



Five Ways to Wellbeing

New applications, new ways of thinking

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Introduction

The *Five Ways to Wellbeing* is a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. They were developed by **nef** (the new economics foundation) as the result of a commission by *Foresight*, the UK government's futures think-tank, as part of the *Foresight Project on Mental Capital and Wellbeing*.¹

This report presents the results of a scoping exercise looking at how the *Five Ways to Wellbeing* have been used across the UK since their launch as part of the *Foresight* report in October 2008.

Aims and objectives

The aims of this work are twofold.

1. To develop an increased understanding about the scope and potential of the *Five Ways to Wellbeing* as a tool to improve population mental health and wellbeing.
2. To review how the *Five Ways to Wellbeing* are currently being used by local and national agencies to help identify future opportunities.

Section 1 outlines some of the arguments for a population-wide approach to mental health promotion and provides more detail about the *Foresight* report and the development of the *Five Ways to Wellbeing*.

Section 2 details the methodology of the current scoping exercise.

Section 3 presents a new analytical framework developed to categorise different uses of the *Five Ways to Wellbeing*.

Section 4 maps findings from the scoping exercise against the framework and presents a number of case studies that illustrate different uses of the *Five Ways to Wellbeing* in more detail.

Section 5 provides further information about the characteristics of activities and interventions using the *Five Ways to Wellbeing*.

Section 6 discusses the findings from this work, highlighting areas for future development.

About this report

This report was commissioned jointly by the *National Mental Health Development Unit* (NMHDU)² and the *NHS Confederation* in 2010.

The views expressed in this report reflect the research findings and the authors' interpretation; they do not necessarily reflect NHS Confederation policy or opinions.

1. Putting the *Five Ways to Wellbeing* in context

In early 2011, the Department of Health launched the Coalition Government's mental health outcomes strategy, *No Health without Mental Health*. The strategy identifies two overarching goals, namely to:

1. Improve the mental health and wellbeing of the population and keep people well; and
2. Improve outcomes for people with mental health problems through high-quality services that are equally accessible to all.³

Throughout, *No Health without Mental Health* gives considerable prominence to the idea that promoting positive mental health and wellbeing in the population is an important goal for policy and national and local organisations.

The approach outlined by the coalition government makes explicit the importance of mental health for outcomes not just across health but also across a wide range of “non-health” policy areas. In the foreword to the new strategy, Secretary of State for Health Andrew Lansley states:

*The Government recognises that our mental health is central to our quality of life, central to our economic success and interdependent with our success in improving education, training and employment outcomes and tackling some of the persistent problems that scar our society, from homelessness, violence and abuse, to drug use and crime.*⁴

This broader perspective on the significance of mental health and wellbeing in the population is also reflected in the public health White Paper *Healthy Lives, Healthy People*, which is distinct from previous public health strategies in giving equal weight to both physical *and* mental health.⁵ At a more macro level still, the Prime Minister has asked the Office of National Statistics (ONS) to develop a set of indicators that measure national wellbeing.

The direction of travel, then, is moving away from an understanding of mental health that focuses solely on the provision of targeted help for vulnerable groups, towards an approach that balances promotion and prevention of mental health and wellbeing at a population level together with care and treatment. This is a move on from previous policies and it is worth considering some of the reasons as to why it is being taken.

First, an important argument against a solely “deficit” approach to the delivery of services is based on financial considerations – put simply, it is

more expensive over the longer term than an approach that includes promotion and prevention. For instance, one study of a sample of children with complex mental health needs found that on average service costs were over £50,000 a year per child, with 90 per cent of these costs falling under education and social service budgets.⁶ Whilst it would be naïve to believe that a more promotive and preventative approach could eliminate the need for targeted interventions and support, this and other research evidence suggests that such an approach, if delivered on a population-wide basis, could lead to substantial cost savings over the medium and long term and better outcomes for people.

Secondly, focusing attention just on those people who are experiencing mental health difficulties does not, in itself, help to reduce the overall incidence of deficits and vulnerability in the population. This argument is summarised in Figures 1a and 1b, which are reproduced from a study by Huppert.⁷ Figure 1a shows a hypothetical distribution of mental health across a population. At the right-hand side of the distribution are those people experiencing significant mental health difficulties, to the extent that they would meet the criteria for diagnosis of a mental illness. Next to this is a group who are described as *languishing* – people experiencing some difficulties and distress in their daily lives but at a “sub-clinical” level. The majority of the population are assumed to have moderate mental health; at the left-hand side of the scale is a small group of people who are truly *flourishing*.

This model is a simplification and recent work suggests that mental wellbeing and mental illness may in fact be better conceptualised as two correlated but essentially separate dimensions.⁸ Nonetheless, it makes explicit that the opposite of mental ill-health is not merely its absence, but rather the presence of positive psychological states. Whilst a subtle change, this is extremely significant; it suggests a new area of interest for activity promoting mental health, namely developing interventions and strategies to shift people upwards from languishing and moderate mental health to *flourishing*.

From the perspective of a population-wide strategy, the model proposes further that the *mean* prevalence of symptoms or risk factors in the population as a whole, whilst obviously well below clinical thresholds, is associated with the number of people who experience significant difficulties and challenges in their lives. There is empirical evidence to support this conjecture⁹ and it is this observation that leads directly to the point made in Figure 1b. Strategies and interventions that succeed in shifting the *whole population* will lead both to a significant increase in the number of people flourishing and moving to moderate mental health but also, crucially, to a significant *decrease* in the number of people experiencing troubling mental health problems.

These arguments support the approach, described in *No Health without Mental Health*, of taking a population-wide perspective to improving mental health and wellbeing as well as targeting those who are already experiencing mental health difficulties.¹⁰ But this raises some obvious questions: How much is actually known about *positive* mental health, and how can it be improved?

Figure 1a. The mental health spectrum in a population.

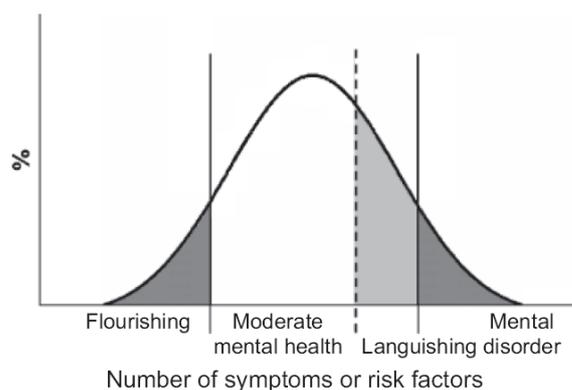
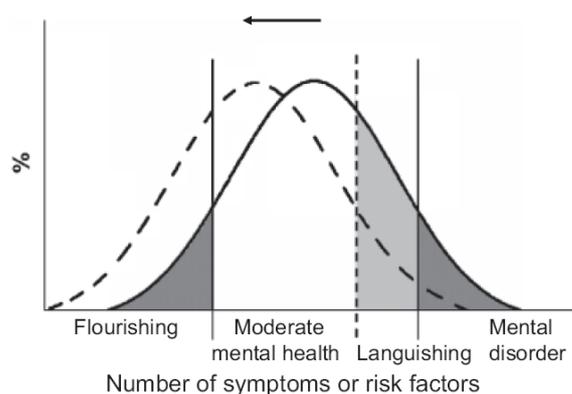


Figure 1b. The impact of a positive shift in the population mental health spectrum. Note the marked reduction of people in the 'mental disorder' category.



Implications of positive mental health

Recently, a growing body of research has explored both the antecedents and consequences of positive psychological states such as contentment, and fulfilment – often collectively referred to as *psychological wellbeing*. Far from being synonymous with the absence of mental health difficulties, psychological wellbeing has both distinct causes and significant implications across a range of outcome areas. For example, people who report higher levels of wellbeing tend to be more involved in social and civic life¹¹, are more likely to behave in environmentally responsible ways¹², have better family and social relationships at home¹³ and are more productive at work¹⁴. An extensive recent review of literature found that wellbeing is positively associated with various positive health outcomes.¹⁵ Increasingly positive mental states actually *precede* and help to *cause* good outcomes in health and wellbeing. For instance, longitudinal studies of wellbeing have shown that the prevalence of good moods predicts working days lost through illness five years later¹⁶, likelihood of stroke six years later and of cardio-vascular disease ten years later.¹⁷

How can wellbeing be enhanced?

Reflecting academic and policy interest, a large-scale governmental review, the *Foresight Project on Mental Capital and Wellbeing*, explored the state of knowledge on promoting and maintaining mental capital and wellbeing both now and in the future.¹⁸ The resulting report summarised the available scientific evidence, proposing possible interventions and strategic directions and outlining options for engagement with leading stakeholders.

