

Journal of Happiness Studies

Being Well Together: Individual Subjective and Community Wellbeing

--Manuscript Draft--

Manuscript Number:	JOHS-D-18-00620R1	
Full Title:	Being Well Together: Individual Subjective and Community Wellbeing	
Article Type:	Review Article	
Keywords:	relationality; inequality; scale; time; settings; Culture	
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Funding Information:	Economic and Social Research Council Prof Rhiannon Corcoran	
Abstract:	<p>This paper reviews how community wellbeing is defined and measured in relation to individual subjective wellbeing, the assumptions underlying the dominant approaches and what gets left out. An important distinction in approaches to community wellbeing concerns the primary purpose. The focus may be on community only in so far as community scale characteristics impact individual subjective wellbeing, or there may be a focus on community scale aspects of living together in which community wellbeing is more than the sum of the individual parts. Most existing frameworks for assessment of community wellbeing are premised on the centrality of an autonomous and independently acting or feeling individual and the primary interest is on how community aspects of life impact on individual wellbeing. Areas of life typically assessed notably omit attention to inequalities, intangible culture, settings and scale, sustainability and inter-generationality. However, social theory offers alternative understandings of individual experience as primarily relational which aligns with an interest in community and demands different ways of thinking about wellbeing and wellbeing assessments. Capturing subjective aspects of local life that are not simply individual but reflect the ways in which people feel and are well together is more challenging. Alternative forms of data collection are needed through deliberative processes or the analysis of narrative and other local culturally shared resources.</p>	
Response to Reviewers:	<p>JOHS D 18 00620 Revised manuscript</p> <p>We thank the reviewers for the encouraging and highly constructive feedback on the first version of the paper.</p> <p>The primary comment across reviewers related to tightening the flow and focus of the paper through the range of material. We have extensively revised the paper to this end. Specifically:</p>	

- We have revised the aims to focus more explicitly on identifying and exploring the underlying assumptions of existing approaches and to interrogate these particularly in relation to understandings of the self.
 - We have laid out the logic or road-map for the paper in the first section.
 - We have held to the explicit aim through the paper to better navigate the material and maintain coherence.
 - We have moved sections into a slightly different ordering.
 - We have introduced some new material that elaborates further the dominant understanding of the self.
 - We have introduced new material that elaborates a little more the offerings of a relational approach.
 - We have tried to round the paper off more effectively
- Smaller points:
- We have changed the title in light of reviewer comments.
 - We very willingly followed up on the suggestion of consulting the new International Journal of Community Wellbeing and included some of the papers.
 - We hope to have picked up typos etc.

We have not included a tracked-change version of the manuscript. Given the paper has had a thorough rewrite and edit, the revisions were many and tracking the changes would have made the document unreadable.

Being Well Together: Individual Subjective and Community Wellbeing

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Acknowledgements

The review was supported through the What Works Wellbeing Centre Community Wellbeing Evidence Programme (CWEP) funded through the UK Economic and Social Research Council and led by the University of Liverpool. The paper draws on a longer report to the CWEP and benefited from helpful comments from a number of academic and non-academic colleagues and particularly Paul Allin, Annie Quick, Ingrid Abreu Scherer and Andy Pennington.

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Abstract

This paper explores the ways in which community wellbeing is, and could be, related to individual subjective wellbeing by mapping current practice, teasing out the assumptions underlying a dominant approach and flagging neglected issues. The notion of community is widely understood as about something more than the sum of the parts. Capturing subjective aspects of local life that are not simply individual but reflect the ways in which people feel and are well together is a challenging undertaking. Most existing frameworks for assessing of community wellbeing are premised on a theory of the self as an autonomous, rational and independently acting or feeling individual, and the primary interest is on how community aspects of life impact on individual subjective wellbeing. This dominant approach consistently neglects spatial and social inequalities, multiple settings and scales and temporal choices and legacies, all of which constitute important political dimensions to community wellbeing. Social theories of the self as relational put relations as prior to subjectivity and as such afford ways to conceptualise community wellbeing in terms of being well together. A relational approach can also offer routes to tackling the complex interactions of inequality, scale and time. Such an approach is not, however, easily translated into quantitative measures or simple policy interventions. The approach taken to community wellbeing is not a technological issue but a political choice.

Key words: relationality, inequality, scale, time, settings, culture

Introduction

The last decade has seen a renewed policy interest in asking what constitutes and shapes a good life. In the United Kingdom, political rhetoric on wellbeing and happiness has translated into new indicators to measure wellbeing, particularly subjective wellbeing. This is supported through a Centre on 'What Works' for Wellbeing established to summarise current knowledge across four broad areas including community wellbeing. Community wellbeing, however, is 'a relatively new idea in social science' and 'it still lacks the theoretical structure for explanatory purposes' (Sung and Phillips, 2016:2). Community is frequently conceptualised as an entity that is more than the sum of its parts and, as a social grouping, captures aspects of life as they are lived and experienced together (Sirgy, 2011; 2018). This understanding demands a different approach from assessing individual or population wellbeing in terms of aggregated individual assessments. This paper explores the ways in which community wellbeing is, and could be, related to individual subjective wellbeing. We do this through an overview of current frameworks, a critical interrogation of their underpinning assumptions and their implications for policy focus, and a discussion of the potential for contemporary social theory to offer alternative starting points and approaches. The paper is based on three forms of information: frameworks widely referenced in the international literature and identified by searching google scholar for 'community wellbeing'; a review of existing indicators for community wellbeing (Bagnall et al., 2016); critical reflection on both the dominant and alternative approaches informed by relational thinking in social and spatial theory.

The paper argues that the relationship between subjective and community wellbeing that is dominant in policy and practice is dependent on a particular, albeit implicit, understanding of the self. The first section maps existing prominent approaches to community wellbeing to draw out the underlying assumptions. A dominant framing of the relationship between subjective and community wellbeing shapes how policy attends selectively to certain aspects of community wellbeing. The second section elaborates this point through three areas of neglect in current approaches to community wellbeing: spatial and social inequalities; multiple settings and scales; temporal choices and legacies. The third section

then explores how an approach to community wellbeing framed through relationality, rather than individual subjectivity, might address some of the existing policy omissions.

I Subjective Wellbeing and Community: Current Approaches

1.1 Definitions

The concept of 'community wellbeing' comprises two terms, both of which are highly contested with no or little agreed consensus on their definition. Nonetheless, defining wellbeing has attracted an enormous amount of academic and policy attention, including in this journal, compared with the notion of community. This includes differentiating it from a series of affiliated concepts including quality of life, satisfaction, happiness or flourishing (Allin and Hand, 2014). As a set, these concepts document the uptake of an argument very familiar to readers of this journal that public policy has tended to target the means, or determinants, of a good life, rather than the end, or ultimate policy goal, of a good life itself:

'When we understand what makes people's lives go well, see the positive things people bring to situations, and understand people's emotional and social needs, projects and services can be better designed to respond to the many aspects that make up people's lives.' (NEF, 2012: 8).

The recent increase in attention to subjective assessment of wellbeing is the logical end-point of this argument and acknowledges that only people themselves can report how they feel their lives are going. Nonetheless, the range of terms used in discussions of wellbeing, and the diverse understandings of each of these terms is confusing to inter-sectoral policy-making and may create a barrier to integrated decision-making and collective, joined-up action (Ereaut and Whiting, 2008).

