Good human functioning, health and the promotion of health

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Abstract

This paper extends a theory of health promoting schools (Author, 2003) that draws heavily upon Nussbaum's Aristotelian interpretation of good human functioning (Nussbaum, 1990). This theory of health promoting schools proposed that health is grounded in the meeting of identified fundamental human needs and the realisation of identified essential human capacities (Author, 2003).

The extension of this theory is achieved through the application of influential social theories with practical tenets to Nussbaum's insights (Nussbaum, 1990). This extension includes additional essential human capacities, a description and definition of how good human functioning may be recognised, potential limitations of the capabilities approaches and a discussion of major factors inhibiting good human functioning.

The potential contribution of the outlined framework to discussions of health and health promotion is highlighted in two ways. First, this paper considers how the outlined framework may contribute to discussions of quality of life, morbidity/premature mortality and health-related behaviours. Second, this paper briefly considers how the outlined framework may contribute to discussions of 1) public health policy and 2) the planning, delivery and evaluation of health promotion initiatives. Basic exemplar pre- and post- questionnaires for a hypothetical health promoting community development programme are offered.

Good human functioning, health, and the promotion of health

Important theoretical frameworks propose that different interpretations of good human functioning are a precondition for health (e.g. Antonovsky, 1987; Marmot, 2004; Nordenfelt, 1995; Seedhouse, 1997). However, conceptual frameworks for understanding health that are based upon good human functioning are commonly overlooked in discussions of quality of life, morbidity/premature mortality and health-related behaviours. Moreover, there is an ongoing need to highlight the relevance of these frameworks for both public health policy and the planning, delivery and evaluation of health promotion programmes.

Nussbaum's Aristotelian interpretation of good human functioning (Nussbaum 1990; 2000) centres on identified essential human capacities the realisation of which varies from person to person and culture to culture. Nussbaum (1990) reasoned her interpretation is detailed, objective, flexible and universal and therefore potentially applicable to all people irrespective of situation and culture.

Author (2003, 2015) developed a conceptual framework for health promoting schools that was synthesised primarily from the application of Bernstein's influential theory of cultural transmission (Bernstein, 1975) to Nussbaum's conception of good human functioning (Nussbaum, 1990). However, Author (2003) separated some essential capacities (Nussbaum, 1990) from the others because they have a physiological dimension and consequently focus on issues to do with the body. These separated capacities were categorised as fundamental human needs (Author, 2003). Author (2003) went onto propose that 1) good human functioning is a prerequisite for maximising a person's health potential and 2) good human functioning is achieved through the meeting of the identified fundamental human needs and the realisation of the identified essential human capacities.

This paper broadens the health promoting school framework of Author (2003) through the application of influential social theories that have practical tenets (Bernstein, 1975, Bronfenbrenner, 1989, Freire, 1989, Hall, 1995, Freire, 1998) to Nussbaum's insights. This broadening includes

1) An extended list of fundamental needs and essential capacities.
2) A discussion of how good human functioning may be recognised which includes a definition of good human functioning.
3) Potential limitations of the capabilities approaches.
4) A discussion of major factors that inhibit good human functioning.

This paper goes on to discuss the potential contribution of both Nussbaum's insights into good human functioning (Nussbaum, 1990, 2000) and the extended theoretical position espoused in this paper to discussions of health and the promotion of health in two ways.

First, it considers how Nussbaum's insights (1990, 2000) and this paper's theoretical position may potentially contribute to discussions of quality of life, morbidity/premature mortality and health-related behaviours.

Second, it briefly outlines how Nussbaum's insights (1990, 2000) and this paper's theoretical position may potentially contribute to discussions of 1) public health policy and 2) the planning, delivery and evaluation of health promotion initiatives. Basic exemplar pre- and post- questionnaires for a hypothetical health promoting community development programme are offered.

Good human functioning based upon an extended list of fundamental human needs and essential human capacities (Table 1)

This paper proposes that the fundamental human needs and essential capacities identified by Author (2003) may be extended in three ways.

First, by drawing on Nussbaum's own list of essential capacities which she refined in 2000 (Nussbaum, 2000).

INSERT TABLE 1 HERE PLEASE

Second by drawing upon Wolff and de-Shalit (2007), who identified two other essential capacities.

'The capacity to live a materially decent life in a law-abiding fashion….. (This capacity focuses on the possibility) of being able to live within the law: not being forced to break the law, cheat, or to deceive people or institutions (in order to live)' (Wolff and de-Shalit, 2007, p47).

'The capacity to be able to be able to communicate including being able to speak the local language, or being verbally independent' (Wolff and de-Shalit, 2007, p50).

Third, by this paper's proposal that an additional capacity which is also essential and might also separate humans from other animals and is therefore distinctive would be

'The capacity to nurture and be nurtured throughout the life course and the subsequent development of the ability to trust and be trusted'.

The term nurturing is taken to include both the provision of succour and the facilitation of another person's development throughout her/his life rather than the rearing of offspring until

they are able to live independent lives. This qualitative difference arises in humans because of a respect for individuality.

Nussbaum (1990) proposed that the essential capacities for practical reasoning and affiliation are over-arching and plan and organise the other capacities because everything a person does is planned and organised by her/his ability to reason and is done with or to other humans.

Thus, this paper proposes that good human functioning and autonomy, which are preconditions for health, may be defined as:

'Once the fundamental human needs for living such as food and shelter are met, good human functioning, autonomy and thus, the ability to live a fully human life, are determined by processes that facilitate the realisation of all the essential human capacities through the realisation of the overarching capacities for practical reasoning and affiliation'.

This, paper is therefore proposing that:
The meeting of the identified fundamental human needs sustains the realisation of the essential capacities and is necessary but not sufficient for good human functioning.
The partial realisation of all the identified essential capacities may occur alongside each other but the realisation of the overarching essential capacities for practical reasoning and affiliation is central to good human functioning. .

Nussbaum (1990) maintains that the realisation of the essential capacities is influenced and shaped both by time and the totality of a person's environment and highlights the existence of economic, social, familial and physical constraints and enablers that either prevent or promote good human functioning. People therefore, need support from their environment in order to be in a position to choose to function well and be healthy. Influential environmental constituents

include families/trans-generational factors, material resources, education, institutions, and situational and cultural contexts (Nussbaum, 1990, 2000). Nussbaum's position therefore resonates with other ecological frameworks that have been developed (e.g. Bronfenbrenner, 1989, Dahlgren and Whitehead, 2007). The existence of these environmental constraints and enablers, Nussbaum posits, is confirmed by a focus on outputs and informed by a key question 'What is a person able to do and be?'. Moreover, these environmental constraints and enablers, this paper proposes are the key to the promotion of health.