The Centre for Wellbeing at **nef** (the new economics foundation) was commissioned by *Foresight* to look at the academic evidence that had been gathered and to draw out emergent public health messages concerned with how to promote and maintain positive mental health. The stated intention of the project was to develop a “mental health equivalent” of the popular and well-known message that people should eat five portions of fruit and vegetables a day in order to maintain good physical health.

nef's subsequent report, *Five Ways to Wellbeing: The evidence*, presented five key messages from the review, described in a simple, memorable and appealing format (see Box 1).¹⁹ The messages were developed to reflect kinds of *behaviour* that people can undertake, and which academic evidence suggests may lead to improvements in their mental health and wellbeing. As such, they differ from some traditional public health messages with a negative focus (i.e. messages telling people what *not* to do) and help make the point that mental health is determined in part, but not solely, by factors over which individuals have some control.

The *Five Ways to Wellbeing* was included in the main Foresight project report. In addition, it was printed as a set of colourful postcards.

Box 1: *Five Ways to Wellbeing*

Connect...

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Since the report launch, the *Five Ways to Wellbeing* messages have proven extremely popular. Groups as diverse as General Practitioners, mental health commissioners, arts practitioners, church groups, community and voluntary organisations, and civil service departments have contacted **nef** to discuss possible applications of the *Five Ways to Wellbeing*.

Prior to the present report, knowledge about the particular uses people were finding for the *Five Ways to Wellbeing* was anecdotal. The current project was instigated with two aims:

1. To develop an increased understanding about the scope and potential of the *Five Ways to Wellbeing* as a tool to improve population mental health and wellbeing.
2. To review how the *Five Ways to Wellbeing* are currently being used by local and national agencies to help identify future opportunities.

2. Project methodology

Research for this report took place over a period of three months and consisted of three elements:

1. A survey of *Five Ways to Wellbeing* activity across the UK.
2. Development of a conceptual framework with which to analyse the findings.
3. Selection and research of several case studies that highlight particularly interesting applications of the *Five Ways to Wellbeing*.

A survey of *Five Ways to Wellbeing* activity in the UK

To explore uses of the *Five Ways to Wellbeing*, we developed and conducted a survey. The aim was not to provide a completely comprehensive and representative picture but rather to provide an indicative overview of the variety of applications that have been found for the *Five Ways to Wellbeing*. A second aim was to begin to understand the relative prevalence of different kinds of application.

We compiled a short, semi-structured survey that was designed to capture key aspects of how individuals and organisations are using the *Five Ways to Wellbeing*, and who they are working with, both within communities and across organisations. The survey also explored a number of related issues:

- Partnership working
- The use of other wellbeing promotion messages
- Mechanisms for measuring the effectiveness of initiatives or activities
- Any factors that could be identified to help organisations to make more effective use of the *Five Ways to Wellbeing*

The survey ran for four weeks, from 16 July to 13 August 2010. Respondents completed the survey online.

As well as directly contacting people in our existing networks known to be using the *Five Ways to Wellbeing*, we advertised the survey in two NHS Confederation newsletters, on the Local Government Improvement and Development Community of Practice website, and in the newsletter of the All Party Parliamentary Group on Wellbeing Economics.

Framework development and analysis

In order to explore the variety of activity around the *Five Ways to Wellbeing*, we developed a framework to analyse the findings. The framework had to be broad enough in scope to capture both existing and potential uses of the *Five Ways to Wellbeing*. The development of the

framework was informed by some basic criteria and then subsequently refined as data emerged from the survey. Following initial data collection, it became apparent that activity was taking place at a number of different levels, from the single initiative in a single setting to the broader population wide strategic issues.

It also became apparent that respondents frequently cited more than one use of the *Five Ways to Wellbeing*. Where the same activity was reported by one or more partner organisations, we only counted it as one example of use for the purpose of our analysis.

Case studies

The mapping phase was supported with five case studies that aim to illustrate different uses of the *Five Ways to Wellbeing*. In each case, we interviewed respondents to find out how their projects work and the exact ways in which the *Five Ways to Wellbeing* were utilised.

3. A framework for analysis

A key objective of the current research was to develop an analytical framework for understanding how people have used the *Five Ways to Wellbeing*. In this section we present the framework and describe its characteristics in detail.

The analytical framework

The analytical framework is given in Figure 2. The framework has been designed as a matrix that can be populated with examples of current uses of the *Five Ways to Wellbeing* and, in so doing, can also highlight gaps in usage. The framework has two dimensions. The first represents the *Point of Intervention* at which an initiative or activity may be implemented in order to lead to improved wellbeing. The second represents the *Principal Purpose* of the initiative or activity.

Dimension 1: Point of Intervention

Most of the scientific evidence underpinning the *Five Ways to Wellbeing* is based on individual *actions*. In other words, wellbeing benefits are assumed to accrue to people who spend more time socialising with friends, being physically active, learning new things and so on. The implication is that improving wellbeing requires behaviour change – i.e. people doing more *Five-Ways*-type activities day-to-day.

Research in applied psychology has led to the development of numerous conceptual models of the process through which behaviour change can come about, such as Transtheoretical model – also known as the stages-of-change model²⁰ – and the Theory of Planned Behaviour²¹. Although there are many others a common feature of virtually all of behaviour change models is that they presuppose the change in question to be – at least to some degree – *intentional* on the part of the individual. To that end, they have tended to focus on the mental processes that are assumed to underlie successful behaviour change and pay less attention to the role of the external circumstances, be they physical, social, or economic.

But, of course, external circumstances are important in shaping behaviour. A person who lives in an isolated rural area may find it more difficult to meet up with friends regularly than one who lives on a busy city estate. Someone with a full-time job and a young family may find that their opportunities for volunteering are limited by time and financial pressures. In these kinds of examples, behaviour change might feasibly be achieved without the need for conscious motivation on the part of the individuals; rather, the change could be achieved by altering the circumstances in which people live.

Upstream and downstream interventions

Social psychologists have characterised these different approaches to changing people's behaviour as, respectively, *downstream* and *upstream*.²² Downstream interventions are those where the point of intervention is the individual; that is, they rely principally on motivating individuals to make changes of their own volition. Upstream interventions, by contrast, "focus on changing the *environment* in which ... behaviour occurs and on promoting alternatives".²³ This could mean paying attention to default choices, removing barriers or providing services in such a way that they encourage more positive behaviours.

Upstream interventions to improve wellbeing could be enacted on a number of different levels. At a macro-level, strategic decisions about economic, social, and environmental policy influence the background context within which people go about their daily lives. In principle, it would be possible to enact policies affecting the whole population (or significant groups within it) with the explicit intention of promoting wellbeing, perhaps by restricting or mandating certain kinds of activity, or by incentivising and/or lifting barriers to *Five-Ways*-type behaviours.

However, there are also upstream interventions where the principal actor is neither the individual nor a policy-maker taking high-level strategic decisions. Although there are a host of possibilities here, for the purposes of the framework we identify two broad categories of upstream interventions: community and organisation. Taking the latter first, within an organisation, decisions can be made that affect all employees, or all people who interact with the organisation.

An organisation with a significant public-facing element – for instance, the social service department of a local authority – could examine its processes and look for ways to increase opportunities for promoting wellbeing in the way that it deals with clients. In cases such as these, the intervention *affects* the individual but it does not necessarily require them to make self-motivated changes to their behaviour.

Figure 2: The analytical framework

		Point of Intervention			
		Individuals	Groups/Communities	Organisations	Policies/Strategies
		Improvements to individuals' wellbeing arise through their own deliberate actions	Improvements to individuals' wellbeing arise as the result of interventions affecting the group / community of which they are members	Improvements to individuals' wellbeing arise as the result of interventions affecting the organisation where they work or services with which they interact	Improvements to individuals' wellbeing arise as the result of interventions that influence the wider circumstances in which people live and work
Principal Purpose	<p>Promoting wellbeing <i>directly</i></p> <p>Distinct and defined initiatives that focus on promoting wellbeing as the main objective</p>	<i>Use of Five Ways that motivates individual action on wellbeing</i>	<i>Use of the Five Ways that motivates or facilitates action on wellbeing within groups/communities</i>	<i>Use of the Five Ways that motivates or facilitates action on wellbeing within organisational and service settings</i>	<i>Use of the Five Ways in developing strategies and policies targeted at improving wellbeing</i>
	<p>Promoting wellbeing <i>indirectly</i></p> <p>A consideration for wellbeing is integrated into the design and/or implementation of initiatives that have other objectives</p>	<i>Integrating a consideration of the Five Ways into activities galvanising individual action on some non-wellbeing related issue</i>	<i>Integrating a consideration of the Five Ways into the design and delivery of initiatives with impacts for groups/communities</i>	<i>Integrating a consideration of the Five Ways into existing systems, processes and activity to influence ways of working</i>	<i>Integrating a consideration of the Five Ways into the development of strategy and policy outside the direct remit of mental health</i>

The Community category encompasses interventions that affect particular groups of people. Community-level interventions are upstream, in the sense that they are likely to focus on removing barriers, shifting the social environment to foster the conditions that enable people to engage in more *Five-Ways*-type activities. However, the range of possible actors is wide. For instance, a voluntary organisation providing post-natal support for new mothers could use the *Five Ways to Wellbeing* to tailor its provision, perhaps by emphasising opportunities for meeting new people and skill-sharing, or by incorporating physical activity into its programme. It is important to note that, in practice, many upstream interventions that aim to target wellbeing will have a downstream element. Changing the opportunities that people have to pursue *Five-Ways*-type activities may be enough to initiate behaviour change in itself, but may require some degree of explicit educational or motivational work with individuals (i.e. downstream intervention) in order to help them make use of opportunities.

