# The role of local communities

# in using PLACE as a lens to improve Health and Wellbeing

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# 1   Introduction

Local communities in the north-east of Scotland have a strong sense of identity and 'place'.  This is evident both at macro level, based on cultural factors such as the Doric dialect, and also at the level of individual communities, where identity may be tied to more local factors such as farming and fishing.

Local communities, including all the stakeholders within Community Planning Partnerships have a key role in galvanising local communities to work together to improve the environment, particularly in deprived areas and use this as a leaver to improve health and wellbeing. This short paper explores a number of topics that may be of interest in that context.

# 2   Building on the evidence base

Place encompasses both the *physical environment* (the buildings, streets, public areas and natural spaces that make up neighbourhoods) and the *social environment* (the relationships, social contact and support networks that exist in a community).  These characteristics of place, and the interactions between them, have an important influence on our health and wellbeing throughout our lifetime.

> *Place is where people, location and resources combine to create a sense of identity and purpose*
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> *Scottish Government. Place Principle: introduction. Available from: https://www.gov.scot/publications/place-principle-introduction/. Accessed 28/10/21.*

We recognise the importance of supporting solutions that the community wish to pursue, rather than solutions which may seem the best from an external perspective. Interventions that might be considered range from high level regional approaches, to those that affect a small cluster of homes in a community with high levels of need.

The 'What Works Centre for Wellbeing' define wellbeing as having ten broad dimensions which have been shown to matter to people in the UK, as identified through a national debate. The dimensions are: *the natural environment, personal well-being, our relationships, health, what we do, where we live, personal finance, the economy, education and skills and governance.* These are a useful backdrop to considering 'wellbeing and place'.

# 3   Wellbeing centred policy

Wellbeing should be a key consideration at all stages of policy development, from setting the agenda for a policy, agreeing the desired outcomes, delivering change, and evaluating the impact.

## 3.1   The national policy context

Awareness of wellbeing as an important public health policy issue has been recognised in a variety of key strategic documents at a national and local level as a priority.  The Planning (Scotland) Act 2019 reconnects the link between place and health, and asks that a renewed emphasis is placed on assessing the likely effects development will have on health.  Similarly, the WEGo Wellbeing Economy Governments group, set up by Scottish Government, states that, *"Building a Wellbeing Economy is a top priority for the Scottish Government. This means building an economy that is inclusive and that promotes sustainability, prosperity and resilience, where businesses can thrive and innovate, and that supports all communities across Scotland to access opportunities that deliver local growth and wellbeing".*

### 3.1.1 The place principle

The Scottish Government and COSLA have agreed to adopt the Place Principle. We recognise the extensive work that local authorities in the north east have undertaken to take this forward.

In summary the place principle, *"promotes a shared understanding of place, and the need to take a more collaborative approach to a place's services and assets to achieve better outcomes for people and communities."* It recognises *"that a more joined-up, collaborative, and participative approach to services, land and buildings, across all sectors within a place, enables better outcomes for everyone and increased opportunities for people and communities to shape their own lives"*.

### 3.1.2 The Place Standard

The Place Standard tool is being extensively used across Grampian as a framework to structure conversations about place. It allows us to think about the *physical* elements of a place (for example its open spaces and transport links) as well as the *social* aspects (for example whether people feel they have a say in decision making).

*Case Study: Aberdeen City Council* took the decision to apply a Health in All policies approach to its upcoming Proposed Aberdeen Local Development Plan 2020.

All of the polices within the Proposed Aberdeen Local Development Plan 2020 were examined with a view to improving and assessing their health impact. Collaborative working between development planners and the Aberdeen City Health and Social Care Partnership, resulted in many policies being modified to bring health to the fore.

The policies were also assessed against the United Nations Sustainable Development Goals, Scottish Government's Health Priorities for Scotland, and Aberdeen City Local Outcome Improvement Plans Stretch Outcomes to ensure sustainability, health and the city's social priorities are at the forefront of decision making.

### 3.1.3 Local Outcome Plans

The production of Local Outcome Improvement Plans (LOIP) has demonstrated the value of community engagement in agreeing local priorities. The process has been well received across Grampian and has a significant impact on priorities. Community engagement in decision making can directly impact wellbeing, as well as having the additional benefits of building social networks and improving social cohesion.

## 4 Building thriving communities

There is extensive evidence around place-making as part of building thriving communities. The theme of place as a vehicle for promoting health and wellbeing has an extensive evidence base, for example, from the Project for Public Spaces Group: *'The Case for Healthy Spaces: Improving Health Outcomes through Placemaking'* (Project for Public Spaces, 2016). Some approaches to place-making are therefore considered in greater detail below.