The concept of community also has a long history of debate about its meaning but this has received relatively little attention within the recent engagements with wellbeing (the launch in 2018 by Springer of the *International Journal of Community Wellbeing* is an important move towards redressing this). The conventional two-fold distinction, first made by Tönnies in 1887 (1957), between a community of residence (*gesellschaft*) and a community of shared values or interests (*gemeinschaft*) has been complemented by awareness of the many 'communities' within which any one person may enact their everyday lives (Orton et al., 2017). How a residential location intersects with multiple other 'communities' is an important consideration for policy making and recognised in the WHO's attention to a settings-based approach to public health and wellbeing in the '90s (WHO, 1991). Nonetheless, at the turn of the Millennium, 'community' was still understood largely through

1 these two major types, geographical and functional, and sharing the characteristic of people
2 engaged in face-to-face communication, exchange and interaction (Fellin, 2001). Since then, new
3 forms of virtual and digital interaction, communication and relationship through the internet and
4 social media have opened new spaces and potential expressions and interpretations of what a
5 community can be. Moreover, the greater interconnectivity across different 'scales' from local to
6 global that is captured under the general label of 'globalisation', makes clear that our
7 understandings and experiences of 'local' and 'community' may no longer be easily fixed in
8 territorial terms. These complex and multiple communities notwithstanding, Lee and Kim (2015)
9 argue that the idea of community in relation to wellbeing remains usefully understood as a
10 geographically bounded group of people at a local scale, usually residents in a locality, who are
11 subject to direct or indirect interaction with one another. Contemporary governance is still
12 organised and managed predominantly through the territorial jurisdictions of local authorities and,
13 as such, policy often focuses on residentially defined communities. It remains the case, therefore,
14 that in practice the dominant approach to community wellbeing draws on a territorial definition
15 related to the neighbourhood and the local authority, urban or rural units and sub-national regions
16 (e.g. ONS, 2017).
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30 Given the primacy of this territorial definition, community wellbeing effectively uses the term
31 'community' to qualify aspects of wellbeing that are of interest at the scale of a community as
32 opposed to individual, national or international scales. National wellbeing is usually assessed
33 through an aggregation of individual and territorial data for a selected set of domains. Thus, the UK
34 measures of national wellbeing (ONS, 2018) combine national information (e.g. inflation rate) with
35 aggregated individual data (e.g. % reporting feeling happy yesterday). Nationally aggregated
36 individual data provide measures of population wellbeing, in this case the population representing
37 the nation-state. Community wellbeing, however, may aim to capture something rather different,
38 although this depends importantly on the primary point of interest. If our interest is in how
39 community scale factors impact on the individual wellbeing of the community's members, then
40 aggregating individual wellbeing scores is an appropriate approach. But if community is taken to be
41 more than the sum of its parts then, as a social grouping, assessment needs to capture aspects of
42 life, including wellbeing, as they are lived and experienced together (Howarth, 2018; Sirgy, 2018).
43 Assessing wellbeing in terms of this collective aspect of life demands a different approach from
44 assessing individual or aggregated population scale individual subjective wellbeing.
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The paper's aim, then, prompts the question of how community wellbeing is built from, or in relation to, subjective assessments. We distinguish three kinds of individual subjective assessment:

- a) subjective assessment of variables that affect individual lives (how we feel about our own house, our own job or our own levels of stress and happiness etc.);
- b) subjective assessments of variables that affect collective living (how we feel about local transport, the local economy or local safety, and local social factors such as level of trust in the community etc.);
- c) a third kind of assessment that is also, at least in part, subjective and that can capture community wellbeing as more than the sum of its parts, as being well together, is more challenging to define.

Researchers have argued that assessments of community cohesion, shared values, belonging and ownership of community processes may reflect a collective mood that is a subjective form of community wellbeing (see Sirgy, 2011; Bramston et al., 2002; Sung and Phillips, 2018).

It is both useful and vital to keep sight of these different kinds and scales of indicators in order to be clear about what is being measured and what relationships might exist between these different scales of wellbeing.

1.2 Existing Frameworks

Given the apparent difficulties of pinning down the key attributes of community wellbeing, an alternative approach is to map how they are actually mobilised within policy and practice and to work backwards to identify the underlying premises and definitions. Bagnall et al. (2016) documented the variety of indicators for community wellbeing in use in the UK, and note that those explicitly using the language of community wellbeing are few (they report only five); they expanded their search to include closely affiliated terms. The 43 measures or indicators they identified describe a wide range of domains, although indicators for health and wellbeing, economy, services and infrastructure, environment and a range of variants on social association and inclusion were the most frequent. A parallel review of frameworks for variants of community wellbeing identified 27 different measurement tools but rated only five as excellent based on validity, reliability, responsiveness, length, use in cross-cultural settings, global scale assessment, inclusion of subjective measures, clarity and cost (Dronvelli and Thompson, 2015). Moreover, only one, the Community Wellbeing Index used in Spain (Forjaz et al., 2011) offered a measure of local community based on individual assessments of the surrounding community. As such, the tool is useful for assessments of a community or of interventions that have their effects at the community level and so comes closest to capturing community wellbeing as collectively being well together that goes beyond the sum of

the individual parts. Three other commonly referenced indicator sets are the OECD 'How's Life' (2015), the Gallup 'Healthways' wellbeing index (2008-) and the Canadian index of Wellbeing (2013). These sets explicitly assess individual wellbeing and aggregate the data to construct territorially defined reports. Earlier work by Kusel and Doak (cited in Ribova, 2000) in the Arctic regions of Canada included a concept of community capacity, which also features in the 'Happy City Index' (www.happycity.org) and in the Scottish Public Health Observatory's 'Place Standard' (Scottish Public Health Observatory, 2015).

Amongst the domains of community wellbeing, social relations is arguably the most important for capturing the sense of connectedness implied by the notion of community but is also the most problematic to translate into assessment. Concepts typically mobilised for this domain include: social networks, social support, social inclusion and exclusion, social cohesion, social capital, social justice, sense of belonging, sense of solidarity, respect and tolerance for diversity, gender equality, trust, reciprocity, security and safety, collaborative activities, local participation, political participation. The construct of social capital serves well to illustrate the complexities in mobilising such concepts.

Social capital has received a good deal of attention, including its uptake by the World Bank (Grootaert, 1998). The seminal work argued that different forms of social association (weak, horizontal ties, bridging, bonding and linking forms etc.; Coleman, 1990; Putnam, 1993) constitute a resource for both collective groups of people and for individuals that can be conceptualised as capital. While much of the subsequent work arguably loses this key understanding of social association as a form of capital, there is a substantial body of evidence for the significance of social associations in managing the ups-and-downs of everyday life to the benefit of subjective wellbeing (Helliwell and Putnam, 2004). Examples include availability and access to material and social resources (Bernard et al., 2007) or the kinds of spaces that facilitate building social capital and social cohesion, such as community organisations or public spaces in which people might run into one another informally (Cattell et al., 2008; Orton et al., 2017; Ross and Searle, 2019). There remains, nonetheless, a tendency to focus on the benefits of social association for the individual rather than for collective groups, and, as such, it is important to remember that not all relationships constitute community or community wellbeing. The attention to social capital is also not without its critics. The networks of social association referenced by social capital may generate as much exclusion as inclusion (Portes, 2014). Furthermore, capital is inherently social by virtue of the ways it is valued and distributed and to label only one aspect of everyday life as such may undermine this insight and thereby depoliticise associated social analyses (Fine, 2010).

1.3 A Dominant Approach

The various frameworks for community wellbeing, despite variation and recognition of the conceptual and practical challenges involved, reveal a dominant approach in definition and operationalisation. This is characterised by the demands imposed by the need for assessment, conventionally through quantitative indicators, an ambivalence in the directionality of whether subjective wellbeing is the product or determinant of other aspects of a good life, and by a particular and pervasive understanding of the self in contemporary western political culture.

It is standard practice in policy-making to monitor progress in relation to the object of inquiry, in this case community wellbeing, and its possible determinants through quantifiable indicators of assessment. It is beyond the scope of this paper to engage the many critiques of such 'calculative regimes' beyond the widespread understanding of these as central to the practices of contemporary neoliberal governance (see Miller and Rose, 2007). Existing approaches to community wellbeing follow a components approach (Atkinson et al., 2012) which accesses and makes it manageable by breaking it down into its component parts or domains. Assessment draws on a combination of objective and subjective indicators to monitor the community through aggregated individual attributes and descriptors of the territorial characteristics. There is variation in which domains are treated as components of community wellbeing itself and which as determinants of community wellbeing, depending on the particular focus of inquiry and mirroring similar variation with respect to individual wellbeing.

