

Measuring Wellbeing; why do it and how to do it.

1. What is wellbeing and how is it being measured?

Wellbeing is defined as how people feel and how they function in relation to themselves and the people around them. In Lambeth the definition agreed - and currently adopted by Lambeth's 'Wellbeing and Happiness Programme' - is;

'To experience good mental health and wellbeing is to feel positive about today and to have hope about the future; to feel reasonably confident about being able to handle life's stresses and problems and that mostly life is fulfilled and rewarding.'

It is not possible to develop a single wellbeing indicator to measure individual or population wellbeing. There are many factors that influence an individual's wellbeing. There is currently no overall consensus on how to measure population wellbeing and there are different approaches across the country on how it is measured.

The types of measures available are:

- Indirect or objective measures for population or community wellbeing (such as
 employment rate, crime figures or numbers of people volunteering). These measures
 although seen as more objective, tend to be indirect in that there is an assumption
 based on the evidence that they are linked to wellbeing.
- 2. Direct or subjective measures such as self reported health and life satisfaction or whether people feel their neighbourhood is safe. Although more subjective some of these measures are more directly assessing individual wellbeing.

The UK is leading the world on measurement of wellbeing. The Office for National Statistics (ONS) recently published their annual review and held a seminar on measuring wellbeing on 20th November. (**Appendix 3** outlines some of the discussions). The Scottish Government has a National Performance Framework² which aims to measure progress on creating a more successful country for all to flourish. In the North West, a mental wellbeing survey³ was

¹ Lambeth First (2009) Wellbeing and Happiness in Lambeth: the Lambeth mental wellbeing programme, www.lambethfirst.org.uk/mentalwellbeing

² www.scotlandperforms.com

³ Deacon et al (2009), North West Survey Mental Wellbeing Survey 2009, http://www.nwph.net/nwpho/publications/NorthWestMentalWellbeing%20SurveySummary.pdf (accessed 16 March, 2010)

designed by the North West Public Health observatory and undertaken to measure mental health and wellbeing across the region, based on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)⁴. The Young Foundation have produced a Wellbeing and Resilience measure toolkit⁵ and the Children's Society⁶ have published a tool for measuring children's wellbeing. In addition, a prototype Atlas of Mental Wellbeing⁷ was published by the North East Public Health Observatory in 2010. Combinations of these scales and home grown measures are being tested by policy makers and those responsible for service evaluation at local government level.

2. Why does a focus on improving wellbeing matter and what action should agencies take?

A number of reports in the last couple of years have highlighted the importance of working toward improving population wellbeing⁸ as well as consolidating the growing evidence base and making the economic case⁹. As an example investment in parenting programmes can have cost benefits to a wide variety of agencies (see **Table 1**). Population wellbeing is related to educational attainment, community safety, health, employment and economic productivity¹⁰. Promoting population mental health will reduce the costs of mental ill health and demand on public services and lead to wider economic and social gains (eg. a more productive workforce, less crime, improved educational attainment). Lambeth is in the bottom twenty local authority areas for child wellbeing scores¹¹ and children in the borough

⁴ Warwick Edinburgh Mental Wellbeing Scale http://www.healthscotland.com/uploads/documents/3052-WEMWBS%20scale.doc (accessed 16 March, 2010)

⁵ Mguni, N and Bacon, N (2010). Taking the temperature of local communities. The Wellbeing and Resilience Measure (WARM), The Young Foundation: London

⁶ Rees, G, Goswami, H and Bradshaw, J (2010). Developing an index of children's subjective well-being in England, The Children's Society: London

⁷ Glover, G, Lee, R and Copeland, A (2010). The development of a prototype index of ecological factors affecting wellbeing in the population, North East Public Health Observatory

⁸ These include Foresight Report, Dame Carol Black's report on health of the working age population, New Horizons, Marmot Review, Future Vision Coalition and the Royal College of Psychiatrists.

