TŪ ORA AI TĀTOU
LIVING WELL TOGETHER
Tairāwhiti Community Wellbeing
Report 2019

Unuhia te rito o te harakeke kei whea te kōmako e kō
Whakatairangitia rere ki uta rere ki tai
Ui mai koe ki ahau he aha te mea nui o te ao
Māku e kī atu he tangata, he tangata, he tangata!

Remove the heart of the flax bush and where will the kōmako sing?
Proclaim it to the land proclaim it to the sea
Ask me 'What is the greatest thing in the world?'
I will reply, 'It is people, people, people!'

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Abbreviations

BLI	Better Life Initiative
ECT	Eastland Community Trust
ECCT	Eastern and Central Community Trust
CIW	Canadian Index of Wellbeing
CWB	Community wellbeing
GDC	Gisborne District Council
HLSF	Treasury's Higher living Standards Framework
IANZ	Indicators Aotearoa New Zealand
NICE	National Institute for Health and Care Excellence
NZGSS	New Zealand General Social Survey
NZ	New Zealand
OECD	The Organization for Economic Co-operation and Development
TPI	Thriving Places Index
UNSDG	United Nations Sustainable Development Goals
WHO	World Health Organization

Glossary

Community: a geographically bound group of people on a local scale who are subject to either direct or indirect interaction with each other.[1]

Community engagement: the process of working collaboratively with and through groups of people to address issues affecting the wellbeing of those people.[2]

Community wellbeing (CWB) [technical definition]: a state of subjective individual and collective thriving within a community, characterised by individual and collective needs and aspirations being fulfilled across a broad range of domains of community life such as social, economic, environmental, cultural and political.

Community wellbeing (CWB) [short lay person definition]: the experience of living well together in community, in a way that matters to the members of the community.

Determinant: a factor which has an influence on CWB. This can be proximal (directly or almost directly) or distal (further back in the causal chain and acts via a number of intermediary causes).

Domain: a high level dimension or determinant of wellbeing.

Eudaimonia: actualisation of human potential with meaning and purpose beyond simple self-gratification.[3,4]

Framework: a way of organising, classifying and presenting a conceptual model. A wellbeing measurement framework is a tool that aims to measure wellbeing and its various dimensions or determinants via indicators which are grouped into subject domains or sub-domains, usually with the ultimate aim of understanding how to drive improvements in wellbeing.

Hedonia: the pursuit of pleasure and avoidance of pain (hedonic wellbeing).[5]

Horizontal equity: wellbeing equity between population groups (e.g. gender, age, ethnicity, religion) within a community.

Individual wellbeing: a state in which the individual is able to develop in their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community.[30,31]

Indicator: a specific, observable, and measurable characteristic or change that shows progress toward achieving a specified outcome.[6]

Measure: a value that is quantified against a standard.

Objective: observations that do not involve personal feelings and are based on observable facts. Objective data can be measured quantitatively or qualitatively.[6]

Quantitative: observations that are numerical or based in objective fact.[6]

Qualitative data: observations that are categorical rather than numerical, and often involve knowledge, attitudes and perceptions.[6]

Subjective: observations that involve personal feelings, attitudes, and perceptions. Subjective data can be measured quantitatively or qualitatively.[6]

Vertical equity: wellbeing equity within a group or community (i.e. the distribution between high and low wellbeing).

Wellbeing: a positive physical, social and mental state characterised by feeling good ('affective wellbeing' or 'hedonia'), functioning well with a sense of purpose and fulfilment ('eudaimonia'), positive evaluation of one's life as a whole ('evaluative wellbeing') and moving beyond just surviving to 'thriving'.[7]

Wellbeing equality: absence of differences in the presence of wellbeing outcomes between groups of people.[8]

Wellbeing equity: absence of differences in wellbeing and its determinants among groups of people that are unnecessary, avoidable, unfair and unjust.[9]

Wellbeing sustainability: sustainability of CWB and its determinants over time (including short-term [year to year] and longer term [inter-generational]).
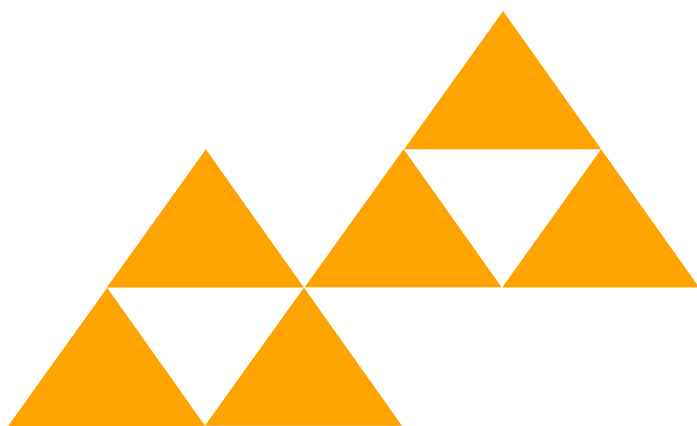
LITERATURE AND FRAMEWORK REVIEW: Scoping Report and Consultation Document for Eastland Community Trust

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October 2018

Executive Summary

The Eastland Community Trust (ECT) is aligning itself with the new era of wellbeing economics by making a deliberate strategic shift: from a focus on economic growth, to a focus on equitable sustainable community wellbeing (CWB) supported by job and income growth. The literature advocates a programme-planning cyclical approach to enhancing CWB consisting of four steps: define, measure, act and review, which are integrated with a structured community engagement process. To operationalise this the development of a three-part toolkit is proposed. Tool 1 is a *CWB measurement framework* to measure CWB and the factors that influence it (determinants). Tool 2 is a *distribution decision tool* to guide CWB-enhancing distribution of ECT funds. Tool 3 is a *CWB impact assessment tool* which evaluates the CWB impact of distributions.

This report comprises a literature review of CWB measurement and related concepts to scope and inform the development and implementation of Tool 1, the *CWB measurement framework.* The intended audience for this report is the ECT management team, ECT trustees, and community stakeholders.

The aim of the report is to make recommendations for a suitable Tairāwhiti *CWB measurement framework* based on the academic literature, existing best practice, previous community consultation and ECT's needs.

A series of literature reviews of CWB definitions, determinants, and measurement was performed. The proposed evidence-informed definition of CWB is 'a state of subjective individual and collective thriving within a community, characterised by individual and collective needs and aspirations being fulfilled across a broad range of domains of community life such as social, economic, environmental, cultural and political'. CWB is influenced by numerous factors. The four most important evidence-based CWB determinants are health, income, relationships and employment, represented by the acronym 'HIRE'.

> *CWB is a state of subjective individual and collective thriving within a community, characterised by individual and collective needs and aspirations being fulfilled across a broad range of domains of community life such as social, economic, environmental, cultural and political.*

A set of criteria for an ideal CWB measurement framework was developed by integrating best practice literature and ECT's needs. A horizon scan of 57 existing wellbeing measurement frameworks was then undertaken with each framework appraised for suitability against these criteria. This found that there is no single framework that perfectly fits all the criteria specified for a suitable framework for the Tairāwhiti and ECT context. Therefore, it is recommended that ECT develops a customised CWB measurement framework by drawing on suitable aspects of existing frameworks and integrating this with community identified CWB aspirations. An evidence-based approach to community engagement is recommended to better understand the community's wellbeing aspirations.

A set of specific recommendations for a customised CWB measurement framework is presented under five categories: defining, framework domain/indicators, data, analysis and reporting (Table 1). A preliminary customised framework is proposed based on the literature, horizon scan, ECT's needs and previous community engagement (Figure 1 conceptual level, Table 2 more detailed level). This framework comprises an overall measure of subjective CWB, measures of CWB sustainability, CWB equity and the key CWB determinants as shown in Table 2. It has been populated with a handful of draft indicators and should be considered a first iteration pending further research and community engagement.

To complement this framework, it is also recommended that a parallel research project be considered which aims to reverse engineer the more nuanced and context specific processes involved in cultivating CWB by studying the stories of communities that are already 'living well together'.

Table 1: **Summary of key recommendations for CWB framework development and implementation**

1. Define framework purpose, CWB concepts and approach

Partnership	Collaborative partnership with community for design and implementation
Clear purpose	To support equitable sustainable CWB enhancement in Tairāwhiti
Integrated approach	Integrate te ao Māori and contemporary Pākehā wellbeing concepts and research approaches
Definition of CWB	Working definition of CWB that combines both individual and collective subjective experience: *'A state of subjective individual and collective thriving within a community, characterised by individual and collective needs and aspirations being fulfilled across a broad range of domains such as social, economic, environmental, cultural and political.'*

2. Framework domains/sub-domains/indicators

Validation	Domains and indicators are validated both scientifically and by community
CWB vs. determinants of CWB	Subjective CWB is measured and distinguished from the determinants of CWB
Evidence-based	Include evidence-based determinants as domains/sub-domains/indicators
Universal vs. Māori specific	Consider dual measurement system for Māori[10]
4 Ms	Acknowledge Mason Durie's four Māori wellbeing measurement principles: Māori, mana, mātauranga, mokai.[10]

3. Data

Mixed measures	Mix of subjective and objective measures	
Mixed methods	Mix of qualitative and quantitative data	
Mixed scale	Mix of individual and collective scale data	
Consider data issues	Availability, validity, timeliness, disaggregation, comparability, sustainability	
Data sources	Quantitative	Subjective CWB: create a customised survey
		CWB determinants: objective from existing secondary data sources, subjective from existing surveys and customised survey
	Qualitative	Focus groups, semi-structured interviews, story-telling, group data collection, social media.

4. Analysis

Disaggregation	Disaggregation by demographic factors to reflect heterogeneity of community: e.g. ethnicity, age, gender, social or geographic grouping (hapu, iwi, neighbourhood etc)
Mixed methods analysis	Combine qualitative and quantitative data analysis
Statistical validation	Regression analysis to validate the model and quantify the strength and direction of relationships between the various determinants and overall CWB.

5. Reporting

Format	Dashboard

Figure 1: Preliminary customised framework - conceptual level

Equitable & Sustainable Community Wellbeing

PEOPLE

PERSONAL
- Learning & Education
- Cultural Identity
- Personal Empowerment
- Subjective Individual Wellbeing
- Overall Health
- Children's Wellbeing
- Mental Health/Wellbeing

SOCIAL
- Supportive Close Relationships
- Community Belonging
- Community Empowerment
- Supportive Community Relationships

PLACE

NATURAL
- Environmental Sustainability
- Environmental Quality
- Green Space
- Place Attachment

MATERIAL
- Employment Quality and Sustainability
- Income Adequacy
- Healthcare Access and Quality
- Transport Access and Quality
- Housing Access and Quality

Table 2: Draft customised ECT CWB measurement framework for consultation

Primary outcomes

Domain	Sub-domain	Indicator category	Draft indicator	Possible data source(s)
Overall CWB	Subjective CWB	Individual scale subjective CWB	Individual scale subjective CWB score[1]	Customised survey (quantitative) +/- qualitative tools (focus groups, interviews, social media)
		Community scale subjective CWB	Community scale[2] subjective CWB score	
		Overall subjective CWB	Composite score based on combination of individual and community scale CWB	As above
Sustainability of community wellbeing	To be determined (TBD)	TBD	TBD. Options include: CWB time trends, children's wellbeing, status of upstream CWB determinants (acting as 'capital' for the future), measure of CWB resilience	TBD
Equity of CWB and determinants	Equity of CWB	Vertical equity	TBD	TBD
		Horizontal equity		
	Equity of CWB determinants	Vertical equity		
		Horizontal equity		

Determinants of CWB

Domain	Sub-domain	Indicator category	Draft indicator	Possible data source(s)
People: Personal resources	**Health**	Overall health	Self-assessed health	NZ Health Survey, customised survey
			Life expectancy	TBD
			Health expectancy	TBD
			Further indicators TBD	TBD
		Mental health/wellbeing	Subjective emotional wellbeing (WHO-5 score)	NZGSS, customised survey
			Suicide rate	Coroner's office suicide statistics
			Further indicators TBD: possibly antidepressant prescribing rates	TBD
	Children's wellbeing	Child poverty	TBD: possibly proportion of children living in material hardship; proportion of children living in low income households	TBD
		Child abuse	Non-accidental injury rate	TBD
		Subjective individual child wellbeing	TBD e.g. personal wellbeing index	TBD
		Youth mental health	TBD: possibly youth suicide rate; self-harm rates	TBD
		Drug and alcohol abuse	TBD	TBD
		Further indicators TBD		TBD
	Subjective individual wellbeing	TBD. Ideally include hedonic, eudaimonic, evaluative and experience based	TBD. Options include: life satisfaction, flourishing, experience based measures	TBD. Options include: NZGSS, Te Kupenga, customised survey
	Cultural identity	Māori	TBD. Options include: Subjective importance of connection to culture	TBD. Options include: Te Kupenga, customised survey
		Non-Māori	TBD	TBD

Note. The most important domains according to literature review are highlighted (health, income, relationships and employment: 'HIRE'). Abbreviations: NZGSS (New Zealand General Social Survey), TBD (to be determined)

[1] How the individual perceives that aspects of the community [community conditions] impact overall on their personal wellbeing.

[2] Subjective individual or group assessment of the collective wellbeing of the community in its own right and/or perception of how community conditions impact on overall collective wellbeing in the community.

Determinants of CWB

Domain	Sub-domain	Indicator category	Draft indicator	Possible data source(s)
	Learning and education	TBD	TBD	TBD
	Personal empowerment (tino rangatiratanga)	TBD	Subjective control over your life	TBD. Options include: Te Kupenga
People: Social resources	**Supportive relationships (whanaungatanga)**	Supportive relationships: close	Subjective loneliness over past 4 weeks	TBD. Options include: Te Kupenga, customised survey
			Subjective whanau wellbeing	
			Subjective support in times of crisis	
			Further indicators TBD	
		Supportive relationships: community	Generalised trust	
			Institutional trust	
			Subjective discrimination	
			Sense of unity	
	Community empowerment (political)	Collective empowerment	Change in community empowerment (using validated measure TBD)	TBD
		Civic engagement	Voting rate in general election, local government election	TBD. Options include: NZGSS
		Trust in Government	TBD	TBD
	Community belonging		Subjective sense of community belonging	TBD. Options include: NZGSS, customised survey
Place: Material infrastructure	**Income**	Income adequacy to meet basic needs	Subjective adequacy of income to meet every day needs	TBD. Options include: Te Kupenga, NZ GSS, customised survey
			Declared annual income	TBD
			% living in material deprivation	TBD
			Further indicators TBD	TBD
	Employment	Quality sustainable employment (including unpaid occupation)	Unemployment rate	TBD
			Job satisfaction	TBD. Options include: Te Kupenga, NZGSS, customised survey
			Work-life balance	TBD
			Measure of job sustainability TBD	TBD
			Further indicators TBD	TBD
	Healthcare	Quality	Ambulatory sensitive hospitalisations	DHB reporting
			Amenable mortality	DHB reporting
			Patient experience	Patient experience surveys, Health Quality & Safety Commission
			Further indicators TBD	TBD
		Access	% reporting unmet need in primary care	NZ Health Survey
			Further indicators TBD	TBD
	Housing	Quality	Perceived problem with house or flat living in	TBD. Options include: NZGSS, customised survey
			Further indicators TBD	TBD
		Availability	TBD	TBD
		Affordability	TBD	TBD
	Transport	Quality	TBD	TBD
		Access	TBD	TBD
Place: Natural environment	Environmental sustainability	TBD	TBD	TBD
	Environmental quality	TBD	TBD	TBD
	Green space	TBD	TBD	TBD
	Place attachment	Māori	Sense of connection to turangawaewae	TBD
		Non-Māori	Further indicators TBD	TBD

Note. The most important domains according to literature review are highlighted (health, income, relationships and employment: 'HIRE'). Abbreviations: NZGSS (New Zealand General Social Survey), TBD (to be determined)

1. Introduction

1.1 Why measure wellbeing?

Wellbeing economics is the contemporary approach to progress that is rapidly replacing Gross Domestic Product (GDP). It has emerged in recent years as part of the 'Beyond GDP'[11] movement in response to a growing discomfort with the use of GDP as a measure of 'a good life' and was galvanised with the publication of Nobel prize-winning economist Joseph Stiglitz's report on the measurement of economic performance and social progress in 2010.[12] Beyond GDP posits that GDP should be the means to the end rather than the end unto itself, which is living life well in a way that matters to people. GDP is now recognised as a poor proxy for this as it measures the value of goods and services produced rather than how people experience their lives. For example, GDP can increase during times of human hardship such as wars and after natural disasters and it does not account for health, social or environmental impacts, inequality or sustainability. Instead there is a move towards quantifying how we feel about our lives with concepts like wellbeing,[12] which reflects not only material standards of living, but also the broader social, environmental and cultural conditions people live in. While wellbeing can be seen as a worthy goal in itself,[13] it is also associated with numerous other beneficial social, health and economic outcomes for individuals and communities as outlined in the section on Outcomes of Wellbeing.

Eastland Community Trust (ECT) recognises the need to embrace and lead this shift in focus to wellbeing. As a Community Trust its focus is specifically on wellbeing at the community level, known as community wellbeing (CWB). It has a strong desire to contribute to the cultivation of the wellbeing of the Tairāwhiti community and communities within it and understands the need to put robust measures and processes in place to transform this from idea to reality.

1.2 A structured approach to enhancing community wellbeing

A review of best practice literature suggests a variety of approaches to enhancing CWB using integrated measurement, action and impact assessment processes, together with structured community engagement.[14] Most are based on the programme planning/evaluation cycle (i.e. plan, act, evaluate, improve) and evidence from community engagement science.[15,16] Common themes include the following:

- Systematic methodology with room for adaptability (allowing for non-linear and iterative processes)[17,18]
- Communication and stakeholder/community engagement at all steps[19]
- Collaboration between community, technical experts and funders.[20]

1.2.1 Community engagement

Community engagement is the process of working collaboratively with and through groups of people to address issues affecting the wellbeing of those people.[2] There is solid evidence that community engagement interventions have a positive impact on a range of wellbeing outcomes, including for disadvantaged groups.[21]

The degree of community participation via this engagement is a continuum from completely top-down (informing the community) to a completely bottom-up approach (empowering the community). This is shown in Table 3. In general higher degrees of community participation (bottom-up approach) are associated with greater community empowerment and wellbeing outcomes.[22,23] However this must be balanced against the needs of other key stakeholders (e.g. funders) and therefore the engagement style must be fit for purpose.

Table 3: Continuum of community participation (adapted from Tamarack
Institute's Continuum of Community Engagement[24])

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Increasing level of community involvement, trust, communication flow, empowerment and impact

	Inform	**Consult**	**Involve**	**Collaborate**	**Empower**
Goal	To provide community stakeholders with balanced and objective information to assist them in understanding CWB and the options for enhancing it.	To obtain community stakeholder feedback on analysis, alternatives and/or decisions.	To work directly with community stakeholders throughout the process to ensure their concerns and aspirations are consistently understood.	To partner with community stakeholders in each aspect of the decision from development to solution.	Shared leadership of community-led projects with final decision-making at the community level.
Style	"Here's what's happening."	"Here are some options, what do you think?"	"What ideas do you have about enhancing CWB?"	"Let's work together to enhance CWB."	You care about CWB and are leading an initiative, how can we support you?"

A recent comprehensive review by the National Institute for Health and Care Excellence (NICE) on community engagement found that community partnerships/coalitions that use co-production, assets-based, area-based initiatives or community development methods are an appropriate, effective and cost effective approach for targeting community level outcomes such as wellbeing.[22,23] Within these methods are numerous specific tools like asset-mapping, focus groups, interviews, surveys, workshops, appreciate inquiry and visioning.[24] NICE recommends the following evidence-based processes to ensure successful outcomes: bidirectional communication, collective decision making, training support for intervention provision, allowing adequate time for relationship development, negotiation/reflection, conflict resolution skills, arranging meetings to suit community members' needs, use of external facilitators, administrative support and interagency working.[23] This is also corroborated by What Works Centre for Wellbeing's systematic review of joint decision-making which found that community involvement in decision-making can result in CWB benefits when done well.[25] The flipside is that when done poorly, joint decision-making processes can have negative impacts, including frustration and loss of trust, but this can be avoided by careful and considerate design and implementation of the joint decision-making processes.[25]

1.2.2   ECT's Community Wellbeing Impact Cycle

Considering both this review and the local context, the following cyclical approach (Figure 2) was proposed and agreed during an ECT strategic review in February 2018 and is henceforth referred to as the CWB Impact Cycle.

Figure 2: The CWB Impact Cycle: ECT's cyclical approach to enhancing CWB

Step 1: Define: purpose, governance/stakeholder groups, CWB, determinants of CWB, domains of measurement

- Agree definitions and purpose of the overall work programme
- Identify and engage stakeholders
- Form steering/working group(s): collaborative 'shared space' governance approach with ECT, community and technical experts in equal partnership
- Develop CWB measurement framework (tool 1): identify preliminary components that make up the CWB measurement framework (i.e. main domains) based on determinants of CWB as determined by literature review, community felt needs and ECT end user requirements

Step 2: Measure: CWB determinants

- Further develop CWB measurement framework: develop subdomains, indicators, measures, targets and finalise CWB measurement framework version 1 (v1)
- Operationalise v1 of CWB measurement framework: baseline measurement of CWB and determinants

Step 3: Act: 'indicators into action'

- Identify areas where CWB targets not met and use to inform ECT resource distribution strategies for addressing gaps
- Develop and operationalise ECT CWB distribution decision tool (tool 2) to distribute resources in a way that enhances CWB
- Develop and operationalise ECT CWB impact assessment tool (tool 3) to measure the impact of ECT distributions and investments on CWB and its determinants

Step 4: Review: frameworks, tools and approach

- Validate CWB measurement framework (tool 1) scientifically and culturally, and revise as necessary to v2, 3 etc
- Review distribution decision tool (tool 2) and CWB impact assessment tool (tool 3)
- Return to start of process and repeat continuously

Across all steps: Community engagement

In the ECT Tairāwhiti context a collaborative (partnership) approach is recommended so that ECT's statutory obligations to its shareholders can be balanced against the felt need of the community. Under this a 'shared space' governance model[20] is proposed in which all decision making is carried out in equal partnership between ECT, community representatives and technical experts (e.g. in wellbeing, community engagement/development, data/statistics, programme evaluation, impact measurement, population health). Community engagement should be a continuous rather than a one off tick box exercise and needs to follow an evidence-informed structured approach for example as outlined in the NICE guidelines,[22] including evaluation of both community engagement and empowerment.

1.3 ECT's customised Community Wellbeing Measurement and Impact Toolkit (CWB-MIT)

Following the strategic review in February 2018, ECT identified the need to develop the tools outlined in 1.2.2 and embarked on a work programme to develop and implement a CWB Measurement and Impact Toolkit (CWB-MIT) for the Tairāwhiti Region. The end goal is to cultivate CWB via allocation of ECT resources in an evidence and community-informed manner. The proposed toolkit comprises three interrelated parts:

1.3.1 Tool 1

CWB measurement framework: to quantify CWB and its determinants

1.3.2 Tool 2

Distribution decision tool: a structured CWB-centric approach to distributing ECT funds

1.3.3 Tool 3

CWB impact assessment tool: a formal way of measuring the impact of ECT distributions and investments[1] on CWB and its determinants.

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[1] ECT makes capitalised investments and distributions, better known as grants, which are all referred to as distributions in the remainder of the document.

1.4   Outline of this report

This report details the scoping research for developing the first tool for ECT: *Tool 1 CWB measurement framework*, which informs steps 1 and 2 (predominantly) and 4 of the above cycle. The other two parts of the toolkit (Tool 2 Distribution decisions tool and Tool 3 CWB impact assessment tool) will be developed as separate pieces of work and relate predominantly to steps 3 and 4 of the cycle. The report takes the following structure:

1. **Aim**
2. **Literature review of relevant definitions**
3. **Literature review of factors influencing CWB (determinants)**
4. **Criteria for a suitable CWB framework**
5. **Horizon scan of wellbeing frameworks**
6. **Recommendations.**

2. Aim

1. To develop a set of criteria that specifies the characteristics of a CWB measurement framework suitable for ECT's needs

2. Based on these criteria to determine whether there is an existing CWB measurement framework suitable for use or adaptation by ECT

3. To recommend an approach to developing/operationalising a suitable CWB measurement framework.

3. Definitions

Definitions are critical in ensuring we are speaking the same language and that the right words are chosen to represent the actual concepts we care about measuring.

To fulfil the end goal of cultivating CWB in Tairāwhiti it is important to have a clear working definition of CWB as we attempt to measure it and unpick the factors that influence it. The concept of CWB is relatively new in academia, and there is still uncertainty around the definition.[19,26] To define it we need to first understand the meanings of its components: 'wellbeing' and 'community'.

