualitative and creative outputs are likely to have similar strengths and value.

### Part III Moving forward

Negotiating the multiple variants of definitions, measurement sets and, usually hidden, underpinning assumptions about the nature of being human and social life can be a daunting task; this final section provides a brief summary of the issues in conceptualising community wellbeing and offers a set of questions to help selecting a path through the diverse approaches that is appropriate for the particular needs of assessment.

A theoretical challenge remains, as perhaps it always has done (see Allin and Hand, 2017), with respect to conceptualising the complex relationships between interior life, self or relational selves and the external environment. This, in turn, leaves relatively open the pathways through which community level actions may impact on both community and individual levels of wellbeing (see for example Elliott et al., 2001). This old debate takes new expression through new and emerging

research in fields such as neuroscience which are starting to 'acknowledge that our neurobiology is intimately marked by the social, cultural and environmental circumstances in which our lives take shape' (Callard and Fitzgerald, 2015: 47). For those that situate their position at the individual and internal end of an interest in wellbeing, an engagement with community or community wellbeing becomes largely irrelevant. For those interested in thinking about how our lives go well in relation to other people, places, materiality and so forth, defining community wellbeing is best done in a pragmatic way by identifying a set of domains of life that have meaning and importance locally but which are understood as imbricated within a wide range of interactions. This approach has two important variants: a policy focus on how aspects of the local community impact on individual wellbeing, in which aggregated individual wellbeing becomes the key outcome measure, what we have termed population wellbeing; a policy focus on the quality of collective life, what we have termed here community wellbeing. Most comprehensive schemes to assess community wellbeing include both of these. The key question then is not which to build an assessment around but what balance between the two aspects to strike. This is not a technical question but a political question whose resolution will reflect different ideological positions about what it means to be human, how and at what scales living well is defined and where the most effective and politically acceptable entry-points are for intervention. This final section outlines options on which decisions have to be made in designing a framework through which to assess community wellbeing.

How community wellbeing is constructed implicitly implies a particular conceptualisation and positioning and definition of community and community wellbeing. Community wellbeing built up from individual assessments may be the easiest approach but implies that the community is merely the sum of its parts. The influence on subjective wellbeing of collective resources such as trust or belonging (e.g. Helliwell and Wang, 2010) make clear that the sum is greater than the parts, and that somehow the added value of social relationality needs to be captured.

Questions that have to be addressed in constructing assessments of community wellbeing are:

- *How are the assessments of community wellbeing to be used?*

This is the most important question of all. The assessment of community wellbeing must be able to distinguish and differentiate different options for action. However, there will be particular ideological investments in different options and clear investments of power in different designs. Nonetheless, if an explicit discussion around possible options for action is absent, there is a danger that 'the tail wags the dog' in that available data or default political orientations drive decisions because of what is monitored and at what scales. The existing dominant approach means that a default framework may be used without thinking through the implications.

- *What is the primary outcome measure of interest?*

As already noted above, in expositions based on an ideology of the sovereignty of the autonomous individual the importance accorded to community wellbeing is primarily as a determinant of the key outcome of individual wellbeing, not community wellbeing. In relation to the first question, an emphasis on individual wellbeing is easily associated with individual action, behaviours and responsibilities at the expense of socially defined interventions. Similarly collective scale



interventions may be designed primarily to 'nudge' individual behaviours for health or education rather than facilitating aspects of community wellbeing such as greater equality, inclusion or the support of intangible cultural heritage. Again, there are clear political investments in the appropriate scale and target for intervention.

- *What model of the self is mobilised in the assessment?*

The majority of approaches privilege the individual as an autonomous rather than as a relational entity. The positioning of the individual as both autonomous and as responsible for the maintenance and improvement of personal health, wellbeing and many other aspects of life is part of a marked ideological shift over the last thirty years which has replaced the post-war programmes towards greater equality through social welfare and public provision of services. Assessments can be based on aggregate individual scores or on community level evaluations. Most often a mixture of both has been used. It is important conceptually to distinguish aggregate individual assessments, what is termed population wellbeing here, from the collective assessments that more accurately reflect community wellbeing.

- *What is the relationship between different types and scales of assessment?*

Where aggregate individual and community level assessments are used, these may be related to one another in different ways and with different elements privileged over others. A common and somewhat pragmatic approach presents different measures of community wellbeing separately but as a full description of life in the community. The influences on community wellbeing have to include consideration of the influences on people's ideas of what wellbeing is and what factors facilitate and impede this. A consideration of influences thus needs to go beyond the immediate material and social resources to include historical and cultural processes, discursive environments of the media, including advertising and social media, as well as processes informed by national and global policy and practice (see a similar argument in the extensive work by the Carnegie Trust: <https://www.carnegieuktrust.org.uk/publications/sharpening-focus-guidance-wellbeing-frameworks-cities-regions/?gclid=CLCPgJSrkNUCFcOZGwodtUwHRw>). This review has focussed primarily on the issues and decisions in building a framework through which to assess community wellbeing.