⁹ Knapp, M, MdDaid, D & Parsonage, M (Eds) (2011), Mental Health Promotion and Prevention: The Economic Case, LSE PSSRU, Centre for Mental Health, IoP, King's College

¹⁰ Department of Health (2010), Confident Communities, Brighter Futures. A framework for developing well-being, Department of Health: London

¹¹ Bradshaw, J, Bloor, K, Huby et al (2009), Local index of child well-being, Department of Communities and Local Government: London

have a higher prevalence of mental health issues than the national average. Poor wellbeing in early life impacts on lifetime outcomes such as educational attainment and job opportunities. The best buys for local and national investment are outlined in **Table 2.**

For example, the health sector can play a part by identifying and treating parental mental health problems, intervening early with childhood conduct problems, referring people to interventions to reduce fuel poverty, debt, employment opportunities, work in partnership to reduce alcohol and violence and use social prescribing so that people can carry out their 'five ways to wellbeing'¹².

The local authority can work to promote good parenting skills, ensure healthy schools strategies, work to reduce poverty, use licensing powers to reduce alcohol availability, drive community development projects to promote good social networks, increase volunteering and protect and enhance urban green space. All sectors can act as a good employer and be mindful of their corporate social responsibilities back to the community such as ensuring their employees can volunteer, making sure contracts are given to companies that recruit a certain percentage of local people and look after the wellbeing of their staff.

12 See http://www.neweconomics.org/projects/five-ways-well-being

<u>Table 1: Gross pay-offs from parenting interventions at age 5, per child with conduct disorder (2008/09 prices)</u>

(taken from Knapp et al, 2011¹³)

	Age 6	Age 7-16	Age 17+	Total
	(£)	(£)	(£)	(£)
NHS	-168	-912	-197	-1278
Social services	-24	-29	-14	-67
Education	-132	-304	0	-437
Criminal justice	0	-1247	-340	-1588
Public sector total	-324	-2493	-551	-3368
Voluntary sector	-3	-6	-5	-15
Victim costs	0	-3361	-810	-4171
(crime)				
Lost output	0	-995	-232	-1227
(crime)				
Other crime costs	0	-377	-129	-506
Other	-3	-4740	-1176	-5919
sectors/individuals				
Total	-328	-7233	-1727	-9288

Table 2: Best buys for wellbeing

- > Supporting parents and early years: parenting skills training/pre-school education/home learning environment;
- > Supporting lifelong learning: health promoting schools and continuing education;
- Improving working lives: employment/
 Workplace (eg. rewarding work, good line management,
 Being involved in decision making)
- Positive steps for mental wellbeing: lifestyle (diet, exercise, sensible drinking) and social support;
- > Supporting communities: environmental Improvements to homes and open spaces, supporting & facilitating good social

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¹³ Knapp, M, McDaid, D & Parsonage, M (Eds) (2011), op cit

networks

(Friedli & Parsonage, 2009)14

A useful consequence of measuring population wellbeing is that it can help to focus and prioritise work to promote wellbeing, especially in areas or amongst populations where wellbeing is found to be low. Measuring wellbeing can also help to monitor the impact of action taken to support resilience in communities especially where resources are scarce. Longer term trends can also be monitored. There is a role for all agencies in this from local authorities to the police to the private sector.

3. What do we know about wellbeing nationally?

Annual Population Survey (2011)

This survey reaches a large sample but focuses on employment. It includes the four subjective wellbeing questions devised by the ONS:

- Overall, how satisfied are you with your life nowadays?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?
- Overall, to what extent do you feel the things you do in your life are worthwhile?

The new economics foundation analysed the results¹⁵ and highlighted the following themes:

- The area with the lowest proportion of people scoring well on all four measures, only 20%, is actually the richest part of the country – Inner London.
- Many ethnic minorities experience significantly lower wellbeing than their white counterparts.
- People on temporary contracts and unemployed people experience lower wellbeing than those on permanent contacts.
- Long working hours have a negative impact on some aspects of wellbeing
- o There is substantial local variation existed.
- There is massive inequality between those with the highest wellbeing and those with the lowest scores.

