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**Defining Well-being in Community Development from the ground up: A case study of participant and practitioner perspectives**

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## **Abstract**

The concept of well-being is part of an inter-disciplinary agenda for health improvement and human flourishing, critiqued as a superficial ‘solution’ to structural inequality (Friedli, 2003; White, 2010). This article discusses an evaluation of three health promoting community projects, over a two-year period. The study identifies important features for understanding well-being at grassroots, community and practice levels. Local people had viable and holistic perceptions of well-being that helped them reflect on their current contexts. Practitioners tended to have a more limited conceptualization by associating wellbeing with mental health or community safety. Consideration of findings identified five conditions of wellbeing for community development practice: creating a sense of community; strong volunteering ethos; networking and partnership working; positive language; enhanced relationships. Applying these findings in practice helped to create a new reflective grid, incorporating seven elements of well-being. Participants found this grid easy to use and affirming in facilitating reflection on their personal well-being. This was also beneficial for community practitioners, who were not clinically qualified, to facilitate reflective learning at grassroots level. Analysis of this research enables a conclusion to be drawn to suggest that well-being is a valuable construct in unifying community development.

**Key words: well-being; flourishing; community development; partnership working**

## **Introduction**

This article discusses findings from empirical qualitative research initiated by a Community Safety Partnership (CSP), a collaborative grouping of public and community sector agencies, in one area of Scotland. The study showed different perspectives on the concept of well-being as identified by partners, comprising local people and workers responsible for community development across inter-professional domains. This informed understanding of aspects of well-being drawn from literature and community work practice.

The purpose of this study was to integrate these perspectives to provide a robust working description of well-being, which could guide planning and budgeting for improved community well-being. The research was conducted in an area with high levels of urban deprivation and a hinterland of villages impacted by rural poverty. These findings offer

insights from real world situations (Robson, 2002) which will be useful in planning and development of services and in exploring contemporary alignment of community practices.

### **Background**

The World Health Organization first defined health as, ‘a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity’ (WHO, 1948). This underpinned statements on the meaning of health (Cox, 2006; Friedli, 2003, Scottish Government, 2013) that embraced physical, mental and social aspects of well-being, as integrated aspects of a holistic approach (Tabbush and O’Brien, 2003).

Our interest in well-being in community development is grounded in aspects of psychology (Ryff and Keyes 1995; Ryff and Singer, 2008), social and community functioning (Keyes & Annas, 2009) and embraces professional fields including health improvement (Cox, 2006), economic development (Layard, 2006, Helliwell, 2006) and positive psychology (Carr, 2011; Fredrickson, 2009; Heffron & Boniwell, 2011; Seligman & Csikszentmihalyi, 2000; Seligman, Rashid & Parks, 2006), each bringing distinctive perspectives to defining and measuring the phenomena.

In Scotland, a concordat between the Scottish Government and the public sector identified community-based approaches as central to the realization of a shared vision for a flourishing country. Community Health and Social Care and Community Learning and Development have become central to policies in health and life-long learning practices which seek to enable communities to reach their full potential through building capacity for community empowerment and increased integration of services for adult health and social care (Scottish Government, 2004; 2012; 2013). In discussion about engaging communities in health and social care, Peterson and Zimmerman (2004) emphasised benefits associated with meaningful participation and social support processes that connect people and facilitate community action for social change. While Blunsdon and Davern (2007) found, where community development interventions were present, communities reported higher levels of personal and neighbourhood well-being compared to those without community development inputs.

The projects involved in the CSP research were committed to involving local people in deciding what happened in their communities, chiming with community development as:

...a moral activity concerned with social justice and what gets in the way of it. It should be undertaken at the grassroots and should involve collective educational practice derived from the social reality of people in communities...

