Pillars of support for wellbeing in the community: the role of the public sector

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Summary

In this discussion I am concerned with the experiences of those living in areas of multiple deprivation in England, and what explorations of wellbeing might imply for the role of public services.

I will draw attention to some of the paradoxes in linking wellbeing and participation for those living in areas of multiple deprivation. I will use the stress and burnout metaphor to describe some of the experiences of people who live in, and are active in areas of multiple deprivation in England. I will discuss some of the ways in which 'participation' enhances wellbeing but also some of the ways it undermines and threatens wellbeing. In particular I will examine the role that public sector workers, often at the point of engagement with 'participating' local people, play in enhancing or undermining wellbeing. I will argue that in the English context, with public and welfare agencies controlling and restricting people's lives, it is the public sector that is placed to support wellbeing. It is also placed to jeopardise it. Instead of constantly calling for capacity building and the development of personal responsibility for wellbeing by those living in areas of deprivation, we would do well to attend to the capacity building for responsibility for wellbeing of public sector workers.

UK Policy Context

In the UK, an Act of Parliament, The Local Government Act, 2000 (Part I) provided local authorities in England and Wales with a new power of 'well-being', which entitles them to do anything that might achieve:

- *The promotion or improvement of the economic and well-being of their area;*
- *The promotion or improvement of the social well-being of their area;*
- *The promotion or improvement of the environmental well-being of their area.*

As a result, each authority has a *Community Strategy* outlining ways in which they will move to improving the economic, social and environmental aspects of their areas, and contributing to the achievement of sustainable development in the UK. Indeed, WWF

(2004:2) suggest that, in the context of this power to promote or improve well-being, "Community Wellbeing" is increasingly becoming synonymous with the term sustainable development. This overlapping use of the two terms has led to an emphasis on environmental and economic factors, with the 'social ' factors referring to the more objective aspects of cost effective service delivery and objective indicators such as life expectancy, and levels of crime. The role of perceived life satisfaction, sense of autonomy and purpose, happiness, stress and so on remains relatively under-developed, as is the link between objective indicators and subjective ones. Yet, it is *people* who are both the beneficiaries of and the means to achieving wellbeing, and it is essential to understand the complex relationship between other forms of development and personal and social development.

This is particularly so for people living in areas of (objective) multiple deprivation. The UK Government produces Indices of Deprivation (ODPM, 2004). Thus it is possible to uncover the relative, objective deprivation of local authorities, wards and parts of wards within these authorities. Yet, the subjective experience of living in areas with either high or low objective deprivation will often be different. Raschini, Stewart and Kagan (2005:17) draw attention to this issue when they put objective indicators of deprivation alongside subjective assessment of quality of life (linked to, but not the same as wellbeing).

> *Sometimes, residents seem to not be aware of the deprived conditions and their level as well as their effects on their lives. This lack of awareness may come from a lack of experience of different conditions. This may limit expectation and aspirations of the residents. After living for a long time in such areas, residents seem to not notice the signs and symptoms of deprivation existing in their areas and as a result they do not aim for better conditions of life. The national indices say that residents of those deprived areas die 10 years earlier than people living in other parts of the country although they report that their health is quite good. A high level of crime affects their neighbourhood but they say they are happy about it. They seem to be used to those conditions and to consider them normal. This attitude towards their reality probably influences the residents' attitude towards changing it. The involvement in the area's administrative decisions is consequently perceived as impossible or useless.*

The relative high perceived satisfaction in the midst of objective deprivation may be due to lack of comparisons with elsewhere, limiting ideas of what could be and thus of what is. Alternatively it might be that there is a real separation of subjective well-being from objective conditions of living. Thus there may be a need to help

people develop a sense of collective identity and understanding of the social conditions in which they live; and for studies of wellbeing to include explorations of this. However, Shah and Peck (2005:2) remind us:

> *..there is much more to life than satisfaction: people also want to be leading rich and fulfilling lives - developing their capabilities and fulfilling their potential. They propose two dimensions of personal well-being:*
>
> - *peoples satisfaction with their lives, which is generally measured by indicators which capture satisfaction, pleasure and enjoyment;*
> - *people's personal development, which includes being engaged in life, curiosity, 'flow', personal development and growth, autonomy, fulfilling potential, having a purpose in life and feeling that life has meaning.*
>
> *For people to lead truly flourishing lives they need to feel they are personally satisfied and developing.*

For Shah and Peck, then, eudemonic wellbeing (personal development and fulfilment) is as important as hedonic wellbeing (satisfaction and happiness) (see Ryan and Deci (2001) for a discussion of the two approaches). Indeed this two dimensional approach to personal wellbeing forms the core of an influential *wellbeing manifesto for a flourishing society* (Shah and Marks, 2004).

