Research Report DCSF-RW073

What do we mean by 'wellbeing'? And why might it matter?

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Linguistic Landscapes

department for
children, schools and families

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1. Abstract

There is significant ambiguity around the definition, usage and function of the word 'wellbeing', not only within DCSF but in the public policy realm, and in the wider world. This has implications for DCSF. Essentially, wellbeing is a cultural construct and represents a shifting set of meanings - wellbeing is no less than what a group or groups of people collectively agree makes 'a good life'.

The meaning and function of a term like 'wellbeing' not only changes through time, but is open to both overt and subtle dispute and contest. There is evidence that the discourse of 'wellbeing' - how, for what purposes, and with what effects the term is being used - is at present particularly unstable in the UK. Given the importance of the term to DCSF's policy and communications, we recommend a low key but deliberate strategy to manage the DCSF position within this ambiguity and instability.

2. The context for the research: why we did it and how it was done

There have been significant changes in public policy and discourse around children and childhood over the past few years in the UK. This is evident not least in the publication of Every Child Matters (2004) and The Children's Plan (2007), and in key structural changes including the formation and structure of DCSF itself. The term 'wellbeing' features strongly in policy and delivery documents and this term is now a feature of the everyday discourse of DCSF and beyond.

Prior to this project, however, DCSF had observed what seem to be subtle but important differences in the way the term 'wellbeing' is being used, both within different areas of the Department and across Whitehall. It was also clear that other agencies and groups involved in research, policy and comment on children's lives are using the term. Why might this matter to DCSF? If there are inconsistencies in usage and implied meaning of 'wellbeing' even within the Department, it seems likely that these will be magnified in cross-government groups, with possible negative implications for genuine cross-government thinking and working, and the delivery of dual PSAs. So the focus of attention for this project was the possible existence and implications of these differences.

In fact, DCSF had already begun to investigate this issue for communications purposes (Childhood Wellbeing Qualitative Research 2007 RW031), but internal debate and operational needs raised further questions, perhaps going beyond communications. Linguistic Landscapes was commissioned to look broadly at the way the term 'wellbeing' functions within the Department, and to some extent outside the Department (see Scope below). Our brief was stated thus: " take stock of current usage; compare against the various policy contexts in which

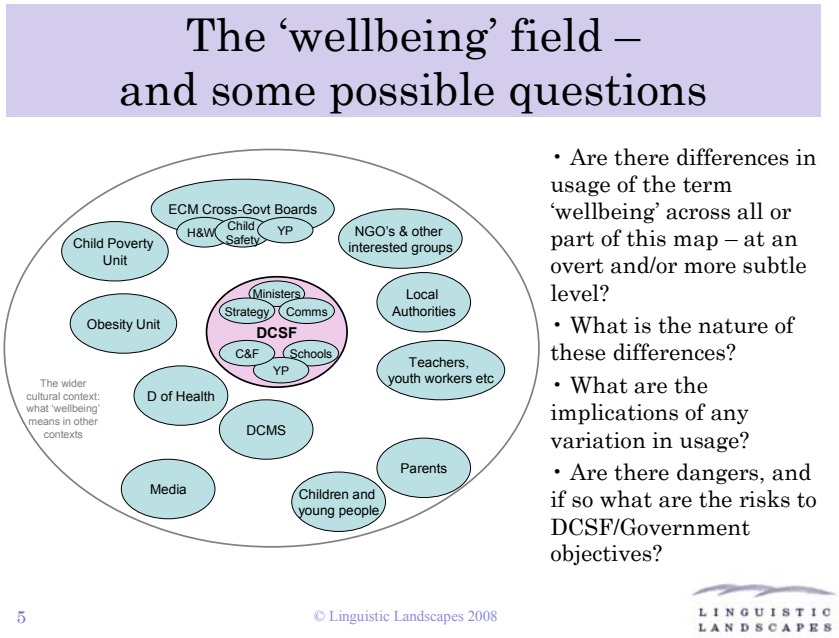
we will be talking about ‘wellbeing’ and advise on a strategy for effective communication” (Anne Jackson, Director Child Wellbeing Group, DCSF 31/01/08)

Our methods

Linguistic Landscapes supplies research-based consulting which applies the principles of Discourse Analysis (DA) to organisational and commercial problems. DA is a set of tools and concepts now in widespread use in academia, emerging over the past few decades within several social science disciplines, especially psychology, sociology and sociolinguistics. This way of looking at language, and what it does, connects the micro (specific features of language use) with the macro (cultural and social meaning and action). It focuses not on what language means, but *how* it is meaningful, for example by looking at the shared cultural meanings or taken-for-granted ‘truths’ that particular language evokes. DA is concerned especially with the function performed by language - how it works to construct a kind of social reality that has real, material consequences[1].

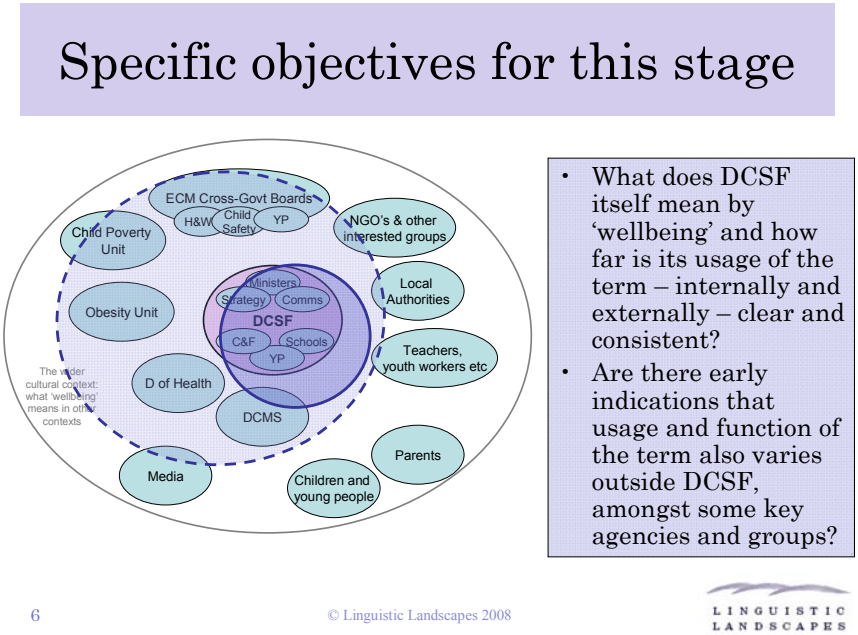
The scope of the work

In initial conversations with DCSF, it was clear that the potential field of interest for this project was very wide and the potential research questions far-ranging:



[1] For more about discourse analysis and this kind of application of, see www.linguisticlandscapes.co.uk.

