WELLBEING INEQUALITY ASSESSMENT TOOLKIT

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locality
the power of community

CONTENTS

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BACKGROUND

What is WIAT and why should you use it?

WIAT is a tool for identifying the potential community wellbeing and wellbeing inequality impacts of policies and projects[1] before they happen.

The key output of an assessment using WIAT is a set of recommendations to minimise negative and maximise positive impacts on wellbeing, and to reduce inequalities in the distribution of impacts across groups.

Using WIAT should lead to improved community wellbeing and reduced inequalities through enhanced decision-making[2].

It is a **rapid assessment** tool ideally involving a half-day preparation for the assessment/group leader, a half-day group exercise, and a half-day for write-up and reporting to different audiences. Advice is provided on when further assessment may be required, together with links to some relevant tools.

Who should use WIAT?

WIAT will be useful to any organisation whose work has an impact on community wellbeing, including political organisations, the public sector, the community and voluntary sector, and the private sector.

When conducting an assessment, participation from affected communities and a wide-range of stakeholders is recommended.

When should you use WIAT?

WIAT should only be used if the policy or project can still be changed as a result of the recommendations of the assessment.

WIAT will have maximum impact if used during the design stage of policies and projects. A balance needs to be struck so that enough information on the policy or project is available to conduct the assessment, at a point when meaningful changes can still be made.

[1] We use 'policies or projects' for brevity, but this includes interventions, plans, strategies, programmes and projects etc.

[2] WIAT does not make decisions, it informs them.

Definitions and descriptions of key concepts ('what we mean by...')

The following concepts underpin WIAT.

Individual wellbeing

'Feeling good and functioning well' (Corcoran, 2017).

Community wellbeing

'Communities of place, purpose or practice where people feel good and function well together'. (WIAT authors).

Wellbeing determinants

'The combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential'. (Wiseman & Brasher 2008).

Wellbeing impacts

'Changes to the wellbeing status of individuals or groups attributed to a policy or project, or to the determinants of their wellbeing status' (based on Dreaves et al., 2015).

Wellbeing inequalities

Systematic, unfair and avoidable differences in peoples' opportunities to access and shape the determinants of their wellbeing (based on Dahlgren and Whitehead, 2006).

Although, strictly speaking, the terms inequity (unfair, avoidable differences) and inequality (uneven distribution) have different meanings, they are used synonymously in the UK. We, therefore, adopt the term (inequality) which is most commonly used in the UK throughout this report. Fairness is key.

Individual and community (or collective) control

The power individuals and groups have to shape or control the things that matter to them (WIAT authors).

Individual and community empowerment

Increased ability and opportunity for individuals and communities to shape the determinants of their wellbeing (WIAT authors).

Indicators

'Indicators are measurable variables that reflect the state of a community and of persons or groups in a community' (Dreaves et al., 2015).

Place

'[A location or] space endowed with meaning', for example, a street or neighbourhood (based on Lewicka, 2008).

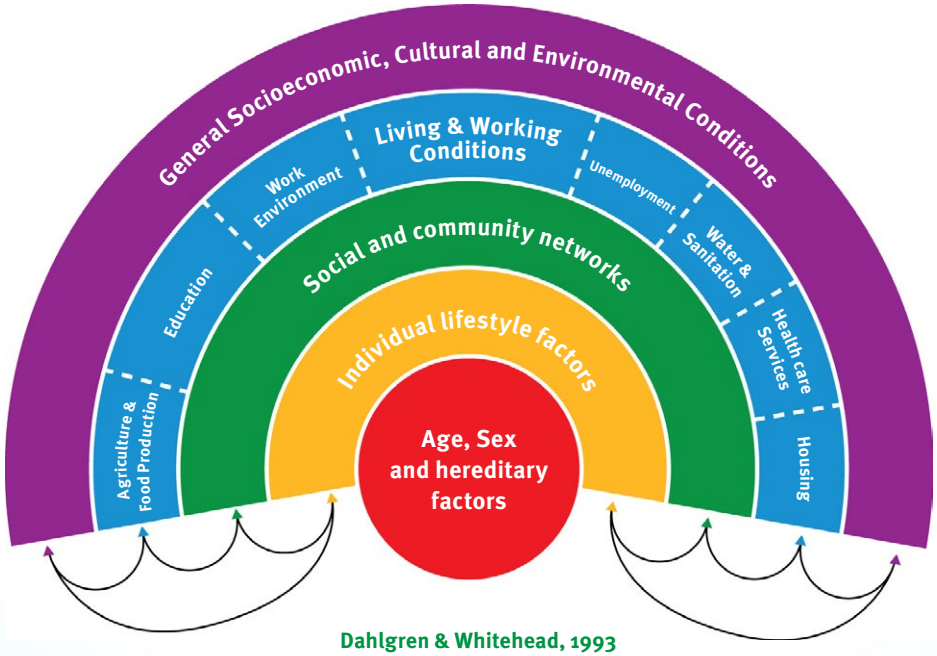
How do impacts on wellbeing occur?

