

# What works for Community Wellbeing: a public debate

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## Acknowledgments:

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Further information on the Community wellbeing evidence programme can be found on the What Works wellbeing website.

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## About this briefing

This briefing reflects discussions that took place at two public hearings organised by Leeds Beckett University on behalf of the What Works Centre for Wellbeing, Community Wellbeing Evidence Programme. The briefing sets out some of the evidence and ideas that emerged from the research conducted by the What Works Centre for Wellbeing Centre and the public hearings. It identifies some of the challenges and opportunities around community wellbeing, including the nature of community wellbeing evidence, the relationship between inequality and community wellbeing, and the role of local systems in promoting community wellbeing.

## About the public hearings

The public hearings brought together stakeholders from universities, statutory health organisations, local government, politicians, the voluntary, community, and social enterprise sector (VCSE), and the public. The hearings used deliberative methods to consider and debate a range of evidence on what works for wellbeing - from academic research through to front line experience. They each included presentations of evidence from the Community Wellbeing Evidence Programme and from professional practice, responses and questions from an expert enquiry panel, and group deliberation and discussion.

The first public hearing focused on the relationship between inequality, vulnerability, and community wellbeing and was held at Leeds Beckett University in October 2017. The second public hearing focused on what can be done across local systems to support community wellbeing and was held in Sheffield Town Hall in May 2018.

Both public hearings were held under Chatham House Rules to encourage openness and sharing of information. This means that quotes used in this briefing are not attributed to individuals.



# Our context

Community Wellbeing - the What Works Centre for Wellbeing notes that Community Wellbeing is more than the sum of people's individual wellbeing – instead it describes it as:

“A broad combination of social, economic, environmental, cultural and physical conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential.”

(Wiseman and Brasher 2008: 358)

Given this relationship between wider conditions and community wellbeing it is not surprising in a period when health inequalities have persisted and widened (Department of Health Profile for England: 2017) that participants at both public hearings focused on the relationship between inequalities and community wellbeing.

Some of the reasons for this include:

- A growing view that there should be a greater emphasis on supporting people and communities to build on their strengths rather than just focusing on their deficits
- A belief that people can and should take more responsibility for their own health
- Increasing understanding that health inequalities can have detrimental effects on wellbeing
- A government policy agenda of limiting and reducing spending on social programmes and welfare.

## Why is this such a big challenge: are there two opposing sides?

Across the public hearings, there was discussion about the role that the VCSE and the statutory sector can play in supporting community wellbeing and whether the way they work together (or not) can help or hinder this. Whilst the VCSE and statutory sectors expressed a shared aspiration for strengthening community wellbeing, a fractious relationship was described.

“We have a lot of knowledge, we have loads of plans and initiatives, we need to bring them together and we cannot work in isolation. We do speak the same language so let's work together.”

(Public Hearing 2)

The biggest challenge that emerged was how to create some common space between two systems (statutory and civil society) that typically have different traditions and work to different paradigms. These different systems are described in a paper produced by the Third Sector Resource Centre as 'vertical hierarchical' (statutory) and 'horizontal peer' (civil society). The names give a useful hint as to their respective cultures and ways of working. One of the arguments that emerged in the second public hearing was that this difference impacts directly onto community wellbeing and onto organisations that are seeking to strengthen this.

“There are decision makers at the top and there are lots of community groups doing absolutely fabulous work from the bottom up...this is a disconnected system... Somebody talked about government coming in and brushing away the good work of community organisations”

(Public Hearing 2)

A consistent theme across both public hearings was that statutory organisations, despite their best intentions, have a history of working in a way that marginalises the VCSE and their knowledge and relationships with communities. Statutory services have typically developed and provided targeted services around the specific issues or needs of individuals (housing, primary care, screening etc). In part, this stems from the historical development of the NHS and local government to respond to societal problems by providing solution-focused services, rather than fostering asset-based approaches that help individuals take more control of their own lives.

This historical development has been compounded by austerity policies that have narrowed the focus to ensuring statutory requirements are met. There are of course examples of statutory organisations who have tried to take a different approach to this agenda. Local authorities from Leeds, York and Waltham Forest all shared examples of work they have done recently involving the local VCSE that places an emphasis on supporting individual and community wellbeing rather than meeting specific targets.