However, we needed to define a narrower scope for this project given time and budget constraints, and agreed the following scope and key objectives:



So, the specific objectives for the research were:

- What does DCSF itself mean by 'wellbeing' and how far is its usage of the term - internally and externally - clear and consistent?

- Are there early indications* that usage and function of the term also varies outside DCSF, amongst some key agencies and groups?

- What might be the practical implications of such variations in usage?

*Note: we needed to design a relatively small-scale project to be carried out over a short time period (approx 4 weeks) and this was reflected in the quantity of data collected, the level of analysis and in our restricted objective re 'early indications' here.

What we analysed

Data for this study took the form of a large number of examples of language-in-use from inside and outside the Department. This included a mix of 'naturally-occurring' material (samples of language that were not produced for the purposes of research) and some research-derived materials, specifically recorded interviews with a small number of DCSF staff.

- DCSF sources included:
  - Public documents - ECM, The Children's Plan etc; the DCSF website
  - Internal/confidential documents (formal and informal, including for example internal presentations and emails); the DCSF intranet
  - Interviews with 6 individuals inside DCSF
  - Small-scale observation within DCSF - several meetings and a seminar

- Public documents from other sources included those from
    - Other Whitehall departments
    - Local Authorities
    - NGOs, charities, research bodies etc
    - Others

For context, we also looked at:

- 'Wider culture' language data - examples of the use of 'wellbeing' drawn from a wide range of non-Government and non- public sector sources. This helped us map the contemporary function of the term 'wellbeing' as a context for its specific usage in DCSF and in children's policy.

Much of the public sector and 'wider culture' discourse was accessed via web sources, though these also led us to many downloaded documents. Details of the websites accessed and reviewed are set out in Appendix A.

3. Research findings

3.1 'Wellbeing' - what does it mean, how does the term function?

First, we will make some observations about how the term 'well-being' behaves in real-life usage, looking right across the data set.

Even this small-scale research confirmed initial impressions - that 'wellbeing' is a ubiquitous term, occurring frequently and widely in public discourse. It is interesting to note, however, that its wide use in public discourse may not extend to all of DCSF's stakeholder groups - is not yet present in the unprompted discourse of parents and children and indeed is not well understood by these groups (DCSF 2007 Research RW031).

Certainly there were multiple examples of usage in Whitehall, of course, and all areas of the public and third sectors. It is clearly the subject of much public discourse - media, books, TV and more.

Wellbeing is also highly visible as a notion and term in scientific discourse, whether of the academic, or quasi-academic / self-help kind. Within academic science, it is often taken for granted as something that 'is', and which simply needs investigating. So wellbeing is an object of research - some studies, for example, draw on the positive psychology movement and might characterize wellbeing as "positive and sustainable characteristics which enable individuals and organizations to thrive and flourish" (Well-Being Institute at the University of Cambridge). Within the science discourse, however, there are also more critical approaches. For example, Bath University's MSc in Well-being and Human Development does not accept wellbeing as a 'thing' that needs research to uncover its essential nature, but as a social and cultural *construction* which is interesting as such, not least for what it can tell us about other social and cultural phenomena (The approach we ourselves take is in fact closer to this latter position).

Work and education are also arenas in which wellbeing features strongly, and where it is constructed as both instrumental in, and an outcome of, personal development. This is illustrated in the following example from the QCA PSHE Curriculum Key Stage 4: "Personal wellbeing makes a significant contribution to young people's personal development and character. It creates a focus on the social and emotional aspects of effective learning, such as self-awareness, managing feelings, motivation, empathy and social skills. These five aspects of

learning, identified within the SEAL framework, make an important contribution to personal wellbeing."

Finally, the commercial sector, too, is full of references to wellbeing - in food sectors such as yogurt and in other consumer goods; alternative health; retail; wellbeing portals and services. There is clearly a 'wellbeing' industry where wellbeing is a commercialized commodity; this holds out the promise of "well" identities to be purchased and consumed to achieve a state of virtue. There are new domains of expertise for sale and "Wellbeing consultants" to deliver wellbeing products and services, to help people achieve these identities. For example, "The Wellbeing Project Community Interest Company is the country's first 'mental health & wellbeing' consultancy marketing the sale of a range of innovative services and materials to the public and private sectors": http://www.wellbeingproject.co.uk/index.htm

Yet, looking across these contexts, wellbeing has a 'holographic' quality; different meanings are being projected by different agents and what is apparently meant by the use of the term depends on where you stand. There are few fixed points or commonalities beyond 'it's a good thing'. Effectively, wellbeing acts like a cultural mirage: it looks like a solid construct, but when we approach it, it fragments or disappears.

What specifically can we see by close examination of 'wellbeing' *language* and how it behaves? There are issues lurking under the surface, on a number of levels.

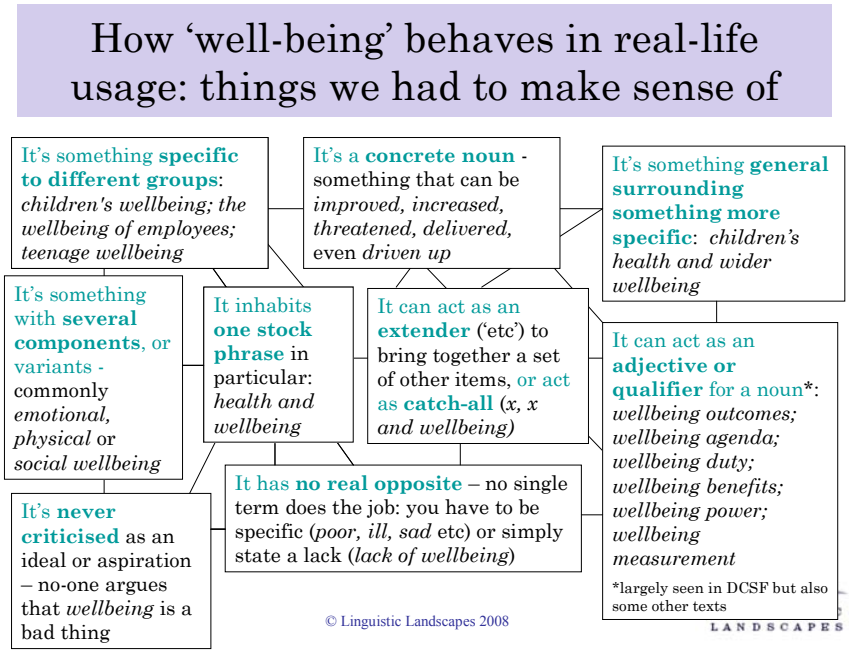
First, there are many explicit and implicit questions around which different versions of 'wellbeing' are constructed, including:

- Individual or collective?
- Subjective or objective?
- Permanent or temporary?
- General or specific?
- Reducible to components, or an irreducible holistic totality?
- Whose responsibility? (structure vs. agency)
- A neutral state (nothing wrong) or a positive state (better than neutral)
- A state or a process - a place or a journey?
- An end in itself - or necessary to another end?