Changes to wellbeing determinants lead to changes in wellbeing status (wellbeing impacts).

Wellbeing impacts (for example, levels of life satisfaction, happiness, anxiety) are influenced by the characteristics of individuals (psychological), their relationships with others (social), and the material conditions[3] to which they are exposed (environmental). These relationships are complex, intertwined and multi-directional. Some 'impacts' (or 'outcomes') may also, therefore, be 'determinants' of others.

Figure 1 illustrates the main categories of determinants of health and wellbeing.

Figure 1. 'Rainbow model' of the main determinants of health and wellbeing



Dahlgren & Whitehead, 1993

Figure 2 (next page) illustrates the complexity of community wellbeing, and the relationship between WIAT and the companion community wellbeing measurement tool, the Wellbeing in Place Perceptions Scale (WiPPS).

[3] Material conditions include the physical/environmental conditions in which people live and work, and the economic status of individuals, families and communities.

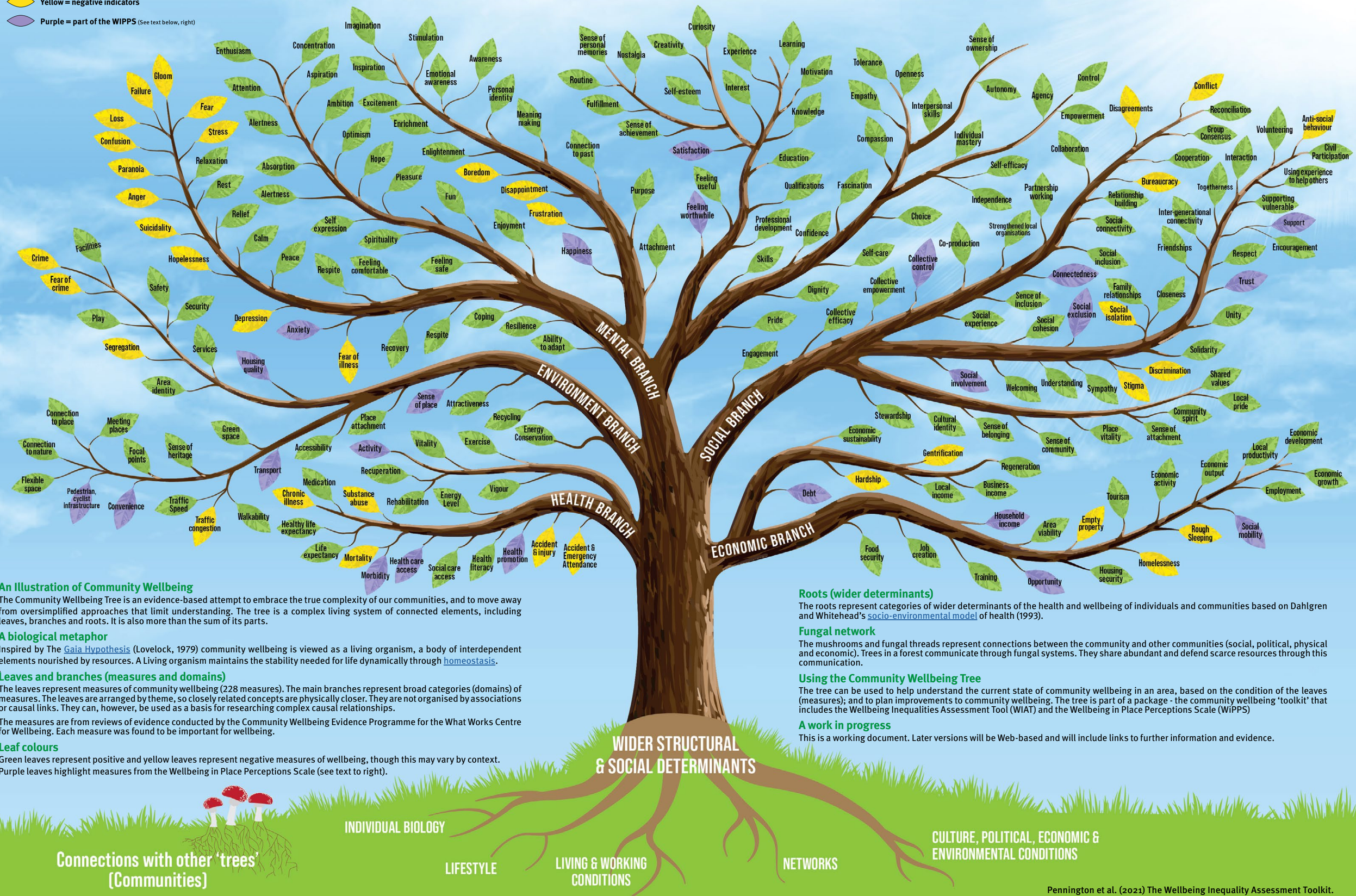
Figure 2. The Community Wellbeing Tree - A conceptual ecological system