In summary, the *point of intervention* dimension of the framework aims to reflect *how* improvements to wellbeing are assumed to occur as the result of using the *Five Ways to Wellbeing* downstream or upstream.

Dimension 2: Principal Purpose

The second dimension of the framework, *Principal Purpose*, turns on whether improving wellbeing is regarded as the *main objective* of the policy or initiative in question, or whether insights about wellbeing are being used in order to meet *some other objective*, albeit with improved wellbeing as a desirable secondary outcome. The former could be described as direct wellbeing promotion – it aims to promote wellbeing directly. The latter could be referred to as taking an indirect approach – it recognises the value of wellbeing and makes use of evidence to inform how services are designed, but it is not primarily a strategy to promote wellbeing.

Virtually all policy decisions will have at least some impact on someone's psychological wellbeing at some point. To give an example, consider the case of self-directed support in adult social care. In this approach, service users are allocated a personal budget that they can spend – within some broad constraints – in any way they wish in order to procure the kinds of support that best suit them and their lifestyle. Evidently, employing this model of delivery does not change the overall *objectives* of adult social services, which remain as they ever were: to provide those in need with the support they require in a way that is effective and efficient. However, evidence from the scientific literature suggests that increasing people's control and choice over their own lives is likely to be beneficial to their wellbeing in various ways – hence, it may be reasonable to expect that an indirect benefit of self-directed support may be improved wellbeing amongst those who use it.

An intervention might be developed precisely in order to promote positive mental health; a mental health awareness campaign based around the *Five Ways to Wellbeing* would be such an example. However, it is evident that people engage in *Five-Ways*-type activities for all kinds of reasons and in all kinds of circumstances. On the whole, people do not forge social connections or take part in exercise activities because they are trying to improve their mental health. Rather, they socialise every day at work, take-up exercise to lose weight or improve their fitness, attend adult education classes to improve their job prospects, and so on. It seems, therefore, that

there is scope for using the *Five Ways to Wellbeing* as a means of integrating an understanding of wellbeing into the *design* of interventions, programmes and strategies that are ostensibly aimed at achieving other outcomes.

The *Principal Purpose* dimension of the framework seeks, therefore, to reflect the primary goal of the activity or intervention in question. It asks whether the major purpose is to improve wellbeing, or whether the *Five Ways to Wellbeing* is being used to improve wellbeing as a secondary aim of existing activity.

4. Mapping uses of the *Five Ways to Wellbeing*

Overview

Within the 58 returned surveys, we identified 76 discrete applications of the *Five Ways to Wellbeing*. Some survey respondents were using the *Five Ways to Wellbeing* in more than one way and we mapped these uses to the framework explained in the previous section.

The results are represented in Figure 3. Each element of the matrix has been given a colour indicating the frequency with which we mapped a use of the *Five Ways to Wellbeing* to its description: the darker the blue, the greater the number of uses. As the figure illustrates, survey respondents reported using the *Five Ways to Wellbeing* in a wide variety of ways; both “downstream” and “upstream”, and with wellbeing promotion as both the primary and secondary aim of reported activities.

To summarise some general observations:

- Viewed overall, attempts to increase *Five-Ways*-type activity were evident at all levels of the point of intervention dimension, i.e.: the individual level, the collective/group level, the organisational level, and the strategic level. Within this range, however, it is clear that certain kinds of activity were more prevalent at some levels than others.
- Respondents were most likely to be working in a way that aims to encourage individuals’ to change their behaviour in order to improve wellbeing.
- Use of the *Five Ways to Wellbeing* to shape policies and strategies was also quite common, with the number of instances of activity at the strategic level about half that reported at the individual level.
- The *Five Ways to Wellbeing* was also used at the organisational level, particularly to affect a change to the work environment through raising awareness. Examples of activity at the group/community level were least common.
- In relation to the Principal Purpose (direct and indirect approach) dimension, the distribution of uses across the matrix is heavily skewed towards initiatives using the *Five Ways to Wellbeing* to directly improve or promote wellbeing. These initiatives were six times more common than initiatives that used the *Five Ways to Wellbeing* to integrate a consideration for wellbeing into other objectives and aims.

In the following section, we take a closer look at the interaction between the two dimensions of the framework. Taking the Principal Purpose dimension

as our starting point, we first consider how projects and programmes have used the *Five Ways to Wellbeing* in order to promote wellbeing at the individual, community, organisational and policy level. Secondly, we consider how the *Five Ways to Wellbeing* can be integrated into processes and ways of working at each of these levels.

Using the Five Ways in distinct projects and programmes aiming to promote wellbeing

We found the majority of uses of the *Five Ways to Wellbeing* are downstream and focus on encouraging individuals to take action. In these cases, therefore, impact and success depend on effectively motivating individuals to make changes of their own volition.

Encouraging individual action

Thirty-seven of the 76 examples corresponded most coherently to this element of the matrix. The *Five Ways to Wellbeing* was communicated to individuals and groups through various means, including: campaigns; events and festivals; social marketing drives; literacy tools; and healthy lifestyles advice. The focus was generally on information provision and knowledge transfer with the aim of motivating individuals to take action themselves. Raising awareness and literacy levels about wellbeing was a key element of most activities using the *Five Ways to Wellbeing* in this way.

It was also common to find the *Five Ways to Wellbeing* explicitly linked to existing service provision run by local providers, as a way of increasing uptake and enabling people to self-manage their wellbeing. Typical outcomes for these projects included:

- Raising the profile of wellbeing in the public consciousness.
- Making improvements to population-wide mental health.
- Supporting individuals to take action to improve their own wellbeing.

Figure 3: Some applications of the *Five Ways to Wellbeing* mapped to the analytical framework

		Point of Intervention			
		Individuals	Groups/Communities	Organisations	Policies/Strategies
		Improvements to individuals' wellbeing arise through their own deliberate actions	Improvements to individuals' wellbeing arise as the result of interventions affecting the group/community of which they are members	Improvements to individuals' wellbeing arise as the result of interventions affecting the organisation where they work or services with which they interact	Improvements to individuals' wellbeing arise as the result of interventions that influence the wider circumstances in which people live and work
Principal Purpose	<p>Promoting wellbeing <i>directly</i></p> <p>Distinct and defined initiatives that focus on promoting wellbeing as the main objective</p>	<p>e.g.</p> <ul style="list-style-type: none"> - Awareness raising campaigns - Events and festivals - Literacy tools - Use of Five Ways in gallery and museum exhibits - Self-help website - Healthy lifestyles advice to reduce health inequalities 	<p>e.g.</p> <ul style="list-style-type: none"> - Use of the Five Ways to guide the activities of time bank members - Work with youth groups to provide opportunities for Five Ways behaviour 	<p>e.g.</p> <ul style="list-style-type: none"> - Use of the Five Ways to instigate a shift in thinking and approach to mental health - Integration of the Five Ways into staff inductions and training sessions - Knowledge transfer to GPs and health trainers 	<p>e.g.</p> <ul style="list-style-type: none"> - Informing public mental health strategies - Incorporating indicators for Five Ways into community surveys – in order to plan and prioritise investment and activity - Use of Five Ways in contractual arrangements
	<p>Promoting wellbeing <i>indirectly</i></p> <p>A consideration for wellbeing is integrated into the design and/or implementation of initiatives that have other objectives</p>	<p>e.g.</p> <ul style="list-style-type: none"> - Use of the Five Ways in an inclusion project aiming to integrate individuals into their communities - Co-production of public services 	<p><i>No examples found for this category</i></p>	<p>e.g.</p> <ul style="list-style-type: none"> - Use of the Five Ways as a tool for consultation - Influencing interventions and service delivery approaches - Improvements in partnership working 	<p>e.g.</p> <ul style="list-style-type: none"> - Use of the Five Ways to tackle health inequalities - Development of an evaluation tool for arts projects - The development of an asset-based approach to joint strategic needs assessments

The actual means by which the *Five Ways to Wellbeing* was used to engage and motivate people tended to differ along three spectrums:

1. Targeted ↔ Population-wide

The *Five Ways to Wellbeing* was used to motivate behaviour change in individuals across a number of different settings, including service settings, work environments and communities. Almost half of the examples used the *Five Ways to Wellbeing* in projects targeted at specific population groups. These groups varied from project to project and included older people, young people, South Asian females, people with disabilities, people with severe and enduring mental health problems, carers, people with pre-clinical dementia, social housing tenants, pregnant women, new mothers, the unemployed, staff and volunteers. Other projects worked at the population level with initiatives aimed at engaging the general public, either through community events, local radio, public spaces like museums or galleries and universal settings like GP surgeries. Approximately a third of examples reported working at both the targeted and the population level.