Shaw (2008, p.16)

In taking a developmental stance, as distinct from a reduced form of 'learning,' which takes an economic development and work related focus (Martin, 2008), this grassroots action aligns with values and purposes of community development practices. Tensions in community development policy and practice are found in an increasing focus on the neoliberal positioning of community education as an 'approach' which has led to, 'claims being made to community – based approaches that were inconsistent with the values and principles of the profession' (Wallace and McIntyre, 2013, p. 833). In this sense, the prevailing discourse is focused on delivering to policy agendas that contradict the theoretical and methodological evolution of a discrete developmental practice that is situated outside of traditional environments for education, such as schooling or FE/HE but is no less rigorous in its educative purpose for democracy and social justice. A narrowing of policy focus, towards the individual regarded as deficient, sees 'learning' as a 'quick fix' to problems of 'employability', where measurable outcomes are valued over transformative educational practices that can bring more lasting social change. This creates corporate and political processes that seek to, at best, maintain the status quo. Friedli (2009) has identified a need to combine the focus on measures for well-being and poverty, 'to understand and improve both mental health and levels of inequality' (Friedli, 2009. p.37). Raising concerns of the dangers of a policy focus towards the blamed or responsible individual as:

...part of the efforts to reduce 'unaffordable demand', to achieve public spending cuts and to promote DIY responses to loss of services and loss of benefits

Friedli (2012, p. 2)

Rather than accepting a quick fix or benefit-sanctioned individualised response to well-being and social injustice, Friedli (2012, p. 4) argues for 'social protection' as an antidote to austerity measures. This narrowing of policy focus needs highlighted if problems of social inequality are to be addressed and social conditions to be transformed. Yet, raising consciousness to shifting policy is increasingly constrained by high levels of practice

surveillance and scrutiny. Hierarchised surveillance (Foucault, 1991) explains people are coerced to conform by sustaining practice that is suited to the needs and aspirations of those in authority and power, rather than those who are positioned with less power. Coburn (2011, p.63) argues that inspection regimes operate within the context of ‘...banking education... [which]... fosters compliance with dominant ideas, knowledge and values, and perpetuates teaching from a position of hierarchical power’. This goes against community practices where:

...the focus of community development is to improve the quality of people’s lives by impacting on the experience of living in their communities.

Blunsdon and Davern (2007, p. 218)

Within this context we assert a need to respond differently to the conditions in which communities are impacted by a neoliberal agenda that is ingrained in policies and processes of compliance.

This research considers whether community development methodologies, as used by the CSP in promoting health improvement and community safety, informed a critical grassroots starting point that either helped or hindered development of the kind of well-being that deeply influenced peoples’ capabilities to take collective action and responsibility for their own affairs.

### **Methodology**

Challenging research which privileges powerful experts, Mertens’ (2005) transformative research paradigm seeks to ‘change the rules’, so that those who were previously marginalised could take increased power and control. This framework assisted our understanding of CSP interventions that targeted individuals and communities identified as marginal due to their physical ability or geographic location and sought to facilitate articulation of ideas through community empowerment.

This paradigm aims to reverse inequality by considering power relationships that are embedded in society and cause discrimination. It offered a useful frame for consideration of well-being. The four main characteristics of the transformative paradigm are:

1. It places central importance on the lives and experiences of groups that have traditionally been marginalised.
2. It analyses how and why inequalities exist and are reflected in asymmetric power relationships.
3. It examines how the results of social enquiry on equality are linked to political social action.
4. It uses a transformative theory to develop the research approach.

Adapted from Mertens (2005, p. 23)

This study aligned with this framework in taking a stance against discrimination and in promoting social action for well-being. A qualitative ethnographic approach (Bennet, 2003) facilitated collection of data that were drawn from every-day participant experiences. The study utilised interviews, collage making and observation methods to gather empirical data. Secondary sources included a range of strategic policy documents, reports and minutes of meetings. Participants were asked to respond to questions about the meaning of well-being from a professional and personal stance. Over two phases there were 57 participants:

Phase I -	10 (from different partner agencies)
Phase II-	47 (21 project participants in Small Group Interviews; 5 Strategic Staff Questionnaires; 21 Stakeholder Event)

Gathering information from people whose 'experiential relevance' (Rudestam and Newton, 2001, p. 93) included hands-on practice was vital. Consequently, partner agency participants were drawn from practitioner rather than managerial levels. Engaging local people was deliberate in seeking to work from the 'ground-up', rather than a routinely hierarchised ranking of strategic power, working from the 'top-down'. Participants came from three locally based organisations with diverse aims:

- New Beginnings – to empower and enable people who are recovering from substance misuse to make positive lifestyle and health choices.
- Sunnyside – to support people affected by life limiting illness such as cancer and multiple sclerosis, and to support their carers’ and family members.
- Country Lanes – to enhance the capabilities of local people to make environmental improvements for the benefit of the whole community.