THE COMMUNITY WELLBEING TREE

A CONCEPTUAL ECOLOGICAL SYSTEM

LEGEND (LEAF COLOURS)

- Green = positive indicators
- Yellow = negative indicators
- Purple = part of the WIPPS (See text below, right)



An Illustration of Community Wellbeing

The Community Wellbeing Tree is an evidence-based attempt to embrace the true complexity of our communities, and to move away from oversimplified approaches that limit understanding. The tree is a complex living system of connected elements, including leaves, branches and roots. It is also more than the sum of its parts.

A biological metaphor

Inspired by The Gaia Hypothesis (Lovelock, 1979) community wellbeing is viewed as a living organism, a body of interdependent elements nourished by resources. A Living organism maintains the stability needed for life dynamically through homeostasis.

Leaves and branches (measures and domains)

The leaves represent measures of community wellbeing (228 measures). The main branches represent broad categories (domains) of measures. The leaves are arranged by theme, so closely related concepts are physically closer. They are not organised by associations or causal links. They can, however, be used as a basis for researching complex causal relationships.

The measures are from reviews of evidence conducted by the Community Wellbeing Evidence Programme for the What Works Centre for Wellbeing. Each measure was found to be important for wellbeing.

Leaf colours

Green leaves represent positive and yellow leaves represent negative measures of wellbeing, though this may vary by context.
Purple leaves highlight measures from the Wellbeing in Place Perceptions Scale (see text to right).

Roots (wider determinants)

The roots represent categories of wider determinants of the health and wellbeing of individuals and communities based on Dahlgren and Whitehead's socio-environmental model of health (1993).

Fungal network

The mushrooms and fungal threads represent connections between the community and other communities (social, political, physical and economic). Trees in a forest communicate through fungal systems. They share abundant and defend scarce resources through this communication.

Using the Community Wellbeing Tree

The tree can be used to help understand the current state of community wellbeing in an area, based on the condition of the leaves (measures); and to plan improvements to community wellbeing. The tree is part of a package - the community wellbeing 'toolkit' that includes the Wellbeing Inequalities Assessment Tool (WIAT) and the Wellbeing in Place Perceptions Scale (WiPPS)

A work in progress

This is a working document. Later versions will be Web-based and will include links to further information and evidence.

Pennington et al. (2021) The Wellbeing Inequality Assessment Toolkit.

Intended and unintended impacts on community wellbeing

Policies and projects are typically designed to have intentional impacts on wellbeing-related outcomes, but they often also have unintended impacts. For example, if a health or social care facility is moved from a low populated area to a highly populated area, a larger group of people will have increased (geographical) access to care – the intended impact, but people in the low populated area will have reduced access.

Wellbeing inequality assessments must consider both intended and unintended impacts that are likely to vary across different groups and areas.

Exposures to risks and challenges and the perception of risk

Policies and projects impact on peoples' exposure to risks and challenges, and their perception of risks. Changes to either can positively or negatively impact individual and community wellbeing.