A community psychological perspective, however, would suggest that both the hedonic and eudemonic well being of people who are socially excluded, are inseparable from not only their economic position, the environmental conditions in which they live and the political and ideological messages that confine them to poverty whilst enjoining them to break free and better themselves, but also from the human services that exist to both assist and to regulate them. (See Burton and Kagan,(2006) for discussion of how human service policy plays this paradoxical role in relation to learning disability services). In other words, well-being in and of communities must be viewed in terms of human systems, not just as individual responses to circumstances.

Wellbeing in and of community

Edge, Kagan and Stewart (2004) remind us that, for some people, living poverty has continued for generations. For others, though, rapid economic change throws people into poverty and social marginalisation. With social marginalization, identity and being is threatened. Charlesworth (2000) wrote a moving phenomenological account of working class life in a former steel-manufacturing town in

England that had, over a short space of time undergone mill closures and the consequent mass unemployment and loss of income. One of the local people in his book describes the hopelessness that such marginalization engenders:

> *"Ah get up some times an' it's just too much fo' mi, yer know, it creeps over yer, it just gets too much an' tha can't tek no mo'ore [...] It's heart breakin', it's just a strain all time an' tha just wants t' not live, tha just can't see n' point in thi' life..."* (p. 160)

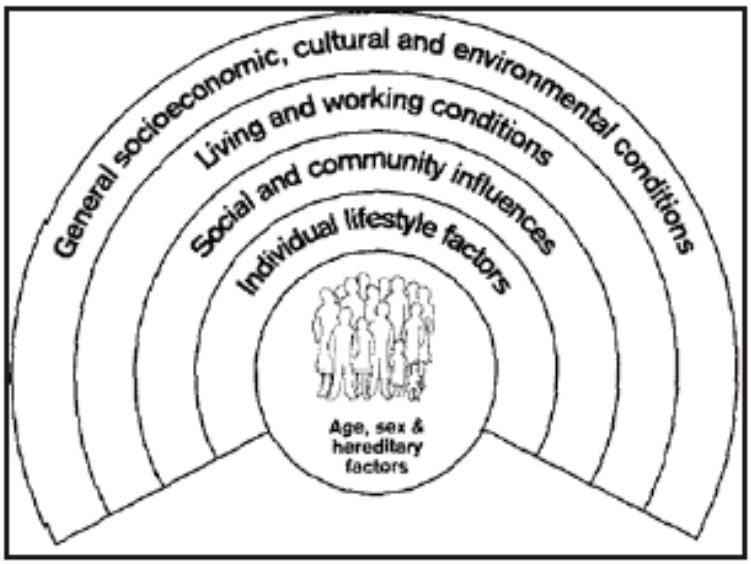
Such hopelessness and despair clearly undermines well-being.

Well-being refers, amongst other things, as we have seen, to people's physical, emotional and psychological health. It includes the presence of social-emotional coping skills to maintain that health and happiness. As such, well-being is closely linked to health in its broadest sense. Well-being includes the development of identity, attainment of personal goals, pursuit of spiritual meaning, prevention of maladaptive behaviours, development of competencies and skills and the existence of social support. Well-being is closely linked to quality of life and to fulfilment of the fundamental human needs of health and what is known as 'autonomy of agency' or control over events in one's life (Doyle and Gough 1984, 1991).

So, what is the well-being of those who live in areas of social deprivation? There is substantial evidence to suggest that those who live in poverty experience poorer health, and are likely to die earlier than other people. The existence of health inequalities and the political commitment to reduce them is well established (DoH, 2003). Similarly, the wider context of the determinants of health and well-being is recognised, even if it nearly always takes second place to individual perspectives on health behaviours (Wanless, 2004). Figure 1 illustrates the different layers of influence on health and well-being.