It is worth noting that DCSF's focus on children makes some of these questions around wellbeing more complicated:

- The 'individual vs. collective' question is acute for the Department as now configured - *whose* wellbeing is of concern? Children's, schools', families'? And/or communities', societies', economies' ?
- The tension between 'subjective' and 'objective' wellbeing is especially problematic re minors: who has authority to define what wellbeing means for the child?
- The 'permanent v temporary' question raises further issues relating to measurement - how transitory is wellbeing and when (as well as how) is it to be assessed?
- All this is especially problematic alongside another cultural and discursive contest about what children 'are'. Children are now constructed in media and everyday language in a number of conflicting ways: as people with 'rights' and agency; *and/or* as beings in need of direction and protection; *and/or* as demons out of control.

So, already we can see the complexity of definition and possible meaning for contemporary ideas of wellbeing. But, more generally, how do these issues play out and show up in the detail of language? In fact, the research showed that the word 'wellbeing' behaves somewhat strangely, and contains many anomalies and puzzles:



Key anomalies and puzzles included the following three observations:

- 'Wellbeing' seems to have no clear opposite. 'Unwellness' is one candidate; one could argue that we need to know what it is to be unwell in order to understand wellbeing. The OED defines unwell as being not well or in good health, being somewhat ill or indisposed - but in common usage, wellbeing means far more than being in good health. 'Ill-being' as an opposite is also sometimes found. For example, "Wellbeing is both a state and a process, and it is multi-dimensional Similarly, ill-being cannot be simplistically equated with material poverty, misery or frustrated goal achievement." (ESRC Research Group on Wellbeing in Developing Countries, June 2007). However, 'ill-being' is not a fully-fledged and accepted word - it is categorised by OED as a 'nonce-word' i.e. one created for an immediate purpose, not expected to be used again.

  Sometimes we saw other neo-oppositions being created: wellbeing vs. 'well-becoming'; wellbeing (soft) vs. 'standards' (hard) - both examples from DCSF staff interviews. The question 'what's the opposite of wellbeing?' was also often answered by reference to DCSF's own outcomes: 'it means deficient in any one of the indicators - you could be unhealthy or not safe or not achieving ' (Staff interview)

  On one level, the lack of a clear opposite to 'wellbeing' is just an interesting quirk, but on another it gives us some clue as to the nature of what is being claimed or evoked by some common uses of the word. It seems it commonly represents an ideal, a generically desirable state. It is 'just good' - but not set against any specific kind of 'bad'.

- Another notable linguistic feature is that 'wellbeing' can function as a filler, extender or catch-all - it extends a list of specifics to make it sound all-inclusive, in the same way as an expression like ' *and stuff like that.'*. There are numerous examples in the data, including for example in the title of a DWP publication "Health, work and well-being - caring for our future".

  It is also interesting that some texts use 'wellbeing' in a heading or title but then offer no further reference at all. As an example, http://www.wellbeing-uk.com/ is a retail website selling diet supplements, but which offers no definition of 'wellbeing', or further reference to it, beyond the website name.

  Again, both these usages indicate that wellbeing today can act as a 'meta' catch-all or very general signpost - *'good things this way'*. It signals that wellbeing is clearly 'a good thing' and something that is perhaps expected to catch the attention - but avoids the difficulty of definition.

- Finally, our key term appears across the data set in a number of forms: as '*wellbeing', 'well-being'*, and '*well being'.* But, interestingly, there is little consistency between or even within texts - sometimes all three forms appear in one document. The DCSF publications, Children and Young People Today, The Children's Plan and Every Child Matters all contain instances of both 'well-being' and 'wellbeing'. Indeed, both forms can occur in the same *sentence.* For example, the first sentence in paragraph 7.29 of the Children's Plan (page 150) contains both "wellbeing" and "well-being". This is quite unusual in professionally-produced materials and invites us to question what might be going on; what this perhaps signifies. Our interpretation is that the unstable spelling is one clue (amongst others) that the 'wellbeing' terrain represents unstable, shifting ground; a theme to which we will return later.

3.2 Wellbeing as a social construct and site of contest

We would suggest that the first and most important way to make sense of how 'wellbeing' behaves in contemporary discourse is this: wellbeing is a *social construct*. There are no uncontested biological, spiritual, social, economic or any other kind of markers for wellbeing. The meaning of wellbeing is not fixed - it cannot be. It is a *primary cultural judgement*; just like *'what makes a good life?'* it is the stuff of fundamental philosophical debate. What it means at any one time depends on the weight given at that time to different philosophical traditions, world views and systems of knowledge. How far any one view dominates will determine how stable its meaning is, so its meaning will always be shifting, though maybe more at some times than others.

Today in the UK, there seems a clear contest for dominance - wellbeing is definitely 'up for grabs'. This invites the question - *why* the current instability around wellbeing? We cannot know, but can hypothesise a number of factors in play.

- At a cultural level, there have been clear changes in UK and other Western cultures in what has been taken-for-granted as 'a good life'. We have seen, for example, the rejection of some long-established 'truths' and widely-held aspirations. As a culture, we have long held tight to the idea that the route to fulfilling our potential is through economic prosperity, but this belief is now being shaken or challenged - we have for example an emerging discourse of the 'toxicity' of affluence. This is coupled with the apparent paradox whereby subjective well-being has since remained static in recent decades in most modern societies (Layard, 2006), notwithstanding rises in standards of

living and personal wealth in the developed world over the same period. Economic discourses also indicate that current levels of consumption cannot be maintained. So there are big questions being asked about what does and might constitute 'wellbeing'.