¹⁴ Freidli, L & Parsonage, M (2009), Promoting mental health and preventing mental illness: the economic case for investment in Wales, All Wales Mental Health Promotion Network

¹⁵ Abdallah, S and Shah, S (2012), Well-being patterns uncovered: An analysis of UK data, London

- Disability reduced life satisfaction by 0.70 points.
- Black, Arab, Bangladeshi, Pakistani and Indian people experience significantly lower wellbeing than White people.
- Married/cohabiting couples have higher levels of wellbeing.

However, the sample sizes are not great enough to make much commentary at London borough level.

4. How is Lambeth doing?

Lambeth Residents' Survey (2011)

774 Lambeth residents were asked to rate their health, life satisfaction and complete the Short Warwick-Edinburgh mental wellbeing scale¹⁶ - SWEMWBS (see **Appendix 2** for questions included in the survey). This was undertaken as a one off in January 2011 as part of the now quarterly Residents' Survey by Lambeth Council. All residents were interviewed face-to-face in their own homes and the survey was administered by Ipsos MORI. The survey results demonstrate the strong link between mental wellbeing and work, social class, neighbourhood, ethnic group and age (see **Table 3**).

In 2007 and 2008 questions were included in the survey about how happy people felt on a scale of 1-10¹⁷ and their self reported health¹⁸. Questions asked in 2011 were chosen by NHS Lambeth Public Health for their comparability with national and regional data (eg. DEFRA, Health Survey for England). However, these data cannot be taken in isolation as a measure of population wellbeing. Questions relating to trust, community cohesion, volunteering rates, use of green space and involvement in local democracy are also indicators of the community wellbeing as a whole.

¹⁶ http://www.healthscotland.com/documents/5238.aspx

¹⁷ In 2008/2009 this was an average of 7.12 with Black Caribbean residents (6.74) scoring under the average compared with White British residents (7.31).

¹⁸ 72% of residents rated their health as good in 2008-09 compared with 77% in 2007.

Table 3: Wellbeing profiles in Lambeth

Profile of Ms Flourishing Profile of Ms Struggling

Self employed Has a disability

Addr (aver 65)

Lives in Norwood Lives in North Lambeth

White British Black African or Portuguese

No disability Social class DE

Jses parks and open spaces, leisure and User of council services eq. housing, social

ports facilities and council recycling services services, health services

In receipt of housing benefit.

Self reported health

Overall 71% of people reported very good or good health 43% of those aged 18-24 reported very good health compared with 26% of the total. Overall 27% reported bad health on average. Those aged 75-84 years (50%) were more likely to rate their health as bad. **Black Caribbean** and **Mixed/Asian Other** were slightly more likely to report **bad health** at 34% and 30% respectively. People in the **lower social class** (DE) and those living in **North Lambeth** reported **poor health** (10% compared with the average of 5%).

Users of **disabled** person's services **social services for adults** and **in receipt of housing benefit** were more likely to rate their health as **bad**; 50%, 59% and 37% respectively.

Life satisfaction

On average people reported a score of 7 (24%) or 8 (25%) out of 10 (with 10 being extremely satisfied).

Those aged 18-24 (48% reported satisfied) and over 65s (51% reported satisfied) were most likely to have a higher score. Those aged 35-44 and 45-54 years were more likely to have low or fair scores as were Black African and Black respondents. However, **Black African** (16%) and **Black** (12%) respondents were also more likely than other groups to say they were 'extremely satisfied' compared with 7% for White British and 11% for BME groups overall. Those who were unemployed were more likely to score 5 or under, whilst those who were in **full time employment** or **retired** had **higher scores**. **Home makers** were more likely to give a **score of 5**. Those living in **North Lambeth** and **Stockwell** were

more likely to give **lower scores** of 4 or 5. **Muslims** (29%) and **non-Christians** (34%) were **less likely than average to be satisfied** compared with 47% for those with no religion and 47% for Christians.

