



Wellbeing in four policy areas

Report by the All-Party
Parliamentary Group on
Wellbeing Economics



September 2014



The All Party Parliamentary Group on Wellbeing Economics was set up to:

- Provide a forum for discussion of wellbeing issues and public policy in Parliament
- Promote enhancement of wellbeing as an important government goal
- Encourage the adoption of wellbeing indicators as complimentary measures of progress to GDP
- Promote policies designed to enhance wellbeing.



The New Economics Foundation (NEF) provides the secretariat to the group.

Contents

Foreword	2
Summary	3
1. Introduction: Scope of the inquiry	9
2. A wellbeing approach to policy: What it means and why it matters	10
3. Building a high wellbeing economy: Labour market policy	18
4. Building high wellbeing places: Planning and transport policy	24
5. Building personal resources: Mindfulness in health and education	30
6. Valuing what matters: Arts and culture policy	36
7. Conclusion	42
Appendix: List of expert witnesses	43
References	45

Foreword

It is now eight years since David Cameron first declared: ‘it’s time we focused not just on GDP, but on GWB – general wellbeing’,¹ and five years since the influential Commission on the Measurement of Progress, chaired by Joseph Stiglitz, argued that we need to ‘shift emphasis from measuring economic production to measuring people’s wellbeing’.² As we near the end of the first parliament in which the UK has begun systematically measuring national wellbeing – becoming a global leader in the process – now is a timely moment to take stock of this agenda and ask what needs to happen next.

The recently published report of the Legatum Commission on Wellbeing and Policy, chaired by Lord Gus O’Donnell, has catalysed an important debate about how and why we should be using wellbeing evidence to inform policy-making – not just within isolated pockets of government, such as health policy, but across the board, including in the Treasury. This report is a contribution to that debate.

As the Environmental Audit Committee notes in its recent report,³ although it has led to some important innovations at the margins, wellbeing has yet to permeate the policy mainstream. And yet, as this report illustrates, it has real and distinctive policy implications. Our inquiry has been wide ranging, from major structural determinants of wellbeing, such as the jobs we do and the places we live, to the more conventional wellbeing territory of developing people’s personal resources and promoting good mental and physical health, as well as the way we value goods whose intrinsic value cannot be captured by markets. In each of these areas, we have found that the wellbeing evidence suggests both some new policy priorities and some fresh approaches to old problems.

We firmly believe that austerity makes a focus on wellbeing more essential, not less. As we show throughout this report, wellbeing evidence can not only help target public spending more effectively at improving people’s lives, but in many cases has the potential to deliver significant long-term savings by reducing demand on public services.

In particular, we found that wellbeing offers a fresh and distinctive approach to economic policy. Too often the wellbeing agenda is seen as a luxury we cannot afford in hard economic times, when the focus must be on getting back to growth. But ultimately, growth matters because a good job and a decent income are vital to our wellbeing: it is a means to an end, and not an end in itself. It is now more important than ever that we learn the lessons of the crisis and build a high wellbeing recovery.

David Lammy MP (Chair)
Baroness Claire Tyler (Vice-Chair)

Summary

The UK has become a global leader by measuring national well-being. Yet, despite important advances, wellbeing evidence is not yet being widely used to inform policy. Our inquiry set out to demonstrate that this can and should be done. We did this through the lens of four specific policy areas, with a focus on how policy could enhance wellbeing without increasing public spending.

A wellbeing approach to policy: what it means and why it matters

Wellbeing is an overarching policy objective which combines economic and non-economic objectives into a single framework: it is not just about health or improving people's resilience, nor is it an optional extra to be considered once economic policy objectives have been met. The time is right to move from national wellbeing measurement to a national wellbeing strategy, setting government policy in the context of the overarching aim of promoting wellbeing – to include tackling low wellbeing and wellbeing inequalities.

Using wellbeing data can improve the quality of evidence on which policy is based, helping policymakers to better predict the impact of policy on people's lives. Far from being an unaffordable luxury, it has the potential to improve the effectiveness of public spending, and in some cases save public money. Realising this potential requires changes to policy-making processes at both national and local level, including breaking down silos between policy areas and reforming the process for allocating budgets. At local level, Health and Wellbeing Boards (HWBs) have a key role to play, but they cannot be held solely responsible for joining up a fragmented system.

We therefore recommend that:

1. All political parties should set out their approach to wellbeing in their manifestos: how they understand its role as a policy objective, how they propose to use the evidence in policy development, and how they believe government and Parliament should monitor progress.
2. The government should publish a Wellbeing Strategy setting out the ultimate wellbeing objectives of policy and how it plans to deliver them. The strategy should make clear how the government is addressing wellbeing inequalities and helping those with particularly low wellbeing.
3. New policy should be routinely assessed for its impacts on wellbeing. Government should prioritise the development of new policy analysis tools to enable this.
4. Wellbeing analysts should be embedded in all departments, and departmental business plans should be expected to address their contribution to wellbeing.

5. Spending reviews and departmental budget allocations should take account of departments' contribution to wellbeing, including their contribution to outcomes falling outside their own departmental objectives.
6. The Cabinet Office should work with government departments to map the pathways that connect each department's work with wellbeing outcomes. These pathways should identify the other departments involved and should be used to guide cross-departmental work and, if necessary, reorganisation.
7. HWBs should scrutinise and assess the wellbeing impacts of council policy in areas beyond health and social care, such as housing, planning, and environmental policy. Government and Public Health England (PHE) should provide tools and guidance to enable this.
8. Local authorities should use wellbeing as an integrating framework to join up public services – for example by using wellbeing in outcomes-based commissioning, or establishing multi-agency teams working together towards shared wellbeing outcomes.

Building a high wellbeing economy: labour market policy

Wellbeing is far from an irrelevant sideshow to economic policy: we care about recessions because we care about unemployment, and we care about unemployment because we care about people's wellbeing. Having a job is vital for our wellbeing, and not just because of the income it provides. Moreover, as enlightened employers increasingly recognise, prioritising employee wellbeing is good for the economy and good for business.

The evidence suggests some distinctive priorities for a high wellbeing economy:

- Because macroeconomic instability and job insecurity are both disastrous for wellbeing, secure employment and the absence of recessions are more important to wellbeing than the growth rate.
- Because the link between money and wellbeing tails off as incomes increase, tackling poverty and inequality matters much more than increasing national income in aggregate.
- Excessive working hours are bad for wellbeing: promoting shorter and more flexible hours would help to tackle the twin problems of over- and under-work.

We therefore recommend that:

1. Stable and secure employment for all should be the primary objective of economic policy. Steady and sustainable growth should be prioritised over absolute levels of national income as a means to this end, and policy should address work insecurity as a priority.

2. Government should address the wellbeing consequences of low pay. For example, the Low Pay Commission should be given a mandate to consider wellbeing evidence, including impacts on wellbeing inequalities, when recommending changes to the minimum wage.
3. Government should address the wellbeing consequences of inequality. For example, firms with more than 500 employees should be required to publish information about the ratio between the highest and lowest paid, and between top and median pay.
4. Government should actively seek ways to make it easier to work shorter and/or more flexible hours and should develop a public sector employment strategy consistent with this.
5. The Department for Business, Innovation, and Skills (BIS) should encourage employers in both the public and private sectors to prioritise employee wellbeing, for example by publicising existing employer best practice and by producing guidance based on research into the drivers and outcomes of well-being at work.

Building high wellbeing places: planning and transport policy

Improving wellbeing was at the heart of the original mission of planning. But the planning system has lost its way, becoming reactive and process driven, losing sight of the outcomes it was created to serve. A wellbeing approach could help the planning system to rediscover a sense of purpose and ambition.

The places we live affect our wellbeing in a multitude of ways – some recognised by the planning system (e.g. availability of decent, affordable homes and good jobs), others less well recognised (e.g. the ways in which the built environment and transport systems promote or inhibit social inclusion, physical activity, and access to green space). These issues cannot be addressed in isolation, but require an integrated approach focused on building high wellbeing places.

We therefore recommend that:

1. The National Planning Policy Framework (NPPF) should be revised to make clear that promoting wellbeing is the over-arching objective of the planning system, not just a peripheral concern, and that the 'presumption in favour of sustainable development' is subject to local authorities' right and responsibility to set high wellbeing standards.
2. Planning practice guidance should set out how wellbeing can guide Local Plans and specific planning decisions, including by:
 - ensuring that town centres are sociable and inclusive spaces which are accessible for all sections of the community.
 - planning for an ageing population.

- making it easier to access jobs and services by cycling and walking.
 - prioritising the provision of green space in ways that maximise wellbeing.
3. Local authorities should be empowered and encouraged to take a proactive, 'place-shaping' approach to planning. Spatial planning should be re-integrated with other local authority functions, including transport and housing.
 4. At national level, transport and planning policy should be integrated into a single department with the shared aim of promoting *accessibility rather than just mobility*.

Building personal resources: mindfulness in health and education

Mindfulness has demonstrable potential to improve wellbeing and save public money – for example, through evidence-based therapies for mental health problems and school-based programmes to nurture children's wellbeing. A key first step to unlocking this potential is to train health and education professionals (doctors, nurses, teachers) in mindfulness; this would help to address the shortage of trained mindfulness practitioners whilst also delivering direct benefits to public servants' own wellbeing.

The slow progress in widening access to mindfulness-based therapies reflects a broader need to better integrate mental and physical health to provide 'whole person care', and to invest in preventing ill-health. Meanwhile, mindfulness in schools is held back by the perception that wellbeing is irrelevant to the core business of the education system – despite its clear links with academic attainment, and strong evidence of the importance of children's emotional wellbeing to their mental health as adults.

We therefore recommend that:

1. Mindfulness should be incorporated into the basic training of teachers and medical students.
2. Subjective wellbeing evidence should be used in the calculation of 'quality adjusted life years' (QALYs), to better inform the allocation of scarce resources in the health service.
3. HWBs should bring together public health professionals, Clinical Commissioning Groups, GPs, and other stakeholders to develop strategies for 'whole person care' which effectively integrate mental and physical health.
4. References to wellbeing in the Ofsted inspection framework should be reinstated and strengthened. Schools should be encouraged to measure and report on child wellbeing.

Valuing what matters: arts and culture

One of the strengths of a wellbeing approach is its ability to better value non-market goods, and goods which we value for reasons that have little to do with the market. Wellbeing analysis provides a way of capturing the value that arts and culture have for human lives – an alternative to assessment based on instrumental benefits on the one hand, and ‘art for art’s sake’ on the other. It is therefore a particularly useful tool for assessing public subsidy of arts and culture.

Experiencing arts and culture has demonstrable positive impacts on wellbeing, both directly and indirectly (e.g. through improved physical health). This is particularly true of participatory (as opposed to purely spectator) activities. Wellbeing evidence can also help policymakers to assess the impact of arts subsidy on wellbeing inequalities.

We therefore recommend that:

1. The Department for Culture, Media & Sport (DCMS), and the arts sector more generally, should use wellbeing analysis to help make the case for arts and cultural spending.
2. Government should use wellbeing analysis to help set strategic priorities for spending on arts and culture. For example, spending should give greater priority to participatory arts.
3. Arts funding bodies should seek to evaluate the wellbeing impacts of their grants, either individually or by using wellbeing evidence to inform their evaluation frameworks.
4. In the light of evidence on the links between the arts and health, central government (DCMS, the Department of Health and the Department for Communities and Local Government) should work with relevant agencies, including Arts Council England and PHE, to maximise the beneficial impact on wellbeing of available budgets. Local authorities should consider how cultural commissioning might contribute to priorities identified in their Health and Wellbeing Strategies.
5. Government should seek to ensure that the benefits of arts spending reach those with the lowest wellbeing, including communities with high deprivation.

Conclusion

Wellbeing evidence has real, distinctive, and wide-ranging policy implications: from interventions to build people's resources and resilience, such as mindfulness, to major structural changes to address the root causes of low wellbeing, such as insecurity, poverty, and social isolation. It also helps capture the value of the intangible things which enrich our lives, such as arts and culture. Of course, our inquiry has only scratched the surface – but we believe that it illustrates the enormous potential dividends of applying a wellbeing approach more systematically. Realising this potential demands far-reaching changes to the way policy is made and implemented, at both national and local level. But the prize is policy and public services which are more efficient and effective at improving people's lives.