Wellbeing may be directly affected by exposure to risks such as pollution, particularly if people are more vulnerable (e.g., children and people with asthma). Emotional and physical wellbeing may also be indirectly affected by perception of risk. Impacts on wellbeing will vary and may be influenced by personality, vulnerability, by the concerns of others, and by experiences of exposure to risks such as proximity to a construction site or a waste incinerator, for example (Baldwin et al., 2019).

Protecting and promoting wellbeing

Modifying exposure to risks and challenges, and perception of risks

Physical exposures, challenges, and how people perceive risks can be modified to protect and promote wellbeing. For example, pollution can be eliminated, reduced or moved to a safer distance; polluting transport can be rerouted away from places where vulnerable people are located (e.g., nurseries, schools or hospitals). People's concerns can be reduced through good communication about changes to their living and working conditions, and by their concerns being heard and addressed.

Reducing inequalities in wellbeing

Inequalities in wellbeing can be reduced by well-designed policies and projects that fairly distribute power (control), resources and challenges, based on the relative needs and vulnerabilities of different members of the community.

Fair distribution (of resources and exposures or challenges)

According to Nobel Laureate Amartya Sen – if, during a famine, you give (equal) basic food rations to a woman and a pregnant woman, the first woman will survive but the pregnant woman and her unborn child may starve. This illustrates that equal distribution of resources is not always enough to ensure wellbeing. Resources and exposures or challenges, therefore, need to be distributed fairly according to need.

Involving and empowering communities

There is a large body of evidence which suggests that increasing individual's and communities' control over decisions can improve their health and wellbeing (Whitehead et al., 2016; Pennington et al., 2018; Orton et al., 2019).

Meaningfully involving communities

Wellbeing inequality assessment can help to manage perception of risks and reduce anxiety about a proposed policy or project when people are empowered to make improvements according to local need. This can also lead to more successful policies and projects. To identify and address potential inequalities, wellbeing impact assessments should involve representatives from the different groups in a community likely to be affected.

An instrumental model of wellbeing: balancing resources and challenges

In practice, policies or projects can either increase or decrease the resources and exposures (or challenges) impacting on wellbeing. We, therefore, use an instrumental[4] model of wellbeing in which community wellbeing is determined by the balance between the resources available to communities and the challenges or exposures they face (Figure 3).

Figure 3. Instrumental Involving and empowering communities community wellbeing

Based on Dodge et al., 2012

[4] Instrumental: 'Serving as a means of pursuing an aim or policy'.