3.1 Wellbeing definition

Wellbeing has become the buzz word of the 'Beyond GDP' movement which aims to quantify societal progress more comprehensively than by economic growth alone.[11] As a broad concept wellbeing represents living life well taking into account what matters to people. This is however a potentially confusing area for the following reasons:

- There is no agreed universal approach to or definition of wellbeing[13]
- Academic versus indigenous perspectives on wellbeing may be divergent[27]
- Despite similar intent the end point measures (of 'living life well') have different nomenclature such as wellbeing, human development, sustainable development, quality of life, happiness, life satisfaction, flourishing, positive affect, prosperity[28] etc
- These terms are used at times with distinctive meanings, but at other times interchangeably (i.e. synonymously)[13] so it is difficult to know whether we are comparing apples with apples or apples with oranges
- Many of these 'living life well' end points can be further categorised according to the population level of analysis[19] e.g. for wellbeing: individual (further subdivided into emotional, mental, psychological, physical, spiritual), whānau, neighbourhood, community, regional, national and global.

3.1.1 Academic perspectives

Numerous disciplines have now adopted wellbeing as a goal and/or a measure including positive psychology, economics, health and social policy. Despite inconsistencies in definition some general commonalities are evident in the academic literature, summarised as follows:

> **Wellbeing is a positive physical, social and mental state characterised by:[7]**
> - **feeling good ('affective wellbeing' or 'hedonia')**
> - **functioning well with a sense of purpose ('eudaimonia')**
> - **positive evaluation of one's life as a whole ('evaluative wellbeing')**
> - **moving beyond just surviving to 'thriving'.**

A simpler way of conceptualising this is to think of wellbeing in terms of the three P's: pleasure (positive affect/feeling good), purpose (meaningful existence) and performance (functioning well), or the four F's: feeling good, functioning well, finding meaning and fulfilling potential.

Regardless of the definition the focus here tends to be on wellbeing from an individual's perspective, rather than that of the collective, and is based on the Western conception of the ideal self as autonomous and independent.[27]

3.1.2 Individual wellbeing

Although the focus of this report is wellbeing at the community scale, because individual wellbeing is more commonly used and researched and the two influence each other, it is important to also understand wellbeing as it is defined and measured at the individual level.

There is a huge body of literature devoted to the underlying philosophical concepts, definition, determinants and measurement of individual wellbeing and an in-depth review is beyond the scope of this report. Ideological debate around wellbeing concepts is age old beginning with Plato who advanced that the purpose of life is the pursuit of pleasure and avoidance of pain (hedonic wellbeing),[5] and Aristotle who believed it was actualisation of human potential with meaning and purpose beyond simple self-gratification (eudaimonic wellbeing).[3,4]

In summary individual wellbeing can be conceptualised as combining both hedonic and eudaimonic elements, that is, feeling good, while also functioning well with a sense of purpose and meaning, at the individual level.[29] It is associated with the fulfilment of basic physical survival needs as well as higher self-actualisation needs.[30] One widely used definition is that it is 'a state in which the individual is able to develop in their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community.[30,31]

Measurement of individual wellbeing is divided into two main categories: subjective and objective. Subjective is the self-reported perception of wellbeing, while objective is observable measurements of external factors that influence wellbeing such as employment and income statistics.[32] Social scientists, including economists, have agreed that the best way to measure whether a person feels happy, or satisfied, well or otherwise is to simply ask them (i.e. subjective), as the only person who actually knows, is that person themselves.[29] Despite the lack of an absolute gold standard measure of subjective individual wellbeing it usually includes an evaluative measure such as life satisfaction (how an individual assesses their life as a whole) and/or an affective measure (the presence of positive and negative emotions). This approach is sometimes referred to as 'hedonic' wellbeing[29] (somewhat confusingly since eudaimonic characteristics are also associated with increased life satisfaction and positive affect).

More recently, broader composite measures such as 'flourishing' have been proposed that usually still include positive affect and life satisfaction, but also a collection of other more eudaimonic variables such as meaning, purpose, autonomy, self-acceptance, optimism, positive relationships, mastery, self-determination and resilience.[33] While happiness and wellbeing are often used interchangeably in the true academic sense the term happiness relates to positive affect (emotions), whereas subjective wellbeing encompasses both positive affect and life satisfaction.[29]

3.1.3 Indigenous perspectives

The indigenous worldview is considered more holistic than a contemporary Western one.[27] Indigenous conceptualisations of wellbeing are influenced by lived experiences within their natural, social, spiritual and cultural worlds.[27] Two key ideological differences are collectivism, whereby the focus is more on the wellbeing of the group as a whole than the individual, and indigeneity in which people feel a deep sense of connection and belonging to the natural environment. These concepts are reflected in various Māori models of wellbeing which encompass broad elements that are seen to weave together seamlessly as a whole e.g. te whare tapa whā,[34] te wheke,[35] integrated culture-environment linked wellbeing.[27] Elements often include the physical body (tinana), emotions/thoughts (whatumanawa/hinengaro), spirituality (wairuatanga), social relationships (whanaungatanga), the natural environment (whenua) and ancestors (whakapapa). The indigenous perspective on wellbeing aligns more closely with the Western concept of CWB, than individual wellbeing, as will be elaborated in the next section.

Figure 3: Mason Durie's Māori wellbeing model te whare tapa whā[34] (adapted from The nature of wellbeing: How nature's ecosystem services contribute to the wellbeing of New Zealand and New Zealanders[38])

3.2   Community definition

Community refers to both a physical and ideological space in which individuals interact with other people, organisations, ideas, and cultures.[37] In the context of CWB research community refers to a geographically bound group of people on a local scale who are subject to either direct or indirect interaction with each other and the word 'community' acts as a modifier that distinguishes it from other levels of analysis such as individual wellbeing or national wellbeing.[1]

3.3   Community wellbeing definition

CWB may refer to living well together at a community scale, or to the role that community scale aspects of living have in facilitating local individual wellbeing.[19] It is strongly argued by a number of experts that both concepts ideally be included.[19]

Despite the lack of consensus on a standardised definition common elements of a variety of definitions can be derived from the academic literature.[1] Thus community wellbeing definitions tend to have three commonalities:

1. **Fulfilment of the needs and aspirations** of people to flourish: both at an individual level and collective level[1,26,38]

2. **Comprehensive** scope: these needs and aspirations encompass several domains of community life such as social, economic, cultural, environmental, and political[1]

3. **The needs and aspirations and their fulfilment is subjective:** reflecting different norms, values and belief systems of individuals and communities.[39]

A key point in defining CWB that is very often overlooked is whether CWB should be conceptualised as an experienced state which can be evaluated subjectively at a point in time, or instead as factors/processes that determine or influence that wellbeing state (determinants).[39]

A number of definitions in common use confuse the determinants[19] with the concept of the state of wellbeing itself, and thereby view CWB as a multidimensional construct consisting of broad socioeconomic, cultural and political domains.[37]

An alternative school of thought is that CWB (like individual wellbeing) is a dynamic state experienced by the people of a community (both in an aggregated individual sense, and a collective sense),[40] characterised by a sense of both individual and collective flourishing,[40] which is distinct from the various factors that influence it (the determinants).[20] The determinants include the needs and desires identified by the community itself across broad domains as being important for flourishing.[1,19] From a CWB measurement framework perspective it may arguably be more useful to separate the two, such that the experience of community wellbeing is the measurement end point and ultimate programme goal, while the various determinants are measured with a view to establishing their degree of influence on CWB and therefore potential intervention impact.

Based on the literature the following technical definition of community wellbeing is proposed:

> **CWB is a state of subjective individual and collective thriving within a community, characterised by individual and collective needs and aspirations being fulfilled across a broad range of domains of community life such as social, economic, environmental, cultural and political.**

It is acknowledged that this is an explicitly anthropocentric view of communities and their wellbeing and that a more ecological perspective (e.g. considering the 'wellbeing of the environment' in its own right and independent of its influence on human wellbeing) may also be valid. However, a people centred approach is necessary for ECT's CWB measurement framework to be in keeping with its statutory responsibilities to beneficiaries. While this definition might also seem long and unwieldy, for research purposes it is necessary to have definition that is sufficiently detailed and precise to avoid ambiguity. To simplify the concept for public communication and engagement the recommended abbreviated version is *'the experience of living well together in community, in a way that matters to us (the members of the community)'*, or even more briefly as *'living well together'*. Figure 4 demonstrates the differences and relationship between wellbeing at the national, community and individual levels.

Community wellbeing is greater than the sum of the individual wellbeing of all the people living in an area

But what is that extra something that makes community wellbeing?

We can understand community wellbeing as a 'middle-scale' measure of wellbeing that sits between individual and national wellbeing.

National wellbeing

Economy
Sustainability

What is it?
Includes (and impacts) individual and community wellbeing, and covers some national-level indicators not captured at local or individual scale.

How can we measure it?
Data from Statistics New Zealand, national indices, international benchmarks.

Community wellbeing

Inequality
Intergenerational relationships
Social support

What is it?
Includes (and impacts) individual wellbeing, but is more than just aggregating individual wellbeing in an area.

How can we measure it?
Individual assessments of community scale factors; group data collection; individual stories or case studies of community institutions; group discussions; local media; social media; local policy documents; local cultural fora.

Individual wellbeing

How I feel about life

What is it?
How we subjectively feel about our life, and objectively whether our human needs are being met.

How can we measure it?
Objective data, such as education level and employment status. Subjective data, like life satisfactin and anxiety levels.

Figure 4: Comparison of individual, community and national wellbeing (adapted from What Works Centre for Wellbeing[19])

3.4   Defining other related terms

Other terms that appear commonly in the academic literature include 'community resilience', 'community resources' and 'capital'. Again, definitions vary and often overlap resulting in confusion. A recent review posited the following definitions and conceptual model ([Figure 5](#)) showing how they interrelate.[39] It describes community resilience as processes involving collective efficacy and agency in response to change faced by a community, while community resources are defined as different types of community capital or capacities at a point in time which underlie both community wellbeing and resilience.[39] For the sake of simplicity this report will restrict the focus to CWB.

Impacts of Change

Community resources
Natural capital
Cultural capital
Human capital
Social capital
Political capital
Financial capital
Built capital

Community wellbeing dimensions
Social
Economic
Environmental
Physical
Political
Health
Place attachment

Community resilience dimensions
Strategic thinking
Leading
Linking
Effectively using resources
Commitment and perseverance
Collective efficacy

Overall community wellbeing

Overall community resilience

Future community wellbeing

Figure 5: A conceptual model for CWB and resilience (adapted from from McCrae et al, 2014[39])

4. Determinants of community wellbeing

Determinants of CWB are the factors that influence CWB, and are also known as 'drivers'. A review of relevant academic and grey literature has been undertaken to understand the key known determinants of CWB and is presented in this section. This has included a search of international, national, Māori specific and Tairāwhiti region publications and reports.

4.1 Literature review limitations

The following caveats should be taken into account when considering the review findings.

1. **Inconsistent definitions and measures of wellbeing and CWB in the literature:** This makes direct comparisons between studies and synthesis of findings difficult

2. **CWB and/or determinants not directly measured so proxy measures used:** There is a lack of quantitative studies that have directly measured CWB (as defined in this report) and then tested the relationship between this and potential influencing factors. Therefore in most cases a proxy to CWB has been used – usually individual subjective wellbeing (commonly life satisfaction, quality of life or flourishing), aggregated to a population level (also known as 'population wellbeing'[19]) for quantitative research. Subjective individual wellbeing has been used because of the availability and scientific validity of this measure and because it generally has a positive association with CWB.[41] This association does not always hold though, for example an increase in average income in the community might increase wellbeing at the community level but if it increases relative to an individual's household income this might have a negative effect on that individual's wellbeing because their relative income decreases.[42] Furthermore, it is acknowledged in the literature that CWB may include, but is something more than an aggregate of the wellbeing of its constituents so the 'something more' part (e.g. community's own view of what matters, community relationships, sustainability and equality)[42] is not accounted for in most of these studies. Some of the literature examined was qualitative in nature, such as the community visioning by East and Central Community Trust, the Tairāwhiti Māori Economic Development Report and the Mental Health Foundation report on Māori flourishing. Wellbeing and potential determinants were not actually measured in these instances so for the purpose of the review they were interpreted as the wellbeing aspirations expressed by the community

3. **Association not causality:** It should also be noted that while statistical analysis can elucidate the factors that are associated with wellbeing, the cross-sectional nature of studies means a causal relationship can be inferred but not definitively established. In some cases in fact the relationship between wellbeing and determinants is bidirectional (for example for health and employment) i.e. good health improves wellbeing and good wellbeing improves health; employment improves wellbeing and good wellbeing makes gaining employment more likely. Many determinants have complex interrelationships with each other in addition to with wellbeing

4. **Not everything that matters can be measured and not everything that can be measured matters:** The literature review necessarily is restricted to things related to CWB that have been able to be measured to date. This risks excluding aspects of life that may be important for CWB but not measureable yet in conventional terms. Making measurement the starting-point means conceptualising only in familiar terms, within the established institutional/research framework.

4.2   Literature review methods

A review of the determinants of CWB was carried out as follows:

- **International:** for pragmatic reasons a full systematic review was not performed. Several existing 'review of reviews' from reputable international sources were used, including the Centers for Disease Control, Statistics New Zealand, and What Works Centre for Wellbeing, along with a statistical validation of an indigenous CWB determinants model from Australia, and a review of validated CWB surveys

- **New Zealand (NZ) and Tairāwhiti:** Review of key published reports of wellbeing that include associations/influences found via existing ECT documents, searching Statistics NZ website, using online searches for 'wellbeing NZ', 'wellbeing Gisborne', checking references of relevant documents and asking ECT employees and other stakeholders.

4.3   International literature findings

4.3.1 Centers for Disease Control[43]

According to the Centers for Disease Control, USA (CDC) there is no sole determinant of individual wellbeing, but in general, wellbeing is dependent upon good health, positive social relationships, and availability and access to basic resources (e.g., shelter, income).[44]

In general, life satisfaction is dependent more closely on the availability of basic needs being met (food, shelter, income) as well as access to modern conveniences (e.g., electricity). Pleasant emotions are more closely associated with having supportive relationships.[5]

Factors associated with individual wellbeing[43]

Non-modifiable

- Genes and personality
- Age and gender. 'U-shaped' distribution by age.

Modifiable

- Income and work: the relationship between income and wellbeing is complex. Depending on which types of measures are used and which comparisons are made, income correlates only modestly with wellbeing. In general, associations between income and wellbeing (usually measured in terms of life satisfaction) are stronger for those at lower economic levels, but studies also have found effects for those at higher income levels. Paid employment is critical to the wellbeing of individuals by conferring direct access to resources, as well as fostering satisfaction, meaning and purpose for some. Unemployment negatively affects wellbeing, both in the short- and long-term[61, 65, 67]
- Supportive relationships.

Factors associated with national wellbeing[43]

- More economically developed
- Effective government with low corruption
- High trust levels
- Meeting citizen's basic needs for food, health
- Cultural factors have an influence (e.g. individualism versus collectivism, social norms).

4.3.2 Literature review by Statistics New Zealand for Te Kupenga 2013[45]

The following are factors that influence self-assessed life satisfaction:[45]

Non-modifiable

- **Genetic make-up and personality:** account for up to 50% of variations observed[46]
- **'U-shaped' relationship between age and life satisfaction:** youths and older people consistently report higher levels of life satisfaction than those middle-aged despite controlling for other factors like income and health[47]
- Mixed results for gender, location, having offspring.

Potentially modifiable

- **Health:** self-assessed health has the single largest positive impact on life satisfaction according to many studies.[47,48] This relationship holds for measures of both mental and physical health. The relationship appears to be bi-directional: some evidence shows high life satisfaction actually causes good health[49] and a strong causal relationship also flows from health to life satisfaction.[50] Note that in turn health has numerous determinants (one evidence-based estimate: individual behaviour 38%, social circumstances 23%, genetics and biology 21%, medical care 11%, physical environment 7%)[51]
- **Income:** studies show that income has a strong positive relationship with life satisfaction.[52,53] Higher income is associated with higher levels of life satisfaction, but with diminishing returns as income increases
- **Employment:** unemployment is associated with a large negative impact on life satisfaction.[47] However, people without a job but who are not unemployed (e.g. retired, students, and full-time parents), do not tend to report lower levels of life satisfaction than those who have a job.[54] Benefits of employment include income, social networks, sense of purpose and self-esteem
- **Housing:** while little literature exists on the relationship between housing and life satisfaction, analysis from the New Zealand General Social Survey (NZGSS) highlighted that satisfaction with the quality of one's home has a moderate independent relationship with life satisfaction for New Zealanders[48]
- **Relationships:** social connections and human contact are strongly associated with life satisfaction.[42,48] Other measures of social support and trust in others are also positively associated with life satisfaction.[55] Living in a stable relationship is positively associated with life satisfaction.[56] Formal aspects of social life and community relationships, such as volunteering, were less predictive of subjective wellbeing

- **Education:** no strong independent relationship seems to exist between education and life satisfaction. Bivariate analysis on NZGSS data showed that people with higher educational qualifications have higher levels of life satisfaction.[48] However, we can explain this correlation through analysis that shows more educated people tend to have higher incomes, better health, and more social capital.[56] Once these relationships are controlled for, the relationship often disappears. This suggests that rather than having no influence on life satisfaction, education influences it indirectly by increasing positive outcomes that directly influence life satisfaction

- **Civic engagement (the various activities people perform to express their political voice and to contribute to the political functioning of society):** the available evidence suggests a weak, but statistically significant relationship between participation in civil society and life satisfaction. Internationally, perceptions that corruption is widespread have a strong negative correlation with average life satisfaction.[56] There is little evidence of a relationship between safety and security and life satisfaction. Studies that have looked at the impact of crime victimisation on life satisfaction have produced mixed results[52]

- **Culture:** there has been very little evidence on the relationship between life satisfaction and the connection to one's culture, including Māori culture. Te Kupenga[43] provided the opportunity to explore this relationship through data for the first time.

4.3.3 What Works Centre for Wellbeing and Happy City UK: Understanding local needs for wellbeing data, measures and indicators 2016[42]

A UK report that presents a new Local Wellbeing Indicator set for local authorities, public health leaders and Health and Wellbeing boards was produced in 2016. The set is the product of a six-month scoping project co-commissioned by the Office for National Statistics UK (ONS) and Public Health England (PHE), in collaboration with the What Works Centre for Wellbeing and Happy City.[42] To identify the most important predictors of wellbeing at the community level they looked at the following reviews and studies:

- The Origins of Happiness: How new science can transform our priorities[57]
- World Happiness Report 2016[58]
- Quality of life in Europe: Subjective wellbeing. European Foundation for the Improvement of Working and Living Conditions[59]
- What makes for a better life? The Organisation for Economic Co-operation and Development (OECD) Statistics Working paper[60]
- Wellbeing evidence for policy: A review. New Economics Foundation[61]
- Happiness Economics from 35,000 feet. George MacKerron, Journal of Economic Surveys[62]
- Five ways to wellbeing: The evidence. New Economics Foundation[63]
- Predicting Wellbeing[64]
- Measuring National Wellbeing: what matters most to personal wellbeing?.[65]

They reviewed their choice of domains alongside a few selected international frameworks measuring local area wellbeing:

- Selected frameworks reviewed in the Conceptual Review of Community Wellbeing,[19] focusing on different aspects of community wellbeing (Place Standard, Scottish Public Health Observatory; Healthways Wellbeing Index, Gallup; Canadian Index of Wellbeing, University of Waterloo; Australian Unity Wellbeing Index; Community Wellbeing Index, Canada, Indigenous and Northern Affairs; Community Capacity, Robova 2000; Bhutan Gross National Happiness Index)

- Plus selected measures for local area health and wellbeing (RWJF's county health rankings in the US,[66] Vichealth Indicators in Australia.[67]

Given that they were looking at wellbeing indicators for local areas or communities, they were particularly interested in factors which are important to aggregate wellbeing at that level, rather than individual wellbeing. The purpose of this review was to build a broad picture of the most important determinants of subjective wellbeing. Based on a review of nine major reviews and studies of wellbeing, they identified a set of 14 key determinants of subjective wellbeing as shown in Figure 6.

Figure 6: The 14 key determinants identified by the What Works Centre for Wellbeing and Happy City review of reviews[42]

Table 4 demonstrates the strength of association of the various determinants of subjective wellbeing across each study.

Table 4: Coverage and strength of determinants in each study (adapted from 'Understanding local needs for wellbeing data: measures and indicators' What Works Centre for Wellbeing and Happy City, 2016[42])

	NATCEN Review	Five ways	Mackerron	NEFF Review	OECD (analysis)	OECD (review)	Euro fund	World Happiness Report	Origins of happiness
Economic deprivation	XX		X	X	XX	X	XX	XX	X
Unemployment	XX		X	X	XX	XX	X		XX
Job quality	X			X		X	XX		X
Health	XX		X	X	XX	XX	XX	XX	XX
Close relationships	XX	X	X	X	XX		XX	XX	XX
Social capital	X		X	X	X	X	X		XX
Giving and volunteering	X	X	X	X	XX		X	XX	X
Governance			X	X	X	XX	XX	XX	X
Autonomy			X	X	XX	X		XX	X
Pollution			X	X	X	X	X		
Crime & personal security			X	X	X		X		X
Physical activity & green space	X	X	X	X			X		
Education & learning		X		X	XX	XX	X		X
Children's wellbeing	X								XX
Housing	X			X			X		
Personal debt				X			X		
Commuting			X	X					
Sleep				X					
Informal care	X		X	X			X		

Note: x= some effect, xx= strong effect

Determinants of subjective wellbeing

- **Economic deprivation:** having a very low income, or experiencing economic deprivation, is associated with low wellbeing. Based on analyses of the European Quality of Life Survey, Eurofound reported that someone who suffers severe material deprivation (not being able to afford a range of expenses such as buying new clothes, having guests over for a drink or meal, or a week's annual holiday) scores 2.1 points lower on life satisfaction than someone who can afford all expenses (holding all other variables constant).[59] Their material deprivation index was the single strongest predictor of both life satisfaction and happiness in the survey. Beyond a certain point, however, it appears that increasing income plays a limited role in increasing wellbeing. This review recommends using the indicator of percentage with low income or the percentage of people living in materially deprived households[42]

- **Unemployment:** one of the strongest and most consistent findings in the wellbeing literature is that being unemployed has a negative impact on subjective wellbeing (regardless of how subjective wellbeing is measured) and mental health.[42] The decline in wellbeing is beyond what would be expected from a decline in income from not having a job[61] – it appears that unemployment affects wellbeing by diminishing our sense of purpose and by reducing our social connections as well. Furthermore, the negative effects of unemployment are lasting. Unlike many life changes, we do not adapt to becoming unemployed, and indeed a period of unemployment reduces wellbeing even after a job has been found.[42] And, at the aggregate level, a high national unemployment rate has been found to have a negative impact on the wellbeing of people who have jobs.[61] Researchers have interpreted this effect as being about the increased job insecurity experienced from the existence of high levels of unemployment. Origins finds the effect to exist when looking at regional unemployment rates as well – a 10% increase in unemployment rate associated with a 0.14 point decrease in life satisfaction for employed people[57]

- **Job quality:** almost any job is better than no job, but job quality has a very strong effect on subjective wellbeing. There have been several reviews identifying key determinants of job quality, identifying a large number of important factors. A review by the National Economics Foundation UK in 2014[68] highlights the following factors as most important: work-life balance, fair pay, job security, clarity, management systems, work environment, sense of purpose, sense of progress, sense of control, and relationships. Work-life balance consistently emerges as one of the biggest factors. Origins,[57] based on analysis of the European Social Survey finds work-life balance to be the most important job-related indicator predicting life satisfaction. Eurofound[59] reports it to be one of the top five predictors of life satisfaction overall. Work-life balance is linked to working hours, and very long working hours (over about 40-50 hours a week) has been found to have a detrimental effect on wellbeing and mental health (NEF, Origins, Eurofound).[57,59] Temporary work contracts, particularly when they are for less than 12 months, are also associated with lower levels of wellbeing, when they are only accepted because a permanent work contract is not available (Eurofound)[59]

- **Health:** alongside unemployment, health is one of the most regularly identified determinants of subjective wellbeing, but it does depend somewhat on how it is measured. Self-assessed health is often found to be one of the strongest predictors of life satisfaction. For example, it is the second strongest in Eurofound,[59] and the fourth in the OECD study.[60] But when a more objective measure (for example, the number of diagnosed conditions) is used, the effect size for physical health goes down to just over a third of the size of the effect of unemployment (Origins).[57,61] Using a self-reported measures of disability seems to lead to intermediate estimates – in effect there is some subjectivity in responding to a generic question about whether you have some form of disability. Mental health remains an extremely significant predictor of life satisfaction. However, again, given that there is some debate about the distinction between mental health and subjective wellbeing (some believe that high wellbeing is in effect the opposite of poor mental health), this is not very surprising.[42] At the aggregate level, healthy life expectancy is the third strongest predictor of life satisfaction in the World Happiness Report[58]

