Shifting the Dial: From wellbeing measures to policy practice

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Acknowledgements

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At a time of economic turmoil, it is unsurprising that the minds of policy makers focus on the question of how to restart economic growth. But important as it is, economic growth is only one element of what makes peoples’ lives good. GDP has traditionally been used as the preeminent snapshot measure of how society is progressing, based on the view that a growing economy will result in an improving society. However, in recent decades people have begun to question the adequacy of GDP as an indicator of progress, especially as the link between growth and median income has begun to break down. There is also a wider question of what matters in life, and it is this that the debate about individual and societal wellbeing seeks to capture.

The UK is one of the countries at the vanguard of the wellbeing debate. In 2010 David Cameron tasked the Office of National Statistics to come up with a way of measuring wellbeing, including people’s own assessment of their wellbeing and satisfaction with their lives. Their first results were published in summer 2012, and full national wellbeing accounts will follow. Scotland has been measuring wellbeing through a dashboard of indicators since 2007.

It is a cliché in policy-making circles to say that it is what you measure that matters. But while the UK is now producing good quality data on wellbeing, these measures will only really matter if they are translated into the policy-making process.

This report shares the findings of a project undertaken by Carnegie UK Trust and IPPR North to ask what needs to happen to ensure that measuring wellbeing is made to matter in policy-making practice. The project involved visiting six case studies that are, in different ways, further ahead than the UK with measuring wellbeing. These were: the City of Somerville (Massachusetts, USA); the Commonwealth of Virginia (USA); Toronto’s Vital Signs project (Canada); the City of Guelph (Canada); the Canadian Index of Wellbeing; and France.

What is clear from our case studies is that leadership is critical for a wellbeing agenda to prosper. Adopting a serious approach to promoting wellbeing requires changes to conventional policy-making processes and ways of understanding the world. Without leadership to drive through change, we will be left with some good quality new data that are ultimately not influential because they are not acted upon, as experience in France demonstrates. In most of our case studies leadership has come from politicians who clearly have a key role. However in some instances the debate has been led from civil society and used to hold policy makers to account and to create a platform for a different kind of conversation between policy makers and citizens.

Maintaining the momentum behind wellbeing will be eased if a broad-based coalition of support is established. The extent of civil society and citizen engagement with wellbeing varied widely between our case studies. More successful places had either involved the community in selecting indicators or used data gathered on wellbeing to start a conversation about its implications for policy. In the UK, the ONS has engaged in an open and deliberative process to develop the wellbeing indicators. Nonetheless, there remains an important job to be done - at UK, devolved and local level - to build support for and understanding of these issues. This applies both within the policy community and wider civil society.

To engage people with wellbeing it is vital that the presentation and communication of the data is
user-friendly. In Canada and Virginia this has been a core part of their engagement strategy to broaden the base of support for wellbeing. Given the complicated and multi-faceted nature of wellbeing measures this is not straight-forward. For some (such as the Canadian Index of Wellbeing) this has meant distilling wellbeing into a single index figure. For others (such as Toronto Vital Signs) it has meant drawing a simple and engaging story out of the data and building momentum through annual updates and simultaneous publication with other areas. In the case of Virginia, the use of pictures and colour to communicate a high level dashboard of wellbeing indicators has played an important role.

The case studies were all at different stages in their use of wellbeing data, and while all had high hopes for how the data could be used to better plan, deliver and evaluate public policy initiatives, there were few practical examples. A key issue was analysing wellbeing data to identify issues to focus on, gaps in current policy, and to inform the deployment of resources. For example wellbeing data has been used to buttress arguments for policies that might otherwise be victim to cuts in Somerville; and to identify and tackle previously hidden issues such as a rise in violent crime among young people in Toronto. It has also been used to inform the deployment of resources by the Community Foundation for Toronto.

A more radical and transformative rethink of policy priorities were less evident among our case studies. There was, however, signs of case study areas shifting to a more preventative and outcome focussed ways of working in the City of Guelph and in Virginia.

Our case study areas were also keen to experiment with using wellbeing data to evaluate the impact of policy. This is not straightforward as it can be difficult to attribute shifts in wellbeing to specific individual policies, although doing this at a programme level is more plausible. Our case studies had little practical experience of doing this and using trend data to check the overall direction of progress was a key focus for most. Using randomised control tests and inserting wellbeing data into cost benefit analysis are also on the agenda for future work in some of our case study areas.

Our case studies covered a wide range of geographic scales, from a small city to an entire country. Responsibility for wellbeing cannot be simply attributed to one level of government or another. Rather it is about a change in the way priorities are constructed, policy gaps identified and the success or failure of policies assessed. As such it is relevant to all levels of government.

There are however, good arguments for wellbeing approaches at the local or regional level, as it is at this scale that many of the sorts of issues identified as important for wellbeing are more tangible. It is also a scale at which civil society involvement and engagement can be more meaningfully achieved. Nonetheless, if local and regional policies are not set in a wider policy framework that also seeks to promote wellbeing progress is likely to be constricted.

In an international context, the steps being taken by the OECD to ensure robust comparable data are available across countries and regions is a helpful way of giving some additional drive to this agenda, even if political commitment slackens.
Conclusions and recommendations

Our case study research shows that wellbeing measures are at their most effective when they are supported by a combination of strong leadership, technocratic policy processes and building momentum through wide buy-in from civil society, citizens and the media. Getting this balance right was a challenge for all the initiatives that we visited.

At the UK-wide level we are at a critical juncture. The first measures have been published and it is time for the UK’s wellbeing journey to progress to the next stage. We need to put these measures into policy practice and ensuring they generate a debate about the direction the UK is heading in. Only then can we claim that these wellbeing measures really matter.

Ultimately, however, moving to a policy-making approach that places wellbeing at the forefront will require the winning of hearts and minds. This requires bold visionary leadership as well as technocratic policy detail, but most of all it will require cultural change within policy-making circles at all levels. This is likely to be difficult and slow, but the prize of a society that values wellbeing and human flourishing will be worth it.

This report recommends three areas for action:

1) **Visible leadership**: political leadership, from all parties and at all levels of government, is required to drive the wellbeing debate and champion the use of wellbeing data in policy development and evaluation.

2) **Continue to develop practical means of using wellbeing data**: those responsible for policy development and service delivery in the public and third sector should continue to explore ways of integrating new wellbeing data into their policy development and evaluation processes. New tools should be shared between sectors, across departments and across different tiers of government.

3) **Mobilise a wellbeing movement**: To ensure that political and policy processes stay on track there is an important role for individual citizens, and the civil society organisations that act on their behalf, to monitor, scrutinise and campaign for wellbeing to be taken seriously and progressed. There are also opportunities for organisations to become involved in more direct ways, for example carrying out their own analysis of wellbeing and using it to inform their own activities. Many individual civil society organisations and research organisations in the UK have already developed an interest in wellbeing. In order to build momentum behind the UK’s wellbeing work, and in order to hold politicians to account, they should work together to ensure the wellbeing agenda has deep roots in the UK.
1. Background

The UK is experiencing a double-dip recession and the global economy is going through turmoil. In these circumstances, it is unsurprising that the minds of policymakers focus on the question of how to restart economic growth. But important as it is, economic growth is only one element of what makes peoples’ lives good: simply growing the economy will not guarantee people live a fulfilled life. This wider question of what matters in life is what the debate about individual and societal wellbeing seeks to capture.

The UK is one of the countries at the vanguard of the wellbeing debate. In 2010, David Cameron asked the ONS to come up with a way of measuring wellbeing, including people's own assessment of their wellbeing and satisfaction with their lives. In Scotland, the devolved government has been measuring Scotland’s progress using a dashboard of wellbeing indicators since 2007.

It is a cliché in policy-making circles to say that it is what you measure that matters. Traditionally, Gross Domestic Product (GDP) - a measure of economic output, income and expenditure - has been the preeminent snapshot measure of how society is progressing, based on the view that a growing economy will result in an improving society. However, in recent decades, people have begun to question the adequacy of GDP as an indicator of progress.

As a result of these doubts, interest has grown in different ways to measure society’s progress. One such approach is to measure the wellbeing of the population (see box 1.2), as indeed the UK government is beginning to. However, simply measuring wellbeing will not result in a different approach to public policy: for this to happen, measures of wellbeing need to be translated into the policy-making process. This report shares the findings of a project undertaken by Carnegie UK Trust and IPPR North to ask what needs to happen to ensure that measuring wellbeing is made to matter in policy-making practice. The project involved visiting places that are, in different ways, further ahead than the UK with measuring wellbeing (see section 2 for more details of the case studies). We sought to learn lessons about the factors that will support wellbeing approaches to embed into the policy-making process, and to identify different ways in which the idea of furthering wellbeing is being implemented in practice.

This report sets out the key lessons from this research, but before we do that, the remainder of this section reviews why GDP alone is an insufficient measure of progress and the sort of factors that matter for furthering wellbeing.

### 1.1 Why GDP is not sufficient

The key measure that policymakers tend to rely on for a snapshot of societal progress is GDP. This simple and regularly recorded measure offers a way for policymakers and commentators to monitor the overall direction of the country, especially in a time of economic crisis. This is reflected in the way the data is poured over in the media each time it is published, particularly in recent years.

But the desire to measure wellbeing reflects a growing concern with whether GDP is a sufficient measure of progress. As former US Senator Robert

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Kennedy put it, GDP measures everything ‘except that which makes life worthwhile’.³ This view is captured in the ‘Easterlin Paradox’,⁴ which found that while rich individuals are happier than poor individuals, the relationship between happiness and economic growth does not hold at the aggregate level.⁵ In other words, once a certain level of prosperity is reached, a country’s happiness does not increase in line with its GDP. There are clearly other things that matter in life.

Furthermore, GDP itself has a number of limitations as a measure. It has long been argued that it struggles to capture how the proceeds of economic activity are distributed or to incorporate the value of non-market activity such as domestic activity. It also struggles to capture value in areas where outputs are hard to measure, such as healthcare and education. This makes GDP less reliable.⁶

The current context and recent experience have also exposed some more fundamental problems with GDP, leading some to question whether it is beginning to fail as a measure. As the Stiglitz Sen Fitoussi Commission outlined, the link between GDP growth and median income has broken down in recent years.⁷ In the USA, this is referred to as the ‘great decoupling’, and a stagnant income for the middle classes has become an important political issue.

