



Understanding local needs for wellbeing data

measures and indicators

Report written by
Helen Brown, Saamah Abdallah and Ruth Townsley
With input from Liz Zeidler, Sara MacLennan and Ingrid Abreu Scherer





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1.0 Executive summary

Introduction

This report presents a new Local Wellbeing Indicator set for local authorities, public health leaders and Health & Wellbeing boards. In 2011, the Office for National Statistics (ONS) introduced a Measuring National Wellbeing programme, to inform national decision-making. This new set is intended to meet the need for a practical local translation of that programme, helping to inform local decision-makers so they can better understand the wellbeing of their constituents, and how they can act to improve it. The set is the product of a six-month scoping project co-commissioned by the ONS and Public Health England (PHE), in collaboration with the What Works Centre for Wellbeing and Happy City. As well as proposing an ‘ideal’ set of Local Wellbeing Indicators, we also propose a ‘currently available’ set recognising that some of the indicators we propose in the ideal set are not yet available at the local authority level.

Our final framework comprises two indicator sets: The ‘ideal’ set is based on a core of 26 indicators of individual wellbeing and its determinants. We have also produced a ‘currently available’ set containing 23 indicators. We also include recommendations for additional ‘deeper dive’ support indicators that provide more detailed insight in specific areas and contexts.



Methodology

Our starting point for the project was the Happy City Index - a set of around 60 indicators of individual wellbeing in eight domains developed by Happy City and the New Economics Foundation in 2016. The Happy City Index was developed to respond to slightly different requirements, but provided a 'straw-man' version to put out for consultation.

We consulted with individuals in 26 different organisations, including nine city councils, seven county or district councils, the three devolved governments (Wales, Scotland and Northern Ireland), and nine other organisations including the LGA, Defra, The Health Foundation and the New Economics Foundation. Respondents were asked about their needs and potential uses for wellbeing data and frameworks, and for feedback on version 1 of the indicator set.

Respondents were broadly satisfied with the original version 1 framework. For the final version, the consultation feedback informed by a literature review resulted in an adapted framework with seven domains: Personal wellbeing, Equality, Health, Education and childhood, Economy, Social relationships and Place. As well as providing input regarding the individual indicators in version 1, respondents also identified gaps which we sought to fill in the final version. The consultation also allowed us to develop a set of criteria with which to assess individual indicators and the indicator set as a whole. See **box 1** for more details from the consultation.

Based on a desire from respondents for the indicator set to be more strongly and uniquely a 'wellbeing' set, we conducted a brief review of reviews to summarise the key determinants of (subjective) wellbeing (see **box 2** for further detail), to help us develop a more coherent set.





BOX 1: Consultation feedback

The following key points emerged from the consultation (note that the version consulted on was restricted to existing data, covered more than wellbeing, and was not divided between core and additional indicators).

The set should:

- Have a clear and customer-oriented purpose, and be distinct from existing frameworks.
- Be bold and aspirational, and not restricted by existing data availability.
- Help users understand drivers of wellbeing, as well as understanding prevention and resilience strategies.
- Include robust and timely data, with ability to 'drill down'.
- Be positive and capture the 'essence' of wellbeing.
- Include more subjective indicators.
- Reflect the long-term impact of austerity which was a central concern for a majority of local authorities.
- Avoid duplication and introduction of 'just another indicator set'.

BOX 2: Review of reviews

The purpose of this review was to build a broad picture of the most important determinants of subjective wellbeing. This was used to ensure no major gaps were left by the indicator set, and to ensure a good balance between domains.

Based on a review of nine major reviews and studies of wellbeing, we identified a set of 14 key determinants:





Criteria

Potential individual indicators were assessed against the following criteria, to determine whether to include them in the core set:

1. **BROAD:** each indicator should cover a large conceptual space and not be too specific.
2. **AMENABLE TO LOCAL ACTION:** the indicators should measure something that local actors, particularly local government, can aspire to influence.
3. **UNDERSTANDABLE:** it should be easy for non-specialists to be able to understand the indicator, and interpret results.
4. **VALID:** the indicator should accurately measure the thing it claims to measure.
5. **RELATED TO SUBJECTIVE WELLBEING:** in most cases, the indicator should measure something which is known to be associated with subjective wellbeing.
6. **MATTER TO PEOPLE:** the indicator should measure something which consultation has suggested matters to the public.

We used four further criteria for assessing the set as a whole:

7. **AVAILABILITY:** there should be a good number of indicators for which data is already available at the local level.
8. **COVERAGE:** indicators selected for each domain should cover the main elements of that domain satisfactorily. Key elements should not be missed.
9. **ASSETS VS. DEFICITS:** there should be an appropriate balance between a distinctly 'wellbeing' and positive number of indicators, and recognising that a deficit indicator can be more appropriate for some sub-domains.
10. **SUBJECTIVE VS. OBJECTIVE:** there should be a good mix of both subjective and objective measures.



Final framework

Figure 1 presents the structure of the final framework for both the 'ideal' and 'currently available' sets, which is built around seven domains (personal wellbeing, economy, education and childhood, equality, health, place and social relationships).



Figure 1.

Each domain consists of several sub-domains – there are 26 in total (see Figure 2). We have identified one 'ideal' indicator for each sub-domain. In 11 cases, this indicator is not currently available at the local authority level – in most of these cases we propose an alternative indicator which is widely available at present to create a 'currently available' set. Furthermore, we propose a further 37 additional indicators across the sub-domains, for when more in-depth, nuanced understanding is required.

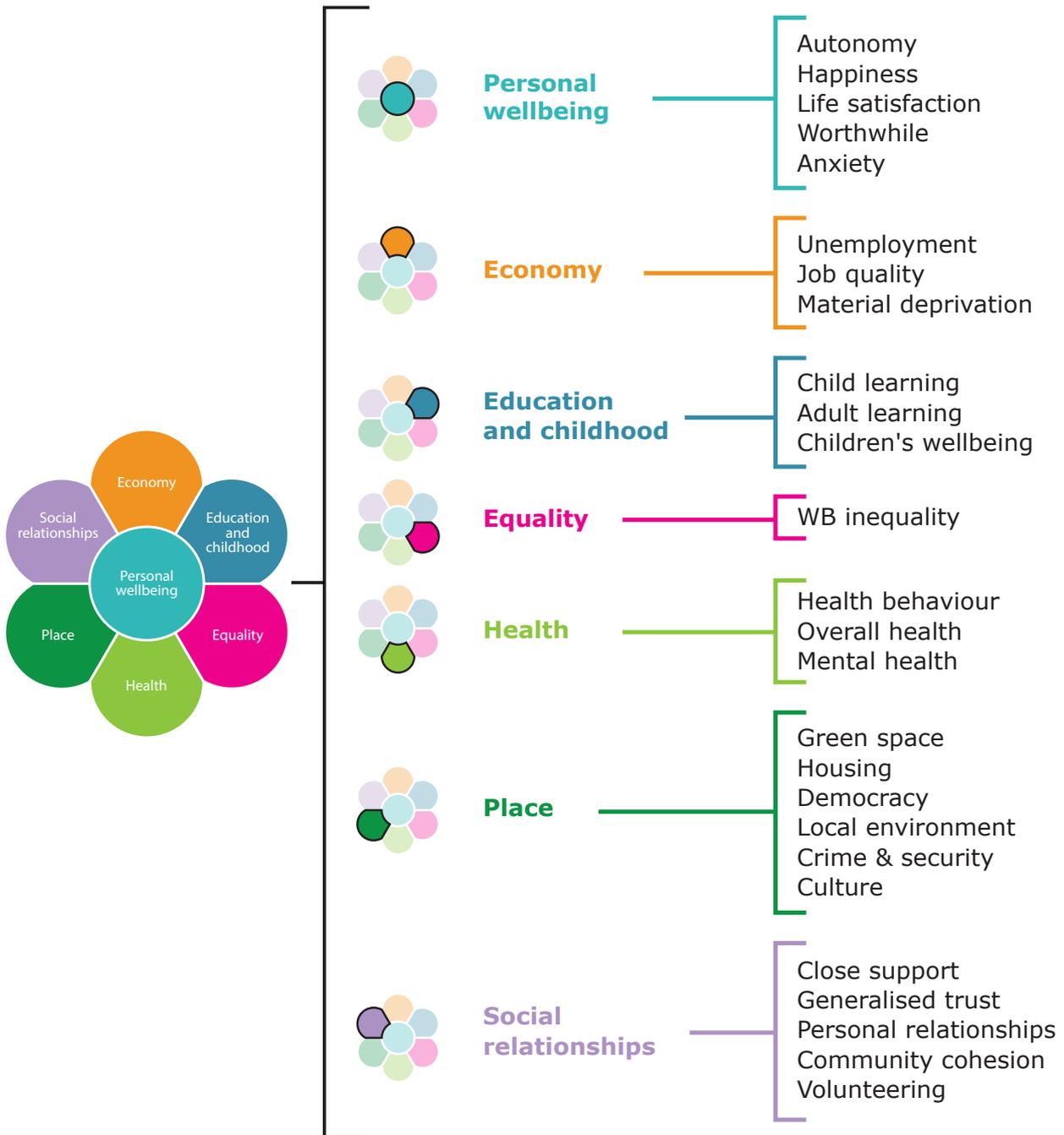


Figure 2. Indicators and sub-domains

Of the 26 ideal indicators, 11 are objective, 14 are subjective and one (healthy life-expectancy) is a combination. Five of the subjective indicators are direct measures of personal wellbeing. Amongst the other indicators, there are some that are part of the traditional understanding of deprivation, such as unemployment and material deprivation, but also factors which are less typically considered by policy and which reflect the wellbeing driven focus, including frequency of social contact, participation in cultural activities, and use of green space.

This set aims to provide a balanced, holistic picture of wellbeing and its determinants, giving decision-makers and practitioners an invaluable overview of their communities.



2.0 Project overview

2.1 Purpose

On a national and international scale, policymakers are beginning to focus on measures of prosperity beyond traditional economic indicators, such as GDP. In the UK, the National Wellbeing Programme uses national level indicators to “measure what matters”. These measures are used to monitor the nation’s progress and assess and develop policy. On a more local scale, however, there are no such wellbeing initiatives – a consistent framework that uses local authority level indicators to measure what matters within local authorities. The local wellbeing indicators project co-commissioned by Public Health England (PHE) and Office for National Statistics (ONS) in collaboration with the What Works Centre for Wellbeing (WWCW) and Happy City (HC) aimed to scope out adult wellbeing indicators that are needed and can be used at a local level.

2.2 Evidence of need

ONS identified a user requirement for local indicators of wellbeing, particularly from local authority staff and voluntary sector organisations. Initial work exploring possible measures was undertaken, but ONS required additional external support to complete the work and approached the WWCW to discuss partnership working. PHE is also interested in this area and asked the WWCW to carry out scoping work to develop local indicators of adult wellbeing. Previous work had been published on children and young people’s mental wellbeing indicators

Although there is a clear need for local wellbeing indicators, we had an incomplete picture of whether and how local authorities and local public health officials currently use wellbeing data and metrics and how they would like to do so in future. Further stakeholder engagement with prospective local authority and public health users of the data helped to identify how best to meet their needs. Specifically, consultation with early adopters of wellbeing metrics helped us to understand how wellbeing measures are being used, what encourages their use, the perceived benefits, what else is needed, and how their approach and lessons learned could be shared with others.

Happy City is part of the Community Wellbeing Evidence Programme of the What Works Centre for Wellbeing and a strategic partner of the Centre with particular expertise at the local level. Happy City worked extensively with a range of local authority representatives to develop both the Happiness Pulse (HP) and Happy City Index (HCI). Partnering with Happy City provided an opportunity to build on this work and existing stakeholder relationships. PHE has extensive stakeholder contacts with local public health officials and ONS and the What Works Centre for Wellbeing have contacts interested in wellbeing metrics in Local Authorities and voluntary sector organisations.



Best value for public money was obtained by working collaboratively, pooling resources and contacts and avoiding duplication of efforts. This project brought all partners together to scope out, develop and implement a strategic plan for addressing the needs of local authority and local public health officials for wellbeing data and evaluation. This would include development and testing of a draft indicator set for monitoring local wellbeing.

2.3 Scope and audience

For this six-month scoping project the aim was to develop a national basket of local adult wellbeing indicators which were:

- Broad (health & social) with a mix of subjective and objective measures
- Currently available at a local authority level
- Provide comparable data on a national scale where possible
- Evidence-based
- Include 'drivers' of wellbeing as well as outcomes
- Temporal & pragmatic where possible
- Aspirational- highlighting measurement gaps we can work towards

The draft indicator basket was designed with the following audiences in mind:

- Local authority decision makers and officers
- Local public health leaders and teams
- Health & wellbeing boards





3.0 Rationale for selection of indicators

The following brief literature review aims to provide a rationale and background to the selection of the indicators in the Local Wellbeing Indicator set. Almost everything affects wellbeing, so how does one choose which factors to include in the indicator set to avoid it being overwhelming?

We first present a dynamic model of wellbeing to understand how the experience of wellbeing emerges from a range of conditions and circumstances. We then explain, using the literature available, how in practice this relates to the evidence base and identify some of the factors for which there is the strongest evidence of a relationship to subjective (or experienced) wellbeing. Special attention will be given to factors that are amenable to local-level interventions.