Subjective wellbeing has come increasingly to be presented as resulting from internal processes (e.g. mind-set, attitude, personality) rather than external influences and as influencing other levels of wellbeing including individual objective wellbeing (e.g. indicators of success). This reversed directionality, from the determinants of wellbeing to wellbeing as the determinant of other outcomes, takes its rationale from the positive psychology movement. While the importance of the social and of context are flagged (e.g. Seligman, 2011), the core argument is that positive thinking and positive attitudes (e.g. optimism) can be learnt and taught and, in turn, impact on other aspects of individual wellbeing (e.g. www.actionforhappiness.org). The redirection of intellectual and popular attention to the inner self, rather than the external social context, may also be associated with a redirection of both private and public resources. In the more extreme versions of mindfulness, individual wellbeing derives from escaping the influence of the social altogether leaving

any concern with community largely irrelevant (Whippman, 2016). This shift to a self-help wellbeing may represent

‘new opportunities for human fulfilment, more (cost) effective policy impact through ‘behaviour change’, and more ‘people-centred’ policy’ or a ‘smokescreen for austerity or simple marketing ploy’ with ‘the potential to depoliticise by shifting attention from the level and quality of welfare provision to emotions and the self’ (White, 2017: 121).

Whichever it is, something important is happening here in terms of repositioning the place of the social and of the community. White (2017) describes a widespread cultural anxiety which she attributes to the erosion of value given to the social aspects of our lives. Whippman (2016) offers a similar critique, amassing substantial evidence on the importance of social life for human wellbeing alongside a critique of the isolationism characteristic of current popular inward-looking practices.

This dominant approach to community wellbeing is underpinned by the assumptions made about the nature of the self; these inform our interest in subjective wellbeing in the first place, how wellbeing is operationalised and where we locate the influences on our experiences of wellbeing. Approaches to individual subjective and community wellbeing build on a version of the self as a largely independent, autonomous and intentional individual. This characterisation of the self is documented in political theory as emergent with modernity and capitalism and entrenched within contemporary regimes of neoliberalism (Miller and Rose, 2008). The growth of interest in the internal processes of mind, emotion and pre-cognition in recent years has deepened this way of thinking about our selves further, dubbed neoliberalism (Whitehead et al., 2018). New and mobile technologies and methodologies can track our experiences moment-by-moment. These include the biosensing of physiological responses associated with emotions (see Aspinall et al., 2015), the analysis of social media posts (see Zeile et al., 2015), prompts for the immediate recording of experience through beepers (see Hurlburt, 2017) or micro-phenomenological interviewing techniques (see Petitmengin et al., 2013). While this work has plenty of critics, advisories of caution and calls to combine methods (see Osborne and Jones, 2017; Resch et al., 2015), these new approaches all give primacy to capturing the micro-changes and micro-temporalities of the inner self as the most authentic account of experience, emotion, cognition and our associated wellbeing.

This entrenching of an individually and internally defined self is, in turn, associated with a well-documented shift of emphasis in policy towards individual choice and responsibility for the care of our own wellbeing and those for whom we have caring duties (Sointu, 2005) and away from concern with structural and social determinants, albeit not without resistance (Crawshaw, 2012). Existing

accounts of social ills as grounded in individual failings gain further backing through linking brain structure, anti-social behaviours and poor wellbeing (as positivity, self-esteem and so forth). This effectively reconfigures both poor individual wellbeing and inequalities in collective wellbeing as personal, rather than social or political, and social welfare policy reflects this in insisting on 'attitudinal' training for the individual management of wellbeing (Friedli and Stearn, 2015).

This emphasis on the self as individually and internally constituted, as atomised, independent and autonomous, has two major implications for community wellbeing. First, it explains the relative absence of endeavours to capture the more-than-individual value that we might expect to be part of operationalising community wellbeing, and the support for understanding of wellbeing as primarily individual and of any population measure of wellbeing as properly represented by aggregated individual measures. Secondly, the embedding politics of individual responsibility translates into a similar shifting downwards of collective responsibility to local governance and civic organisations for supporting community wellbeing through local issues and strategies (Scott, 2015). These two policy implications thus draw attention away from thinking about collective and community wellbeing as embedded in wider structures of politics and inequality and as shaped by factors operating across a range of scales and time. The next section explores some notable and surprising omissions in how the mainstream frameworks and indicators engage community wellbeing, many of which can be traced back to this dominant thinking about our individual self.

II Neglected Aspects of Community Wellbeing

The existing frameworks for community wellbeing, based on dominant understandings of the self and of monitoring needs, lead to several important omissions in relation to considering community wellbeing. There are only two formulations that reference equality or equity (the Happy City and the University of Minnesota), only one (the Happy City) that references sustainability and almost no inclusion of cultural aspects, of what UNESCO term 'intangible cultural heritage'. As indicated at the end of the previous section, a focus on the individual and on local territories of residence and governance tends to prompt a parallel focus on determinants and processes operating at the local or individual scale. While there is research on the multi-scalar relations of wellbeing, this is certainly an area needing further attention (Schwanen and Wang, 2014). There is a similar neglect of the multiple temporalities of wellbeing, involving the intimate flow of life-courses, inter-generational relations, processes of stability and sustainability, the longer trajectories of history, change and cultural heritage and the relationships between them. A specific consideration, one closely related to intangible cultural heritage and similarly lost in most schema, is any notion of a sense of place or

community (Kee and Nam, 2016) and of the histories of place that go beyond, or certainly deeper, than assessments of individual emotional attachments (Andrews et al., 2014; Gesler and Kearns, 2002; Searle et al., 2009). These neglected aspects of community wellbeing involve a far greater focus on social and collective life, and an attention to our relations with the diverse processes and places that hinder or enable us to become well together.

2.1 Spatial and Social Inequalities

The omission of inequality seems particularly glaring as not only might it be included as an indicator in its own right, but there is an on-going debate about the importance of absolute and relative values for a range of material wellbeing indicators and their association with national wealth, local health and subjective wellbeing outcomes (Wilkinson and Pickett, 2009). Moreover, the intersection between inequality and other aspects of community wellbeing is probably significant, given the social gradient in people's participation in civic life. As such, it is crucial that assessment and intervention take account of both the historical and the current cultural context (Trickett et al., 2011). A further omission is any consideration of how a community may maintain and protect existing wellbeing, however defined. Frameworks predominantly focus on assessment and on the potential interventions to improve and grow wellbeing. This bias towards improvement overlooks the histories of post-industrial economic decline, environmental degradation or green belt housing developments, and population relocation schemes. These all attest to the processes through which community wellbeing is impacted by weakening sources of livelihood, bonding through employment networks, destruction of socially meaningful landscapes or beneficial greenspaces, or the scattering of established community groups to diverse locations. Local community strategies are vital for protecting and sustaining existing resources and opportunities whilst also addressing practices that may be discriminatory or harmful to certain sub-groups. In this, thinking about community wellbeing relates to the parallel conceptual and practical systems- and asset-based debate about what makes communities more 'resilient' (South et al., 2018).

Community wellbeing measures need to be amenable to disaggregation to socio-economic, demographic and sub-territorial levels in order to provide an additional community wellbeing measure of inequality across the territory. There is a debate here as to whether socio-economic or demographic groups really constitute 'communities' or whether these aggregated data might be more accurately termed measures of population sub-group wellbeing. Either way, the socio-economic and demographic categories identified within any society are likely to be highly significant groupings for documenting variations in collective wellbeing. Documenting variations in community

wellbeing, however, is a very limited exercise. The important task is to interrogate and confront the processes and structural conditions of society producing differentiated and unfair inequalities in community wellbeing, or, as the Commission on Social Determinants of Health calls it, 'the causes of the causes' (Marmot, 2007: 1153). A community characterised by inequalities is a community characterised by social injustice in the distribution of resources and opportunities. It is important, then, that statistics on the inequality in and between the wellbeing of territorial sub-groups is included as a key indicator of community wellbeing.