A similar debate is emerging in the UK. Looking back over the period prior to the recession, economic growth was not matched by income growth. Between 2003 and 2008, the economy expanded by 11%, while median income was virtually flat. This has fed into the UK debate about what constitutes good capitalism.

GDP as a measure does not have a way of distinguishing ‘bad’ growth (for example that which is exploitative or damaging to the environment) from ‘good’ growth (that which sees the proceeds shared between profits and average incomes or investment in sustainable business).

To question the sufficiency of GDP is not to suggest we jettison it as a measure or question whether economic growth matters, as it clearly does. Rather, it is to argue that economic growth is not the only thing that matters, both in life and in society.

1.2 Measuring wellbeing
In light of these concerns about GDP, a range of other measures have begun to be put forward. Some have been proposed as alternatives to GDP. Others, such as the UK Prime Minister’s request to the Office of National Statistics (ONS) to measure wellbeing, are intended as a complement to GDP. The first measures of how people in the UK assess their own wellbeing were published in summer 2012,⁸ and the first annual report of overall levels of wellbeing due to be published in November 2012. In Scotland, the National Performance Framework places economic indicators such as GDP (and those based on GDP) alongside a wide range of social indicators. These national indicators include mental wellbeing based on the Warwick-Edinburgh Mental Well-being Scale and measured through the Scottish Health Survey. The Scotland Performs website provides an accessible overview of Scotland’s progress and has been recognised as an innovative way of developing a dashboard of indicators of social progress (see Box 1.1).

⁵ The Easterlin Paradox has been highly influential, but it has also been the subject of some debate, for a review of some of the issues see Fleche S, Smith C, and Sorsa P (2011) “Exploring determinants of subjective wellbeing in OECD countries: Evidence from the World Values Survey” OECD Working Paper 46
Contemporary social research has taught us a lot about wellbeing. Broadly speaking, there are two approaches to measuring wellbeing: one focuses on objective measures, the other on people’s subjective assessment of their own lives (see box 1.2). Research by the Organisation for Economic Co-operation and Development (OECD) has identified nine areas that matter for wellbeing: income, employment, housing, health, work-life balance, education, social connections, environment and personal security.\(^9\) International research and analysis reveals four factors that consistently emerge as having a strong correlation with wellbeing, as measured by people’s assessment of their satisfaction with their own lives.\(^{10}\)

1) Income: people with higher incomes generally have higher reported wellbeing;
2) Being unemployed: unemployment has a negative effect on wellbeing over, above and beyond the effect explained by the associated loss of income;
3) Health: both physical and mental health matter for people’s wellbeing;
4) Social contact: stable relationships, social support and trust in others all matter for people’s wellbeing.

A policy programme that seeks to further wellbeing will prioritise actions that contribute to these ends. Just by looking at the question of wellbeing in these simple terms emphasises how it could potentially result in different activities being prioritised, compared to an approach that seeks to maximise economic growth. Indeed, as a result of this analysis, issues like social contact and mental health emerge strongly as priorities, whereas they have traditionally had a lower profile when compared to matters such as income and employment.

**Box 1.1: CARNEGIE ROUNDTABLE ON MEASURING ECONOMIC PERFORMANCE AND SOCIAL PROGRESS IN SCOTLAND\(^{11}\)**

The Scottish Round Table, set up by the Carnegie UK Trust and Sustainable Development Commission for Scotland, was a direct response to the recommendation of the Stiglitz Sen Fitoussi report that Round Tables be established, with the involvement of stakeholders, to identify and prioritise indicators that carry the potential for a shared view of how social progress is happening and how it can be sustained over time.

The remit of the Round Table was to consider the findings of the 2009 Stiglitz Sen Fitoussi Report and make recommendations to the Scottish Government and other interested stakeholders on relevance and application to Scotland of the Report’s findings. Membership was drawn from across Scottish society. The Group was chaired by Professor Jan Bebbington, SDC’s Vice Chair for Scotland, with Angus Hogg, Chair of the Carnegie UK Trust, taking the role of Vice Chair.

The report concluded that GDP is an insufficient and misleading measure of whether life in Scotland is improving or not. It recommended that the Scottish Government further developed the current performance framework to respond to the conclusions of the Stiglitz Sen Fitoussi report. In doing so, the Round Table felt that the performance management system *Scotland Performs* would be better able to deliver, measure and report on economic performance, sustainability and wellbeing.

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Only when the priorities of policymakers change in response to the analysis of wellbeing measures can we say that measuring wellbeing matters. The remainder of this report draws out the learning from our case studies in order to identify practical ways in which measuring wellbeing can be translated into policy-making practice. But first, the next section introduces each of our case studies and develops a framework for thinking about different stages of the policy-making process. The remainder of the report then considers what needs to happen for thinking about wellbeing to permeate through each stage of the policy-making process.

### Box 1.2: DASHBOARDS, WELLBEING AND HAPPINESS

Wellbeing can be measured using both objective and subjective measures.

**Dashboards of objective wellbeing**

Governments use a wide range of objective measures of wellbeing and do not structure all of their policy priorities around economic growth alone. A range of other measures, such as educational attainment and health outcomes, are routinely monitored. The difference with a wellbeing approach is that these measures are brought together and presented to give an overview of wellbeing.

In exploring what should be in a comprehensive dashboard of wellbeing, the OECD has produced an in-depth analysis of the domains that contribute to wellbeing. This type of meta-analysis provides policymakers with a robust framework for understanding the domains of wellbeing for inclusion in a dashboard.

The final element in the development of a dashboard for measuring wellbeing is to identify indicators that can be used as proxies for these wellbeing domains. In many cases, these are pre-existing data sets collected by governments as part of on-going performance management systems. These can be incorporated as part of a dashboard on wellbeing, but they are not direct measures of wellbeing.

**Subjective measures of wellbeing**

A newer area is to measure people’s subjective wellbeing, something that the UK is beginning to do and other countries like France already do. This is an area where the OECD has done a lot of work, and due to produce guidance to National Statistics offices on collecting this data. A great deal of research has now been done in this area, and two primary means of measuring subjective wellbeing have emerged, both of which are based on social surveys:

1. **Evaluative wellbeing** - asks people how satisfied they are with their lives overall. This delivers a more reflective assessment of people’s wellbeing. It performs well on test and retest measures, with people giving consistent responses over time. It also produces the sort of results you would expect when compared to more objective measures of wellbeing. The OECD and others rely on the Gallup World Poll measurement scale which asks people to rank their life satisfaction on a ladder of 0-10.

2. **Affective wellbeing (happiness)** - asks people about their more immediate emotional state, with questions covering topics such as how happy or anxious people are feeling at a given moment in time. It offers a more immediate and emotional response.

The benefit of subjective wellbeing measures is that they offer a guide to which issues to prioritise to contribute to peoples overall wellbeing.

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2. About our case studies

Many countries, regions and cities around the world have started to explore how to measure the wellbeing of their citizens, and what this might mean for policymaking. From this growing pool of examples, we selected six initiatives to look at in more detail. We selected locations on the basis that they were further ahead than the UK government in either collecting or acting on wellbeing data. They were also selected to provide a balance between

i. National, regional and local initiatives

ii. Initiatives delivered by governments and initiatives delivered by the charitable and community sector

Each case study was the subject of a study trip, which combined meetings with key advocates of wellbeing measures; those responsible for collecting and analysing data; and policymakers who are thinking through the implications of the new measures for policy in practice. This section briefly outlines how the different case studies approached measuring wellbeing, before going on to give more detail about each of the case studies and a brief assessment of how successful they have been. It concludes by setting out a framework for thinking about wellbeing at different stages of the policymaking process.

2.1 How do the case studies measure wellbeing?
The case study areas took different approaches to measuring wellbeing and societal progress. These

Table 2.1: DOMAINS OF WELLBEING USED BY CASE STUDIES

<table>
<thead>
<tr>
<th></th>
<th>OECD How’s Life Report</th>
<th>France, INSEE</th>
<th>Canadian Index on Wellbeing</th>
<th>City of Guelph</th>
<th>Vital Signs – Toronto</th>
<th>City of Somerville</th>
<th>Virginia Performs</th>
<th>UK, Office for National Statistics</th>
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<td>Income</td>
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<tr>
<td>Subjective wellbeing</td>
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<td>Happiness</td>
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<tr>
<td>Subjective wellbeing, dashboard or index</td>
<td>Subjective wellbeing Dashboard</td>
<td>Subjective wellbeing</td>
<td>Index and dashboard</td>
<td>Subjective wellbeing and dashboard</td>
<td>Dashboard</td>
<td>Subjective wellbeing</td>
<td>Dashboard</td>
<td>Subjective wellbeing Dashboard</td>
</tr>
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Table 2.2 Case studies: KEY CHARACTERISTICS OF OUR CASE STUDIES

<table>
<thead>
<tr>
<th></th>
<th>France, INSEE</th>
<th>Virginia Performs</th>
<th>City of Somerville wellbeing survey</th>
<th>Canadian Index on Wellbeing</th>
<th>City of Guelph</th>
<th>Vital Signs Toronto</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>64,500,000</td>
<td>8,000,000</td>
<td>77,000</td>
<td>34,500,000</td>
<td>122,009</td>
<td>2,700,000</td>
</tr>
<tr>
<td>Scale of the initiative</td>
<td>National</td>
<td>Regional (State level)</td>
<td>Local (sub-State level)</td>
<td>National</td>
<td>Local (municipal)</td>
<td>Local (municipal)</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Level of civil society involvement</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
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<tr>
<td>Rooted in legislation?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<td>No</td>
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<tr>
<td>Subjective wellbeing rating from OECD How’s Life report</td>
<td>6.5 (USA 7.2)</td>
<td>N/A (USA 7.2)</td>
<td>7.5 (Canada 7.5)</td>
<td>N/A (Canada 7.5)</td>
<td>N/A (Canada 7.5)</td>
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</table>

reflect different interpretations of what wellbeing is, and the different processes followed in determining what to measure. We have used the categories in the OECD How’s Life report to structure this assessment, with green domains (on transport, leisure and culture, immigration and happiness) as additional categories introduced by a small number of case study locations. Table 2.1 sets this out, along with how each case study treats the data, for example, producing a dashboard of wellbeing measures or a single wellbeing index that provides a composite figure. The composite index approach means giving a single figure to represent the totality of wellbeing, based on percentage changes in a range of indicators.