THE ASSESSMENT

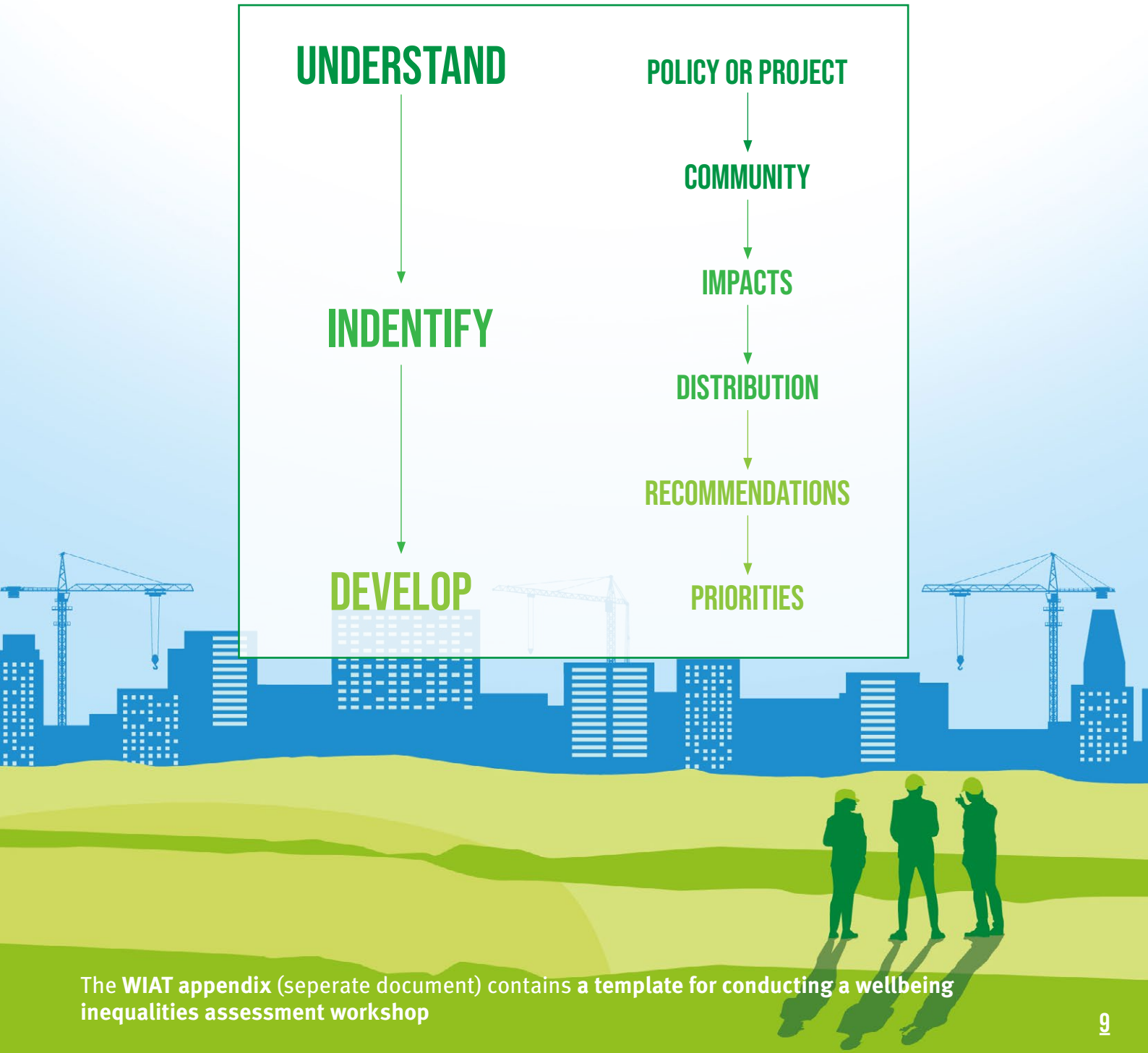
The assessment is split into three main parts (Figure 4) which occur before and during the assessment workshop.

1. UNDERSTAND:
The policy or project, and the community groups likely to be affected. This activity should begin before the assessment workshop and continue during the workshop.

2. IDENTIFY:
Potential impacts on wellbeing determinants, and how impacts may affect and be distributed across different groups of people. This activity should be conducted during the assessment workshop.

3. DEVELOP:
Recommendations to reduce or eliminate negative impacts, and maximise positive impacts, including inequalities in the distribution of impacts across groups. Then choose priority recommendations for changes to the policy or project. This activity should be conducted during the assessment workshop.

Figure 4. Conducting an assessment



The **WIAT appendix** (seperate document) contains **a template for conducting a wellbeing inequalities assessment workshop**

PREPARATION FOR THE WORKSHOP

Understand

a. Policy or project

Before the workshop, gather information to:

i. Describe the aim/purpose of the policy, and the issue/problem it targets as well as the opportunities it aims to bring about.

ii. Describe any explicit and direct attention paid to health or wellbeing.

iii. Describe the groups the policy or project is designed to affect (intentionally).

b. The affected community

Before the workshop, gather information to:

i. Describe the population groups that live, work or play in the communities targeted by the policy or project. See **Box 1** for groups that should be considered. Try to identify groups that may be affected intentionally **and** unintentionally.

Box 1. Distribution of impacts (inequalities)

The distribution of impacts (wellbeing inequalities) will vary within and across population sub-groups; examples are listed below.

Population sub-groups:

- Infants and toddlers
- Children and adolescents
- Working age people
- Older people
- Males/females
- Single/married/cohabiting people
- People with dependents/carers
- Lesbian, Gay, Bisexual, Transgender, Queer or Questioning+ (LGBTQ+) people
- Black, Asian and Minority Ethnic (BAME) people
- People with particular religious beliefs
- People with particular political beliefs
- Chronically ill people
- People with disabilities
- People who are homeless, people sleeping rough
- Unemployed people
- Economically disadvantaged people
- Gypsies and travelers
- Migrants
- Refugees
- Others (identify for the specific policy or project)

Wellbeing impacts may also vary within and across groups based on **people's relationship with place**:

- Local residents, residents in adjacent areas, tourists and visitors.
- Students living or studying in the area/s affected.
- Workers or commuters in the area/s affected.

ii. Use available information sources, including those described below to identify any local health and wellbeing issues and inequalities.