1. Introduction: Scope of the inquiry

The remit of our inquiry was to consider how policy could enhance wellbeing without increasing public spending. We explored this topic through five evidence sessions held between November 2013 and June 2014. Our first four sessions explored the implications of wellbeing evidence in four specific policy areas:

- Labour market policy
- Planning and transport policy
- Mindfulness in health and education
- Arts and culture policy

Our fifth session took a more general perspective on how we can reorient policy towards wellbeing.

Each session was based on a review of the relevant evidence prepared by the New Economics Foundation (NEF) Centre for Wellbeing, which provides the secretariat to the group, followed by discussion with a panel of expert witnesses. A full list of witnesses is provided in an appendix. Detailed summaries of the evidence we heard at each session are available on the group's website, www.parliamentarywellbeinggroup.org.uk

In the remainder of this report, we set out our general conclusions about what a wellbeing approach to policy might mean and why it matters, before presenting our findings in each of the four policy areas. We offer these as illustrative case studies of how wellbeing can inform policy in practice, which provide a window onto the enormous potential dividends from applying a wellbeing approach to policy more widely.

2. A wellbeing approach to policy: what it means and why it matters

Summary

- **Wellbeing is an overarching policy objective** which combines economic and non-economic policy objectives within a single framework: it is not just about health or improving people's resilience.
- **We need a national strategy for promoting wellbeing**, narrowing wellbeing inequalities and tackling low wellbeing, and ways to monitor progress towards these objectives.
- **Wellbeing analysis can improve the quality of evidence on which policy is based**, helping policymakers to understand the real impact of policy on people's lives.
- Far from being an unaffordable luxury, **prioritising wellbeing can improve the effectiveness of public spending**, and in some cases save public money.
- Realising this potential requires **changes to policymaking processes at both national and local level**, including breaking down silos between policy areas and reforming the process for allocating budgets.

Improving the quality of people's lives is surely the ultimate aim of almost all government policy. For decades, policymakers have treated market activity as a proxy for this objective – whether at national level, by treating GDP as a yardstick of progress, or at the level of policy detail, by using market prices to assess the costs and benefits of policy. But data on subjective wellbeing gives us a more accurate picture of how policy translates into better lives for people – and pinpoints some of the shortcomings of the traditional approach. In this chapter we set out what a wellbeing approach to policy might mean in general terms, and how it could improve policy and public services.

Wellbeing represents an overarching objective for policy across the board

Wellbeing refers to people's feelings and functioning overall, including their satisfaction with their lives. It does not just mean health, mental or physical, although both are important drivers of wellbeing. Thus, although wellbeing is most often discussed in the context of health policy, its implications go far beyond this: ultimately, wellbeing represents a new way of thinking about policy across the board. The Environmental Audit Committee's recent report suggested that the Cabinet Office should help departments to identify new 'wellbeing policy priorities' once the Office for National Statistics (ONS) data becomes established enough to do so. We would go further: there is already a body of research available about what influences wellbeing, and as our case studies illustrate, this can and should be used to identify new policy priorities.

In particular, a wellbeing approach cannot just be about behavioural interventions to improve people's resilience, important though those are. Nor is it enough to observe that, say, health or social capital are key drivers of wellbeing and target spending directly at those areas. Instead, we need to understand the structural socio-economic causes of poor health and social isolation – whether they be job insecurity, physical inactivity, or poorly planned development – and identify how other areas of policy affect these intermediate outcomes. It is no accident that the Marmot Review into health inequalities identified many of the same policy priorities as our case studies: for instance, ensuring access to good jobs and providing opportunities for active travel.⁴ Ultimately, building a high wellbeing economy and society is a task for all policymakers.

Wellbeing offers a better approach to economic policy...

Wellbeing is often treated as a sideshow to the more important business of securing economic growth, even though the structure of the economy is one of the most important drivers of wellbeing. We heard strong evidence that this approach may represent a false economy even on its own terms. For instance, higher wellbeing is associated with higher productivity, while 'city liveability' is an increasingly important criterion for companies deciding where to invest. Conversely, the economic costs of low wellbeing are immense: sickness absence alone has been estimated to cost the economy £100 billion a year.⁵ In any case, the economy should serve people, not the other way around. To the extent that existing economic objectives are not aligned with delivering wellbeing, it is the objectives themselves that must be changed – as we explore in our labour markets and planning case studies.

... whilst also reasserting the value of non-economic aspects of a good society

On the other hand, a wellbeing approach also reasserts the importance of many factors which are often treated as peripheral or insubstantial compared to economic policy goals. As the O'Donnell Report puts it, wellbeing 'leads us to place greater weight on the human factors that explain the big differences in wellbeing, but that tend to be pushed to the margins in traditional policy making'.⁶ For instance, in our planning case study we saw that social relationships and community cohesion are a key pathway through which planning and transport affect wellbeing, but that these impacts are generally not valued in policy appraisals. Our arts and culture case study looks at how wellbeing analysis can help assess the benefits of spending in an area whose essential value is non-economic.

Similarly, in our mindfulness session we heard that child wellbeing is too often seen as peripheral to schools' core business of academic attainment, despite being an essential foundation for learning. In our final session, Lord Layard suggested that this was symptomatic of a deeper cultural problem, with education policy under successive governments 'encouraging people to think their life is meaningless unless they are successful in some sort of rat race'. A wellbeing approach holds the opportunity for a more ambitious politics, reopening a positive debate about the kind of society we want to build.

We need a strategy for promoting wellbeing, narrowing wellbeing inequalities, and tackling low wellbeing

Given the many benefits of a wellbeing approach, we believe that the time is right to move from national wellbeing measurement to a national wellbeing strategy, setting government policy in the context of the overarching aim of promoting wellbeing. To be effective, this must be a living document, with mechanisms in place to monitor progress towards the government's wellbeing objectives, including via parliamentary scrutiny. And, as we heard repeatedly in the course of our inquiry, the aim cannot just be to maximise aggregate wellbeing: a credible wellbeing approach must include helping those with particularly low wellbeing, as well as addressing wellbeing inequalities.

For example, in our labour markets session, witnesses pointed out that policymakers could not simply adopt a crude utilitarian approach but should also consider the impacts of policy on wellbeing inequality between the employed and the unemployed, or the securely and insecurely employed. Our planning session explored the need to promote inclusion and accessibility for all sections of the community, particularly vulnerable groups such as older people. Our mindfulness session noted that over-reliance on certain behavioural interventions can inadvertently worsen wellbeing inequalities since the less advantaged are less able to act on the advice – reinforcing the need to tackle the root socio-economic causes of low wellbeing.^{7,8} And our culture case study saw how wellbeing evidence could help to ensure that the benefits

of culture spending are not restricted to the already advantaged, but also reach those with low wellbeing.

RECOMMENDATION 1:

All political parties should set out their approach to wellbeing in their manifestos: how they understand its role as a policy objective, how they propose to use the evidence in policy development, and how they believe government and Parliament should monitor progress.

RECOMMENDATION 2:

The government should publish a Wellbeing Strategy setting out the ultimate wellbeing objectives of policy and how it plans to deliver them. The strategy should make clear how the government is addressing wellbeing inequalities and helping those with particularly low wellbeing.

Wellbeing analysis can improve the quality of evidence on which policy is based

But what would a national wellbeing strategy mean in practice? First, it would mean using evidence on how different factors or interventions affect people's wellbeing to better understand the impact of policy on people's lives, and thus to improve its effectiveness. The establishment of a 'What Works Centre' for Wellbeing is a welcome step in the right direction. But there is also a need to mainstream wellbeing analysis in the way new policies are assessed. Currently, this is dominated by cost-benefit analysis (CBA) using market prices. For non-market goods where real market prices do not exist, hypothetical ones are created: for instance, by asking people how much they would be willing to pay for a certain good. In recent years, this approach has come under increasing criticism, with the Organisation for Economic Co-operation and Development (OECD), the Treasury, and the O'Donnell Report all calling traditional CBA into question.^{9,10}

For one thing, CBA assumes goods and services are all that counts, and thus ignores outcomes such as relationships or good health (as we heard in our planning and transport case study). For another, it suffers when market prices do not exist and have to be invented – including in relation to public goods (as we heard in our arts and culture case study). But just as importantly, as the O'Donnell Report shows, it is also problematic in relation to markets themselves. It ignores inequalities: 'cost benefit analysis that uses market prices effectively endorses the status quo distribution of income.' And, as behavioural economists have demonstrated, it 'does a poor job of describing the way that people actually behave'. O'Donnell concludes that we are currently assessing policies by 'evaluating something that is not going to happen, using assumptions about motives and behaviour that bear little relationship to reality, and valuations that are plucked out of thin air'.¹¹

Subjective wellbeing data allows us to examine how various factors *actually* affect people's happiness and life satisfaction, rather than relying on inaccurate proxies for how they *might* do so. The Environmental Audit Committee's recent report on wellbeing recommended that 'the government should immediately start to use the already available data to "wellbeing-proof" existing policy proposals', with the Cabinet Office encouraging this through its scrutiny of departmental business plans.¹² We agree. Achieving this will require wellbeing analysts to be embedded in all departments, in the same way that economists are at present. It will also require the adoption of new tools of analysis. This may mean CBA using subjective wellbeing data; we have suggested that this approach could work, for example, in helping to set priorities within the culture budget. For complex decisions with impacts in many different domains, it may mean using multiple-criteria analysis (MCA) rather than relying on a single, totalising CBA.

RECOMMENDATION 3:

New policy should be routinely assessed for its impacts on wellbeing. Government should prioritise the development of new policy analysis tools to enable this.

RECOMMENDATION 4:

Wellbeing analysts should be embedded in all departments, and departmental business plans should be expected to address their contribution to wellbeing.

Prioritising wellbeing can improve the effectiveness of public spending, and even save public money

Glenn Everett, Head of the Wellbeing Programme at the ONS, suggested to us that wellbeing analysis can help policymakers to get 'more bang for their buck' – to make public spending more effective at improving people's lives. As one Downing Street source reportedly put it in 2010: 'Next time we have a comprehensive spending review, let's not just guess what effect various policies will have on people's wellbeing. Let's actually know.'¹³ Far from being an unaffordable luxury, these insights are more vital than ever in times of austerity.

In addition, we heard good evidence that addressing the causes of low wellbeing has the potential to save public money in the long run by reducing demand on public services such as health and welfare. For instance, in our planning session it was suggested that measures to promote cycling and walking could save the National Health Service (NHS) £675 million a year;¹⁴ in our mindfulness session, we heard about the enormous potential dividends for the NHS from better management of long-term medical conditions; and in our final session, Lord Gus O'Donnell argued that spending on mental health paid for itself very quickly by helping people to get off benefits and into work (the OECD has estimated the total economic cost to the UK of mental ill-health

at £70 billion a year).¹⁵ Although we have focused in this report on policy interventions which are cost neutral in the short term, we believe there is a strong case for shifting spending from tackling the problems caused by low wellbeing to addressing its causes.

Of course, as is well known, this kind of preventative spending is often difficult to justify because of two related problems. First, the benefits are often long-term, while budgetary and political cycles are short-term. Secondly, the costs are often concentrated in a single agency or department, while the benefits tend to be dispersed throughout the system. For instance, there is little incentive for the education department to invest in child wellbeing in order to save money for the health, welfare, and criminal justice systems many years in the future. Similar problems arise at local level: in our mindfulness session, Dr Jonty Heaversedge of Southwark Clinical Commissioning Group told us that efforts to redesign their pain pathway to take a more holistic and preventative approach 'came unstuck identifying the savings' from improved health outcomes, which were difficult to attribute to individual budgets.

These are longstanding and intractable problems, but using wellbeing evidence to inform budgeting processes may be part of the solution. At a national level, Lord O'Donnell suggested that wellbeing analysis could be used in spending reviews to help ensure that departments' true contribution to wider wellbeing outcomes was recognised in their budgets. At a local level, reorganising services around localities or outcomes rather than specialist silos (as discussed later), and realigning budgets accordingly, could help to overcome the problem of savings being dispersed between many different agencies.

RECOMMENDATION 5:

Spending reviews and departmental budget allocations should take account of departments' contribution to wellbeing, including their contribution to outcomes falling outside their own departmental objectives.

A wellbeing approach means breaking down silos and refocusing on outcomes...