Figure 1. The Determinants of Health (from Wanless, 2004 p.25)

Chart 2.1 – The determinants of health



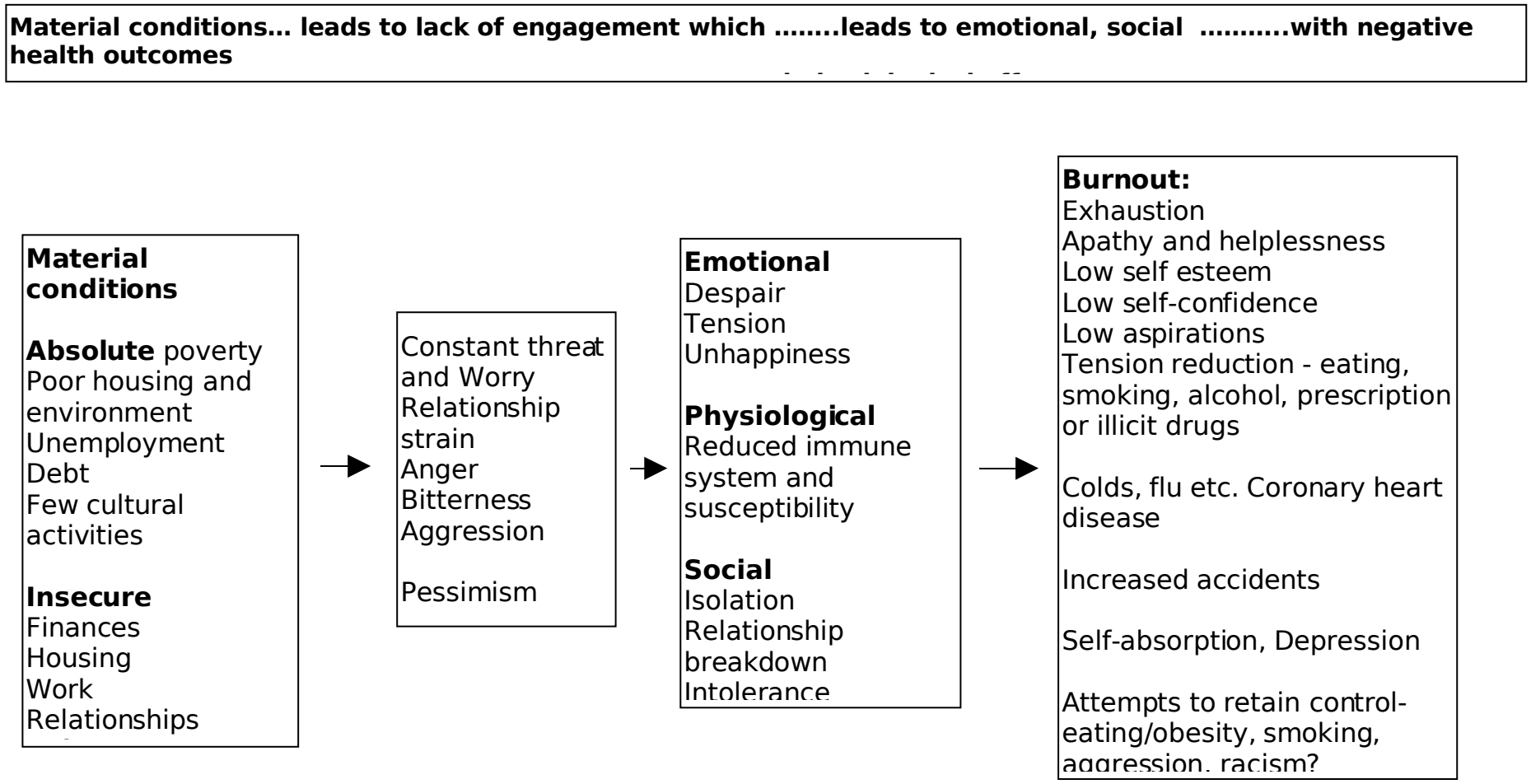
Source: Policies and strategies for promoting social equity in health. G. Dahlgren and M. Whitehead, 1991.

Most Government documents emphasise individual lifestyle factors as the means to change health and well-being, rather than the wider context.

Figure 2 summarises the relationship between poor and insecure material conditions, lack of contact with others and isolation, psychological distress and poor health behaviours.