In all of our case studies, these domains of wellbeing are then expanded on using indicators. The number of indicators used to describe each domain also differs, from just one in the Canada-wide Vital Signs report, to eight in each of the domains of the Canadian Index of Wellbeing.

These indicators are drawn from a variety of sources, with some from pre-existing government data sources and others from new surveys. In some cases, this has included extensive consultation with the community on their priorities. However, it is vital to stress, as the Canadian Index of Wellbeing does, that these indicators are proxies for the wellbeing domains - they are not in themselves direct measures of wellbeing (see Box 1.2). The process of choosing domains and indicators is not purely technocratic; it depends on the priorities of the government, the views of local people and the availability of data to act as proxy indicators.

To provide more detail about the contrasting approaches taken by different case studies, the table below sets out some of the key areas of divergence between them. The boxes below offer a short description of each case study and a brief assessment of their success in moving from measurement to policy practice. This assessment is then expanded upon in the subsequent sections.
Case study 1: France
The Commission on the Measurement of Economic Performance and Social Progress (the Stiglitz Sen Fitoussi Commission) was set up at the request of Nicholas Sarkozy. Following their report in 2009, France’s national statistics office, INSEE, was tasked with incorporating the recommendations into its work, and now produces measures of evaluative wellbeing. The first report was produced in 2011, a second round of survey results are due to be published in 2012.

France now produces high-quality wellbeing data at national level, but the level of interest from politicians, policymakers, media and civil society is low. As yet, wellbeing measures have not found traction in the policy-making process.

Case study 2: Canadian Index of Wellbeing
The Canadian Index of Wellbeing (initially hosted by the Atkinson Charitable Foundation and now by the University of Waterloo) tracks 64 indicators over the 15-year time period from 1994 to 2010, allowing comparisons to be made over time. They use a composite index to display the information in an easily accessible format. A key aim of the index is to provide a tool to Canadian citizens enabling them to hold their government to account.

The Index has had significant success in raising awareness about wellbeing measures. Based in a university, the rigour of the academic research is now rarely questioned, but being at arms-length from the government has limited the impact on policy.

Case study 3: City of Guelph, Ontario, Canada
The City of Guelph, in Ontario, is in the process of developing a wellbeing vision for the local area. Developed by the Mayor from a belief that system-wide thinking was necessary to tackle complex social problems, the programme uses the Canadian Index of Wellbeing as a framework for understanding wellbeing locally ‘in the round’. The approach is designed to improve services and facilitate community-wide action on improving wellbeing in the City.

The initiative is too new to be able to comment on its success. However, the intention is for it to directly inform policy-making in the city.

Case study 4: Toronto Vital Signs, Canada
Toronto Community Foundation was the first community foundation to develop and run a Vital Signs programme. Vital Signs is an annual check-up report for their area, using existing data on a range of wellbeing domains. The initiative has now been rolled out to over 30 Community Foundations across Canada. The Community Foundations of Canada produce an annual Canada-wide report.

Civic engagement and public debate are at the heart of the Vital Signs process. This has resulted in high profile and public discussion of the results when they are published. Initiative leaders point to a number of examples of Vital Signs influencing both its own funding and practice but also that of the municipality.
Case study 5: City of Somerville, Massachusetts, USA
The City of Somerville in Massachusetts has begun measuring happiness annually. It is the first city in the United States to survey its residents on their happiness and wellbeing. The initiative has been driven by the local mayor and is designed to inform policy-making. Somerville officials hope to create a well-being index that they can track over time to evaluate policies.

The initiative is too new to be able to comment on its success. The intention is for the survey findings to influence policy-making, with commitment to repeat the survey to build up a better dataset.

Case study 6: State of Virginia, USA
Virginia Performs provides a picture of how the State is doing in areas that affect quality of life. Performance can be compared from region to region and against that of other states. Each year, the Council on Virginia’s Future publishes The Virginia Report, which provides a summary of the state’s progress on key indicators.

The initiative has been in place for a number of years and has had a significant impact on moving agencies and departments towards outcome-based policy-making. There are a number of examples of direct impact of outcome data on policy change. While there is articulation of the importance of these outcomes for wellbeing, there is no collection of subjective wellbeing data. Unlike other case study areas, Virginia comes to the wellbeing debate through a focus on outcomes-based performance measurement, rather than a focus on the limitations of GDP.

2.2 A framework for putting wellbeing into policy practice
Drawing on our case studies, we have identified five points in the policy-making process where wellbeing can be put to policy use (see figure 2.1). This representation is a standard way of thinking about the policy-making process. However, what is more distinctive about wellbeing is that it is not confined to a particular sector of policy-making; rather it is more about overall societal progress.

Figure 2.1: USES OF WELLBEING DATA FOR POLICY

The purpose of this report is to offer lessons to policymakers across the UK and other interested parties as the UK publishes its wellbeing data. If the wellbeing data is going to influence policy decisions and not simply be an interesting report produced by ONS, it is imperative that a number of lessons are learned from international experience. This report is structured around five points in the policy-making process plus consideration of the different roles for different tiers of government as follows:

- The importance of vision and leadership
- Securing buy-in from civil society
- Using wellbeing data in policy development
- Using wellbeing data in policy evaluation
- Communication and dissemination
- Roles for national, devolved and local governments.
3. Vision, leadership and motivation

Two overarching motivations emerged from the case studies as to why different places began on a path of measuring wellbeing. For some - such as in France or Somerville - wellbeing was seen as part of a wider political vision to improve places and change what policymakers prioritise. For others - such as Virginia - the path to wellbeing was driven by a move to outcome-based performance management, in order to better hold government and agencies to account.

3.1 A new policy vision

A serious approach to wellbeing potentially requires some quite radical changes to what are considered to be policy priorities, with policy areas such as mental health and social contact emerging as important. Three of our case studies stood out as seeking to develop a new policy vision: France, Somerville and Guelph.

In France, Nicholas Sarkozy established the Stiglitz Sen Fitoussi Commission with a remit to explore the limitations of GDP as an indicator and establish measures to deliver a more rounded picture of economic social and environmental wellbeing. The intention of the Commission was to both improve GDP and move beyond it by finding practical ways to measure a broader conception of societal progress. Legitimacy was brought to this goal by involving high profile academics with international reputations. As such, the Commission served not only to provide a new direction for France, but to bring greater legitimacy to the idea of measuring wellbeing overall.

However, after this high-profile start, the process has stalled recently. Following the work of the Commission, the French statistics office, INSEE, now collects data on wellbeing and, as an organisation independent from government, it is regarded as producing high-quality, reliable statistics. In discussions, stakeholders in France noted the importance of independently-produced statistics as the data is trusted as non-political.

But while the quality of the data is good, it is not being incorporated into the policy-making process, nor is it succeeding in generating a public debate about the status of French wellbeing:

‘With the Stiglitz report we thought that there was a real demand on these topics, so we made a lot of effort to produce the data. But now it seems that there is not so much demand, at least at the political level . . . maybe the problem is that statisticians take a long time to produce data so we had the results two years after the Stiglitz report. Maybe it was too long.’

(Interviewee, France)

One potential reason for the decline in interest is that the topic is widely perceived to have been led by a small number of people, with Sarkozy at the forefront. The loss of momentum predates the change of government in France, and was borne more of the focus on short-term economic issues. It is not an issue that the Hollande government has picked up as yet. This loss of interest at the top may prove fatal for the French wellbeing debate, as it appears to be shallow-rooted. With little interest from academics, the media or civil society groups, there is no pressure to drive the debate from the outside. As a result, France produces high-quality data measuring people’s subjective wellbeing alongside a range of other measures, but little is being done with the data. The lesson here appears to be vision and leadership are important for getting a debate moving but, without wider buy-in, success will be limited - this is the subject of section 4.

Our two more local case studies also demonstrate the importance of local leadership and vision for
driving forward a wellbeing agenda, but both have also been combined with a conscious effort to build broader support and buy in. Arguably, it is easier to do this at a local level.

In the City of Guelph, a cross-sectoral Leadership Group on Wellbeing, inspired by the Mayor, is in the process of developing a community wellbeing strategy. The strategy will be based on the results of a survey of wellbeing that is currently being conducted, using the Canadian Index of Wellbeing as a basis for the questions. The Mayor believes this will assist system-wide thinking to tackle complex social problems:

‘The ultimate goal of this plan is to make community wellbeing a prime consideration in municipal planning, and this means that the plan for wellbeing must be clear, practical and utilization-focused.’

The Mayor has been an important champion of this initiative, but the process has been designed to ensure that the vision is based on community engagement with wellbeing. This is particularly important, as they wish to inspire action to improve wellbeing among all stakeholders, including the community and citizens:

‘We all have a responsibility to ourselves and our communities to support wellbeing in whatever way that we can.’ (Interviewee, City of Guelph)

The approach is designed to facilitate community-wide action on improving wellbeing in the city. Community involvement is particularly pivotal here, as the wellbeing agenda is regarded as the basis of a conversation between the state and citizens about where responsibility for wellbeing lies with the state, and where it lies with communities.

Similarly, in Somerville, Mayor Curtatone has driven the interest in happiness and wellbeing. As a directly-elected executive mayor (he is effectively both leader of the council and chief executive) he is able to drive through policy changes. The overarching vision for the city is to make Somerville ‘a great place to live, work, play and raise a family’. The Mayor reasons that if the council does everything in its power to ensure the people of Somerville are happy and satisfied, they will be more likely to fulfil the vision:

‘We have a responsibility beside those basic service deliveries, we have a responsibility to set policy that we believe drives wellbeing in a positive direction.’ (Interviewee, City of Somerville)

This is regarded as relatively radical in the United States, where council leaders are primarily seen as custodians of the city finances and balancing the budget is seen as the primary goal.

Having surveyed the wellbeing of the people of Somerville, the council is working through established community engagement channels to engage citizens with the findings and what they might mean for the city.

3.2 Outcome-based performance management
The motivation in Virginia contrasted somewhat. Here, an outcomes-based performance management system was introduced in 2003 following calls from the business community to deliver greater policy stability. Instability resulted from Virginia’s one-term governor rule, combined with frequent changes to the Party of the governor at elections.