- **Close relationships**: a sense of 'relatedness' – i.e. feeling connection to people – is one of three universal psychological needs identified in Deci and Ryan's Self-Determination Theory.[69] This is confirmed in empirical studies – people who have good social relationships have higher wellbeing and better mental health. This holds for a variety of relationship variables around family and friends, including the number of friends we have, how often we meet friends socially, and whether we're married. In Origins,[57] being in a relationship is the second strongest predictor of life satisfaction. Having friends to count on is the second strongest predictor in OECD[60] and the World Happiness Report.[58] The wellbeing of adults who are in a relationship has been associated with the wellbeing of their partner, as well as the quality of their relationship[42]

- **Social capital:** alongside close relationships, broader social capital has also been found to be related to subjective wellbeing, and many studies have highlighted the importance of such measures at the aggregate national level. Origins reports general social trust in others to be a key cross-national predictor of subjective wellbeing.[57] Membership of organisations predicts average life satisfaction at the national level[70]

- **Giving and volunteering:** 'Give' was identified as one of the Five Ways to Wellbeing based on the Foresight review of mental wellbeing and capital in 2008 (Five Ways).[63] Most evidence on this is related to volunteering, with clear evidence of a positive effect. However, more recent research suggests that volunteering only improves the wellbeing of certain demographic groups, with no significant effect amongst those aged under 40[42]

- **Governance:** several studies have highlighted the importance of the quality of government to subjective wellbeing. For example the World Happiness Report includes perceptions of corruption in its main regression explaining variation in wellbeing across countries[58]

- **Autonomy:** a sense of autonomy is one of the three psychological needs in Deci & Ryan's Self-Determination Theory.[69] In this theory autonomy is typically measured at the individual level and there is plenty of research to confirm its importance. However, there are also findings at the aggregate level. Freedom to make choices is the fourth strongest predictor of happiness in the World Happiness Report's model explaining cross-national differences in life satisfaction[58]

- **Pollution:** Noise and air quality are consistently found to have impacts on both physical health and subjective wellbeing[42]

- **Crime and personal security:** The fear of crime is a regular predictor of subjective wellbeing, with studies often assessing respondents' fears of walking alone at night[61]

- **Physical activity and green space:** Physical activity is associated with higher wellbeing and reduced anxiety and depression.[61] Provision of green space and protection of natural landscapes is one way to increase opportunities for physical activity. Evidence shows that such contexts have an additional wellbeing benefit, and that people are happier when they are in green (or blue) spaces[42]

- **Education and learning:** the effect of education on personal wellbeing is complex, as explained in detail in Origins.[57] Generally, those with higher levels of education have higher wellbeing. However, it appears that all or most of this effect is mediated by the effect of education on other intermediate outcomes – for example income and health. Nevertheless, the fact that it can be seen as an upstream causal factor means it should not be neglected.[42] Furthermore, there is some evidence, as explored in Five Ways, that continued learning, through adult life, also has positive impacts on wellbeing.[63] People who keep learning: have greater satisfaction and optimism; report higher wellbeing; show a greater ability to cope with stress; report more feelings of self-esteem, hope and purpose[42]

- **Children's wellbeing:** the life course model developed in Origins highlights the importance of a child's wellbeing in predicting wellbeing in adult life.[57] Psychological resources are important in determining future wellbeing. Whilst these resources can develop and change in adult life the optimum window of time during which to influence them and build resilience and self-esteem, occurs in childhood. In other words, perhaps the best indicator of what future adult wellbeing will be in a given region is children's wellbeing at the current time in that area[42]

- Other factors for which there is some evidence include housing, personal debt, commute, sleep, informal care.[42]

The additional considerations for CWB identified by this review include:[42]

- A community's own reflection of what is important
- Assessment of relationships within a community
- The relative standing of individuals in a community, and hidden groups within a community (equity)
- Intergenerational relations and sustainability of wellbeing.

4.3.4 Interplay Wellbeing Framework, Northern Australia[71]

Over four years, a 'shared space' (shared governance) model was applied whereby community, government and researchers collaborated to design and implement a holistic Interplay Wellbeing Framework and survey tool for remote indigenous communities.[20] It integrates domains that the community identified as being important, namely culture, empowerment and community, with those prioritised by government, including education, employment and health. These six domains are integrated with a holistic model of wellbeing. Statistical validation of the framework and survey tool was based on survey data collected from 900 young Aboriginal adults from four different remote communities nationally (see Figure 7).[20]

Findings

The strongest direct impacts on wellbeing were 'social and emotional wellbeing', 'English literacy and numeracy', 'Aboriginal literacy', 'substances' (lack thereof), 'work' and 'community'. Correlation analyses suggested cultural factors have indirect impacts on wellbeing, such as through Aboriginal literacy. All cultural variables correlated highly with each other, and with empowerment and community. Empowerment also correlated highly with all education and work variables. These analyses confirm that culture, empowerment and community play key roles in the interplay with education, employment and health, as part of a holistic and quantifiable system of wellbeing. Figure 7 demonstrates the relationship between various factors and wellbeing and the following link provides a more detailed interactive version of the model https://old.crc-rep.com/wellbeingframework/

Figure 7: Statistical validation of the Interplay framework. The higher the number the stronger the association with wellbeing (adapted from Interplay Wellbeing Framework[20])

4.3.5 Review of validated CWB surveys

An academic paper published by Australian CWB researchers in 2014[39] reviews four validated CWB questionnaires and identifies the most salient contributors to CWB, grouping them into seven broad domains as per Table 5.

Table 5: Dimensions of CWB grouped by broad domain in four scientifically validated CWB surveys (adapted from A conceptual framework for investigating community wellbeing and resilience[39])

Domains of community wellbeing (groups of dimensions)

Study	Services and facilities	Environmental	Economic
*Christakopouka lis et al. (2001), 9D	Built environment Services and facilities	Environmental quality	Income sufficiency
*Sirgy et al. (2010), 14D	Neighbourhood Education Leisure Transportation and traffic	Appearance, climate, parks	Financial work
*Forjaz et al. (2010), 14D	Community services	Social, economic and environmental conditions	Social, economic and environmental conditions
Morton and Edwards (2012), 5D	Sustainability built and natural environment	Sustainability built and natural environment	Dynamic resilient local economies
Summary of dimensions under each domain	Services and facilities Appearance of built environment Infrastructure, including roads	Environmental quality Environmental sustainability	Income sufficiency Employment and business opportunities

Study	Social	Political	Health	Attachment
*Christakopouka lis et al. (2001), 9D	Personal safety Informal interaction Community spirit	Decision making process		Place attachment
*Sirgy et al. (2010), 14D	Neighbourhood safety Social interaction Family & home	Political leadership and governance	Health services Spiritual	
*Forjaz et al. (2010), 14D	Social, economic and environmental conditions	Social, economic and environmental conditions		Community attachment
Morton and Edwards (2012), 5D	Culturally rich and vibrant communities	Democratic and engaged communities	Healthy, safe and inclusive communities	
Summary of dimensions under each domain	Personal safety Community spirit Community cohesion Trust and reciprocity Community participation Informal social interactions	Decision making and citizen voice	Health	Place attachment

Note. *Scale developed with corresponding items; D, dimensions.

4.4   New Zealand literature

4.4.1   Sovereign Wellbeing Index 2013[72]

The Sovereign Wellbeing Index is a wellbeing survey conducted nationwide in NZ in 2012 by the Human Potential Centre at AUT.[72] It claims to be the first national representation of how New Zealanders are faring on a personal and social level. It uses 'flourishing' as the measure of wellbeing, assessed using the Flourishing Scale.[73] The Flourishing Scale consists of eight items describing important aspects of human functioning ranging from positive relationships, to feelings of competence, to having meaning and purpose in life.[73]

Associations with wellbeing (using 'flourishing' as a wellbeing measure)

- **Social position**: was a powerful indicator of wellbeing. Those higher on the social ladder reported much higher wellbeing

- **The Five Winning Ways to Wellbeing:** were all strongly associated with higher wellbeing. People who socially connected with others (Connect), gave time and resources to others (Give), were able to appreciate and take notice of things around them (Take notice), were learning new things in their life (Keep learning), and were physically active (Be Active) experienced higher levels of wellbeing.

Associations with 'Super Wellbeing'

They looked at the 25% of the population with the highest wellbeing scores and examined what factors defined this group from the rest of the population. This underpins the idea that psychological wealth and resources can be identified and public policy and action, and personal resources utilised to improve these determinants. Similar findings to wellbeing in general were identified.

- Female gender: 1.4 times more likely to be in the super wellbeing group than males

- Older age

- Higher income

- Higher social position

- The Five Winning Ways to Wellbeing: Connecting, Giving, Taking notice, Keeping learning, and Being active were all strongly associated with super wellbeing

- Other health measures were also strongly associated with super wellbeing. These included better overall general health, non-smokers, exercisers and those with healthier diets and weights.

4.4.2   Quality of Life Project[74]

This survey was first conducted in 2003, repeated in 2004, and has been undertaken every two years since.[74] The 2016 Quality of Life survey is a partnership between nine New Zealand Councils. A total of nine councils participated in the 2016 Quality of Life survey project, as follows:

- Auckland Council

- Hamilton City Council

- Hutt City Council

- Porirua City Council

- Wellington City Council

- Christchurch City Council

- Dunedin City Council

- Waikato Regional Council

- Greater Wellington Regional Council.

The survey measures perceptions in several domains including: quality of life; health and wellbeing; crime and safety; community, culture and social networks; council decision making processes; environment; public transport; economic wellbeing; and housing. These insights are based on the seven cities' results (n=5,904). The survey was carried out using a sequential-mixed methodology. A random selection of residents from each Council was made from the electoral roll and respondents completed the survey online or via a hardcopy questionnaire. Fieldwork took place from 14 March to 22 June, 2016. In total, 7,155 respondents took part.

Influences on wellbeing (using life satisfaction as wellbeing measure)

The five key influences on positive or negative life satisfaction were (see Figure 8 and Figure 9):

- Physical and mental health
- Relationships
- Financial factors
- Work related
- Aspects of local area (city/community).

HEALTH AND WELLBEING	37%
RELATIONSHIPS	32%
FINANCIAL WELLBEING	31%
ASPECTS OF LOCAL AREA (city/community)	28%
LIFESTYLE (interests/activities)	24%
WORK RELATED (job/vocation/prospects)	16%
HOUSING (quantity/quality/cost)	14%
APPRECIATION OF NATURAL ENVIRONMENT	8%
OTHER (nett)	20%
NOTHING/NO COMMENT*	8%

Note. Base: All respondents who rated their quality of life as 'extremely good' or 'good' (n=4919). Source: Q30. And why did you describe your overall quality of life in this way? * Missing data (i.e. those who did not answer) were categorised as 'Nothing/No comment'

Figure 8: Reasons for positive quality of life rating (7 city total) (adapted from Q30 Quality of Life survey 2016[74])

POOR FINANCIAL WELLBEING	43%
POOR HEALTH AND WELLBEING	24%
WORK RELATED (job/vocation/prospects)	17%
HOUSING (quantity/quality/cost)	17%
ASPECTS OF LOCAL AREA (city/community)	15%
RELATIONSHIPS	10%
LIFESTYLE (interests/activities)	7%
OTHER (nett)	36%
NOTHING/NO COMMENT*	7%
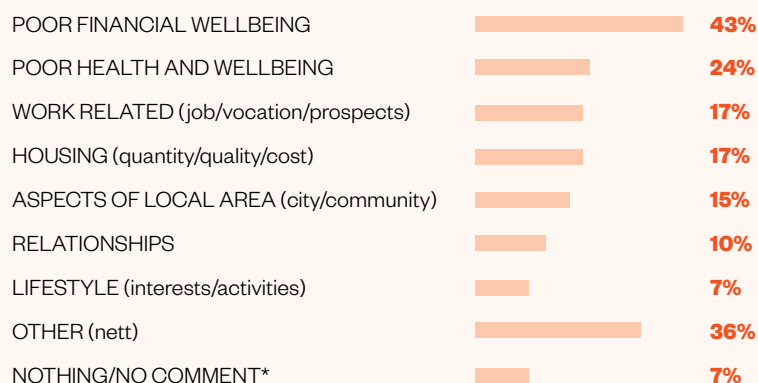
Note. Base: All respondents who rated their quality of life as 'extremely poor' or 'poor' (n=177). Source: Q30. And why did you describe your overall quality of life in this way? * Missing data (i.e. those who did not answer) were categorised as 'Nothing/No comment'

Figure 9: Reasons for negative quality of life rating (7 city total) (adapted from Q30 Quality of Life survey 2016[74])

4.4.3   Statistics New Zealand General Social Survey, 2012[48]

The New Zealand General Social Survey (NZGSS) provides information on the wellbeing of New Zealanders aged 15 years and over.[48] It covers a wide range of social and economic outcomes and shows how people are faring. It started in 2008 and is run two-yearly.

New Zealand General Social Survey (NZGSS) analysis in 2012 showed several aspects of New Zealanders' lives had a strong independent relationship with overall life satisfaction.[48] The four with the strongest relationship that are measured in the NZGSS are:

- self-rated health status
- availability of money to meet every day needs
- quality of relationships with family and friends
- housing quality (note: questions on housing quality have changed since the 2012 survey).

4.5   Māori literature

4.5.1   Te Kupenga[45]

Te Kupenga is Statistics New Zealand's first survey of Māori wellbeing.[45] It was first run in 2013 after the 2013 Census of Population and Dwellings. It will run for the second time after the 2018 Census.

Te Kupenga was developed to provide insight into Māori wellbeing. It collects information on a wide range of topics to give an overall picture of the social, cultural, and economic wellbeing of Māori in New Zealand Aotearoa. The survey provides key statistics on four areas of Māori cultural wellbeing: wairuatanga (spirituality), tikanga (Māori customs and practices), te reo Māori (the Māori language), and whanaungatanga (social connectedness).[75]

It is the first survey Statistics New Zealand developed that includes and reflects an indigenous world view in its development as well as its content. Māori stakeholders were integrally involved in developing the survey. The survey's content recognises practices and wellbeing outcomes that are specific to Māori culture; for instance, people's knowledge and use of the Māori language, connection to ancestral marae, and whānau wellbeing.

Te Kupenga collects data where previously there was little or no official information available.

Results of the 2013 survey[45]

Regression analysis shows that life satisfaction for Māori is significantly associated with the same aspects of life as other populations around the world, including non-Māori New Zealanders. In particular, relationships, health, and income have the strongest associations. However, some evidence shows that relationships have a stronger association for Māori than for all New Zealanders. For Māori, connecting with their culture is also associated with life satisfaction. The more important it is to be involved in things to do with Māori culture, the more likely their levels of life satisfaction are higher. However, this relationship is not strong — the most important factors for Māori remain relationships, health, and income.

Relationships, health, and income have the strongest association with the life satisfaction of Māori. These findings are consistent with many earlier studies conducted internationally and in New Zealand. Life satisfaction for Māori is mainly driven by the same aspects as other population groups and nationalities, except for some unique aspects.

Relationships (whanaungatanga) play a greater role in the life satisfaction for Māori than we see in other populations. For Māori, relationships (through the loneliness measure) make the largest contribution. This compares with other results, including those from the NZGSS, which showed that health and then income make the largest contributions.

The analysis also showed that living with children has a small positive association with life satisfaction. This compares with many other studies that have found no association with life satisfaction.

The report commentators claim that these findings are notable because they support how whanaungatanga, as a fundamental element of Māori culture, places importance on collectivism and interdependence with others. The value of culture comes from the importance of cultural knowledge, values, and behaviours that allow individuals to connect with each other.[45]

They go on to state "It is perhaps through whanaungatanga that we see the greatest contribution of culture to life satisfaction, rather than through other more external expressions of culture. How people feel about the importance of involvement in Māori culture has a small, but positive, association with life satisfaction."[45]

Subjective measure	Contribution Percent [1]	Size/strength [2]
Loneliness	7.45	Large
Health status	6.68	Large
Income adequacy	5.22	Large
Number of housing problems	3.08	Large
General trust	2.79	Large
Trust in courts	2.42	Large
Importance of culture	0.32	Small
Te reo Māori proficiency	0.21	Small

Note.
1. R-squared of model (1) and subjective measure.
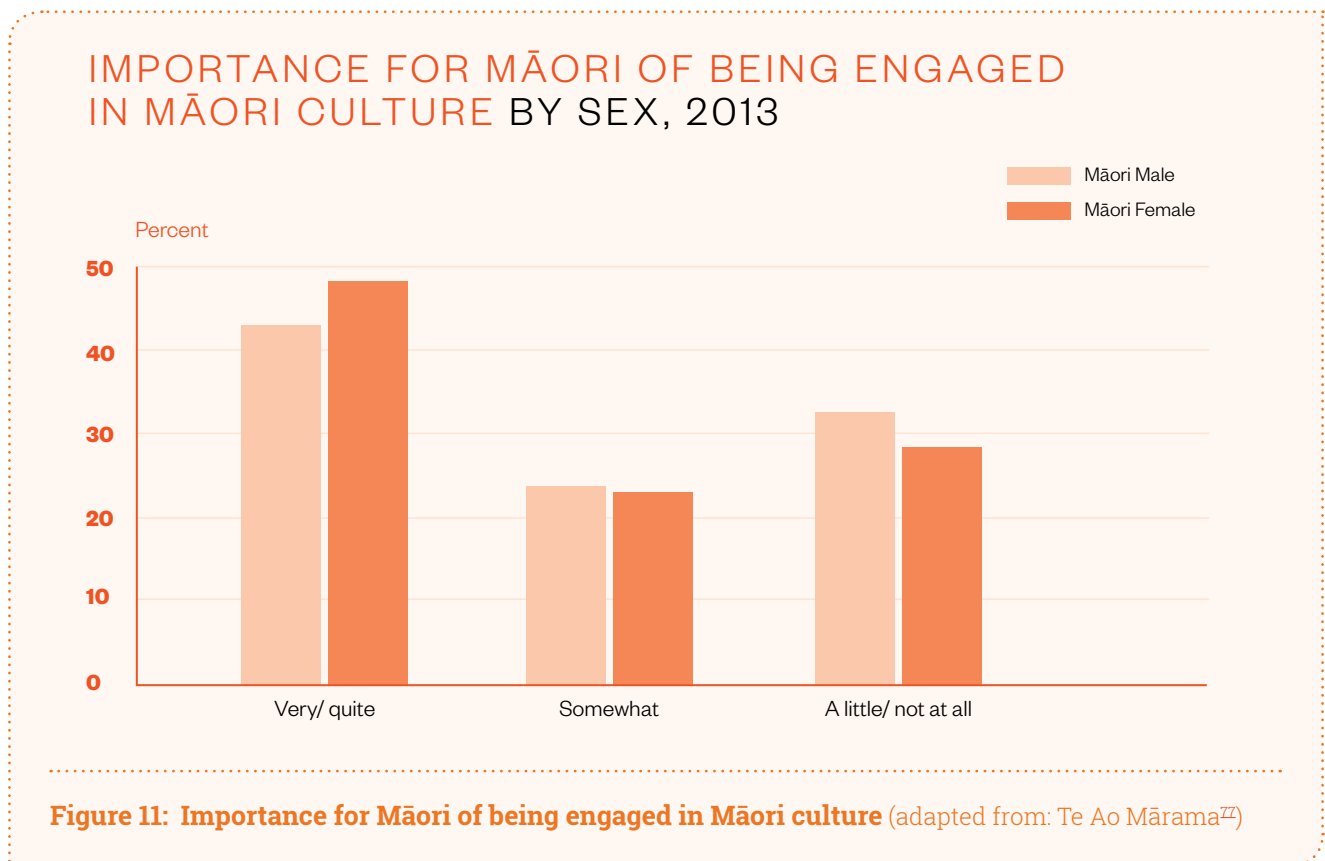2. Large=contribution of 1.0 percentage point or more to R-square; moderate=contribution of 0.5<1.0 percentage point to R-square; small=contribution of less than 0.1 percentage popint to R-square.
Source: Statistics New Zealand.

Figure 10: Measures that contribute to overall life satisfaction for Māori according to Te Kupenga 2013 survey (adapted from Te Kupenga[45])

4.5.2   Statistics New Zealand, Te Ao Mārama, 2016[76]

Te Ao Mārama has statistics about Māori wellbeing and development from a Māori perspective, drawing data from Te Kupenga 2013, and Tatauranga Umanga Māori, its annual survey about economic activity of Māori authorities.[76] The majority of Māori feel it is important to be engaged in Māori culture as shown in Figure 11.[77]

IMPORTANCE FOR MĀORI OF BEING ENGAGED IN MĀORI CULTURE BY SEX, 2013

Figure 11: Importance for Māori of being engaged in Māori culture (adapted from: Te Ao Mārama[77])

4.5.3   Mental Health Foundation Report on Māori world view of flourishing, 2011[78]

A combination of literature scan, kaumātua interviews and whānau and group discussions sought to understand the factors that influence 'flourishing' from a Māori perspective.[78] Flourishing for the purpose of this creative inquiry was defined as 'a state where people experience positive emotions, positive psychological functioning and positive social functioning, most of the time'.[78] A key finding was that traditional proverbs or whakataukī provide valuable insight regarding the integrated concept of flourishing and the factors that influence it. The following influencing factors were identified:

- **Relationship with the environment:** Importance of whenua
  - *Whakataukī: "The blood of man comes from his food. The sustenance of a man comes from the land"*

- **Intergenerational perspective:** Flourishing across the generations as a focus. This theme encompassed culture (ahurea), spirit (wairua) and knowledge (mātauranga)
  - *Whakataukī: "Grow tender shoot for the days of your world. Turn your hand to the tools of the Pākehā for the wellbeing of your body. Turn your heart to the treasures of your ancestors as a crown for your head. Give your spirit unto the creator of all things"*

- **Collectivist:** All interviewees identified that there was no point to an individual flourishing, it had to be the collective
  - *Whakataukī: "My success is not mine alone but the success of a collective"*

- **Health:** Health emerged as a primary focus of flourishing, particularly within the individual level but only in that health was important to ensure that participants were around to support their children's children and to contribute in a meaningful way to the Whānau. Other themes include healthy homes, smokefree, kapa haka, access to traditional healing practices like rongoa and the holistic model te whare tapa whā
  - *Whakataukī: "An active person will remain healthy while a lazy person will become sick"*

- **Choice:** Ability to choose options and make decisions
  - *Whakataukī: "Aim for the highest cloud so that if you miss it, you will hit a lofty mountain."*

4.6   Tairāwhiti literature

No direct research could be found into specific determinants of CWB however various community consultations in the region have identified felt needs and aspirations of the community. The following consultations were reviewed:

- Kimihia He Oranga (KHO) 2017
- Eastern and Central Community Trust (ECCT) April 2017
- Eastland Community Trust (ECT) community awareness and satisfaction study 2014
- Gisborne District Council (GDC) 'What's the future?' 2017.

4.6.1   Kimihia He Oranga: Tairāwhiti Māori Economic Development Report, 2017[79]

In 2017 qualitative research on Māori economic development in Tairāwhiti was undertaken by Te Whare Wānanga o Awanuiārangi on behalf of Kimihia He Oranga (KHO) with funding support from Te Puni Kōkiri. Key informant interviews around economic development included the question: 'How can we uplift the wellbeing of whānau and hapū?'[79]

Findings[79]

People development: Capability and capacity as the major theme that emerged (90% of participants prioritised people development as their primary concern), namely:

- **Building capability:** "Capability Building is a key enabler to the economic success of the individual, whānau, hapū and/or iwi"
- **Cultural competence**: Māori still need to be Māori: in order to participate in iwi and cultural practices, and therefore Māori language, knowledge and culture revitalisation are critical
- **Education and training:** the social and economic revolution of iwi and Māori will not be sustainable without a prior or simultaneous education revolution
- **Collaboration**
- **Whānau development:** rebuild the traditional values and social capital that is embedded in whanaungatanga (e.g., reciprocity, manaakitanga etc)
- **Self-development:** Māori have answers within themselves and need support to enact their own economic development ideas and strategies
- **Infrastructure development:** Local physical infrastructure i.e. hauora, hospitals, te kōhanga reo, schools, marae, shops and business services.

Note: Māori saw economic development as a means to an end rather than the absolute goal.