People in receipt of housing benefit and using social services for adults were more likely to be dissatisfied than those using leisure and sports facilities or parks and open spaces.

Self reported wellbeing (using the Short Warwick Edinburgh Mental Wellbeing scale)

When compared with the North West survey data¹⁹, respondents in Lambeth were less likely to report 'all of the time' to **feeling relaxed**, **dealing with problems well** and **feeling close to other people. Table 4** shows the Lambeth results.

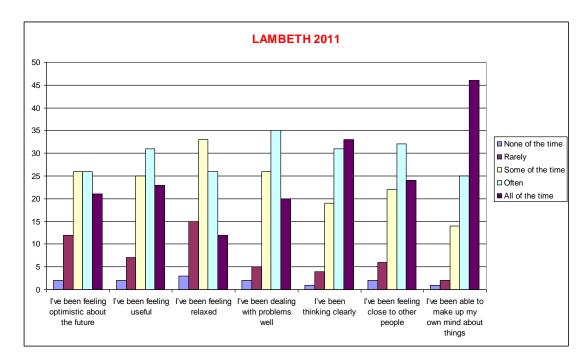


Table 4: Short Warwick Edinburgh Mental Wellbeing Scale, Lambeth

The Short Warwick Edinburgh Mental wellbeing scale and the self reported health questions have been included in the most recent Lambeth Residents' Survey²⁰ and results will be available in due course.

Lambeth also commissioned a measuring wellbeing handbook²¹ from the new economics foundation for services to use in evaluation of services.

¹⁹ Deacon et al (2009) op cit

²⁰ This takes place in November and is funded by NHS Lambeth CCG Public Health and the London Borough of Lambeth.

²¹ See http://www.lambethfirst.org.uk/mentalwellbeing/measuringwellbeing

The Cabinet Office have carried out some analysis of the London ONS data with life satisfaction plotted against deprivation (see **Table 5**). Lambeth and Southwark are similar for relative deprivation but Lambeth scores worse for life satisfaction, although within that there will be local variation. Southwark has lower levels of deprivation than Lambeth and has better life expectancy, child poverty, access to green space and youth unemployment scores. These may all be reflected in people's life satisfaction scoring. However, it is of note that Croydon, Ealing and Merton have much lower deprivation levels but also have lower life satisfaction scores.

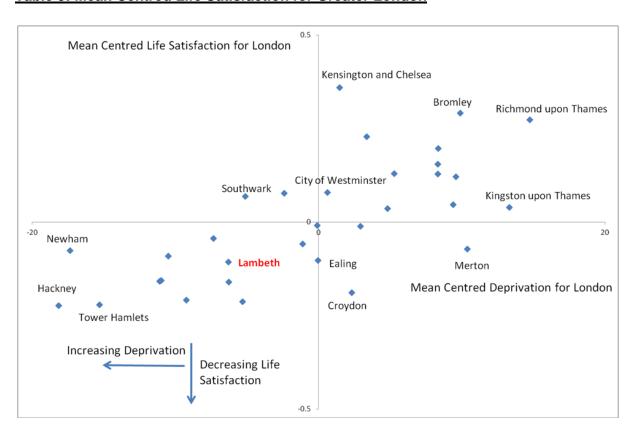


Table 5: Mean Centred Life Satisfaction for Greater London

5. Conclusion

Measuring wellbeing is not just the concern of central government. Local areas can use measuring wellbeing data to inform and monitor the impact of investment in interventions that are known to improve mental wellbeing²² and to assist in making policy decisions (**Appendix 1** lists some useful tools and resources). Interventions can be targeted at groups and geographical areas where there are lower levels of wellbeing and lessons could be learnt from areas that report good wellbeing in spite of deprivation and unemployment to see how to preserve protective factors eg. green space, a community centre, a faith community.

