Understanding and modelling the relationship between individual and place-based community wellbeing

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Background and aims

 Understanding of what is meant by community wellbeing, including that it is sometimes seen as more than the sum of individual wellbeing, and how to achieve it, is still mixed and confusing for many

 The project aims to create evidence and a model to inform future interventions and initiatives, supporting decision makers in understanding the relationships between individual and community wellbeing, including individual and group differences

Project Timeline Different people, same place



Key activities included developing search terms, contacting and meeting authors, extracting study details, quality assessment, writing up the results, and the draft model



Key activities included writing the analysis plan (public and expert versions); ethical approval for local area data; locating, downloading, and merging data; and conducting analyses and robustness tests



Key activities included ethical approval, topic guide development, emailing participants to invite them to participate, conducting interviews, data security and privacy, thematic analysis

Rapid evidence review and consultation group

Quantitative model mapping and testing

Qualitative exploration of model + barriers, enablers, tradeoffs

December 2020 – February 2021

Virtual project consultation group meeting held 9 February 2021

March 2021 – June 2021

July 2021-November 2021

Virtual project consultation group meeting held 21 July 2021

Phase 1 – rapid evidence review and model

- Participation in community initiatives may be associated with better subjective wellbeing (individual and community), but participation is frequently unequal, and this may widen inequalities
- Key 'links' between objective community and subjective individual wellbeing were feelings of belonging, sense of cohesion, perceptions of social support and collective control, and social networks
- 'Communities' are seen as malleable, multiple, and influenced by 'wellbeing spillovers' and 'tipping points'

Phase 1 – rapid evidence review and model

Model developed from literature and project consultation group

 Already many existing models – we do not aim to reinvent those previously, rather to add to a set of possible choices for practitioners (examples in project webpages)

 A need was identified to add a model focussed on levels and informing effectiveness evaluations, which we addressed



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Objective factors

282

Subjective 'links' (mechanisms)

888

Subjective wellbeing

222

Objective factors

9

Subjective 'links' (mechanisms)

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Subjective wellbeing

<u>8</u>

COMMUNITY WELLBEING

Objective factors

FLUID

Perceived as relatively modifiable aspects of community environment.

E.g. access to benches, crime rates, community centres, green space, housing.

FIXED

Perceived as relatively non-modifiable aspects of community environment.

E.g. geographic location and larger political or economic factors, meaning attached to a place.

Subjective 'links' (mechanisms)

Subjective wellbeing

Objective factors

FLUID

Perceived as relatively modifiable aspects of individuals. aspects of individuals.

E.g. quality and quantity of relationships and behaviours such as volunteering and excercise.

FIXED

Perceived as relatively non-modifiable

E.g. stable demographic traits, childhood

experiences, some aspects of health or disability.*

Subjective 'links' (mechanisms)

Subjective wellbeing







^{*} Although we recognise that impacts of health and disability are a product of our context and environments

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Subjective 'links' (mechanisms)

Subjective wellbeing



Evaluations, thoughts about area.

E.g. does it seem like a good place to live?

Feelings, experiences in an area.

E.g. day to day feelings when located in or thinking about an area.

Inequality of individual subjective wellbeing in an area and perceptions of community inequalities.

Objective factors



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Subjective 'links' (mechanisms)

Subjective wellbeing

Evaluations, thoughts about life overall.

E.g. 'I think my life is going well'.

Feelings, experiences over lifetimes.

E.g. how happy people feel right now and if they feel the activities they do in life are meaningful.



INDIVIDUAL WELLBEING



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Objective factors

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or disability.*

E.g. stable

childhood

Subjective 'links' (mechanisms)



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Subjective wellbeing

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Subjective 'links' (mechanisms)

Perceptions of aspects of the community.

E.g. perceived safety, social trust, stories about the community, social norms, satisfaction with local amenitites.

Subjective wellbeing

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Subjective 'links' (mechanisms)



Examples include how they see the quality of their relationships with others, perceived functioning, confidence, self-esteem and preferences.

Subjective wellbeing



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Feelings, experiences over lifetimes.

E.g. how happy people feel right now and if they feel the activities they do in life are meaningful.