Nussbaum (2000) also highlights the role of agency in functioning well. The application of Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1989) to Nussbaum's insights highlights the transactional relationships between agency and structure and thus, between people and their environments. This application therefore underlines how people may input into their own ability to function well. Moreover, the transactional nature of the relationships between people and their environments may help to explain why some personal characteristics such as age, disability, ethnicity and gender have such a marked influence on human development and human functioning and, hence, such a profound effect on people's lives and thus, their health.

The relationships between time, socio-political conditions, key environmental factors, the meeting of the fundamental human needs, the realisation of the essential capacities, autonomy, the ability to choose to function well and flourish and personal agency are summarised in Figure I.

(FIGURE 1 HERE PLEASE)

Potential limitations of the capabilities approaches

Concerns regarding the capabilities approaches developed by Nussbaum (1990, 2000) and Sen (1999) may be divided into three broad categories.

First, many commentators who draw upon the capabilities approaches focus primarily on enabling or constraining generative mechanisms that occur within families, partnerships and friendship groups i.e. close proximal relationships. Thus, the potential contribution to human functioning of enabling or constraining generative mechanisms within distal relationships is often overlooked (Taylor, 2011). Moreover, Carpenter (2009) reasoned that insufficient attention is frequently paid to the influence of social movements. These movements have the potential to greatly affect human functioning at both individual and group levels through their influence on wider social policy and thus, resource acquisition and support. Carpenter (2009) concluded however, that Nussbaum's approach could be usefully applied to the field of public policy.

Second, insufficient attention is commonly paid to the influences of generative mechanisms within the wider context which again may be enabling or constraining. Thus, for example, many interpretations of the capabilities approaches highlight participation in public arenas as a fundamental aspect of good human functioning. However, as Dean (2009) maintains, people would find it difficult to divorce themselves from external controls and external sources of power which influence their potential to participate in public arenas. Additionally, people cannot exorcise themselves from the direct and indirect consequences of exploitation through human labour (Dean, 2009). The capabilities approaches have also been interpreted as failing to highlight important societal barriers inhibiting good human functioning that many people experience including people living with a disability. However, Burchardt (2004) reasoned that the capabilities approaches resonate with the social model of disability which emphasises the distinction between impairment and disability and views disability as a socially constructed process.

Third, commentators have reasoned that Nussbaum's insights are theoretical and their practical application is consequently limited. Nussbaum herself asserts that it is not possible to be prescriptive about how the identified essential capacities should be realised in order to flourish (Nussbaum, 1990).

However, this paper proposes that the application of influential social theories with more practical tenets (Bernstein, 1975, Bronfenbrenner, 1989, Freire, 1989, Hall, 1995, Freire, 1998) to Nussbaum's insights helps to address some of the potential practical limitations of her approach. This application also facilitates an understanding of how good human functioning might be recognised and what factors inhibit good human functioning.

How might good human functioning be recognised?

The primary indicators of good human functioning are then, the sufficient realisation of the overarching capacities for practical reasoning and affiliation.

Drawing upon Bernstein (1975) and Freire (1989,1998), this paper proposes that:

1. People who have sufficiently realised the capacity for practical reasoning through informal and formal learning will have elaborate orientations to meaning rather than restricted orientations to meaning that focus on lived and subjective experience. People in this position are able to critically analyse the causes of problems and phenomena in their lives from different perspectives, make moral judgements more justly, and make proactive choices that are not restricted by external factors. These proactive choices may also involve adapting or transforming reality through invention, creation or recreation (Freire, 1989). Transforming reality is however, rarely achieved by the

individual (Freire, 1989) and is more commonly achieved through the collective (Freire, 1989) and social movements (Carpenter, 2009).

2. People who have sufficiently realised the capacity for affiliation will have mutually satisfying reciprocal interactions and attachments within proximal contexts with family and friends and additionally within more distal contexts such as work and the wider society. These reciprocal attachments will be based upon shared values and/or empathetic orientations to meaning. People who have sufficiently realised the capacity for affiliation will feel socially supported and will perceive they have a socially valued role, a socially valued identity and are involved in socially valued decision making in both proximal and distal contexts.

Any factor which inhibits the realisation of any essential capacity will inhibit a person's ability to function well (Wolff and de-Shalit, 2007). However, factors that inhibit the realisation of the overarching essential capacities will have a profound influence on people's ability to function well. Additional influential inhibitory factors inhibit the realisation of many essential capacities and include insufficient material resources and weariness (Wolff and de-Shalit, 2007). The concept of weariness chimes with overload/underload balance which is a key influence on Manageability - one of the three core concepts of the Sense of Coherence construct (Antonovsky, 1987). How influential inhibitory factors inhibit good human functioning requires consideration.

Influential factors that inhibit good human functioning

Factors that inhibit the realisation of the capacity for practical reasoning

This paper proposes that the sufficient realisation of the capacity for practical reasoning is greatly impeded by confined imaginations and restricted orientations to meaning that focus on lived experience. Confined imaginations and restricted orientations to meaning may arise as a

consequence of deprivation, injustice, impairment, unhelpful cultural norms and unhelpful situational environments (Nussbaum, 1990). Under these circumstances, the ability to critically perceive reality, make moral judgements more justly, make proactive choices and subsequently choose to adapt or transform reality is commonly obstructed. People in this position will consequently have a compromised ability to plan their own life and control their environment.

Factors that inhibit the realisation of the capacity for affiliation

This paper proposes that the sufficient realisation of the capacity for affiliation is greatly impeded by two factors:

1) A constrained ability to create a socially valued role and identity through being involved in socially valued decision making in both proximal contexts and more distal contexts such as work and the political sphere. This constrained ability and resulting marginalisation may arise because a person a) does not share others' values and/or is not empathetic to others' orientations to meaning and/or b) is perceived as adding insufficient value via valued skills, valued knowledge, a valued role, a valued emotional identity or a valued behavioural identity.

2) A constrained ability to support and advance good human functioning in others. Thus, people affiliated to groups seeking to unjustly oppress others may potentially have mutually satisfying and reciprocal attachments within their proximal contexts. However, they cannot sufficiently realise the capacity for affiliation because of the nature of their interactions with people outside of their proximal attachments. That people in this position cannot sufficiently realise the capacity for affiliation highlights the elevated importance of values over wants and preferences.

The inhibitory influence of insufficient material resources on good human functioning

This paper proposes that insufficient material resources may force or coerce people into diverting their attention away from realising the essential capacities in order to meet their

fundamental needs for food, warmth and shelter, pleasurable experiences and/or their need to feel physically safe.