- For the UK Government specifically, the 'Joined-up Government' ambition has actually entailed the systematic destabilisation of old boundaries in the creation of new structures, Departments and agencies. One likely consequence is to engender contests over meaning amongst old and new Departments and agencies, including over core concepts like 'wellbeing'. The reason for such a struggle - over whose version gets 'heard' and normalised - is that it is also a contest for legitimacy, resources, and for ideological authority.

- As we noted earlier, wellbeing is a cultural construct - it is a very general term for what people collectively agree makes 'a good life'. We also noted that this kind of construct changes through time. 'Wellbeing' in practice at the moment seems a usefully comprehensive construct - it is able to hold at the same time all sorts of problematically conflicting demands, including ideas of:

    - Remedy (equality, bringing some people from a negative state to 'neutral')
      AND enhancement ('weller than well')

    - The individual
      AND the collective group (whether family, community or nation)

    - Being responsible ('delivering' wellbeing to the people)
      AND not being responsible (wellbeing as coming from a set of 'skills')

      and so on.

  Politically, this malleability and lack of specificity makes 'wellbeing' potentially useful to bring together various policies and actions. But the same malleability makes clarity elusive and accountability for 'wellbeing' problematic.

So - how exactly is the meaning of wellbeing 'under construction'? How can we see it in discourse? What would we expect the signs of discursive contest to be? Battles or negotiations for meaning take place through the medium of language; meanings are supported and contested through the productions of 'texts' of many kinds. These can include legal statutes; overt statements and definitions; working documents and practices; conferences; websites; public statements; academic papers; public and private conversation; promotional texts and much more. And certainly for wellbeing we can see multiple versions and signs of contest across this range, at several linguistic levels - grammatical, rhetorical and more. It is worth making one particular distinction, though. There are two major strategies for claiming or fixing meaning:

1. Overt definition / statement of meaning, including legal definition
2. Discursive usage: speaking / writing *as if* something has a clear and particular meaning

That is, some texts *overtly* attempt to claim the field, while others are more *subtle* i.e. simply constructing (treating and talking about) wellbeing as if it is a particular thing. Both tactics are visible within DCSF, Government and beyond with regard to wellbeing. We know the first tactic is in use within DCSF - people in the Department lean heavily on the legally-defined nature of the 'five outcomes'. But the second is widely evident too, with the Department frequently writing and talking 'as if' wellbeing means a particular set of things.

The ‘subtle’ or discursive approach means c*onstructing* meaning through language. Tactics for pushing towards a particular meaning include the following, all of which are visible across the data set:

- Using *wellbeing* as an **adjective** - this projects an expectation that the reader/listener already knows what it means. An example would be “the well-being agenda” used by the Department of Health in its ‘Report, Independence, Well-Being and Choice’ (March 2005), and used frequently in everyday conversation within DCSF

- **Avoiding inverted commas** - texts only draw attention to ‘*wellbeing*’ when commenting on it as a phenomenon or term. So **not** marking it this way, but treating it as taken-for-granted and its meaning as obvious, is a way to claim or construct a particular meaning

- ‘Normalising’ by **dropping the hyphen** from *‘well-being’* (in the same way that as it became everyday, normal and unremarkable, ‘e-mail’ became email)

- **Not using capitalization** - initial capitals are a common but obvious strategy for fixing or claiming a specific meaning for a word - as in branding. But the usage *Wellbeing* is rarely seen beyond in the commercial context, perhaps because in this form in the public sector its intention is too overt and might invite challenge

- A meaning can be established if a term like wellbeing is **treated as if equivalent** to something else (e.g. in a list, as in the above example, ‘Independence, Well-being and Choice’)

- **Words are routinely linked** together, sometimes becoming clichés and creating a habitual link between the words and ideas – especially ‘health and wellbeing’

- And more

We have so far illustrated the complicated and contested ground of ‘wellbeing’. One aspect of the discourse analytic process involves looking for patterns and clusters that help explain variations and anomalies such as these, and a number of such patterns and clusters emerged from this analysis. So, although the ‘wellbeing’ discourse is messy and unstable, we can identify a number of discursive strands - patterns and connections that link different examples of usage of ‘wellbeing’.

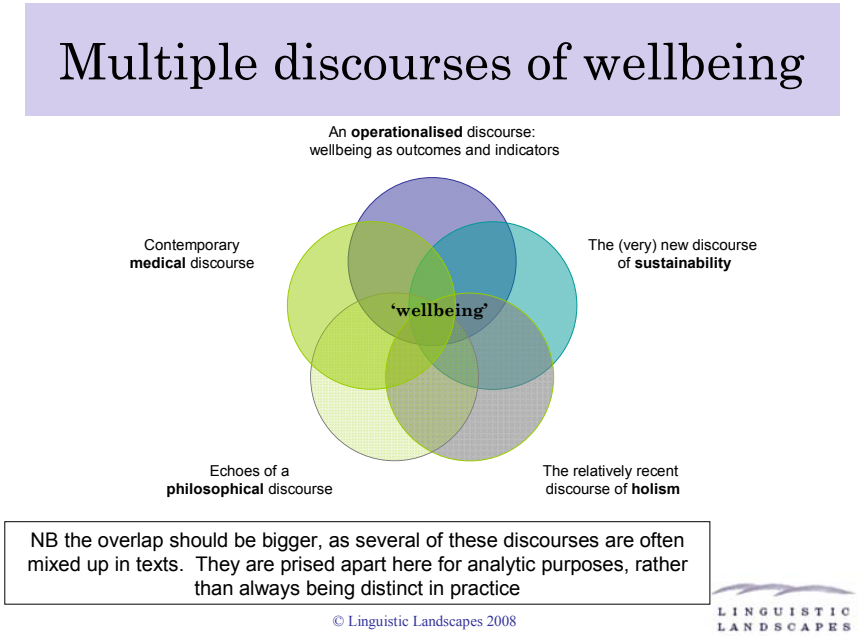
It appears that common uses of ‘wellbeing’ inhabit several traditions of language and thought, each connecting with differing systems of value, but these are now thoroughly mixed up. All of these ‘versions’ of wellbeing are visible somewhere within the DCSF data, though often in combination. Making some leaps and assumptions (given the relatively small scale of this study), we can hypothesise how these strands are traceable through time, and how they might link to large-scale cultural movements.