Socio-economic categories can be strongly associated with differentiated everyday experiences (OECD, 2013) and capture the differentiated multiple positions and experiences within society, through which people's identities are informed. Moreover, some constellations of these categories describe the most abject experiences in society which are often difficult to reach through surveys due to their relative invisibility (Tourangeau et al., 2014). This is an important point to emphasise; a community wellbeing measure that excludes, for example, trafficked and undocumented sex workers existing in most urban areas and who likely have extremely low wellbeing, or those without homes, fails to measure the contexts and practices facilitating such experiences. An awareness of the limitations of survey tools is important for at least two reasons. First, the size of a sub-population group living 'below the radar' will vary by territory. Comparisons of units of community wellbeing may be seriously misleading where communities differ in the size of their missing data. Secondly, while the invisibility of certain groups is unavoidable, their experiences are likely to reflect local inequalities that we can detect. Individual level assessments of individual and community scale domains can be aggregated to produce summary measures of sub-territorial groupings but indicators identifying sub-category or sub-territory information needs to be intentionally collected for this purpose. A community with good average wellbeing scores but which mask large sub-territorial inequalities does not align with most people's idea of good community wellbeing.

2.2 Multiple Settings and Scales

The WHO settings approach, developed to advance health promotion (Dooris, 2009), focuses on where and with whom people spend their time. In this approach, an individual can belong to multiple communities associated with different settings. This multiple communities approach has intuitive value for modern living: a person may, for example, be part of a residential community, a workplace community, leisure communities, online communities or even a homeless community. The issue for defining community wellbeing is whether to select just one of these multiple communities or whether to try to capture the more meaningful, but complex, range of belongings. If

1 the individual's wellbeing is assessed within different non- or only partially-overlapping settings,
2 then there is no set of other individuals with whom to aggregate individual subjective wellbeing
3 scores into a measure of community wellbeing. On the other hand, if an individual's wellbeing is only
4 aggregated with the other members of one bounded community (such as residence or workplace),
5 much of the individual's wellbeing may not be attributable to this single community. There is,
6 therefore, a conceptual difficulty whichever way community wellbeing is approached. If, instead,
7 community wellbeing is taken to primarily concern collective life as assessed through community
8 level measures, then wellbeing inheres to the scale of the analysis, whether local, site or population
9 group, and, as such, does not demand consideration of individual multiple settings. All of these
10 options, however, do require consideration of the significance of different scales of analysis.
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19 There is an important spatial consideration in conceptualising and assessing community wellbeing
20 surrounding the decision about how to treat the different scales. This consideration concerns where
21 to place those non-local wellbeing indicators, those aspects of life that do not strictly measure
22 personal wellbeing but do describe the conditions that enable people to flourish. At the community
23 level, local government and governance explicitly think in terms of indicators that inform 'place-
24 shaping' policy and practice, 'the creative use of powers and influence to promote the general
25 wellbeing of a community and its citizens' (Lyons, 2000). This kind of approach moves beyond
26 measures of community wellbeing based on compositional indicators generated by aggregating
27 attributes of the individuals who make up communities to bring in contextual indicators which
28 describe the wider determinants of wellbeing (Cummins et al., 2007). Depending on the nature of
29 these wider determinants, they may be conceived as operating across local communities, regions,
30 nations or even globally and represented as nested scales.
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42 A multi-scalar approach demands explicit specification and justification of the population groups and
43 scales of interest. A focus on community wellbeing tends to examine differences between
44 neighbourhoods with findings that include subjective wellbeing as generally (although not
45 consistently) lower in more densely populated, urban locations and countered by a tendency for
46 wellbeing to be higher in populations with easier access to shops, schools, transport, health facilities
47 and so forth. The inclusion of national scale factors into analysis indicates a reported tendency for
48 deprivation, prosperity and resource availability, both at local and national levels, to influence local
49 and individual subjective wellbeing (summarized in Schwanen and Wang, 2014) and levels of
50 wellbeing inequality (Abdallah et al., 2017; Curtis et al., 2018). There is, however, still relatively less
51 exploration and comparison of factors associated with subjective individual and community
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wellbeing operating across the nation-state (Ballas and Dorling, 2013). Moreover, the key determinants of subjective wellbeing vary across space and over time. Geographical research has initiatives to incorporate a longitudinal life-course perspective for places as well as people (Pearce, 2018). Analysis of large European data-sets found that whether the absolute or the relative value in income and other indicators had greater influence on subjective wellbeing varied across different regions and countries, reflecting the importance of particular macro-political, economic and historical trajectories in any given setting (Aslam and Corrado, 2012).

These studies reflect an approach of hierarchical scales, in which larger scales of analysis influence and shape smaller, or local, scales of analysis. A need to think about scale differently is evident where traditional values for community cohesion and unity are coming into tension with an emergent individualization of aspiration and consumption in the new economies of the growing peri-urban neighbourhoods of Latin America and Asia (e.g. Calestani, 2012; Schaaf, 2012). In this, the relationship between different scales is more complicated; trends at a global scale build from actions at the local scale but, in turn, the changes and tensions at the local scale reflect influences from the global scale. This demands an alternative multi-scalar analysis in which different scales are simultaneously interconnected and interacting in the production of wellbeing and of each other (Schwanen and Wang, 2014). This sits intentionally in opposition to a conventional hierarchical approach in which the larger scale may influence and impact on the local but rarely *vice versa* (Marston et al., 2005).

2.3 Temporal Choices and Legacies

Very few schemes for community wellbeing explicitly include any conceptualisation of how community wellbeing may relate to time, which is strange given the avowed intent to monitor performance and progress over time.

An early engagement in the UK with the current renewed interest in wellbeing was by the Department for Environment, Food and Rural Affairs (DEFRA). DEFRA explicitly asked whether wellbeing might serve as a useful concept in negotiating the tensions between policies for environmental sustainability and those for economic growth (NEF, 2005). The importance of sustainability was thus at the heart of any consideration of wellbeing, and wellbeing in turn, was viewed as inseparably connected with the twin goals of a healthy future economy and a healthy future environment. Despite this early concern, current frameworks for wellbeing give little explicit attention either to sustainability or to the temporal frameworks within which wellbeing might be

1 amenable to consolidation or change. The exceptions are the OECD framework for measuring
2 wellbeing and the Happy City framework which both position sustainability as a primary dimension.
3 The Happy City references sustainability as progress towards environmental goals for CO2 emissions,
4 local recycling and energy consumption. The OECD framework references sustainability as the
5 continued availability of key resources, viewed as forms of capital (social, human, natural and
6 economic) which result from and in turn support community wellbeing in a continuous feedback
7 loop.
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13 The distinction made in the psychological literature between hedonic, pleasure-based, and
14 eudaimonic, meaning and purpose-based, wellbeing is of note in this regard. Achieving an
15 acceptable and adaptive level of wellbeing requires both forms. However, there is debate about how
16 these relate to one another, how much of each is optimal, which is dominant and what the
17 implications are of the different forms at individual level for wider considerations such as community
18 wellbeing. Some have argued that eudaimonic wellbeing will always override the short-term gains of
19 pleasure (for example, in Muirhead's study of environmental volunteerism, 2012). In contrast,
20 psychologists describe a consistent and robust preference in human subjects for smaller, immediate
21 rewards over larger, but deferred, rewards (Malkoc and Zauberman, 2019). Social scientists argue
22 that modern culture, characterised by the consumerism of contemporary capitalism, promotes and
23 values hedonic wellbeing over the longer-term gains of meaning and purpose (Carlisle et al. 2012)
24 with longer-term costs for sustainability of individuals, communities and, ultimately, the planet. The
25 tensions between these two expressions of wellbeing play out locally, where local governments may
26 favour 'quick wins' over longer-term strategies for lasting improvements. Planning for economic and
27 environmental futures and the sustainable allocation of resources as the collective primary concerns
28 requires that eudaimonic wellbeing through meaning and purpose become the individual primary
29 concern. A eudaimonia-based policy approach, following Cresswell's (2014) definition of places as
30 spaces endowed with meaning, would explicitly aim to create places with purpose, where heritage,
31 culture, industry and so forth define the actions of people in place and are associated with more
32 resilient economies and environments. Foregrounding sustainability and other temporal processes
33 draws attention to a range of local conflicts and interests in the allocation of resources and the
34 benefits to community wellbeing. The Happy City framework recognises this by emphasising both
35 sustainability and equality alongside the city conditions. How benefits to wellbeing are distributed
36 and how this distribution changes over time is an important aspect of monitoring community
37 wellbeing. Moreover, wellbeing gains for the community should not be at the cost of the wellbeing
38 of future communities.
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1 Inter-generational community wellbeing has received little direct attention, although debates in
2 affiliated areas of social policy, such as employment, fees for higher education, pensions and, most
3 recently, the Brexit referendum all reveal a major tension between the collective wellbeing of
4 different age cohorts. Neglect of such tension is a serious omission in current work on community
5 wellbeing. McGregor et al. (2000) describe the inter-generational contract for wellbeing:
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10 'In all 'communities' there are relationships for the transfer of resources between
11 generations and these relationships carry with them uncodified 'rights' and obligations...
12 [we] ... explore the transfers and processes governing transfers... heavy emphasis has been
13 placed on the state in securing, if not actually institutionalising the inter-generational
14 bargain. Wide ranging thinking and global social and economic forces require us to think
15 more flexibly...and see [the bargain] as a more complex interplay of state, market,
16 community and household.' (McGregor et al., 2000: 447)
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25 Work on inter-generational transfers tends to focus on material conditions and entitlements, the
26 transmission of poverty from one generation to the next and the distributional inequalities of
27 resource under austerity. It is, however, equally important to consider the transmission of non-
28 material aspects of life, of meanings, values and relations, all of which contribute to how
29 communities form their identity and self-define their collective wellbeing (Summer et al., 2009).
30 Moreover, non-material dimensions of community wellbeing are essential components of the inter-
31 generational transmission of material and bodily inequalities through both household and extra-
32 household sites (Bird, 2007). The centrality of shared non-material aspects and material resources in
33 the inter-generational transmission of community wellbeing reaffirms the importance of a
34 comprehensive approach to community wellbeing. These approaches, however, must also detect
35 how wellbeing is differentiated by community sub-groups as well as between generations and have
36 a longitudinal perspective that can both create and link together different sources of data. Designing
37 this kind of study effectively is challenging and relatively few studies to date have done this
38 compared with those using a cross-sectional design to identify associations and determinants of
39 community wellbeing at any one time.
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53 III Relationality