## 4.1 Informal spaces

There is evidence that informal spaces and places, (places which are not home or work), also known as 'Third Places' (Oldenburg, 1999) can provide an important space in which we make connections. In a policy context, we tend to think of public amenities like community centres, but research

showed, for example, the importance of Tesco in Maryhill, Glasgow, as a hub for regular interactions (Ferguson, 2017).

## 4.2   Third sector and non-statutory spaces

People come together through informal forums and activities and this act of connecting promotes wellbeing. These forums include friendship groups, parents' associations, youth clubs, chambers of commerce, pubs, religious groups or any of the multitude of civic society organisations.

There is a risk that the public sector's priorities or concerns can sometimes inadvertently get in the way of the very thing it is trying to support, for example, extensive requirements to document the management of risk can sometime overwhelm the skills and capacity of community groups.

*'Taking part matters: this can be in terms of getting involved in community activities that can affect both physical and mental health; taking part can also help people to increase their skills. Activities that take place in community hubs or heritage buildings or places can improve a sense of belonging and pride. They can also help people to connect to others, which can particularly help in terms of building trust and self-confidence'.* What Works Centre for Wellbeing.

## 4.3   Beautility

Beautility is a combination of two words, 'beauty' and 'utility' and in particular the benefits of the beauty of nature, incorporating green and blue spaces into our streets and environment.  There is evidence for 'place attachment', that is how attached we are to the place we live and the impact that has on our health. This has been taken up in green building strategies and biophilic design (Scannell, 2010).
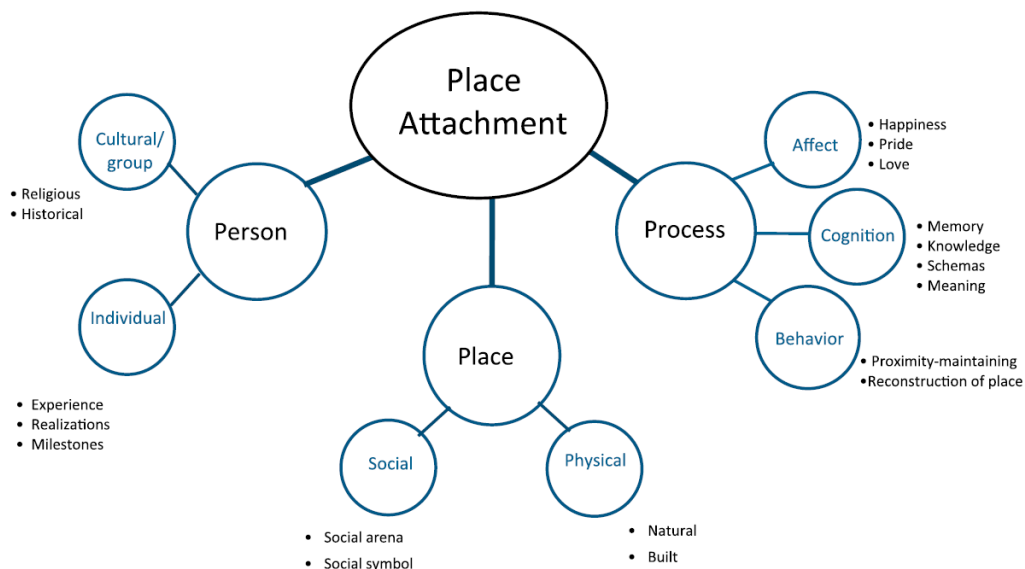


*Figure 1: The tripartite model of place attachment*

There is widespread evidence for nature-based programmes, such as greening of streets, developing both the beauty and utility of an area (Ayers, 1979), particularly in deprived communities. There are tools and opportunities to develop this approach at a very local level, using micro-grants to bring under-resourced communities together to make their street or neighbourhood more enjoyable to live in (Sheets et al., 1991; Kruize et al., 2019).

> *As little as ten minutes' daily exposure to nature has a positive effect on mental health (Meredith, et al. 2020).*

## 4.4   Twenty-minute neighbourhoods

There has been a longstanding emphasis in planning policy on what is currently often referred to as "20-minute neighbourhoods".  There are opportunities to consider access to services, transport infrastructure, particularly walking and cycling, in a way that reduces carbon footprint and enhances wellbeing.

The growing international consensus on sustainability, climate change and reduction in pollution of the environment, for example by carbon dioxide fits well with a 20-minute neighbourhood model. However, we recognise that there are tensions with a separate drive to provide 'best value' and economies of scale by consolidating services into fewer, larger centres.