3.3 Multiple discourses of wellbeing

Discourses (as we are using the term here) are more-or-less coherent, systematically-organised ways of talking or writing, each underpinned by a set of beliefs, assumptions and values. We can see one set of 'discourses' clearly in the 'stock stories' that recur in much media coverage (e.g. the 'bad parent' story; or the 'political correctness gone mad' story). These are apparently familiar templates into which specific details are dropped and they are easy to spot - but something like them will also be present less obviously in other forms of discourse. In everyday life, we all might recognise, for example, a 'medical' discourse, or a more general 'tabloid' discourse.

A discourse in this sense might contain key statements, metaphors and terms, and will reflect certain taken-for-granted 'unspokens' in these and other language choices. Different discourses effectively offer different versions of 'common sense'. That is, they are not just different ways of *talking*, but different ways of *making judgements and dealing with new information* - deciding what things really mean, what is right and what is wrong, what is acceptable and unacceptable, and what flows logically from what. They offer all of us a palette of sense-making devices; ready-made building blocks for talking and thinking that can be put together in specific situations to make our case, explain our own actions, predict what might happen next, and so on.

We can tease out a number of such discourses from the cacophony of voices currently talking and writing about 'wellbeing'; each creates a different context for its use, and thus a different set of meanings and implications for DSCF:



We will now look a little more closely at each of these strands or discourses:

Wellbeing and the medical heritage

Interestingly, the expression 'health & wellbeing' appears as a cliché even in texts mostly concerned with other ideas of wellbeing. What is 'health and wellbeing' about? Looking closely at it in context, it seems consistently to link into the discourse of 'modern' medicine, a discourse in which the remit of medicine goes beyond bodily health.

WHO first included 'wellbeing' in its definition of health in 1947; perhaps an early indicator of subsequent trends in medicine. That is, since then, we have seen significant changes in the 'medical model' including the rise of psychology, and a serious challenge (even within the medical profession) to mind-body dualism. It is now taken for granted that minds and bodies interact - and that 'health' must entail the health of both. We might call this here 'proto-holism' (cf. holism, which we cover later) - the addition of psychological and social to what was once an entirely physical, science-based medical model.

The very frequent juxtaposition of 'health and wellbeing' seems in practice to stand in for this shift - in context it means the extension of concern with physical health to mental or emotional health, and perhaps 'relationships'. This 'medical' reading of wellbeing is probably the closest we have today to a dominant discourse of wellbeing - 'wellbeing' standing alone (with no other qualification or explanation) can easily be taken as referring to this model of thinking. This was evidenced in DCSF's customer research, where parents and young people, although unsure, thought it probably meant just this. Unsurprisingly this is a dominant use within numerous Department of Health policy documents.

A 'candidate' operationalised discourse: outcomes and indicators

By an operationalised discourse we mean one in which a concept is only known, defined and treated as real in terms of a set of indicators or measures. So IQ 'is' that which IQ tests measure. Thinking and talking about wellbeing as if it 'is' the five ECM outcomes is specific to DCSF and is essentially linked to political and Departmental imperatives. This is an operationally-defined wellbeing, known and defined through indicators.

Clearly a dominant construction for DCSF, this version of wellbeing operates as a default and as a useful simplification. Wellbeing can be used in an 'unmarked' form internally and be taken to mean this. However, this meaning is not dominant and once outside DCSF, this 'version' must compete with all other constructions of wellbeing. There is some recognition of this internally - people are aware that equating wellbeing with the five outcomes represents a recent definitional claim and that it is not general currency outside the Department. People are also well aware of the strength of the medical construction and that 'wellbeing' can easily be heard and used to stand in for 'emotional wellbeing', even inside the Department.

Wellbeing within the sustainability discourse

Another discursive context for wellbeing in this data was that of (environmental) sustainability, especially of course in Defra-led texts. For example, a report by National Energy Foundation for Defra is entitled 'Sustainable Development and Well-being: Relationships, challenges and policy implications'. Here, sustainable development is expressly linked to wellbeing, being defined as "(1) Living within environmental limits (i.e. the need for environmental sustainability) and (2) Ensuring a strong, healthy and just society (i.e. the need to ensure well-being for all, now and in the future)".

Wellbeing in this context is effectively ‘super-holism’ - perhaps a next-generation holism that includes all physical environments, and ultimately the planet, in its sphere of concern. Interestingly, in use it can function as kind of a trump card - ‘without this kind of wellbeing, all others are nonsense’.

Wellbeing within a discourse of holism

Some uses of wellbeing draw on a discourse related to the ‘medical’ one above, but slightly different - that of holism. Holism (Wikipedia) means that “ all the properties of a given system (biological, chemical, social, economic, mental, linguistic, etc.) cannot be determined or explained by its component parts alone. Instead, the system as a whole determines in an important way how the parts behave”. In Western cultures, holism (as a way of thinking, talking and knowing) has been moving from the fringe to a more mainstream, taken-for-granted position. As a cultural idea and ‘way of knowing’, holism may also resonate with emerging ideas in several other fields: chaos theory, ‘emergence’, networks, the ‘wisdom of crowds’ (Surowiecki 2004) and more.

Holism goes beyond bodily or emotional health, entailing other ideas like spirituality, environment and more - it goes well beyond that of the simple ‘mind - body’ connection seen in today’s medical discourse.

There are clear relationships between holism and ‘joined up’ Government - but also some problematic implications, perhaps visible in the slightly uneasy status of wellbeing we observed. That is, holism also tends to entail *unknowable* mechanisms - the forces that link the visible to the invisible and which make the system more than the sum of the parts. This is an uneasy fit with a parallel rational political discourse that requires ‘measurement’ and ‘accountability’.

Holistic therapeutic discourse also centres on the idea of the omniscience and multiple skills of the practitioner who sees and treats ‘the whole person’. Again*, holistic* wellbeing as an aspiration for Government may get uncomfortably close to ‘Big Brother’ and / or ‘Nanny State’.

Wellbeing and philosophy

It may seem strange to evoke ancient philosophy here, but from this analysis it is relevant to DCSF’s work today. Aristotle had a lot to say about ‘wellbeing’- it had a specific meaning for him. That is, wellbeing is an *ideal* - the culmination of a person’s idealised journey to ‘actualise’ all their potential. In this form, *it has no opposite* - there is the ideal of *wellbeing*, and the person’s *potential for wellbeing,* but no ‘ill-being’. Aristotle influenced European thought about ‘the good life’ for 1500 years - it is possible that we can we see a fossilised legacy in today’s use of wellbeing. The recent discourse of ‘happiness’ (e.g. Layard) and growth of ‘positive psychology’ (e.g. Seligman) are perhaps reworkings for today of an Aristotelian construction of ‘wellbeing’.