4.6.2   Eastern and Central Community Trust: April 2017[80]

In early 2017 The Eastern and Central Community Trust (ECCT) undertook research to inform a strategic review of its funding strategy and approach, in order to identify possible options to strengthen its impact in the region - towards its vision: 'To help build stronger, more sustainable communities'.[80] In April 2017, four community meetings were convened by the Eastern and Central Community Trust in communities across its region. These meetings were facilitated by the Centre for Social Impact and provided opportunities for the Trust to understand the challenges, strengths and aspirations of the communities it serves, and a perceived formula for success (Figure 12).

Community identified aspirations for stronger, more sustainable communities (vision for 2030)[80]

- Child wellbeing
- Healthy communities
- Belonging, manaakitanga and shared responsibility
- Sustainable, enterprising communities
- Connected learning environments
- Strengthened cultural identity
- Improved mental health
- Values-based education
- Healthy environments.

Community identified factors for success in building stronger, more sustainable communities[80]

- Working in ways that are community-led
- Collaboration, relationships and whanaungatanga
- Developing a clear, shared vision or kaupapa
- Achieving reach, impact and scale by removing barriers to participation
- Leadership – at a range of levels, including within the home
- Social enterprise to support sustainability
- Supporting connectedness across generations and empowering whānau to be self-reliant and resilient.
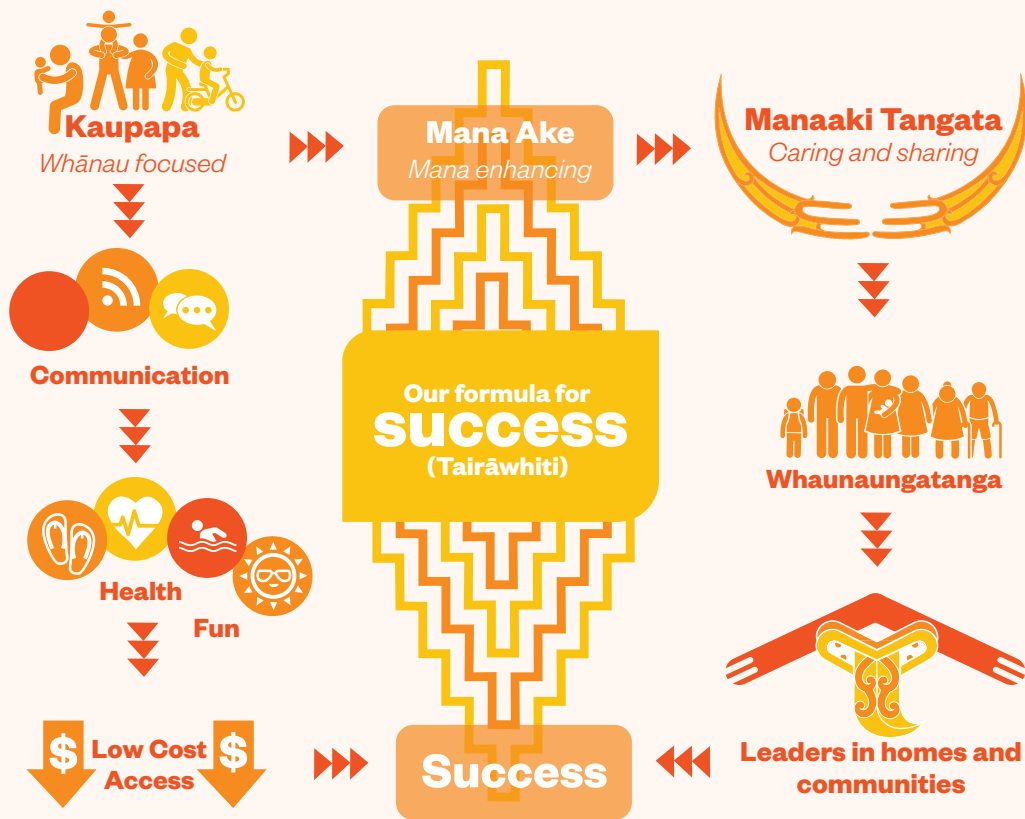
Figure 12: Infographic of Gisborne's 'formula for success' developed by participants of the ECCT consultation workshop 2017 (adapted from ECCT Community Consultation Report 2017[80])

Kaupapa
Whānau focused

Communication

Health

Fun

Low Cost Access

Mana Ake
Mana enhancing

Our formula for **success** (Tairāwhiti)

Success

Manaaki Tangata
Caring and sharing

Whaunaungatanga

Leaders in homes and communities

Photo credit: The Gisborne Herald. Schools Cultural Festival.

4.6.3 Gisborne District Council: What's the future (wtf)? 2017[81]

Gisborne District Council (GDC) undertook community consultation regarding aspirations for the future however this was narrowly focussed around council's core business of infrastructure (roads, water, environment, waste management, community facilities, parks and spaces, council spending) rather than CWB per se. Table 6 gives an indication of the community feedback reviewed, with parks and spaces, roads and community facilities being the areas of council infrastructure given highest priority by the public.[82]

Table 6: Community feedback received by GDC as part of the wtf consultation 2017
(adapted from GDC[82])

WTF Tairawhiti	Page views	Views %	Average time	Posts	Highest rated posts	Most polarizing post	Lowest rated post
WTF Home Page	3330	46.1	1:01m	-			
Parks and spaces	789	10.92	2:41m	86	1. Create a small model of the endeavor for kids to learn and play in (81 likes, 26 dislikes) 2. More walkways and exercise	Fenced playgrounds (13 likes, 14 dislikes)	Keep the inner harbour for boat parking (2 likes, 41 dislikes)
Roads	698	9.62	2:45m	58	1. A roundabout Lytton Road/Ormond Road (57 likes, 1 dislike) 2. Better road maintenance (48 likes, 13 dislikes)	Connect Gisborne to the rest of the Kiwirail (25 likes, 22 dislikes)	Stop building cycleways, put money into roads (6 likes, 42 dislikes)
Community facilities	584	8.09	2:14m	54	1. Help the East Coast/Museum of Technology (ECMoT) develop as a tourist attraction (65 likes, 6 dislikes) 2. Build a shelter for the waka parked up along the riverbank (43 likes, 23 dislikes)	To create a community home in Gizzy to house and support the homeless (16 likes, 20 dislikes)	A footbridge from ANZAC Park over to Stafford St of Riverside Rd (30 likes, 24 dislikes)
What else	379	5.25	1:56m	25	1. Parking meters that are compatible with modern technology, smart pay capable (69 likes, 2 dislikes) 2. Provide annual or 6 monthly parking permits (56 likes, 4 dislikes)	Solar powered charging stations in town with USB ports (17 likes, 18 dislikes)	Move the town centre beside the river (8 likes, 39 dislikes)
Waste management	348	4.82	1:53m	27	1. More ewaste collection days (63 likes) 2. A place to take green waste for free which is made into compost which we could then buy (40 likes, 2 dislikes)	Food waste drop off at the Botanical Gardens for those with limited need for compost (12 likes, 7 dislikes)	Food waste drop off at the Botanical Gardens for those with limited need for compost (12 likes, 7 dislikes)
Water	315	4.36	1:47m	19	1. Stop raw sewage being released into the rivers (54 likes, 3 dislikes) 2. Plant our waterways with ecology-restoring species (44 likes, 1 dislike)	Programme to encourage, support and subsidise all to install rain water tanks (43 likes, 20 dislikes)	I think we should have water metering and user charges for everyone that uses our water supply (8 likes, 22 dislikes)
Environment	273	3.78	1:20m	16	1. Slash, forestry need to pick it up on site, so it doesn't end up in our waterways (46 likes) 2. Clearing of forestry logs in waterways, prevention of them getting in the waterways and disposal (45 likes)	Programme to encourage, support and subsidise all to install solar power (23 likes, 14 dislikes)	I think we should have water metering and user charges for everyone that uses our water supply (8 likes, 22 dislikes)
Money matters	253	3.5	1:14m	8	1. Prioritise water and wastewater over the nice to haves, scale back the navigations project (17 likes, 5 dislikes) 2. Put our rates where there are wider benefits into the future (7 likes, 5 dislikes)	Restore the railway (5 likes, 7 dislikes)	Suggest GDC give older folk on super a discounted rate on rates (5 likes, 32 dislikes)
Home/Thankyou	117	1.62	1:02m	-			
Totals	**7,086**		**1:37**				

Key stats:
7,086 Views   Average time on pages, 1:37m   293 Posts

4.6.4 ECT Community Awareness and Satisfaction Study, 2014[83]

In 2014 ECT commissioned Key Research to undertake a research project to gain an understanding of community awareness, knowledge and satisfaction levels with the Trust and its activities.[83] Research objectives included: ascertaining perceptions of the key strategic and economic issues facing the Eastland region, evaluating perceptions of the main funding priorities for the Eastland region and determining the activities that the community think ECT should be involved in funding. The methodology was a telephone survey of 500 residents. Wellbeing was not directly addressed, however some of the survey questions are relevant to CWB. The key findings of relevance are as follows:[83]

Reasons for satisfaction with Tairāwhiti as a place to live

NZ Māori
- I like it here / Easy place to live / Everything I need (19%)
- Born here / Have lived here a long time / Family/friends are here (19%)
- Friendly people / Sense of community / Safe (13%).

NZ European
- I like it here / Easy place to live / Everything I need (22%)
- Good weather/climate (16%)
- Beaches / Environment / Scenery (16%).

What people would like to preserve in their local area
- The natural environment (over one half of respondents [51%])
- Parks and reserves (11%).

The most important issues/things people would like to change in Tairāwhiti
- Unemployment (63% of respondents)
- Drug and alcohol issues
- Low wages
- Water quality
- Roads
- Activities/entertainment for whānau.

Strategic issues

Strategic issues identified are shown in Table 7.

> *Understanding the distribution of wellbeing within a community can help guide the most effective and efficient interventions for improving CWB as a whole, and reducing wellbeing inequity may have co-benefits for communities in terms of economic prosperity, health, employment and productivity.*

Table 7: Strategic issues identified in ECT Community awareness and satisfaction survey 2014

	Overall	NZ Māori	NZ European
1	Unemployment levels, not enough jobs	Unemployment levels, not enough jobs	Unemployment levels, not enough jobs
2	Drug and alcohol abuse	Drug and alcohol abuse	Drug and alcohol abuse
3	Low wage levels, enough jobs but low pay rates	Low wage levels, enough jobs but low pay rates	Low wage levels, enough jobs but low pay rates
4	High crime levels	Poor access to hospital and medical services	High crime levels
5	Regional transport	High crime levels	Regional transport
6	Not enough activities for people to do	Not enough activities for people to do	Not enough activities for people to do
7	Poor access to hospital and medical services	Regional transport	Secondary schools not performing well
8	Secondary schools not performing well	Too few tertiary education options	Poor access to hospital and medical services
9	Too few tertiary education options	Secondary schools not performing well	Too few tertiary education options

4.7   Wellbeing equity

4.7.1   Definition and importance

For this report wellbeing equity is defined as 'absence of differences in wellbeing and its determinants among groups of people that are unnecessary, avoidable, unfair and unjust'.[9] Equity is therefore about parity that is fair, in contrast to the related term equality that also considers parity but not necessarily fairness.[8] Achieving wellbeing equity means creating fair opportunities for wellbeing and eliminating gaps in wellbeing outcomes between different social groups. This may necessitate a targeted approach to those with lowest levels of wellbeing and wellbeing determinants.[9]

Until recently wellbeing economics has focussed solely on average wellbeing, and largely overlooked the distribution of wellbeing.[84] Focussing on averages can hide important underlying variation within and between population groups, places or regions, as well as the underlying drivers of wellbeing trends over time.[84] Inequities in wellbeing show the gap between those who feel their lives are progressing well and those who feel they are languishing.[84] They can show differences in wellbeing between population groups (e.g. gender, age, ethnicity, religion) within a community know as horizontal equity, or differences in wellbeing within a group or community (i.e. the distribution between high and low wellbeing), known as vertical equity.[85]

In the wake of the Global Financial Crisis there are growing calls for better promotion of social justice and a focus on reduction of inequities. In the New Zealand context The Treaty of Waitangi's principle of protection focuses us on the goal of equity of wellbeing outcomes for Māori and non-Māori, while the Treasury has included wellbeing equality as a core domain in its proposed Higher Living Standards Framework (HLSF).[84,86,87] While this is a values-based approach, there are also other pragmatic reasons for considering wellbeing equity. Understanding the distribution of wellbeing within a community can help guide the most effective and efficient interventions for improving CWB as a whole, and reducing wellbeing inequity may have co-benefits for communities in terms of economic prosperity, health, employment and productivity.

The wellbeing literature shows diminishing wellbeing returns on income: an extra $100 for someone very wealthy is likely to have little effect on their wellbeing, while an extra $100 for someone living in poverty will improve their wellbeing much more. This points towards the benefit of reducing income inequality, not just from the perspective of fairness, but also for efficiency in wellbeing terms.[85] There is increasing evidence on how individual wellbeing can contribute to other outcomes which are beneficial to both individuals and communities, such as increasing productivity, reducing unemployment, and improving health.[85] Furthermore some theorise that many of these outcomes might be more likely to occur when those with poor wellbeing increase their wellbeing, rather than improvements for those who are already doing well. If so, focussing policies and resources on improving the wellbeing of the worst-off might have more impact than increasing the happiness of the already happy.[85] Research into drivers of wellbeing inequity is still in its infancy however some associations have emerged.[84] Wellbeing inequity is associated (but not necessarily causally) with lower average wellbeing, unemployment rates and in general also with income inequality.[84,85] It follows then (but remains unproven) that reducing unemployment rates and reducing inequities in income might reduce inequities in wellbeing, and that reducing inequities in wellbeing might raise overall average wellbeing.[84,85]

4.7.2 Measurement

Options for measurement of equity include vertical and horizontal equity for CWB itself and each determinant. Establishing the exact indicators and measures is beyond the scope of this report and it is recommend that this be pursued as a future work stream.

4.8 Wellbeing sustainability

4.8.1 Definition and importance

For this report this is defined as sustainability of CWB and its determinants over time (including short-term [year to year] and longer term [intergenerational]). This concept relates to sustainable development which the Brundtland Commission's defines as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs".[88] Treasury's proposed HLSF and the OECD's Better Life frameworks include sustainability of wellbeing over time ('intergenerational wellbeing') as a specific measure.[87] This is considered important, as a short term view alone means that prioritising wellbeing today without regard for the future has potential to compromise wellbeing for future generations. For example activities that increase current income and employment and thereby CWB, may also contribute to future environmental degradation and therefore reduced CWB e.g. mining, fossil fuel production.

4.8.2 Measurement

How to best measure of the sustainability of CWB is not yet well established internationally. The New Zealand Treasury and the Organization for Economic Co-operation and Development (OECD) suggest it can be done through measuring levels of the so-called four wellbeing 'capitals': natural, human, economic and social.[87,89] These capital stocks are thought of as capital in the sense that they are resources that are capable of storing value, and which create a stream of wellbeing benefits over time.[87] There appears to be some overlap between the capitals in this model and the determinants in the draft framework for ECT developed in this report (Table 16). Other possibilities include measuring community resilience,[39,90] or using current children's wellbeing as a proxy for future wellbeing.[42] Establishing a definitive measure of CWB sustainability is beyond the scope of this report and it is recommended that this forms a future work stream.

4.9 Discussion and conclusions

Because different populations, methodologies, definitions and measures of wellbeing have been used (as outlined in 4.2 it is difficult to synthesise the findings of the above research into a robust single conclusion). In particular there is a lack of sound data on CWB and its determinants from Tairāwhiti (further community engagement going forward may help fill this gap). However, it is still possible to draw tentative conclusions. It can be seen that almost everything in life relates in to wellbeing to some degree. What is important to glean from the reviewed literature is what factors most influence CWB and to what extent. While the data reviewed is not robust enough to provide overall quantitative determinants weightings there are four determinants that consistently have the largest impact on CWB, across different populations, geographies and cultures. They are health, income, relationships and employment and can be represented by the acronym 'HIRE'. Evidence suggests that relationships (both close and in the wider community) may have relatively more importance for Māori than non-Māori.

These and the remaining key determinants can be grouped in various ways. In this report they have been grouped under two main categories: people and place (access to external conditions that support people's basic survival needs and flourishing). People can be further sub-divided into personal and social resources, while place can be divided into material infrastructure and natural environment (sustainable healthy ecosystem as a basic human need and natural environment as nourishing in its own right culturally, mentally, spiritually). This is depicted in Table 8.

Sitting across all these are the overarching themes of wellbeing sustainability, wellbeing equity and continuous community engagement.

Table 8: Evidence-based determinants of CWB, derived from a review of the international, national and local literature

DETERMINANTS OF CWB

People	Personal resources (health and personal holistic wellbeing)	**Overall health: self-assessed, life expectancy**
		Mental health/wellbeing
		Children's wellbeing
		Subjective individual wellbeing
		Cultural identity
		Learning and education
		Personal empowerment (tino rangatiratanga)
	Social resources (relationships and empowerment)	**Supportive close relationships (whanaungatanga):** quality, quantity
		Supportive community relationships (whanaungatanga): quality (e.g. trust), quantity
		Political: community empowerment, civic engagement, autonomy, trust in institutions)
		Community belonging
Place	Material human-made infrastructure	**Income:** adequacy to meet basic needs
		Employment (including unpaid occupation): rate, quality (job satisfaction, job sustainability)
		Healthcare: access, quality
		Housing: access, quality
	Natural environment (sustainable healthy ecosystem)	Transport: access, quality
		Environmental sustainability
		Environmental quality
		Green space
		Place attachment

Note: The top determinants (those with strongest impact on CWB) shown in bold are health, employment, relationships and income.

4.9.1 Summary

The key determinants of CWB are positive connections

- to self (individual wellbeing: mind, body, spirit/purpose [hinengaro, tinana, wairua])
- between people (whanaungatanga)
- between people and the natural environment (kaitiakitanga).

AND the material infrastructure that supports these. Of these the four most important determinants are health, employment, (social) relationships and income.

4.10 Outcomes of wellbeing

When considering the determinants of wellbeing it is important to note that there is a dynamic relationship between wellbeing and other important aspects of our lives, with influence often running in both directions.[91] For example health both influences and is influenced by wellbeing.

The objective benefits of subjective individual wellbeing include improvements in:[91]

- Health and longevity
- Income, productivity and organisational performance
- Individual and social behaviour.

These are depicted in Table 9.

Photo credit: The Gisborne Herald. Schools Cultural Festival.

OBJECTIVE BENEFITS OF **SUBJECTIVE WELLBEING**

Domain	Benefits	Evidence
Health and Longevity	• Reduced inflammation • Improved cardiovascular health, immune and endocrine systems • Lowered risk of heart disease, stroke and susceptibility to infection • Practicing good health behaviours • Speed of recovery • Survival and longevity.	• Adversity and stress in childhood is associated with higher inflammation later in life • Positive emotions help cardiovascular, immune and endocrine systems, including heart rate variability. Evidence suggests a causal link between positive feelings and reduced inflammatory, cardiovascular and neuroendocrine problems • Positive affect is associated with lower rates of stroke and heart disease and susceptibility to viral infection • High subjective wellbeing is linked to healthier eating, likelihood of smoking, excercise, and weight • Postive emotions can undo harmful physiological effects by speeding up recovery • Happier individuals tend to live longer and have a lower risk of mortality, even after controlling for relevant factors.
Income, Productivity and Organised Behaviour	• Increased productivity • Peer-rated and financial performance • Reduced absenteeism • Creativity and cognitive flexibility • Cooperation & collaboration • Higher income • Organisational performance.	• Individuals with induced positive emotions were most productive in an experimental setting • Happy workers were more likely to be rated highly by supervisors and in terms of financial performance • Happiness can increase curiosity, creativity, and motivation among employees • Happy individuals are more likely to engage collaboratively and cooperatively during negotiations • Wellbeing is positively associated with individual earnings. Longitudinal evidence suggests that happiness at one point in time predicts future earniings, even after controlling for confounding factors • Greater satisfaction among employees tends to predict organisation-level productivity and performance, e.g. revenue, sales and profits.
Individual & Social Behaviour	• Longer-term time preferences and delayed gratification • Reduced consumption and increased savings • Employment • Reduced risk-taking • Pro-social behaviour (e.g., donating money and volunteering) • Sociability, social relationships and networks.	• In experiments, individuals with higher wellbeing and positive affect are more willing to forego a smaller benefit in the moment in order to obtain a larger benefit in the future. Happier individuals may be better able to purse long-term goals despite short-term costs due to a greater ability to delay gratification • Longitudinal studies find evidence that happier individuals tend to spend less and save more, take more time when making decisions and have higher perceived life expectancies • Survey evidence shows the probability of re-employment within one year is higher among individuals who are happier • The prevalence of seat-belt usage and the likelihood of being involved in an automobile accident were both linked to life satisfaction in a survey of over 300,000 US households • Individuals who report higher subjective wellbeing donate more time, money, and blood to others • Wellbeing increases interest in social activities leading to more and higher quality interaction. Positive moods also lead to more engagement in social activities. The happiness-social interaction link is found across different cultures and can lead to the transmission of happiness across social networks.

"What gets measured gets improved".
Peter Drucker

5. Criteria for a suitable ECT community wellbeing measurement framework

A framework is a way of organising or classifying and presenting a conceptual model. A wellbeing measurement framework is a tool that aims to measure wellbeing and its various dimensions or determinants via indicators which are grouped into subject domains or sub-domains, usually with the ultimate aim of understanding how to drive improvements in wellbeing.

In this context the domain is the higher order class such as 'economic factors' or 'environmental factors' or other community conditions, while sub-domains, and indicators are increasingly smaller subsets of this. An indicator is a specific, observable, and measurable characteristic or change that shows progress toward achieving a specified outcome.[6] Note that in practice the terms 'indicator' and 'measure' are often used interchangeably. Within each domain there is a set of indicators against which objective and subjective data can be collected. This is demonstrated in Table 10.

Table 10: Hypothetical examples of CWB measurement domains, sub-domain, indicators within a CWB measurement framework

Domain	Sub-domain	Indicator
Economic	Income adequacy	% of population earning a living wage
	Employment	% of employees satisfied with job
Environmental	Environmental sustainability	Number of households owning an electric vehicle
	Environmental quality	Parts per million of air pollutants

Ideally the criteria for designing and implementing an ideal CWB measurement framework would be drawn from three sources: the needs of the end user (ECT), best practice literature, and the needs of the community. The community is yet to be formally engaged regarding this (although the literature review does include findings from previous relevant community consultations) so these draft criteria are drawn from the literature review and ECT's expressed needs. For completion these criteria would need to be tested with the community, and this is planned for the next phase.

5.1   ECT's needs for a community wellbeing measurement framework

These have been derived from ECT's strategic goal, ECT Trustee's visioning perspectives (February 2018), ECT strategic plan 2016 and the ECT Deed as follows:

5.1.1   ECT strategic goal

Sustainable enhancement of community wellbeing (CWB).

5.1.2   ECT Trustee's vision for the ECT

In February 2018 Trustees were each asked to briefly describe their vision for Tairāwhiti and ECT's role in achieving these visions. The following is a summary thematic analysis:

1. Belonging (Tūrangawaewae)

- We are connected to our region and each other
- Individuals, whānau and communities have a sense of tūrangawaewae – of place, security, identity and belonging, and understand the rights and responsibilities that go with that
- We are culturally supported and nourished.

2. Building positive relationships (Whakawhanaungatanga)

- We value and build relationships
- We are part of the community and lead from within it to influence the quality of life of all those who live here
- We are working together with many others to enhance individual and collective wellbeing – so that we are all able to build meaningful lives and contribute to our communities.

3. Understanding (Mātauranga)

- We seek to understand
- Tairāwhiti is a network of small communities with dynamic, diverse and interconnected challenges, priorities and aspirations. We must understand these at an individual, whānau, hapu and Iwi level if we are to progress together as a region.

4. Leadership (Rangatiratanga)

- We lead by example. Equipped with community driven insight, robust relationships and a significant taonga in our Trust fund, we will:
  - Take charge of our economic future by leading the economic development of our region so that we all live in a region where business thrives, whānau have access to sustainable and well-paid jobs, and communities prosper
  - Support those changemakers committed to adding value to the social, cultural, environmental wellbeing of our people
  - Invest in great public facilities and support those events and projects that contribute our enjoyment of the place we call home.

5. Kindness, generosity, support (Manaakitanga)

- We love our community and want to see all within it flourish. (i.e. equity)
- Everything we do is underpinned by a desire to demonstrate respect, generosity and care for others.