Data were analysed through inductive coding (Boyatzis, 1998): themes were developed from coding of information provided, rather than existing theoretical ideas. The requirements of institutional ethical approval and research practice were applied throughout. Emerging themes were examined and interpreted in light of contemporary literature to triangulate findings and extend reliability (Robson, 2002).

### **Analysis and discussion of findings**

Across the CSP, the term well-being was used as an addendum to health, with little consideration of the meaning, interpretation or application of the concept. Analysis identified two important aspects of well-being and five conditions for achieving well-being.

### ***Perspectives on well-being***

Defining well-being was complex and varied across public and professional domains, meaning interdisciplinary collaboration and shared understanding could take time to establish. By considering the words and language used in popular and professional discourse participants were asked to list words associated with the concept of well-being and how they might define it, both personally and professionally. The key aspect identified was ‘social and emotional’. These were followed by ‘feeling good’, ‘physical good health’ and ‘relationships with others’ and was consistent across both phases.

Positive emotions such as joy, love, contentment and interest were identified as a means of broadening and building creativity and can create a psychological disposition for people to



feel good and to sustain those feelings in future (Fredrickson, 2001). For example, participants suggested:

*...there's a lot of laughter in here and once we get to know each other...we share our personal stories.*

Gloria, Sunnyside

*When I am focussed on the job and kept busy I can concentrate and my mind doesn't wander to think paranoid thoughts. The group enjoys getting something done and we feel good when we look at our work.*

Kevin, New Beginnings

Despite living with debilitating conditions, the above participants suggested that interacting with others and sharing stories helped them to develop a positive outlook and enhanced their capacity to enjoy life by recognising collective achievements and developing social relationships.

Well-being can also be determined by the realisation of goals through which individual and community needs are met (Ryan & Deci, 2000), as reflected by Eric:

*We had people suffering from stress.... things like domestic violence and anorexia or alcohol...the 'positive images' project for young people helps them to feel good about themselves. There is a kind of family atmosphere...engaging with communities at grass-roots level...building relationships and encouraging people to do things they are comfortable with so that they can sustain that new lifestyle...*

Eric, Country Lanes

Starting at the grass-roots assisted in developing the kind of relationships and community connections that facilitated participants' to achieve community aspirations for human flourishing.

Participants suggested that social and emotional elements of well-being were underpinned by building their capacities to become involved in their local communities. For example, being part of a caring community was important in fostering subjective well-being in feelings of

belonging and identity formation, while participation in community life was linked to ideas on social justice as a central tenet of improved quality of life. According to one participant, well-being was aligned to a sense of purpose:

*In many ways it's the essence of feeling part of what is deemed 'community' and being part of something where real value and self-worth is experienced.*

Kieran, Country Lanes

Participants linked physical good health with social and emotional well-being suggesting well-being contributed to both personal and community level development. This was particularly cogent in evidence from participants who attributed their engagement in services as extending beyond initial health improvement aims to take collective action for community well-being. This chimes with the intersectional nature of community development practice (Lee, Kim and Philips, 2015), in the valuing of participant voice and the belief that local communities can find solutions to their own problems.

Community participation enhanced capability to address problems and difficulties encountered throughout wider aspects of participants' lives:

*Coming here gives us something to look forward to.....no matter how bad things get...I know that I come here every Thursday and have built up relationships with people...I can come here and talk about anything...like the other day, we talked about American politics and then it moved onto capitalism...*

Mary, Sunnyside

*The biggest thing for me is my family... my kids aren't so embarrassed by me and they actually talk to me...ask me how I'm getting on...*

Hugh, New Beginnings

Initial focus on being physically well was only part of a developmental process that participants' engaged in. Among those who reported feelings of isolation their participation made a positive contribution to their developing sense of personal and community well-being. In one instance, feeling well was suggested as part of a normalising discourse:

*What's good about coming here is that you feel normal...because people are all in ill health you feel normal... There is no differentiation between people who are ill and people who are family members or people who are working here...we are all just....people...and that's something I appreciate...that I am not the person who is ill....who I am, is not about my having MS (Multiple Sclerosis)....it's about me, the person.*

Fiona, Sunnyside

Being seen as a person, not labelled by illness, helped this participant to feel 'normal'. This offers a partial view of the potential purpose of well-being in seeking to construct a different response to analysis of power and injustice. As Billy asserts:

*Being financially secure, with low stress levels and the opportunity to spend quality time with family and friends.*

Billy, Partner Agency

Ideas on financial security and wealth suggest that there, 'appears to be little income-induced increase in life satisfaction once one's family income rises above the median income' (Helliwell, 2006). While Layard (2006, p.28) argues that, 'there is no relation between average income and average happiness' we are sceptical of suggestions that well-being can be seen as a replacement for economic justice in the context of social conditions and values associated with the pervasiveness of contemporary neo-liberalism. When people live in circumstances of poverty their sense of well-being will be affected for example, in increased levels of stress or limited options for engaging in social, cultural and working life (Ferguson, 2011).