Conceptualising community wellbeing and establishing a framework in relation to what it is that is to be assessed then shape what information will be collected.

- Community wellbeing can comprise at least seven forms of assessment:

aggregated subjective assessments of individual scales aspects of life; aggregated objective assessment of individual scales of life; aggregated subjective assessments of community characteristics; objective assessments of community scale characteristics; aggregated individual narratives of community; collective narratives of community; deliberative forums to define, assess and prioritise community wellbeing issues.

- Assessment can be made through:

Quantitative objective measures, quantitative subjective measures, qualitative narrative information, deliberative group discussions, cultural expression for example through local and national media or creative outputs.

- There is an almost infinite set of domains comprising community wellbeing including: Economy; health; education; transport; shops; employment opportunities; facilities for physical activities; cultural facilities; public spaces; green/blue spaces; heritage; social relationships; sense of place; sense of belonging; trust; support networks; meeting spaces; tolerance; inclusion; aesthetic aspects; safety; environmental quality –air, noise, water etc.; online connectivity; religious expression and so forth.

- Domains can be treated separately or combined into a single index:

The relationships between different expressions or measures of the aspects of life are not well understood. A single index has value as a communication tool, but the underpinning rationale for doing this is not strongly established.

- How relationships between different domains and scales are mediated is often poorly understood or theorised:

While there is a close relation for example between community and national indicators such as local safety and national security, local and national economy and so forth, the pathways that mediate these relations are more evident for some aspects than others. The debate about the importance of inequalities and relative values compared with absolute values remains unresolved and, indeed, some evidence suggests is likely to vary by location.

- At least five community aspects need far greater explicit attention:

Sustainability; inter-generational relations; inequality; intangible cultural heritage; hidden groups within a community.

This review does not advise one rather than another set of approaches. It does however suggest that a comprehensive approach is needed (covering a range of domains and scales), that both subjective and objective measures need to be brought together, that the relationships between the two forms of data need to be explored and that the relationality of individuals with others and with their wider environments need consideration in order to capture the realities of human life and that deliberative and narrative information should be a central part of developing local goals and assessments of community wellbeing.

## REFERENCES

- Allin, P, Hand, D.J. (2014) *The wellbeing of nations: meaning, motive and measurement*. Wiley: Chichester.
- Allin, P, Hand, D.J. (2017) New statistics for old? – measuring the wellbeing of the UK *Journal of the Royal Statistical Society*, 180: 1-22.
- Ahmed, S. (2010) *The promise of happiness*. Duke University Press: London.
- Anderson, K.T. (2008) Intersubjectivity. In Given, L.M. (Ed.) *The SAGE Encyclopedia of Qualitative Research Methods* <http://dx.doi.org/10.4135/9781412963909.n236>
- Andrews, G., Chen, S., Myers, S. (2014) The ‘taking place’ of health and wellbeing: towards non-representational theory. *Social Science and Medicine*, 108: 210–222
- Aslam, A., Corrado, L. (2012) The geography of well-being. *Journal of Economic Geography*, 12: 627–649
- Atkinson, S. (2013) Beyond components of wellbeing: the effects of relational and situated assemblage. *Topoi*, 32: 137–144
- Atkinson, S., Fuller, S., Painter, J. (Eds.) (2012) *Wellbeing and Place*. Basingstoke: Ashgate.
- Atkinson, S., Joyce, K. (2011) The place and practices of wellbeing in local governance. *Environment and Planning C*, 29: 133–148.
- Atkinson, S., Scott, K. (2015) Stable and destabilised states of subjective wellbeing: dance and movement as catalysts of transitions. *Social and Cultural Geography*, 16: 75-94
- Bagnall, A.M., South, J., Mitchell, B., Pilkington, G., Newton, R., Di Martino, S. (2016) *Systematic Scoping Review of Indicators of Community Wellbeing in the UK*. WWWB Community Evidence Programme.
- Ballas, D., Dorling, D. (2013) The geography of happiness. In David, S., Boniwell, I., Conley Ayers, A. (Eds.) *The Oxford Handbook of Happiness*, pp. 465–481. Oxford University Press: Oxford (available to read on-line via google scholar)
- Barnett, N. (2003) Local government, New Labour and ‘Active Welfare’: a case of ‘self responsibilisation? *Public policy and administration*, 18: 25-38
- Bernard, P., Charafeddinea, R., Frohlich, K.L., Daniela, M., Kestens, Y., Potvin, L. (2008) Health inequalities and place: A theoretical conception of neighbourhood. *Social Science and Medicine*, 65: 1939–1852
- Bird, K. (2007) *The Intergenerational Transmission of Poverty: An Overview*. CPRC Working Paper 99. Chronic Poverty Research Centre: London and Manchester

Burckhardt, C., Anderson, K. (2003) The Quality of Life Scale (QOLS): reliability, validity, and utilization. *Health Quality Life Outcomes*, 1: 60 DOI: 10.1186/1477-7525-1-60

Callard, F., Fitzgerald, D. (2015) *Rethinking interdisciplinarity across the social sciences and neurosciences*. Palgrave MacMillan, Basingstoke.

