

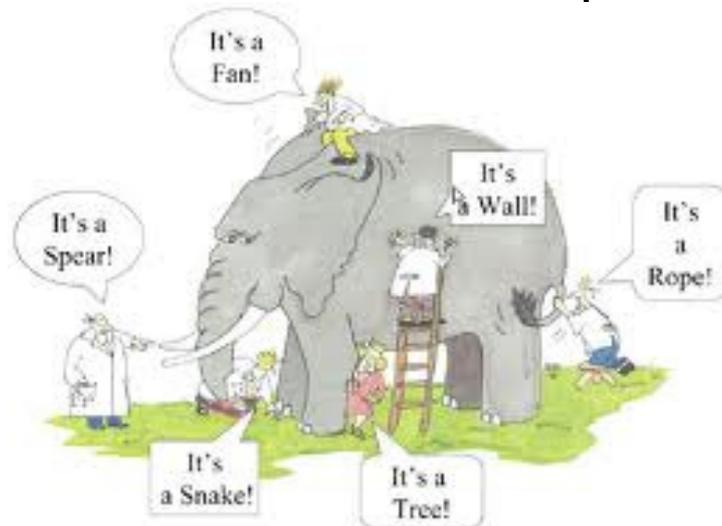
Measuring wellbeing

A case of the blind men and the elephant?



Introductory presentation made by Helen Wilding, Wellbeing for Life development lead

A case of the 'blind men and the elephant'



You may have heard of a poem by John Godfrey Saxe who lived in the 1800s. It describes how six blind men all grasp hold of a different part of an elephant and then use their experience to declare what an elephant is. So for example, the man holding the tail says the elephant is like a rope and the man holding the ear says it is like a fan.

So it is with us describing wellbeing....

each partner, each profession, each community member, each researcher, each politician all bring different, but equally valid perspectives on wellbeing – that's why it is so hard to pick one explanation and stick to it.

That takes us to the question...should wellbeing be measured at all?

The yes vote



“wellbeing is an important concept that must be defined and measured empirically to be useful in research and in policy making”

The no vote



“wellbeing is not a concept, it is an experience. Experiences are too subjective to be pinned down in this way”



So I guess this means we should start by wondering whether we should measure wellbeing at all. I have read different views on this

People in the ‘yes’ camp say that if we value wellbeing as the driver for policy we need to be able to measure it.

The people in the ‘no’ camp say that experiences are too individual to be pinned down in this way - for example, philosopher Julian Baggini says that wellbeing – like love – is an experience – and let’s face it you wouldn’t dream of sitting down and developing a metric for how much you love your partner, husband, wife or children.

The fact that we’ve turned up today and you are not yet walking out the door, means we are probably in the ‘yes’ camp but I do think it is worth acknowledging the alternative view.

Two main orientations



Forward orientation –

What is going on here?

What do we want to improve?

Where should we focus our efforts?

Backward orientation -

What changes have happened?

What have we achieved?

Have our efforts been worthwhile?

(note that 'outcome' has been defined as "condition of wellbeing")



Even in the 'yes' camp we switch back and forwards between two orientations – like Janus the roman god we can use measures to look to the future and to the past.

When we look forward – we want to know what is going on, what statistical modelling tells us MAY happen, and use this to determine our priorities and where we need to focus our efforts. For us in Newcastle this is the focus of the Newcastle Future Needs Assessment

But we also use measures of wellbeing with a backward orientation. We want to know what changes have happened – because we want to be able to evaluate whether our efforts have been worthwhile.

This is more of a 'performance' perspective and I think it is particularly relevant that Mark Friedman who wrote about outcomes based accountability defined outcomes as 'conditions of wellbeing'.

The multi-faceted nature of wellbeing



Thinking back to the elephant, I'd like to think about different dimensions of wellbeing.

Over the last month or so, since I knew I was going to be doing this presentation, I have been noting every different 'type' of wellbeing I have seen mentioned

Perspectives on wellbeing

- WHO “Health is a state of complete **physical**, **mental** and **social** wellbeing...”
- But lots of other dimensions of wellbeing have been ‘named’

occupational	economic	material
financial	relational	cultural
environmental	medical	intellectual
cognitive	emotional	informational
digital



I started with the WHO definition of health which mentions physical, mental and social wellbeing

but then went onto find a whole list of different parts of our wellbeing elephant – each with subtly different meanings bringing into focus different aspects of wellbeing – but never getting the whole elephant

Who or what has wellbeing?