## 4.5   Community Hubs

We recognise that community hubs have been extensively developed across Grampian and would support their ongoing development. The What Works centre conducted a systematic review (Bagnell et al., 2018) which found that community hubs can promote social cohesion by bringing together different social or generational groups; increase social capital and build trust; increase interaction between community members; increase people's knowledge or skills; widen social networks; and positively affect a sense of belonging and pride in a community. There is, however, sometimes a need to overcome barriers that may prevent some people in marginalised groups from taking part.

Green and blue space interventions that provide the opportunity to participate in activities or gatherings can particularly improve social interactions, increase physical activity and healthy eating; and improve community members' skills and knowledge. This evidence base is being utilised across the north east of Scotland.

> Case Study: Moray Wellbeing Hub
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> Our hub creates new community and virtual spaces that welcome everyone to live more mentally healthy lives, as well as support existing ones to connect and grow, reaching out across Moray to diverse communities and groups. Our work focuses on taking personal experiences, combining these with research and local resources to create sustainable change.

## 4.6   Supporting volunteering infrastructure

There are well developed programmes of volunteering across Grampian.  A review, 'Volunteer wellbeing: works and who benefits' undertaken jointly by the Institute of Volunteering and the Spirit of 2012 looked at over 17,000 published reports, and included evidence from 158 studies from the UK and internationally (Stuart & Scherer, 2020). The evidence was overwhelming: volunteering can be good for volunteers' wellbeing, and volunteering is best for the wellbeing of those who need it

most, that is, people who currently experience low levels of wellbeing.  The review found that older people, people on low income or unemployed, people living with long term health conditions and people who already have lower levels of wellbeing can benefit most from volunteering, compared to other groups. Volunteering may be good for us during life transitions or life crises such as retirement or bereavement, when volunteering can bring a new sense of purpose, identity and belonging.

There are three challenging issues that need to be addressed at a public sector level:

- Groups who may benefit most from volunteering may not be able to volunteer. They may lack social connections to introduce them to volunteering; or the means to travel to volunteer; or may have access needs that the volunteering 'opportunities' will not meet in their case.
- If a volunteering opportunity does not achieve anything meaningful or over-burdens the volunteer, there are no wellbeing effects. There may even be negative effects on wellbeing. The volunteering experience needs to be a positive – and purposeful – one.
- One-off or very infrequent volunteering does have fewer wellbeing effects than regular, more frequent volunteering. We also know that individuals over their lifetime might have periods of more intensive volunteering, and then periods when they will not volunteer at all.

## 4.7   Learning and personal growth

Partner agencies across Grampian have invested significantly in learning.  A review of the evidence conducted by What Works and Partners (Tregaskis & Nandi, 2018) indicated that learning can have a range of wellbeing benefits including facilitating social contact; developing purpose; building confidence; and enabling progression.

Formal qualifications and soft learning outcomes, both improved self-confidence and social relationships, are important for achieving wellbeing impacts. The learning environment is key, both in terms of learners achieving learning outcomes, but also as a source of support, fostering the social benefits of learning which contribute to wellbeing.

## 4.8   Anchor Institutions

There is huge potential for greater utilisation of anchor institutions across the public, private and voluntary sector to improve wellbeing. The Centre for Local Economic Strategies defines 'anchor institutions' as organisations which:

- *Have an important presence in a place, usually through a combination of: being large-scale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets.*
- *Are tied to a particular place by their mission, histories, physical assets and local relationships. Examples include local authorities, NHS trusts, universities, trade unions, large local businesses, the combined activities of the community and voluntary sector and housing associations.*

> Case study: In Sheffield the NHS, local universities, housing associations, colleges, the city council, chamber of commerce and voluntary sector organisations joined up to drive a collective commitment to building a more inclusive local economy. The *Sheffield City Partnership*, led by the city council, has developed a framework with a vision, commitments and shared objectives for implementing a city-wide approach to: education, skills and work; environmental sustainability and inequality; procurement; and homelessness and violent crime.
>
> While the potential benefits of greater collaboration between anchors were clear, a range of structural and contextual factors conspired to make partnering difficult. Each anchor had different accountability and governance mechanisms, required different administrative processes and had different financial constraints. The Deputy Chief Executive summed it up by saying, *"We are all trying to get the best spend of our local pound, really, but there are challenges with that. We have different footprints – at the trust we are part of the ICS footprint, which is a different footprint from the city region. So, we have this constant footprint debate, which plays out when you're trying to articulate the governance framework, the accountability, the permissions, and who has the authority to make decisions".*

Research conducted by the Health Foundation into the role of anchor institutions in the NHS in building healthier communities suggested five ways by which organisations can act as anchor institutions: employment; procurement and commissioning for social value; using of capital and estates; environmental sustainability; and as a partner in a place (Reed et al., 2019).