As a result, the Council on Virginia’s Future was formed to bring together business leaders with
political leaders from the Executive and Legislative branches of government. In the enabling legislation, the non-political appointments are referred to as ‘citizen members’. However, in practice, these have always been leaders from the business community rather than community leaders. The Council’s ultimate aim is to create a successful future for Virginians and to do that they believe they must first develop:

‘A clear, long-term vision that describes the quality of life we want to achieve and the legacy we want to leave. A truly excellent vision will reflect the voices of Virginia’s citizens and have meaning for and inspire those who serve the citizens.’

[14]

http://www.future.virginia.gov/docs/InterimReport1-12-05.PDF

Similar to the other initiatives, the impetus did include a ‘frustration about the overreliance on per capita income as an indicator of wellbeing’ (Interviewee, Virginia). This aim to set out a clear vision is similar to that which we found in France, Somerville and Guelph. The difference is the emphasis that placed on developing a performance management system to track progress towards this vision. This is known as Virginia Performs. The indicators in Virginia Performs are measurable and the focus is clearly on indicators that can be affected by policy change. The Council does not play an executive policy-making function, this is the responsibility of individual departments, who each identify their
own indicators of performance to monitor their progress towards the overarching goals.

Unlike other approaches to measuring wellbeing and social progress, Virginia Performs is underpinned in statute (State of Virginia House Bill 2097). This has proved important, as other similar state level initiatives, such as Florida Performs, did not get a chance to bed-in before being abolished with a change of governor:

‘It’s very clear that a lot of States that did not have legislation, where the Governor took it upon himself or herself to do this, it’s not a permanent state. When they leave, the initiative leaves.’
(Interviewee, Virginia)

The way that wellbeing data can be used to reinforce the parallel shift towards outcome-focussed public services was a common thread running through discussions in Virginia and Guelph (both government-led initiatives). Wellbeing data, by its nature, orientates services to consider what their ultimate objectives are and to consider how best to achieve them. This debate had more relevance for our government interviewees than those from the academic or community sector.

For those initiatives that originated in the academic of community sector, the motivation was linked to a means of holding governments to account and monitoring the impact of their policies. This is discussed further in the next section.

3.3 Conclusions
It is clear from our case studies that strong leadership matters for developing a vision of wellbeing and ensuring key activities, such as measurement, take place. This leadership can be motivated by the development of a new vision for public policy, a desire to improve current service provision through outcomes-based performance management, or a desire to hold government to account. Either way, while vision and leadership have an important role to play in getting wellbeing on the agenda, political leadership is not in itself enough to drive forward a wellbeing agenda – it needs more than one leg to stand on, which is why wider civil society buy in is crucial. We turn to this question in the next section.
4. Building a broad base of support among citizens and community organisations

As the French experience teaches us, vision and leadership are not sufficient to embed wellbeing measures into policy-making processes. Experience from our other case studies suggests achieving traction requires a broad base of support to be built, with support from civil society and citizens and interest from the media. The critical nature of this was highlighted by the Stiglitz Sen Fitoussi report:

‘A critical factor is the need for wider civil society to also hold Government to account. What we choose to measure defines what is important, and what Government focuses its effort on. If we want Government to be more ambitious and focus on delivery of well-being, wider open and public discussion will be crucial.’

Our case studies demonstrate wide variation in civil society involvement in the design of wellbeing measures and awareness of the outputs. Indeed, it was perhaps where we saw the largest variation in activity (see table 4.1). This section focuses on the question of citizen involvement in developing measures of wellbeing. Issues related to communication are dealt with in section 7.

4.1 Reflections on who ‘owns’ the wellbeing measurements

In two of our case studies - both in Canada - the initiative to measure wellbeing emerged from and was owned by civil society organisations. Their experience contrasts with that of ‘Government-owned’ initiatives in a number of ways.

The clearest advantage for the non-governmental initiatives on measuring wellbeing was their independence from political parties:

‘Our independence allows us to say things about the federal government, if we felt that they are dropping the ball in any particular areas, you know, it allows us to offer criticisms, suggestions on policy changes . . . we want to be that voice out there that currently isn’t being heard within government or gets positioned within government to conform to the existing ideology.’ (Interviewee, Canadian Index on Wellbeing)

However, a challenge they faced was whether or not the data analysis was seen to be of high quality. This was certainly experienced by the team working on the Canadian Index of

Table 4.1: LEVELS OF CITIZEN AND CIVIL SOCIETY INVOLVEMENT IN MEASURING WELLBEING

<table>
<thead>
<tr>
<th>Ownership</th>
<th>France, INSEE</th>
<th>Virginia Performs</th>
<th>City of Somerville</th>
<th>Canadian Index on Wellbeing</th>
<th>City of Guelph</th>
<th>Toronto’s Vital Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government agency</td>
<td>Government</td>
<td>Government</td>
<td>Independent</td>
<td>Government</td>
<td>Independent</td>
<td>High</td>
</tr>
<tr>
<td>Civil society involvement in development of measures</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Focus on dissemination to citizens and civil society</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Subjective wellbeing, dashboard or index</td>
<td>Subjective wellbeing</td>
<td>Dashboard</td>
<td>Subjective wellbeing</td>
<td>Index and dashboard</td>
<td>Subjective wellbeing and dashboard</td>
<td>Dashboard</td>
</tr>
</tbody>
</table>

Wellbeing. When the Index was managed by the Atkinson Charitable Foundation, the research was often queried. Interestingly, this problem has ‘disappeared’ since the Index moved to its new home at the University of Waterloo:

‘We used to have to answer all these challenging questions about method and the interpretation and whether the analysis was valid and everything else ‘cos people looked at where it was coming from and said ‘do you guys really have the wherewithal to do this kind of thing?’ And virtually the day it moved to the university those questions stopped.’ (Interviewee, Canadian Index on Wellbeing)

This finding suggests that where this debate is led from within civil society, matters and the likelihood of trust being built quickly will be influenced by how robust the research is perceived to be. Drawing on National Statistics or involving academics is likely to help here.

The Vital Signs programme, operating locally and nationally in Canada, experienced a slightly different problem due to their independence. Particularly in the early days, many of those in the public sector were unsure as to why a charitable organisation was taking the lead in analysing and publicising wellbeing data. Over the years, the experience of the Toronto Community Foundation (which carried out the first Vital Signs programme) is that these concerns have reduced as they have built up trust with government agencies and have been able to show the value of the approach. This has been aided by support from the Community Foundations of Canada, which provides support for the development of Vital Signs across Canada by individual Community Foundations:

‘We have a shared collaboration space, where everyone can go in and talk about it, address questions, share information and share a lot of resources . . . we do eight webinars throughout the year.’ (Interviewee, Community Foundations of Canada)

In this way, the national organisation can help local foundations carry out Vital Signs to a high quality.

4.2 Involving citizens and community organisations in the development of indicators

A trait shared by all the Canadian case studies was the way that they involved the public from very early on in the process in establishing what to measure.

In seeking to establish a Canadian Index on Wellbeing, the Canadian Policy Research Network conducted nationwide consultations on quality of life which resulted in prototype indicators.16 This work, carried out between 2000 and 2003, provided the Atkinson Charitable Foundation (at the time the ‘host’ and funder of the initiative) with a starting point on data content and a network of individuals committed to helping them develop the Index.

The focus on community engagement may be explained in part by their need to be able to speak legitimately about wellbeing, their legitimacy coming directly from the engagement with citizens rather than based on government or academic expertise.

One of the questions we get from time to time is how did we come up with these [indicators], is this a bunch of experts sitting in a room and

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saying ‘I declare this to be wellbeing’ and we can say we went across the country and talked to communities and we talked to people in different corners of the country to find out what mattered to them. I don’t think it’s disingenuous to say we didn’t pick the domains and indicators, the people in Canada picked them for us. (Interviewee, Canadian Index of Wellbeing)

At the local level, the Vital Signs programme focused heavily on engagement with citizens and community organisations prior to developing the tools. The first Toronto’s Vital Signs Report was published in 2001. Although it took two years to agree on the selected indicators and issue areas, the founding group of citizens were keen to engage the community proactively in the process. The following year, they brought the project to the Toronto Community Foundation and the report has been published annually since 2003. The Community Foundations of Canada told us of numerous examples of local community foundations engaging with communities in the development of indicators, such as the Vancouver Community Foundation which used text-messaging to engage with young people and created ‘an opportunity for youth in that community to say “these are our priorities, so what are you guys with the money going to do with that”’. (Interviewee, Community Foundations of Canada).

But experiences in Virginia, Somerville and Guelph show that government run programmes can build in engagement activities. For Virginia, a key audience was the business community. As described in section 2, it was concerns from business that led to the development of Virginia Performs and business representatives continue to be members of the Council on Virginia’s Future. Through sub-committees and Council meetings - alongside dialogue with citizens, community leaders and academic experts - the business community and politicians agreed on the indicators to be covered within the scorecard. Much of the activity instead focused on improving the availability of data, which became a more substantial issue than the Council originally anticipated.

In Guelph, the Wellbeing Leadership Group has focused more on the involvement of members of the public (see box 4.1). As explained in section 3, this was based on a vision from the City leadership that activities to improve wellbeing relied on action by all parties, not just government. It is interesting to note that the activities in Guelph were supported by the Canadian Index of Wellbeing and that this information, at a national level, helped local people understand better what wellbeing means, and why the City was interested in their views:

‘We’d start to talk to people about wellbeing and what that meant and we’d be met with blank stares and, when we started to use the model, [the domains in Canadian Index of Wellbeing] it actually started to set light bulbs off. There was a real level of rigour and I think that’s helped us in terms of credibility around this.’ (Interviewee, City of Guelph)

In Somerville, too, there has been an emphasis on community participation. While citizens were not involved in developing the measures used to assess wellbeing - with the City relying instead on expertise from local Harvard academics - there has been a process of engagement around the results and their implications. This has been delivered through a series of public meetings organised by the council as part of the established ‘ResiStat’ approach to public engagement (these tend to be well attended in the City) as well as interaction via social media.
It should be noted that this approach was not universal. In our discussions in France, it was not merely that they had not carried out a citizen engagement process, but rather that they would not necessarily see this as a good thing. The acceptability of citizen participation in wellbeing depends on the general approach to the relationship between representative and participative democracy. In France, it was clear that decisions about what constitutes wellbeing were seen as primarily political decisions:

‘It’s society that has to decide that [what indicators go into a wellbeing dashboard]. In a democracy, society is more or less assessed by the politicians that are in charge of making the rules.’