Sufficient material resources are also required in order to sufficiently realise all the essential capacities and live fully human lives. Importantly, material resources are commonly required to overcome external sources of power and control in order to access groups that make socially valued and/or prestigious decisions. Thus, insufficient material resources commonly obstruct people's access to socially valued decision making outside of the contexts of proximal relationships and negatively affect people's ability to develop a socially valued role and identity. As a result, insufficient material resources commonly hinders the realisation of the capacity for affiliation and negatively influences people's evaluation of themselves and the positive development of characteristics such as self-esteem and self-worth. Moreover, insufficient material resources will also negatively influence the realisation of the essential capacities related to planning one's life, living life in one's own context and controlling one's environment.

The inhibitory influence of weariness on good human functioning

This paper proposes that insufficient material resources and debt are additionally, major causes of weariness which is also an important inhibitory influence on good human functioning (Wolff and de-Shalit, 2007). Other major causes of weariness, this paper reasons, include chronic ill health, long-term chronic pain, impairment and unmet fundamental human needs. However, for many people weariness has its roots in exploitation and external sources of power and control (Dean, 2009) and physically demanding jobs and insufficient rest (Wolff and de-Shalit, 2007, Wolff, 2009). Extrapolating from Wolff and de-Shalit (2007), weariness arises as a consequence of concern, fear, anxiety or, continuous worries associated with real and perceived threats to securing the fundamental human needs and the realisation of the

essential capacities. Weariness, this paper proposes, inhibits the realisation of all the essential capacities. However, the influence of weariness is likely to be felt most acutely by people when they attempt to realise the essential capacity to live life in one's own context and control one's environment (Wolff and de-Shalit, 2007). This proposal chimes with the findings of Coast et al. (2008) whose investigations were also informed by Nussbaum's insights.

To be of value, conceptual frames for understanding health that are based upon good human functioning must contribute to our understanding of the various facets of health. This paper goes on to consider how quality of life, morbidity/premature mortality and health-related behaviour are all greatly affected by the influences of socio-political conditions on both the meeting of the fundamental needs and the realisation of the essential capacities. These considerations include exemplar hypotheses which may facilitate recognition and may be potentially evaluated.

The application of this paper's outlined framework to quality of life, morbidity/premature mortality and health-related behaviour

Quality of life

Assessments of quality of life are commonly based upon people's preferences, desires or satisfaction which Nussbaum (1990) reasons is not appropriate. This is because preferences, desires or satisfaction;

- are adaptive and formed from people's life experiences.
- will provide little insight into environmental constraints
- 'will frequently succeed only in shoring up the status quo' (Nussbaum, 1990: p213) .

The shoring up of the status quo, this paper reasons, arises because people who experience unhelpful situational/cultural norms and environmental constraints are likely to have a

strictured range of choice and may feel they have little influence over their destiny. Nevertheless, people in this position may perceive their way of life is satisfactory. Others with excessive wealth may believe their wealth and the opportunities their wealth affords them is their right. People in this position may feel dissatisfied and aggrieved if their life circumstances change even though these changes may not affect their potential ability to sufficiently realise the essential capacities.

Nussbaum (1990) maintains quality of life assessments should instead focus on the realisation of the essential human capacities, what people are able to do and to be and what choices people actually have. She is consequently supportive of the quality of life approaches adopted by Allardt (1995) and Erikson (1995) which aim to ascertain if a person has reached minimum thresholds of good human functioning. Other investigators, have also highlighted the applicability of Nussbaum's insights to the study of quality of life (e.g. Coast et al., 2008; Saccheto et al., 2016).

This paper proposes, that the realisation of the overarching capacities for practical reasoning and affiliation are especially important in relation to quality of life.

The realisation of the capacity for practical reasoning and quality of life

As described above, people who have not sufficiently realised the capacity for practical reasoning will have a limited range of choices which commonly arises because of external constraints. People in this position are likely to be at increased risk of being overwhelmed by external factors which promotes a fatalistic approach to life (Nussbaum, 1990). This would compromise their ability to 1) formulate a conception of the good, 2) formulate and pursue a life plan and therefore influence their destiny, 3) live their life in their own context and 4)

control their environment. As a consequence, restrictions would be placed on what they are able to do and be which would negatively affect their quality of life.

The realisation of the capacity for affiliation and quality of life

This paper proposed above that the realisation of the capacity for affiliation is commonly inhibited when people have insufficient material resources and/or are marginalised. This inhibition arises because people in this position are commonly excluded from socially valued decision making within the distal contexts of their lives, which is likely to negatively affect people's choices and what people are able to do and thus, their quality of life.

Morbidity/premature mortality in industrialised countries

This paper proposes that a contributing factor to morbidity/premature mortality in industrialised countries is the effects of socioeconomic position (SEP) on how well people are functioning at the group level. SEP assessments attempt to group people based upon their income, occupation or educational experiences. However, both Maslow (1970), who focused of the concept of self-actualisation which is related to Nussbaum's conception of good human functioning, and Nussbaum (1990) maintained that good human functioning is likely to be extremely rare. Thus, even people enjoying the most favourable environmental conditions such as those who have the highest SEP will rarely be functioning well. This paper consequently reasons that the proposed associations between morbidity/premature mortality, SEP and good human functioning will focus on how close people at the SEP group level are to good human functioning rather than the proportion of people at the SEP group level who are functioning well.

Two pathways underpin the proposal that the negative gradient between SEP and morbidity/premature mortality in industrialised countries is partially created because SEP influences how close people at the SEP are to good human functioning at the group level:

1) First, SEP influences the degree to which a person is required to focus on meeting the fundamental human needs. The higher the SEP, the less likely a person will be required to focus on meeting the fundamental needs at the potential expense of realising the essential capacities. Supportive environments are required to facilitate the meeting of the fundamental human needs (Table 1). For example, supportive food environments will positively influence the meeting of the human need for food, food choices and dietary habits through improved affordability, accessibility and availability.

2) Second, SEP is an indicator of the environmental opportunities or constraints that facilitate or prevent people from realising the essential capacities. The environmental opportunities and constraints highlighted by Nussbaum (1990) are located within 1) situational and/or cultural contexts 2) access to formal and informal learning, 3) income and material resources 4) types of work and roles at work and 5) quality of affiliations with families and social networks. Additional environmental opportunities and constraints are located within the degree of exploitation through labour (Dean, 2009). This paper draws upon Nussbaum (1990), Nussbaum (2000), and Wolff and de-Shalit (2007) to outline exemplars of how the environmental opportunities and constraints that are related to SEP may influence morbidity/premature mortality through the realisation of the essential capacities (Table 2).