As we saw throughout our inquiry, it is not enough to look at the obvious, direct connections between a given policy area and wellbeing: policymakers also need to understand the various pathways through which their work influences outcomes which are important for wellbeing. For instance, planning and transport policy influence wellbeing in a multitude of ways, from access to jobs and housing to physical health to community cohesion. Arts and culture programmes have been shown to deliver positive impacts on health and employment in addition to their intrinsic wellbeing benefits. Often this means that effective wellbeing policy requires action across departmental boundaries, which is notoriously difficult.

For instance, we heard how nobody has responsibility for wellbeing in the labour market, even though the Department for Work and Pensions (DWP), the Department for Business, Innovation and Skills (BIS), and the Department of Health (DOH) all have an interest; we heard how the levers to embed mindfulness in schools rest with the Department for Education, but concern for wellbeing outcomes is strongest in DOH; and we heard how planning and transport policy are uniquely siloed from each other in the UK compared to other countries, with different and sometimes conflicting objectives. We have made specific recommendations where appropriate for dealing with these issues – but a wellbeing approach could be used more widely to ensure that departmental structures are designed to deliver the outcomes that matter. Of course, this represents a major cultural and organisational shift which will not be easy to achieve: this adds to the importance of active support from the Treasury to align departments' financial incentives with wellbeing outcomes.

RECOMMENDATION 6:

The Cabinet Office should work with government departments to map the pathways that connect each department's work with wellbeing outcomes. These pathways should identify the other departments involved and should be used to guide cross-departmental work and, if necessary, reorganisation.

... at local as well as national level

The need to think beyond silos is also evident in local public services and spatial planning. In our mindfulness session we heard a compelling case for a more holistic approach to health focused on 'whole-person care', and in our planning session we saw how wellbeing demands more ambitious and visionary 'whole-place' spatial planning. Of course, the two are not ultimately separate: indeed, this session also highlighted the strong links between planning and public health. In both of these sessions, we also heard how fragmentation between different agencies makes it difficult to take a holistic approach.

Health and Wellbeing Boards (HWBs) were raised in almost all of our evidence sessions as a possible vehicle for promoting better integration. Clearly, these new bodies are an important opportunity to instigate strategic conversations about wellbeing at local level. They should be encouraged to interpret their role broadly, acting as the guardians of wellbeing across all local authority functions, not just health and social care services, and bringing in a wide range of local actors to help address the root causes of poor health and wellbeing. Realising this potential will require guidance and training to help HWBs arrive at a shared understanding of what wellbeing is and the factors which affect it, both generally and in their areas, and to equip them with tools to assess the impacts of policy on wellbeing (e.g. the Mental Wellbeing Impact Assessment tool).¹⁶ Bodies like PHE have a role to play in this.

However, there is a danger that HWBs become all things to all people, with unrealistic expectations being placed on their ability to join up a fragmented system. Rather than expecting HWBs to 'swim upstream' by encouraging people to work across silos, there may also be a need for more radical changes to break down the silos themselves: the thinking behind initiatives such as Total Place pilots and Whole Place Community Budgeting needs to be applied across the whole system, and not just at the margins. This means organising local authority functions around wellbeing outcomes for people and places, rather than around specialisms.

There are examples of good practice to be drawn on. For instance, youth service teams in Lambeth and Cornwall have worked with NEF to restructure their outcomes framework for re-commissioning youth services around wellbeing; NEF has recently produced a handbook showing how other local authorities can adopt a similar approach.¹⁷ Some local authorities, such as Stoke City Council, have successfully reorganised operations along neighbourhood lines rather than specialist silos, with multi-agency teams working together to achieve shared outcomes within a particular area. Stoke has seen demand for public services fall as efforts are refocused on solving people's problems and waste and duplication are stripped from the system. The charity Locality estimates that if this were replicated across the country, the potential savings could be as high as £16 billion.^{18,19}

RECOMMENDATION 7:

HWBs should scrutinise and assess the wellbeing impacts of council policy in areas beyond health and social care, such as housing, planning and environmental policy. Government and PHE should provide tools and guidance to enable this.

RECOMMENDATION 8:

Local authorities should use wellbeing as an integrating framework to join up public services – for example, by using wellbeing in outcomes-based commissioning, or establishing geographical multi-agency teams working together towards shared wellbeing outcomes.

Conclusion

Wellbeing is not an add-on to be considered once economic policy objectives have been achieved: rather, it offers a new approach to policy across the board which has the potential to make government more effective at improving people's lives. This has major implications for the way policy is made at both national and local level. In the rest of this report, we explore what this approach might mean in practice for four diverse policy areas.

3. Building a high wellbeing economy: labour market policy

Summary

- Having a job is vital for our wellbeing, and not just because of the income it provides. A high wellbeing economy demands not just any jobs but good jobs.
- **Stability and security are more important for wellbeing than incomes.** Stable and secure employment should be the primary goal of economic policy.
- When it comes to incomes, **tackling poverty and inequality matters much more than increasing national income in aggregate.** We therefore suggest that wellbeing evidence should be used in the setting of the minimum wage, and that firms should publish information about pay ratios.
- Excessive working hours are bad for wellbeing; promoting shorter and more flexible hours would help to **tackle the twin problems of over- and under-work.** The public sector should lead this shift.
- **Employee wellbeing is good for the economy and good for business.** The government should work with business to build on existing best practice.

Wellbeing is too often seen as at best a luxury for good economic times, and at worst a sideshow with little or no relevance to economic policy. And yet, as Lord O'Donnell argued in his evidence to us, in fact the reverse is true: we care about recessions because we care about unemployment, and we care about unemployment because we care about people's wellbeing. Moreover, as enlightened employers increasingly recognise, a healthy and motivated workforce is good for the economy and good for business. In this chapter we explore the implications of the evidence on wellbeing and work, both for labour market policy and economic policy more broadly.

Stability and security are more important for wellbeing than incomes

Economic instability is disastrous for wellbeing. Periods of high unemployment have negative impacts on wellbeing even for those who keep their jobs,

Box 1: Labour markets and wellbeing: the evidence²⁰

- **Unemployment**, particularly long-term unemployment, has a major negative impact on wellbeing which goes far beyond the impact of lost income. Youth unemployment has been found to have a 'scarring effect' on future wellbeing which persists decades later.²¹
- **Job insecurity**, and especially the fear of job loss, is associated with dramatically lower wellbeing. People on temporary contracts have lower wellbeing than those on permanent contracts, and one international study found that between 53 and 62% of workers rank job security as 'very important' to them.²²
- **Income** matters to wellbeing, although much of this impact can be explained by the effects of material deprivation on the poorest in society: money matters less and less further up the income scale. The UK has relatively high levels of wellbeing inequality between the richest and the poorest.²³
- **Work-life balance** affects wellbeing: for example, ONS figures show that those working more than 55 hours a week have significantly lower wellbeing, while those working part-time out of choice have higher wellbeing. Being able to work flexibly also appears to have a positive impact on wellbeing.²⁴
- Having a **sense of control** at work positively influences wellbeing. Other job-related factors relevant to wellbeing include skill use, social relationships at work, and managerial behaviour.²⁵

because of the rising fear of job loss. Moreover, because we experience losses of income much more acutely than gains,²⁶ a downturn more than wipes out any wellbeing gains from rising incomes during the boom years.²⁷ Indeed, even the boom itself can damage wellbeing, if it is very destabilising: wellbeing is actually negatively associated with very high growth rates.²⁸ From a wellbeing perspective, instability is clearly not a price worth paying for high levels of growth. On the contrary, the absence of recession is a much more important indicator of economic success than the growth rate. We therefore agree with the O'Donnell Report that 'policy should aim above all at a stable rate of growth, rather than growth that (even if higher on average) includes periods of recession.'²⁹ The absence of growth is a problem primarily because of its negative impacts on employment: thus, even in a recession, when growth understandably looms large on policymakers' lists of priorities, returning to high and stable levels of employment is the key objective. Growth is a means to this end, not the other way around.

Likewise, job security is one of the most important job-related determinants of wellbeing, far exceeding the impact of salary. UK employees' feelings of

insecurity are on the rise, and are higher than our western European and Nordic neighbours.³⁰ In 2012, more than half of British employees reported being anxious about loss of job status.³¹ Our witnesses disagreed about the reasons for this, with Andrew Clark of the Paris School of Economics attributing it to the effects of the economic cycle, while Nicola Smith of the Trades Union Congress (TUC) argued that we were seeing a more structural shift, and that ‘a proportion of the UK workforce is now more insecure than ever before’ – with the rise of zero-hours contracts only the most extreme manifestation of this erosion of security. They also disagreed about the solutions – whether we should make jobs themselves more secure by strengthening employment protections and banning or restricting zero-hours contracts, or soften the consequences of job loss through better access to training or more generous unemployment benefits (as in the Danish ‘flexicurity’ approach; this has significant implications for public spending and is therefore outside the scope of our inquiry). Of course, the impacts of such choices on employment and productivity are complex and contested. Wellbeing evidence alone clearly cannot resolve these disputes, but it does tell us that minimising insecurity must be a central goal of economic policy.

RECOMMENDATION 1:

Stable and secure employment for all should be the primary objective of economic policy. Steady and sustainable growth should be prioritised over absolute levels of national income as a means to this end, and policy should address work insecurity as a priority.

When it comes to incomes, tackling poverty and inequality is what matters most

Of course incomes do matter to wellbeing, but they matter most at the bottom of the income scale. Material deprivation is a strong predictor of low wellbeing,^{32,33} but the relationship between money and wellbeing declines dramatically as incomes increase.³⁴ This means that the wellbeing benefits of growth depend crucially on the distribution of income: raising the incomes of the poorest will deliver by far the biggest wellbeing dividends. One lever for doing this is the level of the minimum wage. At the moment, the Low Pay Commission weighs up a range of factors in recommending rises to the minimum wage (such as average earnings growth, inflation, and employment levels), but its recommendations are limited by the rule of thumb that it must not increase unemployment.

As we have seen, minimising unemployment is vital for wellbeing. But at the extreme this rule implies that a guaranteed rise in wellbeing for millions of low-paid workers would be valued less than the uncertain prospect of even one person being put out of work. Although David Norgrove, Chair of the Low Pay Commission, was cautious about the prospect of trading off pay increases against unemployment, he acknowledged that politicians “make that kind of decision implicitly all the time”. Indeed, George Osborne was this year widely

reported as supporting a restoration of the real value of the minimum wage,^{35,36} which Treasury modelling suggested could cost up to 14,000 jobs.³⁷

In other words, applying conventional rules of thumb does not avoid the need to make these difficult decisions, nor does it mean that there will be only winners and no losers: it simply means that the trade-off is resolved in a different way, and often implicitly rather than openly and explicitly. Using wellbeing evidence could allow for more informed, transparent, and accountable decision-making about the right balance to strike. Of course, as Norgrove pointed out to us, this demands taking into account impacts on wellbeing inequality as well as on aggregate wellbeing: for instance, inequalities between rich and poor, between employed and unemployed, and between stronger and weaker economic regions.

RECOMMENDATION 2:

Government should address the wellbeing consequences of low pay. For example, the Low Pay Commission should be given a mandate to consider wellbeing evidence – including potential impacts on wellbeing inequalities – when making its recommendations.

Of course, fair pay is about more than low pay. We heard evidence that for employees at all levels, feeling one is paid fairly matters much more to job satisfaction than absolute salary.³⁸ More generally, relative income seems to matter at least as much to wellbeing as absolute income once people have enough to meet their basic needs;³⁹ some economists have suggested that this explains the stagnation of wellbeing over time in many developed countries.⁴⁰ There is also evidence that inequality is negatively associated with health and wellbeing outcomes across society.^{41,42} This suggests that when pay at the top becomes excessive, it not only delivers minimal wellbeing benefits to the executives concerned, but may actually reduce wellbeing for others in the firm. Companies such as John Lewis and TSB, which operate policies on pay ratios,⁴³ clearly see the benefits in cultivating a sense that all their staff are fairly valued. Our witnesses did not feel the wellbeing evidence justified setting limits to pay ratios, but did suggest that transparency and accountability about pay could enhance 'felt fairness', thereby boosting employee engagement as well as militating against excessive remuneration.

RECOMMENDATION 3:

Government should address the wellbeing consequences of inequality. For example, firms with more than 500 employees should be required to publish information about the ratio between the highest and lowest paid, and the ratio between top and median pay.