3.1 Dynamic model of individual wellbeing

As part of the UK Government Foresight Mental Capital and Wellbeing Project in 2008, the New Economics Foundation developed the dynamic model of wellbeing to help understand the competing definitions and theories in the field.¹

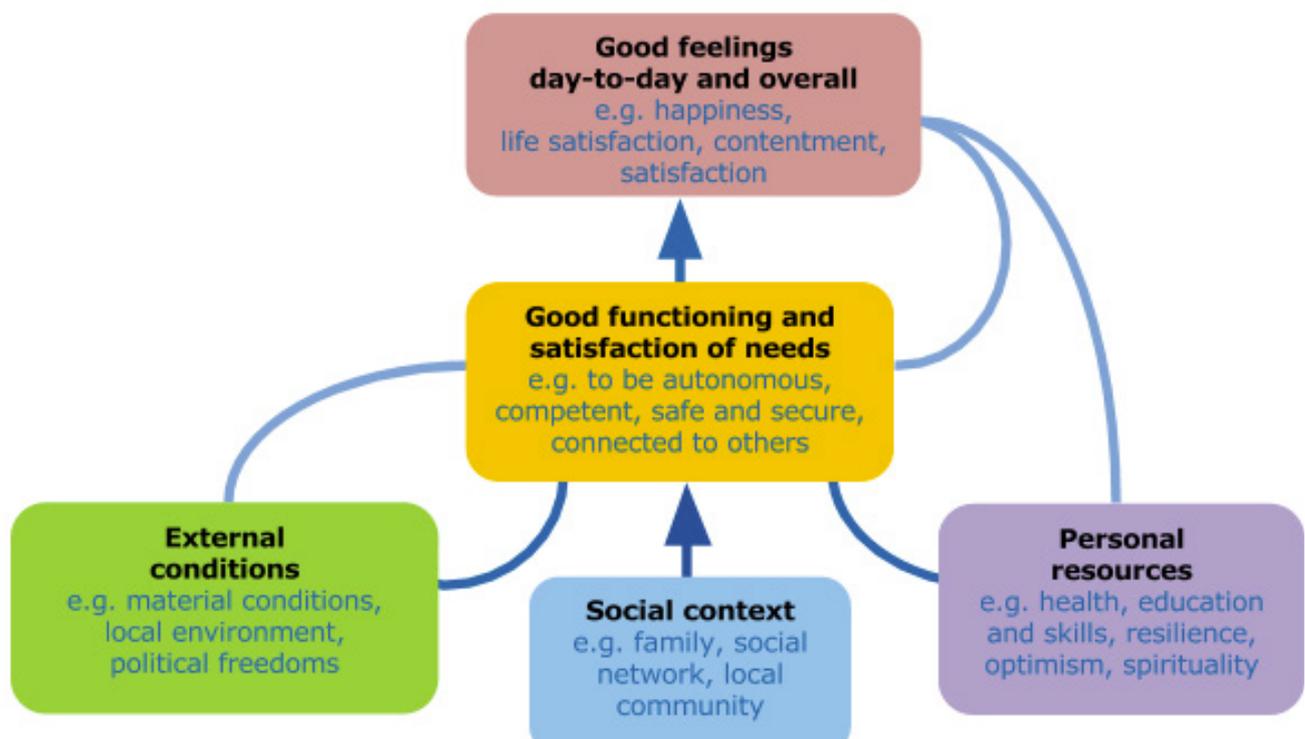


Figure 3.

¹ Thompson S and Marks N (2008) *Measuring well-being in policy: Issues and applications* (London: [nef](#))



The model starts from the interaction between our external conditions, social context, and the personal resources that we bring to bear. These three elements determine the extent to which we are able to function well and satisfy our basic and psychological needs. This in turn determines our day-to-day experience of life and overall assessments of, for example, life satisfaction.

Of the four ONS survey questions on personal wellbeing, three (life satisfaction, happiness and anxiety) can be understood as sitting within this top box. The fourth question, on feeling that what we do is worthwhile, is intended as a measure of eudaimonic wellbeing, and can be understood as a measurement of how well our psychological need for competence is being met. As such it sits more comfortably in the middle box.

Of the remaining dimensions of the ONS Measuring National Well-being set:

- Two indicators within Relationships (satisfaction with family and social life) can be considered to reflect Good Functioning (expressed on the diagram as 'connected to others') as can some elements of What we do and Where we live
- The remaining Relationship indicator, and one indicator under Where we live (sense of belonging) can be considered as part of Social Context.
- Health, and Education & Skills can be considered Personal Resources
- All other indicators fall under External Conditions (except the indicators in the Natural Environment dimension which are related to long-term wellbeing rather than having a very strong influence on immediate wellbeing)

The model is dynamic and there are constant feedback loops. For example, by functioning well, one is able to influence one's external conditions for better. Meanwhile, evidence shows that positive emotions can lead to improvements in our long-term personal resources, such as health and resilience.²

Practical application to the selection of indicators

The dynamic model provides a useful framework for understanding wellbeing, but it was not intended to directly inform indicator selection for a project such as this. In particular, it would be challenging to use the five components of the dynamic model to define domains for measurement for local wellbeing. In practice, many determinants of wellbeing would cut across more than one domain. For example, the extent of our social networks fits in the bottom box on 'social context', but the extent to which we feel 'related to others', and the extent to which we do not feel lonely fits within the central 'good functioning' box.

For that reason, the structure adopted for the Local Wellbeing Indicators does not map directly onto the dynamic model. Instead it is an attempt to reflect three considerations:

- The balance of evidence around the most important drivers of wellbeing
- Factors which are amenable to intervention at the local level
- Common and general understandings about domains of life

2 Fredrickson BL (2001) 'The role of positive emotions in positive psychology: the broaden-and-build theory of positive emotions' American Psychologist 56:218–226.



3.2 Determinants of wellbeing

This section outlines the key factors known to be associated with subjective wellbeing, taking into account the amount of evidence for each factor and the importance of that factor in determining wellbeing.

Given that we are looking at wellbeing indicators for local areas or communities, we are particularly interested in factors which are important to aggregate wellbeing at that level, rather than individual wellbeing. There may be cases where the relative importance of a factor differs depending on which level is being considered. For example, there is plenty of evidence that wellbeing is positively associated with household income. However, there is also evidence that the average income in your local area has a negative impact on individual wellbeing, once household income is held constant.³ This is because the benefit of high income for wellbeing is largely positional – it is not about having high absolute income, but higher income than other people. As a result, average national household income is a less important predictor of average wellbeing than individual household income is for an individual's wellbeing.

As discussed above, we are capturing determinants of individual wellbeing, but with particular reference to factors which are important for a community as a whole. Community wellbeing can be considered more than the sum of individuals' wellbeing. It is important to also include factors such as:

- A community's own reflection of what is important.
- An assessment of relationships within a community (such as trust and belonging)
- The relative standing of individuals in a community (as discussed above with income), and hidden groups within a community.
- Inter-generational relations and sustainability.

It is also worth noting another complication. The importance of a factor can be understood in two ways. One way is in terms of the amount of variation in wellbeing (either variation between individuals within a country, or between countries globally) explained by that factor. For example, employment status explains a large amount of variation in wellbeing between individuals so it can be seen as an important determinant of wellbeing within a country (and indeed between countries).

Another way of understanding the importance of a factor is how big an effect that factor has on the wellbeing of one individual. To illustrate with an extreme example, undergoing torture has a devastating impact on an individual's wellbeing – a bigger effect than being unemployed. However, given that torture is so rare, at least in the UK, it does not explain any variation in wellbeing in the population as a whole, and therefore should not be included in the indicator set.

3 Kingdon G & Knight J (2007) 'Community, Comparisons and Subjective Well-being in a Divided Society', *Journal of Economic Behavior and Organization* 64(1):69-90.



To identify the most important predictors of wellbeing we looked at the following reviews and studies:

- The Origins of Happiness: How new science can transform our priorities. Andrew E. Clark et al.⁴ [Origins]
- World Happiness Report 2016⁵ [World Happiness Report]
- Quality of life in Europe: Subjective well-being. European Foundation for the Improvement of Working and Living Conditions⁶ [Eurofound]
- What makes for a better life? OECD Statistics Working paper⁷ [OECD]
- Well-being evidence for policy: A review. New Economics Foundation⁸ [NEF]
- Happiness Economics from 35,000 feet. George MacKerron, Journal of Economic Surveys⁹ [MacKerron]
- Five ways to well-being: The evidence. New Economics Foundation¹⁰ [Five ways]
- Predicting Wellbeing¹¹ [NatCen]
- Measuring National Wellbeing: what matters most to personal wellbeing?¹² [ONS]

This was not aiming to be an international comparisons study. However we reviewed our choice of domains alongside a few selected international frameworks measuring local area wellbeing:

- Selected frameworks reviewed in the Conceptual Review of Community Wellbeing¹³, focusing on different aspects of community wellbeing (Place Standard, Scottish Public Health Observatory; Healthways Wellbeing Index, Gallup; Canadian Index of Wellbeing, University of Waterloo; Australian Unity Wellbeing Index; Community Wellbeing Index, Canada, Indigenous and Northern Affairs; Community Capacity, Robova 2000; Bhutan Gross National Happiness Index)
- Plus selected measures for local area health and wellbeing:
 - RWJF's¹⁴ county health rankings in the US
 - Vichealth¹⁵ Indicators in Australia

4 Clark A, Flèche A, Layard R, Powdthavee N & Ward G (in press) The Origins of Happiness: How new science can transform our priorities

5 Helliwell J, Huang H & Wung S (2016) 'Chapter 2: The distribution of world happiness' In J Helliwell, R Layard & J Sachs (eds) World Happiness Report 2016

6 Eurofound (2013) Third European Quality of Life Survey – Quality of life in Europe: Subjective well-being (Luxembourg: Publications Office of the European Union)

7 Boarini R, Comola M, Smith C, Manchin R & de Keulanaer F (2012) 'What makes for a better life?' OECD Statistics Working Papers 2012/03

8 Stoll L, Michaelson J & Seaford C (2012) Well-being evidence for policy: A review (London: NEF)

9 MacKerron G (2012) 'Happiness economics from 35,000 feet' Journal of Economic Surveys 26(4):705-735.

10 Aked J, Marks N, Cordon C & Thompson S (2008) Five ways to well-being: The evidence (London: NEF)

11 Chanfreau J, Lloyd C, Byron C, Roberts C, Craig R, De Feo D & McManus S (no date) Predicting wellbeing (Department of Health)

12 Oguz S, Merad S & Snape D (2013) Measuring National Well-being - What matters most to Personal Well-being?

13 Atkinson et al (2017, in draft) What Works Wellbeing: Communities Evidence Programme Conceptual Review

14 Methodology <https://pophealthmetrics.biomedcentral.com/articles/10.1186/s1296>, Rankings <http://www.countyhealthrankings.org/>

15 Indicators <https://www.vichealth.vic.gov.au/programs-and-projects/vichealth-in>



3.2.1 Key determinants

Based on these reviews and studies we identified the following key determinants. We go on to discuss our findings and also make clear how these determinants then manifest in the final indicator sets.



Figure 4.



1. Economic deprivation

Having a very low income, or experiencing economic deprivation, is associated with low wellbeing. Based on analyses of the European Quality of Life Survey, Eurofound reported that someone who suffers severe material deprivation (not being able to afford a range of expenses such as buying new clothes, having guests over for a drink or meal, or a week's annual holiday) scores 2.1 points lower on life satisfaction than someone who can afford all expenses (holding all other variables constant). Their material deprivation index was the single strongest predictor of both life satisfaction and happiness in the survey.

Beyond a certain point, however, it appears that increasing income plays a limited role in increasing wellbeing. For example, Origins suggests that, on average, doubling one's income will only increase life satisfaction by 0.2 on a 0-10 scale. And they also highlight that the effect is even weaker when talking about doubling average income, due to the relative income effect.

Economic deprivation is expressed in our final indicator sets as material deprivation under the domain of Economy. We use the indicator of percentage with low income in the 'currently available' set, but suggest a different indicator - the percentage of people living in materially deprived households - in the 'ideal' set.

2. Unemployment¹⁶

One of the strongest and most consistent findings in the wellbeing literature is that being unemployed has a negative impact on subjective wellbeing (regardless of how subjective wellbeing is measured) and mental health. The decline in wellbeing is beyond what would be expected from a decline in income from not having a job (NEF) – it appears that unemployment affects wellbeing by diminishing our sense of purpose and by reducing our social connections as well.

Furthermore, the negative effects of unemployment are lasting. Unlike many life changes, we do not adapt to becoming unemployed, and indeed a period of unemployment reduces wellbeing even after a job has been found.¹⁷

And, at the aggregate level, a high national unemployment rate has been found to have a negative impact on the wellbeing of people who have jobs (NEF). Researchers have interpreted this effect as being about the increased job insecurity experienced from the existence of high levels of unemployment. Origins finds the effect to exist when looking at regional unemployment rates as well – a 10% increase in unemployment rate associated with a 0.14 point decrease in life satisfaction for employed people.

Unemployment is included under the Economy domain in the final indicator sets.

¹⁶ For more information about what is important and works in unemployment and job quality interventions see the research briefings from the What Works Centre for Wellbeing <https://whatworkswellbeing.org/work-and-learning-3/>

¹⁷ Clark A, Georgellis Y & Sanfey P (2001) 'Scarring: The psychological impact of past unemployment' *Economica* 68(270):221-241.



3. Job quality

Almost any job is better than no job, but job quality has a very strong effect on subjective wellbeing. There have been several reviews identifying key determinants of job quality, identifying a large number of important factors.^{18 19}

Jeffrey et al. (2014) highlights the following factors as most important: work-life balance, fair pay, job security, clarity, management systems, work environment, sense of purpose, sense of progress, sense of control, and relationships.