2. Small scale ↔ large scale

Projects also varied according to scale. This spectrum is not completely unrelated to those whom projects are aiming to influence. Sometimes initiatives were relatively low-key, run in a community centre, a GP surgery, or a particular work setting. Other initiatives took place in more public settings, with higher footfall. The use of the *Five Ways to Wellbeing* in gallery and museum exhibits in Manchester opened up the possibility of 125,000 visitors engaging with the messages. Large-scale initiatives tended to rely on greater resources to run sustained campaigns and events over a prolonged period of time. As with Liverpool's 2010 Year of Health and Wellbeing, these initiatives pull in a whole range of partners who agree to participate and contribute, especially when backed by senior management in local authorities and health partners (Box 2).

3. Passive ↔ Active

For the majority of projects and programmes using the *Five Ways to Wellbeing* to encourage individual action, information and advice was provided by statutory and voluntary providers with the hope that it would be absorbed and acted upon; however, the individual remained relatively passive in the process. This follows a very didactic approach to learning. At the most, initiatives can hope for a shift in understanding but a change in behaviour is probably unlikely. Even if increasing wellbeing awareness is the first step, evidence on the impact of experiential learning provides reason to suspect that active engagement – i.e. learning by doing – might be more effective at increasing understanding, at least for some people.²⁴ Some projects did actively involve individuals and groups in the design of materials. One project worked with students from four schools to

Box 2: *Five Ways to Wellbeing* and the Year of Health and Wellbeing in Liverpool and the North West

Following the success of Liverpool's year as European Capital of Culture in 2008, and recommendations from Liverpool's Health is Wealth Commission, Liverpool City Council and Liverpool Primary Care Trust developed the 2010 Year of Health and Wellbeing programme.

Reporting to the Local Strategy Partnership (LSP) and regional health boards, this has led to changes in the way partners from all sectors are prioritising health and wellbeing as key strategic goals. The use of the *Five Ways* is being adopted widely as a framework for improving wellbeing by numerous organisations, including Mersey Fire and Merseyside Dance. The year has also inspired many local community events and activities.

The scale of this awareness campaign and its follow-up interventions has been supported by the Executive Member of Health in the council and the Assistant Chief Executive of Mersey Care NHS Trust. At the regional level, using the *Five Ways* as a vehicle for promoting wellbeing has been supported by the Chief Executive and Regional Director of Public Health within the Strategic Health Authority.

Commitment has now been secured for progressing a year of Health and Wellbeing across the North West as part of a whole decade of change. The method of Large Scale Change is being used to encourage everyone to think and act differently to improve health and wellbeing. Increasing awareness and adoption of the five ways to wellbeing is a key objective.

For further information, contact sue.henry@northwest.nhs.uk. The website is www.yearofhealthandwellbeing.org.uk

create and publish two children's books based on the *Five Ways to Wellbeing*. One initiative in Cumbria is asking people to do the work – they are opening a temporary exhibition space around the *Five Ways to Wellbeing* which local people are shaping through the objects, messages, and photos that they choose to display. A rural development project in Scotland is funding and supporting communities to work with the *Five Ways to Wellbeing* to celebrate life in the community as a mechanism for improving community functioning (Box 3).

Where initiatives use both educational messages and activities designed to enhance wellbeing at the point of engagement with a project or programme, they could be working towards dual objectives. A community festival that raises awareness about the *Five Ways to Wellbeing* while simultaneously providing opportunities for people to connect, learn, or give is one example. As well as being a vehicle for communicating wellbeing messages when labelled or advertised as *Five Ways*, these initiatives are also providing opportunities for people to go about activities that promote their wellbeing. This feature has some similarities with initiatives working at the group level to create an environment which removes barriers for individuals to take part in *Five Ways to Wellbeing* activities.

Shifting the group/community context

We only matched two uses of the *Five Ways to Wellbeing* to this element of the framework.

Paxton Green time bank

In the first example, the *Five Ways to Wellbeing* guided group activities in Paxton Green time bank. This made it possible for time bank members to exchange time credits for oyster card days out to explore London for *Take Notice* or to share a skill as part of *Keep Learning*.

Manchester arts organisation

In the second example, the local authority in Manchester commissioned an arts organisation to work with six youth groups to provide opportunities for members to connect, take notice, and learn a new skill through the medium of art, i.e. sculpture or portraiture.

These initiatives both provide opportunities for groups to engage in *Five Ways to Wellbeing* activities. They do not strictly rely on individuals to make a change to their behaviour because the individuals attend these groups already. Rather it is a shift in focus at the group level which provides opportunities for wellbeing-enhancing experiences.

Shifting the organisational context

We included direct promotional activity to improve people's wellbeing in the workplace under initiatives to encourage individual action. This element of the matrix is more concerned with interventions that affect the organisations in which people work and interact. Of the 11 examples using the *Five Ways to Wellbeing* at the organisational level, they largely split into two categories: inward-facing activities to develop organisationally and outward-facing activities to strengthen understanding and knowledge of wellbeing among partner organisations. For the former, organisations have used wellbeing as an organising principle to shape the way they think and approach mental health. One third sector organisation, Eden Mind, reported that the *Five Ways to Wellbeing* had instigated a significant shift in thinking about appropriate support for mental health. Other examples included the integration of the *Five Ways to Wellbeing* into staff wellbeing strategies, staff inductions, and training sessions and its use as a tool for representing the needs of mental health service users and carers within the local Primary Care Trust (PCT).

Box 3: Community action in rural Scotland at community and organisational levels

Rural House is a partnership of representatives from local organisations and the communities in Dumfries and Galloway and is responsible for the administration and delivery of rural development funding from the European-funded LEADER programme and other sources.

The funding stream provides investment to rural communities to support development. More often than not this is something physical – a wildlife site, a shop, a play area or a new tourism venture. After coming across the *Five Ways to Wellbeing* in a newsletter, Rural House became more interested in the way the community functions beyond physical developments. This is in part in response to the changing nature of rural communities. They are susceptible to extra pressures: high streets with many businesses up for sale, the increase in second homes, the cost of petrol to travel to work outside the village, the outward movement of young people leaving vulnerable sets of older people and the absence of people around in the day. In some communities, it is common place for multiple generations to be unemployed.

Investment has gone into these areas but it has, in some cases, had a limited impact, in part because motivation has been lacking, and in other cases the approach has not fitted with the community. These communities have been labelled the ‘most deprived’ or the ‘most in need’. Ironically this ‘saleable quality’ has become the biggest asset these communities have as it has helped them to attract regeneration funding. But the challenges faced by these communities need to be understood socially as well as economically. As Rural Development Manager Ros Halley explains:

Looking at the Five Ways, it is clear that it is old fashioned things like connecting and feeling that you belong that can have a significant impact. However, in a modern rural community these things can be quite lacking.

Rural House has linked up with projects in the Netherlands and Germany called “Day of the Region”. In the Netherlands, small businesses are opening their doors to community members so they can learn more about what goes on in the area. In Germany, it is about celebration of regional characteristics and now Rural House would like to create its own Day of the Region linked to *Five Ways*. But rather than organise a programme of activity, it wants the community to come up with practical suggestions.

Rural House issued a call for communities interested in working with the *Five Ways to Wellbeing* to celebrate life in their community. Out of 20 proposals, it has agreed to support 5 geographical communities to develop their programmes over the next 12 months. Ideas are varied and include street BBQs, the writing and performance of a song which every street contributes to, and volunteer walls which help people to realise the resources within them and within the people around them. One village which is experiencing a particularly difficult economic situation, proposed a comedy festival – a festival of fun, with a representative noting that:

The one thing they can hold onto is their sense of humour, sense of pride and sense of place. The idea is that if they stick together they will come through the other end.

Box 3: contd

These projects will culminate in a special weekend in October, which Rural House hopes will happen every year and expand to other communities.