Policymakers must tackle over-employment as well as under-employment

Both over- and under-employment are bad for wellbeing, and work-life balance is a critical component of a high wellbeing economy. The President of the UK Faculty of Public Health, John Ashton, recently suggested that the UK is suffering from a 'maldistribution of work... too many people are working too long hours and too hard, and too many people aren't working at all'.⁴⁴ He argued that moving towards a shorter working week could help to address both of these problems, sharing work out more evenly and thus leading to better health and wellbeing for all. Yet economic policy often tends in the opposite direction, assuming long hours are a sign of competitiveness – even though there is good evidence that working shorter hours actually improves productivity.^{45,46}

A recent survey found that nearly half of all UK full-time workers want to work part-time or flexibly, and 70% think they might want to in the future – but a third believe they would never be able to, and many feel 'nervous' about raising the issue. It also found that working flexibly was harder for more senior roles, and that most managers perceive flexible workers as 'lacking ambition'.⁴⁷ Recent steps to promote work-life balance, such as the introduction of shared parental leave and the extension of the right to request flexible working, are very welcome: this must be just the start of a much wider cultural shift. Recent studies by the OECD have found an association between the introduction of parental leave policies and the wellbeing of women of child-bearing age in the UK and Germany.⁴⁸ Our witnesses argued that policymakers need to address the shortage of good-quality, well-paid, part-time jobs; the public sector should seek to lead the way in this respect. There is also significant potential for low-cost interventions to help normalise part-time working, the current campaign for the introduction of part-time season tickets being a good example.⁴⁹

RECOMMENDATION 4:

Government should actively seek ways to make it easier to work shorter and/or more flexible hours, and should develop a public sector employment strategy consistent with this.

Employee wellbeing is good for the economy and good for business

As we heard from David Mobbs of Nuffield Health, enlightened employers are increasingly recognising the importance of employee wellbeing. Various studies have found that subjective wellbeing is linked to better job performance and productivity,⁵⁰ and the Employee Engagement Task Force has shown that employees feeling motivated and valued is linked to better productivity and financial performance at firm level.⁵¹ A recent study by PwC found that firms with employee wellbeing programmes reap a positive return on investment.⁵² Some firms, such as Zappos, are leading the way by putting employee wellbeing at the heart of their business models.⁵³

At national level, this means that a wellbeing agenda for labour market policy is clearly good for business. It also means that a ‘lowest common denominator’ approach which trades off wellbeing against expected increases in jobs or growth may fail, even on its own terms. The Black Report calculated that sickness absence alone costs the economy over £100 billion a year.⁵⁴ As Stephen Bevan of the Work Foundation put it to us: ‘having a healthy, skilled and motivated workforce is essential for economic success.’ We therefore agree with Nicola Smith’s suggestion that ‘a growth path which does not improve wellbeing... is likely to be unsustainable.’

RECOMMENDATION 5:

BIS should encourage employers in both the public and private sectors to prioritise employee well-being, for example by publicising existing employer best practice and by producing guidance based on research into the drivers and outcomes of well-being at work.

Conclusion

When it comes to the world of work, taking wellbeing seriously demands nothing less than a reordering of economic priorities. A good job gives us far more than just an income – it gives us a sense of purpose, a place in society, and a chance to develop ourselves. And, while the link between income and wellbeing gets weaker once people have enough to live on, the wellbeing impacts of unemployment are universal and lasting. Maximising wellbeing therefore demands far more than simply growing the size of the economy, or even growing the number of jobs. Stable, secure, and good quality employment for all should be the overriding aim not just of labour market policy, but of economic policy more broadly. Growth is important as a means to this end, not the other way around.

4. Building high wellbeing places: planning and transport policy

Summary

- Improving wellbeing was at the heart of the original mission of planning. But the planning system has lost its way, becoming reactive and process driven, losing sight of the outcomes it was created to serve. **A wellbeing approach could help the planning system to rediscover a sense of purpose and ambition.**
- The places we live affect our wellbeing in a multitude of ways – some recognised by the planning system (e.g. availability of decent, affordable homes and good jobs), others less well recognised (e.g. **social cohesion, levels of physical activity** and access to green space).
- Building high-wellbeing places means **empowering local authorities to take a proactive, holistic ‘place-shaping’ approach** which gives due weight to all of these factors. In particular, **transport and land-use planning must be integrated and given shared objectives.**

The places we live – in terms of both our environment and our communities – are vital to our wellbeing. Planning and transport policy are key levers by which these things are shaped, and therefore key elements of a wellbeing approach to policy. And yet, although wellbeing was at the heart of the original purpose of planning, in recent decades it has been relegated to the sidelines. We set out to explore what it would mean to put wellbeing back at the heart of planning.

A wellbeing approach can help planning to rediscover its sense of purpose

As the Town and Country Planning Association (TCPA) puts it: ‘the early aspirations of planning were not simply focussed on bricks and mortar; planning was about creating the conditions for people to live differently.’⁵⁵ Inspired in part by the mapping of ill health and social exclusion by figures such as Charles Booth and Beatrice Webb, the planning system was designed to help tackle the major social problems of the day. And the early pioneers of planning – such as Ebenezer Howard’s garden city movement in the 1890s – were bold and visionary in their ambitions for high wellbeing communities.

But this sense of purpose has largely ebbed away: planning has become increasingly reactive rather than proactive, and focused on process rather

Box 2: Planning, transport and wellbeing – the evidence

- Poor quality **housing**, including overcrowding and environmental problems, is associated with psychological distress and lower wellbeing. High quality housing is associated with higher wellbeing.⁵⁶
- **Social relationships and social capital** are among the strongest predictors of wellbeing.⁵⁷ The design of public spaces and buildings can promote or inhibit social interaction⁵⁸ (e.g. security features such as high fences and CCTV can increase feelings of anxiety and mistrust⁵⁹). In addition, loss of community facilities and privatisation of public spaces can be felt acutely by residents, even years after the event.⁶⁰
- **Process** matters here, too: genuine community involvement can help cultivate a sense of ownership and belonging which persists long after development is completed,⁶¹ while plans which are scrapped after extensive community consultation can cause alienation and disengagement from the planning process.⁶²
- **Opportunities for cycling and walking** can enhance wellbeing in a number of different ways, including the promotion of physical activity, which is linked to higher wellbeing, and the reduction of congestion and air and noise pollution, all of which are linked to lower wellbeing. Cyclists and walkers also report enjoying their commute more.⁶³
- **Commuting time** also affects wellbeing: commuting is the least enjoyable part of the day for most people,⁶⁴ and increased commuting time is associated with reduced social interaction.⁶⁵
- **Access to green space** is directly associated with higher life satisfaction.⁶⁶ There is also clear evidence linking it with levels of physical activity and physical health,⁶⁷ and with social interaction.⁶⁸ The quality and safety of green space seems to matter as well as the amount.⁶⁹

than on outcomes.⁷⁰ Our witnesses expressed concerns that in the absence of long-term vision, planning may be dominated by short-term imperatives. For instance, Anna Scott-Marshall of the Royal Institute of British Architects (RIBA) warned that pressure to turn empty shops into houses could ‘rip the heart out of many high streets’, while the current trend towards ever-smaller homes could carry a decades-long legacy of low wellbeing. Moreover, without a clear focus on outcomes, planning can widen rather than narrow wellbeing inequalities. For instance, research suggests that in many cases Local Plans’ over-reliance on the ability of growth to deliver other objectives has led to deprived areas getting left behind.⁷¹ Putting wellbeing back at the heart of the system could help to rediscover planning’s sense of mission and ambition.

References to wellbeing in the National Planning Policy Framework (NPPF) are welcome, but it is disappointing that this is treated as a specific and limited consideration – sometimes referred to as ‘health, social, and cultural wellbeing’ – rather than a ‘golden thread’ which runs through the entire document. While some Local Plans are leading the way – for instance, Broadland, Norwich, and South Norfolk’s Joint Core Strategy states that ‘all development will be expected to maintain or enhance the quality of life and the wellbeing of communities’⁷² – many local authorities appear to feel constrained in their ability to demand this in practice. One local councillor at our evidence session said that her council felt unable to impose high standards after attempts to do so had been overruled by planning inspectors. In another recent case, inspectors in Rotherham overturned the local authority’s refusal to approve a housing development which failed to meet their minimum space standards, themselves already below national minimum standards.⁷³ Research by the TCPA has found a ‘tangible sense of powerlessness’ among local authorities against developers’ ability to dictate standards.⁷⁴

We also heard that wellbeing is seen as subordinate to the ‘presumption in favour of sustainable development’, which is interpreted as a ‘presumption in favour of development’ – perhaps because of the NPPF’s emphasis that ‘significant weight should be placed on the need to support economic growth through the planning system’.⁷⁵ Growth matters because it can improve people’s lives – but so do many other things. The NPPF notes that ‘economic growth can secure higher social and environmental standards’ – but it is also true that the search for growth can drive down standards on the basis that ‘any development is better than no development.’ Development should be prioritised to the extent that it enhances wellbeing, rather than the other way around. If the planning system is to truly rediscover an ambition to promote wellbeing, local authorities must be given the confidence to set high wellbeing standards.

RECOMMENDATION 1:

The NPPF should be revised to make clear that promoting wellbeing is the over-arching objective of the planning system, not just a peripheral concern, and that the ‘presumption in favour of sustainable development’ is subject to local authorities’ right and responsibility to set high wellbeing standards.

Social cohesion and physical activity are important pathways from planning to wellbeing

What does a 'wellbeing approach' mean in practice? As the evidence shows (see Box 2) planning decisions affect our wellbeing in a multitude of ways. Some of these, like access to decent housing, are recognised as important by the planning system – although of course, this does not mean that they are necessarily achieved in practice: around half of new homes are failing to meet minimum space standards,⁷⁶ while the average size of new builds in the UK is among the lowest in Europe.⁷⁷ Others, like securing “a built environment that is sociable and green” (the O'Donnell Report⁷⁸) and enabling physical activity, are less well recognised – and, as we heard from Stephen Joseph of the Campaign for Better Transport, impacts in these areas are generally not valued in policy appraisals.

Promoting physical activity, for instance through provision of green space and by making it easier to walk and cycle, carries significant potential benefits for public health and public spending. As we heard from RIBA, even for areas which can do little to increase the quantity of open space, people can be encouraged to walk more through simple design solutions, such as making streets and green spaces safer and more attractive.⁷⁹ Although the NPPF recognises the importance of 'access to high quality open spaces and opportunities for sport and recreation',⁸⁰ physical activity is not explicitly discussed as an objective – and we heard that planners rarely prioritise it in practice. And, although the NPPF has introduced the new 'Local Green Space Designation', which can prevent development in all but exceptional circumstances, it stresses that the designation 'will not be appropriate for most green areas or open space'.⁸¹

The NPPF also recognises that 'the planning system can play an important role in facilitating social interaction', including by creating 'opportunities for meetings between members of the community who might not otherwise come into contact with each other'.⁸² But recognising the importance of social cohesion has much wider implications. It means involving communities in the planning process and protecting valued community facilities. It also means considering the needs of deprived communities which may be excluded from development, and of groups who are particularly vulnerable to social isolation, such as older people. As Chief Planner Steve Quartermain suggested, this requires a long-term perspective and a willingness to think outside silos – as demonstrated by successful efforts to co-locate children's facilities with older people's accommodation in order to facilitate multi-generational living. Other witnesses pointed out that this also extends to transport: for instance, research shows that local bus services are a lifeline for many older people.⁸³ Conversely, town centres must remain accessible for those with mobility problems who are unable to use public transport.

RECOMMENDATION 2:

Planning practice guidance should set out how wellbeing can guide Local Plans and specific planning decisions, including by:

- **ensuring that town centres are sociable and inclusive spaces which are accessible for all sections of the community.**
 - **planning for an ageing population.**
 - **making it easier to access jobs and services by cycling and walking.**
 - **prioritising the provision of green space in ways that maximise wellbeing.**
-

Planning for wellbeing demands a proactive, holistic ‘place-shaping’ approach

As this example illustrates, the overwhelming message of the evidence we heard was that these issues cannot be adequately addressed in isolation. Rather, a wellbeing approach demands that we rediscover the holistic vision of the early pioneers of planning. Recent months have seen a revival of interest in garden cities, a model which embodies this approach. Indeed, it is no accident that garden city principles address many of the same issues we have identified: high quality, affordable housing; sociable neighbourhoods; local jobs and reducing the need to travel to work; ‘lifetime homes’ which consider the needs of all age groups.⁸⁴ Of course, not everyone can live in a garden city; nor does this mean that local authorities should engage in grand attempts at social engineering without regard for local heritage. It does mean that the planning system must rediscover the level of vision and ambition which garden cities represent when it comes to creating good places to live.