Work-life balance consistently emerges as one of the biggest factors. Origins, based on analysis of the European Social Survey finds work-life balance to be the most important job-related indicator predicting life satisfaction. And Eurofound report it to be one of the top five predictors of life satisfaction overall. Work-life balance is of course linked to working hours, and very long working hours (over about 40-50 hours a week) has been found to have a detrimental effect on wellbeing and mental health (NEF, Origins, Eurofound). Temporary work contracts, particularly when they are for less than 12 months, are also associated with lower levels of wellbeing, when they are only accepted because a permanent work contract is not available (Eurofound).

Job quality is the third sub-domain in Economy. In our 'currently available' set we use a good jobs indicator to capture the percentage of people on permanent/temporary contracts and the fit with their aspirations, and in the 'ideal' set this is replaced with a subjective measure of job satisfaction.

4. Health

Alongside unemployment, health is one of the most regularly identified determinants of subjective wellbeing, but it does depend somewhat on how it is measured.

Self-assessed health is often found to be one of the strongest predictors of life satisfaction. For example, it is the second strongest in Eurofound, and the fourth in OECD. But when a more objective measure (for example, the number of diagnosed conditions) is used, the effect size for physical health goes down (NEF) to just over a third of the size of the effect of unemployment (Origins). This is not surprising – the fact that subjective wellbeing and subjective health are being measured using the same kind of measure, means that the correlation between them is likely to be inflated – so-called shared method error.²⁰ Using a self-reported measures of disability seems to lead to intermediate estimates – in effect there is some subjectivity in responding to a generic question about whether you have some form of disability.

Mental health remains an extremely significant predictor of life satisfaction. However, again, given that there is some debate about the distinction between mental health and subjective wellbeing (some believe that high wellbeing is in effect the opposite of poor mental health), this is not very surprising.

18 Warr P (2007) *Work, Happiness and Unhappiness* (London: Lawrence Erlbaum Associates)

19 Jeffrey K, Mahony S, Michaelson J & Abdallah S (2014) *Well-being at work: A review of the literature* (London: NEF)

20 OECD (2013) *Guidelines on measuring subjective well-being*



At the aggregate level, healthy life expectancy is the third strongest predictor of life satisfaction in the World Happiness Report.

Health is a three-indicator domain in both final indicator sets. We selected physical activity, healthy life expectancy and estimated prevalence of mental health disorders as the most representative and balanced portfolio of measures within that domain.

The next two determinant themes form the nucleus that makes the local wellbeing indicator sets distinctively about wellbeing, and the way we deploy them in both the 'currently available' set and the 'ideal' set is more nuanced than in domains such as Health and Economy.

5. Close relationships

A sense of 'relatedness' – i.e. feeling connection to people – is one of three universal psychological needs identified in Deci and Ryan's Self-Determination Theory.²¹ This is confirmed in empirical studies - people who have good social relationships have higher wellbeing and better mental health.

This holds for a variety of relationship variables, including the number of friends we have, how often we meet friends socially, and whether we're married. In Origins, being in a relationship is the second strongest predictor of life satisfaction. Having friends to count on is the second strongest predictor in OECD and the World Happiness Report, the latter based on national aggregate figures.

People who have frequent social contact with family or neighbours have subjective wellbeing scores of almost a full point higher on the 0-10 scale, than those who never have contact (Eurofound).²² Wellbeing has been found to be highest among those who agreed local friends meant a lot to them, and lowest for those neither agreeing nor disagreeing with this statement. In addition, wellbeing was significantly lower for those who neither agreed nor disagreed with the statement that they were 'similar to others in the neighbourhood' in comparison to those who disagreed with this statement (Natcen). Therefore, indifference to community connections and belonging appears to be an important determinant of wellbeing.

It is clear that these effects are bidirectional – that is, relationships make people happy, and being happy makes one more likely to maintain good relationships, and to interact socially with people. Moreover, the wellbeing of adults who are in a relationship has been associated with the wellbeing of their partner, as well as the quality of their relationship. Wellbeing is also related to relationships with other people in the household and with family outside the household (NatCen).

The final 'currently available' indicator set has three indicators in a domain we have labelled Social Relationships. In both 'currently available' and 'ideal' sets we include Close Support and Community Cohesion. The 'ideal' set has an additional indicator of Personal Relationships.

21 Deci E & Ryan R (2000). 'The 'what' and 'why' of goal pursuits: Human needs and the self-determination of behavior' *Psychological Inquiry* 11:227–268.

22 Helliwell J (2006) produces an almost identical estimate of the effect size.



6. Social capital

Alongside close relationships, broader social capital has also been found to be related to subjective wellbeing, and many studies have highlighted the importance of such measures at the aggregate national level.

Origins reports general social trust in others to be a key cross-national predictor of subjective wellbeing. Membership of organisations predicts average life satisfaction at the national level.²³ And one study suggests that the absence of any rise in wellbeing in the USA over the twentieth century, in spite of improvements in economic conditions, can be largely attributed to declining social capital (as measured in terms of trust and participation in membership groups).²⁴

The ONS recently produced recommendations for measuring social capital, including measuring trust and participating in community events (the recommendations also extend to measurement of factors included in other domains in this report, such as close relationships) – see above – and volunteering – see below²⁵

We have mapped the four social capital measurements recommended by ONS to demonstrate where and how they appear in the two indicator sets:

Social networks and personal relationships

Ideal set: % who agree with statement “*If I needed help, there are people who would be there for me*”

% who meet socially with friends, relatives or work colleagues at least once a week

Currently Available set: % of adult social care users who DO have as much social contact as they would like

Civic engagement

Ideal set: % who volunteer formally at least once a month

Currently Available set: Number of The Conservation Volunteers (TCV) organisations in a LA area

Trust

Ideal set: % who say that most people can be trusted

Currently Available set: Nothing

Concept: Community cohesion

Ideal: % who agree with statement ‘*I feel like I belong to this neighbourhood*’

Currently Available set: Social Fragmentation Index: Index based on census data including:

% of population living alone

% adults not living as a couple

% residents who moved in the last year

% residents living in private rented accommodation.

23 Helliwell J & Putnam R (2004) ‘The social context of well-being’ *Phil Trans R Soc Lond* 359:1435–1446.

24 Bartolini S & Bilancini E (2010) ‘If not GDP, what else? Using relational goods to predict the trends of subjective well-being’ *International Review of Economics* 57:199–213.

25 Siegler V (2014) ‘Measuring Social Capital’ available at http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_371693.pdf



7. Giving and volunteering

'Give' was identified as one of the Five Ways to Wellbeing based on the Foresight review of mental wellbeing and capital in 2008 (Five Ways).

Most evidence on this is related to volunteering, with clear evidence of a positive effect. However, more recent research suggests that volunteering only improves the wellbeing of certain demographic groups, with no significant effect amongst those aged under 40.

The World Happiness Report also includes an assessment of giving in its basic model for predicting cross-national differences in life satisfaction. 'Generosity' measured as a function of the percentage of respondents who donate to charity, was the fifth most important indicator in their regression model.

Volunteering appears as a sub-domain in both indicator sets, however the indicator used differs.

8. Governance

Several studies have highlighted the importance of the quality of government to subjective wellbeing. For example the World Happiness Report includes perceptions of corruption in its main regression explaining variation in wellbeing across countries.

The World Bank's Governance Matters Indicators are often used in these analysis and both voice and accountability and the quality of government have been identified as important.^{26 27} Indeed voice and accountability also predicts inequalities in wellbeing, when looking across Europe, not just the mean.²⁸

Whilst some elements of this factor are not amenable to change at the local level, others are key. For example, Eurofound found satisfaction with public services to be one of the top five predictors of both happiness and life satisfaction across Europe.

Governance is termed Democracy in both indicator sets, appearing within the domain of Place. In the 'currently available' set the indicator selected is voter turnout, however in the 'ideal' set the indicator is a subjective one - Sense of Local Influence.

9. Autonomy

A sense of autonomy is one of the three psychological needs in Deci & Ryan's Self-Determination Theory²⁹In this theory autonomy is typically measured at the individual level and there is plenty of research to confirm its importance.

However, there are also findings at the aggregate level. Freedom to make choices is the fourth strongest predictor of happiness in the World Happiness Report's model explaining cross-national differences in life satisfaction. Whilst some studies, such as Origins, suggest more politically-related freedom is important, the OECD did not find freedom to express political views a reliable predictor of life satisfaction.

Both indicator sets include a Personal Wellbeing domain and within the 'ideal' set we have included a sub-domain titled Control which has an indicator about the extent to which people feel they can make up their own minds about things.

26 Abdallah S, Thompson S & Marks N (2008) 'Estimating worldwide life satisfaction' *Ecological Economics* 65:35-47.

27 Helliwell J, Huang H, Grover S & Wang S (2014) 'Good Governance and National Well-being: What are the linkages?' *OECD Working Papers on Public Governance*, No. 25, OECD Publishing

28 Quick A & Abdallah S (2016) 'Inequalities in wellbeing' in Harrison E, Quick A & Abdallah S (eds) *Looking through the wellbeing kaleidoscope* (London: NEF)

29 Deci & Ryan (2000) *op cit*.



10. Pollution

Two aspects of pollution have fairly consistently been found to detrimentally affect subjective wellbeing, as well as physical health.

For example, one study found that a small increase in nitrogen dioxide concentration corresponds to a drop of nearly half a point of life satisfaction (on a 0-10 scale).³⁰ Meanwhile, a study in Amsterdam used geographical data to reveal the negative impact of aircraft noise on life satisfaction.³¹

Both indicator sets have a sub-domain of Local Environmental Conditions under the Place domain, looking at air quality as estimate of the concentration of four pollutants.

11. Crime and personal security

The fear of crime is a regular predictor of subjective wellbeing, with studies often assessing respondents' fears of walking alone at night (NEF).

Other studies, including the OECD analysis, have shown a negative effect, albeit smaller, of actual experience of crime – for example having money or property stolen. Furthermore, crime rates in a locality predict the wellbeing of people who live in that area, though this effect is only in relation to violent crime, not non-violent crime.³²

Crime and Security is a sub-domain of Place.

12. Physical activity & green space

Many behaviours are known to be associated with wellbeing (hence the development of the Five Ways to Wellbeing).

Physical activity is one for which there is considerable evidence. As well as being associated with higher wellbeing, physical activity has also been found to reduce anxiety and depression (NEF).

Provision of green space and protection of natural landscapes is one way that local actors can increase opportunities for physical activity. Evidence shows that such contexts have an additional wellbeing benefit, and that people are happier when they are in green (or indeed blue) spaces.³³

Physical activity and green space are two separate sub-domains in the indicator set. Physical activity is included as one of the indicators of Health and green space appears under Place.

30 MacKerron G & Mourato S (2009) 'Life satisfaction and air quality in London' *Ecological Economics* 68:1441-1453.

31 Van Praag B & Baarsma B (2005) 'Using happiness surveys to value intangibles: The case of airport noise' *The Economic Journal* 115:224-246.

32 Cornaglia F & Leigh A (2011) 'Crime and Mental Wellbeing' CEP Discussion paper No 1049. London. LSE.

33 MacKerron G & Mourato S (2013) 'Happiness is greater in natural environments' *Global Environmental Change*



13. Education and learning

The effect of education on personal wellbeing is complex, as explained in detail in Origins. By and large, those with higher levels of education have higher wellbeing.

However, it appears that all or most of this effect is mediated by the effect of education on other intermediate outcomes – for example income and health. Nevertheless, the fact that it can be seen as an upstream causal factor means it should not be neglected.

Furthermore, there is some evidence, as explored in Five Ways, that continued learning, through adult life, also has positive impacts on wellbeing.

People who keep learning: have greater satisfaction and optimism; report higher wellbeing; show a greater ability to cope with stress; report more feelings of self-esteem, hope and purpose.

Setting targets and hitting them can create positive feelings of achievement. Learning programmes often increase connection with other people, which helps build and strengthen social relationships.

Education is combined with Childhood to form a single domain. Adult learning is the sub-domain selected. See the next determinant for information on the sub-domains and indicators related to Childhood.

14. Children's wellbeing

The last priority area we identified is children's wellbeing. It might seem unusual to include children's wellbeing in an indicator set about adults, but the life course model developed in Origins highlights the importance of a child's wellbeing in predicting wellbeing in adult life.

The dynamic model of wellbeing presented (figure 3) reminds us of the importance of psychological resources in determining future wellbeing. Whilst these resources can develop and change in adult life – as demonstrated in the evidence behind broaden-and-build theory – the optimum window of time during which to influence them and build resilience and self-esteem, occurs in childhood.

In other words, perhaps the best indicator of what future adult wellbeing will be in a local authority is children's wellbeing at the current time in that area.

We include two sub-domains related to Childhood. One is Child Learning, for which the indicator is School Readiness. The second is Children's Wellbeing, which has a subjective indicator. Both sub-domains and indicators appear in each indicator set.

3.2.2 Other factors to consider

As mentioned at the start, almost everything in our lives affects wellbeing, so it is challenging to select the most important determinants. Other factors for which there is evidence of a relationship include:

Housing Living in a house which has pollution, grime, or other environmental problems reduces life satisfaction (NEF). In the Eurofound study, the strongest housing-related predictor of life satisfaction was housing insecurity. Moreover, relevant measures of material deprivation such as keeping the house warm enough, in a decent state of repair and replacing worn out furniture was associated with lower subjective wellbeing compared with those either being able to afford or not needing these things (NatCen). The



What Works Centre for Wellbeing has published a scoping report on how housing affects wellbeing. This will be followed in 2018 by targeted research on housing and the wellbeing of vulnerable people, as well as an economic model of housing and wellbeing.