The situation people find themselves in is very similar to what is known in the context of stress, as burnout. Thus we can argue that people living in areas of deprivation, with little in the way of community activity, live their lives in a constant state of exhaustion from the daily grind, hopelessness and despair. They are prone to ill health, accidents and relationship breakdown. Their attempts to gain greater 'autonomy of agency' has to be understood in the context of facilities available to them, and often appears in unhealthy, sometimes anti-social behaviours. For example, where there are fresh food ‘deserts’, high carbohydrate and fatty foods are eaten, which also serve a short term anxiety reducing purpose (see GONW/NWRDA, 2003 for the North West food strategy, which includes the links between food and healthy communities). Similarly, alcohol, tobacco and prescribed or illicit drugs all reduce tension and enable control to be exercised. Self harm, abuse, violence and aggression towards others can also be seen as indicators of tension reduction and the exercising of control.

Figure 2. Socio-economic stress and its impacton health.



> *A sense of desperation, anger, bitterness, learned helplessness or aggression are all wholly understandable responses to various social economic and materiel difficulties. Prolonged stress from any of these sources is often all it takes to damage health. (Wilkinson, 1996, p. 184)*

Wilkinson goes on to clarify the further damage done to those living in areas of deprivation.

> *To feel depressed, cheated, bitter, desperate, vulnerable, frightened, angry, worried about debts or job and housing insecurity; to feel devalued, useless, helpless, uncared for, hopeless, isolated, anxious and a failure: these feelings can dominate peoples whole experience of life … it is the chronic stress arising from feelings which matter, not exposure to a supposedly toxic material environment. The material environment is merely the indelible mark and constant reminder of the oppressive fact of one's failure and of the atrophy of any sense of having a place in a community and of one's social exclusion and devaluation as a human being. (Wilkinson, 1996. p. 215)*

It is worth noting that low self-esteem is not related to psycho-social stress in a straightforward way (Emler, 2001) – indeed high self-esteem can accompany self-centred, confident, anti-social, aggressive, or racist behaviour.

Participation is one of the remedies proposed for poor wellbeing for those from areas of multiple deprivation. Participation in what is often rather blurry

Participation can contribute to positive well-being

We know that social isolation leads to misery, and at the very least, participation in social life, helps prevent it. More specifically, participation in collective action will sometimes lead to increased social support, which in turn acts as a buffer against the damaging effects of stress. In this case, participation contributes to less stress and better well-being.

Participation may also lead to increased confidence and skills. These gains are particularly important for young people who either are, or are at risk of getting involved in crime and anti-social behaviour. There is some emerging evidence that involving young people in regeneration projects helps divert them from anti-social behaviour whilst at the same time strengthening their confidence and skills and improving their well-being.

With participation goes the development of responsibility and sense of positive citizenship. These are only possible if well-being is also strengthened.

Diamond (2004) draws attention to the ways in which participation-consultation and involvement that is based on external *requirements* to involve local people, will often proceed too rapidly, missing the preliminary stages of listening to local people, or failing to build in to the consultation process ways in which people can discuss and develop their own awareness and ideas. This results in local needs being defined by the professionals and regeneration workers, often who live outside the area, and who have labelled a particular neighbourhood as lacking in some way. This is often at odds with how local people see their neighbourhood, and takes little account of invisible strengths, networks groups and economic activity. In this process, he suggests:

> *The needs of individuals and communities are re-defined in the interests of welfare and policy professionals. The power relationships are set and not open to negotiation or change. In part this is because professional agencies are resistant to change and can contain changes to their status and power. (p.183)*

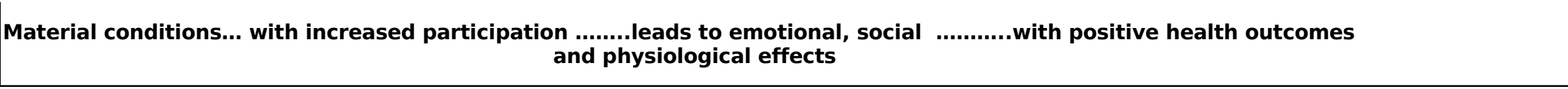
This is particularly the case when participation becomes a requirement of the operation and development of public services.

So, we have seen that general participation certainly acts as a buffer to stress, largely because of the social contacts and physical activity involved, and as we have seen, many of the participative processes are enjoyable. However, whilst important to people, and reflecting the most widespread forms of participation, general participation, such as one to one contact with neighbours, or attendance at local cultural festivals, for example, is unlikely to have a direct impact on the material conditions in which people live, or the degree to which they have control over important resources. General participation may, though, contribute to social cohesion and both individual and collective well-being.