Importantly, ‘wellbeing’ in this form continues to conjure a vision of all that is best and desirable for a person. But it does so *theoretically* - philosophical ‘wellbeing’ is a tool for thinking, an idealised aspiration rather than a real state to be attained or measured. We will return to this idea when discussing DCSF’s own wellbeing discourse later.

That covers the major strands of discourse that were evident in this study - ways of talking and thinking that carry buried assumptions and value judgements. But there was one final sub-strand to wellbeing usage:

Wellbeing, consumer culture and self-responsibility

We saw in the wellbeing data traces of a general cultural move towards 'the project of the self', in which individuals encouraged (and some say required) to assume increasing personal responsibility, say for their illness or wellness. We see this within the medical wellbeing discourse in constructs like 'lifestyle choice', 'self-help' etc. In DWP and DCSF texts we see wellbeing linked with 'independence' and 'skills', and indirectly to economic success. Wellbeing is here constructed as an instrument, a means to an end, as well as an end in itself. There are clear links too with ideas of 'resilience', 'independence', 'achievement' and indeed, for DCSF, 'standards' and 'skills'.

3.4 The Whitehall 'wellbeing map'

Reaching a 'definition of wellbeing' was a research priority for several Whitehall departments in 2005 (though it is unclear whether this is still the case). We would regard this not as a definitional puzzle but as something of a contest, with resources and influence at stake; different groupings competing to establish their boundaries of action and remit. This is not necessarily a conscious or Machiavellian contest - different groups simply construct ideas in ways that make sense to them and help them in their work, and they use the resources available to them to pursue their aims. Language offers one such resource.

Although our study was not a comprehensive review, there were some early indications of 'stakes in the ground' - how different Whitehall departments might be using wellbeing as a topic and resource within their own agendas. We can begin to suggest how some of the players are positioning 'wellbeing':

Department of Health has a ready-made 'slot' for wellbeing within 'health and wellbeing' - it is not necessary for DH to attempt to establish some counter-cultural 'reading' of wellbeing, since the dominant reading fits well with its existing remit and agenda. 'The body + the mind/emotions' kind of holism is not too threatening, and is probably easier to operationalise and measure than holism proper, using accepted indicators such as those already developed for mental health.

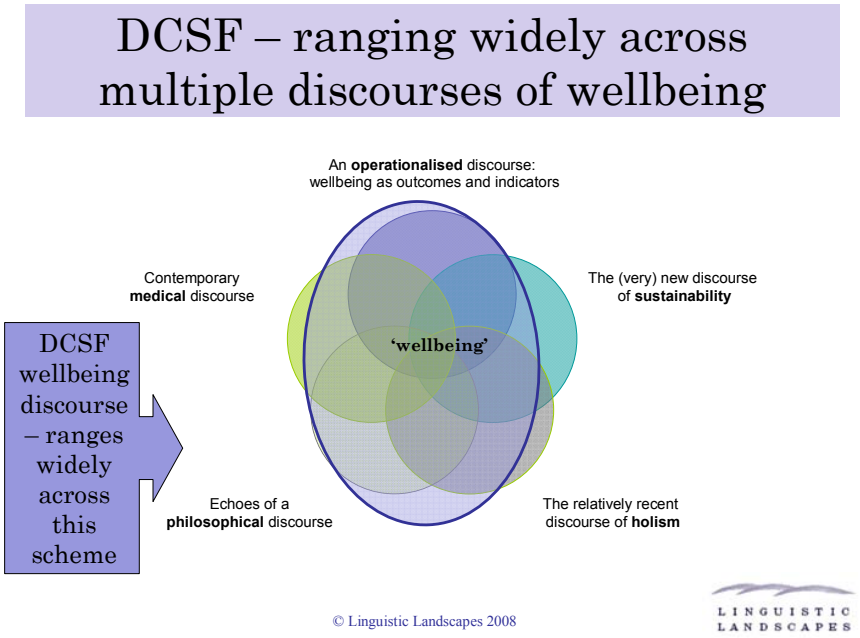
DWP's discourse around wellbeing also shows parallels with wider discourse patterns. So it is extending the discourse of 'health and safety' - in parallel with the medical discourse - into *mental* health and fitness e.g. 'work-life balance' and 'stress'.

Defra can lay claim to a new and exciting perspective on wellbeing i.e. a focus on the *planet* as part of our wellbeing. Climate change is seen as a serious issue, and is attracting serious attention and investment. Interestingly, Defra may also have acquired or adopted a 'boundary-spanning' position, for example in facilitating a meta-discourse about the meaning of wellbeing (Conference, May 2007).

Further work would be needed to address specifics in this area in order to go beyond these preliminary observations.

3.5 DCSF's own wellbeing discourse

We will now look more closely at the way in which DCSF uses the 'wellbeing' term. Essentially, usage ranges widely across several of the discourses outlined earlier: across medical, philosophical, holistic and its own operational constructions.



For example, the 'philosophical' version of wellbeing is evident in the overall ambition - and indeed in recent internal discussion of what constitutes 'A Good Childhood'. The 'medical' version is visible in CAMHS, SEAL, and in the 'happy & healthy' ideas in the ECM outcomes. Holism is both overtly *and* indirectly stated in documents and interviews. And there is of course a clear 'operationalised' wellbeing in the ECM outcomes.

DCSF is committed at an aspirational policy level to a 'holistic' model - but moving into specific policy and action, the medical ('emotional wellbeing') and operational ('the five outcomes') start to dominate. It is worth examining this in a little more detail:

'Wellbeing' within DCSF I: the defining holistic ambition

Holism was effectively enshrined in the very formation of DCSF, with its focus on the whole child / family / school system. It is effectively its raison d'etre:

> "This new department brings together for the first time in one place all policy on schools and standards, children's health, sport, youth justice as well as wider policy for children and families . Ed Balls 18/7/07

Similarly, 'philosophical' wellbeing also remains central to the Department's ambition:

> "Our aspirations are straightforward and ambitious: every child deserves to be safe and loved and have a healthy and happy childhood, free from harm. And every child should have the chance to make the most of their talents and fulfil their potential " Ed Balls 18/7/07

But both the holistic and the philosophical, idealised construction of the Department of course create a tension with another major imperative, accountability; it is hard to be accountable at this philosophical and visionary level. This is also potentially a tension between DCSF's identity as a flagship department - an embodiment of holistic political thinking - and its need, like other Departments, to focus on PSA's, delivery and indicators. We would suggest that these tensions are visible in the way people write and speak about wellbeing.