- **Personal debt** Unmanageable debt (typically credit card debt and consumer loans) are associated with lower wellbeing, depression and anxiety (NEF)
- **Commuting** Several studies have shown that people who have further to commute to work have lower wellbeing, and that we are least happy when we are commuting (NEF)
- **Sleep** There is significant evidence that a lack of sleep leads to both health problems and lower wellbeing and optimism (NEF, Wellbeing and Resilience Centre in South Australia³⁴). In analysis of the Santa Monica Wellbeing survey, a threshold of six hours seemed to predict low wellbeing best.³⁵
- **Informal care** People who have informal care duties, particularly caring for elderly or disabled people, have significantly lower wellbeing (NEF, Eurofound, Natcen). However, the significant association between wellbeing and informal care was not found for adults caring informally within the home in comparison to those not caring (Natcen).

It is worth noting that some of the above factors – for example housing, personal debt and informal care – are particularly likely to be influenced by cuts to government budgets. We had significant feedback during consultation that potential users would like the indicator set to reflect the impact of austerity measures as this provides an important and relevant current narrative around wellbeing. The need to bear in mind this inevitable lag between real life experiences and evidence and research should be recognised, and balanced against the need for frameworks not to be at the mercy of every sway in public opinion.

Of the other factors noted above Housing is included as a sub-domain of Place in both indicator sets. The indicator in ‘currently available’ is housing in poor condition, and in the ‘ideal’ set it is subjective satisfaction with housing.

3.2.3 Reflecting community wellbeing in the indicator set

The additional considerations for community wellbeing are incorporated in the set in the following way:

A community’s own reflection of what is important: The provision of an additional ‘dive-deeper’ indicator set ensures the core indicators can be supplemented with additional indicators to examine different priorities across different local authorities.

Assessment of relationships within a community: Subdomains of trust and cohesion, reviewed under social capital, were specifically included to address this.

The relative standing of individuals in a community, and hidden groups within a community: The domain of equity was included for this reason.

Inter-generational relations and sustainability: Environmental sustainability was initially included as carbon emissions and other environmental behaviours. This was considered important for measuring national wellbeing over time. In the revised version, we focused more specifically on local area wellbeing, environmental sustainability was included through the ‘Local Environmental Conditions’ sub-domain under the Place domain. Air pollution was considered a useful proxy indicator as a factor which influences wellbeing through time as well as current wellbeing.

34 <https://static1.squarespace.com/static/5461b13de4b0e58fabdb2874/t/56c5036101dbaeda8674ef43/1455752052724/PERMA%2B+and+Centre+overview.pdf>

35 <http://wellbeing.smgov.net/>



3.3 Further considerations

The purpose of the framework, of course, influences the choice of indicators. Place-based indicators focus more attention on availability of amenities; indicator sets aiming to highlight inequalities tend to focus more attention on key issues for ‘hidden groups’. Health and wellbeing indicator sets, as expected, include additional detail on individual health behaviours and clinical care in the case of RWJF, which was considered out of scope of this set.

The table below shows which determinants are covered (and mentioned to be significant) in each review/study, and highlights which are identified as being strongest (where relevant).

	NATCEN Review	Five ways	MacKerron	NEF review	OECD (analysis)	OECD (review)	Euro found	World Happiness Report	Origins of Happiness
Economic deprivation	XX		X	X	XX	X	XX	XX	X
Unemployment	XX		X	X	XX	XX	X		XX
Job quality	X			X		X	XX		X
Health	XX		X	X	XX	XX	XX	XX	XX
Close relationships	XX	X	X	X	XX		XX	XX	XX
Social capital	X		X	X	X	X	X		XX
Giving and volunteering	X	X	X	X	XX		X	XX	X
Governance			X	X	X	XX	XX	XX	X
Autonomy			X	X	XX	X		XX	X
Pollution			X	X	X	X	X		
Crime & personal security			X	X	X		X		X
Physical activity & green space	X	X	X	X			X		
Education & learning		X		X	XX	XX	X		X
Children’s wellbeing	X								XX
Housing	X			X			X		
Personal debt				X			X		
Commuting			X	X					
Sleep				X					
Informal care	X		X	X			X		

Key: X – some effect; XX – strong effect

In terms of selecting indicators that are based on evidence of the determinants of wellbeing, two further considerations should be made.



Firstly, wellbeing is dynamic and complex, so many of the factors identified here as determining subjective wellbeing will also, in turn, be influenced by subjective wellbeing, and there will be many interrelations between them. For example, good health leads to higher wellbeing, and higher wellbeing leads to better health. There is evidence that quality green space can reduce incidence of crime. Crime can erode social capital. Social relationships are a key resource for maintaining good health, especially amongst the elderly. And good jobs, which lead to more productive workers, can boost the local economy. As the Community Wellbeing Evidence Programme's Theory of Change³⁶ highlights, improving any of the factors outlined above can help contribute to a virtuous circle, leading to improvements in others.

Secondly, whilst subjective wellbeing is, naturally, best measured subjectively, the Local Wellbeing Indicators should include both subjective and objective indicators of the determinants. Both have their strengths and weaknesses.

Typically, subjective measures (for example subjective health or fear of crime) correlate better with subjective wellbeing and may often be a closer assessment of the intermediate outcome one wants to achieve in a particular policy area.

However, the levers at the disposal of local actors are typically related to influencing 'objective' factors – for example setting up jogging groups for the elderly (to increase participation in physical activity, leading to better physical health, leading to better subjective health), or football classes for youths at risk of getting engaged in crime (leading to reduced crime rates, leading to reduced fear of crime). Furthermore, in some cases, we may care more about the objective intermediate outcomes than the subjective ones. For example, it would not be a policy success if subjective health rose whilst actual health conditions deteriorated.

As such, it is best to balance subjective and objective indicators in the Indicator sets.

36 For information, see <https://whatworkswellbeing.org/evidence-program/community-wellbeing/>

4.0 Consultation Methodology

4.1 Development of version 1 LWI

To develop the V1 local wellbeing indicator set, national and international wellbeing frameworks, key evidence & resources, guides for best practice and stakeholder consultation papers were collated to identify commonalities and 'state of play' in wellbeing measurement. Steering group members and stakeholders in all home nations were contacted and provided guidance and feedback on this process. To save duplication of effort and in the interests of providing a pragmatic set consisting of currently available data, the Happy City Index (HCI) was used as the initial framework from which to scope the V1 LWI set (See Fig 5 below). Extensive research was undertaken by NEF and Happy City in collaboration with a group of local, national and international experts in the area to develop the HCI, which is a comprehensive local wellbeing indicator set.

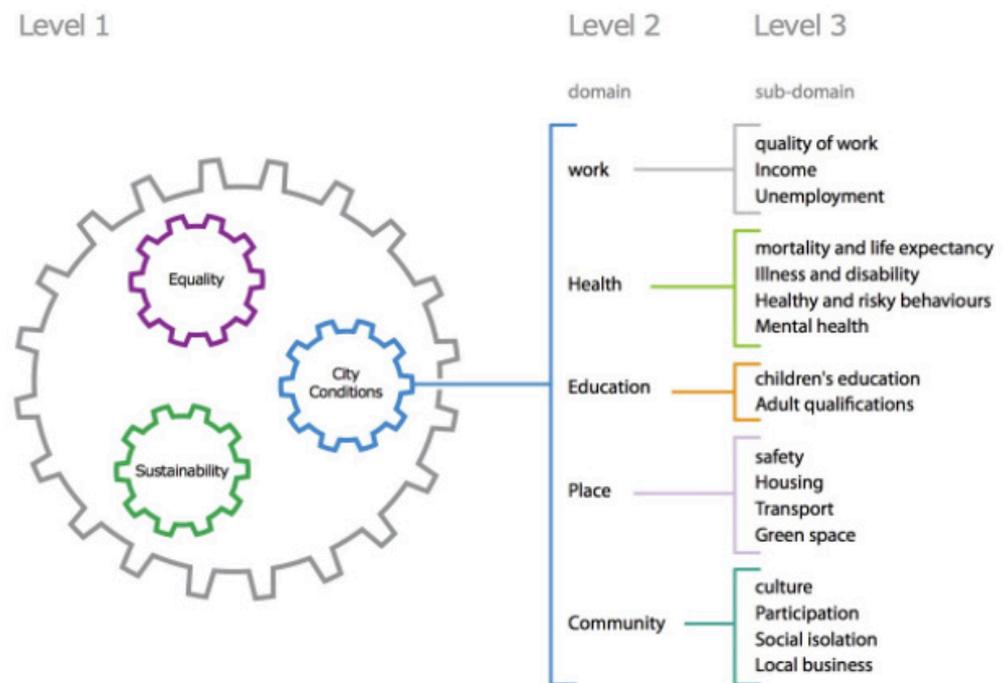


Figure 5: Happy City Index Framework



Version 1 of the LWI (Figure 6) consisted of around 60 indicators across key policy domains (Work, Education, Health, Place, Community, Equality & Sustainability). The availability of comparable local data for each sub-domain of the version 1 LWI set was then assessed across home nations. Due to the complex nature of wellbeing, many indicators overlap and/or are interchangeable. The rationale for including a broad range of indicators reflects the increasing understanding that wellbeing is a multi-dimensional concept, determined by numerous diverse factors. Moreover, these factors tend to be causally connected to each other to create a ‘web’ of conditions that impact on people’s wellbeing. To effectively and systematically improve people’s wellbeing, policymakers need to consider all indicators together, rather than trying to improve factors in isolation. The breadth and scope of the indicators included in version 1 thus provided a useful starting point for consultation, and gather feedback on a large range of potential indicators (full list of V1 indicators available on request).

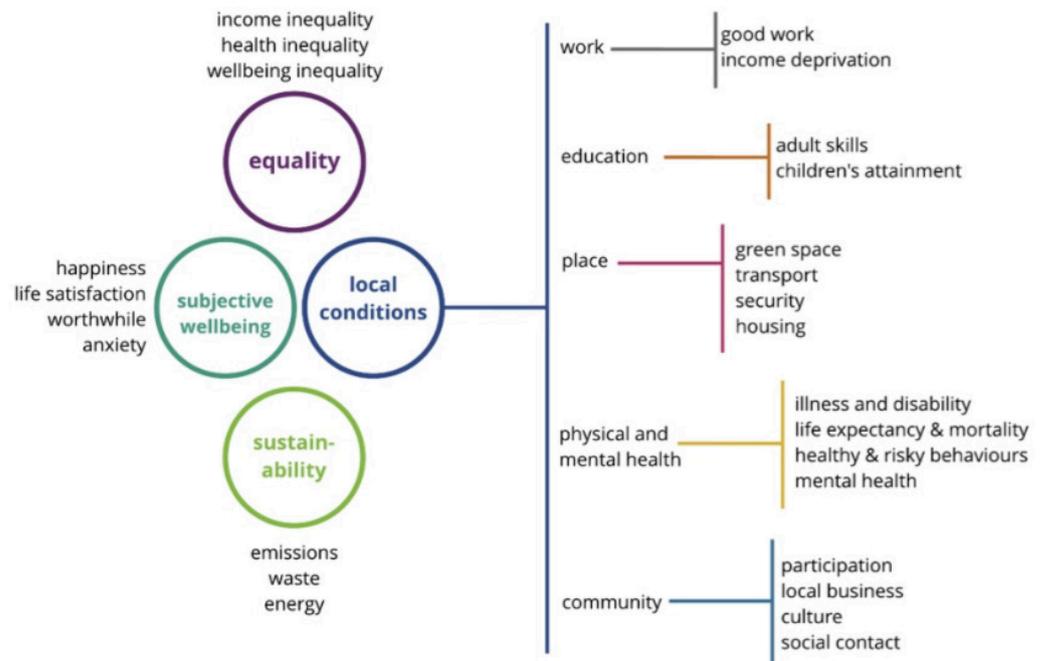


Figure 6: LWI Version 1 Framework

4.2 Consultation

We consulted with individuals in 26 different organisations located across the UK (see Figure 7, and Appendix 1 for more information on organisations and job titles of those we consulted). On recommendations from the project steering group and WWCW consortium members the organisations directly consulted comprised: nine **city councils**, seven **county or district councils**, the three **devolved governments** (Wales, Scotland and Northern Ireland), and nine ‘other’ organisations including the **LGA**, **Defra**, **The Health Foundation** and **NEF**. Consultation was mainly conducted by phone, supplemented by a small number of face-to-face interviews and written responses.



Figure 7: Map of geographical spread of consultation

Respondents were asked to consider a set of questions based on the LWI version 1 clustered around:

- Context: job role, location and specific knowledge of wellbeing in the region.
- Needs for wellbeing data: specific information about the experience of wellbeing data collection and use, and what is needed.
- The proposed indicator set: feedback on version 1 indicators overall.
- Inclusion of specific indicators: whether indicators effectively captured strategic priorities, any key gaps.
- Overall framework: feedback on the structure and categories of the set.
- Practicalities: the usability and pragmatism of the proposed set.

The full consultation interview questions can be found in Appendix 2. We recorded information electronically, then analysed for themes and sub-themes which we reviewed collectively (see Braun & Clarke, 2006). From this we distilled some key themes, before drawing some overarching conclusions. A summary of the findings from consultation are included in the following chapter (for more detailed tables see Appendix 3).