Each community project has been given a nominal amount (between £3,000 – £10,000) but this was intentionally limited because the emphasis of the programme is on being part of something at the collective level and making use of resources within the community. The aim is to make the point that giving, in the form of in-kind voluntary hours, is valuable to the project. Hopefully people will begin to realise that they can make a change even without financial resources.

Rural House has secured some initial funding to coordinate the projects and evaluate effectiveness for research and monitoring purposes. They aim to capture the difference the programme has made to how the community organises itself and how people feel about living in their community. They are currently exploring a measurement framework and possible survey techniques to measure community wellbeing.

For further information, contact Ros Halley, Rural Development Manager, Dumfries and Galloway LEADER Programme.

Efforts to transfer knowledge to other organisations to make them wellbeing aware, included the active dissemination of the messages and the supporting evidence base to third sector organisations, health organisations and local businesses in the case of Liverpool PCT (Box 2). Given the commissioning responsibilities assigned to GPs, it was interesting to record efforts to raise awareness of wellbeing in primary care settings. Some NHS organisations were using the *Five Ways to Wellbeing* to work with health trainers and GPs directly to emphasise the importance of good mental health. For example:

Improving GP's wellbeing

A psychiatrist at the Devon Partnership NHS Trust has developed a workshop that begins conversations with GPs about their own wellbeing. The premise is that if they value their own wellbeing, they may act more intentionally to support the wellbeing of people they interact with through their work (Box 4).

Using the Five Ways with health trainers

In NHS West Midlands, a number of training sessions informed by the *Five Ways to Wellbeing* have been developed for health trainers and primary care mental health staff. As part of the training, staff are asked to carry out a mapping activity to identify what they currently do and what they could do to promote each of the *Five Ways to Wellbeing* through their interventions and client interactions.

If and when these and other similar initiatives begin to use the *Five Ways to Wellbeing* to influence service delivery processes, they will increasingly cross over into the indirect/integration dimension of the framework because they are using the evidence of improving wellbeing to deliver their core objectives: efficient and effective services.

Box 4: Using the *Five Ways to Wellbeing* with GPs and mental health teams

The Devon Partnership NHS Trust has recently run a series of exploratory workshops with four GP surgeries and three mental health teams across Devon to facilitate staff learning about the *Five Ways*. The aim was to increase awareness, knowledge, action and the passing on of information in clinical work with people who use services.

After stumbling across the *Five Ways to Wellbeing* in the Foresight report, Glenn Roberts, who works for the Trust as a psychiatrist and is the lead on recovery approaches for the Royal College of Psychiatrists, immediately saw how they could have broad application in positive healthcare initiatives from psychiatric rehabilitation to wellbeing in the workforce. He recognized that they could help bridge the gap between secondary and primary care through a shared emphasis on mental health promotion, especially in light of clinical commissioning responsibilities.

The Five Ways are like DNA – simply but elegantly effective. They sit at the heart of things.

Glenn and colleagues have devised an interactive educational package lasting half an hour that can be delivered as part of a lunchtime meeting (and supported by a free lunch). GPs and mental health practitioners are invited to review the evidence underpinning the *Five Ways to Wellbeing* before doing a variety of activities that represent each of the Five Ways. They are then encouraged to think about their own wellbeing and explore the possible applications of the *Five Ways to Wellbeing* in their healthcare settings. Participants leave with various *Five Ways to Wellbeing* materials to reinforce learning, including postcards, sticky notes and pens with pull-out messages.

The aim of these educational interventions is not primarily to persuade staff to use the *Five Ways to Wellbeing* in their interactions with people who use their services. Rather, it starts from the principle that the *Five Ways to Wellbeing* are relevant to anyone who wishes to take action to improve their quality of life and if people experience the value of the *Five Ways to Wellbeing* in their own lives, they are more likely to understand and value the messages and pass them on. As Glenn says:

If you don't have it, how can you give it?

Glenn and his team conducted a follow up three weeks later to see what value the GPs and mental health practitioners had found in *Five Ways*, if they have practically applied them in their own lives or shared them with others in their personal lives or through their work. Feedback from pilot interventions has led to the development of an open access downloadable education pack and self-help guide focusing on "Taking steps towards living well" to support any team in reflecting on the *Five Ways to Wellbeing* personally and in their clinical practice.

The evaluation report and self-help guide are available from Glenn.Roberts@nhs.net and www.devonpartnership.nhs.net

Shaping strategy and policy

The survey revealed 13 examples of the *Five Ways to Wellbeing* influencing the development and shape of mental health strategies and policies. For example, it has informed the Public Mental Wellbeing Strategy in Tameside and Glossop and the decision to make the next decade a decade for wellbeing in the North West (Box 5), the Mental Wellbeing Strategy of South Staffordshire PCT, and the Cumbria Public Health Annual Report in 2010. NHS Stoke-on-Trent incorporated *Five Ways to Wellbeing* indicators into a community survey to better understand the extent to which local people are going about their *Five Ways*. The results are informing the focus of the local mental health improvement action plan, which will prioritise investment and activity.

While we did not have access to the specific policy recommendations that were formed as a result of these strategies, it seems that this approach offers exciting scope for strategic action. For example, people could seek commitments from local employers to offer flexible working and reduce the burden on commuting, in conjunction with policies to strengthen local involvement, which would enable people to spend more time at home and in their communities to strengthen relationships and networks.²⁵

Advertising-free public spaces could provide a welcome mental break from the endless flow of messages from companies advertising products and services and be used to promote a sense of civic pride and a point of common connection through exhibits on local history or public art.²⁶

Wellbeing strategies can also have an important influence over the commissioning process. For example, Kent & Medway NHS & Social Care Partnership Trust has specified the measurement of outcomes outlined in its local wellbeing strategy, which was developed using the *Five Ways*, in contractual arrangements with providers. And NHS Lambeth has worked with the council to put together a match funded medium-sized grants programme for organisations who can demonstrate projects or activities supporting the *Five Ways*.

Box 5: Using measurement of the *Five Ways to Wellbeing* to direct strategic priorities and activities

NHS Stoke-on-Trent recognised that it lacked information about the wellbeing of local people. In order to work most effectively on mental health improvement, it was becoming increasingly important to undertake a robust needs assessment to target activity and resources. While data about mental ill health was available, it did not have information on the wellbeing of the local population. The Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) and the *Five Ways to Wellbeing* offered the means to undertake the work required.

As a pilot exercise, the PCT commissioned a research company at the end of 2009 to assess levels and drivers of wellbeing in a neighbourhood in Stoke-on-Trent with a population of approximately 50,000 people. The survey component used WEMWBS as well as some additional questions to assess the determinants of wellbeing. These included questions aimed at identifying the extent to which people were going about the *Five Ways to Wellbeing* in their day-to-day lives. Using a lay researcher approach, local people were trained to conduct face-to-face interviews with a sample of 750 respondents.

This work was supplemented by five focus groups conducted in smaller neighbourhood areas to explore further how local residents understood wellbeing and the influencers at a local level. When the quantitative data were analysed, correlations with WEMWBS produced some interesting findings. Of the *Five Ways*, the most powerful influencers on wellbeing were Connect and Keep Learning. Also identified were the characteristics of the 15 per cent of the population with the lowest wellbeing, who were also the group less likely to participate in the *Five Ways*. Typically they had lower income, were living in council housing, had poorer general health and perceived low levels of social capital in their community.

The results of the survey have enabled NHS Stoke-on-Trent to make decisions about how to target provision, which will feed into the commissioning process. As part of the action plan arising, it aims to work with people on low incomes and people living in council accommodation to connect and keep learning.

To do this effectively, it is likely that it will need to work through neighbourhood management structures and community networks to reach people. The results of the survey have shown that to take action on the social determinants of health, joint work with the local authority is key.

For more information, contact Kate Edwards, Senior Health Improvement Specialist, NHS Stoke-on-Trent.

Respondents made use of the *Five Ways to Wellbeing* strategically in a third key way: through education. There were two examples – the main syllabus of a health and social care course at Hull University and the Mental First Aid England course – where educational materials have been supplemented with information on the Five Ways.

Using the *Five Ways to integrate wellbeing into processes and ways of working*

There were far fewer examples of integrating *Five Ways to Wellbeing* within other activities. We found some interesting examples of integrating the Five Ways at the organisational and strategic level and one example at individual level. However, we did not find any examples that corresponded to integrating the Five Ways to wellbeing at the community level.

Encouraging individual action

Individuals can be encouraged to take action on an issue not perceived to be so obviously or directly linked to their wellbeing, in ways that will positively support it. One example could be a campaign to encourage more people to cycle to work to save money. Wellbeing benefits may flow for those who increase their activity levels by taking up bike-riding but the original impetus for doing so would be to reduce travel costs.