For the purpose of this report the Trustee's vision is interpreted as a CWB measurement framework that emphasises and incorporates:

- A community participatory approach (sits towards the more collaborative end of the community participation spectrum – see Table 3)
- Māori world view (te ao Māori): including tūrangawaewae, whakawhanaungatanga, mātauranga, rangatiratanga and manaakitanga
- Interconnectedness of all things within the social and natural ecosystem: include economic, social, cultural and environmental domains
- The importance of social relationships and sense of community
- Wellbeing/flourishing at both the individual and collective level: collectivism that still respects the individual
- Equity and kindness within diversity.

5.1.3   ECT Strategic Plan 2016

This is soon to be superseded by a new strategic plan, but was drawn upon to understand ECT's general strategic direction. The overall vision was 'Creating a positive, prosperous and attractive community'. KRA3 was 'Supporting our community, its organisations and its assets' and set out the strategic priorities of having 'a robust set of indicators to measure the wellness of the Gisborne community' and being 'sufficiently connected to the Gisborne community to be able to identify and understand strategic community issues'. KPI3 was 'Build Community Resilience: Supporting our community's organisations and assets to be more resilient' with the underpinning desire to use robust information to underpin business and community development decisions.

5.1.4   ECT Trust Deed

This gives Trustees a broad scope 'to provide for the beneficiaries in such manner as the Trustees shall from time to time decide'. This may include, but is not limited to 'supporting business, community and other initiatives which in the opinion of the Trustees are likely to encourage or sustain economic growth within the district that is or may be directly or indirectly for the benefit of the beneficiaries.

5.1.5   Overall synthesis of ECT's needs for a CWB measurement framework

Integrating the goal, strategy, deed and vision ECT requires a framework that:

1. Involves meaningful community participation
2. Measures wellbeing from both an individual and collective perspective
3. Has a robust evidence-based underpinning
4. Has indicators that are sound for measuring wellbeing and informing community development decisions
5. Incorporates te ao Māori
6. Includes as domains/indicators: economic, social, cultural, environmental, sense of community/ belonging, individual wellbeing, collective wellbeing, equity.

5.2   Best practice literature's recommendations for a community wellbeing measurement framework

A literature review was carried out to understand what is thought to be effective in designing and implementing a CWB measurement framework, based on evidence and expert opinion.[7,10,15,19,20,42,87,92] [22] This includes the characteristics of the measurement framework itself and the approach to design and implementation (i.e. top down versus bottom up). Interpreting this literature in the context of the current work programme the key points are as follows:

1. Collaborative partnership with community in designing and implementing the framework[19,20,25]

2. Define purpose: what is the end point of CWB framework? To improve wellbeing of individuals in a community, or the community itself, or both[19]

3. Clear working definition of CWB[1] [19,26]

    •   Individual versus collective perspective

    •   Direct experience versus components approach

4. Distinguish CWB from the determinants (see Table 8 for list of evidence-based determinants) and measure both

5. Domains/indicators need to be scientifically validated (evidence-informed) and community validated (identified as being relevant by the community) i.e. domain/indicator development informed by both literature review and community engagement[39]

6. Domains/indicators: include at least economic (income and employment), social relationships (close and wider community), health, environment, culture, political, wellbeing equity, wellbeing sustainability, empowerment, children[42]

7. Use mix of measures (objective/subjective, individual/collective scale)[19,26]

8. Use mixed methods (quantitative and qualitative)[19]

9. Scientifically validate the model and quantify the relationships between CWB and determinants[20]

10. Consider data issues: availability, robustness, timeliness, sustainability, Mason Durie's 4 M's: mana, Māori, Mātauranga, mokai[10]

11. Decide reporting format: dashboard is recommended over composite index[19]

12. Consider other issues: credibility, comparability, compatibility.

5.3 Recommended criteria for ECT community wellbeing measurement framework, synthesising best practice literature and ECT's needs

1. **Collaborative partnership with community in designing and implementing the framework**

2. **Framework is valid for Māori**

3. **Define CWB as including both wellbeing of individuals in the community and collective wellbeing (as per this report's CWB definition) and purpose of framework as providing measurement to support enhanced CWB**

4. **Domains need to be scientifically validated (evidence-informed) and community validated (identified as being relevant by the community)**

5. **Distinguish CWB from determinants**

6. **Measure subjective CWB**

7. **Include the following domains/indicators:**
   o Direct measure of subjective CWB
   o Equity of CWB and its determinants
   o Sustainability of CWB
   o Measures of the determinants of CWB, as defined by the literature (see Table 8):
     • People
       • Personal resources:
         o *Health: self-assessed, mental health, life expectancy*
         o *Learning and education*
         o *Subjective individual wellbeing*
         o *Children's wellbeing*
         o *Personal empowerment*
         o *Cultural identity*
       • Social resources:
         o *Close relationships*
         o *Wider community relationships*
         o *Belonging to community*
         o *Political (e.g. trust in institutions, civic engagement, community empowerment, autonomy)*
     • Place
       • Natural environment
         o *Sustainability*
         o *Quality*
         o *Green space*
         o *Place attachment*
       • Material infrastructure
         o *Adequacy of income*
         o *Employment rate*
         o *Job satisfaction*
         o *Housing (quality, access to)*
         o *Healthcare (quality, access to)*
         o *Transport.*

8. Use both subjective and objective measures

9. Use mixed methods (qualitative and quantitative)

10. Consider data issues (availability, robustness, timeliness, sustainability, Mason Durie's 4 M's: mana, Māori, Mātauranga, mokai[10])

11. Scientifically validate the model and quantify the relationships between CWB and determinants

12. Decide reporting format: dashboard is recommended over composite index

13. Consider other issues credibility, comparability, compatibility with Treasury's HLSF

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6. Horizon scan of community wellbeing measurement frameworks

6.1 Purpose

The aim of the horizon scan is to provide a sound conceptual basis for ECT's CWB measurement framework by collating how the determinants and dimensions of CWB have been translated into measurement frameworks internationally and locally, and critiquing this against the set of criteria that reflect best practice and ECT's needs (see 5.3). The horizon scan together with the community engagement will inform the final framework that ECT implements. This may be direct adoption of an existing framework, adaption of an existing framework/frameworks to suit the local context or development of a customised de novo framework.

6.2 Methodology

6.2.1 Search strategy and information sources

This consisted of a rapid non-systematic review of current thinking in this field, with reference to key sources from the literature and best practice both internationally and in New Zealand. This particular approach was chosen because the majority of frameworks are not published in the academic literature and therefore are not searchable by academic database.

Given the multitude of existing wellbeing frameworks the scope was narrowed to include the following:

1. Frameworks identified independently by ECT trustees, ECT management group or key stakeholders

2. Frameworks identified by a grey literature search focussing on wellbeing fulfilling at least one of the following:
    *   at a community/regional level
    *   in New Zealand
    *   in indigenous populations
    *   with good international credentials (from well-regarded source and/or widely used and/or scientifically validated).

The search strategy included Google and Google Scholar searches (search terms 'community wellbeing' and 'measurement', 'index', 'framework', 'indicator', 'indigenous wellbeing', 'Māori wellbeing', 'social-ecological wellbeing') and hand checking the frameworks referenced in relevant documents sourced and from key international community wellbeing bodies such as What Works Centre for Wellbeing, Korean Community Wellbeing Institute, Community Indicators Consortium and National Neighborhood Indicators Partnership, and local initiatives such as Waikato Progress Indicators and New Zealand Treasury's HLSF.

3. Review of relevant Tairāwhiti region documents e.g. GDC plans, policies or drafts, iwi strategies, economic development reports, health or wellbeing reports, community consultations.

Note: the horizon scan is not intended to be exhaustive, but rather representative of types of frameworks in practice, with the aim of identifying the key relevant international and local ones.

6.2.2   Construction of comparison tables

Step 1: Comparison of wellbeing measurement approaches

By reviewing the literature and frameworks a schema was developed to categorise the most common lenses through which quantification of 'living life well' is approached. This was represented in a comparison table (Table 11) that contrasted frameworks from nine different disciplines of origin (e.g. psychology, economics, sustainable development) according to primary goals, scope, ideology, measurement type and level of analysis. The purpose of this categorisation was to validate whether a 'CWB measurement framework approach' was in fact the most appropriate one in view of ECT's strategy for CWB and ECT Trustees' values and vision, or whether there was a more appropriate alternative.

Step 2: Comparison of specific wellbeing frameworks

An excel table was constructed to compare existing wellbeing frameworks against the best practice CWB measurement framework criteria that emerged from the literature review together with ECT's needs. The purpose of this was to see whether there is an existing CWB measurement framework that can be used or adapted to be used in the ECT context. A comparison table was constructed contrasting the different frameworks that take a general CWB or indigenous approach, based on the validation exercise performed in Step 1. Also included for completeness and comparison are frameworks that may not be specifically CWB or indigenous frameworks, but are nationally or internationally significant or have been nominated for appraisal by key stakeholders. The table was populated by reviewing each framework based on publicly available online information. (Table 12 is a separate attachment on our website).

6.2.3   Limitations

A degree of subjective interpretation was needed to complete the tables from the information that was freely available in the public domain which was often partial or ambiguous. It should be noted that although the information presented here was up to date at the time of analysis (September 2018) many of the frameworks continue to undergo revisions, especially those still in development such as the Treasury's HLSF, and as a result will be subject to change over time.

6.3   Findings

The vast majority of frameworks are purely measurement frameworks or conceptual models, and do not integrate the measurement of wellbeing with activities designed to improve wellbeing and the measurement of their impact on wellbeing.

6.3.1 Comparison of wellbeing measurement approaches

Table 11: Frameworks to measure 'living life well': a comparison of the main approaches

Framework type	Goal	Scope of analysis (domains)							Ideology		Type of measure		Level of analysis		
		Economic	Social	Environmental	Cultural	Psychological	Equality	Sustainability	Individualism, reductionist	Collectivism, holistic	Objective	Subjective	Individual	Community	Aggregated individual
Pure economic e.g. GDP/capita	Economic welfare and growth, utility	✓	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✓
Adjusted economic e.g. Genuine Progress Indicator (GPI), Environmental Net National Product (ENNP), Sustainable National Income (SNI)	Economic welfare, adjusted for environmental sustainability	✓	✓	✓	✗	✗	✗	✓	✓	✗	✓	✗	✗	✗	✓
Environmental e.g. Environmental Sustainability Index (ESI)	Environmental sustainability	✗	✗	✓	✗	✗	✗	✓	N/a[1]	N/a	✓	✗	N/a	N/a	N/a
Sustainable development e.g. UN Sustainable Development Goals (UNSDG), Sustainable City Index	The 3 Ps: end poverty, protect the planet and ensure prosperity for all	✓	✓	✓	✗	✗	✓	✓	✗	✓	✓	I[2]	✗	✗	✓
Human development e.g. Human Development Index (HDI), Inequality-adjusted HDI (IHDI)	Create fair opportunities and choices for all people	✓	✓	✗	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✓
Psychological e.g. Gross National Happiness (GNH), World Value Survey, Gallup World Poll, NZ Sovereign Wellbeing Index	Positive feeling, happiness, life satisfaction, quality of life, flourishing	✗	✓	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗	✓
Indigenous e.g. Interplay Wellbeing Framework, Te Ritorito whānau wellbeing (Mason Durie), Hua Oranga (Dr Te Kani Kingi)	Holistic wellbeing (physical, psychological, spiritual, social and environmental) for individuals and whole of society and natural ecosystem	I[3]	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
Community wellbeing e.g. City of Santa Monica: The wellbeing project, Community Wellbeing Index (Forjaz)	Optimise the flourishing/ wellbeing of individuals and wellbeing as a collective	✓	✓	✓	✓	✓	I[4]	I[5]	✗	✓	✓	✓	✗	✓	✓
National or regional wellbeing or similar e.g. OECD Better Life Index, NZ General Social Survey, Gallup-Healthways State of American Community Wellbeing, Canadian Index of Wellbeing (CIW)	Comparison of wellbeing (or similar) and its influences between regions and countries	Too variable to generalise, often a hybrid of the above approaches													

Note. N/a not applicable, √ criterion met, x criterion not met, I inconclusive (criterion met sometimes or partially)

[1]Not applicable as does not pertain to humans.
[2]Generally very few subjective measures compared with objective measures.
[3]Economic domain not always included; when included often considered a means to facilitating other wellbeing domains such as social, cultural, equality rather than as a means unto itself.
[4]Recommended as best practice but often not included.
[5]Recommended as best practice but often not included.

The findings in Table 11, together with ECT's needs (goals, the ECT Deed, ECT strategic plan and ECT Trustee's visioning perspectives) confirmed that adopting a CWB approach is an appropriate lens through which to measure progress/impact in Tairāwhiti. It also suggested that an indigenous framework approach shares many of the desirable elements with the CWB approach. The key difference is that indigenous frameworks sometimes omit economic measures and that CWB frameworks sometimes fail to consider wellbeing equity and intergenerational sustainability.

6.3.2   Comparison of specific wellbeing frameworks

Table 12 contrasts the different frameworks that take a general CWB or indigenous approach. As previously mentioned, for completeness it also includes frameworks that may not be specifically CWB frameworks, but are nationally or internationally significant or have been nominated for appraisal by key stakeholders.

> **Table 12:   Comparison of 57 local, national and international wellbeing frameworks**

Table 12 looks at a total of 57 wellbeing frameworks, including 26 that are global or international, 11 that are New Zealand specific (excluding Tairāwhiti specific and Māori frameworks), three for the Tairāwhiti region, 14 based on Māori wellbeing perspectives, and three representing indigenous peoples from outside of New Zealand (namely Canada and Australia).

In summary, while many frameworks tick a number of the right boxes, no single framework is considered suitable to take 'off the shelf' and use for ECT in its current form. Nonetheless there is much that can be drawn from certain frameworks and several could be potentially adapted or integrated to fit the ideal ECT context. While most frameworks acknowledge the wide scope of CWB and cover multiple measures across broad domains there are some commonly observed fundamental deficiencies.

6.3.2.1 Common deficiencies in frameworks reviewed

1. **Lack of meaningful community engagement in development of the framework.** Many are essentially top down with varying degrees of community consultation which in some cases risks being tokenistic rather than participatory e.g. OECD Better Life Initiative (BLI),[89] Global Liveability Index,[94] Sovereign Wellbeing Index.[72] Exceptions whereby there has been a more deliberate bottom up approach to shaping the framework include The City of Santa Monica Wellbeing Project,[16] The Happy City Thriving Places Index,[95] Australian National Development Index,[96] Waikato Vital Signs,[97] He Pou Oranga Tangata Whenua,[98] First Nations Community Wellbeing: Approaches to community wellbeing,[99] Interplay Wellbeing Project,[20] Yawuru Wellbeing Survey[100]

2. **Lack of clear understanding and explicit/stated definition of what CWB is, a direct subjective measure of it and how this relates to what else is being measured**. Most frameworks measure 'population wellbeing' (which is subjective individual wellbeing aggregated to a population level) instead as a proxy for CWB, rather than specifically measuring how community scale aspects (community living conditions) impact on wellbeing at both an individual and collective level and whether the community itself is thriving overall. Exceptions that measure 'individual endpoint CWB' (how the individual perceives aspects of community impact their overall personal wellbeing) include: the Canadian Index of Wellbeing (CIW) Community Wellbeing Survey,[101] Community wellbeing composite index (Sirgy, 2010),[102] The Happy City Pulse,[103] Community Wellbeing Index (Forjaz, 2011)[104] and Korean subjective community wellbeing QCA method.[105] Exceptions that measure 'community endpoint CWB' (how the individual or groups assess the global wellbeing of the community or perceive how community conditions impact on overall collective wellbeing) include: Community wellbeing composite index (Sirgy, 2010),[102] Korean subjective

community wellbeing QCA method[105] and Yawuru Wellbeing Survey.[100] Two other frameworks appear to measure CWB directly but with some degree of ambiguity around the measure. Community Wellbeing Questionnaire (Christakopoulou, 2001)[38] measures satisfaction with various domains of community life for an individual but it is unclear whether there is a measure for overall CWB, and Community Quality of Life Scale (Sirgy, 2000)[106] measures global satisfaction with community life with the question "how do you feel about your community?" This could be interpreted as either the community's impact on the individual's wellbeing, or the wellbeing of the community itself. The only frameworks which clearly measure both individual and community endpoint subjective CWB directly are the Korean subjective community wellbeing QCA method,[105] and Community wellbeing composite index (Sirgy, 2010)[102]

3. **Lack of distinction between overall CWB and its determinants, and therefore inability of framework to quantify the relationships between various conditions of community life (determinants) and how well people thrive in their community individually and collectively (CWB)**. This means the framework does not provide information on the most effective way to target increases in CWB. Exceptions include: CIW Community Wellbeing Survey[101] (distinguishes overall aggregated subjective individual wellbeing, taking a community perspective, from dimensions of wellbeing), Community wellbeing composite index (Sirgy 2010),[102] Community Quality of Life Scale (Sirgy, 2000),[106] The Happy City Pulse[103,107] (which distinguishes overall individual life satisfaction from its determinants which include individual endpoint CWB together with personal resources), Happy City's Thriving Places Index (TPI),[95,108] Korean subjective community wellbeing QCA method.[105] A number of frameworks do at least use related wellbeing endpoints that are not strictly 'CWB' per se (such as population wellbeing) and distinguish them from their determinants. Examples of these that make a distinction between a form of population wellbeing (most commonly aggregated subjective life satisfaction) and determinants/components include CIW Community Wellbeing Survey,[101] the Happy City Pulse,[103,107] Economist Intelligence Unit's Global Liveability Index (wellbeing measures is 'livability'),[48,94] Sovereign Wellbeing Index (uses flourishing as the wellbeing measure), Statistics New Zealand NZGSS, Quality of life project[74] (uses quality of life as the wellbeing measure), Wellington Region Genuine Progress Index[109] (distinguishes GPI [composite measure of regional wellbeing] from its components), Treasury's HLSF (in the June 2018 iteration aggregated individual life satisfaction is used as a proxy for overall current national/regional wellbeing, complemented by the dimensions of current wellbeing),[87,88] Statistics New Zealand Te Kupenga,[45] Interplay Wellbeing Project,[20] He Pou Oranga Tangata Whenua[98] (makes the distinction conceptually but does not provide actual measures) and First Nations Community Wellbeing: 'Approaches to community wellbeing'[99] (makes the distinction conceptually but does not provide actual measures)

4. **Failure to consider equity of wellbeing and equity of the determinants of wellbeing:** The vast majority of frameworks reviewed here have no explicit measures of wellbeing equity and equity of its components/determinants. Several fail to measure overall wellbeing equity, but do measure equity of some determinants, most commonly income (e.g. UNSDG,[110] City of Santa Monica Wellbeing Project,[16] City of Sydney Community Wellbeing Indicators,[111] CIW,[112] Waikato Progress Indicators,[113] Waikato and Western Bay of Plenty Vital Signs), or perceived discrimination (e.g. Superu The Family Wellbeing Framework, Superu Whānau Rangatiratanga Framework, Korean City Community Wellbeing Index,[26] Statistics NZ Te Kupenga,[75] Yawuru Wellbeing Survey[100]). There are only four that consider both wellbeing equity and equity of the determinants as key measures: OECD's BLI (measures vertical and horizontal inequality across all dimensions including subjective individual wellbeing), Happy City Thriving Places Index (measures equality of wellbeing, income and health),[108] Korean subjective community wellbeing QCA method (analyses distribution of overall subjective CWB and of each domain of CWB),[105] Treasury HLSF (each dimension of current wellbeing will be analysed for its distribution across the population and by population group, together with a measure of the proportion facing hardship),[87] MSD The Social Report (distribution of social wellbeing outcomes analysed by different demographic groups)

5. **Failure to consider sustainability of CWB over time.** While environmental sustainability is increasingly a central measure in wellbeing frameworks, the majority of frameworks fail to have specific measures of wellbeing sustainability over time. The exceptions are: OECD BLI (measured via the four capital stocks),[89] Community wellbeing composite index: Sirgy 2010 (perception that community conditions are getting better or worse),[102] Quality of life project (perception of whether quality of life has changed in the past 12 months),[114] Treasury's HLSF (measured via the four capitals as for OECD's BLI), Interplay Wellbeing Project (subjective wellbeing: past, current, future).[20] While the intergenerational perspective is aligned with an indigenous worldview, none of the Māori or other indigenous models specifically measure wellbeing sustainability, with the exception of the Aboriginal Interplay Wellbeing Project[20]

6. **Omission of the following measures which according to the literature review are important determinants or dimensions of CWB: children's wellbeing, personal empowerment, cultural identity, community belonging and place attachment.**

   i. *Children's wellbeing.* Despite being recognised as an important marker of future wellbeing the vast majority of frameworks do not explicitly consider the wellbeing of children and those that do, do not have comprehensive (mix of subjective and objective) measures in place. The following frameworks include children's wellbeing to some degree: the UNSDG[110] (objective health system process measures, health outcome measures and objective human rights of the child measures, but no measure of subjective wellbeing), Santa Monica Wellbeing Project[16] (youth mental health and fitness), City of Sydney Community Wellbeing Indicators[111] (objective measures only), Personal Wellbeing Index[115] (a version of the survey for children measuring subjective wellbeing, no objective measures), Happy City's Thriving Places Index[108] (income deprivation affecting children only), Australian National Development Index[96] (devotes an entire dimension to children's wellbeing but specific measures have not yet been released), Canterbury Wellbeing Index[116] (child abuse rates only), Quality of Life Project[74] (child abuse rates only), Waikato Vital Signs[97] (subjective wellbeing not specifically measured but child specific indicators are: child abuse, youth suicide, teen pregnancy, youth in in education, employment, training), ECCT framework "Vision 2030"[80] (children's wellbeing named as a key aspiration, but no specific measure developed), Te Tairāwhiti regional group's Whānau Ora population outcomes framework[117] (measure of whānau violence only), Ngāti Porou Hauora Health Dashboard[118] (objective child health outcomes only), Oranga Tamariki: Te Toka Tumoana Framework[119] (guiding principles focussed on children's wellbeing but no measures), First Nations Community Wellbeing: Approaches to community wellbeing[99] (has a whole dimension devoted to 'raising our children', but no specific measures)

   ii. *Personal empowerment (tino rangatiratanga).* Despite being recognised as an important internal resource for wellbeing this is often overlooked. The frameworks that tend to include it are those that approach it through a positive psychology lens (autonomy), or through a Māori or indigenous worldview (self-determination or tino rangatiratanga). Examples of the former are Bhutan's Gross National Happiness Index[120], Sovereign Wellbeing Index[72], Burckhardt and Flanagan's Quality of Life Scale[121], The Happy City Pulse[107], Treasury HLSF[87] (proposed indicators: proportion of the population reporting a high level of control over their own life, sense of able to be themselves in NZ). Examples of the latter include Te Kupenga[75,122], Hua Oranga[121], Superu Whānau Rangatiratanga Framework[123], Oranga Tamariki: Te Toka Tumoana Framework[124], Panelli and Tipa: Integrated culture-environment linked wellbeing[27], Interplay Wellbeing Project[20], Yawuru Wellbeing Survey[100]

iii. ***Cultural identity,*** in particular from a te ao Māori perspective, encompassing such concepts as collectivism, te reo, whakapapa (genealogy), mauri (essential life force or principle), wairua (life principle, spirit), whanaungatanga (kinship, connectedness, and interdependence), uru te ngangana (balance between complementary or conflicting forces and needs), kaitiakitanga (exercise of customary custodianship: incorporating spiritual matters), taonga tuku iho (treasure handed down from the ancestors) and indigeneity. In general this is omitted from most international frameworks, that at best give a nod to the cultural dimension by measuring access to the arts. Most frameworks developed in NZ do include a measure of cultural identity or connection, and it is a key component of all Māori and indigenous frameworks

iv. ***Community belonging and place attachment.*** These tend to be omitted by the frameworks that are focussed on national or regional scale measurement (such as OECD BLI and UNSDG), but are increasingly being included in community scale wellbeing frameworks. Treasury's HLSF, although national in scale does include subjective sense of belonging in NZ. Although indigeneity is a key concept in Māoridom and other indigenous cultures, belonging and place attachment are not always included as specific measures, possibly because they are implicitly covered under the dimension of culture

7. **Failure to consider whānau as relevant unit of wellbeing measurement** (of particular importance to Māori): exceptions include Bhutan Gross National Happiness Index[120], Statistics New Zealand NZGSS[48] and Te Kupenga[75] (family module of questions and analysis by family type available), Superu The Family Wellbeing Framework[125] and Whānau Rangatiratanga Framework[10,123], Mason Durie: Whānau Capacities, Interplay Wellbeing Project[20] and Yawuru Wellbeing Survey[100]

8. **Taking a contemporary 'Western' approach to wellbeing concepts and measurement processes, rather than considering indigenous world views and ways of collecting and relaying information (such as Kaupapa Māori).** Exceptions: the Māori and indigenous frameworks

9. **Lack of consideration of how to deal with heterogeneity within communities.** None of the frameworks appear to directly address this issue, other than by disaggregation of quantitative results by different population or geographic groups.