5.0 Summary of Consultation Findings

5.1 Why would local decision makers use a local wellbeing indicator set?

A large proportion of local authorities emphasised that the purpose, framework and audience of a local wellbeing indicator set would need to be clear and customer-oriented if it were to be considered for use. In addition, a compelling reason for use of local wellbeing indicators would be to understand better the drivers of community wellbeing. Therefore, many highlighted the contextual local information needed to inform data collection and interpretation and indicated that greater granularity was desirable. The use of local wellbeing indicators to guide prevention and resilience strategies, especially for young people, was also a key concern and many believed that data for the 'determinants' of wellbeing as opposed to health outcomes was gaining traction within local authorities. Finally, an important driver for use of local wellbeing indicators was to influence higher level decision makers, with some recommending that the final indicator set be 'punchier' to more successfully influence politicians.

5.2 What do local decision makers want from a local wellbeing indicator set?

A significant number felt version 1 LWI was sufficiently broad and provided a holistic picture of wellbeing which generally captured strategic priorities of the local authority or health board. Overall, many agreed that all the data gathered by the indicators was 'useful data' - albeit to varying degrees. Regarding the type of data, most agreed robust and timely data was critical and that the ability to view trends and 'drill down' into datasets was necessary for local decision-making. Again, many felt the more granular the data the better. Finally, a lot of local authorities felt the unifying element of the LWI was useful, in that having one definitive set of indicators would helpfully bring together disparate data sets. Most local authorities already collect this data in some shape or form, so agreeing one set of indicators nationally would offer a useful benchmark to measure trends and compare across local authorities.



5.3 Issues of defining wellbeing and progress

For a majority of those consulted, there was a strong sense that a wellbeing indicator set should be more positive in its focus to capture the 'essence' of wellbeing. A more positive characterisation of wellbeing and as such, wellbeing measurement, would be more useful to support service delivery and many felt wellbeing indicator sets in general needed to be moving away from a traditional illness/deficit focus. Some expressed the view that local wellbeing indicators needed to capture the positive aspects of mental wellbeing to fill the gaps of Joint Strategic Needs Assessments (JSNAs).

On a related point, most felt the inclusion of subjective indicators was very important. A few commented that subjective data, such as people's perceptions of crime, was often more useful or contradicted objective crime data for example. Several people were of the opinion that an indicator set too skewed towards the medical model of physical health would not offer added value.

Many emphasised the importance of 'progress' being defined by community stakeholders, and that this should guide wellbeing measurement. This appeared partly due to many local authorities' experience of wellbeing inequalities being largely predicted by small pockets of communities in the area. In light of this, many felt that outcomes or indicators within local authorities should be agreed with stakeholders to empower communities and more data at lower geographies would support this. Several commented that community assets, as opposed to deficits, would be the strongest drivers of change. Finally, the longer-term impact of austerity was a central concern for most local authorities, the reality being, the impact is extremely variable within communities and highly relevant to local conceptualisations of wellbeing and decision making.

5.4 Potential areas of resistance to using local wellbeing indicators

Due to the range of indicator sets that have been used and suggested in local authorities and the lack of confidence in wellbeing data to reliably measure wellbeing, some scepticism was expressed about the introduction of 'another indicator set'. There was concern about the desire for KPIs within local authorities and a number felt there was still a lack of clarity about the most important indicators for wellbeing. Issues of ecological inference fallacy inherent in wellbeing measurement and a fear of overwhelming data management were also voiced. Many emphasised that avoiding duplication of indicator sets was important, and that the LWI needed to be distinctive and prove added value over and above currently existing frameworks. Lastly, there was a strong feeling that the version 1 local wellbeing indicator set needed to be bolder and more aspirational. Many commented that wellbeing indicator sets tend to capture what's already available but not necessarily what matters, and that a 'wellbeing perspective' needs to challenge and change strategic priorities. There was acknowledgement of the trade-off between indicators highly relevant for wellbeing versus the availability of data at a local level.



5.5 Presentation and use

A large proportion of those consulted felt the presentation and format of the local wellbeing indicators (guided by the intended audience) would be central to the product's success. Interactivity and data visualisation were desirable. Those in Public Health fed back that the Fingertips tool could be helpful for technical work but could be difficult to navigate at times. For others, there was often no preference about the specific format of the local indicators, other than that they needed to fit with current IT systems and produce simple reports. Many also fed back there was a need for guidance around wellbeing measurement, and users should be encouraged to 'look beyond' the data and interpret it using their local knowledge. It was highlighted by a few that the end-product should be presented as an 'active support tool' as opposed to a performance management one. Finally, many had expectations that the development and design of the local wellbeing indicator set would be an iterative process, guided by empirical research.

5.6 Key gaps of V1 and aspirations for V2 LWI

The version 1 LWI provided an opportunity for gap analysis, and all those consulted fed back on key indicators they felt were missing which would be useful to understand wellbeing at a local level. This feedback was then incorporated into development of V2. Access to services in rural areas was highlighted as a particular concern. Many commented that a resilience aspect was missing, and that there should be a better 'early years' indicator for children's wellbeing. Other gaps highlighted included a greater emphasis on: good quality and stable work, housing, stronger economic indicators, healthy behaviours, material deprivation and self-efficacy. Regarding the introduction of a community assets set of indicators, many felt that a focus on community strengths would be useful if assets were defined by local people and the focus was on the use of assets beyond physical structures rather than 'assets' per se.





6.0 Local Wellbeing Indicator Set

6.1 Framework

Version 2 of the Local Wellbeing Indicator framework aimed to incorporate learning from the literature review with the feedback from the consultation and include evidence-based indicators within each domain with the strongest relationship to subjective wellbeing. The conceptual framework for the final indicator set (Figure 8) is based on key domains known to be important for wellbeing, and reflect key policy areas. The image below summarises the final framework, based on a set of core indicators of wellbeing and its determinants, with recommendations for additional deeper dive indicators that provide more detailed insight within each domain.

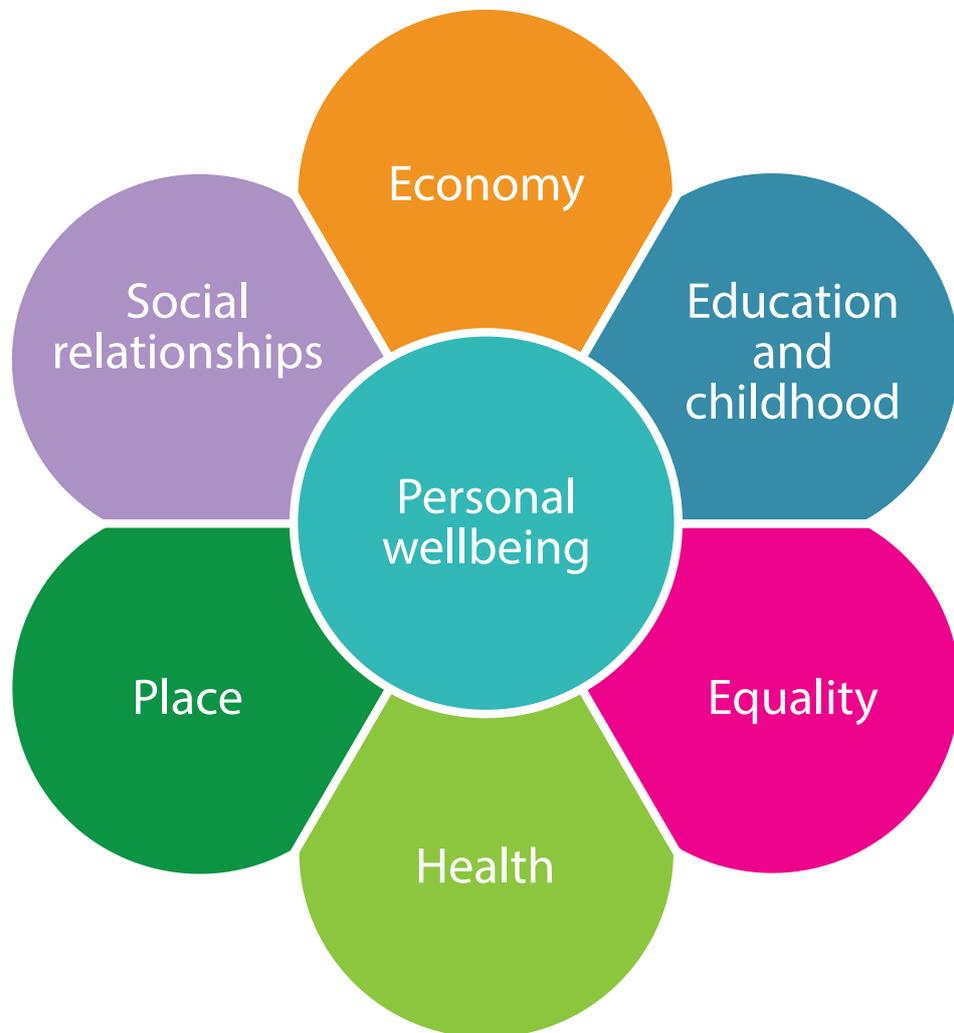


Figure 8: LWI Framework & Domains



6.2 Criteria for indicator selection

We aimed to reach a set of around 20 core indicators to offer a concise and pragmatic framework of the most important determinants, outcomes and risk factors for wellbeing (see Figure 10). Using these core indicators we developed two separate sets. A primary 'ideal' indicator set which comprises the optimum sub-domains and data sources to best capture local wellbeing holistically, and a more pragmatic set labelled 'currently available', which is more suitable for immediate use but prioritises availability over wellbeing perfection. Both indicators sets are shown in Appendix 4. A larger 'deeper dive' indicator set is also presented (see Appendix 5) for local authorities wanting to obtain a more comprehensive understanding of wellbeing data overall, or to explore known areas of interest or concern within that local authority.

The following criteria informed the selection of indicators to include within each of the preselected domains of the Local Wellbeing Indicator set. The criteria provided a rigorous framework to evaluate the strength and availability of each indicator for measuring wellbeing sub-domains locally while incorporating feedback from consultation.

1. **Broad** - The indicator need not stand to represent the entirety of the domain, but it should at least be able to be considered as a proxy for broad conceptual space, and not be too specific.
2. **Amenable to local action** - The indicators should measure something that local actors, particularly local government can aspire to influence (See Figure 9 below).
3. **Understandable** - It should be easy for non-specialists to be able to understand the indicator, and interpret results.
4. **Valid** - The indicator should accurately measure the thing it claims to measure. For survey items for which local data does not currently exist, the item should have been validated.
5. **Related to subjective wellbeing** - In most cases, the indicator should measure something which is known to be associated with current subjective wellbeing. This criterion can be waived if the indicator is measuring something which important for other reasons – for example indicators of environmental impact which predominantly affects future wellbeing.
6. **Matter to people** - The indicator should measure something which consultation has suggested matters to the public. This criterion can be waived in cases where there is an exceptionally strong evidence base of the importance of the thing being measured by the indicator, either for current wellbeing or future generations.

As well as the above six criteria for assessing each individual indicator, we used four further criteria for assessing the set as a whole:

7. **Availability** - Are there a good number of indicators for which data is already available at the local level? Is this existing data produced in a timely fashion, with good sample sizes, and regularly updated?
8. **Coverage** - Connected with criterion one, do the indicators selected for each domain cover the main elements of that domain satisfactorily? Are key elements not covered?



9. **Assets vs. deficits** - Stakeholders have asked both for the indicator set to be distinctly 'wellbeing', positive, and not too deficit-focussed; There is some tension between these two objectives, so the set overall needs to balance the two and we have struck an appropriate balance.
10. **Subjective vs. objective** - Stakeholders have asked for the indicator set to include a mix of subjective and objective measures. This is also the approach favoured by most wellbeing indicator sets.

Factors amenable to local action

Economy

Broadband access
Tourism

Education and childhood

Access to higher education
Academies/free schools
School/college funding
Young people
Childcare/early education

Equality

Social mobility

Health

Healthcare
Road safety
Road networks and traffic
Mental health services (NHS and commissioning IAPT services)
Carer support
Care for older people
Health behaviours- exercise, healthy eating, smoking
Water quality

Place

Accessible transport
Young offenders
Biodiversity/ecosystems
Waste management
Homelessness
Infrastructure
Crime - Policing
Household energy
Housing - rented/social/quality
Democratic engagement
Museums/galleries/libraries

Social Relationships

Support for families
Community integration

Figure 9: Factors considered amenable to local action which informed criteria for local indicator selection.



In addition, sustainable development cuts across several domains.



6.3 Core Local wellbeing indicator set

This Indicator set below (figure 10), based around the recommended LWI Framework, is intended to meet the need for a practical local wellbeing indicator set to inform local decision-makers. As well as proposing an 'ideal' set of Local Wellbeing Indicators, we also propose a pragmatic, 'currently available' set of indicators, for those indicators that are less universally available at a local level. The aim is to encourage better quality data collection over time, yet to allow immediate and exploratory use of the set for local decision makers.