54 Endeavours to include considerations of inequality, scale and time in understanding community
55 wellbeing not only demand greater attention to community as greater than the sum of its parts but
56 also afford routes into thinking about how to operationalise this. The conventional understanding of
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1 the individual as bounded, autonomous and existing outside of their social connections ignores a
2 significant tranche of contemporary social theorisation on relationality. All schema for wellbeing,
3 whether individual or community, always flag the importance of social relationships and relational
4 entities such as trust or belonging, reciprocity, social integration or neighbourhood cohesion
5 (Helliwell and Wang, 2010; Uphoff et al., 2013). These, however, are most often only a resource for
6 individual wellbeing, that is, as primarily instrumental to the independent, autonomously acting
7 individual to realise their capacities or their potentialities. Relational theories reject the primacy, or
8 even the pre-giveness, of the individual, the associated concepts of autonomy, rational choice or
9 self-interest and the capture of these through individual data and statistical regressions. Instead,
10 relations and interactions precede the definition of both individuals and collectives, of material
11 things and immaterial values, of places and histories; relationality is inherent to who the individual is
12 (see for example, Crossley, 2011; Donati and Archer, 2015; Gergen, 2009). As White puts it, drawing
13 on Gergen (2009), 'This flips the switch, as it were, from seeing individuals as forging relationships,
14 to viewing (multiple) relationships as forging individuals.' (White, 2017: 129). There are, however,
15 important theoretical differences over the extent that being is always subsumed within relationality
16 and whether nonrelational processes, such as affect and corporeality, may sustain a residual
17 singularity of being (see Gergen, 2009; Harrison, 2007).

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32 Assessing relationality is challenging, which may in part explain its relative neglect in assessments of
33 community wellbeing. Those that have tried position relationality as an intermediary between
34 individual and community or collective scales.

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39 Lee and Kim (2016) offer a pragmatic approach to consider relationality through a measure of inter-
40 subjective community wellbeing. The concept of inter-subjectivity occupies a moderate position in
41 relational theory. It describes the meanings each of us gives to our experiences and the knowledge
42 we hold of the world as built individually through a set of senses and cognitions and inter-
43 subjectively through our relations with others, mediated through our interactions, involving a
44 reciprocity of perspectives and informed by our specific social and cultural reference points in the
45 world (Anderson, 2008). Inter-subjectivity also foregrounds a range of shared or public resources
46 through which we make meanings, including concepts and language. Daniel Stern extended insights
47 from his work on child development and inter-subjectivity to argue for an inter-subjective, narrative
48 self (Stern, 1998). Lee and Kim (2016) propose a distinction between satisfaction with (individual
49 wellbeing) and evaluation of (inter-subjective community wellbeing) aspects of community life such
50 as traffic conditions. Other surveys using questions that are evaluative could be conceptualised and
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1 analysed in this way. The UK ONS measures of national wellbeing, for example, include how safe
2 people feel walking home at night, not just how satisfied they are with safety measures.

3 Nonetheless, this mobilisation of inter-subjectivity still relies on the reports of the individual
4 subjective respondent and the sense of an inter-subjective or relational identity remains elusive.
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8 The emphasis on place-based approaches to community wellbeing can also enable a relational
9 approach, through analysis of intersecting domains (Fleuret and Atkinson, 2007; Winterton et al.,
10 2014). White (2017) endorses this attention to the inter-dependency of different sites as strongly
11 resonating with her empirically grounded field studies across countries in both the global south and
12 north:
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17 'Wellbeing is understood as arising from the common life, the shared enterprise of living in
18 community – in whatever sense – with others. Relationships thus form a central focus, as
19 both the means through which (psychological, symbolic, social and material) goods are
20 distributed and met, and as intrinsic to the constitution and experience of wellbeing.
21 Subjective perceptions are anchored in material and relational contexts, producing a
22 sense.....of 'life within limits'' (White, 2017: 128).
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28 Including relationality into thinking about subjective and community wellbeing brings to the fore
29 issues of power and politics, as explicitly recognised and addressed by Prilleltensky (2008). He, too,
30 posits the personal, the relational and the collective as three sites of wellbeing or, in his terminology,
31 'wellness', but emphasises how their inter-dependence demands attention to concerns of power,
32 oppression and liberation (2008; 2012):
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37 'The third side of wellness concerns relational needs. Individual and group agendas are often
38 in conflict. Indeed, like power, conflict is immanent in relationships. To achieve wellness,
39 then, I claim that we have to attend to relationality as well. Two sets of needs are primordial
40 in pursuing healthy relationships among individuals and groups: respect for diversity and
41 collaboration and democratic participation. Respect for diversity ensures that people's
42 unique identities are affirmed by others, while democratic participation enables community
43 members to have a say in decisions affecting their lives' (Prilleltensky, 2008: 122-123).
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51 A more radical variant of relationality goes beyond social relationships in conceptualising how
52 multiple relationalities not just with other people but also with structures, affects, materiality,
53 places, other life forms and so forth, may combine to be intrinsically generative of identity, of
54 stability, of change and of both individual and community wellbeing. The concept of the assemblage
55 elaborates the coming together of diverse aspects of life in particular times and spaces such that all
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are equal participants (Delanda, 2016; Deleuze and Guattari, 1987). In this, each moment constitutes, and is constituted by, a particular assemblage and as such daily life is intrinsically unstable. However, multiple processes tend towards repetition, the repertoires of everyday habit and, as such, generate stability and predictability. The approach, however, allows for disruption, degeneration or transformation and the regeneration of new arrangements and habits for better or worse. Considerations of time within an assemblage includes historical trajectories and enables consideration of the ways in which inequalities are reproduced both structurally and affectively. Simple aggregations of individual subjective wellbeing routinely overlook these important considerations of historical and cultural contexts (Trickett et al., 2011). Whilst this complex approach is not easy to operationalise into a monitoring system, it does allow for multiple entry points at which intervention may shift, destabilise and reassemble the generative processes of individual or community wellbeing (Atkinson and Scott, 2015). Research on assemblages relies on qualitative and ethnographic methods, as in the body of work to understand how places are therapeutic, restorative or enhancing in relation to wellbeing (Conradson, 2005; Gesler, 2003). Although this work has tended to focus on individual subjective wellbeing, the interaction with place is two way, relational and comprehensive (Duff, 2014) and as such affords an approach to a relational community wellbeing.