Local authorities must be empowered to take a proactive, ‘place-shaping’ approach to planning. Among other things, this means reversing the separation between planning and other local authority functions: the TCPA has called for the revival of ‘social town planning’ through ‘single integrated departments’ which reintegrate planning with services like housing and transport, in line with the recommendations of the Marmot Review.⁸⁵ It also means reinstating a broader range of disciplines and skills in the training of planners, such as psychology and sociology. The new role of Health and Wellbeing Boards carries opportunities to integrate joint Health and Wellbeing Strategies (HWSs) with Local Plans – for example, by identifying wellbeing priorities for planning and transport in HWSs. Examples of good practice are already emerging: Knowsley and Sandwell have appointed their Head of Place to the Board, while in Gateshead and Bristol, the Board will be advised on environmental inequalities by a subgroup.⁸⁶

RECOMMENDATION 3:

Local authorities should be empowered and encouraged to take a proactive, ‘place-shaping’ approach to planning. Spatial planning should be re-integrated with other local authority functions, including transport and housing.

Transport and planning must be integrated and given shared objectives

In particular, building high wellbeing places requires joining up planning and transport with the shared aim of promoting accessibility, not just mobility – i.e., of building places where people can easily access the things they need, including jobs, amenities, and friends. The TCPA cites the example of the White Rose Centre in Leeds, whose potential to provide jobs for people in deprived nearby Belle Isle went unrealised because a failure to plan for accessibility meant that there was no direct pedestrian access to the site.⁸⁷ Conversely, as we heard in our session, local authorities cannot realise the benefits of cycling and walking simply by making it difficult for people to use their cars (which may create problems of its own). Rather, settlements need to be planned so as to reduce the need to use a car, and to reduce the time people are forced to spend commuting. Among other things, this means limiting urban sprawl and taking a proactive approach to securing local jobs as part of new development.

At national level, we heard that the UK’s separation between transport and land-use planning is unusual: many countries have a department for infrastructure with responsibility for both. At city level, witnesses suggested that London’s success in reducing car dependency stems partly from the fact that a single institution – the Mayor’s Office – holds responsibility for both transport and planning, and that emulating this approach could help enable other UK cities to replicate this success.

RECOMMENDATION 4:

National transport and planning policy should be integrated into a single department with the shared aim of promoting *accessibility* rather than just *mobility*.

Conclusion

Building high wellbeing places demands a proactive planning system which integrates familiar concerns such as housing and economic development with issues which have often been neglected, such as cohesive communities, opportunities for physical activity and access to green space. Of course, none of these concerns are new: indeed, they were all core components of the garden city movement over a century ago. A wellbeing approach offers the potential to breathe new life into the planning system, rediscovering the ambition of creating healthy, cohesive, and attractive places to live.

5. Building personal resources: mindfulness in health and education

Summary

- Mindfulness has significant potential to improve wellbeing and save public money. A key first step for unlocking this potential is to **train health and education professionals (doctors, nurses, teachers) in mindfulness.**
- The slow progress in widening access to mindfulness-based therapies reflects a broader need to **better integrate mental and physical health** to provide ‘whole person care’, and to invest in preventing ill-health: Health and Wellbeing Boards should lead this shift.
- Mindfulness in schools is held back by the perception that wellbeing is irrelevant to the core business of the education system – despite its clear links with academic attainment. **Nurturing children’s emotional wellbeing must be given much greater priority.**
- Of course, behavioural interventions like mindfulness are not a substitute for addressing the root causes of poor health and low wellbeing, including the structure of the economy.

Mindfulness is defined as ‘paying attention in a particular way: on purpose, in the present moment, and non-judgementally’.⁸⁸ It is based on Buddhist meditation practices which have in recent decades been secularised and simplified for a wider audience. While much of this report concerns the steps policymakers can take to address external influences on wellbeing, mindfulness is an example of an intervention designed to strengthen people’s personal resources. In particular, we focus on its potential contribution to two areas identified by the O’Donnell Report as vital for wellbeing policy: dealing with mental health problems, and nurturing children’s emotional wellbeing. We found that the barriers to realising this potential reflect broader issues for these aspects of the wellbeing agenda, including difficulties with integrating mental and physical health and achieving ‘parity of esteem’ for mental health, and the lack of priority often given to child wellbeing in the education system.

Box 3: Mindfulness and wellbeing: the evidence

- There is strong evidence linking mindfulness with a range of benefits including better concentration, greater calmness and reduced emotional reactivity, reduced stress and improved immune functioning, and better overall wellbeing and life satisfaction.^{89,90}
- Mindfulness has been shown to improve physical as well as mental health: for example, by reducing blood pressure and helping people to manage long-term conditions including chronic pain, diabetes, and cardiovascular disease.⁹¹
- Although the evidence base on mindfulness in schools is still relatively new, studies suggest that it can improve both children's mental health and wellbeing and their ability to pay attention, problem-solve, and learn.⁹²
- There may also be particular benefits for children with special needs or difficulties: one study found that mindfulness training helped adolescents with attention deficit hyperactivity disorder (ADHD) to control their symptoms; another found that it helped reduce aggressive behaviour in boys; and a third found that it led to reduced anxiety and improved academic performance among children with learning disabilities.⁹³
- Finally, there is some evidence that mindfulness programmes can improve teachers' sense of wellbeing and self-efficacy, as well as their ability to manage classroom behaviour and establish and maintain supportive relationships with students.⁹⁴

Building capacity for mindfulness must start with teachers and doctors

Mindfulness-Based Cognitive Therapy (MBCT) is a medical intervention for sufferers of recurrent depression recommended by the National Institute for Health and Care Excellence (NICE).⁹⁵ Studies have found that it significantly reduces the risk of depressive relapse, and compares well with anti-depressants.⁹⁶ It is cheap, effective, and drug-free, and yet, despite being identified by NICE as a priority for implementation, it is still not widely available on the NHS. A 2009 survey by the Mental Health Foundation found that more than two-thirds of GPs rarely or never referred patients with recurrent depression for MBCT, with only 5% doing so very often. Two key reasons were lack of availability and lack of awareness.⁹⁷

Our expert witnesses confirmed that mindfulness suffered from both capacity barriers (lack of trained mindfulness practitioners) and cultural barriers (lack of understanding and a tendency to prefer drug-based interventions). They suggested that training medical students in mindfulness could help address

both of these problems. Of course, this would involve some small up-front costs. However, there is compelling evidence that building capacity for MBCT could deliver swift and significant public savings: tackling mental health problems reduces burdens on both the healthcare and welfare systems by improving physical health and enabling people to return to work.⁹⁸ Mindfulness in schools is a newer development, but the capacity problems are similar. Witnesses stressed that teachers needed to be properly trained in mindfulness before they could teach it to others – disseminating a standard pack of lessons would not be sufficient.

Training teachers and medical students in mindfulness also carries significant potential benefits in and of itself. As Dr Jonty Heaversedge told us, dealing with stress among doctors and nurses, and resulting issues with recruitment and retention, is among the major challenges faced by the NHS. The 2009 Boorman Review found evidence of 'a clear relationship between staff health and wellbeing and patient satisfaction', and estimated that prioritising staff wellbeing could deliver annual savings of £555 million from reduced sickness absence alone.⁹⁹ Similarly, witnesses suggested to us that incorporating mindfulness into teacher training could deliver a significant 'win-win': supporting them directly in their teaching, thereby improving retention and reducing stress, while also addressing the shortage of trained practitioners able to deliver mindfulness programmes to children. Given these benefits, mindfulness training should, where possible, be made available to existing teachers and doctors as part of their Continuing Professional Development (CPD), as well as to new trainees.

RECOMMENDATION 1:

Mindfulness should be incorporated into the basic training of teachers and medical students.

More needs to be done to integrate mental and physical healthcare

Our discussion of MBCT also highlighted a broader need to prioritise mental health as part of a healthcare system focused on wellbeing. Despite recent efforts to achieve 'parity of esteem' between mental and physical health, for example through the Improving Access to Psychological Therapies (IAPT) programme, only one in four people suffering from depression or anxiety is currently in treatment – a situation the O'Donnell Report describes as 'unacceptable'.¹⁰⁰ The CentreForum Mental Health Commission recently argued that the calculation of QALYs discriminates against mental health treatments,¹⁰¹ because it is based on asking people to *imagine* how a given condition would affect their quality of life, which consistently underestimates the impact of mental health conditions compared with the actual experience of people suffering from them.¹⁰² We agree that using subjective wellbeing evidence could improve the evidence base for assessing treatments and help move towards true parity of esteem for mental health.

RECOMMENDATION 2:

Subjective wellbeing evidence should be used in the calculation of ‘quality adjusted life years’ (QALYs), to better inform the allocation of scarce resources in the health service.

As several of our witnesses emphasised, the challenge is not just to boost the priority given to mental health but to better *integrate* mental and physical health with the aim of providing ‘whole person care’, and to shift the focus of healthcare spending towards prevention. The evidence on the benefits of mindfulness for long-term physical health conditions illustrates the linkages between mind and body. Given that 30% of people now suffer from such conditions, and that they are the most frequent users of the health service,¹⁰³ there is a huge prize for the NHS in adopting a more holistic approach, both to help existing sufferers manage these conditions and to help reduce their prevalence in the longer term.

However, commissioners and health professionals are not generally trained to think and prescribe in this way. Our witnesses suggested that HWBs represented an opportunity for ‘strategic leadership’ at local level, given their explicit duty to encourage integration between different parts of the health service.¹⁰⁴ But they also stressed that this agenda is the responsibility of the whole system, including clinical commissioning groups, and cannot be left solely to HWBs. There may also be a need for more fundamental reform to better equip the system for preventative spending whose benefits are dispersed among many different agencies; we discuss this issue further in Chapter 2.

RECOMMENDATION 3:

Health and Wellbeing Boards should bring together public health professionals, Clinical Commissioning Groups, GPs, and other stakeholders to develop strategies for ‘whole person care’ which effectively integrate mental and physical health.

Nurturing children’s emotional wellbeing must be a higher priority in education

The evidence we heard on mindfulness in schools illustrates the compelling case for a more explicit focus on child wellbeing. As the O’Donnell Report observes, there is good evidence that children’s emotional wellbeing strongly predicts their later mental health as adults, and therefore that nurturing children’s wellbeing – including through interventions like mindfulness – is an important policy priority.¹⁰⁵ Several of our witnesses highlighted the need to rediscover the purpose of education as not just an ‘exam factory’ or an extension of the economic production line, but a process of nurturing children as people and citizens. In our final evidence session, Lord Layard expressed concern that in recent decades we have been ‘travelling fast in the opposite

direction', with a growing sense that the purpose of education is limited to meeting the needs of future employers.

The mismatch between DOH and Department for Education approaches to child wellbeing illustrates the problem. On the one hand, the government's mental health strategy emphasises the role of schools in 'understand[ing] the link between emotional wellbeing and good educational and wider outcomes' and having 'a whole-school approach to supporting all pupils' wellbeing and resilience'.¹⁰⁶ On the other, references to wellbeing were recently removed from the Office for Standards in Education, Children's Services and Skills (Ofsted) inspection framework as part of a drive to encourage inspectors to focus on core academic concerns and forget 'peripherals'.¹⁰⁷

But mindfulness also shows that, far from being a distraction from the drive to improve standards, mental and emotional wellbeing is an essential prerequisite for academic success. There is good evidence that mindfulness programmes can improve attainment, both by dealing with specific mental and behavioural difficulties and by helping children to concentrate and learn. This is unsurprising given that mindfulness is first and foremost a training of the attention. As we heard from Richard Burnett, Director of the Mindfulness in Schools Project: 'You cannot teach a child to learn if their mind is all over the shop. If you can bring their mind to one thing at a time, you can.' There is also more general evidence that investing in child wellbeing can improve educational outcomes. Social and emotional learning (SEL) programmes in the USA have delivered significant improvements in achievement¹⁰⁸ – but the UK has never managed to replicate this success, and government funding for Social and Emotional Aspects of Learning (SEAL) has now been withdrawn.¹⁰⁹

In a recent parliamentary debate, then Education Minister Liz Truss was supportive of mindfulness programmes but suggested that this was an agenda best left to schools themselves.¹¹⁰ Teachers at our evidence session remained concerned that allocating resources to mindfulness programmes was difficult to justify 'in the glare of Ofsted', and argued that changing the way schools were evaluated would 'make a huge difference'. We agree that there is a need for government action to affirm that child wellbeing is both vital for academic attainment and an important outcome of the education system in its own right.