6.3.2.2 Summary of attributes of different groups of frameworks

The frameworks can be grouped in several ways, including by scale/geography, which was the main classification used for Table 12 (this tables a separate attachment on our website). Another way to slice them is by data type – subjective, objective, or mixed. Purely subjective frameworks draw their data from questionnaires or scales reporting how people feel about aspects of their community and wellbeing e.g. Happy City Pulse[103], Sovereign Wellbeing Index[20,72], Interplay Wellbeing Project[20], NZGSS[48], Te Kupenga[75]. By contrast some frameworks have purely objective measures e.g. UN Human Development Index[126], Human Rights Measurement Initiative[127], World Health Organization (WHO) Healthy City Indicators[128], Te Tairāwhiti regional group's Whānau Ora population outcomes framework[117], Ngāti Porou Hauora Health Dashboard[118]. The ideal framework contains a mix of objective and subjective data to give a more comprehensive picture of the true situation. The majority of frameworks reviewed here use both data types, although many of the Māori ones are conceptual models that do not have any specific measures associated with them.

International/national:

- This is a heterogeneous category but to generalise many of the international and national frameworks focus on a national or regional scale, rather than community. As such they tend to consider only population wellbeing (the sum of the parts). A few focus on cities, but these tend to be more populated and urban than Gisborne. The ones that hold the most potential for ECT's needs are the Happy City Pulse[95,103] and Thriving Places Index when used in tandem, which claim to be scalable to any population size.

Strengths:

- International credibility and comparability
- Some are scientifically validated (e.g. wellbeing questionnaires/surveys like Personal Wellbeing Index, Sirgy, Forjaz and Christakopoulou's scales)[38,102,104,106,115]
- Well-presented and communicated.

Weaknesses:

- Regional/national focus rather than community
- Many fail to consider factors important in Tairāwhiti like te ao Māori.

Tairāwhiti

This comprises just three frameworks: ECCT framework 'Vision 2030', Te Tairāwhiti regional group's Whānau Ora population outcomes framework and Ngāti Porou Hauora Health Dashboard. [9,117,118] Evidently Ngāti Porou has also developed a wellbeing framework for its iwi based largely on objective markers, but this is not available for review at the time of writing. ECCT's framework is largely a set of community voiced goals following a visioning workshop, but was not developed into a measurement framework as such. It does provide useful insights into the needs and aspirations of the community which given the recommended definition of CWB is highly relevant in terms of domain identification. The Whānau Ora framework was celebrated as an exemplar in the Auditor General's 2015 Whānau Ora report, but it is unsuitable for the proposed ECT context because it lacks subjective measures and a sufficient range of dimensions for CWB. The Ngāti Porou Hauora Health Dashboard is a rigorous approach to population health outcomes but too narrow for a CWB context, focussing primarily on health and limited socioeconomic indicators through a solely objective lens.

Māori

This comprises a diverse set of frameworks. They can be divided into two types: conceptual wellbeing models without measurement attached to them, and measurement frameworks. The former comprise six wellbeing models developed by Sir Professor Mason Durie,[10,34,122,129] esteemed Māori psychiatrist and wellbeing pioneer, together with Panelli and Tipa's ecological model,[27] Rose Pere's te wheke model[35] and The Bay of Plenty DHB's wellbeing model He Pou Oranga Tangata Whenua,[98] models of whānau wellbeing from Superu[123,125] and the Whānau Ora Outcomes Framework,[117] and finally Oranga Tamariki,[124] a best practice social model for social workers dealing with tamariki. The frameworks that include measurement comprise Statistics New Zealand's Te Ao Marama and Te Kupenga (Māori Social Survey).[75,76] The common elements of all these frameworks is their holistic nature and inclusion of culturally salient aspects like a sense of interconnection with whenua, collectivism (importance of whanaungatanga) and the significance of wairua that are often lacking from non-Māori models. The very traditional models like te whare tapa whā do not include modern economic constructs like income and employment.

Other Indigenous

This comprises three frameworks: from Aboriginal Australia the Interplay Wellbeing Project and the Yawuru Wellbeing Survey and from Canada First Nations Community Wellbeing: Approaches to community wellbeing.[20,99,100] The two Aboriginal frameworks both represent community-led approaches to defining and measuring community wellbeing and are surveys so have only subjective measures. The First Nations project is a conceptual wellbeing model that was also community-led but has not been developed into a measurement framework. These frameworks share conceptual similarities with the Māori ones in their self-determined approach to development, their holistic nature and recognition of the importance of aspects of culture for wellbeing.

6.3.2.3 Noteworthy frameworks

These include UNSDG, Sovereign Wellbeing Index, Te Kupenga, NZGSS, HLSF, City of Santa Monica: The Wellbeing Project, Happy City Pulse and Thriving Places Index, OECD BLI, academic research CWB indices, Interplay Wellbeing Project, Mason Durie's models, Yawuru Wellbeing Survey, Korean Subjective CWB Questionnaire QCA, Australian National Development Index, Canadian Wellbeing Index and Survey. These are outlined further in the following sections.

6.4   UN Sustainable Development Goals[110]

6.4.1   Overview

The UN Sustainable Development Goals (UNSDG) were established in 2015 and agreed to by all UN member nations including New Zealand.[130] Rather than a wellbeing framework for communities they are a set of high level political goals for nations. Currently there are 169 targets and 232 indicators.[110] Each country will report voluntarily on its progress against the targets and NZ plans to use a subset of Statistics New Zealand's Indicators Aotearoa New Zealand (IANZ) which are currently under development as a source of measures for New Zealand's wellbeing.[130]

6.4.2   Strengths

- 17 goals which cover a broad range of wellbeing domains (social, economic, environmental) and align with a number of ECT's identified framework requirements (Figure 13)
- Credible institutions (UN for setting targets and indicators; Statistics New Zealand for voluntary reporting)
- International comparability
- Current interest internationally and nationally in aligning central and local governmental strategies and policies with these goals.

6.4.3   Weaknesses

- Conceptually it is a set of policy goals rather than a wellbeing measurement framework
- Does not appear to have been a bottom up approach to domain, target and indicator development
- No specific measures of individual or community subjective wellbeing, and therefore also does not distinguish between CWB and its determinants
- It takes a national rather than community perspective, therefore the vast majority of proposed indicators are objective and at a population aggregated level – so lacking in subjective and community scale measures
- The following domains/measures recommended for CWB are not included: self-assessed health, life expectancy, subjective individual wellbeing, subjective children's wellbeing, empowerment, more social indicators, cultural, sustainability of wellbeing and equity of wellbeing, place attachment, job satisfaction
- Number of indicators arguably too large (compliance cost)
- Reporting system in New Zealand (IANZ) still under development so measurement not yet operational
- Is not customised to the New Zealand or Tairāwhiti context
- Data not necessarily available in Tairāwhiti.

Figure 13: The 17 goals of the UNSDG framework. (Source: http://www.undp.org/
content/undp/en/home/sustainable-development-goals.html)

Photo credit: The Gisborne Herald. Waipaoa Farm Cadets At Carrfields Woolstore.

6.5   Sovereign Wellbeing Index[72]

6.5.1   Overview

Claims to be NZ's first survey designed specifically to measure the wellbeing of New Zealanders, using the concept of 'flourishing' as its outcome measure. It provides a look into how New Zealanders are coping on a personal and societal level within the economic conditions and a comparison with European populations.

6.5.2   Strengths

- Use of individual 'flourishing' as a measure of wellbeing. This is arguably more comprehensive than life satisfaction or quality of life as it includes both hedonic and eudaimonic components
- Validation of the 'five ways to wellbeing' (give, notice, connect, be active, keep learning) as predictors of individual flourishing
- Distinguishes wellbeing from its drivers (or associations) and quantifies the strength of the relationship between them
- NZ designed and administered
- Credible institution (AUT)
- Robust data.

6.5.3   Weaknesses

- Subjective only (lacking objective measures)
- Although domains are evidence-informed there does not seem to have been community involvement in developing the domains
- Focus is mainly on individual rather than collective flourishing, therefore narrower focus of domains and no overall measure of CWB
- Narrow domains: The following domains/measures recommended for CWB are not included: sustainability of wellbeing, equity of wellbeing, cultural, natural environment or infrastructure like housing, healthcare and transport
- Gisborne level data too small to draw statistically significant conclusions (only 65 sampled in 2014 survey)
- May not be frequent enough (last survey published 2015).

6.6   Statistics New Zealand General Social Survey[48]

6.6.1   Overview

A survey that provides information on the wellbeing of New Zealanders aged 15 years and over, using individual life satisfaction as the measure of wellbeing. In particular the survey provides a view of how wellbeing outcomes are distributed across different groups within the New Zealand population regionally and nationally.

6.6.2   Strengths

- Relatively good coverage of social measures, and in the 2018 supplement also good coverage of the 'place' measures (unclear whether this will continue)
- Distinguishes wellbeing from its drivers (or associations) and quantifies the strength of the relationship between them
- NZ designed and administered.

6.6.3 Weaknesses

- Subjective only (lacking objective measures)
- Unclear the degree to which community were involved in development of the domains (some consultation for the 2018 supplement was undertaken)
- Focus is on individual wellbeing (life satisfaction) aggregated to a regional and national level, as such no direct measure of collective (community) wellbeing
- Lacks the following domains/measures recommended for CWB: life expectancy, children's wellbeing, community belonging, equity of wellbeing, sustainability of wellbeing, sufficient 'place' measures
- Unclear whether Gisborne level data large enough for statistically significant conclusions
- 2 yearly frequency may be too infrequent.

6.7 Statistics New Zealand Te Kupenga (Māori Social Survey)[75]

6.7.1 Overview

The first survey of Māori wellbeing (using individual life satisfaction as the wellbeing measure). It gives a picture of the social, cultural, and economic wellbeing of Māori in New Zealand, including information from a Māori cultural perspective.

6.7.2 Strengths

- Distinguishes wellbeing from its drivers (or associations) and quantifies the strength of the relationship between them
- Domains are both evidence and community (Māori) informed
- Strong emphasis on cultural measures
- Includes measures of whānau level wellbeing
- Te ao Māori perspective
- NZ designed and administered.

6.7.3 Weaknesses

- Subjective only (lacking objective measures)
- Focus is on individual wellbeing (life satisfaction) aggregated to a regional and national level, rather than CWB, as such there is no direct measure of CWB
- The following domains/measures recommended for CWB are not included: the natural environment, life expectancy, children's wellbeing, community belonging, sustainability of wellbeing, equity of wellbeing and determinants, healthcare and transport
- May be too infrequent (5 yearly currently).

6.8   Treasury's Higher Living Standards Framework[87]

6.8.1   Overview

The Higher Living Standards Framework (HLSF) is a framework to consider the collective impact of policies on intergenerational wellbeing, that has been under development by the New Zealand Treasury since 2011.[88,130] The Minister of Finance has announced that the 2019 budget will be a "wellbeing budget", with budget priorities explicitly structured around intergenerational wellbeing.[87] The HLSF recognises that, while aggregate national income (GDP) is an important enabler of higher living standards, it is not designed to be a measure of wellbeing.[131] At its simplest, the HLSF involves three concepts: current wellbeing, future wellbeing, and risk and resilience.[130] The Treasury's HLSF is a way of viewing these three concepts and their interplay with each other.[130] To represent a more comprehensive "Beyond GDP" view of wellbeing, the HLSF uses a stock/flow approach in which households, firms and government combine four "capitals" (stocks, representing "future wellbeing") – natural, human, social and financial/physical – to generate flows of tangible and intangible goods and services that enhance wellbeing now ("current wellbeing") and in the future. Sustainable ("intergenerational") wellbeing depends on the sustainable growth and distribution of the four capitals, which together represent the comprehensive wealth of New Zealand.[131] To produce a snapshot of current wellbeing, this framework draws on a range of different indicators and frameworks available internationally, in particular the OECD's Better Life Initiative (BLI) framework.[131] Proposed domains and indicators for current wellbeing are shown in Table 13, and Figure 14 demonstrates the relationship between future and current wellbeing. Not depicted in Figure 14 but also for inclusion in the framework dashboard are measures of inequality. It is proposed that for each domain there will be a measure of vertical equity (dispersion), horizontal equity (analysis by population group) and the proportion in hardship.
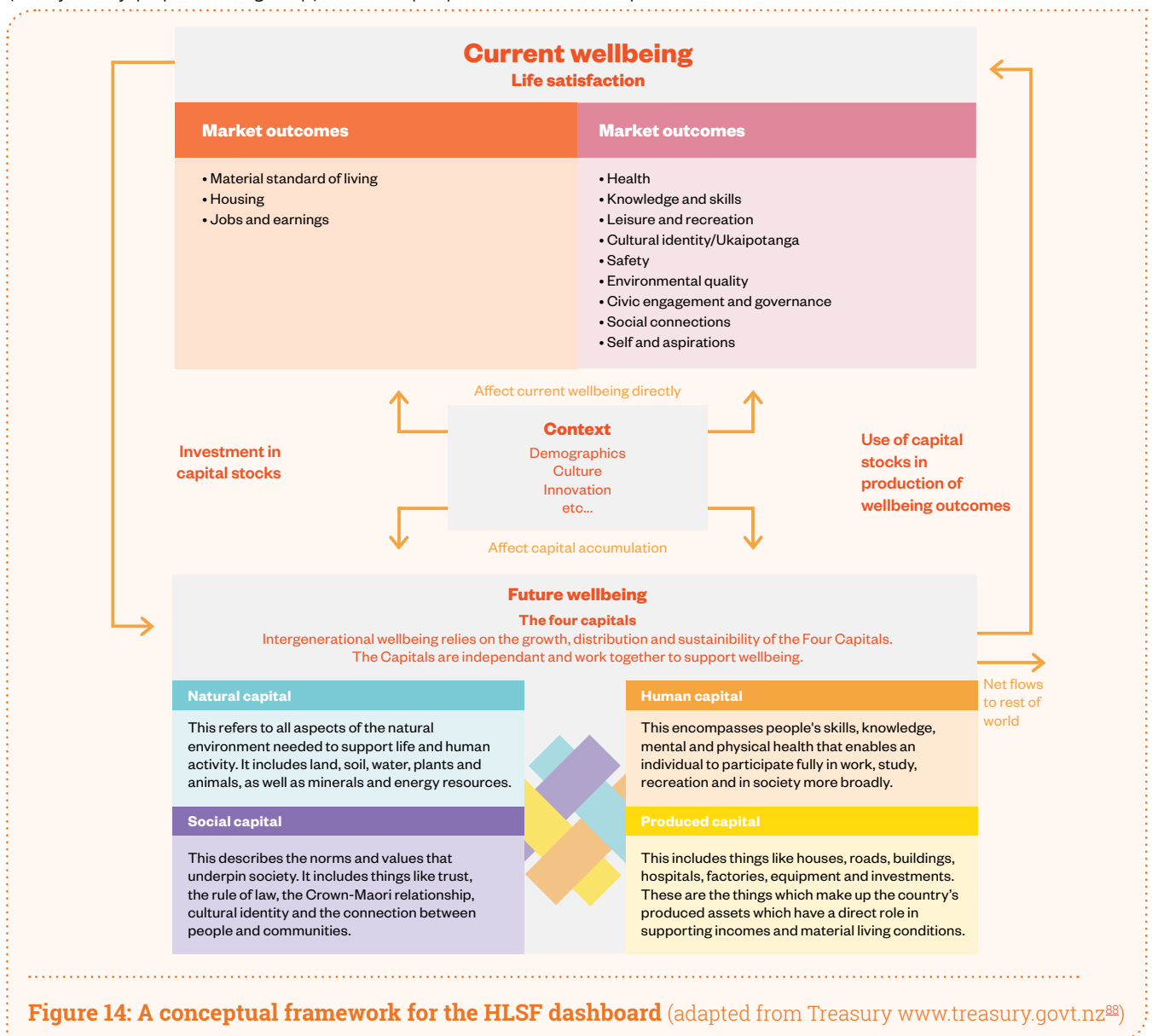

Figure 14: A conceptual framework for the HLSF dashboard (adapted from Treasury www.treasury.govt.nz[88])

Table 13: Provisional table of current wellbeing indicators in HLSF (December 2017)
(adapted by Treasury, reproduced with permission[93])

Dimension	Indicators	
Housing	• Housing expenditure	• Dwellings with basic facilities
	• Rooms per person	
Income	• Household financial wealth	• Household net adjusted disposable income
Jobs	• Job security	• Personal earnings
	• Long-term unemployment rate	• Employment rate
Community	• Quality of support network	
Education	• Years in education	• Student skills
	• Educational attainment	
Environment	• Water quality	• Air quality
Civic Engagement	• Stakeholder engagement for developing regulations	• Voter turnout
	• Corruption	
Health	• Self-reported health	• Life expectancy
	• Suicide rate	
Life Satisfaction	• Life satisfaction	
Safety	• Homicide rate	• Feeling safe walkiing alone at night
Work-Life Balance	• Time devoted to leisure and personal care	• Employees working very long hours
	• Volunteering	
Cultural Indentity	• Local content on New Zealand television	• Māori language speakers
	• Language retention	

6.8.2 Strengths

• Includes a comprehensive range of domains
• Explicitly includes cultural aspects, wellbeing equity and wellbeing sustainability
• Stocks and flows model explicitly takes into account capital available for future wellbeing
• Credible institution (Treasury)
• Both subjective and objective data
• Data likely to be robust (will draw on Statistics New Zealand's IANZ)
• NZ designed and administered.

6.8.3 Weaknesses

• Focus is on individual wellbeing (life satisfaction) aggregated to a regional and national level, rather than CWB, as such there is no direct measure of collective (community) wellbeing
• The following domains/measures recommended for CWB are not included: children's wellbeing, place attachment, healthcare, and transport. Need to ensure adequate measures of wider social relationships and more direct measure of sustainability of wellbeing. Environmental sustainability measures (as part of Natural Capital) have not yet been developed
• Although there is public consultation on the document it is still appears to be largely a top down approach to domain development
• Includes life satisfaction as a 'proxy' to current wellbeing and lists 11 other dimensions of current wellbeing, but unclear whether it will analyse the relationship between life satisfaction and these dimensions
• Still under development so not yet operational
• Is not customised to the Tairāwhiti context
• Data not necessarily available in Tairāwhiti.

6.9   OECD Better Life Initiative[89]

6.9.1   Overview

The OECD Framework for Measuring Wellbeing and Progress (Figure 15) is based on the recommendations made in 2009 by the Commission on the Measurement of Economic Performance and Social Progress to which the OECD contributed significantly. This Framework is built around three distinct domains: material conditions, quality of life and sustainability, each with their relevant dimensions.
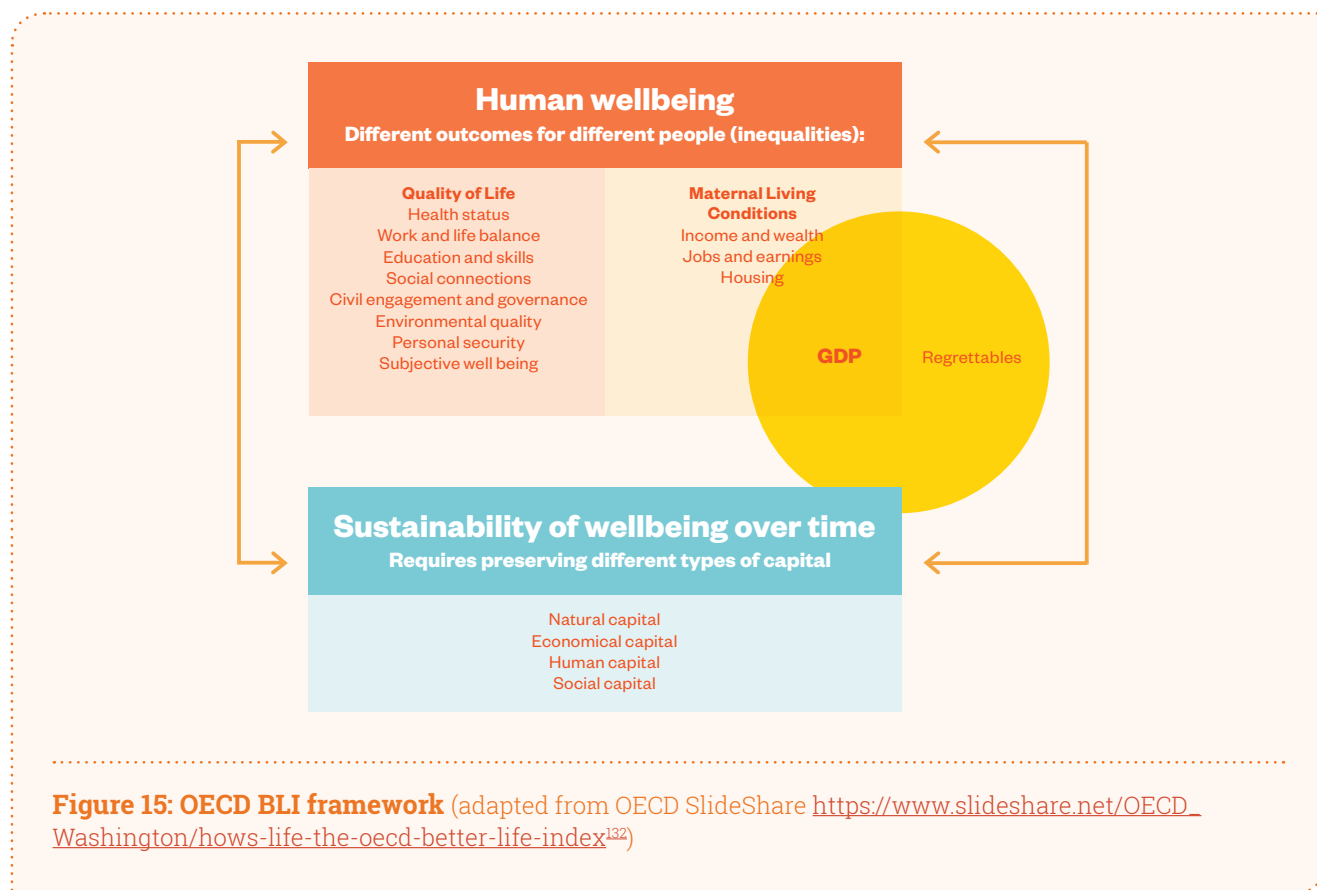

Human wellbeing
Different outcomes for different people (inequalities):

Quality of Life
Health status
Work and life balance
Education and skills
Social connections
Civil engagement and governance
Environmental quality
Personal security
Subjective well being

Maternal Living Conditions
Income and wealth
Jobs and earnings
Housing

GDP   Regrettables

Sustainability of wellbeing over time
Requires preserving different types of capital

Natural capital
Economical capital
Human capital
Social capital

Figure 15: OECD BLI framework (adapted from OECD SlideShare https://www.slideshare.net/OECD_Washington/hows-life-the-oecd-better-life-index[132])

6.9.2   Strengths

- Explicitly includes wellbeing equity and wellbeing sustainability
- International and national regional comparability https://www.oecdregionalwellbeing.org/index.html
- Both subjective and objective data
- Stocks and flows model explicitly takes into account capital available for future wellbeing
- Credible institution (OECD)
- Well established framework (circa 2008)
- Data likely to be robust
- Annual data
- Data available for Gisborne under OCED Regional Wellbeing (excluding equity and sustainability) https://www.oecdregionalwellbeing.org/index.html.

6.9.3 Weaknesses

- Focus is on individual wellbeing (life satisfaction) aggregated to a regional and national level, rather than CWB, as such there is no direct measure of collective (community) wellbeing
- Does not have a measure of overall wellbeing (is a multi-dimension construct) and does not distinguish between this and its determinants
- Lacking the following measures identified as relevant to CWB: community engagement in developing the domains/indicators, mental health, children's wellbeing, personal empowerment, belonging, cultural, green space, place attachment, job satisfaction, healthcare, transport
- Appears to have been largely a top down approach to domain development
- Is not customised to the New Zealand or Tairāwhiti context.

6.10 City of Santa Monica: The Wellbeing Index[16]

6.10.1 Overview

Running since 2014 this community focussed index brings together a variety of data from City measures, an extensive resident survey and social media in six distinct yet connected categories of what research shows drive wellbeing: community, health, place and planet, learning, economic opportunity, outlook ([Figure 16]).