Inclusion project in Tameside and Glossop

The example in the survey results which fits most closely to this element of the framework is an inclusion project run by Tameside and Glossop PCT which aims primarily to reintegrate people into the community. Ultimately, the project is reliant on the work that individuals do to build their confidence and take a more active role in their communities. But the project uses knowledge about wellbeing in its offer of support to individuals. It uses the *Five Ways to Wellbeing* as “pathways for engagement” to assess the interests and enthusiasm of individuals before explaining how their choices correspond to different strands of the *Five Ways*.

Integrating wellbeing within advice services

A similar approach could be taken, for example, to integrate the *Five Ways to Wellbeing* into advice services that support people at key life stages such as choosing a career, having a family or entering retirement. Similarly, when we are lucky enough to be able to choose what to do with our money or our free time, do we make our decisions with an understanding of our own wellbeing in mind or are we beholden to external pressures?

Re-designing your environment

nef has piloted the use of *Five Ways to Wellbeing* as a frame for people to “re-imagine their high street” in workshops aimed at informing local planning processes. It has helped to open up debate about how a town centre can offer more than just spaces to shop and consume. As distinct from wellbeing promotion activities which aim to improve awareness and understanding of wellbeing more generally, these activities use the science of wellbeing to support people to make decisions and take action on other life objectives, albeit with likely improvements to wellbeing over the longer term.

Co-production of public services

A slightly different example involves the co-production of public services. The need to do more with less is a predicament facing most public bodies

up and down the country. Co-production of public services – where there is an equal and reciprocal relationship between professionals, people using services, their families and their neighbours presents an opportunity to engage individual action in making services more effective while also supporting wellbeing.²⁷ It is a concept that recognises and sets out to reward the contribution that people make to society, even when this contribution takes place outside the market economy. It gives particular emphasis to building social networks characterised by support and trust. When we combine these networks with the opportunity for children, young people, adults and the elderly to put their skills, enthusiasm and experience to use we make mutual support possible. This reduces the burden on services. But it also makes people *feel* useful and *feel* good about themselves as they begin to see that they have an important contribution to make.²⁸

Shifting the group/community context

We did not find an example in the scoping which easily corresponded to this element of the framework. Either examples worked directly to motivate individuals to make a change to their behaviour or they worked to build in activities to promote the *Five Ways to Wellbeing* in an explicit way. There was less evidence of projects or programmes which had used the evidence base behind the *Five Ways to Wellbeing* to design or deliver an intervention *without* explicitly branding it as being about “wellbeing”. But it did seem to be the case that art and creative initiatives sometimes used the evidence base underpinning the *Five Ways to Wellbeing* to offer credibility and legitimacy to their programmes. The nature of their work seemed to map easily to the *Five Ways*, which means that they may already be removing barriers to the *Five Ways to Wellbeing* for individuals who attend these groups.

Shifting the organisational context

We found five examples where consideration of the *Five Ways to Wellbeing* has influenced existing systems, processes and ways of working. It has been used to think about how to transition from managing illness to supporting a non-medical service focused on recovery, wellness and participation. Mersey Care NHS trust has developed a wellness planning tool which uses the *Five Ways to Wellbeing* to connect people leaving its service with community activities.

Others are conducting assessments based on the *Five Ways to Wellbeing* for people entering services and leaving services, and are shaping interventions and service delivery approaches. It has also been used as a tool for consulting with children, young people and the general public. For example, Sandwell PCT reported how *The Five Ways to Wellbeing* influenced how it works in partnership with other organisations. The result has been improved links with the physical activity team the local YMCA and the local Mind’s community wellbeing service as well as better connections within the physical activity team.

Many of these examples have arisen from statutory and voluntary health services, and particularly those working in mental health. But the principles are applicable to other sectors too. For example, a wellbeing approach to education might consider how to integrate the promotion of emotional and social wellbeing into the ethos of schools. The *Five Ways to Wellbeing*

could be directly applied to thinking about a broader curriculum that provides more opportunities around sports, arts, creativity and mindfulness in lessons.

Shaping strategy and policy

Of the five examples we found in this category, action on health inequalities was mentioned twice. This reflects the growing evidence base on the links between mental wellbeing and health inequalities.²⁹ In two organisations, the *Five Ways to Wellbeing* was also being used to develop evaluation tools for arts projects aimed at improving health. Having an evidence base seemed to be important for demonstrating the value of creative projects to funders. In light of the current spending cuts, this could be important for strategically influencing the kind of opportunities that remain on offer to individuals and communities. As one respondent commented:

We need to grow the evidence base in a way that gets into NICE guidance for mental health as well as public health. At the moment we still have negative press coverage for NHS funds spent on dancing. We need to tackle this!

One innovative initiative between Wakefield PCT and the council involves the use of the *Five Ways to Wellbeing* in the development of an asset-based approach to joint strategic needs assessments. At the time of responding to the survey, this was still in development but it offers an interesting insight into how we might profile our communities differently in the future. This in turn has the potential to affect decisions about how we orient public provision as a tool to enable individuals and communities to flourish.

Many policy areas could be explored through the lens of wellbeing. For example, decisions about transport planning will largely be concerned with designing an efficient network of routes that enables people to travel from place to place effectively. But we know from the evidence on wellbeing that pedestrian or cycling access, with opportunities to traverse green space and social hubs along the way, has an important influence on people's activity levels and the extent to which they connect with others in their local neighbourhood.³⁰ Ashton and Leigh PCT has been discussing the inclusion of the *Five Ways to Wellbeing* within the strategic planning processes of different departments across the council and local partner organisations (Box 6).

Box 6: Five Ways to Wellbeing as a strategic planning tool

Ashton Leigh and Wigan PCT has been working with the local authority and strategic leads across the borough to embed the *Five Ways to Wellbeing* into the strategic planning process. Work with the *Five Ways to Wellbeing* grew from an observation that while wellbeing is often a stated objective in local strategic policies such as Wigan's Building Stronger Communities Partnership, strategic planners outside of health and social care find the concept nebulous and difficult to work with. Following an e-mail alert mentioning the *Five Ways to Wellbeing*, Jan Campbell, Senior Health Improvement Manager, has been using it as part of her job commitment to build stronger communities, develop the third sector and promote mental wellbeing.

It is conscious planning in a way that will actually promote wellbeing. If we have wellbeing in mind at the point of planning we have a better chance of building resilience in communities to enable them to survive in difficult times.

Jan has been having conversations with strategic planners across the borough including members of the local strategic partnership, community workers in local "life centres", police, fire service, probation and criminal justice. The aim has been to raise awareness about the *Five Ways to Wellbeing* and to encourage its use as a framework to help with strategic planning. Jan is also keen to work with the community engagement team to enable staff to be more wellbeing aware:

There is a need to disseminate the Five Ways to Wellbeing at the population level so everyone is aware. But I have not started here. I think it will be more effective to place the Five Ways to Wellbeing in the consciousness of staff, so they can throw the messages into conversations with people at a local level. So, when they are talking to someone in the refugee centre, they are able to engage with them about opportunities to take notice, connect etc.

In Jan's experience, colleagues easily buy into the *Five Ways to Wellbeing* but she recognises that the real challenge is in translating awareness into action. Increasingly, wellbeing is seen as everybody's business but people remain uncertain about how they are contributing to it. Jan has found that the *Five Ways to Wellbeing* makes activity on wellbeing visible. In strategic planning processes, programmes and initiatives can therefore be grouped and organised against the *Five Ways to Wellbeing* framework, which can help to ensure that wellbeing is addressed systematically within departments and across partnerships.

For further information, contact Jan Campbell, Senior Health Improvement Manager, NHS Ashton, Leigh & Wigan.

5. Exploring project characteristics

In order to better understand the nature of initiatives, the survey asked a number of additional questions. These were designed to explore the relationship of the *Five Ways to Wellbeing* activity to the work of other local organisations and other wellbeing promotion work more generally. We also wanted to identify the extent to which initiatives were being measured for improvements in wellbeing. Lastly, we asked respondents what would help them to use wellbeing messages more effectively in the future.

Partnership working

In general, most uses of the *Five Ways to Wellbeing* were carried out in partnership between organisations, even if one organisation was the lead. In total there were just over 40 examples of *Five Ways to Wellbeing* activity being led by NHS organisations and only two examples where an NHS organisation was not working in partnership on an initiative. The majority of partnerships were with local organisations (local authorities, third sector or businesses) with some connecting to strategic health bodies and public health networks. It was often the case that NHS organisations were working with several different partners in the coordination of a single initiative. In the main, it seemed that significant work had gone into fostering connections with other organisations in the delivery of this agenda. At the strategic level, partnerships formed the basis of mental health strategies.