(Interviewee, France)

4.3 Conclusions
A notable divergence between our case studies is the extent to which they have involved citizens and community groups. To some degree, these differences reflect variation in the motivation for establishing a new framework for measuring progress. Where the impetus was from the community sector or business sector, these groups have stayed heavily involved. Where the impetus came from within government, such as in France, the focus on citizen involvement has been far less.

There is an inherent risk in government programmes becoming technocratic, focusing on the internationally-agreed domains of wellbeing and generic questions. The Commonwealth of Virginia, City of Somerville and City of Guelph have all invested in citizen focus in their programmes, recognising this risk and taking action to avoid it. Toronto’s Community Foundation put it best when they reminded us that the production of data is only the start of a conversation with the community, focused on improving outcomes, not an end in itself.

Box 4.1: COMMUNITY ENGAGEMENT IN THE CITY OF GUELPH

Community engagement is a key aspect of the work of the Guelph Wellbeing Leadership Group. The wellbeing survey itself is only one part of a wider initiative on community dialogue and development. In addition to the survey they are:

- Hosting ward-level conversations and web interactions.
- Developed a ‘workshop in a box’ tool for residents to download from the website and provided training to community leaders to allow them to host their own wellbeing conversation.
- Going out to public places and community organisations to host ‘Places and Spaces’ conversations with residents. This is designed to take the conversation out into the community, making it more accessible to those traditionally harder to reach.
- Hosting a ‘Telephone Town Hall’ meeting with 700 residents participating in a questions and answer forum from their own homes.
- Hosting a ‘Fall Forum’ for community members to discuss the emerging findings of the engagement activity.
- Engaging neighbourhoods in a Photovoice project, where residents use photography to research being well in neighbourhoods in Guelph.

These are lessons that the UK has, to some extent, already taken on board, with the ONS engaging in a highly participative process to establish what constitutes wellbeing in the UK and how to measure it.
5. From data collection to policy uses: policy development

Vision, leadership and broad-based support are the essential foundations for moving from measuring wellbeing to acting on the findings in how policy is designed and developed. This section looks at different ways in which wellbeing measures can feed into this process. However, it is important to note that the case study areas were at different stages of collecting data on wellbeing, which has implications for how far they have thought about policy implications.

5.1 Which policy areas to focus on?
If wellbeing is used as the basis for the vision that drives policy outcomes, it can result in different policy areas emerging as priorities. As one of our interviewees in France pointed out:

‘Politically, if we can find out what is more important for the wellbeing of the people that could help to find out what is more efficient.’ (Interviewee, France)

For example, issues such as ensuring people have a good work-life balance, preventing ill-health, focusing hard on reducing unemployment, building people’s emotional resilience, and valuing the beauty of the public realm come to the fore if wellbeing is the goal. This differs from the focus on productivity, economic outputs, consumption and incomes that flow from a focus on GDP. At times, this means difficult trade-offs will have to be made, especially in a time of economic crisis and public sector austerity.

In the City of Somerville, the data on wellbeing enabled the city to construct a case for investment in the public realm, as their analysis provided evidence for intuitively important issues. The analysis found a strong correlation between overall happiness and how satisfied people are with their neighbourhood. In turn, how satisfied people are with their neighbourhood is correlated to access to parks, the number of trees in the area and the perceived beauty of the surroundings. This has given renewed impetus to initiatives that were struggling to maintain momentum in the face of austerity, such as the council’s tree planting programme. They note a common experience in our case studies that in order to identify policy priorities, the wellbeing data needs to be drilled down into secondary indicators, such as neighbourhood satisfaction: ‘It was a little disappointing to see that you had to kind of remove it by that step.’ (Interviewee, City of Somerville).

The importance of neighbourhood wellbeing to that of the individual was mentioned by a number of our case studies. In Canada, we heard a similar example of where one Vital Signs programme had sparked interest in how to create a ‘sense of belonging’. They have carried out further research and hope to use it to influence their giving strategy.

To date, in many of our case studies, the examples of shifting policy focus have tended to be relatively small-scale interventions. In particular, wellbeing measures have tended to be used to buttress policy decisions against the backdrop of a difficult funding context. As one interviewee put it, wellbeing data is ‘one more weapon in the political arsenal for making that policy push happen’ (Interviewee, City of Somerville).

5.2 Using wellbeing data to influence funding decisions
A wellbeing approach can also help to identify priorities for funding. For example, the City of Guelph plans to use its Wellbeing Strategy to inform how to target its $3 million Community Investment Strategy, which will direct how the city funds, works with and partners with the
community sector. Given the active role and engagement with civil society organisations throughout the wellbeing project, it is hoped that targeted the funding in this way will be widely regarded as legitimate:

‘Essentially what you have to take from this is that we’re planning to use wellbeing as a means to prioritise resources as well as a means to measure impact.’ (Interviewee, City of Guelph)

Similarly, the Toronto Community Foundation uses the Vital Signs process to inform its giving strategy. They use the Vital Signs report to monitor wellbeing in Toronto and identify areas for action. Dialogue with communities deepens their understanding of the issues highlighted and helps them to identify shared solutions:

‘A Vital Signs Report is really just a starting point to get everyone on the same page. It’s just the beginning of sparking a conversation with public, private, and not-for-profit sectors towards developing collaborative solutions to issues raised in the report.’ (Interviewee, Toronto Community Foundation)

This is then used to inform the grants given to community organisations. They stress, however, that this is not a short-term process. Usually, it is a five-year strategy to deliver change on an identified issue.

The Vital Signs programmes are keen to stress engagement with municipalities. For example, the City of Toronto is seen as a key stakeholder by the Toronto Community Foundation, and there are examples of the municipality’s activities being positively influenced by Vital Signs findings. In a number of areas, the municipality and Vital Signs have been working together on a project called ‘Recipe for Community’, where local people in an identified area come together to talk about what change they would like to see. With the support of the Community Foundation and the municipality, these projects are put onto practice, for example with the creation of outdoor space for young people.

While independent organisations can use measuring wellbeing as a way of influencing government policy (not just their own funding patterns) it does take time to build this relationship. The Community Foundations of Canada pointed out that it has been a journey for a lot of areas to go through a process of public engagement - in some cases with data that is not particularly positive about the area or the public services in the area - and build on that to create a positive agenda for change that is embraced by all partners.

While the community-owned case studies were often engaged in small-scale changes at a community level, the government bodies involved in measuring wellbeing arguably have the opportunity to re-orientate spending decisions on the basis of wellbeing data. In France, we found no connection between financial decisions and the data. While there were intentions to do this in the City of Guelph and the City of Somerville, they had not yet reached this stage in the process. Virginia is therefore the only case study location that had this opportunity, at a government-level. This was the only one of our case studies where wellbeing measures were integrated into performance management systems. However, there was a noticeable tension between monitoring and improving identified through Virginia Performs and those priorities identified by the Federal government. This reduced their ability to prioritise locally identified issues, even where they knew re-prioritising would have an impact on wellbeing.
5.3 Identifying policy gaps
Drawing on the case studies, there are examples of how wellbeing measures are being used to identify gaps in policy and develop new policy, as well as a lot of ideas about how this might be done in future.

In Toronto, the Vital Signs data enabled the identification of a serious and previously unrecongnised social problem of rising youth violence which coincided with reduced participation in structured youth engagement activities, employment and training (see box 5.1). In this case, the data not only revealed the scale of the problem it also provided clues as to a potential solution. The dialogue aspect of the work in Toronto was particularly successful, bringing together a range of actors to find shared solutions.

A further example of wellbeing data identifying previously hidden issues was shared by the Community Foundations of Canada. The Vital Signs process in Calgary, Alberta identified a high number of immigrants with professional qualifications who were unable to use their expertise as they had not been able to convert to Canadian qualifications. The Community Foundation in Calgary worked with the City of Calgary and provided seed funding for an immigrant access fund to provide finance for individuals to access courses to accredit their existing qualifications. This approach has now been rolled out across Canada through a micro-loans programme. This experience of influencing policy from community groups to local policy to national policy was described as one of Vital Signs biggest successes.

5.4 Developing different ways of working
Both dashboards and subjective wellbeing data provide governments with a holistic view of the impact of current social policies. This encourages them to think again about whether current, often siloed activity, is having the impact they would have hoped. This is a key aim of the City of Guelph wellbeing initiative:

“We’re trying to break out of the silos that we have traditionally found ourselves in. In a world with such complex problems and challenges, you just...
The idea that wellbeing data can help policymakers move outside of silo-based activity was shared by the OECD:

‘The world of policy is built around silos where, well, this is my stuff, and then, this has nothing to do with what I’m doing. When you talk about health outcomes to health-policy people . . . their focus is on healthcare systems . . . but there are many things that matter for health conditions that are beyond what healthcare systems can deliver. So that just the fact of asking a minister to think systematically about how his policy is impacting on a range of other things, brings these links, these relationships, to the forefront.’ (Interviewee, OECD)

A number of our interviewees noted that the data on wellbeing focuses attention at a citizen level which shows the need to join-up government activity:

‘One of the great things about this work is that it’s linking data, but it’s creating a relationship between these different agencies and that leads to better outcomes for everyone.’ (Interviewee, Virginia)

This focus on joining up was also evident in the experiences of Toronto’s Vital Signs programme, although their ability to influence mainstream activity is hampered as they sit outside of government. They have however been able to make connections between some of their own activities, for example: concerns about safety on the subway and low museum use were revealed by one of their reports. They were subsequently able to link the upgrade of the subway to using space in the subway to advertise the museum. This both made the subway more appealing and promoted the museum.

In addition, the data seems to shift policy from reactive agendas to preventative ones. For example, by focusing on prevention to improve health outcomes (as in Virginia) or using physical activity to reduce crime (as in Toronto) the wellbeing perspective appears to encourage decision-makers to look for creative ways of improving wellbeing by focusing up-stream.

For example, in Virginia, the Department of Social Services was concerned about the number of children who were ‘ageing out’ of the foster system, and the implications of this for their future life chances and wellbeing. By focusing on reducing the number of children placed in group settings, they clearly improved the outcomes for children and in the process saved around 100 million dollars over five years. However, what has been harder to demonstrate is the overall impact on wellbeing; this is because policy evaluation tends to focus on the layer of indicators that sit below overall wellbeing – for example the number of young people ending up in the penal system or out of work. The assumption is that by improving these indicators, wellbeing will be improved.