Canadian Index of Wellbeing. *Technical Paper: Canadian index of wellbeing 1.0*. Waterloo, ON: Canadian Index of Wellbeing and University of Waterloo.

Carlisle, S., Hanlon, P., Reilly, D., Lyon, A., Henderson, G. (2012) Is 'modern culture' bad for our wellbeing? Views from 'excluded' and 'elite' Scotland. In Atkinson, S., Fuller, S., Painter, J. (Eds.) *Wellbeing and Place*, pp. 123-140. Ashgate: Basingstoke.

Cattell, V., Dines, N., Gesler, W., Curtis, S. (2008) Mingling, observing, and lingering. Everyday public spaces and their implications for well-being and social relations. *Health and Place*, 14: 544-561.

Coleman, J. (1990) *Foundations of Social Theory*. Harvard University Press: Cambridge MA.

Conradson, D. (2005) Landscape, care and the relational self: therapeutic encounters in rural England. *Health and Place*, 11: 337-348

Conradson, D. (2012) Wellbeing: Reflections on geographical engagements. In Atkinson, S., Fuller, S., Painter, J. (Eds.) *Wellbeing and Place*, pp. 15-34. Ashgate: Basingstoke.

Cox, D., Frere, M., West, S., Wiseman, J. (2010) Developing and using local community wellbeing indicators: learning from the experience of Community indicators Victoria. *Australian Journal of Social Sciences*, 45: 71-88.

Cresswell, T. (2014) *Place* (2<sup>nd</sup> Edition). Wiley: Chichester.

Cummins, R. (2013) *Personal Wellbeing Index*. <http://www.deakin.edu.au/research>

CWEP (2015) *Voice of the User Report: Communities Evidence Programme*. CWEP: Liverpool.

Dahlgren, G., Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried? King's Fund International Seminar on Tackling Inequalities in Health, September, and reproduced in Dahlgren, G., Whitehead, M. (2007) *European strategies for tackling social inequities in health: Levelling up Part 2*. WHO Regional office for Europe, Copenhagen.

DCLG (2007) *The new performance framework for local authorities and local authority partnerships: single set of national indicators*. Department for Communities and local government, HM Government, London

DCLG (2008) *Creating strong, safe and prosperous communities*. Statutory guidance. Department for Communities and local government, HM Government, London.

DeLanda, M. (2016) *Assemblage theory*. Edinburgh University Press, Edinburgh.

- Deleuze, G., Guattari, F. (1987) *A thousand plateaus*. London: Bloomsbury.
- Donati, P., Archer, M.S. (2015) *The relational subject*. Cambridge University Press, Cambridge.
- Dooris, M. (2009) Holistic and sustainable health improvement: the contribution of the settings-based approach to health promotion. *Perspectives in Public Health*, 129: 29-36
- Dronvelli, M., Thompson, S.C. (2015) A systematic assessment of measurement tools of health and well-being for evaluating community-based interventions. *Journal of Epidemiology and Community Health*, 69: 805-815
- Duff, C. (2014) *Assemblages of health*. Springer, Netherlands.
- Elliott, E., Byrne, E., Shirane, F., Gong, Y., Henwood, K., Morgan, H., Shepherd, M., Palmer, S., Williams, G. (2001) *A review of theories, concepts and interventions relating to community-level strengths and their impact on health and well being*. AHRC: Connected Communities
- Ereaut, G., Whiting, R. (2008) *What do we mean by 'wellbeing'? And why might it matter?* Linguistic Landscapes Research Report no. DCSF-RW073 for the Department for Children, Schools and Families
- Fellin, P. (2001) *The community and the social worker* (3<sup>rd</sup> Ed.). Peacock: Ithaca.
- Fine, B. (2010) *Theories of Social Capital*. Pluto Press: London.
- Fleuret, S., Atkinson, S. (2007) Wellbeing, health and geography: a critical review and research agenda. *New Zealand Geographer*, 63: 106–118
- Forjaz, M.J., Prieto-Flores, M-E., Ayala, A., Rodriguez-Blazquez, C., Fernandez-Mayorales, G., Rojo-Perez, F., Martinez-Martin, P. (2011) Measurement properties of the Community Wellbeing Index in older adults. *Quality of Life Research*, 20: 733-743.
- Friedli, L., Stearn, R. (2015) Positive affect as coercive strategy: conditionality, activation and the role of psychology in UK government workfare programmes. *Medical Humanities*, 41: 40–47.
- Gergen, K.J. (2009) *Relational Being: beyond self and community*. Oxford University Press: Oxford.
- Gesler, W.M. (1992) Therapeutic landscapes: medical issues in light of the new cultural geography. *Social Science and Medicine*, 34: 735-746
- Gesler, W.M. (2003) *Healing Places*. Rowman and Littlefield: Lanham
- Gesler, W.M., Kearns, R.A. (2002) *Culture/place/health*. Routledge: London
- Gough, I., McGregor, J.A. (Eds) (2007) *Wellbeing in developing countries*. Cambridge University Press: Cambridge.