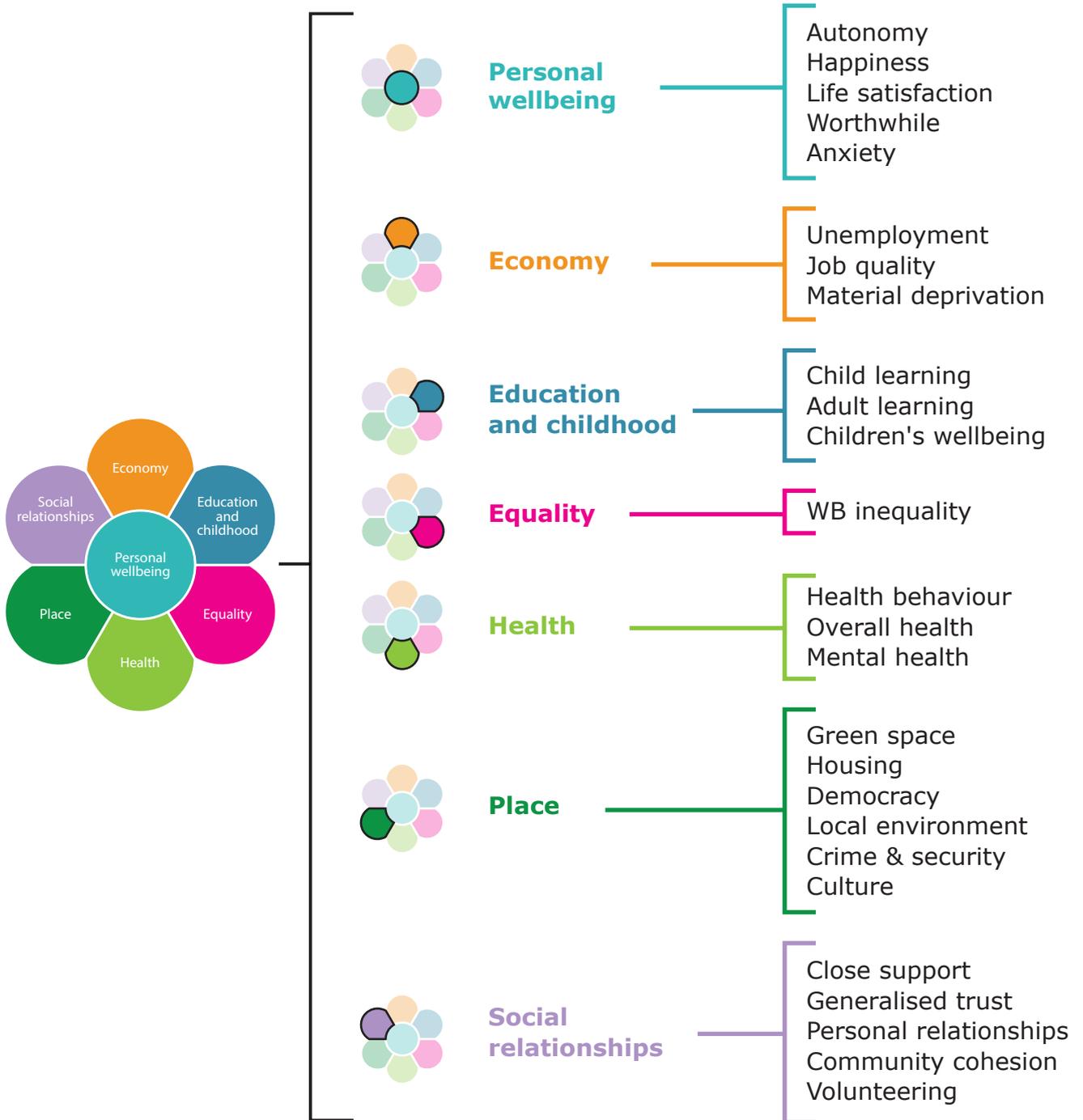


Figure 10: Indicators within the framework



The local wellbeing indicator set aims to incorporate indicators that reflect the strongest evidence for a relationship with subjective wellbeing, the best data currently available at a local level and the feedback from stakeholder consultation.

The two versions of the local wellbeing indicator set outlined in full in Appendix 4, have been created to acknowledge that while an indicator set needs to be fit for purpose now, there is much room for the development and incorporation of more reliable and valid wellbeing indicators which more accurately represent the evidence base. Indicators included in the currently available set may not be the 'best' indicator to measure the wellbeing sub domain listed but offer best widely available proxies for measuring these concepts. The ideal set provides indicators that give the more accurate reflection of each of the factors in the framework, but many are not as yet currently widely available at a local level.

Beyond the core set, many additional indicators are suggested as a 'deeper dive' on the core indicators and are available for those wanting to get a more comprehensive understanding of that specific domain or sub-domain e.g. a NEETS indicator is suggested as an additional data source to gather data not captured by the core unemployment indicator and gain a more holistic picture of unemployment. Further additional indicators in other domains are also provided where evidence suggests a significant relationship with subjective wellbeing. For example, indicators for culture or access to key services could be more or less critical domains to explore depending on the urban versus rural context of the local authority. Please note the Additional Indicators set shown in Appendix 6 is a work in progress and not a completed document.

6.4 Guidance for use of LWI set

This has been an informed and painstaking scoping exercise designed to take the temperature of the status of local wellbeing indicators nationally and develop two prototype indicator sets - an 'ideal' set which best captures a holistic view of wellbeing, and a 'currently available' set for more immediate, pragmatic use. This work is based on the best available research and evidence into the conditions for and indicators of local wellbeing, and has also addressed the views and needs of potential users. This report details how our decisions about what to include and what to omit were reached, and we hope gives appropriate voice to the views of the front-line practitioners we consulted. The outputs are we hope both fit for purpose immediately for those organisations that want to dive in and use them, but also give a strong indication of where the world of wellbeing indicators needs to ideally go to be further fit for purpose in future, and reflect many of the realities of measuring individual wellbeing at a policy level. We therefore suggest the report and indicator spreadsheets are read with a measure of reflection as well as pragmatism.



We've labelled the pragmatic, more ready-to-go set 'currently available' and provided a web link to the relevant entry point for each data source but this does come with some qualifying comments. It represents the best possible set of wellbeing indicators currently available, with the following conditions:

- **Accessibility**

A small number of the data sources we include are not instantly accessible, and require further requests for information at local authority level. The Labour Force Survey (LFS) is the main source for which this is the case.

- **Complexity**

Some indicators require a calculation to arrive at a score. Where this is the case we have provided details of the calculation needed or where to access it.

- **Consistency**

In some cases there is variability in the level at which data is available. As we developed worked examples for a cross section of local authorities, we noticed that for county councils, both unitary and non-unitary, some public health data is not available at district level or alternatively only available in three yearly block cycles.

All of the above points do have some implications for both the resource required to populate the LWI - to a degree data specialists may be required to access and analyse some of the data, and also the quality of the data across the all the indicators in those cases where it does not reach down to district level.

Detailed user guidelines are provided alongside the Currently Available data set in Appendix 4.





7.0 Conclusions and next steps

This project has involved a comprehensive analysis of what it takes to develop a fit-for-purpose, useable set of local indicators with wellbeing at their core, and which provide a coherent narrative on the overall wellbeing of a local authority area.

The project outputs add value on a number of levels:

A 'currently available' indicator set which can be used immediately by local authorities.

An 'ideal' indicator set which provides a picture of where we need to get to in order to fully capture the essence of wellbeing in an area. We welcome the debate about how we reach that point at both a central and local level.

An additional list of indicators which enable users to 'dive deeper' to get a more detailed and nuanced picture of a particular domain or sub-domain.

Although these three indicator sets are the end point for this scoping exercise, there are myriad ways in which this work can be taken forward productively. These include:

Practical use

- Piloting of the LWI in some representative local authority and public health settings: is it flexible enough to be useful whatever the profile of an area (ie urban, rural)?; is it distinctive and specific enough to provide a snapshot of local wellbeing?; how does it best fit with other established initiatives and data sets such as JSNAs, quality of life surveys and so on?; how genuinely accessible is it for a full range of local authority and public health users, whether data specialists or not?
- Encouraging as many organisations as possible to try out the set and share their learning with us, so we can continue to refine and develop it.

Further investigation and development

- Narrowing the gap between 'ideal' and 'currently available': in particular the collection of ward-level and below data in the indicators where that data doesn't currently exist. How do local authorities and public health bodies begin to effectively and efficiently collect subjective data on social capital and social relationships on a large scale at a local level?;
- Keeping abreast of the fast moving research into wellbeing evidence and causality to ensure the indicators remain current;
- Considering how to incorporate contextual factors and changes over time into the interpretation of an indicator set. Such an indicator set can demonstrate the overall impacts for wellbeing across changes over a range of areas.





8.0 Acknowledgments

We are grateful for the expertise and critical support of the project's steering group: Liz Zeidler, Dawn Snape, Jude Stansfield, Cam Lugton, Jane South, Anne-Marie Bagnall, Matt Steel, Shirl Woods-Gallagher, Helen Laird, and Ewen McKinnon.

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Appendix 1:

Consultee list

Organisation

Islington (London Borough)

Ealing (London Borough)

Newham (London Borough)

Hackney (London Borough)

Bristol City Council

Greater Manchester Combined Authority

Newcastle City Council

Sheffield City Council

Solihull Metropolitan Borough Council

East Riding of Yorkshire Council

Durham County Council

Kent County Council

Kent Public Health Observatory

Suffolk County Council

Wakefield Council

Warwickshire County Council

West Sussex County Council

Worthing and Adur Council

Wigan Council

Cheshire and Merseyside

NHS Scotland

Local Govt Data Unit Wales

The Health Foundation

Wellbeing Enterprises CIC

Robert Wood Johnson Foundation

Local Government Association

Participatory City

DEFRA

Job title

PH Knowledge and Information Officer
Assistant Public Health Strategist

Director of Strategy and Engagement

Research Business Manager, Strategic
Commissioning and Partnership Development

Head of Public Health

PH Consultant, JSNA Lead

Strategic Lead for Evidence

Director of Public Health

Director of Public Health

Senior Public Health Specialist

Behaviour Change Officer

Public Health Consultant, Mental Health Lead

Head of Strategic Commissioning –
Community Support Adults

Senior Intelligence Analyst

Director of Public Health

Health and Wellbeing Manager

Research and Insights Officer

Public Health Lead

Head of Wellbeing

Director of Public Health

Public Health Lead

Scotland Mental Wellbeing Indicators national lead
Public Health Information Manager

Executive Director
Northern Ireland Government

Director of Strategy
Public Health Consultant

CEO

Senior Adviser for Evaluation

Senior Data Analyst

Development Lead

Local Environmental Quality Statistician



Appendix 2:

Questions for LWI consultation interviews

Opening and Context

Name, role (Overview of LA/ organisation if required)

Describe the wellbeing of local people in that local area –if need prompt: what is good and bad?

Why would you measure wellbeing in your area?

Do you already measure wellbeing in your locality?

Y: Why/for what purposes?
(if not already covered above)
What do you use?

N: Why not?

Overall

Are these generally fit-for-purpose indicators for assessing wellbeing at a LA level?

How does this link to what is already existing?

For Scotland / Wales / NI:
how does this fit in with existing frameworks?

How does a framework like this add value – or confusion – compared to what already exists?

Inclusion

Do these questions capture your (LA) **strategic priorities**?

Are there aspects which are missing?

Are further indicators required for specific **groups** and if so which ones?

Does this capture dimensions and aspects which are important for **rural areas**?

Are any rural aspects missing?

Balance between subjective and objective: does this feel a good balance?

Balance between current and aspirational aspects

Would you find it useful to have a community assets indicator set, measuring assets which are important for broader health and wellbeing - and for this indicator set to complement it, by measuring the use of these assets in a local area?

Categories

Does dividing it up in the way we have done make sense to you?

And do you think it will make sense to a fairly broad range of stakeholders and potential users?

Practicalities

(If not already covered in the opening questions)

How likely are you to adopt this as a full set, or are you likely to pick and choose depending on other criteria?

In what format would you use an indicator set like this? Would you use eg Fingertips, or a different format?

How would these indicators have to change to fit these different uses? Or user groups?

How may your (or others') needs for such an indicator set change in the future?

How frequently do these need to be updated in order to be useful?

We are keen to have the views from specific areas of local decision-making / Governance. Are there others who you could forward this on to for comment, e.g. in transport or housing?



Appendix 3:

Thematic summary of consultation feedback

Why local decision makers would use a local wellbeing indicator set.