This illustrated a benefit in aligning community development theory with perspectives from positive psychology. Country Lanes involved villagers of all ages, in transforming local countryside to develop, 'a local resource which costs nothing to use, but provides health, leisure, social and educational benefits' (CSP, partner). New Beginnings had created a 'powerful therapeutic environment...to benefit people going through rehabilitation' (CSP, partner). Sunnyside provided an integrated approach to complimentary healthcare and voluntary/statutory sector provision through its objective, 'to improve clients' ability to

understand and manage the complex emotional, physical and practical effects of illness’ (Williams, 2007).

However, such an alignment needs to recognise that at times community participation can be challenging and stressful:

*Yeah we have all been there, pacing up and down outside...frightened to come in, that first time is really difficult.*

Gloria, Sunnyside

*My husband won't come yet he is the one who has cancer yet he doesn't come the way I do...it is different for the men because they try to keep a lot back from us (women)*

Donna, Sunnyside

In the examples above, an initial one-to-one or befriending type of encounter might help to break the ice and engage participants who might be anxious or do not like to ‘open up’ about their worries, in a group setting or to a partner.

In practice, a holistic approach to well-being permeated the CSP funded programmes. However, it was unclear if the integration of well-being and community development among the CSP projects was due to a detailed strategic partnership for well-being, or to community leaders and visionaries who engaged with partner agencies in order to bring about change. Participant perspectives do suggest that community development methodologies may contribute to what Diener (1984; 2009) identified as a ‘bottom-up’ cause of well-being. While the scale of this research precludes any claim to causal relationship, our examination of participant views did offer a series of five conditions that were important to their well-being.

### **Five conditions for achieving increased feelings of well-being**

This section shows findings from thematic analysis of data, identifying five conditions which contributed to increasing participants feelings of well-being. These are aligned with the five actions for well-being identified by the New Economics Foundation (NEF, 2009). Showing this alignment is suggested as a useful starting point for community development

practitioners to challenge the ‘austerity story’ (NEF, 2013) in achieving real economic well-being.

The five conditions were:

1. *Creating a sense of community*
2. *Having a strong volunteering ethos*
3. *Creative networking and partnership*
4. *Positive use of language (being positive)*
5. *Enhancing relationships with others*

NEF (2009) identified 5 ways for wellbeing, some of which are aligned to the conditions identified here and explored in more detail below.

1. *Creating a sense of community*

The concept of community is contested and takes many diverse forms (Delanty, 2009; Coburn and Gormally, 2017; Tett, 2010) but is often applied to geographical and interest based definitions. This was evident when participants talked about localities or feelings of togetherness and belonging, due to common interests:

*I feel part of my community...there's a sense of community spirit.*

Joanne, Country Lanes

*We feel good and proud because we don't think anyone else has done this before...in other areas it's the council that come along and build paths...but we've done this ourselves.*

David, Country Lanes

Being able to form close and longer term relationships enhanced participants' sense of purpose and connection:

*You can sit quietly on your own if you want or you can build relationships...*

*I think you build up very close relationships...they [people at Sunnyside] are part of your life.*

Marie, Sunnyside

This kind of personal benefit was evidenced throughout interviews as participants outlined processes where their feelings of despair, isolation, lack of confidence or understanding were mitigated by being part of a wider community:

*when I first came here I met a woman who had got up in the morning and felt terrible..... just knew she was going to have a bad day...so she had come down here and we talked about her feelings...and then she left...and I thought.....that's what this place is about... a place you can go to and talk with people who understand how you are feeling ...we all have bad days... but when they happen we can come here...and talk things through.*

Gloria, Sunnyside

Starting with small steps, and going at their own pace, underpinned a sense of personal purpose that was linked to feelings of community belonging where people supported each other. Having a common purpose, shared experience, and connection, enhanced participants' resolve to take responsibility for their own and collective aspects of well-being.