- Greenhalgh, T. (2016) *Cultural contexts of health: the use of narrative research in the health sector*. WHO Regional Office for Europe; 2016 (Health Evidence Network (HEN) synthesis report 49): Copenhagen
- Hajer, M., Laws, D., (2006) Ordering through discourse. In Moran, M., Rein, M., Goodin, R.E. (Eds.) *Oxford Handbook of Public Policy*, pp. 251-268. Oxford University Press, Oxford.
- Helliwell, J., Putnam, R. (2004) The social context of well-being. *Philosophical Transactions of the Royal Society, London, B*, 359: 1435-1446.
- Helliwell, J., Wang, S. (2010) *Trust and well-being*. National Bureau of Economic Research Working Paper 15911, Cambridge, Massachusetts.
- Hillery, G.A. (1955) Definitions of community: areas of agreement. *Rural Sociology*, 20: 111-123.
- Kahnemann, D., Diener, E., Schwarz, N. (Eds.) (1999) *Well-being: the foundations of hedonic psychology*. Russell Sage Foundation: New York.
- Kee, Y., Lee, S.J., Phillips, R. (Eds.) (2016) *Social factors and community wellbeing*. Springer  
Springer Briefs in Well-being and Quality of Life Research, Switzerland.
- Kee, Y., Nam, C. (2016) Does sense of community matter in community well-being? In Kee, Y., Lee, S.J., Phillips, R. (Eds.) *Social factors and community wellbeing*, pp. 39-56. Springer: Switzerland.
- Kretzmann J.P., McKnight J.L. (1993) *Building Communities from the Inside Out: A Path toward Finding and Mobilizing a Community's Assets*. Institute for Policy Research: Evanston, IL
- Larner, W. (2005) Neoliberalism in (Regional) Theory and Practice: the Stronger Communities Action Fund in New Zealand. *Geographical Research*, 43: 9–18
- Lee, S.J., Kim Y. (2016) Structure of well-being: an exploratory study of the distinction between individual well-being and community well-being and the importance of intersubjective community well-being. In Kee, Y., Lee, S.J., Phillips, R. (Eds.) *Social factors and community wellbeing*, pp. 13-37. Springer: Switzerland.
- Lee, S.J., Kim, Y. (2015) Searching for the meaning of community well-being. In Lee, S.J. et al., (Eds.) *Community Well-being and community development*. SpringerBriefs in Well-being and Quality of Life Research, DOI 10.1007/978-3-319-12421-6\_2
- Lyons, M. (2000) Lyons Inquiry into Local Government. *Place-Shaping: A Shared Ambition for the Future of Local Government - Executive Summary*. The Stationery Office: London.
- McGregor, J.A.; Copestake, J.G., Wood, G.D. (2000) Editorial: The Inter-generational Bargain. *Journal of International Development*, 12: 447–51
- Marston, S. A., Jones, J. P. and Woodward, K. (2005) Human geography without scale. *Transactions of the Institute of British Geographers*, 30: 416–432.

Martin-Diaz, F., Reig-Ferrer, A., Ferrer-Cascales, R. (2006) Assessment of health-related quality of life in chronic dialysis patients with the COOP/WONCA charts. *Nephron Clinical Practice*, 104: c7-c14

Michaelson, J. (2015) In defence of wellbeing. Open Democracy, 21<sup>st</sup> May.  
<https://www.opendemocracy.net/transformation/juliet-michaelson/in-defence-of-wellbeing>

Michalos A., Smale, B., Labonté, R., Muharjarine, N., Scott, K., Moore, K., Swystun, L., Holden, B., Benrardin, H., Dunning, B., Graham, P., Guhn, M., Gadermann, A.M., Zumbo, B.D., Morgan, A., Brooker, A.-S., Hyman, I. (2011) *Canadian Index of Wellbeing*. Technical Paper: Canadian index of wellbeing 1.0. Canadian Index of Wellbeing and University of Waterloo: Waterloo, ON.

Muirhead, S. (2012) Exploring the emotional and embodied experiences within the landscapes of volunteering. In Atkinson, S., Fuller, S., Painter, J. eds. *Wellbeing and Place*, pp.141-154. Ashgate: Basingstoke.