Figure 16: The domains of Santa Monica's Wellbeing Index (adapted from https://wellbeing.smgov.net/about/wellbeing-index)

6.10.2 Strengths

- Domains are both community and evidence-informed – index was co-designed by community and local government
- Excellent community engagement, including communication strategy and use of technology/social media and innovation
- Uses both subjective and objective measures
- Mixed innovative data sources (bespoke survey, social media analysis, existing secondary data sources)
- Completes the loop: measures wellbeing and then acts on the measurements to implement programmes and policies e.g. wellbeing microgrants targeting areas of need identified https://wellbeing.smgov.net/microgrants.

6.10.3 Weaknesses

- Although focus is on the wellbeing of the community there is no direct measure of collective (community) wellbeing
- Does not have a measure of overall wellbeing (is a multi-dimension construct) and does not distinguish between this and its determinants
- Lacking the following measures identified as relevant to CWB: children's wellbeing, personal empowerment, cultural, job satisfaction, equity of wellbeing, sustainability of wellbeing, environmental sustainability
- Is not customised to the New Zealand or Tairāwhiti context
- Data not necessarily available in Tairāwhiti.

6.11 Happy City: Thriving Places Index and Happy City Pulse[95,103]

6.11.1 Overview

These two tools are designed to be used together to give a comprehensive view of wellbeing in a given place. The Thriving Places Index measures the 'conditions of wellbeing' (determinants), while the Happy City Pulse compliments this by measuring current wellbeing, reportedly at any scale including community.

6.11.2 Thriving Places Index

The Happy City Index (HCI) prototype was developed by Happy City and the New Economics Foundation (NEF) in the UK in collaboration with local, national and international experts. Between 2011-2014 they undertook widespread consultation and grassroots research into what was needed and what 'mattered' in local communities.[95] This was followed in 2015 by the first version of the Index framework, criteria for indicator selection and the first full indicator set which was piloted in 2016 in nine English cities.[95] In 2017 version 2 of the Index was developed, renamed the Thriving Places Index, building on the feedback, learning and newest evidence, research and data availability, and data was collected for all upper-tier local authorities in England.[95] Framework domains and sub-domains are shown in Figure 17.
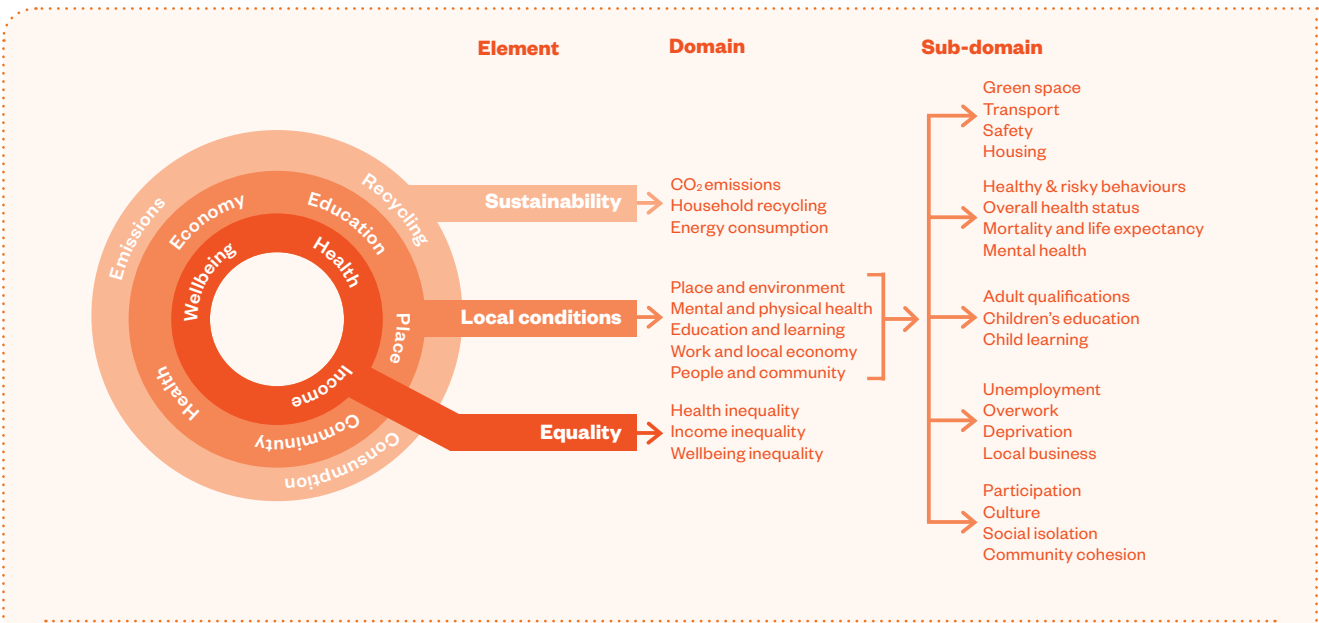
Figure 17: Thriving Places Index framework (adapted from Thriving Places Report, 2017[108])

6.11.3 The Happy City Pulse

The Happy City Pulse is an online survey that was designed in collaboration with the New Economics Foundation (NEF) and validated by the University of Bristol.[95] It measures three key areas of personal wellbeing: how people feel (BE), how they act (DO) and how they relate to others (CONNECT), as well as exploring how citizens engage with life in their city ([Figure 18](#) shows the domains and indicators).[107]
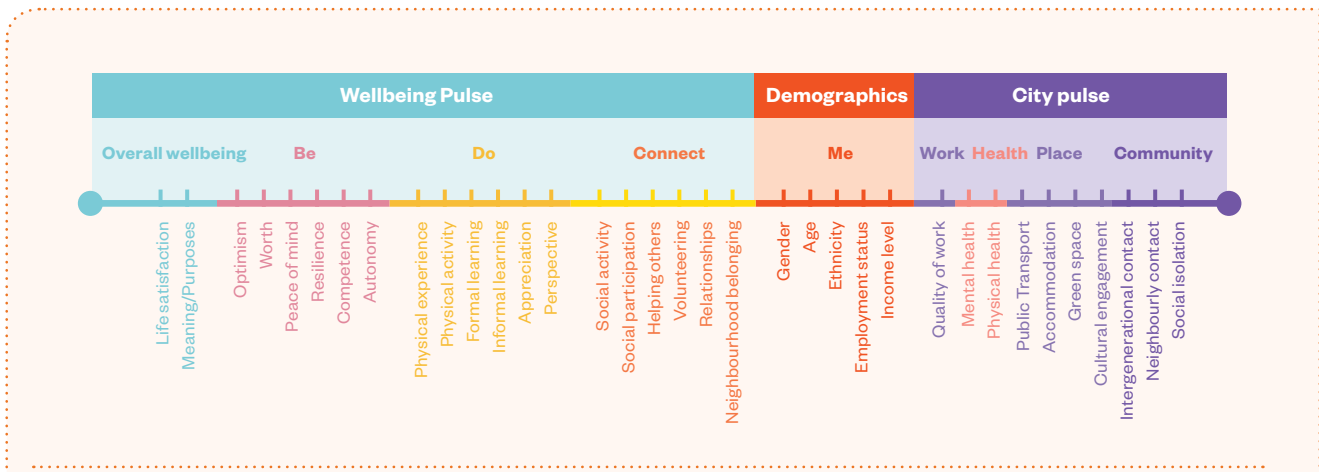

Figure 18: The key areas of personal wellbeing and life in the city measured by the Happy City Pulse survey (adapted from Happiness Pulse 2016 Report[107])

6.11.4 Strengths

- Includes a comprehensive range of domains, including almost all those recommended for ECT's purposes
- Explicitly includes wellbeing equity and wellbeing sustainability (by way of measuring the determinants of wellbeing)
- Designed for city and community scale
- Distinguishes overall wellbeing from the determinants
- Framework validated by pilot studies in UK
- Online survey is easy to access and use
- Uses both subjective and objective measures
- Well-presented reporting tool.

6.11.5 Weaknesses

- Lacking the following measures identified as relevant to CWB: children's wellbeing, cultural identity and healthcare
- Although focus is on the wellbeing of the community there is no direct measure of collective (community) wellbeing
- Is not customised to the New Zealand or Tairāwhiti context
- Data not necessarily available in Tairāwhiti.

6.12 Interplay Wellbeing Project[20]

6.12.1 Overview

Australian Aboriginal knowledge is passed on through stories, and governments mainly speak the language of numbers, so the Interplay Project aimed to bring together stories and numbers, for the two worlds to meet.[20,133] Over four years, a 'shared space' model (Figure 19) was applied whereby community, government and researchers collaborated to design and implement a holistic Interplay Wellbeing Framework and survey tool for remote communities.[133] It integrates domains that community identified as being important, being culture, empowerment and community with those prioritised by government, including education, employment and health (Table 14). These six domains are integrated into a holistic model of wellbeing[133]. Statistical validation of the framework and survey tool was based on survey data collected from 900 young Aboriginal adults from four different remote communities nationally.[134]

6.12.2 Strengths

- Meaningful community engagement (participatory action research)
- The 'shared space' model of co-design fits with ECT's needs
- Domains are both evidence and community informed
- Incorporates an indigenous worldview and integrates this with a contemporary 'Western worldview'
- Includes a survey question that is a direct measure of collective wellbeing ("how is your community going?") from a subjective individual perspective
- Includes a measure of wellbeing sustainability (perceptions of past, present and future wellbeing)
- Statistical validation of the framework and survey tool
- Quantification of the relationships between overall wellbeing (individual life satisfaction) and the factors associated with it (determinants) and innovative interactive tool to communicate this (see https://old.crc-rep.com/wellbeingframework/ and https://old.crc-rep.com/wellbeingframework/NTERRELATIONSHIPS.html).

6.12.3 Weaknesses

- Subjective measures only
- Lacking the following measures identified as relevant to CWB: life expectancy, close relationships, belonging, wellbeing equity, environmental measures, income, housing, transport
- Although the stated focus is on collective wellbeing and there is a survey question on this ("how is your community going?") the final measure of wellbeing used instead appears to be based on subjective individual wellbeing aggregated to a population level
- Is not customised to the New Zealand or Tairāwhiti context
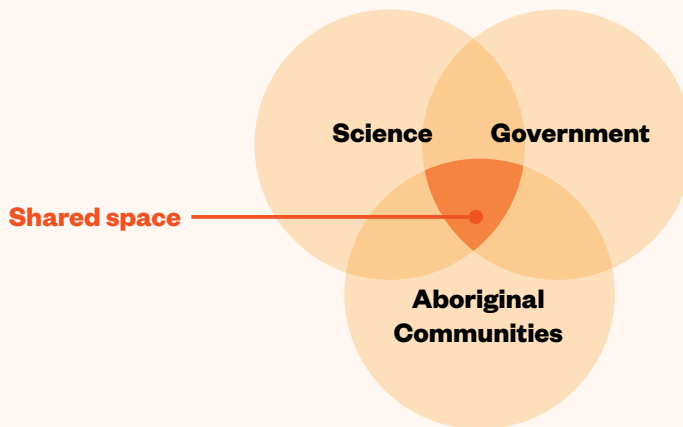- Data not necessarily available in Tairāwhiti.

Figure 19: Interplay Wellbeing Project shared space governance model
(adapted from Interplay Wellbeing Framework, 2017[20])

Table 14:   Domains and sub-domains represented in Interplay Wellbeing Project survey
(adapted from Interplay Wellbeing Framework, 2017[20])

Framework Domains	Survey Item
Culture	Language, country, law, ceremony, family, importance of culture, practicing culture, culture in school
Community	Leadership, safety, connectedness, trust and respect, services
Empowerment	Inclusiveness, mobility, resilience, self-efficiency, identity, agency, hope
Education	Achievements/outcomes, English literacy and numeracy, focus, motivations, barriers, pathways to work
Work	Paid job, volunteer work, cultural and family work, pathways from education, culture at work, motivations, barriers, work life balance, value/meaning in work
Health	Nutrition, food security, exercise, substance use, anxiety, depression, medical conditions, physical health, dental health, health services, barriers
Wellbeing	Now, past, future

6.13 Yawuru Wellbeing Survey[100]

6.13.1 Overview

Developed between 2013-15 this is a tool for monitoring the wellbeing of the Yawuru Aboriginal people in Broome Australia over time, based on measures identified by Yawuru people themselves according to their definitions of what might be considered success markers of living well.[100] Key markers of success identified were connectedness, health and material wellbeing and self-determination.[100]

6.13.2 Strengths

- High community engagement through a bottom up approach from conception to operation (community participatory approach)
- Co-design and co-production of the framework and survey by Aboriginal community members and researchers with use of 'recognition space' (Figure 21)
- Mixed methods approach to explore the wellbeing of through stories, as well as the Yawuru Wellbeing Survey, to paint a localised and multi-dimensional experience of wellbeing (Figure 22)
- Recognition of importance of culture (Figure 20)
- Whānau level wellbeing measures.

6.13.3 Weaknesses

- Subjective measures only
- Unclear to what degree domains are evidence-informed
- Does not distinguish between overall wellbeing and determinants
- Lacking the following measures identified as relevant to CWB: life expectancy, children's wellbeing, equity of wellbeing, sustainability of wellbeing, sufficient measures of the natural environment, job satisfaction, healthcare
- Is not customised to the New Zealand or Tairāwhiti context
- Data not necessarily available in Tairāwhiti.

Figure 20: Yawuru concepts of wellbeing (adapted from Joe Roe, 2000, in Yap and Yu, 2016[100])
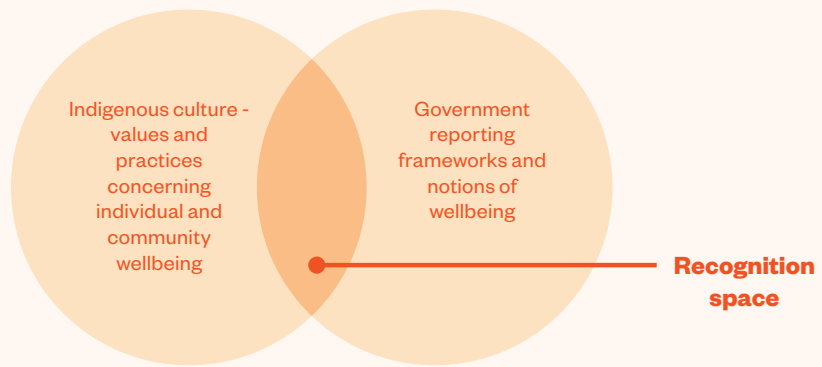
Operationalising the recognition space:
What is the aim? (why measure?)
How is wellbeing conceptualised? (what matters?)
By whom? (who decides?)
Through what process? (how to measure?)

Figure 21: Taylor's Recognition Space (adapted from Yap and Yu, 2016[100])

Photo credit: The Gisborne Herald. Gizzy School Lunches.

1

PHASE 1 - QUALITVE DATA

STUDY PHASE		METHODS		OUTCOME
Stage 1 Data collection	→	Semi-structured interviews with Yawuru men and women across different age groups	→	Define what is to be measured as wellbeing from Yawuru perspectives
Stage 2 Data analysis	→	Thematic analysis from interview transcription	→	Generate pool of potential indicators of wellbeing
Stage 3 Data validation	→	Focus Group exercises with 10 men and 16 women		
		Selection of indicators individually (aggregated up to group)	→	Selection of possible indicator by frequency of selection
		Focus group discussion to validate the selections from the exercises		Refinement of list of indicators Mapping of qualitive information into survey development

2

PHASE 2 - QUANTITATIVE DATA

STUDY PHASE		METHODS		OUTCOME
Stage 5 Survey development	→	Questionnaire Development Identify sample Steering committee Training Research Assistants Pilot Survey	→	Draft Yawuru Wellbeing Survey
Stage 6 Data collection	→	Administer full survey	→	Yawuru Wellbeing Survey
Stage 7 Data analysis				

Figure 22: Yawuru wellbeing research: mixed methods approach (adapted fromYap and Yu, 2016[100])

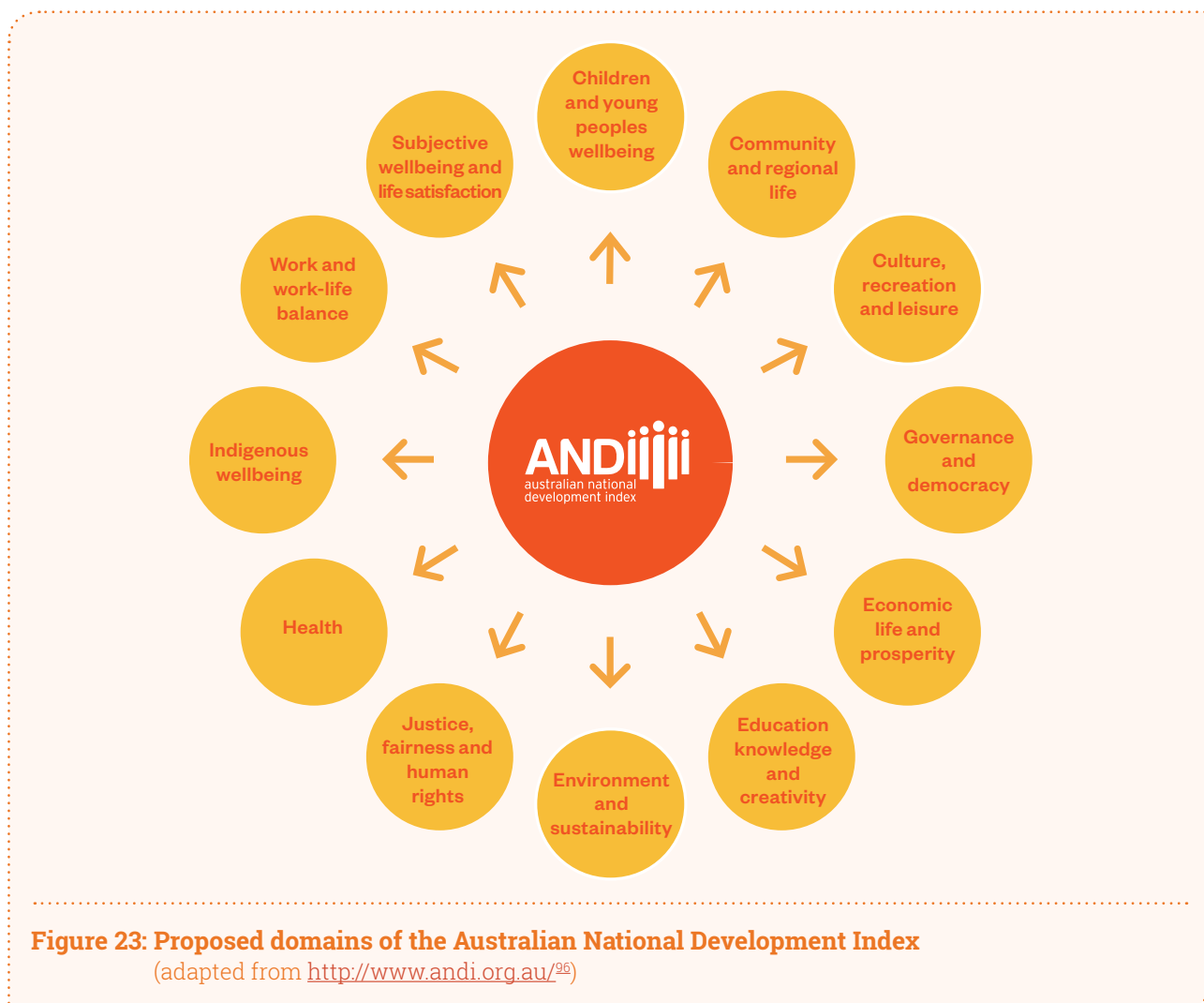## 6.14 Australian National Development Index[96]

6.14.1 Overview

A community-led initiative still under development (an incorporated member-owned initiative of community organisations, peak bodies, businesses, faith-based organisations, researchers, and independent, non-partisan grassroots citizens).[96] Aims to provide a holistic. measure of national progress and wellbeing.[96] The index reflects the values and priorities of Australians and tells us how we are doing as people, as communities and as a nation.[96]

6.14.2 Strengths

- Co-design process: draws together evidence experts and community aspirations
- Includes a comprehensive range of domains (Figure 23)
- Explicitly includes cultural aspects (indigenous wellbeing), equity and children's wellbeing.

6.14.3 Weaknesses

- Still under development and incomplete information available in the public domain – unclear exactly what the final domains and indicators will be, or whether there will be a direct measure of subjective CWB and a distinction between wellbeing and determinants
- Is not customised to the New Zealand or Tairāwhiti context
- Data not necessarily available in Tairāwhiti
- Still under development so not yet operational.

Figure 23: Proposed domains of the Australian National Development Index
(adapted from http://www.andi.org.au/[96])

6.15   Canadian Index of Wellbeing and Canadian Index of Wellbeing Survey[101,112]

6.15.1 Overview

The Canadian Index of Wellbeing (CIW) tracks changes in eight quality-of-life categories or domains including: community vitality, democratic engagement, education, environment, healthy populations, leisure and culture, living standards, and time use (Figure 24). It aims to provide a monitoring framework for assessing progress towards the wellbeing of Canadians as a whole. Building on the success of the CIW national and provincial indices, the CIW developed a survey for measuring the subjective wellbeing of Canadians. The survey process uses the CIW framework – incorporating all eight domains. Adaptable to any population scale, the survey asks randomly selected members of a community, age 18 and older, a range of questions to indicate how they are really doing with respect to aspects of each domain and wellbeing overall (Figure 25). When used together there tools provide a more comprehensive view of wellbeing.

6.15.2 Strengths

- Domains are both evidence and community informed
- Includes a comprehensive range of domains
- Uses both subjective and objective measures
- Survey validated in pilot study
- Distinguishes overall aggregated subjective individual wellbeing (taking a community perspective) from dimensions
- Well-presented reporting tool
- Internationally credible source (University of Waterloo, Canada).

6.15.3 Weaknesses

- When considered together (CIW and the survey) still lacking the following measures identified as relevant to CWB: children's wellbeing, personal empowerment, meaningful cultural measures, equity of wellbeing, sustainability of wellbeing, place attachment
- No direct measure of collective (community) wellbeing
- Is not customised to the New Zealand or Tairāwhiti context
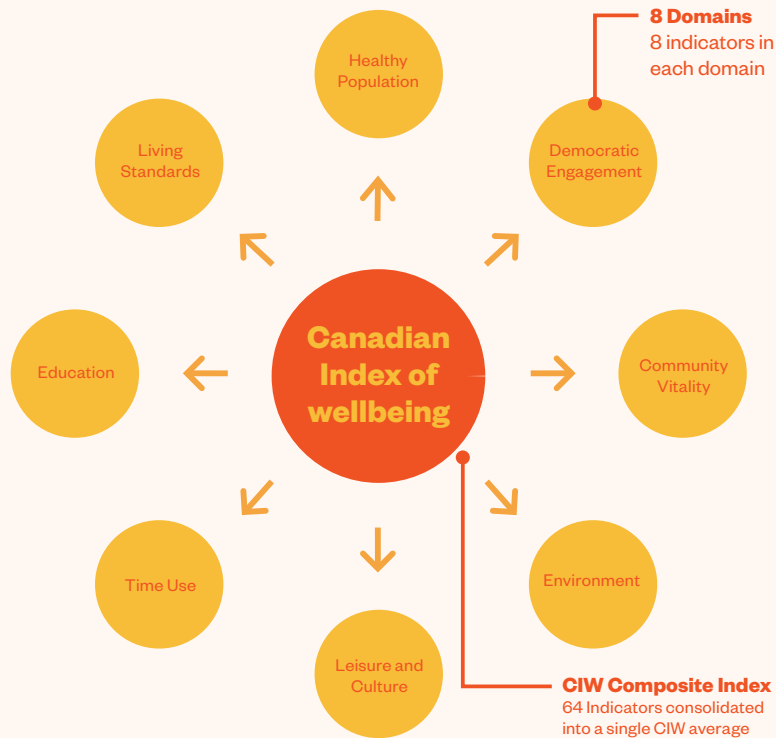- Data not necessarily available in Tairāwhiti.

Figure 24: Canadian Index of Wellbeing domains
(adapted from: https://uwaterloo.ca/canadian-index-wellbeing/[112])

COMMUNITY WELLBEING SURVEY

Section A: Community Vitality

	Yes	No
In the past 12 months, did you do any unpaid volunteer work for any organization?	◯	◯

In the past 12 months, were you a member of or a participant in...

	Yes	No
A union or professional association?	◯	◯
A political party or group?	◯	◯
A sports or recreational organization (e.g. hockey league, health club, golf club)?	◯	◯
A cultural, educational or hobby organization (e.g. theatre group, book club, bridge club)?	◯	◯
A religious-affiliated group (e.g. church youth group, choir)?	◯	◯
A school group, neighbourhood, civic or community association (e.g. PTA Alumni, block parents, neighbourhood watch)?	◯	◯
A service club or fraternal organisation (e.g. Kiwanis, Knights of Columbus, the Legion)?	◯	◯
A public interest group (e.g. Focused on the environment, animal welfare, food security, homelessness)?	◯	◯
Some other organised group or activity not mentioned above?		