²² See 'Confident Communities, Brighter Futures' (DH, 2010) for graded list of interventions

Although in small geographical areas, such as a borough, care must be taken when interpreting data based on relatively small numbers. It can be useful to review data on wellbeing alongside data on health, crime, worklessness etc. To identify potential relationships or indeed any anomalies in what might be expected and to look at factors that might be promoting resilience and protecting against low levels of wellbeing. The information can inform appropriate action for people, with lower wellbeing as well as activity that can improve wellbeing for all.

Lambeth has already taken some steps to explore the measurement of wellbeing and this has been recognised nationally²³. The lessons learnt from this early work and national surveys can drive the formulation of policy, commissioning of services how we measure progress on policy in Lambeth in future - particularly the Cooperative Council programme of work and the Joint Health and Wellbeing Strategy. It also has the potential to more explicitly inform and challenge commissioning intentions of all public sector stakeholders; what would we do differently here to improve population wellbeing?

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²³Lambeth was mentioned in the Cabinet Secretary's blog http://www.civilservice.gov.uk/news/wellbeing-and-policy-update and in a Local Government Improvement and Development report http://www.local.gov.uk/c/document_library/get_file?uuid=867e0406-35a5-4e91-910d-6b13305d2319&groupld=10171

Useful tools and resources

ONS Measuring National Well-being: Life in the UK, 2012

http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/first-annual-report-on-measuring-national-well-being/art-measuring-national-well-being-annual-report.html

National wellbeing interactive graph

http://www.ons.gov.uk/ons/interactive/well-being-interactive-graph/index.html

National well-being wheel of measures

http://www.ons.gov.uk/ons/interactive/well-being-wheel-of-measures/index.html

OECD 'Your better life index'

http://www.oecdbetterlifeindex.org

Wellbeing patterns uncovered: An analysis of UK data (new economics foundation)

http://www.neweconomics.org/blog/2012/11/19/well-being-patterns-uncovered-a-new-wealth-of-data-for-the-uk

Commissioning for wellbeing - a leadership briefing

http://www.nmhdu.org.uk/news/commissioning-for-wellbeing-and-population-mental-health/

Foresight mental capital and wellbeing report

http://www.bis.gov.uk/assets/biscore/corporate/migratedD/ec_group/116-08-FO_b

Confident Communities, Brighter Futures A framework for developing wellbeing

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_115936.pdf

Discuss national wellbeing online

www.statsusernet.org.uk

Mental Wellbeing Impact Assessment Checklist

http://www.nmhdu.org.uk/silo/files/mental-wellbeing-checklist-a4.pdf

'Green book' on valuing social impacts (HM Treasury)

http://www.hm-treasury.gov.uk/data_greenbook_news.htm

Unhappiest people in Britain not always the most deprived

http://www.guardian.co.uk/society/2012/nov/20/unhappiest-people-not-most-deprived?INTCMP=SRCH

Lambeth's Measuring wellbeing handbook

http://www.lambethfirst.org.uk/mentalwellbeing/measuringwellbeing

Questions included in Lambeth Residents' Survey (Wave 6, 2011)

Life satisfaction (taken from DEFRA and European Social Survey)

All things considered, how satisfied are you with your life as a whole nowadays?

1 (extremely dissatisfied) – 10 (extremely satisfied)

NB – Measure should have been 0-10 but a mistake was made in publication

Self reported health (taken from the Health Survey for England)

Now thinking about your health over the last 12 months, how has your health been in general? Would you say it's been:

Good

Fair

Bad

Very Bad

Don't know

Short WEMWBS (validated for UK use and tested out in Scotland and North West England. Will be included in the Health Survey for England in 2011)

We would like an idea of how you've been feeling in general recently. Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the last 2 weeks.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5

I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Notes of various talks held at the ONS Measuring Wellbeing Seminar on 20 November, 2012

Glenn Everett, ONS

There are 40 measures of wellbeing and maps of the four subjective wellbeing questions are available online. http://www.ons.gov.uk/ons/index.html

David Halpern, Cabinet Office

'Green book' on how to use wellbeing data has been published.