It is bottom up participation and collective action, or those participation-consultation practices that include bottom up processes, that are likely to have the greatest impact both on well-being and potential for changing the material circumstances of life. This type of participation does several things (Campbell & Jovchelovitch, 2000; Campbell & Murray, 2004).

Firstly, through a process we can call *conscientisation*, the group's critical awareness and development of critical thinking is developed. Secondly, members of the group re-negotiate their collective social identity and associated perspectivesand views of the world that shape the likelihood of adopting more healthy behaviours. They do this by people developing shared understanding, information and ways of talking about themselves and others. Lastly, peoples' confidence and ability to take control of their lives is reinforced, - particularly in relation to their health. People are *empowered* to make changes to their lives.

Figure 3: Participation contributing to positive health outcomes



With this type of participation it is necessary to have access to power, and resources, and this is the role of the supporting projects and linked professionals. Figure 3 outlines how participation might improve health and thereafter people's ability to change their material circumstances.

Participation as a threat to well-being

In practice, however, for many people, bottom-up, active participation and collective action is exhausting. It takes time and energy, and if it includes trying to encourage others to participate, perseverance. Not all those who are willing to participate in community activities are 'resource strong' themselves and they have different degrees of resilience (often born of their life experiences living in hardship). Community leaders and other activists sometimes find themselves not only trying to motivate others and get people interested in participating, they often have to give hours of emotional support to other group members: people who will often, themselves, have struggled throughout life against addictions, abuse, violence and surviving in poor and uncertain material conditions. The pressures are considerable and unrelenting. They have no supervision (despite working in complex human systems often with people with extensive personal difficulties). They have no colleagues to share the load when the going gets tough, no working hours, time off or holidays; no development activities built into the role. And they do not get paid.

The Community Psychology Team at Manchester Metropolitan University, which includes staff and students, have been working closely with residents who participate in tenants' groups in north Manchester. They do not live in an area with regeneration projects other than housing renewal projects, and yet live in one of the most deprived areas of the country, according to the Government's indices of multiple deprivation (SDRC, 2004). They are all working hard to improve their areas, reduce anti-social behaviour and to get more and more people actively involved. We are not measuring residents' well-being. We are listening to, and recording their own and each other'sstories, observing what happens at meetings with professionals involved and, in seeing how their community participation affects their lives in different ways. (See Edge, Stewart and Kagan, 2004; Kagan, Castile and Stewart, 2005; Raschini, Stewart and Kagan , 2005 for some reports of the work.)

At various times, and in lots of different ways, those that actively participate get satisfaction, a feeling of well being and pride in what they do and what they manage to achieve. Their community involvement 'fills their lives' and they cannot imagine any other way of living. However, they often struggle to get information and resources necessary to support their work. If they liaise (as they have to) with professionals, they are often treated with suspicion and sometimes, what they consider intimidation. Other community members view their involvement sometimes with suspicion and sometimes with hostility, at other times with gratitude and praise. Community activists are at one and the same time seen as the problem solvers of the community, and as part of the authorities.