An alternative pathway to comprehending relationality is to engage the processes for defining the tools for monitoring as themselves contributing to local community wellbeing. The opportunity to set local criteria and local measures, at least in part, acknowledges the limited value, and feasibility, of resolving diverse engagements with community wellbeing into one single definition and framework. A preferable approach may be, instead, to build evidence of best practice about the processes of decision-making and a set of options for how community wellbeing is assessed (Warner and Kern, 2014). There are examples of the processes through which local communities have defined their own measures of progress, whether from scratch or by selecting from an existing suite of indicators. Whilst the choice of measures that result may be little different from a set based on an existing framework, or defined by local authorities, the deliberation itself is important for community identity and wellbeing. Discussing and defining what is important locally serves to open discursive spaces as much as it results in a practical output (Scott and Bell, 2011 Scott, 2012). The transformative work involves promoting a participatory and democratic process, developing a set of conversations across the community about what is important and allowing, welcoming even, the identification and expression of conflicts of interest within a deliberative forum. Talking about community wellbeing itself becomes a means of exploration, understanding and developing local

identity. For example, a focus on assets draws out the relational and material resources held in a community (Kretzmann and McKnight, 1993). The stories that emerge, the narratives about place and history, both create local community and are accountable to the community's visions of wellbeing. Critically the question of 'what is a community asset' varies by what is deemed of value by community members (Rippon and South, 2017; South et al., 2017).

IV Individual Subjective and Community Wellbeing

Negotiating the multiple variants of definitions, measurement sets and, usually hidden, underpinning assumptions about being individual and collective can be a daunting task. A theoretical challenge remains, as perhaps it always has done (Allin and Hand, 2017), with respect to conceptualising the complex relationships between interior life, self or relational selves and the external environment. Without explicit recognition of the assumptions made in operationalising these interactions, the pathways through which community level actions may impact on both community and individual levels of wellbeing remain similarly under-specified (Wakefield et al., 2001). We argue here that current practice in conceptualising and operationalising community wellbeing displays a dominant approach and that that this is underpinned by a particular understanding of the self as autonomous, rational and intentional. Theorisations of being that centre on relationality both enable a notion of community that is greater than the sum of its parts and foreground a series of neglected aspects in community wellbeing. Awareness of the different positions in relation to these complex inter-relationships is important as these come with different implications for policy and politics.

In thinking about how our lives go well in relation to other people, places, materiality and so forth, community wellbeing can be pragmatically defined through a set of domains of life that have meaning and importance locally but which are understood as imbricated within a wide range of interactions. This approach has two important policy variants: (1) a policy focus on how aspects of the local community impact on individual wellbeing, in which aggregated individual wellbeing, which is better understood as population wellbeing, becomes the key outcome measure; (2) a policy focus on the quality of collective life as a relational entity. The paper has foregrounded several critically important aspects to community wellbeing that current approaches almost entirely neglect: spatial and social inequalities; multiple settings and scales; temporal choices and legacies including sustainability and inter-generationality. It is our contention that thinking about community wellbeing premised on the autonomous, individual subject rather than attending to relationality not only results in an impoverished understanding of what it is to be human but, more significantly, results in

obscuring the complex, enduring and iniquitous processes through which lives, individually and collectively, are unfairly differentiated.

The key issue in mobilising community wellbeing is, however, less which of the two policy options to choose but what balance to strike between them. This is not a technical question but a political question whose resolution will reflect different ideological positions about what it means to be human, how and at what scales living well is of interest, and where the most effective and politically acceptable entry-points are for intervention. We hope this paper prompts greater awareness and transparency about the positions that are taken in operationalising community wellbeing.

REFERENCES

Abdallah, S., Wheatley, H., & Quick, A. (2017) *Measuring wellbeing inequality in Britain*. London and Liverpool: NEF and What Works Wellbeing Community Wellbeing Evidence Programme.

Allin, P., & Hand, D.J. (2014) *The wellbeing of nations: meaning, motive and measurement*. Chichester: Wiley.

Allin, P., & Hand, D.J. (2017) New statistics for old? – measuring the wellbeing of the UK *Journal of the Royal Statistical Society*, 180, 1-22.

Anderson, K.T. (2008) Intersubjectivity. In L.M. Given (Ed.) *The SAGE Encyclopedia of Qualitative Research Methods* <http://dx.doi.org/10.4135/9781412963909.n236>

Andrews, G., Chen, S., & Myers, S. (2014) The ‘taking place’ of health and wellbeing: towards non-representational theory. *Social Science and Medicine*, 108, 210–222.

Aslam, A., & Corrado, L. (2012) The geography of well-being. *Journal of Economic Geography*, 12, 627–649.

Aspinall, P., Mavros, P., Coyne, R., & Roe, J. (2015) The urban brain: analysing outdoor physical activity with mobile EEG. *British Journal of Sports Medicine*, 49, 272-276.

Atkinson, S., Fuller, S., & Painter, J. (Eds.) (2012) *Wellbeing and Place*. Basingstoke: Ashgate.

Atkinson, S., & Scott, K. (2015) Stable and destabilised states of subjective wellbeing: dance and movement as catalysts of transitions. *Social and Cultural Geography*, 16, 75-94.

Bagnall, A.M., South, J., Mitchell, B., Pilkington, G., Newton, R., & Di Martino, S. (2016) *Systematic Scoping Review of Indicators of Community Wellbeing in the UK*. Leeds and Liverpool: What Works Wellbeing Community Evidence Programme.

Ballas, D., & Dorling, D. (2013) The geography of happiness. In S. David, I. Boniwell, & A. Conley Ayers (Eds.) *The Oxford Handbook of Happiness* (pp. 465–481). Oxford: Oxford University Press.

Bernard, P., Charafeddinea, R., Frohlich, K.L., Daniela, M., Kestens, Y., & Potvin, L. (2007) Health inequalities and place: A theoretical conception of neighbourhood. *Social Science and Medicine*, 65, 1939–1852.

Bird, K. (2007) *The Intergenerational Transmission of Poverty: An Overview*. CPRC Working Paper 99. London and Manchester: Chronic Poverty Research Centre.

Bramston, P., Pretty, G., & Chipuer, H. (2002) Unravelling subjective quality of life: an investigation of individual and community determinants. *Social Indicators Research*, 59, 261-271.

Calestani, M. (2012) Wellbeing in El Alto, Bolivia. In S. Atkinson, S. Fuller, & J. Painter (Eds.) *Wellbeing and Place* (pp. 171- 184). Basingstoke: Ashgate.

Canadian Index of Wellbeing (2013) University of Waterloo. <https://uwaterloo.ca/canadian-index-wellbeing/>

Carlisle, S., Hanlon, P., Reilly, D., Lyon, A., & Henderson, G. (2012) Is ‘modern culture’ bad for our wellbeing? Views from ‘excluded’ and ‘elite’ Scotland. In S. Atkinson, S. Fuller, & J. Painter (Eds.) *Wellbeing and Place* (pp. 123-140). Basingstoke: Ashgate.

Cattell, V., Dines, N., Gesler, W., & Curtis, S. (2008) Mingling, observing, and lingering. Everyday public spaces and their implications for well-being and social relations. *Health & Place* 14, 544-561.

Coleman, J. (1990) *Foundations of Social Theory*. Cambridge MA: Harvard University Press.

Conradson, D. (2005) Landscape, care and the relational self: therapeutic encounters in rural England. *Health & Place*, 11, 337-348.

Crawshaw, P. (2012) Governing at a distance: social marketing and the (bio) politics of responsibility. *Social Science & Medicine*, 75, 200-207.

Cresswell, T. (2014) *Place* (2nd Edition). Chichester: Wiley.