Nef (2005) *Sustainable development and well-being: relationships, challenges and policy implications*. Nef: London.

Nef (2012) *Measuring wellbeing: a guide for practitioners*. Nef: London.  
[http://www.uknswp.org/wp-content/uploads/Measuring\\_well-being\\_handbook\\_FINAL.pdf](http://www.uknswp.org/wp-content/uploads/Measuring_well-being_handbook_FINAL.pdf)  
[accessed April 4, 2017]

Nussbaum, M. (2000) *Women and human development: the capabilities approach*. Cambridge University Press: Cambridge.

Pain, R., Francis, P. (2003) Reflections on participatory research. *Area*, 35: 46–54

Portes, A. (2014) Downsides of social capital. *PNAS*, 111: 18407-18408

Prilleltensky, I. (2008) The role of power in wellness, oppression, and liberation: the promise of psychopolitical validity. *Journal of Community Psychology*, 36: 116-136.

Prilleltensky, I. (2012) Wellness as fairness. *American Journal of Community Psychology*, 49: 1-21

Putnam, R.D. (1993) *Making democracy work*. Princeton University Press: Princeton.

Rose, N., Miller, P. (2008) *Governing the present*. Polity Press: Cambridge.

Rydin, Y. (2007) Indicators as a governmental technology ? The lessons of community-based sustainability indicator projects. *Environment and Planning D*, 25: 610-624

Schwanen, T., Wang, D. (2014) Well-Being, context, and everyday activities in space and time. *Annals of the Association of American Geographers*, 104: 833–851

Scott, K. (2012) *Measuring wellbeing: towards sustainability?* Routledge: Abingdon.

- Scott, K., Bell, D. (2013) Trying to measure local wellbeing: indicator development as a site of discursive struggles. *Environment and Planning C: Government and Policy*, 31: 522–539
- Searle, B., Smith, S.J., Cook, N. (2009) From housing wealth to well-being? *Sociology of Health and Illness*, 31: 112–127
- Seligman, M. (2011) *Flourish: a visionary new understanding of happiness and wellbeing—and how to achieve them*. Free Press: New York
- Skevington, S.M., Lotfy, M., O’Connell, K.A. (2004) The World Health Organization’s WHOQOL-BREF quality of life assessment: psychometric properties and results of the international field trial. A report from the WHOQOL group. *Quality of Life Research*, 13: 299-310.
- Sointu, E. (2005) The rise of an ideal: tracing changing discourses of wellbeing. *Sociological Review*, 53: 255-274
- South, J. Abdallah, S., Bagnall, A-M., Curtis, S., Newton, R., Pennington, A., Corcoran, R. (forthcoming) *Building community wellbeing – an initial theory of change*. What Works Wellbeing Centre, Community Wellbeing Evidence Programme.
- South, J., Giuntoli, G., Kinsella, K. (2017) Getting past the dual logic: findings from a pilot asset mapping exercise in Sheffield, UK. *Health and Social Care in the Community*, 25: 105-113
- Stern, D. (1985/1998) *The Interpersonal World of the Infant: A View from Psychoanalysis and Development*. Karnac Books: London.
- Stiglitz, J., Sen, A., Fitoussi, J-P. (2009) *The Commission on the Measurement of Economic Performance and Social Progress* <http://www.stiglitz-sen-fitoussi.fr/en/index.htm>
- Steuer, N., Marks, N. (2008) *Local wellbeing: can we measure it?* London: The Young Foundation and NEF. <http://www.neweconomics.org/publications/entry/local-well-being>
- Summer, A., Haddad, L., Gomez Climent, L. (2009) Rethinking inter-generational transmission(s): Does a wellbeing lens help? The case of nutrition. *IDS Bulletin*, 40: 22-30
- Sung, H., Phillips, R. (2016) Conceptualizing a community well-being and theory construct. In Kee, Y., Lee, S.J., Phillips, R. (Eds.) *Social factors and community wellbeing*, pp. 1-12. Springer, Switzerland.
- Swales, K. (2016) *Understanding the leave vote*. NatCen: London.
- Warner, K., Kern, M. (2013) *A City of Wellbeing*. City of Santa Monica Office of Wellbeing. December
- Thaler, R. H., Sunstein, C.R. (2008) *Nudge*. Yale University Press: New Haven.
- Tönnies, F. (1957) *Community and Society* (Gemeinschaft and Gesellschaft, trans. Loomis, C.P.). Michigan State University Press: Lansing.



Trickett, E. J., Beehler, S., Deutsch, C., Green, L. W., Hawe, P., McLeroy, K., Linmiller, R., Rapkin, N, B. D., Schensul, J. J., Schultz, A. J. & Trimble, J. E. (2011) Advancing the science of community-level interventions. *American Journal of Public Health*, 101: 1410-1419.