- 'Individual'



(helpful at level of service delivery)

- Population: as aggregate of the individuals in a defined group



(that's how we get much of our population statistics - average, highest, lowest)

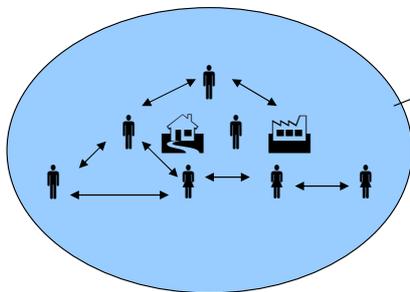


But I also found that there were differences in the level of focus – whose wellbeing are we concerned about.

At first glance it can seem quite simple – we have an individual and can 'measure' their wellbeing for example whether they work, whether they have friends, whether they have an illness. This may happen through a survey or the census or to some extent through an 'assessment'

But then we can add up the measurements of lots of individuals to get statistics – the average, the range, the standard variation and we can even compare one group to another – such as women compared to men or people in Byker compared to people in Gosforth

But, that isn't the whole story...



wellbeing arises from the relationships and interactions between people, with 'things' and with the natural environment

Not always about the 'parts' but the relationships between the parts

- Community wellbeing
- Workplace wellbeing
- Organisational wellbeing
- Wellbeing of the 'area'
- Societal wellbeing
- Global wellbeing
- Human wellbeing
- Planetary wellbeing



But then it gets more complicated.

Wellbeing arises at a number of different levels as a product of the relationships between people and with 'things'

For example – community wellbeing is not just about the sum or average of the wellbeing of the individual people in that community

– it is also about issues like cohesion, inclusion, fairness – things that cannot be applied to individuals

It seems there is a whole long list of different 'levels' at which wellbeing can emerge – starting with individual wellbeing and ending with a planetary focus

Traps in measuring population wellbeing

Proceed with caution



So assuming that we are still in the 'yes' camp and aren't walking out the door... the messiness of the wellbeing elephant means we have to proceed with caution.

So I thought it would help to bring to our attention some mental 'traps' that we could fall into – I am not suggesting this is a definitive list – more a starter list that I offer into the conversations you are going to be having today

Trap 1: mistaking the map for the territory



We need to remember that any measurements are just a way of modelling or 'simplifying' our understanding of wellbeing.

Like a map, it can help guide us through a territory but we should not make the mistake of assuming it is the territory.

And in the same way that different types of maps are useful for different things, different wellbeing measures may be useful for different things

Trap 2: using the map in preference to getting in the swamp

“In [...] professional practice, there is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where situations are confusing ‘messes’ incapable of technical solution. The difficulty is that the problems of the high ground [...] are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of greatest human concern”

(Schön, 1983, p42)



On a similar vein, it is important that we don't just sit at our desks with the map in preference to being in touch with the ground itself.

As this quote from Schon shows – the issues that local people are concerned about are in the swamp, not in a set of measurements in documents written by researchers or policy makers

Trap 3: favouring 'professionally' defined over people's own perceptions and experiences of life



My objective criteria say that your wellbeing has improved

Has it? Oh I don't feel any different



There is a lot of discussion about what are 'objective' and what are 'subjective' measures of wellbeing.

When we talk about 'objective' we are really talking about measures that have been developed by professionals as things that make sense from that 'technical high ground'.

Even questionnaires and surveys that aim to measure 'subjective' wellbeing have questions in them that are written and 'framed' according to the researchers or policy makers view of wellbeing

These shouldn't be elevated above people's own perception and experience of life AND people's own representations of wellbeing – such as quotes, pictures, drawings

Trap 4:
assuming that choosing what to
measure is a 'technical' choice,
rather than a value-laden
ideological one

“What pretends to be an argument about
evidence is an argument about ideology.”
(Marmot, 2012, radio interview)



Measurement uses resources and time – whilst at a local level, we often use data that is determined and collected by others – we also have the choice to measure some things for ourselves – what we put resources into and what we ignore is a matter of what we value

If I give a workplace example – organisations often choose to measure – and manage - sickness absence because of a concern for productivity.