Of the 11 examples of *Five Ways to Wellbeing* activity led by local authorities, the majority worked with other partners including NHS organisations, schools, colleges, healthy living networks and leisure services. Of the 13 led by third sector organisations, only two had not worked with other partners. Third sector organisations tended to work with other voluntary and community sector organisations, social enterprises and universities, and in one case a local GP practice. Regional and sub-regional structures were particularly good at working with a whole range of organisations, networks and alliances.

Measurement

Commitment to measuring improvements in wellbeing as a result of a *Five Ways to Wellbeing* activity was mixed. Given the varied nature of the activity, measurement approaches also differed greatly. Most respondents had considered measurement, but only a limited number were explicitly measuring changes in wellbeing.

Only five respondents replied that they were not measuring any impact, although a further 12 reported that measures were in development. On the whole measurement was ongoing, with the majority of initiatives still

underway at the time of the survey and a number of initiatives being assessed as part of wider project evaluations. Generally, though, evaluations did not always seem to entail the measurement of subjective wellbeing; and many of the project evaluations seemed to be qualitative in nature. Campaigns were being measured on outputs such as recognition and hits to websites and increased uptake of services linked to the *Five Ways to Wellbeing* messaging. More strategic action seemed to be measured by progress against action plans.

Of the 12 uses of the *Five Ways to Wellbeing* which were being specifically measured against subjective wellbeing outcomes, the majority were using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). In three cases, this approach was supported by a life satisfaction measure, a lifestyle survey and qualitative feedback. Other approaches to measuring wellbeing that were mentioned included:

- Qualitative feedback questionnaires on mental health analysed for evidence of the *Five Ways*.
- The life satisfaction ladder tool.
- A 1–10 scale showing how people felt before and after a session.

Only a few respondents mentioned the intention to measure before and after an intervention to get some assessment of distance travelled. Only one project mentioned measures being taken three months *following* contact with the project, in an attempt to track any lasting impact. One project – the Paxton Green time bank – reported having completed a Mental Wellbeing Impact Assessment³¹, presumably to identify the potential for wellbeing gains at the outset of the project.

It seemed that measurement was an area of implementation in which projects and programmes were least confident. Several projects were working with universities to devise measurement and evaluation criteria, whilst a few specifically asked in their survey responses whether **nef** could provide any available information on baseline questionnaires and assessments.

Use of other wellbeing messages

Approximately half the respondents reported using other wellbeing messages alongside the *Five Ways to Wellbeing* in their work. These tended to differ from project to project.

Links to public health campaigns

A few respondents reported linking the *Five Ways to Wellbeing* to existing physical health campaigns. For example, one respondent mentioned the link between alcohol prevention and how being active, connecting and learning can support a person to reduce her or his alcohol intake. Two respondents reported linking the *Five Ways to Wellbeing* directly to the NHS's *Change4Life* campaign³² while others mentioned using messages on healthy eating and physical activity.

Mental health

Other messages were oriented more closely to mental health. These included the use of cognitive behavioural therapy concepts, building resilience, skills for developing optimism, creativity, the importance of gratitude and US psychologist Martin Seligman's three factors underpinning a good life – positive emotion, positive engagement and positive meaning.³³ One respondent mentioned drawing links between the *Five Ways to Wellbeing* and the work of sociologist Corey Keyes, who argues for a “dual-continua” model of mental health.³⁴ In this approach, mental health and wellbeing are conceptualised as being separate dimensions from mental illness, allowing for the possibility that people with no mental health problems can still have low wellbeing (“languishing”, in Keyes' terminology) whereas, conversely, those with significant mental health difficulties may also experience high wellbeing.

Social determinants of health

Reference was also made to the social determinants of mental health, with one respondent mentioning that they use the *Five Ways to Wellbeing* as well as the ideas of good work, a decent place to live, equality, financial control, involvement and physical health when they talk about wellbeing. Another respondent mentioned using the *Five Ways to Wellbeing* with the concept of a mindful employer and another still reported the use of culturally appropriate messages in conjunction with the *Five Ways to Wellbeing* when working with young black men.

Factors supporting use of wellbeing messages

The survey asked people to identify anything that would help them use wellbeing messages more effectively in their work. A few respondents focused on the next steps they could take to improve use and effectiveness, mainly in terms of the development of materials. The majority of responses considered actions that could be taken externally. The responses can usefully be summarised as follows:

Access to resources

While funding was specifically mentioned as supporting the development of activity and long-term evaluations, most respondents referred to the importance of having affordable or free access to promotional material relating to the *Five Ways to Wellbeing*. Some respondents reflected on the use they would get out of new materials, and ideas were suggested for additional development. These included *Five Ways to Wellbeing* business cards that people could carry with them at all times, posters, visual materials, media graphics, a logo, short questionnaires, quizzes and handouts. One respondent suggested that while they could develop these locally, doing so nationally may be more cost-effective. It is also evident that many organisations have designed their own promotional materials using the *Five Ways to Wellbeing* messages.

Promotion at national level

It was considered that greater promotion of the *Five Ways to Wellbeing* at national level would add value to local work, particularly if the *Five Ways to Wellbeing* was to become as widely known as the ‘five-a-day’ nutrition message. The aim would be to create a shift in population awareness and understanding which would contribute to the receptivity and legitimacy of initiatives at local level. Respondents identified social marketing and specific campaigns around the *Five Ways to Wellbeing* as particularly

helpful in raising awareness and developing a common currency around wellbeing. Public spaces which could display promotional material like buses, trains, motorway services and supermarkets were suggested.

The linking of wellbeing promotion to national events or particular sectors was also mentioned. The 2012 games were identified as an opportunity to develop “be active”, for example in the North West region as part of the “Decade of Health and Wellbeing” initiative. Promoting the message that wellbeing at work is directly good for business and worth the investment was also identified as a campaign which had national relevance. Despite recognising the added value of a national campaign, one respondent reflected that this should not necessarily be a priority in light of spending cuts. But the need for clarity was emphasised by another respondent who reflected that there is a lot of misinformation and conflicting news about wellbeing, so the general public and even some professionals are unsure what to believe. This can make it easy to avoid taking action. In contrast, a national campaign based on the evidence could provide the impetus to promote wellbeing locally.

Development of policy

Some respondents identified that a shift in policy would better support their work to promote wellbeing. In particular, the need for a shift from treatment to a promotion and preventative system where policy nurtures factors which positively affect population wellbeing. Another respondent requested help trying to influence the commissioning process in the context of the NHS reforms and the Big Society agenda. In particular, there were concerns about the need to “sell” the benefits of good wellbeing in the current spending context. It was felt that the case for funding culture, arts and creativity to support wellbeing (both in recovery from mental and physical illness and in maintaining wellbeing) alongside other medical and community services was one that needed to be made.

Another big challenge identified by respondents was getting a long-term commitment to support wellbeing. In using the *Five Ways to Wellbeing* as a framework to support cultural change, one respondent mentioned how difficult it can be to get traction. A logo which could act as a “kitemark” for organisations and workplaces offering activities that improve wellbeing was specifically suggested. Establishing and clarifying the links between wellbeing and asset-based approaches to service delivery was another specific area of policy identified for development.

Greater integration

Some respondents reflected that their work would be better supported and enabled if the *Five Ways to Wellbeing* and an understanding of wellbeing more generally were better integrated into ways of working. For example, it was suggested by respondents that the *Five Ways to Wellbeing* be embedded into local strategies, made to be everybody’s business and a standard requirement when preparing business cases and service evaluations. Integration of the messages into service design as well as across settings was also mentioned.

Respondents identified the usefulness of case studies and examples illustrating good delivery, use with different target groups and evaluation techniques. Some respondents specifically mentioned the idea of a toolkit or formal guidance which could provide inspiration and standards to aspire to. Templates of initiatives and activities were also mentioned alongside

insights about approaches most likely to lead to action on the part of community members.

Tailored messages

Thinking about how to adopt different interpretations of the *Five Ways to Wellbeing* for different circumstances and population groups was identified as an area for development. This was seen as particularly important for enabling organisations and the public to make a link between wellbeing and people's experiences at work or in day-to-day life, more generally.

6. Discussion and conclusions

The *Five Ways to Wellbeing* was developed based on evidence relating to individuals' behaviour. If individuals change their behaviour so as to incorporate more *Five-Ways*-type activities into their day-to-day lives, the empirical evidence suggests that their subjective wellbeing should improve.

However, this does not mean that the focus of interventions need always be the individual. As the examples in the survey responses show, there is considerable scope for using the *Five Ways to Wellbeing* to improve collective wellbeing in a more strategic and indirect way, both in terms of affecting the wider circumstances in which people live to promote wellbeing and by informing processes and ways of working more generally.