“If we put those things together, commissioning for complexity and commissioning for relationships, these are some of the things that we could start to see surrounding our attempt to improve outcomes. We would have... stronger relationships, more localised relationships, better collaboration, better trust. We would be building in the ability to learn and use that learning as a driver for adaptation and change over time”

(Public Hearing 2)

Strong traditions of supporting community and individual wellbeing through approaches that place an emphasis on empowerment and social justice run through many VCSE organisations. The public hearings heard examples from VCSE organisations working with specific – often disadvantaged – geographical communities (such as Halifax Opportunity Trust, Locality members) or with specific disadvantaged populations, such as homeless people in Leeds (i.e. St. George’s Crypt), to build on community assets and strengthen these as an important component of improving personal and community wellbeing.

From discussions about the (in)harmonious working between the statutory and VCSE organisations, a further challenge was identified about how the concept of community wellbeing is understood and owned in a local system.

## How community wellbeing is understood

When considering ‘community wellbeing’ people felt that there is a tendency to look immediately towards available evidence. While this is important (and is discussed below), it may not be the best place to start. Rather, it was felt that community wellbeing needed to be understood, first, within the broader context of existing social structures and competing political agendas.

Community wellbeing was discussed as an inequality issue in which individuals and communities with the least resources are likely to experience the poorest individual and collective wellbeing. In this regard, community wellbeing was seen, like other inequality issues, as the result of combinations of changing individual and structural factors across the life course.

“The agenda is about communities, about the relationship between citizens in those communities, it is about their wellbeing and it’s also about inequality”

(Public Hearing 1).

Rather than being seen as an individual outcome to be addressed, community wellbeing was discussed as a ‘whole systems’ issue that is affected by – and affects – numerous policy areas (such as education, health, housing, and employment). Community wellbeing can be a barometer of the success of services overall.

“Wellbeing is much more than health, it’s about having a good job, it’s about having a decent income, access to education, access to green space”

(Public Hearing 1)

Once this systems lens is present it is then possible to develop a more inclusive approach to community wellbeing, locating it within a wider context that recognises and connects with people’s lived experience. We need to show that these inequalities exist in order to take action. If there is not a clear ambition to change the relationship between citizens, communities and the state then it is very difficult to gain the necessary authority, commitment, and sense of urgency to empower managers to make this happen.

## Strengthening a community wellbeing approach

At the public hearings, suggestions for what an effective approach to promoting community wellbeing might look like included:

- **Address basic needs**

There was a strong feeling that addressing people’s basic needs (housing, food, safety, financial security) was fundamental to promoting wellbeing. Without addressing these basic needs it is hard to expect people to engage in many of the processes that promote wellbeing which can often require an investment in time and energy - such as shared decision making, co-production etc.

“We’re focused first on communities and people where they live. What’s gonna make the biggest difference to them?...Having somewhere to live, someone to love, something to do, are the biggest drivers of health”

(Public Hearing 2).

- **Cultural change**

We need to work with communities to promote wellbeing. This requires a different approach than existing models of, for example, ‘top-down’ commissioning and providing services. While a range of terms are used – such as asset-based community development, person-centred – the fundamental approach is one that places an emphasis on shifting power and building trusting relationships. Rather than focusing on problems that need to be fixed, we need to start recognising and focusing on assets and strengths in communities and working with local people on issues that are important to them.

“But it is also about a change in culture, and it’s also about people being treated as equals, bringing their strengths and gifts to those developments”  
(Public Hearing 2).

- **Do the simple things...**

Working to promote community wellbeing is paradoxical. On the one hand, we need to focus on doing simple things – bring people together, develop relationships, meet basic needs, listen to communities.

- **...while recognising complexity**

On the other, promoting community wellbeing is extremely complex because it requires a whole population approach and recognition of the impact of social context on people’s lives.

“I would like to suggest that commissioning for complexity would help those with less complex needs as well, the whole system will benefit”  
(Public Hearing 2).

This balance is not reflected in statutory provisions; in order to manage and deliver services it has proved necessary to operate as though the world is a simpler place, where parameters are set by financial years, programme budgets and government targets. This is not how communities are organised. Timescales need to be longer and more flexible, relationships more fluid and less hierarchical, and connections and identities more closely bound.

- **Localness**

It was generally agreed that promoting community wellbeing requires action at a local level. But what ‘local’ means was not always clear. Working at a neighbourhood or ‘hyper-local’ level was suggested. For example, commissioning (or other resource allocation) should be place-based, including packages to community anchor organisations that they can distribute to grass-roots organisations. However, what of communities that lack a consistency of place? And what does ‘local’ mean in a globalised and increasingly digitised world? We need to understand how to harness digital technology to empower communities.

“In every single one of the community-led areas, people have tried to introduce some of these changes in a big bang way, so across the whole area and that hasn’t worked. Where it has worked is where people have started in the hyperlocal, very small areas, small neighbourhoods, where one GP surgery catchment area and then learnt about what works and what doesn’t work and spread it out.”