What can we do to build social trust? We are leading the world on measurement. We need to get the information into citizen's hands. There is a real value in the debate. Too early to change policy as no estimate on the wellbeing impact/causes.

Baljit Gill, Department of Communities and Local Government

Interested in why there is local area variation. Wants to get data out to hyper local websites. Need guidance on measures. What are the levers and policy to draw on?

Tom Gerlach, Department for Transport

DfT have carried out an appraisal of a major local scheme. They have called it 'Social and Distributional Impacts'. This includes looking at transport's impact on social interaction, value of time, active travel, bus concessions and incorporates measures from the traveller. They found as road density increases, wellbeing decreases, proximity to rail has no significant influence, people with naturally high levels of wellbeing locate towards railways. Air quality does have an effect. Accessibility is important especially in relationship to getting to hospital.

Lord Gus O'Donnell, Legatum Institute Commission on Well-being

There are different ways to measure wellbeing but they all come up leading to the same set of policies. We need to articulate a set policy for wellbeing. The assumptions under the analysis need to be explained clearly to people.

Cary Cooper, Lancaster University

Presenteeism has increased and sickness/absence has decreased from 2011 to 2012 so it is no longer a good indicator of problems in the workplace. If we consistently work 40 hours a week and commute it will damage our health. Line management and staff engagement are the most important in terms of workplace wellbeing. If flexible working was opened out for all the return on investment would be £3 per £1 invested.

Health	Health		
'Good'	'Not good'		
Health and present	Unhealthy present		
35% of the UK			
Healthy and not always present	Unhealthy and not always present		

Productivity levels are very low in the UK compared to competitor countries

Charles Seaford, nef

Have produced a new report entitled 'Wellbeing patterns uncovered'. Major issues for the future are that the population will be increasing from 60m to 75m. Working part time and voluntarily (particularly in the older population) is good for wellbeing.

Martine Durand, Chief Statistician, OECD

Use the 'Your better life index'. Can look at where life is good based on your preferences. Conference was held in New Delhi and info is available online at www.oecdindia.in There is much convergence in understanding on measurement approaches. More research on the determinants of wellbeing and causality is needed for measures to be better used in policy making. There are many indicators projects round the world. In Bhutan meditation is a domain of wellbeing and Italy culture is a domain. Timeliness of data is an issue. GDP is quarterly, for example. Bhutan has a policy screening tool. New Zealand has a living standards tool.

Andrew Oswald, Warwick University

The Ecosystem services framework & natural capital conservation (Turner and Daily, 2008) https://ueaeprints.uea.ac.uk/24884/

The most cited article about wellbeing is on relative income/Easterline paradox http://en.wikipedia.org/wiki/Easterlin_paradox
Satisfaction and comparison income http://www.andrewoswald.com/docs/jpub.pdf
with Andrew Clark

Many different measures give similar patterns. People need to know what makes them feel good. The brain science data is catching up with the theory. There are poorly understood linkages between mind and body. Happy countries have less hypertension. Bostock, Steptoe et al, 2011 - positive affect linked to low cortisol

Urry et al measures asymmetry in brain signals which can test for depression

http://www.ncbi.nlm.nih.gov/pubmed/15032992

Predicts social science will mesh with hard sciences over the next decade or so.

David Signorini, Scottish Government

Vision --→ Measurement

Ideas came from Virginia. Scotland has no separate departments in Government.

http://www.scotland.gov.uk/About/Performance/scotPerforms/indicators