Uphoff, E.P., Pickett, K., Cabieses, B., Small, N., Wright, J. (2013) A systematic review of the relationships between social capital and socioeconomic inequalities in health: a contribution to understanding the psychosocial pathway of health inequalities. *International Journal for Equity in Health*, 12: 54. Doi:10.1186/1475-9276-12-54

Völker, S., Kistemann, T. (2011) The impact of blue space on human health and well-being – Salutogenetic health effects of inland surface waters: A review. *International Journal of Hygiene and Environmental Health*, 214: 449-460

Warner, K., Kern, M. (2013) *A City of Wellbeing*. City of Santa Monica Office of Wellbeing. December

Whippman, R. (2016) *The pursuit of happiness: why are we driving ourselves crazy and how can we stop*. Hutchison, Penguin: London

White, S.C. (2010) Analysing well-being: a construct for developing practice. *Development in practice*, 20: 158-172

White, S.C. (2015) *Relational wellbeing: a theoretical and operational approach*. Bath Papers in International Development and Wellbeing Working Paper No. 43, University of Bath.

White, S.C. (2017) Relational wellbeing: re-centring the politics of happiness, policy and the self. *Policy & Politics*, doi: 10.1332/030557317X1486657625970

White, S.C., Blackmore, C. (2016) *Cultures of wellbeing: method, place and policy*. Palgrave MacMillan: Basingstoke.

Wilkinson, R., Pickett, K. (2010) *The spirit level: why equality is better for everyone*. Penguin: London.

Williams, A. (Ed.) (2007) *Therapeutic landscapes*. Ashgate: Basingstoke.

Williams, G. (2004) Evaluating participatory development: tyranny, power and (re)politicisation, *Third World Quarterly*, 25:3, 557-578

Winterton, R., Chambers, A.H., Farmer, J., Munoz, S.A. (2014) Considering the implications of place-based approaches for improving rural community wellbeing: The value of a relational lens. *Rural Society*, 23: 283-295

Wiseman, J., Brasher, K. (2008) Community wellbeing in an unwell world: trends, challenges, and possibilities. *Journal of Public Health Policy*, 29: 353-366.

World Health Organization (1991) *Sundsvall Statement on Supportive Environments for Health*. Report from the International Conference on Health Promotion, Sundsvall, June 1991. WHO: Copenhagen.

WHO (2015) *Beyond bias: exploring the cultural contexts of health and well-being measurement*. Cultural Contexts of Health and Well-being, No.1. WHO European Region, Copenhagen.

WHO (2016) *A focus on culture: developing a systematic approach to the cultural contexts of health in the WHO European Region*. Cultural Contexts of Health and Well-being, No. 2. WHO European Region, Copenhagen.

WHO (2017) *Culture matters: using a cultural contexts of health approach to enhance policy-making*. Policy Briefing 1. WHO European Region, Copenhagen.

## WEB-SITES

Australian Unity with Deakin University. What makes us happy? 14 years of the Australian Unity Wellbeing Index, 2001-2015. <http://www.australianunity.com.au/about-us/wellbeing>

Canada: Indigenous and Northern Affairs. Community Well-being 2012. <https://www.aadnc-aandc.gc.ca/eng/1100100016579/1100100016580>

Carnegie Trust <https://www.carnegieuktrust.org.uk/publications/sharpening-focus-guidance-wellbeing-frameworks-cities-regions/?gclid=CLCPgJSrkNUCFcOZGwodtUwHRw>

Dartmouth Cooperative Project, COOP/WONCA charts <http://www.dartmouthcoopproject.org/co-op-charts/>

Gallup Health ways: wellbeing index, 2015 <http://www.well-beingindex.com/about>

Happy City Index <http://www.happycity.org.uk/measurement-policy/happy-city-index/the-methodology/>

Performance Framework: Scottish Government  
<http://www.gov.scot/About/Performance/scotPerforms/outcome>

Performance Framework: Northern Ireland Government  
<https://www.northernireland.gov.uk/consultations/draft-programme-government-framework-2016-21-and-questionnaire>

Performance Framework: Welsh Government  
<http://gov.wales/topics/planning/planningstats/performance-framework/?lang=en>

OECD How's life? 2015 measuring well-being  
<http://www.oecdbetterlifeindex.org/#/11111111111>

ONS 2017 Wellbeing reports

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/oct2015tosept2016>

POST (Parliamentary Office of Science and Technology UK) (2016) Research Briefing: Green Space and Health. Postnote 538.

<http://researchbriefings.parliament.uk/ResearchBriefing/Summary/POST-PN-0538>

Ribova, 2000. The Arctic. Citing Kusel, 1996; Doak and Kusel 1997.