Drawing upon this perspective, it was hypothesised that the realisation of the capacity for affiliation in proximal contexts would be the most variable influence on good human functioning and thus, health amongst UK graduates. This is because graduates are afforded relatively substantial formal and informal learning opportunities that facilitate the realisation of

the capacity for practical reasoning and most are eventually afforded opportunities to be involved in socially valued decision making in distal contexts through, for example, work. Evidence partially supporting this hypothesis was obtained from a study of longstanding limiting illness among UK students who graduated in 1985 and 1996 (Author, 2006)

This paper also proposes that the framework outlined above may contribute in two ways to explanations for the positive associations between country-level income inequality (as measured by the Gini coefficient) in industrialised countries and morbidity/premature mortality that were observed by Wilkinson and Pickett (2010). First, the greater the income inequality, the greater the likelihood that people will have insufficient income and material resources to sufficiently realise all the essential capacities. Second, the greater the country-level income inequality, the more hierarchical the society. The greater the hierarchy, the greater the minimum level of material resources that are required to overcome external sources of power and control in order to access socially valued decision making in distal contexts. Thus, the greater the inequality, the greater the proportion of people with equivalised disposable income who are unable to access involvement in socially valued decision making in distal contexts. This access is required to facilitate the sufficient realisation of the capacity for affiliation and promote social cohesion and social reciprocity. These pathways, this paper proposes may potentially act in tandem or even synergistically with the explanations of Wilkinson and Pickett (2010) which focused on fracturing within society and psychological distress that is grounded in comparisons people make regarding status.

Health-related behaviour

Models exist for understanding people's uptake and rejection of health-related behaviours e.g. Theory of Planned Behaviour (TPB) (Ajzen, 1991). However, this paper proposes that a contributing factor that influences the uptake or rejection of a health-related behaviour will be

people's critical assessments of the value, benefits and role of the health-related behaviour and the value, benefits and role of alternatives to the behaviour. These critical assessments may/may not be well developed. However, this paper goes on to propose that these critical assessments will nonetheless be frequently rational and connected to people's attempts to meet their fundamental needs or realise the essential capacities and additionally, people's concern about their health.

People who are functioning well may, for example, choose to indulge in behaviours that may potentially harm their health such as eating sweet things in order to meet their fundamental human need for pleasurable experiences.

However, this paper proposed above that good human functioning is likely to be extremely rare (Nussbaum, 1990; Maslow, 1970). Hence, most people will have unmet fundamental needs and/or insufficiently realised essential capacities (Table 1) at some point in their lives. People in this position are at increased risk of critically assessing that more harmful health-related behaviours than eating sweet things may help them to meet their fundamental needs and/or realise the essential capacities.

People may, for example look towards harmful health-related behaviours such as illicit drug use to meet their need for pleasurable experiences or to forget about their life circumstances if their physical safety is constantly threatened.

This paper also proposes that important critical assessments of the value, benefits and/or role of the health-related behaviour in relation to the realisation of the essential capacities (Table 1) will include the following three questions:

What critical assessments are made in relation to the realisation of the capacity for affiliation?

How does the person assess the effects of taking up or refraining from a health-related behaviour on her/his interactions with others and thus, her/his realisation of the capacity for affiliation? Does, for example, adopting or refraining from the health-related behaviour (such as smoking, drinking or illicit drug use) act as a vehicle for assessing who is potentially similar and who is potentially different and/or, act as a vehicle to either facilitate sharing and bonding or facilitate intended separation and/or distance from others.

Are the situational/cultural norms such that they support a restricted range of valued behavioural identities such as smoking or drinking cultures which encourage people to adopt these health-related behaviours in order to conform to social expectations and thereby potentially realise the capacity for affiliation?

What critical assessments are made in relation to the realisation of the capacity for laughter and play?

How does the person assess the effects of taking up or refraining from a health-related behaviour on her/his realisation of the capacity for laughter and play? People may, for example, look towards health-related behaviours such as drinking alcohol, if they critically assess that drinking alcohol will facilitate the realisation of the capacity for laughter and play.

What critical assessments are made in relation to the realisation of the capacity for living one's own life in one's own context?

How does the person assess the effects of taking up or refraining from a health-related behaviour on her/his ability to realise the capacity for living one's own life in one's own context? Marginalised people, who do not share values of the dominant culture and/or are not empathetic to the orientations to meaning of the dominant culture, for example some adolescents, may determine that the expression of their right to individuality is particularly important. They may consequently critically assess that the realisation of the capacity for living one's own life in one's own context is of considerable significance. Young people in this position may as a result, consider adopting health-related behaviours such as smoking as an expression of their right to individuality in an attempt to realise the capacity for living one's own life in one's own context.

These questions informed the analysis of a qualitative investigation into the reasons Bangladeshi adolescents do and do not smoke (Author, 2001).

Drawing upon this perspective, it was hypothesised that the generative context of schools, which may be enabling or constraining in relation to the realisation of the capacities for practical reasoning and affiliation, would influence the prevalence of smoking, illicit drug use and violence through students' connectedness to school. Evidence supporting these hypotheses was obtained from cross-sectional and longitudinal studies in the UK and US (Author, 2007, Author 2008; Author, 2011)

Conceptual frames for understanding health that are based on good human functioning also need to be able to contribute to wider discussions regarding the promotion of health. Although detailed comment is beyond the scope of this paper, brief discussions focussing on the application of this paper's interpretation of good human functioning to both public health policy and the planning, delivery and evaluation of health promotion initiatives are provided.

The application of this paper's interpretation of good human functioning to discussions of public health policy

This paper proposes that future public health policy should aim to ensure that everyone is able to meet their fundamental needs and sufficiently realise their essential capacities. People who achieve this can move towards functioning well, living fully human lives and maximising their health potential.

Nussbaum emphasises the economic, social and physical barriers and constraints which prevent people from functioning well. Future public health policy would consequently focus on social justice and the manipulation of economic, social and environmental circumstances so that everybody is provided with enough resources and the training they need to take advantage of these resources. These resources and training would be provided both in the short term and long-term. Importantly, some people have greater needs and may require additional resources and training (Nussbaum, 2000). Extrapolating from Nussbaum (2000), there is therefore a requirement to focus on the needs of the deprived and disadvantaged while simultaneously acknowledging that because good human functioning is rare, the vast majority of people would also benefit from additional resources and/or training. This view echoes Marmot's notion of proportionate universalism (Marmot, 2010). This type of strategy has the potential to amplify gains in human functioning and health across all the social strata (Brennenstuhl et al., 2012).

Many influences affect the meeting of the fundamental needs and the realisation of the essential capacities and these influences consequently affect health through human functioning. Notwithstanding the ubiquitous nature of these influences, this paper proposes, that:

> The primary focus of future public health policy should be to promote health and additionally physical, cognitive and social development in early childhood through a combination of universal interventions and interventions targeted according to need (Carey et al., 2015). Need would be based upon enforced disadvantage and deprivation in relation to material resources, housing, social conditions including social exclusion, environmental conditions, working conditions and educational conditions. The aim of early childhood interventions would be to break the intergenerational transmission of relatively poor physical and mental health and poor human functioning arising from chronic illness, deprivation, injustice, impairment and unhelpful cultural/situational environments.

