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WELLBEING INEQUALITY ASSESSMENT TOOLKIT

THE WELLBEING IN PLACE PERCEPTIONS SCALE (WIPPS)



THE WELLBEING IN PLACE PERCEPTIONS SCALE (WIPPS)

The Challenge and the Purpose of WIPPS

Subjective opinions or perceptions about where we live are as or more important in determining our feelings about our places than limited, often inaccessible ‘objective’ statistics gathered by remote organisations. Improving community wellbeing in UK places involves affecting positive change in how people perceive their places and communities. Until now there has been a gap in indicators that can measure and monitor perceptions of the drivers of community wellbeing alongside an overall sense of collective wellbeing.

According to our [conceptual review of community wellbeing](#) (Atkinson et al., 2017), the ability to sample a collective view of how a place or a community is doing is central to moving the concept and measurement of community wellbeing forward. Designing a set of questions that effectively measures these facets has many challenges. Amongst these is that of overcoming entrenched views that only ‘objective’ evidence has significant value. However, whenever self-report questions are used, subjectivity is captured. For example, our individual views about how well neighbours get on with each other involves a personally-held subjective judgment based on a heuristic or ‘rule of thumb’ sense of neighbour relations around us. The more embedded we are in ‘community’ the more reliable such [heuristic](#) judgments are. This kind of heuristic information gathering and decision-making is exactly what we do frequently in everyday life whenever normative ‘objective’ data or ‘facts’ are not readily available to us, at our finger tips, to inform our decisions ([Tversky and Kahneman, 1974](#)).

However, gathering a collective sense of wellbeing and the place-based drivers that support it involves a step beyond the straightforward self-referent judgment. In this case we begin by using our self-judgment as an ‘anchor’ upon which we base a judgment about ‘other people’s lives’. Again, the more embedded in community we become and the more alike our circumstances are to those who live around us, the more confidence we can have in the adjusted judgment we make ([Yik, Wong & Zen, 2019](#)).

Again, we make inductive judgments like this frequently in our everyday lives and the extent to which they are based on lived experience differs across individuals and according to circumstances. It is likely that heuristic knowledge about micro-communities (i.e. family, friends, close neighbours) whose lives we feel we know reasonably well will be used to inform one’s personal judgements about the lives of the wider community in the area.

We have produced the Wellbeing in Place Perceptions Scale (WIPPS) to support the evaluation of interventions, across the drivers of community wellbeing as depicted within the branches of the conceptual system, the Community Wellbeing Tree.

We believe this measurement tool will be useful to multiple audiences and across different ‘scales of place’. We are particularly focused on the benefit of this tool to community groups and community projects working towards improving the wellbeing of people in their areas and whose beneficiaries are likely to exist at the hyperlocal level in a small community or geographical area. Hence, ‘place’ is operationally defined along hyperlocal lines, as a meaningful space or location in which the actions of local groups, projects and/or businesses work to improve the wellbeing of the people who live, play, work or visit there. It is designed to be sensitive to changes over time within and across the domains it measures so that it can measure change resulting from specific interventions while also being sensitive to changes coming from unplanned events, national or local policies.

Developing the WIPPS

The WIPPS uses the following working definitions:

- **Wellbeing:** feeling good and functioning well.
- **Community wellbeing:** places/ communities that feel good and function well
- **Community Wellbeing determinants:** “the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential” ([Wiseman & Brasher, 2008](#)).
- **Place:** a location or space endowed with meaning ([Lewicka, 2008](#)). A geographical area of meaningful activity and/or of having a focus on making identifiable intentional change as defined by stakeholders, organisations or community. To work at hyper-local scale street, parish, district, ward.

The measure has been developed following a desk-based scoping of the available relevant indicators of community wellbeing (as set out in our [indicators review: Bagnall et al., 2017](#)).

As described above, it differentiates itself from other measures by being specifically designed to collect the perceptions of individual community members on how they see their place functioning for their community. The drivers of community wellbeing it captures reflect the thematisation of the many hundreds of outcomes reviewed within the systematic reviews of community wellbeing undertaken by the team for the [What Works Centre for Wellbeing](#). Aligning with the Community Wellbeing Tree Conceptual System and the Wellbeing Inequalities Assessment Tool (Pennington et al. 2021), WIPPS forms part of an integrated toolkit that enables theoretically based, evidence-informed measurable improvement of wellbeing and community wellbeing and the reduction of spatial wellbeing inequalities in UK and beyond.