(Public Hearing 2)

- **Power and powerlessness**

Many of the ideas for action that were raised at the public hearing required a recognition of imbalances of power. There were two themes - the first and most important was concerned with the relationships and expectations between local citizens and the local government. The second is concerned with the relationship between the VCSE sector and the local state.

- **PEOPLE AND COMMUNITIES** – There is a need to redistribute or devolve power so that it is not so concentrated within a minority of people at the top of local systems. This could entail having mechanisms in place to involve the community meaningfully in decision-making. Another feature of sharing power is reciprocity, so that communities feel that when they give something they get something back, and vice-versa.
- **TRUST** – Trust is a key element in delegating power in that it means not only to place faith in the honesty and integrity of those who are committed to making a difference in people’s life rather than maximising profit, but also to accept that delegating power means that those who are empowered are bound to make some mistakes. Conversely, to create a better collaboration between services, it was suggested to also trust public services and assume that they are well-intentioned.

Processes of, for example, joint-decision making can improve self-esteem, mastery, sense of community, community empowerment, physical and mental health, and skills. Such processes also serve to build community resilience.

Many local authorities have at various times sought to devolve some power to a more local level - through mechanisms such as participatory budgeting or neighbourhood committees. Most of these have not lasted longer than a few years. There needs to be greater effort to actively engage marginalised communities in ways that are appropriate for them. The VCSE provides a potential route to engaging marginalised groups, either connecting directly to individuals or via voluntary and community sector groups acting as advocates. Activities such as formal and informal volunteering must be recognised and valued as opportunities for individuals and communities to exert power and control through direct action.

“If you’re bringing in, you know, people to co-produce with you, you actually have to listen to them and actually have to do kind of the stuff that they’re saying and that takes quite a lot of bravery. And we decided, kind of, what was missing within that is, we sort of talked about the change in culture that was needed”

(Public Hearing 2)

The UK has a long history of local democratic traditions, such as parish, town and district councils, that can still be relevant today. However, successive governments have progressively weakened local democracy; while the reduction in funding of local authorities is relatively clear there is a poor understanding of the corresponding reduction in autonomy of local government. Local leaders need to be in a position to advocate for and place this ambition into a wider context that can lead to meaningful and long term change. Part of the challenge here is to locate this ambition into this broader policy context.

- **THE VCSE SECTOR AND THE STATE** – Across the public hearing it was the voluntary sector who were able to give examples of long term work fostering community wellbeing. Such work requires appropriate resourcing, yet they struggle because a significant portion of funding for many local VCSE organisations is determined by local statutory providers and this funding has historically been predominantly directed towards statutory services. It was clear that VCSE organisations were frustrated by their inability to persuade statutory organisations to shift their funding priorities to strengthen communities through investing in the local VCSE sector.

## Evidence & experience

A primary purpose of the hearings was to do a ‘reality check’ with stakeholders on emerging evidence from the Community Wellbeing Evidence Programme. In particular, to debate its fit and application in practice. Discussions about promoting community wellbeing often defaulted to talking about the nature of evidence. We need to think more carefully about both why this happens and what the availability of different kinds of evidence tells us.

“The systems that create records and churn the data out also have to be aligned to this way of working so that people are capturing what’s really important to people and that can be aggregated and can be looked at in the round. And also it drives the data collection systems that these places are also developing, not just the local authority and the NHS but the third sector as well”

(Public Hearing 2).

The tools that statutory services use to decide where to invest public money reflect the paradigm that they operate in (the vertical hierarchical) so they place a great deal of emphasis on a particular definition of ‘evidence’. This results in the primacy of, for example, randomised controlled trials as well as other forms of quantitative measurement. Whilst this evidence is extremely valuable in its own right, it can be at the expense of capturing complexity through narratives and people’s stories.

“And sometimes I’m not sure if the things we are asked to measure really matter to people, hence my point funders versus the people, whose data is it anyway?”

(Public Hearing 1)

The burden of collecting particular kinds of evidence typically falls to VCSE organisation who may not have the time or skills to collect the necessary data – if indeed collecting the data that is needed to ‘prove’ success is possible. A focus on ‘evidence’ maybe at the expense of inter-personal and inter-organisational relationships and trust; trust that people and organisations (in communities) are making a difference. It may be that the problem lies not with a lack of evidence but a lack of ‘knowledge translation’ between stakeholders.