This proposal draws upon the emphasis of Nussbaum (1990) and Bronfenbrenner (1989) regarding the potentially negative influences of families and trans-generational factors on human development and functioning. It also resonates with views expressed by Irwin et al. (2007), Marmot (2010), NHS Scotland (2013) and Melhuish (British Academy, 2014).

Interventions would include:

> "Fortification of basic foods with key nutritional supplements" (NHS Scotland, 2013 p 72)
>
> Vitamin supplement for pregnant mothers
>
> Vaccination of toddlers
>
> Free food supplements for babies and toddlers

Free nursery places

Childcare centres that provide opportunities for early learning

Interventions to facilitate language acquisition and pre-reading skills of toddlers

Free milk and fruit in nurseries

Parent and baby clubs (Wolff, 2011)

Child benefits

Parental support initiatives

Behavioural management interventions for parents

Community development programmes to ascertain what parents of young children feel they need

Some of these interventions resonate with some of the aims of the UK Sure Start initiative which are area-based interventions aiming to promote the health and development of young children (Roberts, 2000). However, the interventions outlined above are more extensive and include a focus on the fundamental human needs such as the need for healthy food. This paper proposes the combination of the interventions outlined above may improve the health of babies and toddlers. This combination may also potentially reduce inequalities in health and educational outcomes during childhood and therefore put people on pathways that facilitate good human functioning and positive health in adulthood (Canning and Bowser, 2010). These proposals are supported by lifecourse studies that highlight the influence of cumulative, pathway and latent effects on adult health (Davey Smith, 2003) and the observed intergenerational transmission of the epigenetic effects of social adversity (Cunliffe, 2016).

Future public health policy should also have five key overarching themes that support the primary focus and centre on the major factors inhibiting good human functioning outlined above. These themes would focus on:

1. The meeting of the fundamental human needs.

2. The facilitating of the realisation of the capacity for practical reasoning through enhanced teaching and learning opportunities.
3. The facilitating of the realisation of the capacity for affiliation through enhanced opportunities to be involved in socially valued decision making and the creation of supportive social networks.
4. The provision of sufficient material resources.
5. Protection from weariness.

These proposals chime with Wolff (2011) and Marmot (2010) who identified alleviating poverty, improving living and working conditions and improving education particularly during childhood and the early years as major social determinants that would improve health. The relatedness to Wolff (2011) and Marmot (2010) is however, unsurprising given Wolff (2011) was informed by Nussbaum's insights whereas Marmot (2010) drew upon Sen's 'thinner' version of the capabilities approach.

Marmot's strategy (2010) is the most comprehensive public health strategy in relation to the promotion of good human functioning. However, the five core elements of the proposed future public health policy outlined in this paper that are post-early childhood could be used to

- highlight gaps in existing public health policy,
- develop supplementary public health policy
- provide justification for public health policy initiatives
- identify how existing education and welfare policy might contribute, perhaps inadvertently to public health policy.

These five core elements are drawn upon to assess the Scottish Health Inequalities Policy Review.

Scottish Health Inequalities Policy Review (NHS, Scotland, 2013) (Table 3)

(INSERT TABLE 3 HERE PLEASE)

Initiatives to ensure that people are able to meet their fundamental human needs

This policy has a number of initiatives that aim to facilitate the meeting of the fundamental human needs (Table 3). However, this policy could be augmented by a number of additional exemplar initiatives:

Provision of services to support vulnerable people including those who are homeless and/or have mental health problems (Smith and Eltanani, 2015). For example, the Finish initiative whereby homeless people are provided a self-contained apartment and support through a support worker. Importantly this initiative also facilitates the realisation of the capacity to live life in one's own context and control one's environment.

Enhanced building programmes including decent social housing (Smith and Eltanani, 2015)

Nutrition programmes including food co-operatives in order to increase the availability, accessibility and affordability of healthy food (Rankin et al., 2006). Other initiatives to promote healthy eating include those outlined in the Healthy Borough Programme in Tower Hamlets which is a disadvantaged inner city borough in London (Williams et al., 2011). These initiatives include Food for Health Awards for local catering businesses (including take aways and cafes) that improve the availability of healthy food choices. This initiative included healthy catering and healthy frying workshops and practical cooking lessons run by exemplar chefs from the local community and aimed to promote healthy changes to food preparation. Community food growing projects which were developed in partnership with registered social housing providers. Healthy Families Project which aimed to promote increased knowledge and confidence in relation to making healthy food choices when shopping and preparing healthy lunchboxes. Work with convenience stores to encourage them to sell fresh fruit and

vegetables and improve their displays. Healthy canteens (and tuck shops when appropriate) in early learning centres, schools and workplaces.

Implement 20 mph speed limits where 30mph ones have usually been in place (Dorling, British Academy, 2014).

Improve primary health care services serving very deprived areas (Smith and Eltanani, 2015).

Moreover, existing Scottish initiatives that aim to facilitate the meeting of the fundamental human needs could also be incorporated into the public health policy. These include

Iinitiatives developed by Scotland's Violence Reduction Unit to reduce knife crime, violent offending and homicides. These multifaceted interventions involve the police, the creation of youth clubs, surgeons, schools, programmes for young people to challenge offensive behaviour and develop their leadership and employment skills, adventure training and interventions to reduce school exclusions.

Initiatives that focus on reducing domestic abuse by improving multi-agency interventions to protect victims at high risk of harm.

Initiatives to facilitate the realisation of the capacity for practical reasoning

This policy highlights the importance of high quality education for children, youth and adults including training on life skills that would facilitate the realisation of the capacity for practical reasoning. Additional exemplar initiatives that might also facilitate the realisation of the capacity for practical reasoning could include:

The development of a curriculum for all high school students that is based on cross-curricular themes which breach the boundaries between subjects. This type of curriculum facilitates an

understanding that there are different ways of knowing and that knowledge may be viewed as a range of equally legitimate and sometimes inconsistent realities (Author, 2003). This in turn, facilitates the realisation of the capacity for practical reasoning (Author, 2003).

Pre-school and after-school clubs and extra-curricular activities, which in addition to facilitating learning and the realisation of the capacity for practical reasoning, would promote academic attainment though improved attachment to schools as organisations and improved school attendance, and thereby promote students' life chances (Author, 2003; Author, 2015).

Financial support for disadvantaged adults who left schools with no qualifications so that they may enter into further and adult education (Chandola and Jenkins, British Academy, 2014). This type of initiative would increase the chances of people having sufficient material resources through gainful employment and provide opportunities for social interaction and participation which would facilitate the realisation of the capacity for affiliation.