RECOMMENDATION 4:

References to child wellbeing in the Ofsted inspection framework should be reinstated and strengthened. Schools should be encouraged to measure and report on child wellbeing.

Conclusion

Mindfulness is a low-cost, effective approach to building people's personal resources and resilience. Although clearly not a substitute for addressing the structural socio-economic causes of low wellbeing and of wellbeing inequalities, such approaches have an important role to play in a wellbeing approach to policy. As a relatively new intervention, mindfulness faces specific capacity problems which should be addressed directly. But it also illustrates the underlying need for the healthcare and education systems to place much greater emphasis on the mental and emotional wellbeing of both children and adults – including their own staff.

6. Valuing what matters: arts and culture

Summary

- **Wellbeing analysis provides a way of capturing the value that arts and culture have for human lives** – an alternative to assessment based on instrumental benefits on the one hand, and ‘art for art’s sake’ on the other. It is therefore a particularly useful tool for assessing public subsidy of arts and culture.
- It can also help to **set strategic priorities for that subsidy** – for example, evidence suggests that participatory (as opposed to purely spectator) activities are particularly beneficial for wellbeing.
- As well as being directly associated with higher wellbeing, there is evidence that **experiencing arts and culture impacts on key drivers of wellbeing, such as health.**
- Wellbeing evidence can help policymakers to assess the impact of arts subsidy on wellbeing inequalities, and thus to **ensure that the benefits of this spending are spread to those with lower wellbeing**, including disadvantaged and underrepresented groups.

One of the strengths of a wellbeing approach is its ability to better value non-market goods, and goods which we value for reasons that have little to do with the market. In a climate where the arts community feels under increasing pressure to justify its activities in terms of their instrumental benefits, we set out to explore whether a wellbeing approach can better capture the true value to society of arts and culture subsidies to human lives – thus helping both to make the case for arts and culture spending and to identify priorities for that spending. We did not examine other aspects of the remit of the Department for Culture, Media & Sport (DCMS), although of course these also have important implications for wellbeing – particularly sport and physical exercise.

Wellbeing analysis better captures the value of arts and culture for human lives

The tools we use to assess policies reflect the values by which we judge them. As we saw in Chapter 2, conventional CBA has serious shortcomings as a source of evidence, but it also embodies a particular set of values which makes it a particularly inappropriate yardstick for valuing activities like arts and culture: material over non-material goods, and market over non-market outcomes. Although cultural subsidies have instrumental benefits – positive

Box 4: Arts, culture, and wellbeing: the evidence

Arts and culture engagement has been linked directly with better subjective wellbeing:

- Various studies show a link between engagement with the arts and higher life satisfaction, controlling for other factors such as income and health.¹¹¹ Survey and anecdotal evidence also supports the idea that engagement with the arts is good for wellbeing.¹¹²
- Participatory arts such as dance and crafts appear to be somewhat more beneficial than audience arts such as theatre.¹¹³
- Arts programmes have also been shown to deliver positive results in various specific contexts, from care home residents to young offenders.¹¹⁴

The arts also appear to contribute to wellbeing via other pathways, including:

- **Health:** There is good evidence that engagement with the arts is linked to better physical and mental health.^{115,116,117} Recent research commissioned by DCMS found that those engaging with the arts as an audience member were 5.4% more likely to report good health (controlling for factors like income).¹¹⁸
- **Social capital:** Various studies suggest a link between arts activity and community cohesion or social capital, a key driver of wellbeing.^{119,120} There is also evidence that arts activities can help combat loneliness and social isolation, particularly among older people.¹²¹
- **Employment:** A pilot project by the government's Behavioural Insights Team offering creative activities to job seekers appears to be delivering positive results.¹²² The DCMS research found that unemployed people who engage with the arts as an audience member were 12% more likely to have looked for a job in the last four weeks – though it acknowledged that these results do not prove a causal relationship.¹²³

side effects from subsidised arts for the commercial arts sector ('spill overs'), and for the economy as a whole – these are not the main reason why we value cultural activities. Ultimately, arts subsidy is based on the idea that there is something distinctive and intrinsically valuable in the experience of art works, even if we cannot pay for them through the market, and therefore that people should be encouraged to experience the arts.

As the Arts Council's website puts it: 'when we talk about the value of arts and culture to society, we always start with its intrinsic value: how arts and culture can illuminate our inner lives and enrich our emotional world.'¹²⁴ It can even

be argued, as Tony Butler of the Happy Museum did in his evidence to us, that we value these experiences in part because they have a different character from the logic of the market: he described museums as ‘sanctuaries from commercial messages’ and ‘places where people can build relationships and connections’. A wellbeing approach is better suited to capturing these aspects of the value of arts and culture.

New tools of wellbeing analysis can estimate the wellbeing impacts of different activities by comparing data about engagement with these activities to data about subjective wellbeing. They can also convert these values into monetary terms by comparing them with the amount of income that would be needed to achieve the same wellbeing benefit. DCMS has begun using subjective wellbeing data in this way: a recent study they commissioned valued the wellbeing impacts of engagement with the arts at around £1084 per person per year.¹²⁵ Such figures can be used to assess the cost-effectiveness of government spending, and thus to help make the case for the allocation of funds to arts and culture.

RECOMMENDATION 1:

DCMS, and the arts sector more generally, should use wellbeing analysis to help make the case for arts and cultural spending.

Wellbeing evidence can inform strategic priorities – such as focusing more on participatory arts

Wellbeing analysis of this type can also help to set strategic priorities within the arts and culture budget. For instance, the DCMS study examined the wellbeing impacts of various different types of arts and cultural activity, and found that participatory arts such as dance and crafts were valued somewhat more highly than audience arts such as theatre. Interestingly, this did not hold for participation in music, although there is evidence from other sources that activities such as group singing are associated with higher wellbeing.^{126,127} Participation in dance had the highest value of all at £1671 per person per year. This supports more general research findings that participative arts can have particular benefits for wellbeing – perhaps because they enable people to take ‘an active part in their own development, and in the lives of their communities’.¹²⁸

Our witnesses noted that these analysis techniques were still relatively new, but that data and methodologies were improving all the time. For instance, some early attempts to convert wellbeing impacts into monetary terms generated implausibly high valuations due to the difficulties of controlling for income, but the most recent DCMS study uses an improved methodology which largely overcomes this problem.¹²⁹ Another methodological issue is identifying causality, as opposed to just correlation, between a given factor and a particular wellbeing outcome. Controlling for confounding factors can help to address this; there is also a need for more longitudinal studies to demonstrate

effects over time. As more robust data and research becomes available, wellbeing analysis will be an increasingly useful source of evidence to help inform spending priorities.

RECOMMENDATION 2:

Government should use wellbeing analysis to help set strategic priorities for spending on arts and culture. For example, spending should give greater priority to participatory arts.

Gareth Maeer of the Heritage Lottery Fund suggested in our session that wellbeing analysis could also help them set strategic priorities for funding – for instance, by informing the criteria used in the ‘outcomes framework’ against which they analyse bids. Another way of using wellbeing to inform these more detailed spending decisions is by assessing the wellbeing impacts of individual projects. For example, the Independent Theatre Council and Society of London Theatres use a tool developed by NEF to measure aspects of the audience experience such as engagement and concentration, learning and challenge, and shared experience and atmosphere. This arose from a frustration that funders often evaluate theatre projects based on audience numbers, but that ‘this “head-count” approach... makes no attempt to assess the human impact of the performing arts on people’s lives’.¹³⁰ By assessing these impacts, funders may be able to better align decision-making both with the intrinsic motivations of artists and with the unique benefits of art for audiences.

RECOMMENDATION 3:

Arts funding bodies should seek to evaluate the wellbeing impacts of their grants, either individually or by using wellbeing evidence to inform their evaluation frameworks.

Arts and culture impact on other key drivers of wellbeing, such as health

A wellbeing approach should take into account the indirect benefits of spending on arts and culture, as well as the direct links between arts engagement and wellbeing. Dave O’Brien of City University London suggested to us that, since health and employment are two of the biggest determinants of wellbeing, basing policy on wellbeing evidence risks the conclusion that government spending should focus on these things and deprioritise ‘peripheral’ activities such as the arts. But the picture is more complex than this: even if health and employment are key priorities, there still remains the question of how to achieve these things – and there is good evidence that arts and culture spending can contribute to these objectives.

In particular, there is strong evidence that engagement with the arts is linked to better physical and mental health,^{131,132,133} including life expectancy, disease resistance, mental acuity, and even weight maintenance.¹³⁴ In addition to these

general findings, arts programmes have been shown to achieve good results for people with mental health problems, reducing NHS costs^{135,136,137} and contributing to feelings of empowerment, inclusion, and general wellbeing.¹³⁸ This reinforces the case for 'arts on prescription' as part of a move to embrace 'social prescribing' and look beyond clinical interventions. It also suggests that arts programmes have a wider role to play in meeting local authorities' health and wellbeing objectives. The Cultural Commissioning Programme, funded by Arts Council England, is supporting arts and culture organisations to engage with public service commissioning, and some local authorities – such as Kent County Council – are already commissioning local arts organisations to deliver activities in health and social care settings.¹³⁹ However, we heard from witnesses that the arts and health sectors do not always co-operate effectively, and that addressing this would improve the effectiveness of arts and culture spending.¹⁴⁰

RECOMMENDATION 4:

In the light of evidence on the links between the arts and health, central government (DCMS, DOH, and DCLG) should work with relevant agencies, including Arts Council England and Public Health England, to maximise the beneficial impact on wellbeing of available budgets. Local authorities should consider how cultural commissioning might contribute to priorities identified in their Health and Wellbeing Strategies.

The benefits of arts subsidy must be spread to those with lower wellbeing

When considering the impacts of arts and culture spending we need to look not just at aggregate wellbeing but also at wellbeing inequalities. As Dave O'Brien of City University pointed out in our evidence session, cultural consumption as traditionally defined tends to appeal to wealthier, more educated individuals, who generally have higher wellbeing to begin with. This means that – as Culture Secretary Sajid Javid has argued¹⁴¹ – active steps must be taken to promote arts participation to less advantaged groups, so that government subsidy of the arts narrows rather than widens wellbeing inequalities.

Wellbeing analysis can help policymakers to understand these issues better and to target spending more effectively. Gareth Maeer gave the example of research conducted by Heritage Lottery Fund on the wellbeing benefits of volunteering on heritage projects, which had considered these distributional effects.¹⁴² Strikingly, the benefits were actually largest for 'atypical' volunteers – the younger and less well educated; this mirrors more general research findings on the wellbeing benefits of volunteering. But because the number of these volunteers was low, the greatest impacts of the project overall were on the wellbeing of older, well-educated people. This suggests that by targeting traditionally under-represented groups, arts funding can indeed serve to narrow wellbeing inequalities – but also that this demands a concerted effort to engage these groups more effectively.

RECOMMENDATION 5:

Government should take active steps to ensure that the benefits of arts spending reach those with the lowest wellbeing, including communities with high deprivation.

Conclusion

As the Arts and Humanities Research Council recognises in its major investigation into cultural value, a true understanding of the value of arts and culture ‘need[s] to begin by looking at the actual experience... rather than the ancillary effects of this experience’.¹⁴³ Wellbeing offers one way of doing this, providing an alternative both to reductive economic analysis and to a reliance on ‘art for art’s sake’. It can help build a stronger case for the value of arts and culture subsidies to human lives, and to ensure that when we assess public policy and public spending, we are valuing what really matters.

7. Conclusion

A wellbeing approach to policy is not an add-on to be considered once economic policy objectives have been met: rather, it combines economic *and* non-economic objectives into a single framework. After all, the ultimate purpose of both is to improve the quality of people's lives. Our inquiry has found that wellbeing evidence has real and distinctive policy implications in a range of different areas. On the one hand, it suggests action to promote interventions which build people's resources and resilience, such as mindfulness. On the other, it clearly cannot be limited to such interventions: it also demands structural changes to address the root causes of low wellbeing, including through a more proactive, ambitious approach to planning, and a rethinking of economic policy to take seriously the human need for stability and security. And, beyond this, it can help us to capture the value of the intangible things which enrich our lives, such as the enjoyment of arts and culture.