They don't always put resources into devising measures of the wellbeing of their employees.

Trap 5: measuring and tracking 'ill-being', rather than wellbeing

- Many measures focus on what is wrong – a problem or the risk factors that lead to them
 - e.g. how many people smoke and the incidence of lung cancer

BUT

- Wellbeing is a positive state, not just the absence of something wrong



The last example illustrates too that we've been very good at measuring problems and the risk factors that lead to those problems.

The European Region of the World Health Organisation recently pointed out that since 1947 when WHO defined health as a 'state of wellbeing' it has spent the time focussing on ever sophisticated measures of disease and disability – and not looking at wellbeing as a positive state.

Trap 6: doing what is counted, not what counts

“The final report into the care provided by Mid Staffordshire NHS Foundation Trust was published today. The Inquiry Chairman, Robert Francis QC, concluded that patients were routinely neglected by a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care.”

Mid Staffs Inquiry, Press Release

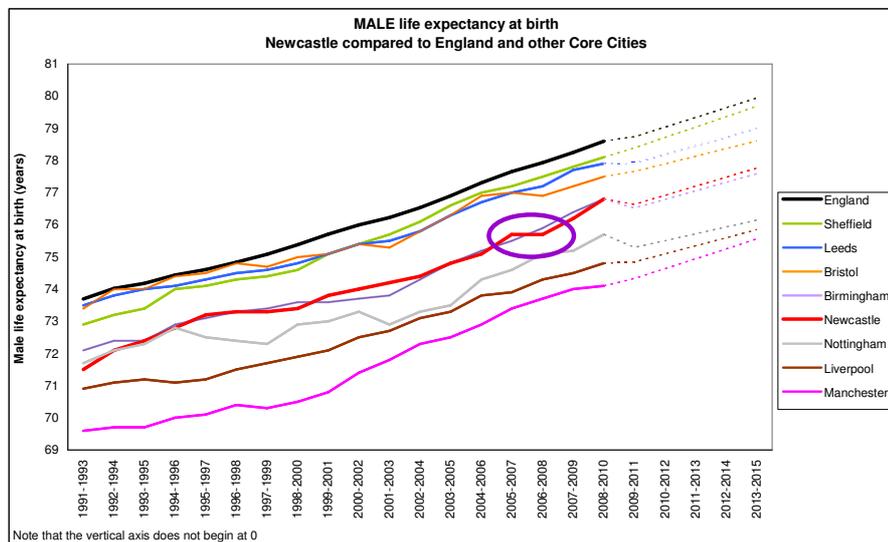


Once we have measures it is easy to focus on them – we can get transfixed with the numbers and the ‘bottom-line’ – but as the mid-staffs inquiry shows – this sort of preoccupation can lead to some tragic situations.

Targets and benchmarking have been shown by researchers to create the conditions where game playing and fixing the results can lead to unintended consequences

We need to learn to improve wellbeing and health with the measurements as the guidebook for our journey, not the destination itself.

Trap 7: evaluating short-term, rather than long-term changes



Long term trends – such as this one for male life expectancy - don't go in straight lines they dip up and down along the way.