Initiatives to facilitate the realisation of the capacity for affiliation

The policy contains initiatives that would aim to promote the realisation of the capacity for affiliation (Table 3). Other exemplar initiatives that might also facilitate the realisation of the capacity for affiliation could include:

Some of the initiatives in the Sure Start Programmes which were reported to promote positive social behaviour among young children (Melhuish et al, 2008). Importantly these types of initiative may also potentially promote language development and the development of verbal reasoning skills among young children.

Language classes for people whose first language is not English as this would facilitate the realisation of 'the capacity to be able to be able to communicate' and potentially facilitate increased social participation.

Improvements in the work place environments including initiatives to reduce bureaucratic obstacles so people may become actively involved in work-related decision making through unions and co-operatives which would facilitate involvement in socially valued decision making in distal contexts.

The creation of supportive social networks especially for people who are at increased risk of isolation for example, social clubs for people who are retired.

The development and testing of participatory budgeting to engage communities in discussions of public health priorities and the choosing of interventions (McKenzie, British Academy, 2014)

Optimisation of opportunities for supporting the health, participation and security of older people by promoting the development of age-friendly cities. These cities would facilitate social integration and the engagement of older people in identifying priorities. They would also promote, through improved urban design, mobility and access to services and leisure (Kendig and Phillipson, British Academy, 2014)

<u>The provision of sufficient material resources</u>

The policy embraces the need to provide sufficient material resources (Table 3). Other exemplar initiatives that might also positively impact of the provision of sufficient material resources could include:

Benefits for the unemployed that are equal to the living wage which has been trialled in Finland.

Tax and benefit assessment exemptions for people in receipt of benefits (financial support from the government) as this would allow people to earn extra income (Wolff, 2011).

In the UK, reversing welfare cuts and a halting of the escalating incomes of top earners (Pickett, British Academy, 2014)

Improving employment conditions for public sector workers (which is a substantial employer of staff particularly of ethnic minority groups) in relation to equitable distribution of salaries across employment grades and developing and protecting pension rights to minimise inequalities in income post-retirement (Nazroo, British Academy, 2014).

Initiatives to protect people from weariness

The policy incorporates initiatives that aim to protect people against weariness (Table 3). Other exemplar initiatives that might also protect people against weariness could include:

Debt is a major cause of weariness. Allmark and Machaczek (2015) proposed that in order to increase people's chances of alleviating debt, initiatives aiming to promote people's financial capability should take into account people's financial and social environments. These initiatives would include 'making cheaper finance available through Credit Unions; working with the Police to remove loan sharks, …removing barriers to employment and ensuring individuals take benefits and tax breaks they are due' (Allmark and Machaczek, 2015 p 4).

Wolff (2011) proposed graded retirement ages. People who would receive their state pensions at the earliest age would be those who had low paid physically demanding jobs throughout

their adult lives as these jobs promote weariness (Wolff, 2011) which inhibits the realisation of all the essential capacities. Crucially, people in this position would be allowed to earn additional income through part-time work. Part-time work, importantly, would also facilitate people's realisation of the capacity for affiliation through social networks at work and additionally, enable people to reap the mental health benefits that are potentially associated with these social networks (Wolff, 2011).

The provision of a wide range of health care including respite care and additionally places where people can rest or recuperate such as the 'Kur' in Germany. The Kur is a health care resort, often spa based, where the employed who are very stressed or who have a chronic illness can receive revitalising therapies and typically stay for up to three weeks.

Increasing social protection for those on lowest income and provide more flexible income and welfare support for those moving in and out of work (Smith and Eltanani, 2015).

Improving employment conditions and practices for public sector workers (which is a substantial employer of staff particularly of ethnic minority groups) in relation to holidays, sick pay, parental leave and limiting unpaid overtime (Nazroo, British Academy, 2014).

The application of this paper's interpretation of good human functioning to discussions regarding the planning, delivery and evaluation of health promotion initiatives

If this paper's analysis of good human functioning is associated with health, then all programmes and initiatives that promote the meeting of the fundamental human needs and/or the realisation of the essential capacities may be judged as having positively influenced the health of participants. This may help to raise the profile of health promotion.

This paper also proposes that the fundamental human needs and the essential capacities (Table 1) could potentially become additional health promotion risk factors in the future and used as a basis to support the evaluation of health promotion interventions. This view resonates with 1) Marmot (2004) who reasoned that sources of psycho-social stress that negatively affect a person's health include impaired autonomy and inadequate social networks and 2) Labonte (1998) who maintained that community development programmes which aim to promote health include those aiming to empower people, build self-esteem, and facilitate an increased sense of belonging. Labonte's views (Labonte, 1998) are supported by Uphoff et al. (2013) who reported in their systematic review that social capital might protect against the negative influence of low SEP on people's health. Labonte's views also chime with this paper's proposal that promoting people's involvement in socially valued decision making in distal contexts promotes good human functioning through the realisation of the capacity for affiliation and is therefore, a legitimate and key aim for health promotion.

This paper offers pre- and post- questionnaires for a hypothetical health promoting community development programme that could be administered to participants before and after the programme has been implemented (Table 4). These questionnaires draw upon the conceptual frame for understanding the preconditions for health outlined above and follow on from the proposal of Labonte (1998) highlighted above concerning the relationships between community development programmes and health. The aims of these questionnaires are 1) to facilitate engagement of participants in the community development process and emphasise that the interests and views of the participants are central to the programme and 2) to support the evaluation of the programme. It is suggested that the pre-questionnaire would be used as an introduction with participants to facilitate the formation of working partnerships and the subsequent development of aims and objectives and outcome measures as agreed with participants. The post-questionnaire would support the evaluation of the agreed outcome measures and would be compared with the pre-questionnaire to highlight developments that

occurred alongside the agreed outcomes. The questionnaires would then, support a participatory research model (Chevalier and Buckles, 2013).

(INSERT TABLE 4 HERE PLEASE)

Comparison between the outlined framework and Antonovsky's interpretation of good human functioning and limitations of the outlined approach

Nussbaum's insights and this paper's frameworks have some similarities to other interpretations of good human functioning for example, the three key constructs of Antonovsky's seminal Sense of Coherence (SOC) construct. *Comprehensibility*, is related to the realisation of the capacity for practical reasoning. *Manageability*, underpinned by underload-overload balance, is related to weariness which as discussed above is a major negative influence on the realisation of all the essential capacities. *Meaningfulness* is related to the realisation of the capacity for affiliation.

However, there are clear differences between this paper's framework and the SOC construct. A key question outlined in this paper is what is a person is able to do and be as a consequence of meeting the fundamental human needs and realising the essential capacities which is a crucial question for good human functioning and does not feature as prominently in Antonovsky's account. Additionally, major contributors to *Meaningfulness* are

consistent emotional bonds and connectedness to social/cultural groups to which a person belongs,

commitment and cohesion to cultural roots

cultural stability

However, this paper proposes that belonging to some social groups and some stable cultures negatively influences good human functioning particularly when these groups/cultures

promote restricted orientations to meaning which inhibits the realisation of the overarching capacity for practical reasoning and/or

oppress other groups/cultures which inhibits the realisation of the overarching capacity for affiliation which as discussed above emphasises the elevated importance of peoples' values over wants and preferences.