Of course, our inquiry has necessarily only scratched the surface. Our case studies are merely illustrative – but we believe that they demonstrate the value a wellbeing perspective adds to the policymaking process, and the potential dividends of applying a wellbeing approach more systematically. Realising this potential demands far-reaching changes to the way policy is made and implemented, at both national and local level. But the prize is policy and public services which are more efficient and effective at improving people's lives.

Appendix: Full list of expert witnesses

Session 1: Arts and culture, December 2013

Charlotte Jones, Chief Executive, Independent Theatre Council

Alan Davey, Chief Executive, Arts Council for England

Gareth Maeer, Head of Research and Evaluation, Heritage Lottery Fund

Tony Butler, Museum of East Anglian Life (representing the Happy Museum Project)

Daniel Fujiwara, LSE (representing the Happy Museum Project)

Dave O'Brien, City University

Session 2: Labour market policy, March 2014

David Norgrove, Chair, Low Pay Commission

Dr Andrew Clark, Paris School of Economics

Nicola Smith, Head of Economics & Social Affairs, Trades Union Congress (TUC)

Stephen Bevan, Head of the Centre for Workforce Effectiveness, Work Foundation

David Mobbs, Group Chief Executive, Nuffield Health

Session 3: Mindfulness in health and education, April 2014

Professor Willem Kuyken, Exeter University

Heema Shukla, Public Health England

Dr Jonty Heaversedge, Member of Southwark Clinical Commissioning Group

Richard Burnett, Mindfulness in Schools Project

Professor Katherine Weare, University of Southampton

Dr Anthony Seldon, Master of Wellington College

Session 4: Planning and transport, May 2014

Steve Quartermain, Chief Planner, Department for Communities and Local Government (DCLG)

Kathy MacEwen, Head of Planning and Enabling, Design Council Cabe

Anna Scott-Marshall, Head of External Affairs, Royal Institute of British Architects (RIBA)

Stephen Joseph, Chief Executive, Campaign for Better Transport

Session 5: Wellbeing and policy, June 2014

Lord Gus O'Donnell, Chair of the Legatum Commission on Wellbeing and Policy

Lord Richard Layard, Member of the Legatum Commission on Wellbeing and Policy

Simon Fiander, Clerk to the Environmental Audit Committee

References

- 1 *The Guardian*. (2006). David Cameron's Speech to Google Zeitgeist Europe. Retrieved from <http://www.theguardian.com/politics/2006/may/22/conservatives.davidcameron>
- 2 Stiglitz, J.E. *et al.* (2009). Report by the Commission on the Measurement of Economic Performance and Social Progress. Retrieved from http://www.stiglitz-sen-fitoussi.fr/documents/rapport_anglais.pdf
- 3 Environmental Audit Committee. 2014. Wellbeing: Fifteenth report of Session 2013–14. London: TSO.
- 4 Marmot, M. (2010). *Fair Society, Healthy Lives: The Marmot Review Executive Summary*. London: The Marmot Review.
- 5 Black, C. (2008). *Working for a healthier tomorrow*. London: TSO.
- 6 O'Donnell, G. *et al.* (2014). *Wellbeing and Policy*. London: Legatum Institute. p58.
- 7 Arblaster, L. *et al.* (1996). A systematic review of the effectiveness of health service interventions aimed at reducing inequalities in health. *Journal of Health Services Research and Policy*, 1(2):93–103.
- 8 Spencer, N. (2007). Behaving badly? Smoking and the role of behaviour change in tackling health inequalities. *Challenging health inequalities: From Acheson to Choosing Health*. pp157–174.
- 9 OECD. (2013). OECD Guidelines on measuring subjective well-being. Paris: OECD Publishing
- 10 Fujiwara, D. and R. Campbell. (2011). *Valuation techniques for social cost-benefit analysis: Stated preference, revealed preference and subjective well-being approaches - a discussion of the current issues*. London: TSO.
- 11 O'Donnell, G. *et al.* (2014). *Wellbeing and Policy*. London: Legatum Institute. p58.
- 12 Environmental Audit Committee. (2014). *Wellbeing: Fifteenth report of Session 2013–14*. London: TSO.
- 13 Stratton, A. (14 Nov 2010). 'David Cameron aims to make happiness the new GDP'. *The Guardian*. Retrieved from <http://www.theguardian.com/politics/2010/nov/14/david-cameron-wellbeing-inquiry>
- 14 Roberts-Hughes, R. (2013). *City health check: How design can save lives and money*. London: RIBA.
- 15 OECD. (2014). *Mental health and work: United Kingdom*. Paris: OECD Publishing.
- 16 Cooke, A. *et al.* (2011). *Mental Wellbeing Impact Assessment: A Toolkit for Wellbeing*. London: National MWIA Collaborative. Available from <http://www.apho.org.uk/resource/item.aspx?RID=95836>

- 17 Slay, J. & Penny, J. (2014). *Commissioning for outcomes and co-production: A practical guide for local authorities*. London: NEF.
- 18 Locality (2014). *Saving money by doing the right thing: Why 'local by default' must replace 'diseconomies of scale'*. London: Locality.
- 19 Local Government Innovation Taskforce. (2014). *First Report: The case for change*. London: LGA Labour Group.
- 20 For an overview see Stoll, L., Michaelson, J. & Seaford, C. (2012). *Wellbeing evidence for policy: A review*. London: NEF.
- 21 Bell, D.N.F. & Blanchflower D.G. (2011), cited in Abdallah, S. et al. (2013). *Quality of life in Europe: Subjective wellbeing*. Brussels: Eurofound.
- 22 Jeffrey, K. et al. (2014). *Wellbeing at work: A review of the literature*. London: NEF.
- 23 Abdallah, S. et al. (2013). *Quality of life in Europe: Subjective wellbeing*. Brussels: Eurofound.
- 24 Abdallah, S. & Shah, S. (2012). *Wellbeing patterns uncovered: An analysis of UK data*. London: NEF.
- 25 Abdallah, S. et al. (2013). *Quality of life in Europe: Subjective wellbeing*. Brussels: Eurofound.
- 26 Kahnemann, D. & Tversky, A. (eds.) (2000). *Choices, Values and Frames*. Cambridge: CUP.
- 27 Boyce, C., Wood, A. et al. (2013). Money, Well-Being, and Loss Aversion: Does an Income Loss Have a Greater Effect on Well-Being Than an Equivalent Income Gain? *Psychological Science*, 24(12), 2557–2562.
- 28 Lora, E. & Chaparro, J. (2008). *The conflictive relationship between satisfaction and income*. Inter-American Development Bank, Working paper #642.
- 29 O'Donnell, G. et al. (2014). *Wellbeing and Policy*. London: Legatum Institute. p58.
- 30 ESS. (2013). *Economic crisis, quality of work and social integration: Topline results from Rounds 2 and 5 of the European Social Survey*. Brussels: European Commission.
- 31 Gallie, D. et al. (2013). *Fear at work in Britain: First findings from the Skills and Employment Survey, 2012*. London: Centre for Learning and Life Chances in Knowledge Economies and Societies, Institute of Education.
- 32 Abdallah, S. & Shah, S. (2012). *Wellbeing patterns uncovered: An analysis of UK data*. London: NEF.
- 33 Abdallah, S. et al. (2013). *Quality of life in Europe: Subjective wellbeing*. Brussels: Eurofound.
- 34 Kahnemann, D. & Deaton, A. (Sept 2010). High income improves evaluation of life but not emotional wellbeing. *Proceedings of the National Academy of Sciences*, 107(38).

- 35 Watt, N. (16 Jan 2014). 'George Osborne backs minimum wage rise to £7 an hour'. *The Guardian*. Retrieved from <http://www.theguardian.com/society/2014/jan/16/george-osborne-backs-minimum-wage-rise-7-pounds>
- 36 BBC News. (16 Jan 2014). 'Osborne wants above-inflation minimum wage rise'. Retrieved from <http://www.bbc.co.uk/news/uk-politics-25766558>
- 37 Department for Business, Innovation and Skills. (Jan 2014). Government Evidence for the Low Pay Commission on the Additional Assessment. London: TSO.
- 38 Parker, L. & Bevan, S. (2011). *Good Work and Our Times: Report of the Good Work Commission*. London: Work Foundation. p38.
- 39 Clark, A.E. & Oswald, A. (1996). Satisfaction and Comparison Income. *Journal of Public Economics*.
- 40 Clark, A.E., Frijters, P. & Shields, M.A. (2008). Relative income, happiness and utility: An explanation for the Easterlin Paradox and other puzzles. *Journal of Economic Literature*, 46(1), 95–144.
- 41 Stoll, L., Michaelson, J. & Seaford, C. (2012). *Wellbeing evidence for policy: A review*. London: NEF. pp 15–18.
- 42 Wilkinson, R. & Pickett, K. (2010). *The Spirit Level: Why equality is better for everyone*. London: Penguin Books.
- 43 High Pay Centre. (2014). Is it time for a maximum pay ratio? Retrieved from <http://highpaycentre.org/blog/is-it-time-for-a-maximum-pay-ratio>
- 44 Campbell, D. (1 July 2014). UK needs four-day week to combat stress, says top doctor. *The Guardian*. Retrieved from <http://www.theguardian.com/society/2014/jul/01/uk-four-day-week-combat-stress-top-doctor>
- 45 OECD Observer No. 292, Q3 2012 . Productive hours [webpage]. Retrieved from http://www.oecdobserver.org/news/fullstory.php/aid/3841/Productive_hours.html
- 46 Coote, A. et al. (2010). *21 hours: Why a shorter working week can help us all to flourish in the 21st Century*. London: NEF.
- 47 Timewise. (2014). A flexible future for Britain? Retrieved from <http://timewise.co.uk/wp-content/uploads/2014/06/Updated-A-flexible-future-for-Britain.pdf>
- 48 D'Addio, A., et al. (2013). Using a quasi-natural experiment to identify the effects of birth-related leave on subjective well-being in Europe. *OECD Journal: Economic Studies*, 7, 235–268.
- 49 Campaign for Better Transport. (2014). Part-time season tickets: help us make your case [webpage]. Retrieved from <http://www.bettertransport.org.uk/fair-fares-now/part-time-season-tickets-help-us-make-your-case>
- 50 For an overview see Jeffrey, K. et al. (2014). *Wellbeing at work: A review of the literature*. London: NEF.
- 51 Rayton, B. Dodge, T. & D'Analeze, G. (Nov 2012). *The evidence: Employee Engagement Task Force – 'Nailing the evidence' workgroup*. London: Engage for Success.

- 52 PricewaterhouseCoopers. (2008). *Building the case for wellness*. London: PricewaterhouseCoopers LLP.
- 53 Jeffrey, K. et al. (2014). *Wellbeing at work: A review of the literature*. London: NEF.
- 54 Black, C. (2008). *Working for a healthier tomorrow*. London: TSO.
- 55 Ellis, H. & Henderson, K. (2013). *Planning out Poverty: The reinvention of social town planning*. London: TCPA.p6.
- 56 Stoll, L., Michaelson, J. & Seaford, C. (2012). *Wellbeing evidence for policy: A review*. London: NEF. p41.
- 57 *Ibid.* p28.
- 58 Katz, J. & Peace, S. (2007). *Social interactions in urban public places*. York: Joseph Rowntree Foundation.
- 59 Minton, A. & Aked, J. (2013). *Fortress Britain: high security, insecurity and the challenge of preventing harm*. London: NEF Working Paper.
- 60 Michaelson, J. et al. (2010). *Good Foundations: Towards a low-carbon, high-wellbeing built environment*. London: NEF.
- 61 *Ibid.*
- 62 Ellis, H. & Henderson, K. (2013). *Planning out Poverty: The reinvention of social townplanning*. London: TCPA.
- 63 Abdallah, S. & Reardon, L. (2011). *The Road to Wellbeing: The relationships between transport and wellbeing – a report on the existing literature*. London: NEF.
- 64 *Ibid.*
- 65 Putman, R. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.
- 66 Chu, A., Thorne, A. & Guite, H. (2004). The impact on mental wellbeing of the urban and physical environment: an assessment of the evidence. *Journal of Mental Health Promotion*, 2, 8–17.
- 67 Natural England. (2009). *Our Natural Health Service: The role of the natural environment in maintaining healthy lives*. Sheffield: Natural England.
- 68 Kuo, F. et al. (1998). Fertile ground for community: inner-city neighborhood common spaces. *American Journal of Community Psychology*, 26, 823–851.
- 69 CABE. (2010). *Community Green: Using local spaces to tackle inequality and improve health*. London: CABE. Cited in Roberts-Hughes, R. (2013). *City health check: How design can save lives and money*. London: RIBA.
- 70 Cherry, G.E. (1970). *Town Planning in its Social Context*. London: Leonard Hill Books.
- 71 Ellis, H. & Henderson, K. (2013). *Planning out Poverty: The reinvention of social town planning*. London: TCPA.