According to Williams (2007 p. 1) Country Lanes 'engendered a real feeling of community ownership' which also enhanced the sense of connection in a rural community, Taken together, these ideas were consistent with the first of five actions for wellbeing (NEF, 2009), which was to connect with family, friends and community, 'as cornerstones of life' and where, 'giving time and space to both strengthen and broaden social networks is important for well-being' (NEF, 2009,p. 6)

## *2. Having a strong volunteering ethos*

Analysis also showed that a starting point for recovery and growth for people involved a commitment to 'giving something back' to the community that had helped them:

*I recently volunteered to give a patient perspective on health care...it was so interesting because we all had different illnesses and different experiences, good or bad, so something like that... something that means you are making a contribution...*

Jane, Sunnyside

In the period between 2000 – 2015 UK volunteering rates have risen to 41% of men and 42% of women and it has been estimated that volunteering contributes over £22bn to the UK Economy (Payne, 2017). This commitment was reflected in each of the projects examined where there was consistent, clear evidence of a strong volunteering ethos:

*The project supports and encourages volunteering...people who would never have volunteered...they give up their time...and take part in training to improve their skills.*

Paul, Country Lanes

The idea of adding to existing services, or giving time freely, aligns with reciprocity (Putnam, 2000), giving something back in return for previous benefits. This was evident when staff suggested volunteering as critical to project development. Participants reported that volunteering made them feel valued and offered a counterbalance to their specific health conditions.

*Doing something for other people, rather than thinking about your own problems....everyone who comes here can enjoy it now*

Colin, New Beginnings

*Country Lanes has changed my life a lot....some of the folk I used to hang about with were doing me no good...but now I celebrate the arrival of my new self...In future I'd actually like to help young people myself...I'd like to become a volunteer myself... I'd approach things in a way that was different from teachers...I'd like to volunteer so that other young people could feel the way I do now, instead of how I felt before.*

Pauline, Country Lanes

This showed that participants not only benefitted from taking part but also wanted to contribute to project development. NEF (2009) also emphasised the connection between individual well-being and the wellbeing of the wider community, suggesting that,

...a set of actions that focuses only on narrow, more inward-looking activities is unlikely to be wholly effective in promoting well-being

NEF (2009, p. 11)

In this research a strong volunteering ethos offered one way of enhancing participant capability to take action towards achieving their goals and those of the wider community, demonstrating a synergy between ‘individual agency and social arrangements’ (Lewis, 2012, p. 529). However, as Popay (2017, p.2) found in the Communities in Control Study,

Some residents spoke about the challenges of juggling volunteering alongside social obligations such as work and family commitments as well as in the context of managing their own health conditions.

Thus, community development practitioners need to be conscious to the possibility that local people who commit to volunteering can find it challenging or stressful, in terms of time or in the situations they may encounter. Community development practitioners are well placed to anticipate and respond to such concern by working in a transparent, open and honest way with participants. The creating of rapport and the building of relationships is foundational to practice.

### *3. Creative Networking and Partnerships*

Partnership working was evident in all three projects and among Community Planning Partners. Project documentation provided evidence of partnership building (in developing and running services) with local people and organisations. Gilchrist (2004) confirmed the potential in partnership working when suggesting:

The lifeblood of communities flows through the capillaries of personal relationships and inter-organisational networks. Well-connected communities are vibrant, tolerant and relatively autonomous of government agendas.

Gilchrist (2004, p.50)



The importance of collaboration among partners was reflected in the multi-dimensional aspects of practices:

*It works on a number of layers.....education, health, leisure and within each layer there are projects in arts, history, geology...It brings together local people and skilled artists to provide high quality, upgraded Country Lanes.*

Susan, Country Lanes

*The programme works in partnership and collaboration with other providers and agencies in an integrated approach to meet the needs of the 'whole person'*

Tam, New Beginnings

Projects modelled a 'social-structural' approach to health and well-being (Tones and Tilford, 2001, p.37) by aligning social and holistic practices rather than a medical and individualistic model of health promotion.