<http://www.thearctic.is/PDF/Individual%20and%20Community%20well.pdf>

Scottish Government (2015) Scottish Place Standard. <http://place.standard.scot>

University of Minnesota 2016 Community Wellbeing.

<http://takingcharge.csh.umn.edu/community-wellbeing>

University of Waterloo 2013 Canadian Index of Wellbeing. <https://uwaterloo.ca/canadian-index-wellbeing/>

What Works Wellbeing Centre (WWWC) <http://whatworkswellbeing.org>

APPENDICES

**Appendix 1. Dronvalli and Thompson (2015) Five 'Excellent' Measurement Tools to Evaluate Health and Wellbeing in Community-based Interventions**

Name	Ref	Purpose	Description	Applications
QOLS: Quality of Life Scale	QOLS 1970s- (Flanagan; Burckhardt)	Describes the ideal enriched life (normative standards) Reflects aspirations of majority not all. 'Conventional wisdom'	Externally defined normative standards of the ideal enriched life: Married with children, in a fulfilling job, engaging with the community, having good opportunities for recreation, with material comforts, with good friends.	Scores how closely fit this ideal life Used with wide variety of chronic diseases (inc diabetes, osteoarthritis, PTSD, lower back pain, heart disease, COPD, gastrointestinal disease etc.
National School of Public Health, Madrid, Spain	Community Wellbeing Index (Spanish only) Forjaz et al.,	Purely community connectedness tool.	Are you satisfied with the health services of your town or city e.g. 10 items every question relates to town or city of resident.	Useful to assess community as a whole; important tool in evaluating community interventions. Only been used in a few studies in Spain e.g. with elderly.
WHO and University of Bath, UK	WHOQOL-BREF2000- (Skevington)	Detailed assessment of individual and their role in the community.	26 items (brief version of the full WHOQOL which has 100). Exceptional discriminating qualities, as is detailed. Unique in measuring +ve and -ve: Takes longer to administer, length may affect responder engagement.	Used internationally, making comparisons between populations, 1000+ studies using it, most to measure health and wellbeing in populations.
Dartmouth Medical School, USA	HRQOL – COOP/WONCA charts Nelson et al.	Derived from assessing health and wellbeing sections of the COOP-WONCA charts; Suitable for low literacy respondents by using meaningful pictures attached to normal	Focussed on individual rather than community; only 1/6 questions related to community connectedness. General tool like PWI –limited discriminating function. Each question has five responses with ordered pictures for each severity. Question = whether responses are more	Mostly used to assess general health and wellbeing of patients in chronic disease states inc diabetes, chronic kidney disease, stroke and MS. Also used in China, use of pictures useful?

		Likert scale.	likely to be standardised when pictures are attached to each likert scale. Short; one-time payment of \$15.	
--	--	---------------	----------------------------------------------------------------------------------------------------------------	--

### Appendix 2 Summary of Selected Frameworks

Measure	Domains	Sub-domains	Notes
Place Standard Scottish Government	Moving around  Streets and spaces  Work and local economy Housing and community Social interaction Identity and belonging Feeling safe Care and maintenance Influence and sense of control	Public transport Traffic and parking Natural space Play and recreation Facilities and amenities	Have 14 questions Can customise questions Answers on 1-7 scale Individual questions aggregated For use at different levels of planning to prompt dialogue
Healthways Wellbeing Index Gallup	Career or purpose wellbeing  Social wellbeing Financial wellbeing  Physical wellbeing  Community wellbeing	Liking what you do each day and motivated to achieve your goals Supportive relationships and love Managing economic life to reduce stress and increase security Good health and energy to get things done daily Liking where you live Feeling safe Pride in your community	Individual perceptions of own wellbeing Aggregate to categorise % in each country or sub-national groups as thriving, struggling or suffering  Follow-up with those with thriving wellbeing, report 'giving back' to others as major factor (Rath and Harter, 2010)
Canadian Index of Wellbeing University of Waterloo	Community vitality (CV)	Each has 8 sub-domains, eg CV: Participation in organised activities	

## What is Community Wellbeing? | September 2017

	Democratic engagement Healthy population Living standards Education Time use Leisure and culture Environment	Sense of belonging Provide unpaid help to others Feel most can be trusted Feel safe walking after dark Violent crime rate Property crime rate 6+ close friends	
Australian Unity Wellbeing Index	Personal Wellbeing Index (PWI):          National Wellbeing Index (NWI): Track satisfaction with range of national indicators:  Community Wellbeing Index (CWI): Customised for community groups to understand local conditions	Standard of living Health Achieving in life Personal relationships Safety Community connection Future security  Economic and business conditions Social conditions Government National security Environment  Collate wellbeing of each individual to determine overall CWI	PWI: Rank satisfaction across 7 domains 0-10 convert into 0-100 index Around 75, homeostatic Normal 60-90 identify individuals outside this range.  More volatile and larger range
Community Wellbeing Index Canada, Indigenous and Northern Affairs	Income Education	Total income per cap Community members with high school education Community members with university degree	Each component score range 0-100 Combine into a single CWB score 0-100