Higher level influence is a driver for use:	Prevention/Resilience is important	A strong driver of use is to understand community WB	The purpose, framework, audience and use needs to be:
To influence strategists/politicians	Resilience is crucial to place shaping agenda	To understand social determinants of health *	Clear and 'Distinctly' WB (LWI currently not clear)
To appeal to senior decision makers	Understanding the longer term impact of austerity is crucial	To understand WB drivers of local communities * which determines the level of decision making	Strong conceptually with a clear and logical rationale (LWI framework could be stronger)
<u>But:</u>	The determinants of WB are gaining traction in LAs	The use of indicators depends on priorities/needs in LAs	Parameters of the 'full set' defined if they are not KPI's
LWI data needs to be punchier for politicians	The importance of young people's resilience measures is likely to increase	Local contextual information is important too for data interpretation	Clear about whether the primary purpose is for use as a 'dipstick', comparison or for local decision making
LWI data would need to be condensed for leaders	WB data is more important for prevention (Public Health)	There is a need to understand WB inequality to target resources	Customer-oriented
		Using a subset of indicators is considered to be of more use locally	If indicators showing what makes biggest difference to WB need to give an indication of action
		Granularity of data (e.g. ward, street level) is very desirable in LAs	
		Defining and capturing community WB remains a challenge	

Key:

WB Wellbeing SWB subjective wellbeing
 LA local authorities LWI Local Wellbeing Index
***bold** strong (much mentioned) themes



What local decision makers want from a local indicator set

The unifying element of LWI is useful	WB data needs to be:	Breadth of LWI indicators is good
<p>An agreed set is useful for benchmarking/trends *</p> <p>Bringing together many disparate indicators is useful</p> <p>'Most' already collect this data</p> <p>Few felt LWI was similar to ONS wellbeing wheel</p> <p>High level comparison with other LAs is important and useful</p> <p>Integration into existing indicator sets gives traction</p> <p>LWI links up with other frameworks</p> <p>Currently WB measurement is ad-hoc and generally fragmented by topic</p> <p>Wales has a largely similar WB measurement agenda</p> <p>JSNAs don't pull WB data together</p>	<p>Robust and timely</p> <p>Connect WB data to economic data</p> <p>Balance usefulness of indicators with frequency</p> <p>Capable of showing trends and largely available</p> <p>Linked to topical relevance of WB in United Kingdom</p> <p>Available annually minimum (e.g. Census data often not useful)</p> <p>Triangulated with complementary data to provide a more holistic view</p> <p>As granular as possible</p> <p>Cutable with options to drill down* (e.g. higher and lower order indicators)</p> <p>Outcomes rather than assessing services focussed</p> <p><u>Future needs:</u></p> <p>Many predict the need for WB data to increase or at least to continue being useful</p>	<p>The LWI provides a broad, rounded picture and is generally fit for purpose</p> <p>The LWI broadly captures strategic priorities</p> <p>Overall the LWI divisions work and are accessible</p> <p>Many felt all of the data included was useful data</p> <p>A strength of the LWI is the simple, memorable framework</p> <p>Overall LWI framework represents key aspects of public success</p> <p><u>But:</u></p> <p>Some felt the LWI broad, but with too many indicators (despite wanting more aspirational indicators included)</p> <p>Many felt more of a 'snapshot' of WB was more important</p>

Key:

WB Wellbeing SWB subjective wellbeing
 LA local authorities LWI Local Wellbeing Index
 ***bold** strong (much mentioned) themes



Defining wellbeing and progress

Progress should be defined by community stakeholders and guide WB measurement	Domain and focus bias in WB measurement	A more 'salutogenic' emphasis (positive health and WB) is needed
WB inequalities largely predicted by small pockets of communities*	Indicator sets (included LWI) are skewed towards medical model and physical health	WB needs to tell a positive not deficit story
Outcomes need to be agreed with stakeholders	Many local authorities use WB and health interchangeably	More 'salutogenic' emphasis in measurement supports service delivery and helps LAs engender WB
LAs need to know exact outcomes of specific strategies to inform service delivery	WB is increasingly recognised as a discrete outcome to health	LWI currently too illness heavy
WB data is often used to measure impact and inform thinking in LA's	There is increasing recognition of value of subjective wellbeing (SWB) and more of these would increase usefulness of LWI	LWI lacks 'essence' of WB
A strong belief that local people should be defining progress	People's perceptions are often more important and useful	A deficit emphasis doesn't fill gaps of JSNA
Community assets can drive change	Call for more subjective indicators in general (LWI heavy on objective)	Measurement of WB needs to capture positive mental WB
More data for lower geographies can empower local communities	Data around WB as a relative concept	LAs moving away from traditional NHS deficit focus
Other half of the WB evidence is citizen engagement		But:
Very frequent data is useful for frontline services		JSNA 'illness outcomes' do attract funding
The impact of austerity is a concern and is extremely variable within communities		

Key:

WB	Wellbeing	SWB	subjective wellbeing
LA	local authorities	LWI	Local Wellbeing Index
*bold	strong (much mentioned) themes		



Presentation and use

Need for guidance around WB measurement	Presentation, format and audience
Require guidance to prioritise indicators and actions	Interactivity and data visualisation important
Tool should be presented as an 'active support tool' (as opposed to performance management)	Audience will dictate presentation, presentation will dictate success
Users should be prompted and guided to 'look beyond' the data and interpret it using their local knowledge	Format needs to 'fit with IT systems' of local authorities
Assumption that indicators will be guided by best practice and evidence	Fingertips useful for technical work
	Fingertips not helpful for breakdowns and can be difficult to navigate
	Composite scores and punchy overview helpful
	Data needs to be communicated meaningfully
	Need to create simple reports
	Expectation development of LWI is an iterative process

Key:

WB Wellbeing SWB subjective wellbeing
 LA local authorities LWI Local Wellbeing Index
***bold** strong (much mentioned) themes



Key gaps and aspirations for indicator set

Rural and community issues	Children and vulnerable groups	Impact of austerity and other gaps	Community assets
Access to services	Resilience aspect missing	Affordable rented property	The use of assets beyond physical structures are useful
Fuel poverty	ACE's increasingly important	Work WB and satisfaction beyond employment	Focus on community strengths is welcomed
Loneliness/isolation	Child development	Good quality and stable work	Assets need to be defined by local people
Levels of migration and impact of urbanisation	Early years wellness	Housing generally	Assets more important for planning
Trust, social connectedness	Maternal health	Jobs and regeneration	
Social capital	Quality of education	Impact of austerity on social capital	
	School readiness	Economic aspect not strong enough	May be room to use 'softer' local data in communities where indicators are unreliable (Health Foundation)
	Children's indicators	Hope, self-efficacy	
	Protected characteristic groups (relates to data cutting)	Feel able to influence wellbeing, invest in wellbeing (culture of health)	
	Older population: volunteering, feeling useful	Perceptions of safety	
	Apprehension around reducing usefulness of set if don't include key childrens indicators	Adult obesity	
		Healthy behaviours	
		Getting by financially	
		Living wage	
		Impact of gig economy	



Appendix 4.1:

Local Wellbeing Indicators - 'Ideal' set

ECONOMY

Sub-domain	Indicator (and source, if available)	Description
Unemployment	Unemployment rate	% of unemployed people over the age of 16 who are economically active
Job quality	▶ Job Satisfaction	Average job satisfaction
Material deprivation	▶ Material deprivation rate	% of people living in households in material deprivation

EDUCATION AND CHILDHOOD

Sub-domain	Indicator (and source, if available)	Description
Adult learning	Percentage participating in adult education	% of respondents who have finished full-time education, who participate in some other form of adult learning
Child learning	School readiness	% children achieving good level of development by end of reception
Children's wellbeing	Child subjective wellbeing	% children reporting low life satisfaction or WEMWBS

EQUALITY

Sub-domain	Indicator (and source, if available)	Description
Wellbeing inequality	Life satisfaction inequality	Standard deviation in life satisfaction

PERSONAL WELLBEING

Sub-domain	Indicator (and source, if available)	Description
▶ Control	▶ Freedom to make decisions	Ability to make up own mind about things
Happiness	Happiness	Overall, how happy did you feel yesterday? 0-10 scale where 10 is completely happy
Life satisfaction	Life satisfaction	Overall, how satisfied are you with your life nowadays? 0-10 scale where 10 is completely satisfied
Purpose/meaning	Worthwhile	Overall, to what extent do you feel the things you do in your life are worthwhile? 0-10 scale where 10 is completely worthwhile
Anxiety	Anxiety	Overall, how anxious did you feel yesterday? 0-10 scale where 10 is completely anxious

HEALTH

Sub-domain	Indicator (and source, if available)	Description
Health	Physical activity	% of adults doing 150+ minutes physical activity per week
Health	Healthy life expectancy	Healthy life expectancy at birth for men and for women
Health	Estimated prevalence of mental health disorders	Estimated prevalence of common mental health disorders, % of population aged 16-74



PLACE

Sub-domain	Indicator (and source, if available)	Description
Democracy	▶ Sense of local influence	% who feel able influence local decisions
Crime and security	Violent crime	Count violent crime (combined violent crime data)
Green space	Use of natural environment	% using green space: For fresh air or to enjoy pleasant weather; For health and exercise; For peace and quiet; To relax and unwind
Housing	▶ Housing satisfaction	Average satisfaction with housing
Local environmental conditions	Air Quality	Air quality as estimate of the concentration of four pollutants
Culture	▶ Participation in cultural activities	% participating in meaningful cultural / social activities

SOCIAL RELATIONSHIPS

Sub-domain	Indicator (and source, if available)	Description
Close support	▶ Support when needed	% who agree with statement "If I needed help, there are people who would be there for me".
▶ Generalised trust	▶ Generalised trust	% who say that most people can be trusted
▶ Personal relationships	▶ Social networks	% who meet socially with friends, relatives or work colleagues at least once a week
Volunteering	▶ Volunteering	% who volunteer formally at least once a month
Community cohesion	▶ Neighbourhood belonging	% who agree with statement 'I feel like I belong to this neighbourhood'

Key: ▶ Sub-domain and/or indicators not included in or different to 'currently available' set



Appendix 4.2:

Local Wellbeing Indicators - 'Currently Available' set

ECONOMY

Sub-domain	Indicator (and source, if available)	Description
Unemployment	Unemployment rate	% of unemployed people over the age of 16 who are economically active
Job quality	Good jobs	% of people who are on permanent contracts (or on temporary contracts and not seeking permanent employment), who earn more than 2/3 of the UK median wage, and are not overworked (i.e. <49 hours a week), or underworked (unwillingly working part-time).
Material deprivation	Percentage of people with low incomes	% of full-time employees with low relative income (less than 60% of UK median wage)

EDUCATION AND CHILDHOOD

Sub-domain	Indicator (and source, if available)	Description
Adult learning	Percentage participating in adult education	% of adults who have participated in education or training in the last 4 weeks (formal or non-formal)
Child learning	School readiness	% children achieving good level of development by end of reception
Children's wellbeing	Child subjective wellbeing	% children reporting low life satisfaction

EQUALITY

Sub-domain	Indicator (and source, if available)	Description
Wellbeing inequality	Life satisfaction inequality	Standard deviation in life satisfaction

PERSONAL WELLBEING

Sub-domain	Indicator (and source, if available)	Description
Happiness	Happiness	Overall, how happy did you feel yesterday? 0-10 scale where 10 is completely happy
Life satisfaction	Life satisfaction	Overall, how satisfied are you with your life nowadays? 0-10 scale where 10 is completely satisfied
Purpose/meaning	Worthwhile	Overall, to what extent do you feel the things you do in your life are worthwhile? 0-10 scale where 10 is completely worthwhile
Anxiety	Anxiety	Overall, how anxious did you feel yesterday? 0-10 scale where 10 is completely anxious



HEALTH

Sub-domain	Indicator (and source, if available)	Description
Health	Physical activity	% of adults doing 150+ minutes physical activity per week
Health	Healthy life expectancy	Healthy life expectancy at birth for men and for women
Health	Estimated prevalence of mental health disorders	Estimated prevalence of common mental health disorders, % of population aged 16-74

PLACE

Sub-domain	Indicator (and source, if available)	Description
Democracy	▶ Total voter turnout	Total voter turnout for local elections
Crime and security	Violent crime	Violent crime (including sexual violence) - hospital admissions for violence per 100,000 people.
Green space	Use of natural environment	▶ % using natural environment for health and exercise
Housing	▶ Housing in poor condition	Housing in poor condition
Local environmental conditions	Air Quality	Air quality as estimate of the concentration of four pollutants
Culture	▶ Participation in heritage activities	RSA Heritage Index Activities rank out of 325 local authorities

SOCIAL RELATIONSHIPS

Sub-domain	Indicator (and source, if available)	Description
Close support	▶ Social contact among social care users	% of adult social care users who do have as much social contact as they would like
Volunteering	▶ Opportunity to volunteer (number of TCV volunteer organisations)	Number of The Conservation Volunteers organisations in a LA area
Community cohesion	▶ Social fragmentation index Census data (and NOMIS)	Social fragmentation index - calculation of social fragmentation

Key: ▶ Sub-domain and/or indicators not included in or different to 'ideal' set



Appendix 5:

LWI additional 'dive deeper' indicators

ECONOMY

Sub-domain	Indicator (and source, if available)	Description
Employment	Employment rate	Employment rate
Unemployment	NEETS	NEETS per 1000 population
Job quality	Job security	% of people on permanent contracts (or on temporary contracts and not seeking permanent employment) Labour Force Survey + calculations
Job quality	Good pay	% who earn more than 2/3 of the UK median wage Labour Force Survey + calculations
Job quality	Overwork	% who are not overworked (> 49 hours a week) Labour Force Survey + calculations
Job quality	Underwork	% who are not underworked (unwillingly working part-time) Labour Force Survey + calculations
Job quality	Work-life balance	<i>Subjective (tbd, e.g. questions from European Quality of Life Survey such as 'I have come home from work too tired to do some of the household jobs which need to be done')</i>
Material deprivation	Income deprivation affecting older people	See IMD
Material deprivation	Income deprivation affecting children	See IMD
Material deprivation	Debt liabilities	tbd
Local economy	Economic diversity	Ratio of enterprises to local units

EDUCATION AND CHILDHOOD

Sub-domain	Indicator (and source, if available)	Description
Child learning	GCSEs	% five or more GCSEs A* to C including English and Maths

EQUALITY

Sub-domain	Indicator (and source, if available)	Description
Income inequality	Income inequality	80:20 ratio of earnings NOMIS
Health inequality	Health inequality	Slope index of inequality (SII) in disability-free life expectancy at birth (SII years) ONS
WB inequality:	Other wellbeing inequality measures	Standard deviation in other WB measures WWCW