Measures

Summary public health statistics can help you understand the health and wellbeing status of people in broad areas (Local Authorities/councils) in comparison to the national picture. They include information about local populations, local wellbeing determinants, and local health and wellbeing issues and inequalities (though the availability of data indicators varies).
England: https://fingertips.phe.org.uk/profile/health-profiles
Scotland: https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool
Wales: www.wales.nhs.uk/sitesplus/888/document/149366
Northern Ireland: https://www.health-ni.gov.uk/topics/doh-statistics-and-research

UK Local Authority level data on wellbeing can be found here:
https://www.ons.gov.uk/datasets/wellbeing-local-authority/editions/time-series/versions/1
This provides information on life satisfaction, feeling worthwhile, happiness, and anxiety for Local Authority areas in comparison to the UK average.

Local Authority level data on wellbeing (determinants and outcomes) and wellbeing inequality indicators **for England** are available from the What Works Centre for Wellbeing: https://whatworkswellbeing.org/resources/understanding-local-needs-for-wellbeing-data. This includes a colour coding system (green to red) that can be used to quickly identify potential strengths and weaknesses/ issues at local level. We hope that future work will provide this data (and hyperlocal/neighbourhood-level data) on wellbeing and wellbeing inequalities for the whole of the UK.

The statistics provide information on averages (aggregated) across an area and therefore do not represent the experience of individuals. Large differences (inequalities) may exist within and across local areas.
Further information on local level wellbeing determinants and outcomes can be accessed in three ways:

1. Use available hyperlocal/**neighbourhood-level** data, e.g.

a. Understanding Welsh Places www.understandingwelshplaces.wales
b. Understanding Scottish Places www.usp.scot
c. Co-op Community Wellbeing Index for England and Wales https://communitywellbeing.coop.co.uk

2. Consult local people (residents, workers, politicians, public and private service providers and users) to find out what they know about the people and conditions in their community/area (this can occur before and during the assessment workshop).

3. If available, use your own organisation's data on your employees and the people you serve (and ask for better, disaggregated data over time).

4. Use data from the Wellbeing in Place Perceptions Scale (WiPPS).

Who should be involved in the workshop?

This will vary according to the nature of the policy or project being assessed, but you should always try to involve people directly and indirectly affected (intentionally and unintentionally) by the policy or project. This may include residents, local workers, local politicians, business owners, service providers, commuters, students, and Local Charity and Voluntary services (including specialist groups representing, for example, people with disabilities, older people…).

A multi-disciplinary group working in areas relating to local population health and wellbeing and/or relating to the specific policy or proposal will bring additional, useful insight. This may include experts and representatives from public health, planning, environmental health, housing, police, fire and rescue, NHS and social care.

It is important to consider and address potential power imbalances when citizens, community groups and professionals are working together. For further information and guidance see:

- How does community involvement in decision-making impact on wellbeing?
- Power – A Practical Guide for Facilitating Social Change

Invitations and accessibility

Provide sufficient notice for people to attend (try to send out invitations some weeks in advance, and a reminder one week before the workshop).

Consider accessibility issues for a range of participants, including time/availability; physical access; sight, hearing and other impairments; and financial barriers to access.

Send participants background information on WIAT and the policy or project to be assessed.

Materials for the workshop

- Copies of the assessment template.
- Information about the policy or project (from preparatory work).
- Information about the community (from preparatory work).
- Pens, paper, flip charts, markers, post-it notes (so the group can record and organise ideas).
- Refreshments.

DURING THE WORKSHOP

On arrival

Use a sign-in sheet to gain the consent of participants to use the information they provide. Explain and use the Chatham house rule so people feel free to voice their opinions. Provide participants with a brief overview of what the policy or project entails, and the groups it is intended to target.

Conducting the assessment

Follow the instructions in the template and the guidance below.

Section One

Record background and context to the assessment.

Section Two

1. Consider the likelihood that the policy/project will **impact** on the wellbeing determinants. While there are many determinants of wellbeing, the template identifies key determinants known to impact on individual and community wellbeing grouped into the domains of social, environmental, economic, and health determinants. When the determinants change as the result of a policy or project they impact on wellbeing.