'Wellbeing' within DCSF II: operational tool

Wellbeing clearly exists in DCSF as an operationalised definition:

> "Children and young people have told us that five outcomes are key to well-being in childhood and later life - being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic well-being." ECM Summary p4

And this is reflected in everyday working understandings of wellbeing:

> " governing bodies have got a duty to promote wellbeing and wellbeing is defined in the Children's Act. There's five outcomes and those are the ECM outcomes" DCSF staff interview

Examples of the default 'operationalised' use of wellbeing abound in DCSF documents, and conversations, both at an overt and implied level.

'Wellbeing' within DCSF III: ambiguity re 'emotional' wellbeing

The 'emotional' version of wellbeing - the 'medical' discourse version - exists within DCSF in a rather ambiguous form:

- 'Social and emotional wellbeing' is treated an essential *component* of achieving ECM / CP commitments (health, achievement etc). see for example 'Social & Emotional Wellbeing; Mapping CP Policies' draft 22nd Feb 2008

- But emotional health can also be treated as the default or *highest-level meaning* of wellbeing e.g. it was at the time of this research a candidate overarching measure for the 2020 ambition 'wellbeing at transitional stages'

So there is some logical inconsistency: is 'emotional' wellbeing an overarching idea, the summation of 'wellbeing' work? Or is it one of several components of 'wellbeing' for DCSF? And what are the implications of this for measurement, to 2020?

An aside: DCSF, wellbeing and grids

In the course of the project, we observed that within the Department there is an apparent attachment to 'grids', involving the compression of complex (often 'soft') information into a tight grid format - see examples below. (Note it was also a stated desire for 'rules' and clarity regarding DCSF's use of 'wellbeing' that began this project.)

Clearly there are benefits in containing such information this way - but it seems a particular characteristic of DCSF texts and is worth looking at as something potentially telling. The geometric grid format evokes a particular kind of knowledge and way of seeing the world - essentially it represents a rational, educated, scientific, masculine set of codes. It is possible that these are the legacy of a recent organisational culture ('Education and Science') or of other key

influences. One might also read this, though, as the vision/accountability tension in operation - as an effort to define, box in and contain the unruly and multiple meanings of wellbeing, to create manageable taxonomy from an unhelpfully fluid and ambiguous concept. This also suggests possible anxiety at the use of such a complex and contested term as an organising principle for substantial parts of DCSF policy and operations. It might therefore be helpful to consider the implications of this characteristic, and perhaps consider some alternatives, simply to invite different thinking around this key issue.

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4. Implications and risks for DCSF

We will return here to the project objectives:

- *What does DCSF itself mean by 'wellbeing' and how far is its usage of the term - internally and externally - clear and consistent?*
- *Are there early indications that usage and function of the term also varies outside DCSF, amongst some key agencies and groups?*

In answer to these, in brief:

- It is clear that DCSF itself does use a range of meanings of wellbeing - indeed, individuals use a range
- People are conscious of ambiguity - but find it hard to articulate what the problem is
- There are also certainly indications that usage varies across key agencies and groups outside DCSF
- This does have implications - inevitably different groups will be constructing meaning in ways that makes sense to them - and in ways that enable their own processes and objectives.

Why does this matter? We would suggest that the current situation - ambiguity around 'wellbeing' - potentially carries implications and risks for DCSF. These range across three areas: connecting with children, young people and parents; policy development and communication; and cross-government working and delivery of joint PSAs.

Risks I: Connecting with children, young people and parents

The recent DCSF Childhood Wellbeing research (2007) concluded that:

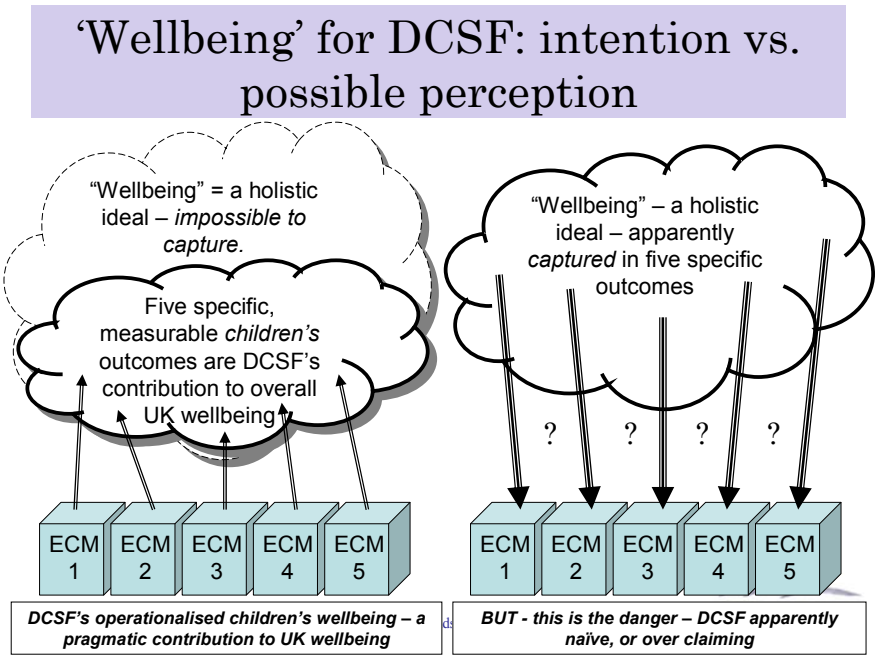
> "Wellbeing was not a familiar term, and respondents struggled with its use in a context they cared about. When pushed they guessed it might be something to do with health, or the fundamentals of provision for children - food, clothing, a home, water etc."

Something so central to DCSF and so much part of its everyday taken-for-granted talk is clearly not recognised or understood by some key stakeholders. This would seem to be an obvious risk for the Department. However, it might also perhaps be an opportunity, given the malleability of the concept - you might help make it mean something specific for this audience.

Risks II: Policy development

Holistic 'wellbeing' is an inspiring ambition, but the Department recognises at least implicitly the tension between this ambition and what it is possible / appropriate for DCSF to own and measure. If DCSF aspires to holism, a question arises as to how the Department can possibly measure the kind of 'wellbeing' that is high-level, visionary, ambitious, holistic. Indeed, in the past the conflict between 'vision language' and the need for accountability and measurement has invited media teasing - the *'Will you be counting smiles?'* media challenge.