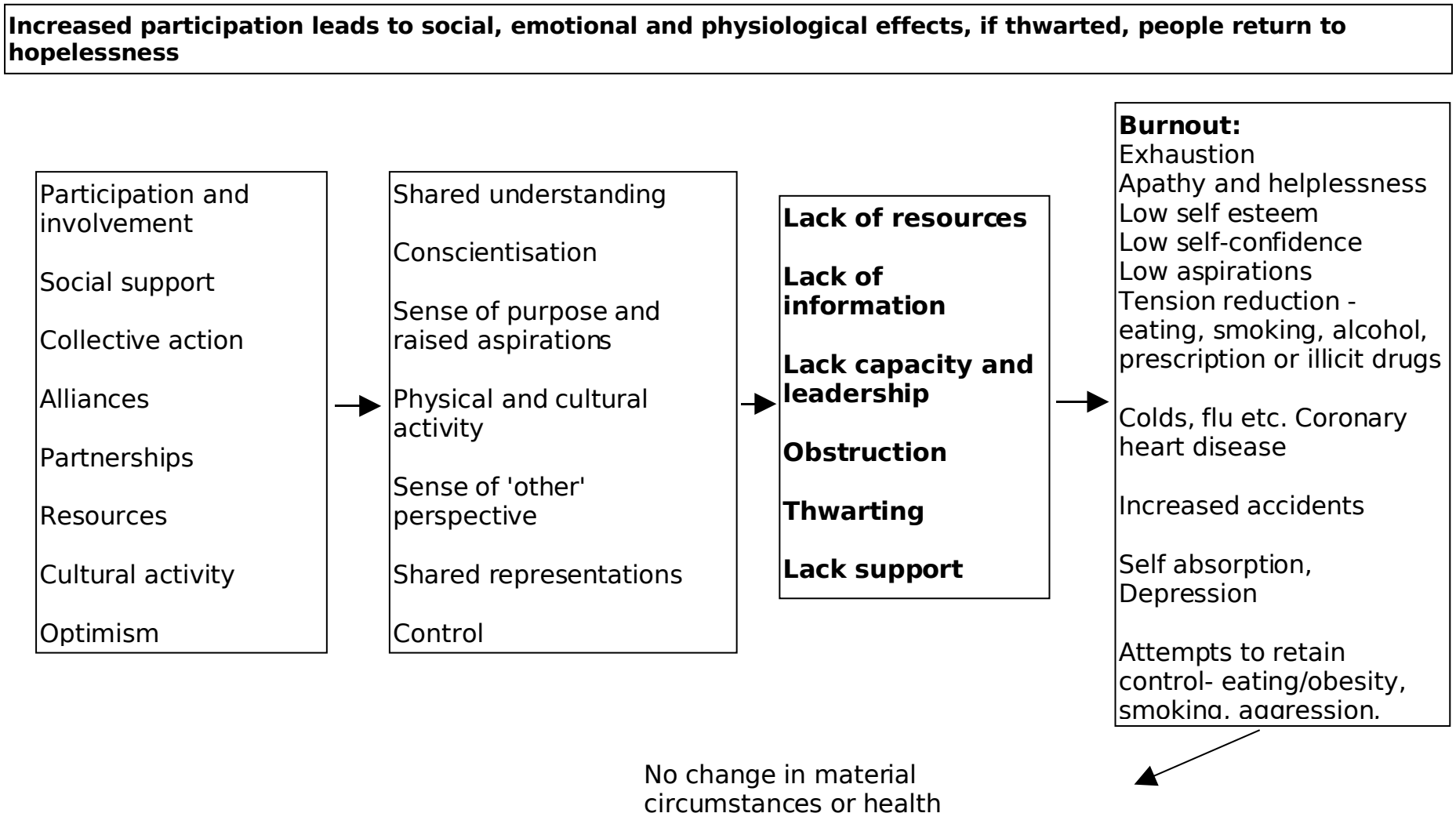
There is extensive media coverage of how some peoples' lives are destroyed by anti-social behaviour, so-called yobbish behaviour, crime and vandalism. All these things affect our community activist partners, and their well being is diminished by these behaviours. However, many of the battles the community activists have are with are with professionals and agencies. It adds considerable pressure to activists' lives, for example, for authorities to encourage the formation of residents' groups, only for them to then use these groups to identify problems, collect 'evidence' against their neighbours, and expect them to take action too. The following examples illustrate some of the pressures on the activists.

We hear of the different ways in which residents voices are silenced. The catalogue includes:

- '*they don't listen*'; '
- *we speak but aren't heard*'; '
- *we go to the meetings and our contributions aren't even minuted*'
- '*never mind dealing with the yobs on the street, can't you deal with the yobs from the council - they cause us more hassle?*' '
- *they never made it clear my house would be up for demolition*'; '
- *they just lie, we never get the truth*';
- '*it's like we've never been here before - nothing has been learnt from the last 15 years, we're just starting all over again, lobbying the same people, they haven't heard and haven't learnt*'.

Friendships have been fractured, amidst misunderstandings about who says what to whom, and some people have found little time for their families because they are so busy. We know about the effects of emotional labour (being 'nice', pleasant and supportive all the time), hassles, stress and burnout for highly paid executives, and I have suggested above for people living in areas of deprivation. Far less is known about the emotional labour hassles, stress and burnout in community participation, but we have seen, in our work, community activists being overloaded and thwarted in their attempts to improve things, leading to burnout and the spread of low well-being (see Figure 4).

Figure 4: If participation is unsupported - burnout still occurs



In order to decrease the likelihood of burnout, and improve health and well being, top down and bottom up participation in regeneration must be supported through information, hard resources, professional attitude change and openness and social support. Every effort must be made not to overload particular community activists and to ensure people's energies and enthusiasms are renewed.