Impacts on other determinants of wellbeing

The wellbeing determinants in the assessment template should be considered during every assessment, although some may not always be relevant. Additional specific determinants may be particularly affected by a specific policy or intervention and will, therefore, need to be identified and considered on a case-by-case basis. The template includes room for the identification and consideration of other important determinants of wellbeing based on the specific characteristics of the policy or project and the areas and communities affected (the context).

2. Try to identify the **direction** of impact/change (positive or negative). It may not be possible to identify direction of change as it may vary across different groups and contexts. In this case, simply identify the likelihood of impact and record as **'Not Known'** (it may still be possible to make recommendations for policy or project improvements if the direction of change is not known).

3. Identify the groups affected by asking/answering these questions:

- Does the policy or project explicitly (intentionally) target certain groups, or areas?
- Are there any groups or areas that may be affected unintentionally?
- Who are the groups likely to be affected (positively and negatively)?
- Who are the groups most likely to be affected (positively and negatively)?

Groups may include people who are more vulnerable to harm (e.g., protected characteristics), and those that may be vulnerable to the impacts of a specific policy or intervention because of its location or nature (e.g. commuters affected by a transport policy, self-employed affected by a planning policy).

4. Identify recommendations for improvements to the policy or project.Recommendations should be recorded. They should be clear and succinct. They should include information on the parts of the policy/intervention they relate to, the impacts they seek to address, and the population groups they are designed to influence.

Wherever possible, recommendations should be **SMART:**

Specific – who is going to do what, when, how and how much of it?

Measurable – is it possible to enumerate or assess qualitatively?

Achievable – is it "do-able"? Are the resources available?

Realistic – is it grounded in practical reality, or merely an aspiration? This often relates to timescales and organisational constraints.

Time-bound – does it say when the recommendation will occur, and how long it will last?

5. Rank priorities for action, numbering highest to lowest.
Ask:

- Will the relevant impacts be small, medium, or large in scale (number of people affected)?
- Will the relevant impacts be small, medium, or large in severity (degree of harm – e.g. death is most severe)?
- Will the impacts happen sooner or later (latency) and how long will they last for (duration)?
- What are the priorities of the community groups affected?
- Are the recommendations **SMART**?

Section three

Identify priority recommendations for action.

Follow the instruction in the template to list your highest numbered rankings of 'priorities for action'.

Select the highest priorities for each category of determinant, then decide which are the most important for the whole assessment. Include population-specific information where relevant (whole community, or specific groups). The group must decide how many priority recommendations are needed and feasible, based on how important the impacts are (considering the scale and nature of impacts and the vulnerability of population groups). List the top priority recommendations.

Reporting results of the assessment

Tell people:

- Why and how you conducted the assessment.
- The organisations and groups that were involved (anonymise names of participants unless they ask to be identified).

Provide a summary based on the information in the template of what you found (impacts, groups affected, recommendations, priority recommendations).

Remember accessibility issues for your reporting outputs/formats (including language, literacy levels, visual impairment) and always use plain English. Not everyone has access to the internet!

AFTER THE WORKSHOP

Work with policy or project implementers (within your organisation, and with other stakeholders) to complete the recommendation implementation plan below to take the recommendations forward.

Table 1. Recommendation implementation plan (template)

Recommendation	Accept or reject	Delivery champion	Cost/budget	Implementation date

MORE COMPREHENSIVE ASSESSMENTS

Resources permitting, more comprehensive health or wellbeing impact assessments should be considered when proposed interventions are larger in scale, more harmful in nature, and/or located near to vulnerable populations. A number of proposals can be screened to establish and prioritise more in depth assessment (based on scale, nature/severity, timing of delivery, and resource availability). The rapid WIAT assessment outlined in this document can be used as a baseline for decisions on priorities, alongside other considerations. Tools for more comprehensive health and wellbeing impact assessments, and further information on screening, are widely available, for example:

- Mental Well-being Impact Assessment toolkit **(MWIA)**
- Urban Health Impact Assessment methodology **(UrHIA, UoL)**
- Health Impact Assessment: a practical guide **(UNSW)**
- European Policy Health Impact Assessment **(EPHIA)**
- Health Impact Assessment A practical guide **(WHIASU)**

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WELLBEING INEQUALITY ASSESSMENT TOOLKIT

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