Perhaps more importantly, if the Department appears to have the huge and abstract ideal of 'wellbeing' captured into the five ECM outcomes, two problematic outcomes might ensue. First, this might seem presumptuous or perhaps naïve and create reputational or other risks. Second, DCSF may ultimately seem to be claiming ownership of things for which it cannot be, and did not intend to be, wholly responsible.



If the 'wellbeing' word is simply being used as useful shorthand for the operational functions of the Department, there are risks in this, in terms of public perceptions. It is quite appropriate for DCSF to define its activities and be clear about what it will deliver and measure; the difficulty might come if it is seen as, or can be presented as, a naive or over-ambitious claim to have 'captured' and covered the cultural ideal of 'wellbeing' through these activities and measures.

Risks III: Cross-Government working and delivery of joint PSAs

We have observed that there might be risks within DCSF if people are using the same word in quite different ways internally, reflecting the multiple meanings of wellbeing outside. These risks are amplified when we consider cross-Government working - here there are risks for DCSF of not hearing its partners accurately, and of not being heard by them.

Further risks flow from the contest for meaning outlined earlier. It is possible that other Departments may begin to 'fix' the meaning of wellbeing in ways unhelpful to DCSF, or take the lead on reaching a 'common understanding'. Apart from threats to good working relationships, there would seem to be potential here for negative relationships and obstruction as DCSF negotiates its remit across areas formerly exclusive to other Departments. Who 'owns' wellbeing? Who is responsible for it?

In such shifting and contested ground, there is a dual risk of the Department being held unfairly responsible for problematic outcomes and/or losing credit for success. Both have implications for DCSF Comms, Press Office, and Policy.

5. Recommendations

These recommendations have been developed in consultation with DCSF Communications partners. Together, we would recommend low key but deliberate management of the DCSF position regarding wellbeing, given the existing ambiguity.

5.1 Recommendations: principles

First, we suggest DCSF acknowledges that the current ambiguity around 'wellbeing' has implications for the Department. This is not a question of finding out and communicating once and for all 'what wellbeing really means' , but of giving DSCF staff the awareness to operate effectively within the contest for meaning that exists today, both inside and outside the Department

Second, it would be useful to acknowledge openly the two key usages of wellbeing for DCSF; as ambition and vision; and as operational requirement:

- Wellbeing as the broad DCSF ambition, inspiration and raison d'etre - having a philosophical ideal in mind, and being holistically concerned with making the lives of children better
- Wellbeing as an operationalised definition - the specific things DCSF sets out to do that it believes will contribute to its ambition, and which it will define and measure (ECM, CP outcomes etc)

While a useful template, and essential tool for business-as-usual, the operationalised definition will never *fully* represent the broad ambition. It cannot, in that it does not fully meet wider societal understanding of wellbeing, and perhaps was never intended to. However, this 'gap' has implications for expectation, measurement and reputation management.

Thirdly, we recommend that DCSF reviews its use of the term 'emotional health' in the context of 'wellbeing', because this is currently highly ambiguous. In some contexts it is being used as an overarching idea, the summation of 'wellbeing' work, and in others it is one of several components of 'wellbeing'. This adds to the general confusion, but also potentially has implications for debates about measurement to 2020 targets.

5.2 Recommendations for action

We would recommend a small-scale internal programme of recognition and acknowledgement, perhaps including dissemination of these findings to relevant teams, including Strategy Unit and SMT-level discussions about recommendations.

Regarding external recognition and acknowledgement of the issues, DCSF might consider a signal to OGDs, opinion formers, influencers, that DCSF has noted the ambiguous nature of wellbeing and is conscious that it has operationalised one definition. Ideas for this kind of dissemination might include a Secretary of State speech on Wellbeing, and / or a Permanent Secretary Think Tank speech.

Beyond this, it would be prudent to encourage awareness of the risks around 'wellbeing', and to encourage specificity where possible (for example by prefixing with 'emotional', 'physical', 'ECM' etc where possible). To this end, it could be useful to create an informal code of practice covering usage in press notices and speeches.

Appendix A

Section 1: Google UK search of "well-being" 4th March 2008 (in order - first site was top line advert), search of "wellbeing" generated same results

http://www.yearofwellbeing.com/index.html

http://www.direct.gov.uk/en/HealthAndWellBeing/index.htm

http://www.direct.gov.uk/en/Over50s/Over50HealthAndWellBeing/index.htm

http://www.wellbeingnetwork.co.uk/

http://www.wellbeingofwomen.org.uk/

http://www.workingforhealth.gov.uk/landing-page.html

http://www.dwp.gov.uk/publications/dwp/2005/health_and_wellbeing.pdf

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604

http://www.wellbeing-uk.com/index.aspx?jse=true

http://www.independent.co.uk/life-style/health-and-wellbeing/

http://www.centreforconfidence.co.uk/

http://style.uk.msn.com/wellbeing/

http://www.thesite.org/healthandwellbeing

http://www.vts.intute.ac.uk/acl/tutorial/wellbeing

Section 2: Yahoo UK search of "well being" 4th March 2008 (in order)

http://www.wellbeing-uk.com/

http://www.wellbeing.org.uk/

http://www.wellbeing.org.uk/index.asp?PageID=1

http://www.wellbeing-italia.com/

http://www.yearofwellbeing.com/index.html

http://www.wellbeingproject.co.uk/

http://www.wellbeing.me.uk/

http://www.wellbeing-uk.com/Reviews.aspx

http://www.wellbeingontheweb.org.uk/index.html

http://www.wellbeingmagazine.com/index.htm

Section 3: Additional sites (Searching "wellbeing" second page of Google and Yahoo 13 March 2008)

Google

http://www.cambridgewellbeing.org/

http://www.le.ac.uk/users/aw57/world/sample.html

http://www.ruralwellbeing.org.uk/

Yahoo

http://www.bbc.co.uk/health/conditions/mental_health/emotion_well.shtml

http://www.sustainable-development.gov.uk/progress/national/68.htm

http://www.le.ac.uk/staffwellbeing/index.html

http://www.qca.org.uk/libraryAssets/media/PSHE_Personal_Wellbeing_KS4_PoS.pdf

http://www.wellbeing4u.co.uk/

http://www.bath.ac.uk/econ-dev/wellbeing/research/wellbeing-statement.pdf

http://www.strath.ac.uk/hr/staffwellbeing/

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