# What is Community Wellbeing? | September 2017

	Housing  Labour force activity	Community homes in adequate state Homes not overcrowded Community members participating in labour force Labour force participants with jobs	
Community Wellbeing University of Minnesota	Connectedness          Livability          Equity	<i>Community's social networks for:</i> Social support Social trust Living harmoniously Civic engagement Participation in democracy <i>Community spaces for:</i> Housing Transportation Education Parks and recreation Human services Public safety Access to culture and arts Equal opportunities for: Fairness and justice Basic needs met Education and meeting potential	Focus on community level aspects but ultimate interest is individual wellbeing.
Community Capacity Ribova, 2000	Physical capital  Human capital  Social capital	Physical elements and resources in a community and financial capital Skills, education, experiences, general ability of residents Ability and willingness of residents to work together for community goals	
Happy City	Equality		Measures outputs and



## What is Community Wellbeing? | September 2017

Bristol	<p>Sustainability City Conditions: Work</p> <p>Health</p> <p>Education</p> <p>Place</p> <p>Community</p>	<p>Quality of work Income Unemployment Mortality and Life expectancy Illness and disability Healthy and risky behaviours Mental health Children's education Adult qualifications Safety Housing Transport Green space Culture Participation Social isolation Local business</p>	<p>outcomes, not inputs; measures the 'drivers of wellbeing' not personal wellbeing; assessments of equality and sustainability emphasises importance of 'how' cities provide the drivers of wellbeing; 60+ indicators, mix of objective and subjective</p>
Bhutan Gross National Happiness Index	<p>Community vitality Cultural diversity and resilience Education Ecological diversity and resilience Health Good governance Living standards Psychological wellbeing Time use</p>		
New Economics Foundation Dynamic model of wellbeing	<p>Flourishing: Good feelings day-to-day and</p>	Emotional wellbeing	Individual data aggregated for territorial measures.

## What is Community Wellbeing? | September 2017

	<p>overall Good functioning and satisfaction of needs</p> <p>Influences: Personal resources External conditions</p>	<p>Satisfying life Vitality Positive functioning (competence, autonomy, engagement, meaning and purpose) Social wellbeing (supportive relationships, trust, belonging)</p> <p>Resilience and self-esteem Material conditions, income, social context</p>	
--	-------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

### Appendix 3 Glossary

**Comprehensive Community Wellbeing:** an assessment or mapping of community wellbeing including both subjective and objective measures.

**Community:** the primary focus on community within this work is as defined through territorial units: the neighbourhood and the local authority, with comparisons across urban and rural areas, sub-national regions and devolved governments. Other definitions of community may include a community of shared values and interests, or virtual communities.

**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 and Brasher, 2008: 358]

**Community Objective Wellbeing:** objective indicators of collective aspects of wellbeing for which there are external data or which can be accurately reported by key informants (for example, crime rates, health status, use of facilities, transport, economy etc.)

**Community Subjective Wellbeing:** subjective assessment of collective aspects of the defined area or population group (how do people feel about the neighbourhood, broken down into component elements, including safety, trust, local facilities etc.)

**Health Related Quality of Life:** an individual's or a group's perceived physical and mental health over time, including domains such as emotional and social functioning.

**Indicators:** a measurement or value that gives you an idea of what something is like.

**Individual domains:** the different categories of indicators, such as education, safety, social relations etc.

**Individual Wellbeing:** an assessment or mapping of individual level wellbeing that combines subjective and objective measures.

**Individual Objective Wellbeing:** objective assessment of individual aspects of wellbeing where there are external data or data that can be reported accurately (income, education level, marital status etc.)

**Individual Subjective Wellbeing:** subjective assessment of individual aspects of wellbeing (how well feel life is going broken down into component elements).

**Mobilisations:** different ways that the concept of community wellbeing is understood and used.

**Objective Wellbeing:** assessments cover aspects for which reliable and valid data exist or can be collected, or which can be accurately reported by an appropriate informant.

**Population Wellbeing:** community wellbeing constructed from the aggregated individual wellbeing assessments across a given population.

**Settings Individual Wellbeing:** whereby a single individual assesses wellbeing for the different domains across their different settings. Different settings reflect where and with whom people spend their time. They can be a residential community, a workplace community, a leisure communities or online communities.

**Subjective Wellbeing:** describes an individual's perceptions and feelings about different aspects of their life.



what works  
wellbeing

info@whatworkswellbeing  
@whatworkswellbeing  
whatworkswellbeing.org



HM Government



UNIVERSITY OF  
LIVERPOOL



Durham  
University



LEEDS  
BECKETT  
UNIVERSITY