- 72 Town and Country Planning Association. (2014a). Examples of planning policies for health and wellbeing. Available at http://www.tcpa.org.uk/data/files/TCPA_planning_policies_for_health.pdf
- 73 Town and Country Planning Association. (2014b). Submission to the Communities and Local Government Committee's inquiry into the effectiveness of the NPPF. Available at <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/communities-and-local-government-committee/operation-of-the-national-planning-policy-framework/written/9322.pdf>
- 74 Ellis, H. & Henderson, K. (2013). *Planning out Poverty: The reinvention of social town planning*. London: TCPA.
- 75 Department for Communities and Local Government. (2012). The National Planning Policy Framework. London: TSO.
- 76 Morgan, M. & Cruickshank, H. (2014). *Quantifying the extent of space shortages: English dwellings*. Building Research & Information.
- 77 Roberts-Hughes, R. (2011). *The case for space: The size of England's new homes*. London: RIBA.
- 78 O'Donnell, G. et al. (2014). *Wellbeing and Policy*. London: Legatum Institute.
- 79 Roberts-Hughes, R. (2013). *City health check: How design can save lives and money*. London: RIBA.
- 80 Department for Communities and Local Government. (2012). The National Planning Policy Framework. London: TSO.[para 73](#).
- 81 *Ibid.* para 77.
- 82 *Ibid.* para 69.
- 83 Campaign for Better Transport. (2012). Transport, accessibility and social inclusion. London: CBT; Ecorys UK (2012). The social inclusion value of buses – Burbank: Final case study report by Ecorys UK to the Campaign for Better Transport.
- 84 TCPA. (2014c). *The TCPA Garden City Principles*. London: TCPA.
- 85 Marmot, M. (2010). *Fair Society, Healthy Lives: The Marmot Review Executive Summary*. London: The Marmot Review.
- 86 Town and Country Planning Association. (2014a). Examples of planning policies for health and wellbeing. Available at http://www.tcpa.org.uk/data/files/TCPA_planning_policies_for_health.pdf
- 87 Ellis, H. and Henderson, K. (2013). *Planning out Poverty: The reinvention of social town planning*. London: TCPA.
- 88 This definition was coined by Jon Kabat-Zinn, the US academic who developed the Mindfulness-Based Stress Reduction programme and has helped to popularise mindfulness in the West.
- 89 For an overview see Kabat Zinn J, 2013. *Full Catastrophe Living* (Revised Edition). London: Piaktus.

- ⁹⁰ Halliwell, E. (2009). *Mindfulness Report*. London: Mental Health Foundation.
- ⁹¹ *Ibid.* p24.
- ⁹² Weare, K. (2013). Developing mindfulness with children and young people: A review of the evidence and policy context. *Journal of Children's Services*, 8(2), 141–153.
- ⁹³ Remple, K. (2012). Mindfulness for Children and Youth: A review of the literature with an argument for school-based implementation. *Canadian Journal of Counselling and Psychotherapy*, 46(3), 201–220.
- ⁹⁴ Meiklejohn, J. et al. (2012). Integrating Mindfulness Training into K-12 Education: Fostering the Resilience of Teachers and Students. *Mindfulness*, 3(4), 291–307.
- ⁹⁵ For current guidance see NICE (2012). NICE Guidelines [CG90]: Depression in adults: The treatment and management of depression in adults. Retrieved from <http://www.nice.org.uk/guidance/CG90>
- ⁹⁶ Piet, J. & and Hougaard, E. (2011). The effect of mindfulness-based cognitive therapy for prevention of relapse in recurrent major depressive disorder: a systematic review and meta-analysis. *Clinical Psychology Review*, 31, 1032–1040.
- ⁹⁷ Halliwell, E. (2009). *Mindfulness Report*. London: Mental Health Foundation.
- ⁹⁸ O'Donnell, G. et al. (2014). *Wellbeing and Policy*. London: Legatum Institute. p58.
- ⁹⁹ Boorman, S. (2009). *NHS Health and Wellbeing Review: Interim Report*. Leeds: Department of Health. p47.
- ¹⁰⁰ O'Donnell, G. et al. (2014). *Wellbeing and Policy*. London: Legatum Institute. p58.
- ¹⁰¹ CentreForum Mental Health Commission (2014). *The pursuit of happiness: A new ambition for our mental health*. London: CentreForum.
- ¹⁰² Fujiwara, D. & Dolan, P. (2014). *Valuing Mental Health: how a subjective wellbeing approach can show just how much it matters*. London: UK Council for Psychotherapy.
- ¹⁰³ Department of Health. (2013). *Long term conditions compendium of information: Third edition*. London: TSO.
- ¹⁰⁴ Section 195, Health and Social Care Act 2012
- ¹⁰⁵ O'Donnell, G. et al. (2014). *Wellbeing and Policy*. London: Legatum Institute. p47.
- ¹⁰⁶ Department of Health. (2012). *No health without mental health: implementation framework*. London: TSO. p31.
- ¹⁰⁷ Northern, S. (16 Jan 2012). Schools strive for pupils' happiness. *The Guardian*. Retrieved from <http://www.theguardian.com/education/2012/jan/16/children-wellbeing-schools-ofsted> [
- ¹⁰⁸ Durlak, J.A. et al. (2011.) The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. *Child Development*, 82(1), 405–432.

- 109 PSHE Association. FAQs: Healthy Schools, Every Child Matters and Social and Emotional Aspects of Learning [webpage]. <https://www.pshe-association.org.uk/content.aspx?CategoryID=1176>
- 110 HC Deb (10 Dec 2013) Col 70WH – 72WH.
- 111 Leadbetter, C. & O'Connor, N. (2013). *Healthy Attendance? The Impact of Cultural Engagement and Sports Participation on Health and Satisfaction with Life in Scotland*. Scottish Government Social Research.
- 112 Devlin, P. (2009). *Restoring the balance: The effect of arts participation on wellbeing and health*. Newcastle: Voluntary Arts England.
- 113 Fujiwara, D. et al. (2014a). *Quantifying and valuing the wellbeing impacts of culture and sport*. London: Department for Culture, Media and Sport.
- 114 Mowlah, A. et al. (2014). *The value of arts and culture to people and society: An evidence review*. Manchester: Arts Council England.
- 115 RSPH Working Group on Arts, Health and Wellbeing. (2013). *Arts, Health and Wellbeing Beyond the Millennium: How far have we come and where do we want to go?* London: Royal Society for Public Health.
- 116 Mowlah, A. et al. (2014). *The value of arts and culture to people and society: An evidence review*. Manchester: Arts Council England.
- 117 For an overview see Arts for Health at Manchester Metropolitan University. The long-term benefits of participation in the arts: An international evidence base. [webpage]. Retrieved from <http://longitudinalhealthbenefits.wordpress.com>
- 118 Fujiwara, D. et al. (2014b). *Quantifying the social impacts of culture and sport*. London: Department for Culture, Media and Sport.
- 119 *Ibid.*
- 120 Matrix Knowledge Group. (2010). *Understanding the value of engagement with culture and sport*. London: Culture and Sport Evidence Programme.
- 121 Cohen, G.D. et al. (2006). The impact of professional conducted programs on the physical health, mental health and social functioning of older adults. *The Gerontologist*, 46(6), 726–734.
- 122 Gus O'Donnell's evidence to our fifth session.
- 123 Fujiwara, D. et al. (2014b). *Quantifying the social impacts of culture and sport*. London: Department for Culture, Media and Sport.
- 124 Mowlah, A. et al. (2014). *The value of arts and culture to people and society: An evidence review*. Manchester: Arts Council England.
- 125 Fujiwara, D. et al. (2014a). *Quantifying and valuing the wellbeing impacts of culture and sport*. London: Department for Culture, Media and Sport.
- 126 Clift, S. et al. (2008). *Singing and Health: A systematic mapping and review of non-clinical research*. Canterbury: Sidney de Haan Research Centre for Arts and Health;

- 127 Quinn, J. & Blandon, C. (2014). *The Power of Songs: An Evaluation of Plymouth Music Zone's 'Keep Singing, Keepsake' Project*. Plymouth: Education Research with Plymouth University.
- 128 Matarasso, F. (1997.) *Use or ornament? The social impact of participation in the arts*. Comedia
- 129 Fujiwara, D. et al. (2014a). *Quantifying and valuing the wellbeing impacts of culture and sport*. London: Department for Culture, Media and Sport. pp16, 27.
- 130 NEF. (2010). *Capturing the audience experience: A handbook for the theatre*. London: NEF, ITC, SOLT & TMA.
- 131 RSPH Working Group on Arts, Health and Wellbeing. (2013). *Arts, Health and Wellbeing Beyond the Millennium: How far have we come and where do we want to go?* London: Royal Society for Public Health.
- 132 Mowlah, A. et al. (2014). *The value of arts and culture to people and society: An evidence review*. Manchester: Arts Council England.
- 133 O'Neill, M. (2010). Cultural Attendance and Public Mental Health. *Journal of Public Mental Health*, 9(4).
- 134 For an overview see Arts for Health at Manchester Metropolitan University. The long-term benefits of participation in the arts: An international evidence base. [webpage]. Retrieved from <http://longitudinalhealthbenefits.wordpress.com>
- 135 McDaid, D. & Park, A. (2013). *Investing in arts on prescription: An economic perspective*. (unpublished).
- 136 Potter, S. (2013). *Arts on Prescription 2010-2012: Evaluation Report*. Cambridge: Arts and Minds.
- 137 White, M. & Salamon, E. (2010). *An interim evaluation of the 'Arts for Wellbeing' social prescribing scheme in County Durham*. Durham: Centre for Medical Humanities.
- 138 Secker, J. et al. (2007). *Mental Health, Social Inclusion and Arts: Developing the Evidence Base*. London: National Social Inclusion Programme.
- 139 NCVO. Cultural Commissioning Programme – supporting arts and cultural organisations to engage in public sector commissioning [webpage]. Retrieved from <http://www.ncvo.org.uk/practical-support/public-services/cultural-commissioning-programme>
- 140 Vella-Burrows, T. (2014). *Cultural Value and Social Capital: Investigating Social, Health and Wellbeing Impacts in Three Coastal Towns Undergoing Culture-led Regeneration*. Canterbury: Sidney de Haan Research Centre for Arts and Health.
- 141 Speech by Sajid Javid. 6 June 2014. Culture for All. Available from <https://www.gov.uk/government/speeches/culture-for-all>
- 142 Rosemberg, C. et al. (2011). *Assessment of the Social Impact of Volunteering in HLF funded projects: Yr 3*. London: BOP Consulting.
- 143 Arts and Humanities Research Council. Cultural Value Project. [webpage]. Retrieved from <http://www.ahrc.ac.uk/Funded-Research/Funded-themes-and-programmes/Cultural-Value-Project/Pages/default.aspx>

Members of the APPG on Wellbeing Economics

Chair: David Lammy MP

Vice-Chair: Dr Julian Huppert MP

Vice-Chair: Baroness Claire Tyler

Treasurer: Helen Goodman MP

Secretary: Caroline Lucas MP

Other group members are:

Zac Goldsmith MP

Sir Peter Bottomley MP

Lord Richard Layard

Graham Allen MP

Kelvin Hopkins MP

Jon Cruddas MP

Lord Bhikhu Parekh

Lord Leslie Turnberg

Chris Ruane MP

Lord Alan Howarth

Lorely Burt MP

Martin Horwood MP

Annette Brooke MP

Andrew George MP

Mike Hancock MP

Adrian Sanders MP

John Leech MP

Written by: Christine Berry

Designed by: the Argument by Design – www.tabd.co.uk

Cover image: Nick Saltmarsh (NickS) via Flickr

New Economics Foundation

www.neweconomics.org

info@neweconomics.org

+44 (0)20 7820 6300

@nef



Registered charity number 1055254

© September 2014 New Economics Foundation

ISBN - 978-1-908506-67-2



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License.
To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/3.0/> and www.neweconomics.org/publications