1 Crossley, N. (2011) *Towards Relational Sociology*. Abingdon: Routledge.

2
3 Cummins, S., Curtis, S., Diez-Roux, A.V., & Macintyre, S. (2007) Understanding and representing
4 'place' in health research: a relational approach. *Social Science and Medicine* 65, 1825-1838.
5
6

7
8 Curtis, S., Congdon, P., Atkinson, S., Corcoran, R., Maguire, R., & Peasgood, T. (2017) *Individual and*
9 *local area factors associated with self-reported wellbeing, perceived social cohesion and sense of*
10 *attachment to one's community*. Durham and Liverpool: What Works Wellbeing Community
11 Wellbeing Evidence Programme.
12
13
14
15

16
17 DeLanda, M. (2016) *Assemblage theory*. Edinburgh: Edinburgh University Press.
18
19

20
21 Deleuze, G., & Guattari, F. (1987) *A thousand plateaus*. London: Bloomsbury.
22
23

24
25 Donati, P., & Archer, M.S. (2015) *The relational subject*. Cambridge: Cambridge University Press.
26
27

28 Dooris, M. (2009) Holistic and sustainable health improvement: the contribution of the settings-
29 based approach to health promotion. *Perspectives in Public Health*, 129, 29-36.
30
31

32
33 Dronvelli, M., & Thompson, S.C. (2015) A systematic assessment of measurement tools of health and
34 well-being for evaluating community-based interventions. *Journal of Epidemiology and Community*
35 *Health*, 69, 805-815.
36
37
38

39
40 Duff, C. (2014) *Assemblages of health*. Netherlands: Springer.
41
42

43
44 Ereaut, G., & Whiting, R. (2008) *What do we mean by 'wellbeing'? And why might it matter?*
45 Linguistic Landscapes Research Report no. DCSF-RW073. London: Department for Children, Schools
46 and Families.
47
48
49

50
51 Fellin, P. (2001) *The community and the social worker* (3rd Ed.). Ithaca: Peacock.
52
53

54
55 Fine, B. (2010) *Theories of Social Capital*. London: Pluto Press.
56
57
58
59
60
61
62
63
64
65

1 Fleuret, S., & Atkinson, S. (2007) Wellbeing, health and geography: a critical review and research
2 agenda. *New Zealand Geographer*, 63, 106–118.

3
4
5 Forjaz, M.J., Prieto-Flores, M-E., Ayala, A., Rodriguez-Blazquez, C., Fernandez-Mayorales, G., Rojo-
6 Perez, F., & Martinez-Martin, P. (2011) Measurement properties of the Community Wellbeing Index
7 in older adults. *Quality of Life Research*, 20, 733-743.

8
9
10
11
12 Friedli, L., & Stearn, R. (2015) Positive affect as coercive strategy: conditionality, activation and the
13 role of psychology in UK government workfare programmes. *Medical Humanities*, 41, 40-47.

14
15
16
17
18 Gallup Health ways: wellbeing index (2015) <http://www.well-beingindex.com/about>

19
20
21 Gergen, K.J. (2009) *Relational Being: beyond self and community*. Oxford: Oxford University Press.

22
23
24
25 Gesler, W.M. (2003) *Healing Places*. Lanham: Rowman and Littlefield.

26
27
28 Gesler, W.M., & Kearns, R.A. (2002) *Culture/place/health*. London: Routledge.

29
30
31
32 Grootaert, C. (1998) *Social capital: the missing link?* Social Capital Initiative Working Paper No. 3.
33 Washington: World Bank.

34
35
36
37 Happy City Index [http://www.happycity.org.uk/measurement-policy/happy-city-index/the-](http://www.happycity.org.uk/measurement-policy/happy-city-index/the-methodology/)
38 [methodology/](http://www.happycity.org.uk/measurement-policy/happy-city-index/the-methodology/)

39
40
41
42 Harrison, P. (2007) 'How shall I say it...?' Reading the non-relational. *Environment and Planning A*,
43 590-608.

44
45
46
47 Helliwell, J., & Putnam, R. (2004) The social context of well-being. *Philosophical Transactions of the*
48 *Royal Society, London, B*, 359, 1435-1446.

49
50
51
52
53 Helliwell, J., & Wang, S. (2010) *Trust and well-being*. Cambridge, MA: National Bureau of Economic
54 Research Working Paper 15911.

1 Howarth, J. (2018) Reflections on work, leisure and well-being. *International Journal of Community*
2 *Well-being*, 1, 93-100.

3
4
5 Hurlburt, R.T. (2017) Descriptive experience sampling. In Schneider, S. & Velmans, M. (Eds.) *The*
6 *Blackwell companion to Consciousness*, 2nd Ed., pp.740-753. Chichester: John Wiley & Sons.

7
8
9
10 Kee, Y., & Nam, C. (2016) Does sense of community matter in community well-being? In Kee, Y., Lee,
11 S.J., Phillips, R. (Eds.) *Social factors and community wellbeing* (pp. 39-56). Springer Briefs in Well-
12 being and Quality of Life Research. Switzerland: Springer.

13
14
15
16 Kretzmann J.P., & McKnight J.L. (1993) *Building Communities from the Inside Out: A Path toward*
17 *Finding and Mobilizing a Community's Assets*. Evanston, IL: Institute for Policy Research.

18
19
20
21
22
23 Lee, S.J., & Kim, Y. (2015) Searching for the meaning of community well-being. In S.J. Lee, et al. (Eds.)
24 *Community Well-being and community development*. SpringerBriefs in Well-being and Quality of Life
25 Research, DOI 10.1007/978-3-319-12421-6_2

26
27
28
29
30 Lee, S.J., & Kim Y. (2016) Structure of well-being: an exploratory study of the distinction between
31 individual well-being and community well-being and the importance of intersubjective community
32 well-being. In Y. Kee, S.J. Lee, R. Phillips. (Eds.) *Social factors and community wellbeing* (pp. 13-37).
33 Switzerland: Springer.

34
35
36
37
38
39 Lyons, M. (2000) Lyons inquiry into local government. *Place-Shaping: A Shared Ambition for the*
40 *Future of Local Government - Executive Summary*. London: The Stationery Office.

41
42
43
44 McGregor, J.A.; Copestake, J.G., & Wood, G.D. (2000) Editorial: The inter-generational bargain.
45 *Journal of International Development*, 12, 447–51.

46
47
48
49 Malkoc, S.A., & Zauberaman. G. (2019) Psychological analysis of consumer intertemporal decisions.
50 *Consumer Psychology Review* doi: 10.1002/arcp.1048

51
52
53
54
55 Marmot, M. (2007) Achieving health equity: from root causes to fair outcomes. *The Lancet*, 370,
56 1153-1163.

1 Marston, S. A., Jones, J. P. & Woodward, K. (2005) Human geography without scale. *Transactions of*
2 *the Institute of British Geographers*, 30, 416–432.

3
4
5 Miller, P. & Rose, N. (2008) *Governing the present*. Cambridge: Polity Press.

6
7
8 Muirhead, S. (2012) Exploring the emotional and embodied experiences within the landscapes of
9 volunteering. In S. Atkinson, S. Fuller, J. Painter (Eds.) *Wellbeing and Place*. (pp.141-154).
10 Basingstoke: Ashgate.

11
12
13
14
15
16 NEF (2005) *Sustainable development and well-being: relationships, challenges and policy*
17 *implications*. London: New Economics Foundation.

18
19
20
21 NEF (2012) *Measuring wellbeing: a guide for practitioners*. New Economics Foundation: London.
22 http://www.uknswp.org/wp-content/uploads/Measuring_well-being_handbook_FINAL.pdf

23
24
25
26 OECD (2013) How's life? 2013 measuring well-being <http://dx.doi.org/10.1787/9789264201392-en>

27
28
29
30 OECD (2015) How's life? 2015 measuring well-being
31 <http://www.oecdbetterlifeindex.org/#/11111111111>

32
33
34
35 ONS (2017) Wellbeing reports
36 [https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalw](https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/oct2015tosept2016)
37 [ellbeing/oct2015tosept2016](https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/oct2015tosept2016)

38
39
40
41
42 ONS (2018) *Personal wellbeing in the UK: April 2017 to March 2018*. London: ONS.

43
44
45
46 Orton, L., Halliday, E., Collins, M., Egan, M., Lewis, S., Ponsford, R., Powell, K., Salway, S., Townsend,
47 A., Whitehead, M., & Popay, J. (2017) Putting context centre stage: evidence from a systems
48 evaluation of an area based empowerment initiative in England. *Critical Public Health*, 27, 477-489.