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

(Public Hearing 1)

We must also consider whether the available evidence is telling the story that people want to hear. For example, participants discussed how the main block to reducing homelessness is not a lack of knowledge about what works to reduce homelessness but a lack of political will.

“Social policy is very rarely established on the basis of evidence...It’s an emotional relationship, that you touched upon, that is critical around shaping social policy. Peoples’ experience and life stories are far more influential than hard, empirical evidence. Sometimes, perhaps in the academic world, [we] misplace the value on hard evidence”

(Public Hearing 2)

## Making progress on community wellbeing — questions to consider

It was clear from both hearings that a greater emphasis on community wellbeing requires a cultural shift. This means that the way in which this change is achieved will affect the progress made. While there was rightly an emphasis on recognising the strengths and assets within individuals and communities there was a clear view that this should not be at the expense of ignoring the socio-economic context that people live and work in.

Some of the questions that local champions might consider using to promote and strengthen discussion and action are set out below:

- What is the vision for citizens and communities at local authority level and how are the experiences of people who are easily ignored or marginalized reflected in this vision?
- How is the relationship between citizens and the communities they live in described and recognised in place-level strategies and plans?
- How is social justice recognized within these strategies – specifically access to social determinants such as income, housing and environment?
- Do these plans and strategies reach out to the needs of specific communities of place or interest and reflect their particular strengths and needs?
- How are voices of different communities heard? Are these different voices heard equally?
- Who has strong and ongoing relationships within specific communities and how are they supported to sustain this? For example voluntary organisations working with people who are homeless or a community anchor working with a community in a deprived neighbourhood.
- If there are no clear anchor institutions what is being done to address this?



## What is a public hearing?

This briefing reflects discussions that took place at two public hearings organised by Leeds Beckett University on behalf of the What Works Centre for Wellbeing, Community Wellbeing Evidence Programme.

Public hearings (also called expert hearings) bring together a range of evidence, from academic research through to front line practice and experience. They provide an opportunity to consider how the research evidence gathered as part of the Community Wellbeing Evidence Programme of the What Works Centre for Wellbeing stands up against the lived experience of groups and organisations who are seeking to develop more resilient communities. They then help to identify what guidance and other tools might help to strengthen local activity.

The hearings used deliberative methods to consider and debate a range of evidence on what works for wellbeing - from academic research through to front line experience. The focus was on what does the evidence mean and what actions can be taken to strengthen community wellbeing at a local level. Participants included national and local policy makers, commissioners, community practitioners, volunteers and researchers.

Hearing 1: 31 October 2017	Hearing 2: 23 May 2018
<i>Presenters</i>	
Professor Rhiannon Corcoran, University of Liverpool	Professor Rhiannon Corcoran & Andy Pennington, University of Liverpool
Hanna Wheatley, New Economics Foundation	Professor Anne-Marie Bagnall, Leeds Beckett University
Dr Tessa Peasgood, University of Sheffield	Martin Farran, City of York Council
Alison Haskins, Halifax Opportunities Trust	Helen Bown, National Development Team for Inclusion
Moira Griffiths, Family Mosaic	Neil Berry, Lankelly Chase Foundation
Chris Fields, St George's Crypt	
<i>Enquiry panel – leading discussion</i>	
Linzi Roberts-Egan, Families & Housing, Waltham Forrest	Rob Webster, South West Yorkshire NHS Foundation Trust
Giles Wilmore, Greater Manchester Health and Social Care Partnership	Tony Armstrong, Locality
Simon Duffy, Centre for Welfare Reform	Roz Davies, The Good Things Foundation
	Cllr Rebecca Charlwood, Leeds City Council

### Evidence presented:

*Participants heard evidence from research about:*

- A summary of the [Community Wellbeing Evidence Programme](#)
- Research about [wellbeing inequality in Britain and its causes](#)
- [Housing interventions](#) and wellbeing for housing vulnerable adults
- Interventions to boost [social relations](#) through improvements in community infrastructure (places and spaces)
- The effect of [joint-decision making](#) interventions on community wellbeing

*Participants also heard the experiences of:*

- [Family Mosaic](#) - a large housing association providing affordable homes and support services
- [Halifax Opportunity Trust](#) – A charity in Calderdale working with communities across a wide variety of projects
- [St George's Crypt](#) – A charity in Leeds working with people who are homeless and in supported housing
- [City of York Council](#)
- [National Development Team for Inclusion](#) – a not-for-profit organization that supports people at risk of exclusion through policy development, consultancy, research, and training.
- [Lankelly Chase Foundation](#) – A charitable foundation seeking to address severe and multiple disadvantage through action inquiry and collaboration.