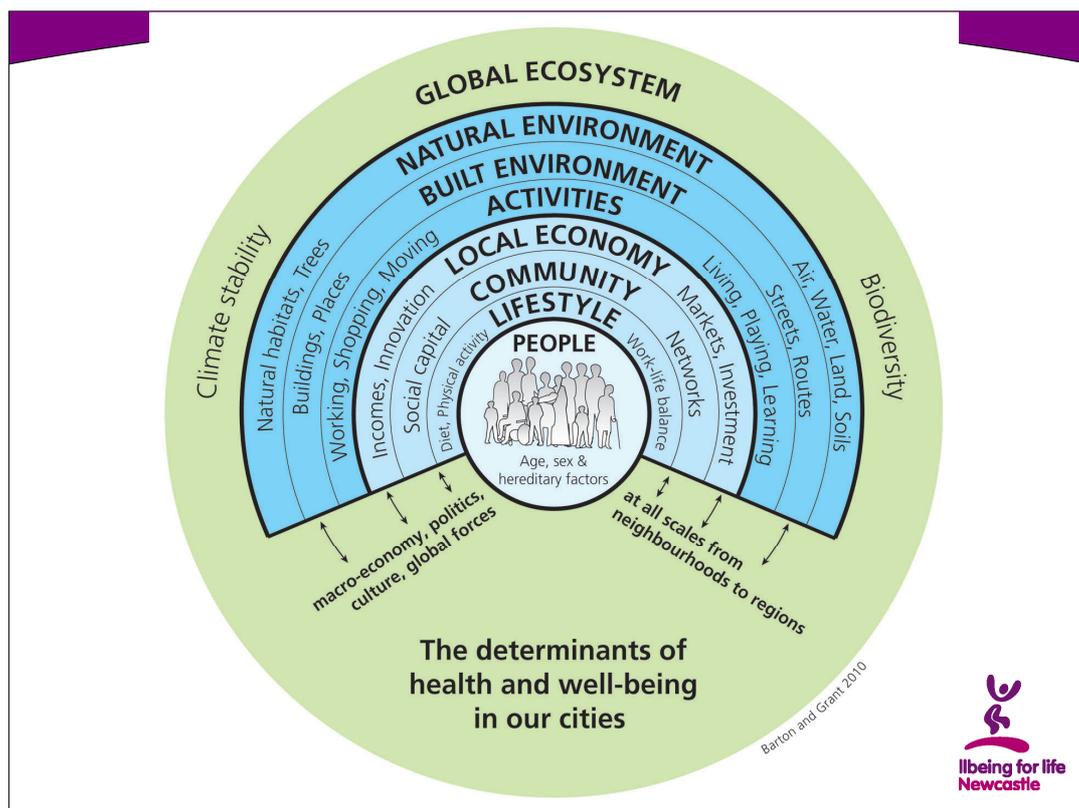
In the purple oval there – you can see that male life expectancy in Newcastle went down. I know that other people in this room will remember, like me, how much that dip and what can be done about it was focussed on.

But in the big scheme of things the trend is okay – sure it looks worse then elsewhere – but it has been getting better

Trap 8: focussing on near-term,
certain results to the detriment of
longer-term, less predictable
results



The preoccupation with wanting to see results in the short term can also affect what we choose to do to make a difference



This is the model we use in Know your city as a way of structuring the information about the forces and factors that influence wellbeing and health.

If we want immediate changes in the short-term that are more 'certain' of results on a one by one basis we concentrate on the things in the middle – like weight loss surgery or stopping people smoking.

The further out we go, the less predictability there is about the exact nature impact of what we do – how many people will benefit – and the time frame over which it will make a difference.

At the extreme outer edge – we are even incorporating concern about the wellbeing and health of people who are not yet born.

Trap 9: assuming change (or outcomes) is delivered in a linear way

“value and benefit are the perceived *results* that emerge over time from the combined activities and interactions of all those involved, as opposed to physical ‘things’ that can be delivered”

(Winter and Szczepanek, 2009, 126)



And finally – when we are looking at population level changes and wanting to know we are making a difference. It is easy to want to attribute that change to something that some one or some service has done – we want to pinpoint who has – or hasn’t – done their job well.

But wellbeing at a population level doesn’t change in that way. These changes can’t be delivered by a service or an organisation – they emerge as a result of lots of people doing lots of different things – some of which will be the ripple effects of actions taken years ago or by people at national or international levels

Ideas on avoiding the traps...

- Not measure at all – it's always an option!
- Being aware of the traps in the first place, reflecting on the dangers and proceeding with caution
- Avoid target setting and benchmarking that create conditions where you can 'hit the target but miss the point'
- Be very aware of those dimensions of wellbeing not amenable to measurement
- Compliment with qualitative information – quotes, photos, drawings
- Listen to, value, and learn from experiential knowledge of people in communities and of staff (requires spaces where dialogue flourishes, not debate and conflict)
-there is bound to be more you can add



I am sure that your perspective on the elephant will mean that you would identify different traps and you'll also be aware of traps I've fallen into.

But rather than finish with a list of traps I do want to give my starter list on how we can avoid them

I'm really looking forward to hearing about the different work that will be presented in the room today – because to me, multiple maps will between them provide a much richer picture of the territory.