Public services are, then, a key part of supporting and contributing to wellbeing (Figure 5a) but they can also jeopardise it (Figure 5b)

Figure 5a: Public services as pillars supporting wellbeing

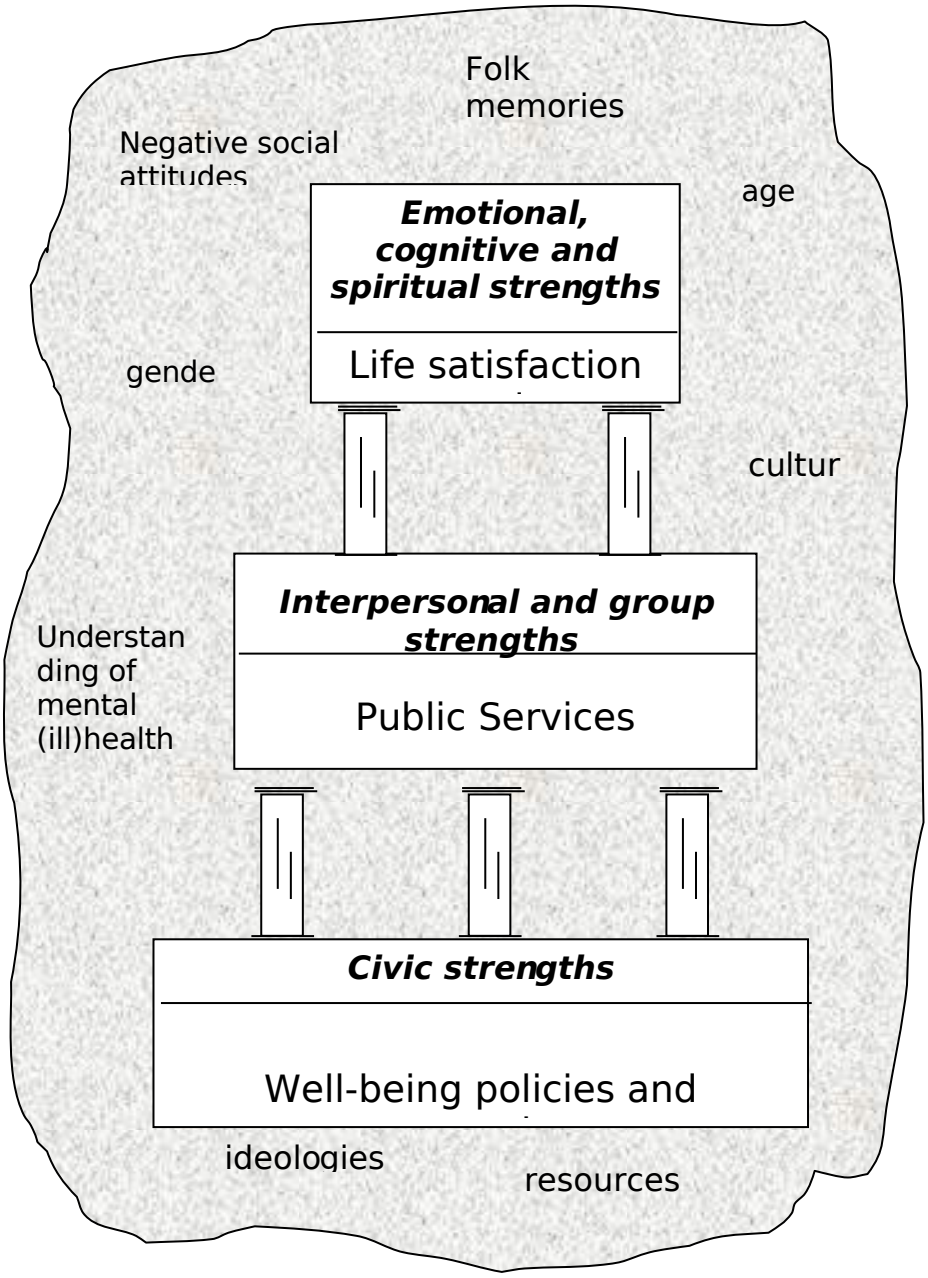
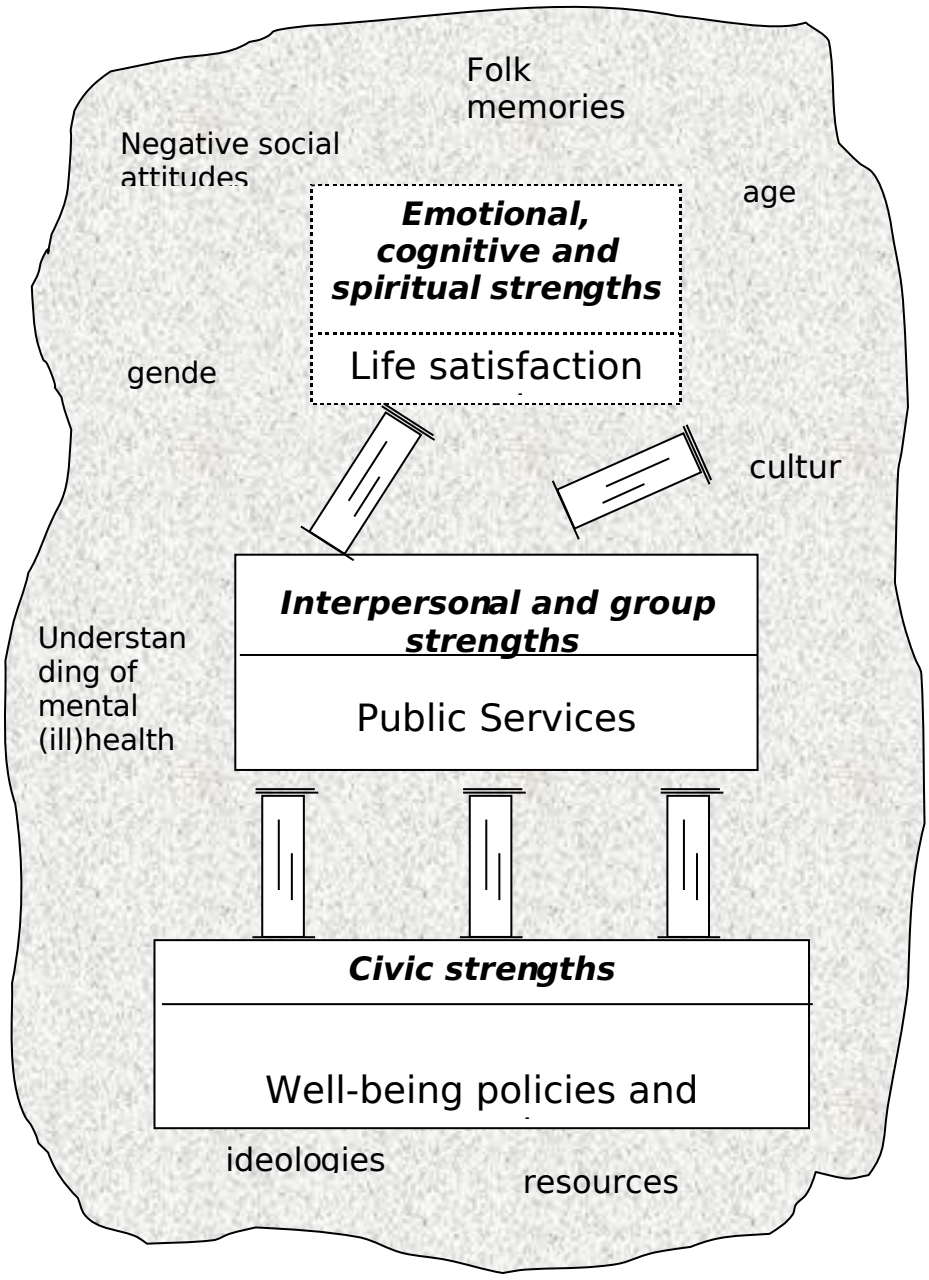


Figure 5 b Public services undermining wellbeing



Public services and the ways in which they work with, listen to, silence or deflate residents are in the position of supporting and enhancing wellbeing, or undermining and jeopardising it. Instead of developing capacity amongst community residents, it is necessary to develop the capacity of those in public services to relate to and involve their clients and local residents in new and different ways (Kagan, 2007, in press). And of course this will be difficult to do if they, themselves, are undervalued, under stress and with wellbeing that is threatened by their working conditions and the unrelenting organisational changes, in the name of neoliberal efficiency, to which they are subjected.

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