WIPPS questions use everyday positively phrased language and have been formulated from established indicator sets, which have proven rigor and reliability, good provenance and enjoy wide use. In developing the scale we have drawn on a number of key sources including our own and others contributions in this field. In particular, we have borrowed from the following sources in selecting the questions that make up the WIPPS:

1. The ONS personal wellbeing questions: <https://tinyurl.com/ybcadvet>.
2. The ONS social capital indicator set: <https://tinyurl.com/y973ja8w>.
3. The Subjective Health section of NIHR CLAHRC-NWC Household Health Survey: <https://tinyurl.com/y7pcdd2g>.
4. The built environment section of the Place Standard tool: <https://www.placestandard.scot>.
5. PHE wider determinants of health labour market inequality section: <https://tinyurl.com/ychch6ea>.
6. The Community Wellbeing Evidence Programme’s Voice of the User report – survey results: <https://tinyurl.com/zgsm27q>.

Format of WIPPS

To understand changes to perceptions of community wellbeing the measure needs to engage with the determinants or drivers of change, the mechanisms of change and the whole concept of community wellbeing itself.

To capture that breadth, the measure is divided into 2 sections. **Section 1** explores perceptions of the 5 thematic determinants of community wellbeing, illustrated within the branches of the Community Wellbeing Tree (i.e. the mental, social, health, environmental and economic capitals). **Section 2** attempts to measure an integrated perception of community wellbeing that represents and acknowledges the complexity of the construct. By using both sections together to monitor change as a result of specific interventions or in response to policies over time we can begin to understand the mechanisms of change - of how perceptions of the drivers of community wellbeing influence the feeling community wellbeing itself.

Section 1: determinants of community wellbeing. The 5 branches can be considered independently or together, producing subtotal and total WIPPS scores. In certain circumstances it may seem to make sense to focus on one determinant specifically where an intervention, or the focus of a community business, is entirely or largely aimed at changing one of the drivers of community wellbeing. For example, a community project that looks to improve the physical health of a group of community residents or a group that is working to improve the local environment by a community garden or by litter picking etc. would expect to see direct change to health capital and environment capital specifically. On the whole, and wherever possible, we would recommend that the WIPPS is used in its entirety so that we develop fuller understanding of how interventions within domains can, in turn, affect perceptions of change in other domains (i.e. getting at the mechanisms or process of change and so elaborating the [theory of change](#) (South et al. 2017)). For example, to demonstrate and understand the extent to which a health improvement place-based intervention can lead, not only to improved perceived community health, but also to secondary changes in mental, social and economic capital over time. Or to show how a local business aiming to improve employment opportunities can change perceptions of an area's social capital and perceived place-based health as well. In this sense the whole of WIPPS section 1 can operate as an index of both primary change (i.e. how much did a specifically targeted intervention affect change in perceptions within that targeted domain?) and secondary change (i.e. how much did a specifically targeted intervention effect change to domains outside its direct area of influence?) Thus, the scale aims to get at the process of wider determinant change in response to interventions and to develop understandings aligned to a 'wellbeing in all policies' ethos.

Section 2: change in community wellbeing. This section incorporates a set of 6 questions directly focussed on the construct of community wellbeing. Five of these six questions come from the survey of cross sector professionals whose remit included improvement to health and wellbeing. This survey was conducted by the Community Wellbeing Evidence Programme as part of the first phase of the research within the What Works Centre for Wellbeing. Each of these definitions of community wellbeing were endorsed by significant but different proportions of respondents, roughly corresponding to their sector of practice. The sixth question formulates wellbeing as place-based and aims to assess the extent to which the place promotes wellbeing and community wellbeing. Section 2 can be used as a stand-alone section. However, in order to understand relations between the 5 thematic determinants and the outcome of community wellbeing and to build a better understanding of the mechanisms at work at community and place level, we recommend that it is used hand-in-hand with section 1 whenever possible and where it makes sense to do so.

In section 1 each thematic determinant incorporates 4 questions which total to a score out of 400 for that theme and an average % score for the theme and for the determinants section 1 as a whole can be very easily calculated. In section 2, the 6 questions total to a score between 0 and 600 with an average easily computed to represent percentage community wellbeing score. When re-used following a place-based intervention or a period of time, a % change score can be calculated for each of the subsections and for the measure as a whole.

Versions using a 0-10 scale could be equally viable as would a sufficiently elaborated Likert scale with poles “I do not agree with this statement at all” to “I completely agree with this statement”.

Testing the WIPPS: components, reliability and validity

Exploratory factor analysis of the WIPPS using a data set of approximately 300 residents of the Liverpool City Region between July and September 2020, supports the existence of single factors within each of the 2 sections that we call ‘drivers of community wellbeing’ and ‘sense of community wellbeing’. The same data set demonstrates the excellent internal reliability of the WIPPS sections and also demonstrates the construct validity of the measure with robust bivariate correlation with Peterson, Speer and McMillan’s, (2008) [Brief Sense of Community Scale](#). Confirmatory factor analysis will follow and results of this will appear in as an academic article published in a peer reviewed public health journal (Corcoran, Simpson, Goodall, Gomez, Bennett, Pennington, Bagnall and South. In prep.).