This tension was also evident in the City of Somerville where they included happiness questions in a wider dataset including views on service provision. In line with the experience of Virginia they found that: ‘right now the actionable data comes as much from the questions about customer satisfaction’ (Interviewee, City of Somerville).
These examples present an interesting dilemma for wellbeing measurement. In order to be relevant to policy interventions, decision-makers look at a layer of detail under wellbeing itself. But is it enough to assume that by improving at this level, the actors will automatically have improved wellbeing? This is an issue that we will return to in the section on evaluating policy interventions (Section 6.4).

5.5 Conclusions
An analysis of wellbeing data can guide policymakers to the issues requiring most focus, where there are gaps in current policy, and how to deploy resources to maximise wellbeing. However, most of our case studies are in the relatively early stages of collecting wellbeing data, let alone converting it into policy practice. Interviewees had good intentions, but these need to be converted into policy practice. There are small and specific examples of where this has happened - such as using wellbeing data to buttress the argument for policies that might otherwise be victim to cuts - but more radical and transformative rethink of policy priorities was less evident. There were, however, signs of case study areas shifting to a more preventative and outcome-focussed ways of working.
A key line of inquiry with the case study areas was how they might use their wellbeing data to evaluate policy. A number of ways that wellbeing can be used for policy evaluation were identified, from a check of the general direction of progress at the macro level, to incorporating measures into programme evaluation and carrying out cost benefit analysis. This section uses real world examples, where we found them, combined with expert analysis from our stakeholders and the OECD on potential policy uses of wellbeing data.

Overall, the stakeholders we interviewed were keen to stress that, even if they did not yet have the trend data they really need for conducting evaluations, this was a key aim of the work they were doing:

‘You have to ask yourself the ‘so what’ question after you’ve spent billions of dollars, what kind of outcome did it achieve? So that’s what we’re looking at and our ultimate goals are reducing poverty and increasing child wellbeing.’

(Interviewee, Virginia)

However, a number of challenges to using wellbeing data in evaluation have been identified, and few of our case studies had practical experience of doing this.

A key challenge is the complexity of the range of factors that impact on wellbeing - this makes it difficult to screen out the ‘background noise’ of other variables and focus on the impact of specific interventions. This, along with the amount of change required to ‘shift the dial’ towards greater overall wellbeing means very good quality data are needed to be confident of what is observed. This is particularly the case when using measures of subjective wellbeing. Taking a dashboard approach to measurement is helpful here, allowing for more confident links to be established between interventions and indicators.

6.1 A check on the general direction of progress

One way of using wellbeing measures in evaluation is to simply use them as a check on the overall direction of travel. The OECD offered one interesting insight into how wellbeing measures can be used to offer a different perspective on progress. They pointed out that in the years running up to the Arab Spring, economic indicators like GDP had generally been improving, yet the Gallup World Poll was finding plummeting levels of wellbeing in Egypt and Tunisia.

One of the key aspects for a number of our case studies was the ability to understand why the wellbeing data was shifting:

‘This ‘pursuit of why’ appears over and over again in the areas of critical importance to the future of the Commonwealth [of Virginia]. It is not enough to understand the way things are – we must also understand why they are so. And so, the Council continues to work to understand the reason behind the direction of various trends, both positive and negative.’  

(Interviewee, Virginia)

The use of wellbeing data, particularly using a dashboard approach, helped our case studies to understand better how different aspects of wellbeing were changing and explore whether it was government action leading to the changes.

For those case studies that were outside of government, there was a clear use of the data to hold governments to account, for example, to draw attention to areas where they are ‘dropping the ball’.

6.2 Using maps to evaluate the impact of local environmental services

Two of our case studies looked at mapping geographical information onto wellbeing data to better understand the relationships between different aspects of wellbeing and the impact of different policies. This had been carried out in the City of Somerville to explore the relationship between aesthetics, amenities and wellbeing. It was used to reinforce a policy to place more emphasis on the way neighbourhoods look and feel:

‘We have a much better sense now than we did before the survey of what makes a strong neighbourhood. We’ve been able to map this and show factors that were never considered before, like tree density . . . you can actually see that tree density impacts neighbourhood satisfaction.’

(Interviewee, City of Somerville)

In the City of Guelph, the same approach was being actively considered, as they explained:

‘Guelph, like most cities, has a pretty clear inventory of all the parks and trails they have and how much space total areas it has. We know where they’re located within the community so we can actually take an objective indicator about the community like that and say here’s the total percentage of open space that people have available to them, we could, using Geographical Information Systems (GIS), estimate relative access to...’
Shifting the Dial: From wellbeing measures to policy practice

France. CBA has always struggled to incorporate an assessment of non-market activity, which has resulted in policymakers resorting to trying to measure people’s willingness to pay for a service. Using an assessment of subjective wellbeing in place of this approach would involve placing a monetary value on wellbeing, by calculating the impact of an intervention on wellbeing and then calculating the change in income that would produce the same effect on wellbeing. The OECD suggests that the rule of thumb for this type of assessment is that a doubling of income produces a 0.3 point increase in wellbeing.19

This could prove a means of incorporating wellbeing into traditional policy assessment tools, and indeed the UK Treasury has been looking at how to incorporate wellbeing into its Green Book processes20 – however, there is a real risk of getting bogged down in trying to place monetary values on things that are essentially non-monetary in nature. In addition, the idea of monetarising wellbeing may also be seen to contradict the central message of the wellbeing debate, that GDP is not all there is to life.

In the absence of randomised control tests, simply measuring wellbeing data before and after a policy intervention was seen as the next best way to evaluate the impact on wellbeing:

“We have big ambitions. Imagine having the ability to assess policy implementation and change by having a cycle. Say Guelph decides to implement a policy with respect to getting people more engaged in the democratic process. Three years, four years down the road they redo the survey; they should be able to see the impact of that policy shift in the community.”

(Interviewee, City of Guelph)

6.3 Evaluating using randomised control trials, cost benefit analysis and trend data

Many of our interviewees discussed different ways in which they can foresee wellbeing data being used to evaluate policies. Three key methods were highlighted: randomised control tests, cost benefit analysis and the use of trend data. However, with the exception of trend data, this was an area where little progress had been made in practice.

None of our case study areas had tried to conduct a randomised control test or natural experiment, but this was seen as the ideal way to test the impact of an intervention on wellbeing. This would involve identifying an ‘experimental’ and a ‘control group with similar characteristic. The former would experience the new intervention, while the latter would continue to receive the standard service, and the wellbeing of both tracked to assess the impact. This was seen as the next logical step in Somerville in particular, although the costs of such an approach can make it difficult in practice. In addition, there are often ethical issues involved in carrying out randomised control tests on services to people, in particular where these are provided by governments.

The use of traditional policy evaluation approaches, such as cost benefit analysis (CBA) was also raised, especially by the OECD and in 19 Boarini, R., Comola, M., Smith, C., Manchin, R. and DeKeulenaer, F. (2012) ‘What Makes for a Better Life? The determinants of subjective wellbeing in OECD countries’ OECD Working Paper 47 Paris; OECD http://www.oecd.org/std/publicationsdocuments/workingpapers/

The same intention was evident in the City of Somerville. In Canada, the Vital Signs programmes that have been operating for a number of years, such as in Toronto, were beginning to be able to make use of trend data. In Toronto, though, they expressed concerns about being able to make robust links between interventions and outcomes.

In terms of practical implementation of evaluation, only Virginia had been able to do this with confidence suggesting that the dashboard of indicators approach provides a more direct link between policy interventions and the selected indicators:

‘When we first started, there were very few people that used data as a central part of how they were making change. That has changed tremendously.’ (Interviewee, Virginia)

The examples given by stakeholders in interviews were often project specific examples where outcomes could be directly influenced by government action, such as air quality, commuting time, democratic engagement, and neighbourhood quality and so on. However, more complex wellbeing outcomes, such as reducing obesity or improving educational outcomes, are by their nature multi-faceted, making it more difficult to link specific interventions to wellbeing data.

‘So many of the indicators that we really love and really believe drive quality of life, the State is just one of many players.’ (Interviewee, Virginia)

In these cases, assessment by policymakers may be facilitated by an additional layer of the dashboard to articulate more clearly the change model being used, as has been done in Virginia. As noted in section 5.4, this creates a dilemma:

is it enough that having established a link between the proxy indicator and wellbeing to then only measuring the proxy indicator, or does a wellbeing approach necessitate a further check against subjective wellbeing data?

6.4 Conclusions

The case studies that we explored are at different stages in their use of wellbeing data. All had high hopes for how the data could be used to better plan, deliver and evaluate public policy initiatives. While at an early stage, the experiences of our case study locations show the impact of the method of measuring wellbeing on policy uses. Some tools are simply too broad, either geographically or in scope, to be able to develop policies or draw reasonable conclusions on the impact of policy interventions. Those that had most policy use were more nuanced systems of measurement that allowed for a layered approach to analysis.

One of the interesting findings from our work is that wellbeing data can be the tool to bring to life an outcomes-based approach to delivering services. Much has been written about the need to move away from inputs and processes towards outcomes for individuals and communities, but it is wellbeing data that helps provide a rigorous assessment of where to focus efforts in order to secure better outcomes. This opens up and supports a range of other public policy developments, such as shifting from reactive to preventative public services and joining up services to best meet needs.
One way of ensuring wellbeing measures get traction in the policy-making process is to ensure there is broad-based support by developing an effective communication and dissemination strategy. In particular, given the multi-faceted and complex nature of assessing overall wellbeing, how measures are presented and promoted has become a key element in how embedded they become. This has been done in different ways and with varying levels of success in our case study areas.

7.1 Generating media interest in wellbeing

At the international level, the experience of the OECD Better Life Index suggests there is a large amount of latent interest in the issue of wellbeing. Their interactive website allows people to explore how their country compares to other OECD countries on a range of wellbeing indicators. It has had more than 1 million visitors since it was set up last year.

The French experience is of very limited public, press and political interest. While specific reports have been published and press releases issued on subjective wellbeing and time use, they have not caught the popular mood or garnered much interest. In part, this may be due to the shallow-rooted nature of the wellbeing debate in France. In addition, the French case study does not incorporate an accessible way of communicating the information, such as a dashboard or user-friendly summary report covering the key indicators.