49
50
51
52
53 Osborne, T., & Jones, P.I. (2017) Biosensing and geography: a mixed methods approach. *Applied*
54 *Geography* 87, 160-169.

Pearce, J.R. (2018) Complexity and uncertainty in geography of health research: incorporating life-course perspectives. *Annals of the American Association of Geographers* DOI: 10.1080/24694452.2017.1416280

Petitmengin, C., Remillieux, A., Cahour, B., Carter-Thomas, S. (2013) A gap in Nisbett and Wilson's findings? A first-person access to our cognitive processes. *Consciousness and Cognition*, 22, 654-669.

Portes, A. (2014) Downsides of Social Capital. *PNAS*, 111, 18407-18408.

Prilleltensky, I. (2008) The role of power in wellness, oppression, and liberation: the promise of psychopolitical validity. *Journal of Community Psychology*, 36, 116-136.

Prilleltensky, I. (2012) Wellness as fairness. *American Journal of Community Psychology*, 49, 1-21.

Putnam, R.D. (1993) *Making democracy work*. Princeton: Princeton University Press.

Resch, B., Summa, A., Sagl, G., Zeile, P. (2015) Urban emotions – geo-semantic extraction from technical sensors, human sensors and crowdsourced data. In Gartner, G., Huan, H. (Eds.) *Progress in Location-based Services*, 2014, pp. 199-212. Cham: Springer.

Ribova, L. (2000) Individual and community wellbeing. Citing Kusel, 1996; Doak and Kusel 1997. *The Arctic*, <http://www.thearctic.is/PDF/Individual%20and%20Community%20well.pdf>

Rippon, S., & South, J. (2017) *Promoting asset based approaches for health and wellbeing*. London: The Health Foundation.

Ross, A. & Searle, M. (2019) Age related differences in neighborhood sense of community: impacts of the neighborhood environment and leisure time physical activity. *International Journal of Community Well-being*, 2, 41-59.

Schaaf, R. (2012) Place matters: Aspirations and experiences of wellbeing in Northeast Thailand. In S. Atkinson, S. Fuller, J. Painter (Eds.) *Wellbeing and Place* (pp. 155-170). Basingstoke: Ashgate.

Schwanen, T., & Wang, D. (2014) Well-Being, context, and everyday activities in space and time. *Annals of the Association of American Geographers*, 104, 833–851.

Scott, K. (2012) *Measuring wellbeing: towards sustainability?* Abingdon: Routledge.

Scott, K. (2015) Happiness on your doorstep: disputing the boundaries of wellbeing and localism. *The Geographical Journal*, 181, 129–137.

Scott, K., & Bell, D. (2013) Trying to measure local wellbeing: indicator development as a site of discursive struggles. *Environment and Planning C: Government and Policy*, 31, 522–539.

Scottish Public Health Observatory (2015) Place Standard. <http://www.scotpho.org.uk/life-circumstances/community-wellbeing/key-points>

Searle, B., Smith, S.J., & Cook, N. (2009) From housing wealth to well-being? *Sociology of Health and Illness*, 31, 112–127.

Seligman, M. (2011) *Flourish: a visionary new understanding of happiness and wellbeing—and how to achieve them*. New York: Free Press.

Sirgy, M.J. (2011) Societal QOL is more than the sum of QOL of individuals: The whole is greater than the sum of the parts. *Applied Research in Quality of Life*, 6, 329–334.

Sirgy, M.J. (2018) What types of indicators should be used to capture community wellbeing comprehensively? *International Journal of Community Well-being*, 1, 3–9.

Sointu, E. (2005) The rise of an ideal: tracing changing discourses of wellbeing. *The Sociological Review*, 53, 255–274.

South, J., Giuntoli, G., & Kinsella, K. (2017) Getting past the dual logic: findings from a pilot asset mapping exercise in Sheffield, UK. *Health and Social Care in the Community*, 25, 105–113.

1 South, J., Jones, R., Stansfield, J., & Bagnall, A.M. (2018) *What quantitative and qualitative methods*
2 *have been developed to measure health-related community resilience at a national and local level?*
3 WHO Health Evidence Network Synthesis Report No.60. Copenhagen: WHO.
4
5

6
7 Stern, D. (1998) [*The Interpersonal World of the Infant: A View from Psychoanalysis and*](#)
8 [*Development*](#). London: Karnac Books.
9

10
11
12 Summer, A., Haddad, L., & Gomez Climent, L. (2009) Rethinking inter-generational transmission(s):
13 Does a wellbeing lens help? The case of nutrition. *IDS Bulletin*, 40, 22-30.
14
15

16
17 Sung, H., & Phillips, R. (2016) Conceptualizing a community well-being and theory construct. In Y.
18 Kee, S.J. Lee, R. Phillips. (Eds.) *Social factors and community wellbeing* (pp. 1-12). Switzerland:
19 Springer.
20
21

22
23
24 Sung, H., & Phillips, R.G. (2018) Indicators and community well-being: exploring a relational
25 framework. *International Journal of Community Well-being*, 1, 63-79.
26
27

28
29
30 Tönnies, F. (1957) *Community and Society* (Gemeinschaft and Gesellschaft, trans. Loomis, C.P.).
31 Lansing: Michigan State University Press.
32
33

34
35 Tourangeau, R., Edwards, B., Johnson, T.P., Wolter, K.M., & Bates, N. (Eds.) (2014) *Hard-to-survey*
36 *populations*. Cambridge: Cambridge University Press.
37
38

39
40 Trickett, E.J., Beehler, S., Deutsch, C., Green, L.W., Hawe, P., McLeroy, K., Linmiller, R.R., Rapkin,
41 N.B.D., Schensul, J.J., Schultz, A.J. & Trimble, J.E. (2011) Advancing the science of community-level
42 interventions. *American Journal of Public Health*, 101, 1410-1419.
43
44

45
46
47 Uphoff, E.P., Pickett, K., Cabieses, B., Small, N., & Wright, J. (2013) A systematic review of the
48 relationships between social capital and socioeconomic inequalities in health: a contribution to
49 understanding the psychosocial pathway of health inequalities. *International Journal for Equity in*
50 *Health*, 12, 54. Doi:10.1186/1475-9276-12-54
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

Wakefield, S.E.L., Elliott, S.J., Cole, D.C., & Eyles, J.D. (2001) Environmental risk and (re)action: air quality, health, and civic involvement in an urban industrial neighbourhood. *Health & Place*, 7, 163-177.

Warner, K., & Kern, M. (2013) *A City of Wellbeing*. City of Santa Monica Office of Wellbeing. December

Whippman, R. (2016) *The pursuit of happiness: why are we driving ourselves crazy and how can we stop*. London Hutchison: Penguin.

White, S.C. (2017) Relational wellbeing: re-centring the politics of happiness, policy and the self. *Policy & Politics*, 45, 121-136.

Whitehead, M., Jones, R., Howell, R., Pykett, J., & Lilley, R. (2018) Neuroliberalism: cognition, context and the geographical bounding of rationality. *Progress in Human Geography*, online first <https://doi.org/10.1177/0309132518777624> [accessed 28.05.19]

Wilkinson, R., Pickett, K. (2010) *The spirit level: why equality is better for everyone*. London: Penguin.

Winterton, R., Chambers, A.H., Farmer, J., & Munoz, S.A. (2014) Considering the implications of place-based approaches for improving rural community wellbeing: The value of a relational lens. *Rural Society*, 23, 283-295.

World Health Organization (1991) *Sundsvall Statement on Supportive Environments for Health*. Report from the International Conference on Health Promotion, Sundsvall, June 1991. Copenhagen: WHO.

Zeile, P., Resch, B., Exner, J-P., Sagl, G. (2015) Urban emotions: benefits and risks in using human sensory assessment for the extraction of contextual emotion information for urban planning. In Geertman, S., Ferreira Jr., J., Goodspeed, R., Stillwell, J. (Eds.) *Planning Support Systems and Smart Cities*, pp. 209-225. Cham: Springer.