Following on from this point, high social capital may be better than low social capital in relation to human functioning and health but it does not automatically follow that high levels of social capital contribute to good human functioning and thus, health and high social capital may even impede good human functioning and health. This is particularly the case when the social capital is based on groups/cultures whose values hinder the realisation of the two overarching capacities.

Some of the limitations of the capabilities approaches are discussed above namely

1) these insights are theoretical and lack practical application,

2) people's ability to meet their fundamental human needs and realise the essential capacities will be greatly influenced by the social environment, elements of which are enabling or constraining.

3) people cannot exorcise themselves from the direct influences on human functioning of both external sources of power and control and the direct and indirect consequences of exploitation.

The application of social theories with more practical tenets to Nussbaum's insights in this paper helps to address some of the potential practical limitations of her approach and identify

some elements of the social environment that have enabling or constraining effects on good human functioning. However, exploitation and external sources of power and control continue to have the greatest influence on people's ability to function well often via their influence on weariness. Thus, the ability of public health policy to promote people's health through good human functioning will continue to be undermined until issues related to exploitation, external sources of power and control, resource acquisition and support are successfully challenged. These challenges are likely to be led by the collective and social movements rather than by individuals (Carpenter, 2009, Freire, 1989).

Conclusion

The framework outlined in this paper may potentially contribute to discussions of quality of life, morbidity and premature mortality and health-related behaviour. It may also potentially contribute to debates regarding public health policy, and the planning, delivery and evaluation of health promotion initiatives. However, hypotheses outlined in this paper within discussions of quality of life, morbidity and premature mortality and health-related behaviour require further research validation. Pre- and post- questionnaires for a health promoting community development programme are also offered but their utility also requires investigation. Wider debates are however, required to reach a broad consensus on the relationships between health and human functioning and how enabling social and environmental circumstances promote good human functioning.

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Table 1 The fundamental human needs and essential capacities (after Author, 2003, based upon Nussbaum (1990); subsequent extensions in parentheses are based upon Nussbaum (2000); additional capacities are based upon Nussbaum (2000), this paper and Wolff and de-Shalit, 2007).

The fundamental human needs • The need for a clean water supply, adequate food, warmth and shelter. • The need to address medical and human concerns that focus on years of life and to provide health care for the sick and/or injured. • The need to provide information about the body. • The need to have pleasurable experiences and opportunities for sexual satisfaction. • The need to be physically safe and able to avoid unnecessary and non-useful pain (*subsequently extended to include* to have one's own bodily boundaries treated as sovereign).
The essential human capacities • The capacity for practical reasoning, to imagine, think and reason and thus to be able to form a conception of the good and engage in critical reflection about the planning of one's own life. • The capacity for affiliation, to have concern for other humans, to live for others, to have familial and other interactions and attachments. • The capacity to love, grieve, feel longing for, and be grateful. • The capacity to laugh and play. • The capacity to be able to live one's own life in one's own context (*subsequently extended to include* to have control over one's environment and property rights on an equal basis with others). • The capacity to have concern for the world of nature. • The capacity to be aware of all the senses. • The capacity to be able to move freely from place to place.
An additional essential capacity based upon Nussbaum (2000) • The capacity to be able participate effectively in political choices that govern one's life, and to be protected by guarantees of freedom of expression with respect to both political and artistic speech and freedom of religious exercise.
Possible additional essential capacities • The capacity to nurture and be nurtured throughout the life course and the subsequent realisation of the ability to trust and be trusted (this paper). • The capacity to live a materially decent life in a law-abiding fashion (Wolff and de-Shalit, 2007). • The capacity to be able to be able to communicate including being able to speak the local language, or being verbally independent (Wolff and de-Shalit, 2007).

Table 2 Environmental opportunities and constraints that are related to SEP which respectively positively and negatively influence the realisation of the essential capacities and contribute to the creation of the stepwise relationship in industrialised countries between SEP and morbidity/premature mortality through human functioning (drawing upon Nussbaum, 1990; Nussbaum 2000; Wolff and de-Shalit, 2007)

Environmental influence	Environmental opportunities and constraints that influence the realisation of essential capacities	How is the realisation of essential capacities influenced?
Situational/Cultural	A person is perceived within the situations she/he encounters and the cultures to which she/he belongs to have valued knowledge and/or valued skills and/or a valued emotional identity and/or a valued behavioural identity.	Providing the situational/cultural norms are not unhelpful having valued knowledge and/or valued skills and/or a valued emotional identity and/or a valued behavioural identity will positively influence the realisation of the capacity for affiliation
	A person shares the values, beliefs and orientations to meaning that are associated with the situations she/he encounters and the cultures to which she/he belongs	Providing the situational/cultural norms are not unhelpful, sharing the values, beliefs and orientations to meaning that are associated with the situations a person encounters will positively influence the realisation of the capacity for affiliation
	Unhelpful situational/cultural norms that support a restricted range of valued knowledge, valued skills, valued emotional identities or valued behavioural identities.	Unhelpful situational/cultural norms that support a restricted range of valued knowledge, valued skills, valued emotional identities or valued behavioural identities are commonly associated with relatively large proportions of people whose knowledge, skills, roles, emotional identities or behavioural identities are perceived to have limited value which negatively influences the realisation of all the essential capacities especially the capacity for affiliation
	Unhelpful situational/cultural norms that support restrictive and/or oppressive values, beliefs and orientations to meaning.	Unhelpful situational/cultural norms that support restrictive and/or oppressive values, beliefs and orientations to meaning commonly promote the development of constrained imaginations which hinders the realisation of the capacity for practical reasoning.