By contrast, those involved in the Canadian Index of Wellbeing describe the level of media and public interest as ‘overwhelming’, having been the subject of large feature pieces in national newspapers. The Canadian Index differs from our other case studies in that it produces a composite index to assess the overall level of wellbeing (see section 7.2). This is thought to help generate attention, making the wellbeing measure easier to understand and track over time, compared to a dashboard of multiple indicators:

‘I don’t think we would have gotten the attention if we hadn’t had the composite to grab the media attention.’ (Interviewee, Canadian Index of Wellbeing)

However, it is possible to make a dashboard of indicators user-friendly. Virginia has worked hard to ensure that the dashboard is accessible and publicly available. It is designed to include information on each of the seven areas of activity (economy, public safety, education, natural resources, health and family, transportation and government and citizens). Arrows are used to show the direction of travel for each individual indicator. This helps provide overview information in a simple manner and, while it poses challenges, the Council on Virginia’s Future is adamant that the dashboard remains on one page. Too much detail is regarded as ‘noise not information’.

While Virginia shows an example of an accessible scorecard or dashboard, they do note that they find it difficult to get the press interested in the data. They rely on other partners - for example, in the business community - to ‘create the sizzle’ that gets the media interested.

Media interest in local Vital Signs programmes in Canada is supported nationally, with every community foundation reporting on the same day, usually the first Tuesday in October:

‘We get a lot of flurry on the day and a couple of days afterwards on a national level. But as part of that, we’ll also get calls from local newspapers in a small community where they’re also doing Vital Signs and they want to have the comparison
of how they are doing compared to everyone else.’ (Interviewee, Community Foundations of Canada)

In Toronto, the Vital Signs team are keen to stress that the report is only the start of a process of community engagement and change, not the end. As such, they pay particular attention to dissemination to the public. The first Toronto Vital Signs report was produced in a magazine format with 5000 copies published. The more recent 2011 Report was published in newspaper formats through the Toronto Star and Metro and reached more than one million people. In addition, 15,000 over-run copies were distributed throughout the year, with 10,000 being used by professors and students at universities and colleges.

This emphasises the importance of presenting information in an engaging and digestible way. The ease with which this can be done is influenced to some degree by whether wellbeing is collapsed into a single figure - an index of wellbeing - or whether it is presented as a series of measures - a dashboard. Both approaches have benefits and drawbacks.

7.2 Index or dashboard - a matter of audiences?

The Canadian Index of Wellbeing is the only one of our case studies to use a composite index, as opposed to a dashboard approach. This consolidates the 64 indicators within the Canadian Index of Wellbeing into one single average, which they were able to calculate back

Figure 7.1: THE VIRGINIA PERFORMS SCORECARD AT A GLANCE

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to 1994 when the majority of the trend data began to be collected.

Our discussions with the OECD (echoed in Virginia) suggested a degree of scepticism surrounding the use of composite indices and how meaningful it is to collapse so many measures into one single index. They argue that while this looks appealing and similar to the structure of GDP, it is actually quite different:

‘I don’t think that what made the success of GDP is that it’s a single number, it is the fact that GDP is a tip of a pyramid of accounts that are underneath, where each of the accounts is logically related to the next so that you have this capacity of drilling down from the tip towards the elements that contribute to it. When you think about wellbeing, understood as a truly multidimensional concept, this capacity to identify the drivers and causal relationships at work is not always there.’ (Interviewee, OECD)

Despite these concerns, the Canadian experience does show that the advantages of a composite index:

1. It distils a very complex picture into a relatively simple one that everyone can relate to and understand. People know that if a composite index goes up, it’s good and, if it goes down, it’s bad. This simplicity makes it very easy to communicate, in particular to the public.

**FIGURE 7.2: TRENDS IN THE CANADIAN INDEX OF WELLBEING WITH EIGHT DOMAINS AND COMPARED WITH GDP, 1994-2010**

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22 Canadian Index on Wellbeing (2012) How are Canadians Really Doing? Ontario; University of Waterloo
https://uwaterloo.ca/canadian-index-wellbeing/ [accessed October 2012]
2. The composite index is an entry point through which a range of stakeholders can start thinking about which elements of progress matter most to them. These might be members of the public, community groups or policymakers. By providing the full detail on each of the indicators that underpin the composite index, people can then explore which quality of life categories have improved the most and which have deteriorated the most.

3. By providing an average across all domains, people can see clearly which areas have improved and which have become worse over the time-scale. Without the composite index as a benchmark, it would be more difficult to make this assessment. This can be seen clearly in the 2012 Canadian Index report which shows the overall composite index and each of the domains that underpin the composite (see figure 7.2).

Figure 7.2 clearly shows the trade-off that has occurred, with Canadians experiencing improved education, democratic engagement and community vitality but decreased access to leisure and culture and time use. The impact of the recession can also be seen clearly in the progress on ‘living standards’. While this set of indicators have increased since 1994 overall, there has been a very large drop-off since the recession in 2008.

When discussing the advantages and disadvantages of the composite measure, the team at the Canadian Index of Wellbeing are keen to stress that ‘rather than saying one’s better than the other, they each have separate roles’ (Interviewee, Canadian Index of Wellbeing).

7.3 Conclusions
Communicating wellbeing is a vital means of gaining popular support and building media interest in scrutinising progress. Given the complicated and multi-faceted nature of wellbeing measures, this can take some considerable skill and effort. Those places that have sought to make wellbeing measures tell a simple and engaging story have been more successful, as have those that have sought to build momentum around wellbeing through annual updates or simultaneous publication with other areas. Failure to secure engagement with the idea of wellbeing can leave the agenda in a precarious position, as experience in France demonstrates.
Our case studies included initiatives covering differing levels of government, from local government, to a state within a federation to the national level. This opens up some interesting questions about whether there is a ‘correct’ level at which to consider wellbeing.

We consciously placed our work within the context of the international debate on measuring wellbeing. It is worth noting, however, that while this had relevance to the stakeholders we spoke to at national level in France and Canada, the debate was disconnected from the experiences of the state-level and local initiatives that we spoke to in Virginia and the City of Somerville. Similarly, the non-governmental initiative of Vital Signs in Canada did not appear to be well connected to the international debate.

While this is perhaps to be expected, it does raise the risk that local initiatives may be ‘reinventing the wheel’ when looking at this issue, and that international developments are missing useful information on using wellbeing data in policy development and evaluation by focusing solely on the nation-state level.

8.1 Using wellbeing data to make comparisons

One of our key findings is how governments and other stakeholders use wellbeing data to compare across areas. Politicians, civil servants, community leaders and citizens were all interested to see how they perform when compared with their neighbours.

For some, these differences were between countries. In France, they were seeking comparability across Europe by working with Eurostat. It was thought that being able to compare progress with their near neighbours, Germany, would help to reignite interest in wellbeing at a national level:

‘When Eurostat publish comparison between countries that could be a good step to increase interest at a political level.’ (Interviewee, France)

In the US State of Virginia, on the other hand, it was comparisons between different regions within the state that were exercising their minds. While the State-level data was of interest, they noted that performance against indicators in Virginia looks very different at a regional level when compared to state-wide averages. The prosperous northern region has a dramatic positive effect on many of the indicators. In 2011, the Council on Virginia’s Future completed its initial assessment of Virginia’s regions, with a focus on how they can improve outcomes and strengthen economic growth. This assessment has provided the impetus to explore how to bring poorly performing parts of the State up to the level of the best performing regions on indicators such as the workforce.

Similarly, Canada had been on two parallel journeys on measuring societal wellbeing through the Canadian Index of Wellbeing and the Vital Signs programme. While the former provided strong national level information, it was not able to provide this on a local or regional basis. Vital Signs, on the other hand, provides this local data. Discussions are underway about sharing learning from both of these programmes to ensure that the benefits of both approaches can be combined and each can learn from the other.

It therefore seems that once the process of measuring wellbeing has begun, the natural momentum is to both look outwards to other comparable jurisdictions, and to look inwards – to produce more localised data.
International organisations have an important role to play in providing rigour and consistency to the way in which wellbeing is measured, enabling the sorts of comparisons referred to above to be made in a robust way at the national level at least. The OECD has picked up this challenge, and is developing guidance for National Statistics offices on how to measure wellbeing and subjective wellbeing in particular. This presents an opportunity to establish a common set of domains and indicators across countries but allowing for flexibility where cultural differences mean that some domains are seen as more of a priority. It may also serve to help to keep wellbeing on the national agenda; ensuring momentum is not lost during the inevitable changes in leadership and national priorities.

8.2 Localising the measuring what matters agenda?
The drive for producing locally-relevant wellbeing data (whether on a dashboard or through subjective wellbeing measurement) is in part due to the fact that many of the issues having a significant impact on wellbeing are delivered at the local level, often by local government.

Indeed, a number of interviewees argued that work on wellbeing at the local and regional levels was important and might prove more fruitful than focusing on the national level. This is because many of the sorts of issues identified as important for wellbeing are experienced at a more local level. These include the quality of the local environment and social connections.

Furthermore, this report has highlighted the importance of securing civil society and citizen buy-in for wellbeing to really gain traction, and prove to be sustainable even if politicians lose interest. It is easier to do this at a more local level, as the community initiatives developed by Somerville and Guelph demonstrates. As one interviewee in Virginia noted:

‘While we may look at the data at the regional level, we really do strategy development at the local level.’ (Interviewee, Virginia)

However, there are some distinct challenges to developing a wellbeing approach rooted in data analysis at the local level. The first is whether or not the data exists. While Vital Signs was able to make use of detailed information to produce local and national dashboards in Canada, and Virginia was able to drill down and produce regional data, other areas found that they were not able to access the data.

In France, the debate about taking a more local approach has been stopped in its tracks by a lack of data. As several people commented in our case studies, the problem at local level is that it can be very expensive to produce new reliable data; national surveys are rarely large enough to provide neighbourhood level information.

The OECD has noted this problem, acknowledging that there is, if anything, more demand for wellbeing measures at the local level, but the quality of the data is far poorer. They are currently looking at how to strike the right balance between identifying a small set of regional indicators to be collected in all regions and local choice. This is particularly challenging at a time when the budgets of statistics offices are under pressure.