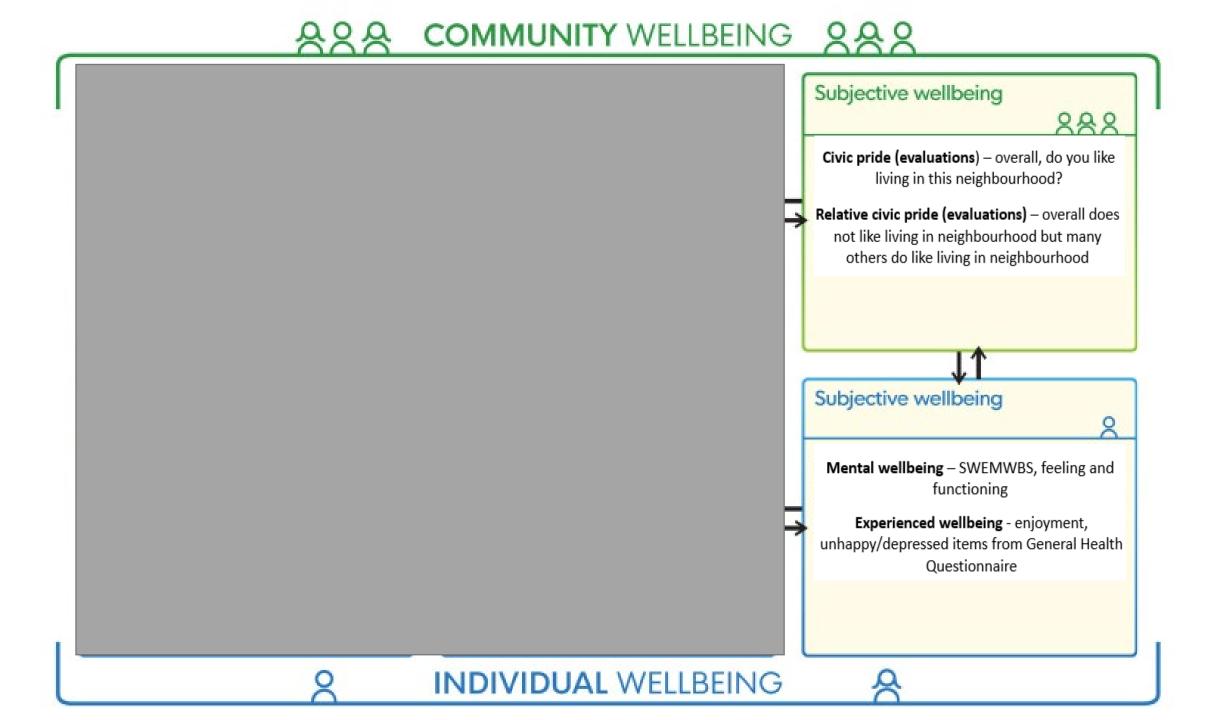
^{*} Although we recognise that impacts of health and disability are a product of our context and environments

Phase 2 – quantitative analyses of crosssectional data

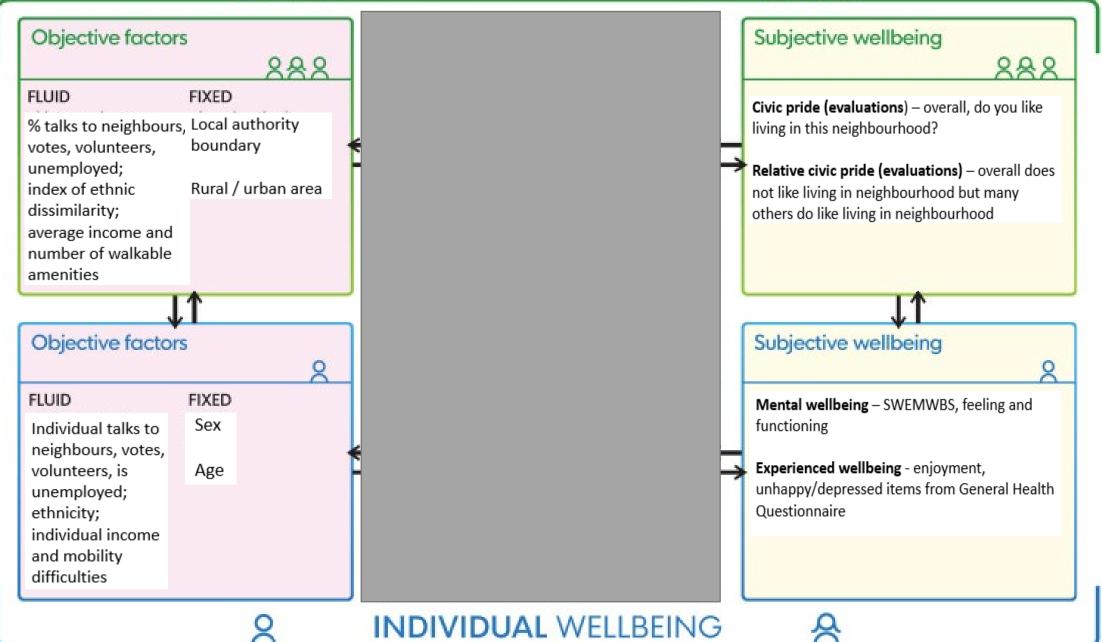
Around 25,000 people from Understanding Society survey from waves 6, 7 & 9 (2014-19) when key questions were available (mostly wave 6)

Also imported (at local authority level):