References

Atkinson S, Bagnall A-M, Corcoran R, South J, Curtis S, Di Martino S, Pilkington G (2017) What is Community Wellbeing? Conceptual review, London: What Works Centre for Wellbeing. <https://tinyurl.com/y8qn7zzk>.

Bagnall A-M, South J, Mitchell B, Pilkington G, Newton R, Di Martino S (2017) Systematic scoping review of indicators of community wellbeing in the UK. London: What Works Centre for Wellbeing. <https://tinyurl.com/yc23gtz8>.

Lewicka M (2009) Place attachment, place identity, and place memory: Restoring the forgotten city past. *Journal of Environmental Psychology*. 28: 209–231. <https://tinyurl.com/ybl7rhv6>.

Pennington A, South J, Bagnall A-M, Bharadwa M, Corcoran R (2021) The Wellbeing Inequality Assessment Toolkit. Liverpool: University of Liverpool. www.healthimpactassessment.co.uk.

Tversky A, Kahneman D (1974) Judgment under Uncertainty: Heuristics and Biases, *Science*. 27(185), 1124-1131 [DOI: 10.1126/science.185.4157.1124](https://doi.org/10.1126/science.185.4157.1124).

Wiseman J, Brasher K (2008) Community Wellbeing in an Unwell World: Trends, Challenges, and Possibilities. *Journal of Public Health Policy*, 29: 353-366. <https://link.springer.com/article/10.1057%2Fjphp.2008.16>.

Yik, M., Wong, K.F.E. & Zeng, K.J. (2019) Anchoring-and-Adjustment During Affect Inferences *Frontiers of Psychology*. <https://doi.org/10.3389/fpsyg.2018.02567>.

Thinking about the past month or so...

	Please write a number between 0 and 100 to indicate how much you agree with the statement. Feel free to use the whole range of numbers.
SECTION ONE	
People seem happy here	
People seem satisfied with their lives here	
Around here people feel that the things they do in their lives are worthwhile	
People who live around here don't seem to be anxious	
It's easy to get involved in local activities and groups around here	
People feel they can trust their neighbours around here	
People feel they can rely on each other around here	
People who live around here get on well together	
On the whole, people who live around here enjoy good health	
People who live around here can access local health services easily	
Most people in this area have no trouble achieving their daily activities	
Around here there are enough opportunities to do things that help to keep people fit and well	
Most homes in this area provide a good standard of accommodation for people	
Most of the streets, roads and public spaces in this area feel safe to be in	
It's easy to get around in this area without having to use a car	
This area has everything people need on a day-to-day basis	
People have enough opportunity to find good quality jobs, training or education locally	
People in this area are able to move up in the world	
People around here tend not to get into too much debt	
SECTION TWO	
There are strong networks of relationships and support between the people who live around here	
The people who live here feel they can take action to improve things and/or influence decisions made about the area	
The people who live here feel they belong here	
No-one is left out in this community	
This area has a physical environment that helps people to feel good and function well	
This area contributes positively to the wellbeing of the people who live here	

Mental Capital

- 1) People seem happy here
- 2) People seem satisfied with their lives here
- 3) Around here people feel that the things they do in their lives are worthwhile
- 4) People who live around here don't seem to be anxious

Social Capital

- 5) Its easy to get involved in local activities and groups around here
- 6) People feel they can trust their neighbours around here
- 7) People feel they can rely on each other around here
- 8) People who live around here get on well together

Health Capital

- 9) On the whole, people who live around here enjoy good health
- 10) People who live around here can access local health services easily
- 11) Most people in this area have no trouble achieving their daily activities
- 12) Around here there are enough opportunities to do things that help to keep people fit and well

Environment Capital

- 13) Most homes in this area provide a good standard of accommodation for people.
- 14) Most of the streets, roads and public spaces in this area feel safe to be in
- 15) It's easy to get around in this area without having to use a car
- 16) This area has everything people need on a day-to-day basis

Economic Capital

- 17) Around here people have enough opportunity to find good quality jobs, training or education locally
- 18) Most households in this area have enough money to live well on
- 19) People in this area are able to move up in the world
- 20) People around here tend not to get into too much debt

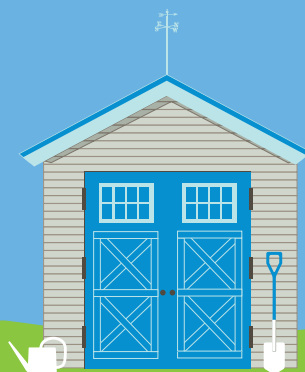
Section 2: Community Wellbeing

- 1) There are strong networks of relationships and support between the people who live around here
- 2) The people who live here feel they can take action to improve things and/or influence decisions made about the area
- 3) The people who live here feel they belong here
- 4) No-one is left out in this community
- 5) This area has a physical environment that helps people to feel good and function well
- 6) This area contributes positively to the wellbeing of the people who live here





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