*Well-being is about the surrounding social factors which can have a significant impact on one's health and quality of life.*

Gerry, Partner Agency

The importance of partnership was also noted as underpinning action for change:

*Everyone brings different skills and experiences to the project and we work together...[local authority and new Beginnings project] ... to make it work... we are making a therapeutic garden...if you'd seen it before...to see it transformed from what it was...that's just about everyone getting their heads down and working.*

Colin, New Beginnings

Involving local people in working with a range of public sector agencies and partner organisations, facilitated their participation in decision making processes and helped them to take action for change individually and collectively. This was consistent with Giroux's assertion (2005) of a more participatory form of politics, where agencies and local people come together to determine new possibilities for social action. Community development

activities which foster networks can improve individual lives and community functioning (Blunsdon and Davern, 2007).

In this way, creative networking and partnerships added to multiple aspects of the 'Ways to wellbeing' (NEF, 2009). For example, in combining physical activity with wider community action, participants became physically active, for improved well-being through exercise. This was most obvious in Country Lanes and New Beginnings. Yet for participants at Sunnyside, the physical act of leaving home to attend was tailored to participant mobility or level of fitness (p. 6). Further, the act of working in partnership to transform public spaces, or public perception of life limiting conditions, was also important in promoting well-being by facilitating connection and giving, at individual and community level.

#### 4. *Positive Use of Language (Being Positive)*

Partner agencies and projects displayed positive use of language in reports, publicity materials and project information. The Country Lanes Project guidebook used motivating language to encourage people to take up walking for health and in its annual report a positive 'can-do' attitude was used to encourage participation. A positive outlook was suggested as affirming, particularly on days when participants were feeling low:

*If someone coming in here is feeling low or they've just had a diagnosis.....they can look and say...she's looking good and living with this...if they can see someone looking so well, it gives them something to work for...I am still living.*

Candice, Sunnyside

*I talk to my friends and they think it's all morbid and we all sit around here crying and I tell them it's not like that ... it's just the opposite of that...we have a laugh...*

Gloria, Sunnyside

Being positive was also about appreciating the world, to enhance good feelings in the moment and in life:

*Before this project we didn't appreciate the countryside...it was just there all the time...since becoming involved you are part of the team...you see things*

*differently...you're more aware of what's going on and not just in the project, in your life as well*

Derek, Country Lanes

*Even simple things like standing at the bus stop knowing you are going somewhere...gives you a good feeling....Hearing the birds chirping...the fresh air...its' not much but you feel so good about them, kinda more alive*

Hugh, New Beginnings

Positivity according to Fredrickson (2001; 2009) enhances capacity for human flourishing by taking an interest in the world and savouring the everyday moments that nourish our well-being. This is also encapsulated in the NEF (2009) idea of taking notice of the world and a need to reflect on what matters in life.

##### *5. Enhanced learning for well-being*

The importance of supportive relationships was evident in all projects. Building trustworthy connections among participants was linked to feelings of, 'self-worth and self-efficacy, and...belief in their capacity to take action over their lives' (Field, 2003 p. 59). Having achieved a positive sense of self and taking action for change participants were engaged in learning that had transformed their lives.

For Mezirow (2009) transformative learning is sometimes epochal, when a sudden change of thinking is based on a particular and exceptional experience. More routinely, it is a cumulative process where, over time, a series of experiences bring changes in disposition by reasoned reflection and by bringing learning into awareness. What participants did at these projects, may represent the final piece in a metacognitive process of reflecting and reassessing meaning or, it may be the first piece in a learning process that will not be completed until many years after the encounter. This was consistent with participant perspectives on being encouraged to consider new ideas, learning to understand the centrality of well-being to every aspect of life, and recognising its purpose for an improved quality of life:

*This place helps with...it gives you ideas on how you can help yourself....and that even if you have a relapse, there would be support here for you... so long as you're honest.*

Martin, New Beginnings

*As collaborative partners, we need to place it...[well-being] ...at the centre of all that we try to do as it impacts on everything else...if we are to achieve anything of quality.*

Ted, Partner Agency

*It's about working together to promote an environment that is free from stress, anxiety and fear...a better quality of life for those who work, live and visit...[here] ...*

Gerry, Partner Agency

This aligned with the idea that, 'participation in lifelong learning serves to positively impact on an individual's well-being and resilience' (NEF, 2009, p. 9) and highlighted capability for learning at individual and collective levels that enhanced participant capability for sustained well-being.