PERSONAL WELLBEING

Sub-domain	Indicator (and source, if available)	Description
Flourishing	Other topics from Be section of Happiness Pulse (e.g. Optimism, Worth, Peace of Mind, Resilience, Autonomy, Competence)	Averages on selected questions from Happiness Pulse Be domain: I've been feeling optimistic about the future; to what extent do you feel the things you do are worthwhile; I've been feeling relaxed; I've been dealing with problems well; I've been able to make up my own mind; I've been thinking clearly

HEALTH

Sub-domain	Indicator (and source, if available)	Description
Health behaviours	Healthy eating	% eating five fruits and veg a day PHOF/ Sport England survey and Active People survey
Health behaviours	Active travel	% respondents who go to work thru active travel ONS
Health behaviours	Sleep	tbd
Health overall	Subjective health	% rate health as very good, good, or fair Census
Health overall	Life expectancy at birth	Life expectancy at birth (years) PHOF
Health overall	Preventable deaths	Mortality from causes that are preventable PHOF
Health overall	Long-term disability	% reporting a long-term disability NOMIS
Mental health	Mood and anxiety disorders index	See IMD



PLACE

Sub-domain	Indicator (and source, if available)	Description
Green space	Distance to nearest green space	<i>tbd</i>
Green space	Access to green space	Subjective measure <i>tbd</i>
Housing	Housing affordability	Difficulty of access to owner-occupation – proportion of households aged under 35 whose income means they are unable to afford to enter owner occupation IMD
Housing	Housing overcrowding	See IMD
Housing	Noise complaints	Rate of complaints about noise per thousand population PHOF
Housing	Other measures of housing problems	<i>tbd</i>
Democracy	Trust in local government	% who say they trust local government ONS
Local environment	Traffic	Car vehicle traffic thousand vehicle miles per capita Department for Transport
Crime and security	Other crime categories	Various options available from police data ONS
Crime and security	Perceived safety	Feeling that it is safe to be alone on the street at night ONS- British Crime Survey
Culture	Sub-indicators from Heritage Index	RSA Heritage Index sub-indicators
Access to services	Access to services	Households with good transport access to key services or work by local authority, England, 2007 to 2013 Department for Transport

SOCIAL RELATIONSHIPS

Sub-domain	Indicator (and source, if available)	Description
Personal relationships	Loneliness	% lonely most or all of the time European Social Survey
Personal relationships	Domestic violence	<i>tbd</i>
Community cohesion	Interaction with neighbours	How often do you chat to any of your neighbours, more than just to say hello? Community Life Survey
Community cohesion	Social network diversity	What proportion of your friends are of the same [ethnic, religious, age] group as you? Community Life Survey
Informal care	Percentage providing informal care	In general, how often are you involved in caring for elderly or disabled relatives? European Quality of Life Survey



Appendix 6:

'Currently Available' set user guidelines

These user guidelines will help you navigate the data sources more quickly and easily.

Indicator:	Unemployment rate
Description:	% of unemployed people over the age of 16 who are economically active
Source:	NOMIS
User guidance:	Select your area via postcode, place name or LA. Then select 'Employment and Unemployment'.
Indicator:	Good jobs
Description:	% of people who are on permanent contracts (or on temporary contracts and not seeking permanent employment), who earn more than 2/3 of the UK median wage, and are not overworked (i.e. <49 hours a week), or underworked (unwillingly working part-time).
Source:	Annual Population Survey plus calculations
User guidance:	A rather complex calculation is needed here. For information on the specifics of making the calculation please contact us. In order to access LA level data you will need to apply for a Secure Access.
Indicator:	Percentage of people with low incomes
Description:	% of full-time employees with low relative income (less than 60% of UK median wage)
Source:	ASHE
User guidance:	Download the 2016 provisional file and open the top item called Table 8.1a - Weekly pay - Gross. <ol style="list-style-type: none"> 1) Go to the sheet 'Full-time' 2) Calculate threshold income as 60% of UK median income (for 2016 it's £323) 3) For each local authority estimate a logarithmic best-fit line for the relationship between income and percentile (median is, by defn, 50th percentile). I've used the formula LOGEST. 4) Use best fit line to estimate what percentile is associated with the threshold income (i.e. £323 in 2016).
Indicator:	Percentage participating in adult education
Description:	% of adults who have participated in education or training in the last 4 weeks (formal or non-formal)
Source:	Annual Population Survey plus calculations
User guidance:	A rather complex calculation is needed here. For information on the specifics of making the calculation please contact us. In order to access LA level data you will need to apply for a Secure Access.
Indicator:	School readiness
Description:	% children achieving good level of development by end of reception
Source:	PHOF 1.02i
User guidance:	The link takes you to the default page. Select your region (data is available at County and Unitary Authority area). The results for the region will be displayed. School readiness is the first indicator
Indicator:	Child subjective wellbeing
Description:	% reporting low life satisfaction
Source:	What about YOUth survey
User guidance:	The link takes you to the direct page for this indicator. Select your region and area.



Indicator:	Life satisfaction inequality
Description:	Standard deviation in life satisfaction
Source:	WWCW
User guidance:	Click on Data File (Excel), download and open. Select your geographical area (you can search). Track to column F for standard deviation figure.
Indicator:	Happiness
Description:	Overall, how happy did you feel yesterday? 0-10 scale where 10 is completely happy
Source:	ONS
User guidance:	The link takes you to the latest LA data release, and includes a searchable interactive map in section 5.
Indicator:	Life satisfaction
Description:	Overall, how satisfied are you with your life nowadays? 0-10 scale where 10 is completely satisfied
Source:	ONS
User guidance:	The link takes you to the latest LA data release, and includes a searchable interactive map in section 5.
Indicator:	Purpose/meaning
Description:	Overall, to what extent do you feel the things you do in your life are worthwhile? 0-10 scale where 10 is completely worthwhile
Source:	ONS
User guidance:	The link takes you to the latest LA data release, and includes a searchable interactive map in section 5.
Indicator:	Anxiety
Description:	Overall, how anxious did you feel yesterday? 0-10 scale where 10 is completely anxious
Source:	ONS
User guidance:	The link takes you to the latest LA data release, and includes a searchable interactive map in section 5.
Indicator:	Physical activity
Description:	% of adults doing 150+ minutes physical activity per week
Source:	PHOF 2.13i
User guidance:	The link takes you direct to the page for this indicator. Select your region and type of area.
Indicator:	Healthy Life Expectancy
Description:	Healthy life expectancy at birth for men and for women
Source:	PHOF 0.1i
User guidance:	The link takes you to the main overview page. Select your region and type of area. You'll need the two numbers that make up 1.01i: Healthy Life expectancy at birth (Male), and Healthy Life expectancy at birth (Female). We recommend showing both values to accurately show this indicator.
Indicator:	Estimated prevalence of mental health disorders
Description:	Estimated prevalence of common mental health disorders, % of population aged 16-74
Source:	Common Mental Health Disorders
User guidance:	The link takes you to directly to the indicator. Select your area type and region. You'll want to look at the 'value' column.



Indicator:	Total voter turnout
Description:	Total voter turnout for local elections
Source:	Electoral register data
User guidance:	Since local elections do not take place in all areas every year, you will need to find the latest data for your area. The measure is “Total vote turnout (incl. postal votes rejected and votes rejected at count) (%)”
Note:	that where local elections coincide with general elections, turnout will be higher - and should not be interpreted as a change in this sub-domain.
Indicator:	Violent crime
Description:	Violent crime (including sexual violence) - hospital admissions for violence per 100,000 people.
Source:	PHOF 1.12i
User guidance:	The link takes you to the data for this indicator. You'll want to look at the 'value' column.
Indicator:	Use of natural environment
Description:	% using natural environment for health and exercise
Source:	PHOF 1.16
User guidance:	For now use PHOF 1.16. You'll want to look at the 'value' column.
Note:	This is the interim indicator. Future versions of the MENE survey will capture ‘% using natural environment for all reasons’, which will be the indicator for this sub-domain.
Indicator:	Housing in poor condition
Description:	Housing in poor condition
Source:	IMD File 8
User guidance:	Scroll down to File 8. Tab ‘2015 Living env domain’. Track to Column E ‘Housing in poor condition indicator’. The housing in poor condition indicator is a modelled estimate of the proportion of social and private homes that fail to meet the Decent Homes standard. Work out the average for the Local Authority by calculating the mean across the LSOA. In a cell to the side, use the formula ‘=AVERAGE(select cells for all the LSOAs in the LA)’
Note:	For consistency we have chosen to look at the mean of the data, but having LSOA level numbers gives you the option of seeing which neighbourhoods have the worst housing conditions in your LA. To explore this, you can identify which, if any, LSOAs within your LA are amongst the 10% worst off in England. Select all of the figures in column E (i.e. for all LSOAs in the country), then apply “Conditional Formatting”, “Top/Bottom Rules”, “Top 10%”. LSOAs across England which have the highest proportions of poor housing will be highlighted in red. You can then look at your LA and see which LSOAS are in red.
Indicator:	Air quality
Description:	Air quality as estimate of the concentration of four pollutants
Source:	IMD File 8
User guidance:	Scroll down to File 8. Tab ‘2015 Living env domain’. Track to Column G ‘Air Quality Indicator’. Estimate of the concentration of the four pollutants (nitrogen dioxide, benzene, sulphur dioxide and particulates). Work out the average for the Local Authority by calculating the mean across the LSOA. In a cell to the side, use the formula ‘=AVERAGE(select cells for all the LSOAs in the LA)’
Note:	A higher score for the indicator represents a higher level of deprivation


Indicator: Participation in heritage activities

Description: RSA Heritage Index Activities rank out of 325 local authorities
 Source: [RSA Heritage Index](#)
 User guidance: You should be able to download the data set immediately after entering your name and email address. Once you've accessed the spreadsheet, enter your area on the Dashboard tab and see C8 for the 'Activities' rank

Indicator: Social contact among social care users

Description: % of adult social care users who do have as much social contact as they would like
 Source: [PHOF](#) 1.18i
 User guidance: Select your region and county.

Indicator: Opportunity to volunteer (number of TCV volunteer organisations)

Description: Number of The Conservation Volunteers organisations in a LA area
 Source: [RSA Heritage Index](#)
 User guidance: You should be able to download the data set immediately after entering your name and email address. Go to the Raw Data tab, and find column CV. This will give you the number of TCV organisations per local authority.
 Note: We are aware this is a far from perfect indicator for volunteering. We are also aware that Volunteering data is collected by a number of separate organisations, which has the potential to be aggregated. However, for this set of currently available indicators, we were surprised not to find any broader national measures of volunteering at local authority level. If you know of one that is available currently, please let us know!

Indicator: Social fragmentation index

Description: Social fragmentation index - calculation of social fragmentation
 Source: [Census data](#) (and [NOMIS](#))
 User guidance: The index is calculated based on the following figures for each area:

1. Percentage of adults who are not living as a couple
2. Percentage of 1-person households
3. Percentage of people renting privately
4. Percentage of people who have moved to their current address within the last year

Three of the three indicators can be found in 2011 census data. Select LA or Ward level and enter postcode data.

1. For percentage of adults not living as a couple go to: Living arrangements (key stats) and add together all the 'not living as a couple' numbers, and divide by the total number of adults
2. For percentage one person households go to: Household composition (key stats) and add together: 'one person households: 65 and over' and 'one person households: other', and divide by the total number of households
3. For percentage renting privately go to: Tenure (key stats) and add together: 'private rented: private landlord or letting agency' and 'private rented: other', and divide by the total number of households.

The last indicator data is available from [NOMIS](#)

4. Percentage of people who have moved to their current address within the last year: On the left-hand side, choose your area in the drop down menu. A graph will be displayed of 'Origin and destination of migrants'. Ensure it shows age: All persons aged 1 and over. You need the total inflow number which is in the centre. You will need to convert this to a percentage of the total population before doing the weighting calculation.

The original SFI was calculated by standardising each indicator, taking an average of the z-scores, and then standardising the average. We will be producing a set of figures for local authorities using this methodology later this year. For present purposes (and for the worked examples) it is possible to calculate the SFI using pseudo z-scores, based on the distribution of data in the original SFI (which is based on the 1991 census). These can be calculated as follows:



$$\begin{aligned} \text{SFI} = & \\ & ((\text{Percentage of 1-person households} - 29.8) / 6.3) + \\ & ((\text{Percentage of people renting privately} - 16.2) / 9.9) + \\ & ((\text{Percentage of people who have moved to their current address within the last year} - 10.6) \\ & / 5.5) - \\ & ((\text{Percentage of adults who are living as a couple} - 47.0) / 10.2) \end{aligned}$$

In this formula, for each indicator, the first figure is the mean percentage for England as a whole in the 1991 census, and the second figure is the standard deviation of the percentage. In both cases the percentages are multiplied by 100 so they range from 0 to 100.

Note:

The social fragmentation index (SFI) is used widely in academic research. It is a calculation designed to estimate the extent of social fragmentation within a defined area. The SFI uses four measures that are available at local level across the country. They are proxy indicators for theoretically relevant aspects of low levels of social cohesion (eg living alone/being unmarried is a proxy measure of lack of the presence of company and support in the household; not owning one's home or being residentially mobile will theoretically mean that one has a lower level of long term 'attachment' or 'commitment' to the place where one lives. As things currently stand the SFI provides the best possible currently available indicator of social cohesion.

We have updated 'married' to 'couples cohabiting' in line with current wellbeing research.





We encourage you to share this report, and would appreciate hearing from you if you've used it so we can better evaluate our impact.



@whatworksWB @HappyCityUK



info@whatworkswellbeing.org