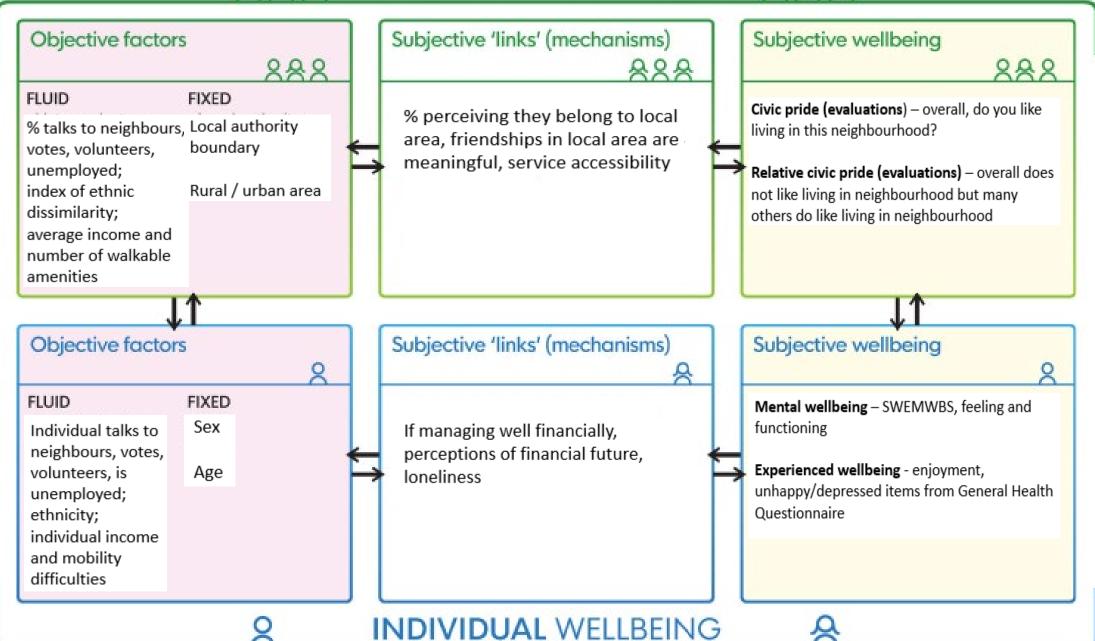
- Community Life Survey (neighbourhood walkability)
- 2011 Census (ethnicity)
- House of Commons Library Election Data (voting)
- ONS/HMRC data (local authority income)
- ONS/administrative data (population turnover or 'transience')



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Phase 2- quantitative analyses of crosssectional data

 Mixed effects logistic regression models with random effects to allow for clustering at local authority level

• Outcome is subjective wellbeing, predictors were everything else including objective factors and subjective mechanisms or 'links'

 Only reviewing selection of results – see blog, briefing, technical report

Key associations

- Area-level volunteering rates and unemployment rates were associated with both community and individual subjective wellbeing
- Higher voting rates were associated with better individual subjective wellbeing
- Higher area-level average income was associated with better individual subjective wellbeing
- People living in urban areas had worse absolute and relative community subjective wellbeing than those living in rural areas, particularly where voting rates were low
- Higher numbers of walkable assets were associated with lower individual and community wellbeing but not after adjusting for perceptions of safety, suggesting this was an omitted variable

Different people, same place

For example:

- Less sociable individuals had worse mental wellbeing in sociable areas than in unsociable areas.
- In more sociable areas, people aged 50+ had better community subjective wellbeing than aged under 50.
- While higher area-level income was associated with proportionally better mental wellbeing, this relationship was weaker for households with larger incomes.

Key mechanisms or 'links'

 Sense of belonging to their local area, and that they did not feel lonely, more important than perceiving their local friendships mattered or perceiving they were able to access local services

 However, it is not possible to say that belonging and loneliness were more important than friendship or services - it could be that local friendships and services drive a sense of belonging or loneliness, which longitudinal or interventional data would be needed to explore and test

Phase 3 – qualitative interviews

 24 interviews conducted with individuals who worked in local government, the third sector, politics, and academia to consider barriers, enablers, and trade-offs, and to feedback on the model and visualisation

- Main themes: (in)adequate power sharing, counterfactual 'what ifs' in monitoring and evaluation, vertical and horizontal funding gaps, and leadership and culture
- Boxes model was polarising but perceived to have value, e.g. coproduction tool

Some limitations

 Phase 1 – rapid rather than fully systematic due to timescales, can't identify all mechanisms or groups

 Phase 2 – there could be interactions between community-level predictors, which we did not test quantitatively and future research could explore

• Phase 3 – no participants in community initiatives, only leadership from third sector, politics, academia, etc.

Conclusions and next steps

• Important to consider how different individuals and groups may be affected differently by the same initiative or intervention – map onto model, think about what works (but lack of local data...)

 Even though there are many mechanisms between individual and community wellbeing, qualitatively, the most important one was power-sharing- but important to do considerately

 Future research may use the developed model (or others) to design future community initiatives and during co-production, or to guide commissioning and service planning

Please tell us

• If you are using this work please tell us – you can email me (L.Kudrna@bham.ac.uk) or evaluation@whatworkswellbeing.org

 Reflect on the jamboard – how, if at all, has this changed your understanding of community and individual wellbeing? Will you do anything differently?