Nonetheless, two of our case study areas - the City of Somerville in Massachusetts and the City of Guelph in Ontario - decided to commission bespoke surveys into local wellbeing to inform their approaches. In both cases, the data they were most interested in on wellbeing was not otherwise available at their local level. They
also both had the support of senior politicians to ensure that resources were available for implementation. But they differed in the size of their surveys, with the City of Guelph surveying 10,000 local people compared to only 400 in the City of Somerville.

In the case of Somerville, the Mayor wanted to identify specifically how different services run by the city impacted on wellbeing. As a result, the analysis of their survey results has focused on trying to find correlations between wellbeing indicators and measures relevant to access to public transportation, the quality of the built environment, access to parks and perceptions of safety (see box 8.1).

The Somerville analysis is particularly interesting in light of the view from the OECD that one of the measures of wellbeing that there is not yet adequate data for and understanding of is environmental quality. Currently, measures such as air quality are used as proxies, but analysts think a more geographic understanding of environment is likely to be more important - such as the quality of the local environment and access to green space.

However, collapsing wellbeing down to simply be considered as a local issue would not be the correct response. While many matters are more tangible at the local level, the policy-making power of the local level is constrained. This was amply demonstrated in Somerville where the Mayor has influence, but lacks significant powers in key public service areas such as health and education, let alone the big levers of the federal state, such as taxation and welfare policy.

Similarly, in Virginia, while they were interested in comparisons between regions to hold local services to account for differences, the policy levers were held at this State level. Furthermore, the State of Virginia itself is also affected by Federal programmes, with their own targets and approaches. In health in particular, this was felt to curtail their ability to work on local issues that they feel would improve wellbeing. Only a very small amount of the budget is discretionary.

Box 8.1 CASE STUDY: WELLBEING IN THE CITY OF SOMERVILLE

Analysis of the Somerville survey results did not find direct correlation between individual wellbeing and council services, although there was quite a strong correlation between satisfaction with the neighbourhood as a place to live and wellbeing. Deeper analysis found strong correlations between some council services and neighbourhood satisfaction, for example access to parks, proximity to public transportation, how walkable a neighbourhood is, how many trees there are and whether an area as considered beautiful were all correlated with neighbourhood satisfaction.

Some of these findings – especially those related to trees and the beauty of the surroundings are new findings which have helped the council to argue for different approaches to be taken through the planning system. It is, however, early days for this approach to measuring wellbeing and the sample size was relatively small (c.400). The results need to be treated with some caution. The survey is going to be improved and repeated in 2013, which will present an opportunity to consider the results from a more robust survey.
Therefore, while a local commitment to wellbeing is important, it is more likely to prosper if the actions of the local area are set in a wider framework of policy that is concerned with wellbeing.

Furthermore, it is the national level that sets the overall policy framework and direction of an economy and key aspects of social policy. Decisions such as the current debates on growth and austerity will have differing implications for the wellbeing of the people. As colleagues at the OECD noted:

‘The discussion in Europe today is very much focused on restarting GDP growth, and polarised on the impact of austerity and structural reforms. . . if these are the terms of the debates, the space for saying that there are many things that matter to people beyond GDP growth is very limited.’ (Interviewee, OECD)

Devolved and local governments cannot be fully insulated from the effects of these decisions made at the nation-state level - even where the level of devolution and decentralisation is high. As such, for a wellbeing approach to societal progress to truly embed, national action as well as local action is likely to be needed.

8.3 Conclusions
Responsibility for wellbeing cannot be simply attributed to one level of government or another. Rather, it is about a change in the way priorities are constructed, policy gaps identified and the success or failure of policies assessed. As such, it is relevant to all levels of government.

There are, however, good arguments for wellbeing approaches at the local or regional level, as it is at this scale that many of the sorts of issues identified as important for wellbeing are more tangible. It is also a scale at which civil society involvement and engagement can be more meaningfully achieved. Nonetheless, if local and regional policies are not set in a wider policy framework that also seeks to promote wellbeing progress is likely to be constricted.

In an international context, the steps being taken by the OECD to ensure robust comparable data are available across countries and regions is a helpful way of giving some additional drive to this agenda, even if political commitment slackens.
9. Conclusions and key messages

At UK, devolved and local authority level, there is interest in the question of wellbeing. Scotland has already made it part of its performance management framework, while Prime Minister David Cameron has led the debate at a UK-wide level. He has argued that wellbeing is the ‘central political challenge of our times’ and that ‘it’s time we admitted that there’s more to life than money, and it’s time we focused not just on GDP but on GWB − general well-being’. He tasked the ONS with finding a way of measuring wellbeing.

This is a critical debate for the UK and all other developed nations. If an agenda to promote wellbeing is taken seriously, it is likely to alter the policy issues that come to the fore as priorities. Our case study research shows that driving through such change requires a combination of visible and committed leadership and technocratic policy processes and detailed performance management. To ensure this is then carried forward with momentum requires wide buy-in from civil society, citizens and the media. Our case studies show getting this balance right will be a challenge.

At the UK-wide level we are at a critical juncture. The first measures have been published and it is time for the UK’s wellbeing journey to progress to the next stage. By this we mean putting these measures into policy practice and ensuring they generate a debate about the direction the UK is heading in. Only then can we claim that these wellbeing measures really matter.

This paper offers a number of lessons on how to ensure measuring wellbeing matters. Many of these lessons apply to politicians and policy makers.

Summary of key lessons:

- It is important to emphasise that wellbeing is seen as an important complement to traditional measures such as GDP, rather than a replacement for them. This was the case in all our case study areas.

- Leadership is critical for this agenda to prosper. Adopting a serious approach to promoting wellbeing will require changes to conventional policy-making processes and ways of understanding the world. Without leadership to drive through change, we will be left with some good quality new data that are ultimately not influential because they are not acted upon. In most of our case studies, leadership has come from politicians who clearly have a key role. However, in some instances, the debate has been led from civil society and used as the basis for a different kind of conversation with policy-makers and citizens.

- Maintaining the momentum behind wellbeing will be eased if a broad-based coalition of support is established. One of the key failings of this agenda in France was that few people beyond the President and some academics were interested in it. In the UK - nationally at devolved level and locally - there is an important job to be done to build support for - and understanding of - these issues. This applies both within the policy community and wider civil society.

- To engage people with wellbeing, it is vital that the presentation of the data is user-friendly. In Canada and Virginia this has been a core part of their engagement strategy to...
broaden the base of support for wellbeing. This doesn’t necessarily mean reducing wellbeing to a single index figure, but it does mean using pictures and colour and thinking about making the results engaging for a wide audience by drawing simple stories from complex datasets. Disseminating messages through the mainstream media is also a critical means of reaching a wider audience.

- Both policymakers and wider civil society can use wellbeing measures as a way to monitor our overall progress and direction as a society. We should aim to make the publication of wellbeing data as significant an event in our national conversation as the publication of GDP is. This applies equally to the publication of data at the devolved and local levels.

- Wellbeing measures and an analysis of the drivers of wellbeing should be used to identify policy gaps and issues that are not receiving sufficient attention by policymakers. Existing research suggests issues such as mental health and social contact will emerge as important. Nonetheless analysis of the ONS data should help to inform other gaps and issues to address at both the national and local levels.

- To ensure a wellbeing perspective is built into policy assessment and evaluation techniques, it should be built into traditional policy tools such as neighbourhood mapping and programme evaluations. However, it should be noted that it is important not to get too bogged down with trying to place monetary values on non-monetary things. The change to policy-making must be as much about what we value as it is about the detail of how we conduct cost benefit analyses. At the very least, wellbeing trend data can be used to track progress.

There is also a critical role here for wider civil society and citizens. At its core, wellbeing is about people living good and fulfilling lives. This is a policy agenda that is easy for people to relate to and engage with. To ensure the political and policy processes stay on track there is an important role for individual citizens, and the civil society organisations that act on their behalf, to monitor, scrutinise and campaign for wellbeing to be taken seriously and progress. There are also opportunities for organisations to become involved in more direct ways, for example carrying out their own analysis of wellbeing and using it to inform their own activities. The Community Foundations of Canada offer an excellent example of this sort of activity. This is a baton that Community Foundations in the UK are picking up, as they begin to explore the idea of producing Vital Signs in parts of the UK.

Drawing on the case studies a number of key lessons for civil society emerge:

- Civil society should help to drive forward a well being approach. Civil society organisations and citizens can act as a check on policymakers, holding them to account for their policy decisions and campaigning for them to pick up issues identified as gaps in the data analysis. They can play a key part in maintaining the momentum behind wellbeing.

- Civil society organisations have an education and dissemination role to play, helping people to understand wellbeing issues and engage with them. The successful dissemination of Canada’s Vital Signs work is an inspirational example.
Ultimately, however, moving to a policy-making approach that places wellbeing at the forefront will require the winning of hearts and minds. This requires bold visionary leadership as well as technocratic policy detail, but most of all it will require cultural change within policy-making circles at all levels. This is likely to be difficult and slow, but the prize of a society that values wellbeing and human flourishing will be worth it.

Recommendations

1) **Visible leadership**: political leadership, from all parties and at all levels of government, is required to drive the wellbeing debate and champion the use of wellbeing data in policy development and evaluation.

2) **Continue to develop practical means of using wellbeing data**: those responsible for policy development and service delivery in the public and third sector should continue to explore ways of integrating new wellbeing data into their policy development and evaluation processes. New tools should be shared between sectors, across departments and across different tiers of government.

3) **Mobilise a wellbeing movement**: To ensure that political and policy processes stay on track there is an important role for individual citizens, and the civil society organisations that act on their behalf, to monitor, scrutinise and campaign for wellbeing to be taken seriously and progressed. There are also opportunities for organisations to become involved in more direct ways, for example carrying out their own analysis of wellbeing and using it to inform their own activities. Many individual civil society organisations and research organisations in the UK have already developed an interest in wellbeing. In order to build momentum behind the UK’s wellbeing work, and in order to hold politicians to account, they should work together to ensure the wellbeing agenda has deep roots in the UK.
About IPPR North

IPPR North is IPPR’s dedicated thinktank for the North of England. With bases in Newcastle and Manchester, IPPR North’s research, together with our stimulating and varied events programme, seeks to produce innovative policy ideas for fair, democratic and sustainable communities across the North of England. IPPR North specialises in regional economics, localism and community policy. Our approach is collaborative and we benefit from extensive sub-national networks, regional associates, and a strong track record of engaging with policymakers at regional, sub-regional and local levels.

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