Within the scope of our project we could not hope to be fully comprehensive, nor can we claim that the projects and initiatives we found are a truly representative sample of the ways in which the *Five Ways to Wellbeing* has been used since its publication in 2008. Furthermore, whilst it is possible to think of hypothetical examples of projects and initiatives that could fall within each section of the matrix, there is no reason that we should expect uses of the *Five Ways to Wellbeing* to be equally distributed across the matrix.

But if we assume that the relative distribution of responses within the framework analysis is roughly indicative of the wider picture, what observations can we make? The following are three key observations.

Taking a wellbeing approach: The Principal Purpose dimension

In many cases, there is probably scope for moving from the direct approach, the “top” half of the framework to the indirect approach at the “bottom”, i.e. from using the *Five Ways to Wellbeing* as the basis for explicit mental health promotion interventions towards using them to integrate an understanding of wellbeing into existing activities. Achieving this shift means thinking about how wellbeing gains can flow *indirectly* from existing activities and initiatives. In turn, this means thinking about wellbeing as an *approach* to doing things, rather than – necessarily – the main goal or outcome.

There are a number of ways that this might be achieved. For instance, Local Authorities could incorporate outcomes based on the *Five Ways to Wellbeing* into the commissioning specifications for all kinds of services, not just the obvious areas of mental health and adult social care. A number of ideas along these lines (although not focusing on the *Five Ways to Wellbeing* in particular) are described in **nef's** report for Local Government Improvement and Development.³⁵

Beyond the individual: the Point of Intervention dimension

As noted, the evidence underpinning the *Five Ways to Wellbeing* is at the level of the individual. Some of the initiatives reviewed described themselves as promoting community flourishing. However, there was a relative paucity of examples where the actual point of intervention was demonstrably at a group level.

The concept of community wellbeing is, at present, somewhat under-developed and under-evidenced in the academic literature. It would be interesting for further research and development to explore whether the *Five Ways to Wellbeing* is a useful way to think about flourishing communities. Is there, for instance, evidence that improvements in individuals' wellbeing within a certain community result in improvements in community-level outcomes? Such evidence, if it existed, would support the intuition of many local policy-makers that the wellbeing agenda is more likely to have a positive impact if focused at the community level rather than at individuals.³⁶

Related to this, although the *Five Ways to Wellbeing* has been adapted on an *ad hoc* basis for use with a range of different stakeholders, to date there has been no systematic work to test its acceptability with different groups. For instance, it may be that the messaging needs to be adapted for use with certain BME groups, or people with particular health needs.

Measuring outcomes and effectiveness

It is clear that many of the projects considered in this report would benefit from a more integrated and thorough approach to measurement. Whilst the *Five Ways to Wellbeing* themselves are evidence-based, in future there will be a need for robust evaluations of their implementation and application. To put it plainly, whilst the survey described earlier tells us something about the ways in which the *Five Ways to Wellbeing* can be used, it tells us nothing about which uses are more or less effective in improving wellbeing.

Ultimately, it may be that this is best achieved through the provision of "best practice" advice and support delivered through the new public health infrastructure (i.e. Public Health England and/or the health and wellbeing boards). Improving measurement and evaluation could also be helped, in part, by the development of a specific *Five Ways to Wellbeing* measurement tool. Such a tool would support but not replace existing instruments designed to measure population subjective wellbeing (such as the WEMWBS), since it would likely focus on assessing the frequency and nature of *Five-Ways*-type activities rather than people's feelings *per se*.

In addition it would be useful to develop some general support material on how to measure the effectiveness of interventions that make use of the *Five Ways to Wellbeing*, in terms of outcomes/distance travelled. Many of the organisations currently using the *Five Ways to Wellbeing* are more action-focused rather than research-focused and may need support in order to set-up sufficiently rigorous project evaluations.

Endnotes

¹ Foresight. (2008). *Foresight Mental Capital and Wellbeing Project: Final Project Report*. London: The Government Office for Science. Retrieved from: <http://www.bis.gov.uk/foresight/our-work/projects/current-projects/mental-capital-and-wellbeing>

² NMH DU operated from April 2009 until the end of March 2011. Information on NMH DU's work on public mental health and wellbeing is available at www.nmhdu.org.uk

³ Department of Health. (2011). *No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*. London: HM Government. p. 5.

⁴ Ibid.

⁵ Department of Health. (2010). *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. London: HM Government.

⁶ Clark, A., O'Malley, A., Woodham, A., Barrett, B., & Byford, S. (2005). Children with complex mental health problems: needs, costs and predictors over one year. *Child and Adolescent Mental Health*, 10, 170-178.

⁷ Huppert, F. A. (2009). A new approach to reducing disorder and improving wellbeing. *Perspectives on Psychological Science*, 4, 108-111.

⁸ Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43, 207-222.

⁹ See for example: Anderson, J., Huppert, F. A., & Rose, G. (1993). Normality, deviance and minor psychiatric morbidity in the community. *Psychological Medicine*, 23, 475-485; Melzer, D., Tom, B. D. M., Brugha, T., Fryers, T., & Meltzer, H. (2002). Common mental disorder symptom counts in populations: Are there distinct case groups above epidemiological cutoffs? *Psychological Medicine*, 32, 1195-1201.

¹⁰ Department of Health. (2011). *Op cit*.

¹¹ Helliwell, J., & Putnam, R. D. (2006). The social context of wellbeing. In F. Huppert, N. Baylis & B. Keverne B (Eds), *The Science of Wellbeing*. Oxford: Oxford University Press.

¹² Brown, K. W., & Kasser, T. (2005). Are psychological and ecological wellbeing compatible? The role of values, mindfulness, and lifestyle. *Social Indicators Research*, 74, 349-368.

¹³ Diener, E., & Seligman, M. (2002). Very happy people. *Psychological Science*, 13, 81-84.

- ¹⁴ Losada, M., & Heaphy, E. (2004). The role of positivity and connectivity in the performance of business teams: A nonlinear dynamics model. *American Behavioral Scientist*, 47, 740-765.
- ¹⁵ Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131, 803-855.
- ¹⁶ Koivumaa-Honkanen, H., Koskenvuo, M., Honkanen, R. J., Viinamäki, H., Heikkilä, K., & Kaprio, J. (2004). Life dissatisfaction and subsequent work disability in an 11-year follow up. *Psychological Medicine* 34, 221-228.
- ¹⁷ Lyubomirsky, S. et al (2005). Op cit.
- ¹⁸ Foresight. (2008). Op cit.
- ¹⁹ Aked, J., Marks, N., Cordon, C., & Thompson, S. (2008). *Five Ways to Wellbeing: the evidence*. London: nef.
- ²⁰ Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12, 38-48.
- ²¹ Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179-211.
- ²² Verplanken, B. and Wood, W. (2006). Interventions to break and create consumer habits. *Journal of Public Policy and Marketing*, 25, 90-103.
- ²³ Ibid. p. 105.
- ²⁴ Kolb, D. A., & Fry, R. (1975). Toward an applied theory of experiential learning. In C. Cooper (ed.), *Theories of Group Process*. London: John Wiley.
- ²⁵ Michaelson, J., Abdalla, S., Steuer, N., Thompson, S., & Marks, N. (2009). *National Accounts of Wellbeing*. London: nef.
- ²⁶ Shah, H. and Marks, N. (2004) *A Wellbeing Manifesto for a Flourishing Society*. London: nef.
- ²⁷ Stephens, L., Ryan-Collins, J. and Boyle, D. (2008). *Co-production: A manifesto for growing the core economy*. London: nef.
- ²⁸ Ibid.
- ²⁹ Friedli, L. (2009). *Mental Health, Resilience and Inequalities*. Copenhagen: World Health Organization, Europe; and Stevenson, N. (2011). *Public Mental Health and Wellbeing – the local perspective*. London: NHS Confederation and the National Mental Health Development Unit.
- ³⁰ Aked, J., Michaelson, J., & Steuer, N. (2010a). *Good Foundations: Towards a low carbon, high wellbeing built environment*. London: nef.
- ³¹ Cooke, A. et al (2011). *The Mental Wellbeing Impact Assessment toolkit*. London: NMHDU. Retrieved from <http://www.apho.org.uk/resource/item.aspx?RID=95836>
- ³² NHS. (2011). Change4life website. Retrieved from <http://www.nhs.uk/change4life/> [26 March 2011].
- ³³ Seligman, M. E. P. (2002). *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*. New York: Free Press.

³⁴ Keyes, C. L. M. (2002). Op cit.

³⁵ Aked, J., Michaelson, J., & Steuer, N. (2010b). *The Role of Local Government in Promoting Wellbeing*. London: Local Government Improvement and Development.

³⁶ Stevenson, N. (2011). *Public Mental Health and Wellbeing – the local perspective*. London: NHS Confederation and the National Mental Health Development Unit.

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