		Oppressive values also hinder the realisation of the capacity for affiliation
	Injustice and deprivation	Injustice and deprivation facilitate the development of restricted orientations to meaning which hinders the realisation of the capacity for practical reasoning.
	Injustice and deprivation	Injustice and deprivation restrict access to socially valued decision making in distal contexts which hinders the realisation the capacity for affiliation
Access to formal and informal learning	Formal education and training and informal learning through dialogue with others who have had extended educational opportunities	Access to formal and informal learning may facilitate the development of more elaborate orientations to meaning that do not focus on lived experience and greater insights into the potential for multiple realities which may potentially positively influence the realisation of the capacity for practical reasoning
Access to material resources and income	Sufficient material resources	Sufficient material resources may potentially positively influence the aspect of the capacity for practical reasoning that focuses on the planning and organising of one's own life Sufficient material resources may potentially positively influence the realisation of the capacity to live life in one's own context and control one's own environment
	Insufficient material resources including insecure contracts regarding mortgaging/renting of a house may force people to focus on their fundamental human needs	Insufficient material resources negatively influence the realisation of all the essential capacities especially the capacity to live life in one's own context and control one's own environment
	Insufficient material resources may obstruct access to socially valued decision making outside of the contexts of proximal relationships	Insufficient material resources negatively influence the realisation of the capacity for affiliation
Type of work and roles at work	Formal education and training at work and informal work-related learning	Formal and informal work-related education may potentially positively influence the realisation of the capacity for practical reasoning

		through more elaborate orientations to meaning and greater insights into the potential for multiple realities
	High degree of control at work	High degree of control at work may potentially positively influence the realisation of the capacity for practical reasoning and the capacity to live life in one's own context and control one's own environment
	Certain types of physically demanding and unskilled labour may constrict the imagination and promote a reduced desire to function well	Work that constricts the imagination negatively influences the realisation of all the essential human capacities especially the capacity for practical reasoning
	Opportunities to form mutually supportive reciprocal relationships	These opportunities may promote the realisation of the capacity for affiliation
	Involvement in valued decision making at work	Work-related involvement in valued decision making positively influences the realisation of the capacity for affiliation
Affiliations with families and social networks	Proximal affiliations with family and friends and distal affiliations with people outside of family and friends contain people who have elaborate orientations	Connectedness to people with elaborate orientations to meaning may potentially positively influence the realisation of the capacity for practical reasoning
	Families and social networks contain people who have sufficient material resources and are in a position to offer practical, financial and emotional support	Being able to access practical, financial and emotional support may potentially positively influence all the essential capacities especially the capacity for affiliation
	Poorly developed familial relationships and social networks	Poorly developed familial and social networks my hinder the realisation of the capacity for affiliation
	Families and social networks contain people who have restricted orientations to meaning	Connectedness to people with restricted orientations to meaning may potentially hinder the realisation of the capacity for practical reasoning
	Families and social networks are dominated by people who are unable to provide practical	Being unable to access sufficient practical and financial support may potentially hinder the realisation of

	support and/or have relatively limited access to material resources Families and social networks are dominated by people who are unable to provide emotional support	the capacity to live life in one's own context and control over one's environment Being unable to access sufficient emotional support may potentially hinder the realisation of the capacity for affiliation
Exploitation through human labour	Promotes weariness and prevents people from obtaining sufficient rest Increased vulnerability arising from poor working conditions, insecure work contracts and lack of advancement opportunities	Weariness and insufficient rest negatively influences the realisation of all the essential capacities especially the capacity to live life in one's own context and control one's own environment and the capacity for affiliation Increased vulnerability negatively influences the realisation of all the essential capacities especially the capacity to live life in one's own context and control one's own environment and the capacity for affiliation

Table 3 Assessment of the Scottish Health Inequalities Policy Review based upon this paper's outlined framework

	Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities (NHS, Scotland, 2013)
Meeting the fundamental human needs	Improved housing; set standards for housing Water fluoridation Reduce exposure to cheap unhealthy foods Free smoking cessation, eye tests, school meals and fruit and milk in schools Promotion of safety for pedestrians Lower speed limits Loan schemes for child restraints Install hard wired smoke alarms Controls for outdoor and indoor air pollution including reducing exposure to second hand smoke Changes in physical environment to meet a new Neighbourhood Quality Standard.
Facilitating the realisation of the capacity for practical reasoning	High quality education for children, youth and adults including training on life skills
Facilitating the realisation of the capacity for affiliation	Creation of a vibrant democracy, greater and more equitable participation in election and decision making, Training to ensure public sector and services workforces are sensitive to all social and cultural groups to build on personal assets of service users Specialist outreach and targeted services for high risk individuals (e.g. looked after children and homeless) Participation in workplace decision making
Provision of sufficient material resources	Minimum income for healthy living Progressive individual and corporation taxation Active labour market policies to create good jobs

	Increased job security Support for returners to work and enhanced job retention Welfare rights advice (including in health care settings) to maximise income of low-income families
Protection from weariness	Enhanced job control and in-work development Protection from adverse work conditions in relation to health and safety Increased job security Support for returners to work and enhanced job retention

Table 4 Basic exemplar pre- and post- questionnaires for a hypothetical health promoting community development programme

	Questions at baseline		Questions at end of the programme
Fundamental needs			
Provide health care	Is there any aspect of caring for your health or the health of others that you would like to find out more about while you are on this programme?		Were you given any information either about caring for your health or caring for the health of others while you were on the programme? This information could have been given by the people running the programme or other participants? If so will you tell us about, please? With regards to accessing health care, is there anything you would do differently now that you have been on the programme? If so will you tell us about, please?
Information about the body	What if any aspects of mental or physical health are you hoping to find out more about while you are on the programme?		What, if any, aspects of mental and/or physical health were discussed formally or informally while you were on the programme? If mental or physical health were discussed as part of the programme how did you find these discussions? Please tell us more about this in terms of how interesting and/or useful these discussions were?
Essential capacities			
The capacity for practical reasoning	What, information are you hoping that this programme will provide? Apart from getting information, what are your main reasons for coming on the programme?		What if anything, have you learned from participating on the programme? Is there anything that you would do differently as a consequence of coming on this programme? If so will you tell us about this, please? Are you planning to do anything as a consequence of coming on the programme? If so will you tell us about this, please? What for you was the most important aspect of the programme and why?

			What aspects of the programme would you change? Please feel free to say why you think this.
The capacity for affiliation	How many people do you know on the programme? How many of the people on the programme would you describe as your friends? What do the most important people in your life feel about you coming onto this programme?		Has being a participant on the programme helped you in any way in terms of your personal relationships with people on the programme and/or outside of the programme? For example, have you made new or stronger connections with people as a consequence of coming onto this programme? If the programme has helped you in any way in terms of your personal relationships with people will you tell us about this, please? Has being a participant on the programme been unhelpful for you in any way in terms of your personal relationships with people on the programme and/or outside of the programme? If it has will you tell us about this, please. Now that you have completed the programme, what do the most important people in your life think about you having participated on the programme? Do any of these important people think, for example, that you have benefited in any way? Would you mind telling us about this please? Do any of these important people think that participating on the programme has had some negative effects? Would you mind telling us about this please?
The capacity to live one's own life in one's own context and control one's environment			Has attending the programme changed any aspect of the way you live your life? If it has would you mind telling us about this, please.

The capacity to laugh and play			What aspects of the programme, if any, did you enjoy? Would you mind telling us about this, please? What aspects of the programme, if any, did you not enjoy? Would you mind telling us about this, please?

Figure I

The relationships between time, socio-political and cultural conditions, influential environmental elements, the fundamental human needs, the essential human capacities, the ability to function well and agency (after Nussbaum, 1990)