### **Key messages from analysing participant perspectives**

Analysis suggested three important aspects which, for those involved (partner agencies and project participants), underpinned the development of well-being. First, well-being was defined in the broadest sense to incorporate social, emotional and physical aspects of life. Second, when involved in activities that promoted or enhanced their social, emotional and physical well-being, people were able to make a more positive contribution to their own lives and to the communities they lived and worked in. Third, the conditions for well-being were often created by people themselves through working together with others in social groups. Therefore, well-being contributed to development at personal and community/grassroots levels. Community practices were not limited to those with an explicit health focus but worked across a range of emotional, social and community levels to enhance well-being.

### **Applying the findings in practice**

Drawing on participant definitions from Phase I, common understandings of meaning were

used to create a new reflective grid, which facilitated participant consideration of their own well-being. Developed through thematic analysis, this grid incorporated participant language to identify seven elements of well-being:

<i>Positive examples of which include:</i>	<i>Identified elements of Well-being</i>	<i>Negative examples of which include:</i>
Feeling good, high spirits, balanced, positive state of mind, lack of stress.	<b>Feeling Good</b>	Feeling bad or in low spirits, unbalanced, negative state of mind, stressed and anxious.
Happiness, smiling, contentment, social harmony, sunshine, love, light, weather.	<b>Social and Emotional aspects</b>	Being unhappy, unsmiling, discontented, social discord, dull, grey, hate, bad weather.
Friends, family, colleagues, community, caring, support, inclusion	<b>Relationships with others</b>	Lack of friends, no close or regular family connection, absence of community, uncaring no support, exclusion
Healthy body, good health, service provision (fitness and health)	<b>Being physically well</b>	Illness, poor health, lack of service provision
Financial, personal safety, being comfortable, feeling warm and secure.	<b>Being safe and secure</b>	Poverty, feeling unsafe or uncomfortable, feeling cold and insecure.
Being valued, self-worth, confidence, dignity, being respected,	<b>Achieving Self-Esteem</b>	Not valued, low self-worth, lacking confidence, indignity, disrespect.
Quality of life, continual journey to improvement, needs being met, a	<b>Achieving Potential</b>	Poor ideas on quality of life, apathy and lack of fulfilment, needs unmet,

thriving environment.		giving up, a depressing environment.
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**(Fig. 1 Elements of Well-being)**

During phase II, participants used this grid to reflect on these elements and to comment on whether it was a useful for assessing their sense of well-being. Overall feedback was positive, seen as easy to use, no additional categories were added and interpretation of the elements was deemed straightforward. While more research would be needed to fully develop this reflective tool, initial analysis suggests that it offered an informal way of helping community practitioners, who were not clinically qualified, to facilitate reflective learning among community groups or individuals they were working alongside.

Drawing on ideas from positive psychology the findings offer insights into developmental processes through which, participants achieved well-being. Community development values and practices seek to connect people who, working in dialogue together, take action for change around a collective interest in social purpose (Shaw, 2008). In this sense, we see community well-being as having utility, not as an end-goal in itself but as a means through which individuals, community groups and community workers can strengthen connections that build capacity for the struggle against inequality and injustice.

## **Conclusions**

This research helped one Community Safety Partnership (CSP) to increase its understanding of the concept of well-being and offered a reflective tool for participants to consider how participation in different projects contributed to their sense of well-being.

Information from strategic and grassroots organisations was integrated with insights from locally based service users, volunteers, frontline staff and relevant literature, to provide further evidence of key characteristics that were found in contemporary literature. The study identified important features of the local context to guide future action. Local people reflected on and identified their holistic perceptions of well-being. The five conditions aligned with the Five Ways to Wellbeing identified by NEF (2009) as a means to build wellbeing into everyday life. This produced a useful reflective tool for practitioners and highlighted

synergies between community activity for well-being and community development practice.

These findings support the use of community development approaches to enhance capabilities among local people to shape the development and delivery of services that support well-being. Drawing on perspectives from positive psychology and community development a fusion of interests in community, education, environment, health, and well-being was apparent.

Despite operating within a typically power-laden neo-liberal frame, it remained possible for people to assert their power and to develop or engage with services on their own terms, rather than in a pre-determined formal way. Grassroots engagement promoted democratic collective action that helped change existing social conditions. This showed community development and critical educational practices as authentic in promoting well-being and empowerment. It creates potential for new ways of working across professional and geographic boundaries to enhance community development practices.

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