The combined assets of anchor institutions (in terms of local jobs, spending and land) is often significant. Working collaboratively can give anchors more reach into the community than they would have individually, and allows sharing of best practice.

# 5    Promoting Wellbeing at an individual level

We know what can improve our own wellbeing as individuals (e.g. 5 Ways to Wellbeing). Although the approach can be applied at an individual level, it can also be part of a broader social movement at community level to promote wellbeing.

> *Aberdeenshire Community Planning Partnership (ACPP)* has made mental health and wellbeing a priority in its Local Outcomes Improve Plan (LOIP) recognising that Mental Health and Wellbeing is an important contribution to wellbeing in Aberdeenshire during recovery from and life with COVID-19.
> The ACPP has commissioned a community mental wellbeing campaign **#mindyermind** to highlight five internationally recognised steps to mental wellbeing: staying connected to people, learning new things, take notice – remember the simple things that give you joy, carrying out acts of giving and kindness and taking part in physical activity.

## 5.1    Promoting kindness

A Joseph Rowntree Trust report, *The Place of Kindness, combating loneliness and building stronger communities* (Ferguson, 2017), sets out what has been learned in a multi-agency project, highlighting examples of where kindness and everyday relationships can effect change and support the wellbeing of individuals and communities. The evidence from the Rowntree research is that the very act of thinking and talking about kindness encourages us all to act in kindness and this in turn promotes wellbeing.

Case study: The Liveable Lives project [6] likened their work to spraying water on a spider's web, making visible the taken for granted infrastructure of relationships and acts of kindness which make a significant impact on the quality of our lives. Their work showed that everyday relationships and kindness are fundamental to the wellbeing of individuals and communities. In addition, the evidence indicates that this infrastructure of connections and values underpins community cohesion, participation and engagement.

## 5.2   Addressing adverse relationships

It is easy to focus on the positive, but adverse relationships can also be important. The GoWell study (Egan & Lawson, 2012) found that residents in three high rise estates in Glasgow often attribute health problems to adverse relationships, and whilst they welcome changes in physical living conditions, they believe that improving relationships in their community would have more impact.

*Case study: Public sector organisations need to be mindful that they do not unintentionally construct barriers to social cohesion.  Shug, in Gallatown, Kirkcaldy, suggested a weekly kickabout in a local park with parents and kids. After a couple of weeks of gathering, he was challenged by local football clubs and the local authority to produce his risk assessment paperwork and identified child protection lead. Shug continued informally until the weather turned colder and they were forced indoors. At this point, a couple of volunteers took on running the club on a paid basis and an inevitable formality followed[5].*

Similarly, the Office for National Statistics found that personal wellbeing is higher among individuals who know and regularly talk to neighbours, and that people's satisfaction with where they live is more affected by getting on with neighbours than by quality of housing (ONS, 2015).

## 6   Measuring Wellbeing

There are a range of approaches to measure wellbeing that have been used at local, national and international levels to assess health and place. A wellbeing evaluation will usually address one or more of the following questions:

- Effectiveness - Did it work?
- Efficiency - Was it worth it?
- Impact - What difference it made in the long-term?

A more comprehensive approach might in addition undertake baseline measurement of where we are now, using validated metrics, and then track change over time using repeated measurement with a core set of consistent metrics.

> The 'What Works Centre for Wellbeing' says that measuring wellbeing means:
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> - Focusing on a broader range of outcomes than you might traditionally e.g. not just death and disease
> - Focusing on outcomes rather than activity – what difference did it make?
> - focusing on outcomes that really matter to people's lives: specifically subjective personal wellbeing
> - Looking at quality of life not just length of life, and jobs & cost of living as well as GDP
> - Not just using objective measures such as crime rates or GDP but also subjective measures of 'do I feel safe alone at night' or 'do I feel better off'. This mix of quantitative and qualitative helps us understand the problem better.

Wellbeing is complex, and there may be a case for assessing what is sometimes called 'social capital', to help with assessing the sustainability of wellbeing and intergenerational impacts – human, mental, social, natural, and economic. There are potential metrics that could be drawn from the Scottish Household Survey, Office for National Statistics (ONS) Measure of National Wellbeing Dashboard, OECD Better Life Index, Thriving Places Index and others.

# 7 Conclusions

This is a complex environment where a one size fits all approach is not appropriate. A tailored or blended approach based on what is already known about an area and what we wish to develop the most, is most likely to work. There are a number of key principles to this approach, including the following:

- Working 'with' not 'doing to' communities
- Using co-production and co-delivery
- Building on what is already in place
- Applying asset/strength-based approaches
- Applying evidence and best practice
- Measuring what really matters using robust indicators

Working together, as well as separately in our own spheres of influence, there is a great opportunity to make a difference to the communities that we serve.

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