In the past 12 months, did you provide any unpaid help to anyone...

	Yes	No
With work at their home such as cooking, cleaning, gardening, maintenance, painting, shovelling snow, or car repairs?	◯	◯
By doing any shopping, driving someone to the store, or to any other appointments?	◯	◯
With paperwork tasks such as writing letters, doing taxes, filling out forms, banking, paying bills, or finding information?	◯	◯
With health-related or personal care, such as emotional support, counselling, providing advice, visiting the elderly, unpaid babysitting?	◯	◯
With unpaid teaching, coaching, tutoring or assisting with reading?	◯	◯

Figure 25: Excerpt from Canadian Index of Wellbeing survey
(adapted from: Canadian Index of Wellbeing website[101])

6.16   Mason Durie's Māori Wellbeing frameworks

6.16.1   Overview

Professor Sir Mason Durie (Rangitāne, Ngāti Kauwhata, Ngāti Raukawa) is one of New Zealand's most respected academics, and was knighted in 2010 for services to public and Māori health. He has developed a number of models of Māori wellbeing including te whare tapa whā (Figure 3),[34] hua oranga (for individual wellbeing in those receiving mental health interventions),[122] whānau capacities (for group wellbeing, Table 15),[10] te ngahuru (for national/regional wellbeing, Figure 27),[10] te pae mahutonga (for health promotion)[135] and te ritorito framework (whānau, hapu and iwi mauri ora, Figure 28).[10] Some of these models have been widely adopted in the health and education sector, especially the earlier ones like te whare tapa whā.

6.16.2   Strengths

- Generally developed with community consultation (hui)
- Founded in te ao Māori so relevant to te Tairāwhiti's population
- Holistic in nature so include broad scope of domains
- Emphasise whanaungatanga, the environment, culture, collectivism.

6.16.3   Weaknesses

- Mostly conceptual models rather than measurement frameworks so generally do not have specific indicators/measures assigned to the domains. Therefore would need further work to assign measures before could be operational
- Often overlook the economic/material wellbeing domains like income and employment
- Don't tend to have wellbeing equity and wellbeing sustainability as explicit domains (although implied).

Te Pae Mahutonga

Te Pae Mahutonga (Southern Cross Star Constellation) brings together elements of modern health promotion.

The four central stars of the Southern Cross represent four key tasks of health promotion Mauriora, Waiora, Toiora and Te Oranga. The two pointers represent Ngā Manukura and Te Mana Whakahaere.

Mauriora cultural identity

Waiora physical environment

Ngā Manukura community leadership

Te Mana Whakahaere community autonomy

Toiora healthy lifestyles

Te Oranga participation in society

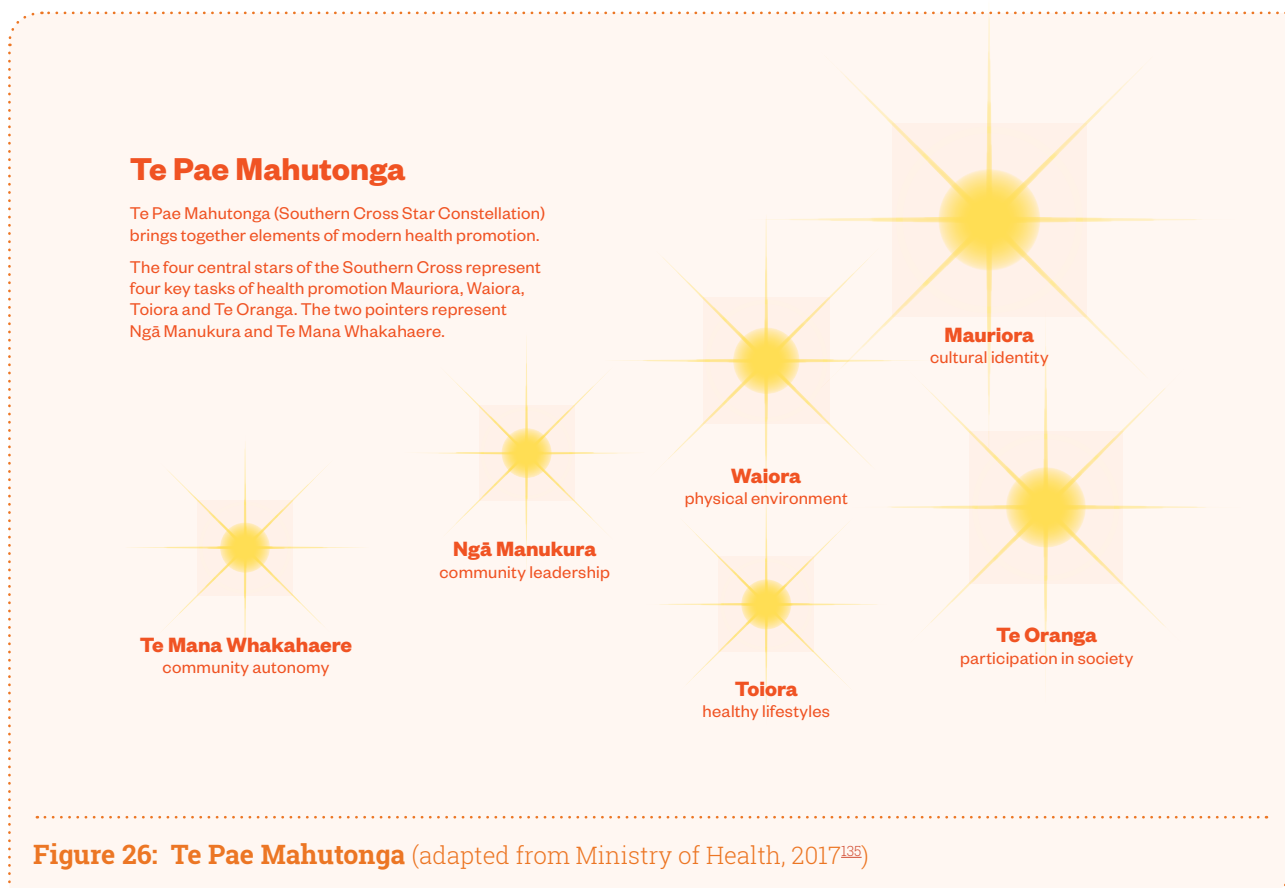**Figure 26: Te Pae Mahutonga** (adapted from Ministry of Health, 2017[135])

Table 15: Whānau Capacities – a wellbeing measure for whānau (adapted from Te Ritorito, 2017[10])

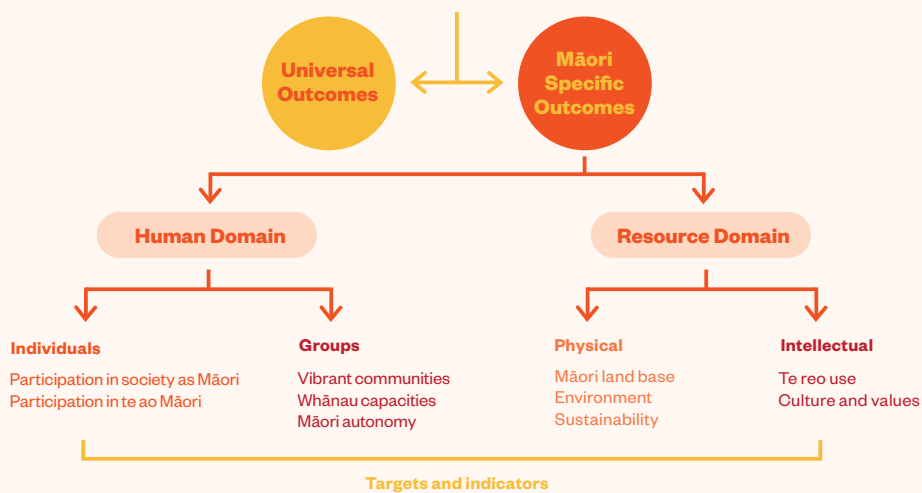| Whānau Function	Key Tasks
Manaakitanga	Care of whānau
Pupuri taonga	Guardianship
Whakamana	Empowerment
Whakatakoto tikanga	Planning
Whakapumau tikanga	Cultural endorsement
Whaka-whanaungatanga	Whanau consensus

Figure 27: Te Ngahuru – outcomes for Māori (adapted from Te Ritorito, 2017[10])
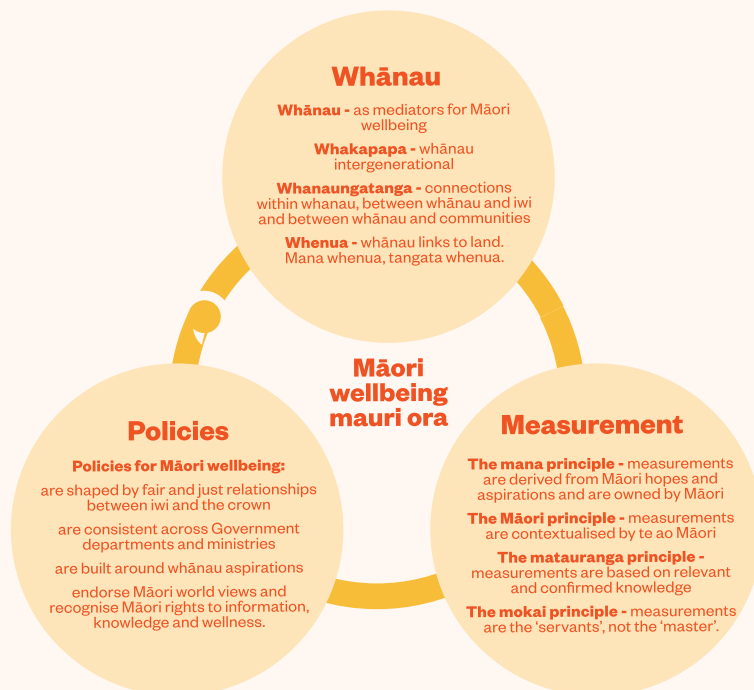

Figure 28: A Māori wellbeing framework: 3 dimensions
(adapted from presentation by Sir Mason Durie at Te Ritorito 2017 [10])

6.17 Academic research related CWB indexes

6.17.1 Overview

There is a reasonable body of academic literature devoted to the measurement of CWB. A number of indexes have been developed and scientifically validated in international populations and published in peer reviewed academic journals. These are of two main types: surveys/questionnaires that provide subjective data only, and indexes that combine both subjective and objective data. Examples of pure questionnaires include Community Quality of Life Scale: Sirgy 2000,[106] Community wellbeing composite index: Sirgy 2009,[102] Community Wellbeing Questionnaire: Christakopoulou 2001,[38] and Korean subjective community wellbeing QCA method.[105] An example of a mixed subjective/objective index is the Korean City Community Wellbeing Index.[26]

6.17.2 Strengths

- All these indexes have community scale wellbeing as their explicit focus
- Models have been scientifically validated
- Evidence-based domains
- Several provide direct measures of subjective CWB.

6.17.3 Weaknesses

- The questionnaires provide only subjective measures
- Tend to involve a more top down approach to framework development
- None cover all the domains/measures identified as being relevant to CWB in this report. In particular there is a general lack of focus on wellbeing equity (exception: Korean Subjective Community Wellbeing QCA method), wellbeing sustainability (exception Community wellbeing composite index: Sirgy 2009), culture and children's wellbeing
- Frameworks not presented in a format that is easy for non-academics to understand and engage with
- Not customised to the New Zealand or Tairāwhiti context
- Data not necessarily available in Tairāwhiti.

6.18   Horizon scan conclusion

While several wellbeing frameworks fulfil a reasonable proportion of ECT's proposed criteria there is no single framework that fulfils all the criteria. The key things that need adapting in the existing suite of frameworks are ensuring appropriate community engagement in developing and implementing the framework, considering te ao Māori perspectives on CWB in terms of both approach (kaupapa Māori methodologies) and domains/ measures included (e.g. culture), incorporation of the scientific evidence on the determinants of CWB, inclusion of a measure of subjective CWB, explicit consideration of CWB equity and CWB sustainability, and practical data considerations especially availability of data and validation of the model. It is therefore recommended that ECT customises a CWB framework and does so by drawing on its criteria, suitable aspects of the reviewed frameworks, and further community engagement.

In addition, it is useful to take a step back and consider whether the 'determinants' identified in these studies are a true and complete reflection of all that constitutes CWB. And even if so is it simply a matter of measuring which of these determinants is deficient and implementing a programme to directly address each deficiency? Or are there are other less tangible and more complex forces at play both in terms of the important prerequisites for CWB, and the correct 'formula', if any, for improving and sustaining it? To consider these a different approach would need to be taken, for example conceptualising CWB as a 'complex system'. One potential approach could draw on techniques used to study longevity in the Blue Zones Project.[136] Blue Zone researchers embarked on a project to better understand the key to longevity by trying to reverse engineer it. They did so by visiting so-called 'Blue Zones', rare hotspots where populations live longer in good health than elsewhere, interviewing centenarians and identifying the factors these people and places have in common.[136] A similar 'working backwards' approach could be taken for CWB: identify high CWB zones and gather data, in particular people's stories, to gain insight into the process and factors involved.

Photo credit: The Gisborne Herald.

7. Recommendations for ECT community wellbeing measurement framework development and implementation

Based on a critique of the best practice literature of determinants of CWB[19 15 7], the horizon scan of wellbeing frameworks and ECT's needs the following recommendations for framework selection/development are proposed, pending formal community engagement.

7.1 Define framework purpose, community wellbeing concepts and approach

1. **Collaborative partnership** with community in designing and implementing the framework[19,20,25]

2. **Purpose:** Define purpose of framework e.g. to measure CWB to support enhancement of CWB in an equitable sustainable way (recommended)

3. **Understand CWB concepts and ideology for Tairāwhiti context:** recommend that CWB be viewed through a te ao Māori and socio-ecological system lens in which interconnections are central, and especially those between people, and between people and external conditions, rather than an individualistic economic growth lens. Given the 50:50 Māori/non-Māori population composition in Tairāwhiti (and the fact that Māori are over-represented in the statistics on drivers of low wellbeing) recommend an integration of holistic Māori concepts of wellbeing and measurement (including kaupapa Māori research) with more 'Western' focussed approaches

4. **Definitions:** Have a clear working definition of CWB that includes an explicit specification regarding:

   a. Individual versus collective perspective:

      i. whether it represents the aggregated individual wellbeing of the people in the community based on the influence of community conditions on their wellbeing (sum of the parts)

      ii. or whether represents 'living well together' i.e. a collective experience in the context of community (more than the sum of the parts)

      iii. or a combination of the above (recommended)

   b. Components approach (multi-dimensional construct) versus direct experience:

      i. whether it is a multi-dimensional construct that cannot be directly measured overall, but only by way of measuring its various component dimensions

      ii. or whether it is an 'experience' or 'state' that can be directly measured subjectively, while its determinants are also be measured separately (recommended).

Recommended research definition: "A state of subjective individual and collective thriving within a community, characterised by individual and collective needs and aspirations being across a broad range of domains such as social, economic, environmental, cultural and political."

7.2   Framework domains, subdomains and indicators

1. **Domains** (be they 'dimensions' or 'determinants') need to be validated both scientifically (literature review, statistical testing) and culturally/locally (community engagement), such that they represent accepted dimensions or determinants of community wellbeing in the Tairāwhiti community

    a. Therefore the literature review of best practice (international, local, Māori, indigenous) in terms of both the known determinants of wellbeing and the existing frameworks as presented here needs to be integrated with local community perceptions of relevant dimensions or determinants

    b. Consider a community led development style or assets-based approach to defining the determinants/dimensions of CWB from the community's perspective

2. **Subjective CWB:** If the endpoint CWB is defined as an 'experience' or 'state' (recommended) then this should be measured subjectively and distinguished from the determinants (and associated indicators) of community wellbeing

3. Recommend including at least the determinants shown in Table 8 as domains/subdomains/indicators based on review so far, but pending community input. Include equity and sustainability separately to sit across all dimensions

4. **Consider the option of a dual measurement system:** universal measures (for Māori and non-Māori) plus Māori specific measures for Māori (Mason Durie 2006)[129] to capture what is relevant for both populations

5. **Consider the Sir Mason Durie's four Māori wellbeing measurement principles** (Te Ritorito 2017)[10] – see Figure 28

    a. The mana principle - measurements are derived from Māori hopes and aspirations and are owned by Māori

    b. The Māori principle – measurements are contextualised by te ao Māori

    c. The mātauranga principle – measurements are based on relevant and confirmed knowledge

    d. The mokai principle – measurements are the 'servants', not the 'master'.

7.3 Data

1. **Data type:** where possible collect both subjective (personal opinions, assumptions, interpretations and beliefs) and objective (observation of measurable facts) data for determinants/dimensions to give a more balanced view and overcome biases

2. **Mixed methods:** Consider qualitative (non-numerical) data to complement the quantitative (numerical) indicators (i.e. collect both qualitative and quantitative data to provide a more complete and comprehensive understanding of CWB), such as semi-structured interviews, focus groups, group data collection, social media analysis

3. **Use both individual and collective scale data:** collect individual aggregated ('population') wellbeing and community-based CWB but distinguish them

4. **Consider data issues:** relevance, availability, robustness/validity, timeliness, disaggregation (able to be disaggregated or broken down by demographic and other characteristics), leading/lagging (providing leading indicators to give early warning or predictors of change; providing lagging indicators to show effects or outcomes), comparability, sustainability[87,114]

5. **Data sources:**
   a. Quantitative (numerical)
      i. Subjective CWB: create a bespoke survey that can administered online and in-person
      ii. Determinants of CWB:
         1. Subjective data from the bespoke survey, and existing surveys such as Te Kupenga, NZGSS
         2. Objective data from existing secondary data sources such as government agencies, ministries, council etc
   b. Qualitative (non-numerical), particularly to help account for relational aspects of CWB and heterogeneity of population groups within Tairāwhiti
      i. Focus groups
      ii. Semi-structured interviews, narratives
      iii. Group data collection e.g. iwi, workplaces, community organisations
      iv. Social media analysis.

7.4 Analysis

1. **Heterogeneity of populations:** consider how best to accurately represent the wellbeing of the various sub-communities within the larger community of Tairāwhiti e.g. dual measurement system for Māori and non-Māori, disaggregation by social or geographic grouping/scale (e.g. neighbourhood, hapu, iwi, suburb)

2. **Mixed methods analysis:** Combine qualitative and quantitative data analysis

3. **Statistical validation:** Undertake statistical analysis to validate the model and quantify the strength and direction of relationships between the various determinants and overall CWB

7.5   Reporting

Decide reporting format e.g. composite index, dashboard, multi-dimensional mapping.[19]

7.6   Other issues

Consider other issues: credibility, comparability (inter-temporally, between other places/populations), compatibility with Treasury's HLSF (as this is going to be adopted to measure national wellbeing for budgetary and policy purposes from 2019).

7.7   Draft customised ECT community wellbeing framework

A preliminary customised framework has been proposed based on the literature, horizon scan, ECTs needs and previous community engagement and is represented conceptually in Figure 29 and in more detail in Table 16. While the domains and sub-domains have been established, most indicators and data sources are yet to be determined pending further research and community engagement. This draft can therefore be considered a first iteration for consultation and revision.

Photo credit: The Gisborne Herald. Whānau Fun Day.

Table 16:   Draft customised ECT CWB measurement framework for consultation

Primary outcomes

Domain	Sub-domain	Indicator category	Draft indicator	Possible data source(s)
Overall CWB	Subjective CWB	Individual scale subjective CWB	Individual scale subjective CWB score[1]	Customised survey (quantitative) +/- qualitative tools (focus groups, interviews, social media)
		Community scale subjective CWB	Community scale[2] subjective CWB score	
		Overall subjective CWB	Composite score based on combination of individual and community scale CWB	As above
Sustainability of community wellbeing	To be determined (TBD)	TBD	TBD. Options include: CWB time trends, children's wellbeing, status of upstream CWB determinants (acting as 'capital' for the future), measure of CWB resilience	TBD
Equity of CWB and determinants	Equity of CWB	Vertical equity	TBD	TBD
		Horizontal equity		
	Equity of CWB determinants	Vertical equity		
		Horizontal equity		

Determinants of CWB

Domain	Sub-domain	Indicator category	Draft indicator	Possible data source(s)
People: Personal resources	**Health**	Overall health	Self-assessed health	NZ Health Survey, customised survey
			Life expectancy	TBD
			Health expectancy	TBD
			Further indicators TBD	TBD
		Mental health/wellbeing	Subjective emotional wellbeing (WHO-5 score)	NZGSS, customised survey
			Suicide rate	Coroner's office suicide statistics
			Further indicators TBD: possibly antidepressant prescribing rates	TBD
	Children's wellbeing	Child poverty	TBD: possibly proportion of children living in material hardship; proportion of children living in low income households	TBD
		Child abuse	Non-accidental injury rate	TBD
		Subjective individual child wellbeing	TBD e.g. personal wellbeing index	TBD
		Youth mental health	TBD: possibly youth suicide rate; self-harm rates	TBD
		Drug and alcohol abuse	TBD	TBD
		Further indicators TBD		TBD
	Subjective individual wellbeing	TBD. Ideally include hedonic, eudaimonic, evaluative and experience based	TBD. Options include: life satisfaction, flourishing, experience based measures	TBD. Options include: NZGSS, Te Kupenga, customised survey
	Cultural identity	Māori	TBD. Options include: Subjective importance of connection to culture	TBD. Options include: Te Kupenga, customised survey
		Non-Māori	TBD	TBD

Note. The most important domains according to literature review are highlighted (health, income, relationships and employment: 'HIRE'). Abbreviations: NZGSS (New Zealand General Social Survey), TBD (to be determined)

[1] How the individual perceives that aspects of the community [community conditions] impact overall on their personal wellbeing.

[2] Subjective individual or group assessment of the collective wellbeing of the community in its own right and/or perception of how community conditions impact on overall collective wellbeing in the community.

Determinants of CWB

Domain	Sub-domain	Indicator category	Draft indicator	Possible data source(s)
	Learning and education	TBD	TBD	TBD
	Personal empowerment (tino rangatiratanga)	TBD	Subjective control over your life	TBD. Options include: Te Kupenga
People: Social resources	**Supportive relationships (whanaungatanga)**	Supportive relationships: close	Subjective loneliness over past 4 weeks	TBD. Options include: Te Kupenga, customised survey
			Subjective whanau wellbeing	
			Subjective support in times of crisis	
			Further indicators TBD	
		Supportive relationships: community	Generalised trust	
			Institutional trust	
			Subjective discrimination	
			Sense of unity	
	Community empowerment (political)	Collective empowerment	Change in community empowerment (using validated measure TBD)	TBD
		Civic engagement	Voting rate in general election, local government election	TBD. Options include: NZGSS
		Trust in Government	TBD	TBD
	Community belonging		Subjective sense of community belonging	TBD. Options include: NZGSS, customised survey
Place: Material infrastructure	**Income**	Income adequacy to meet basic needs	Subjective adequacy of income to meet every day needs	TBD. Options include: Te Kupenga, NZ GSS, customised survey
			Declared annual income	TBD
			% living in material deprivation	TBD
			Further indicators TBD	TBD
	Employment	Quality sustainable employment (including unpaid occupation)	Unemployment rate	TBD
			Job satisfaction	TBD. Options include: Te Kupenga, NZGSS, customised survey
			Work-life balance	TBD
			Measure of job sustainability TBD	TBD
			Further indicators TBD	TBD
	Healthcare	Quality	Ambulatory sensitive hospitalisations	DHB reporting
			Amenable mortality	DHB reporting
			Patient experience	Patient experience surveys, Health Quality & Safety Commission
			Further indicators TBD	TBD
		Access	% reporting unmet need in primary care	NZ Health Survey
			Further indicators TBD	TBD
	Housing	Quality	Perceived problem with house or flat living in	TBD. Options include: NZGSS, customised survey
			Further indicators TBD	TBD
		Availability	TBD	TBD
		Affordability	TBD	TBD
	Transport	Quality	TBD	TBD
		Access	TBD	TBD
Place: Natural environment	Environmental sustainability	TBD	TBD	TBD
	Environmental quality	TBD	TBD	TBD
	Green space	TBD	TBD	TBD
	Place attachment	Māori	Sense of connection to turangawaewae	TBD
		Non-Māori	Further indicators TBD	TBD

Note. The most important domains according to literature review are highlighted (health, income, relationships and employment: 'HIRE'). Abbreviations: NZGSS (New Zealand General Social Survey), TBD (to be determined)

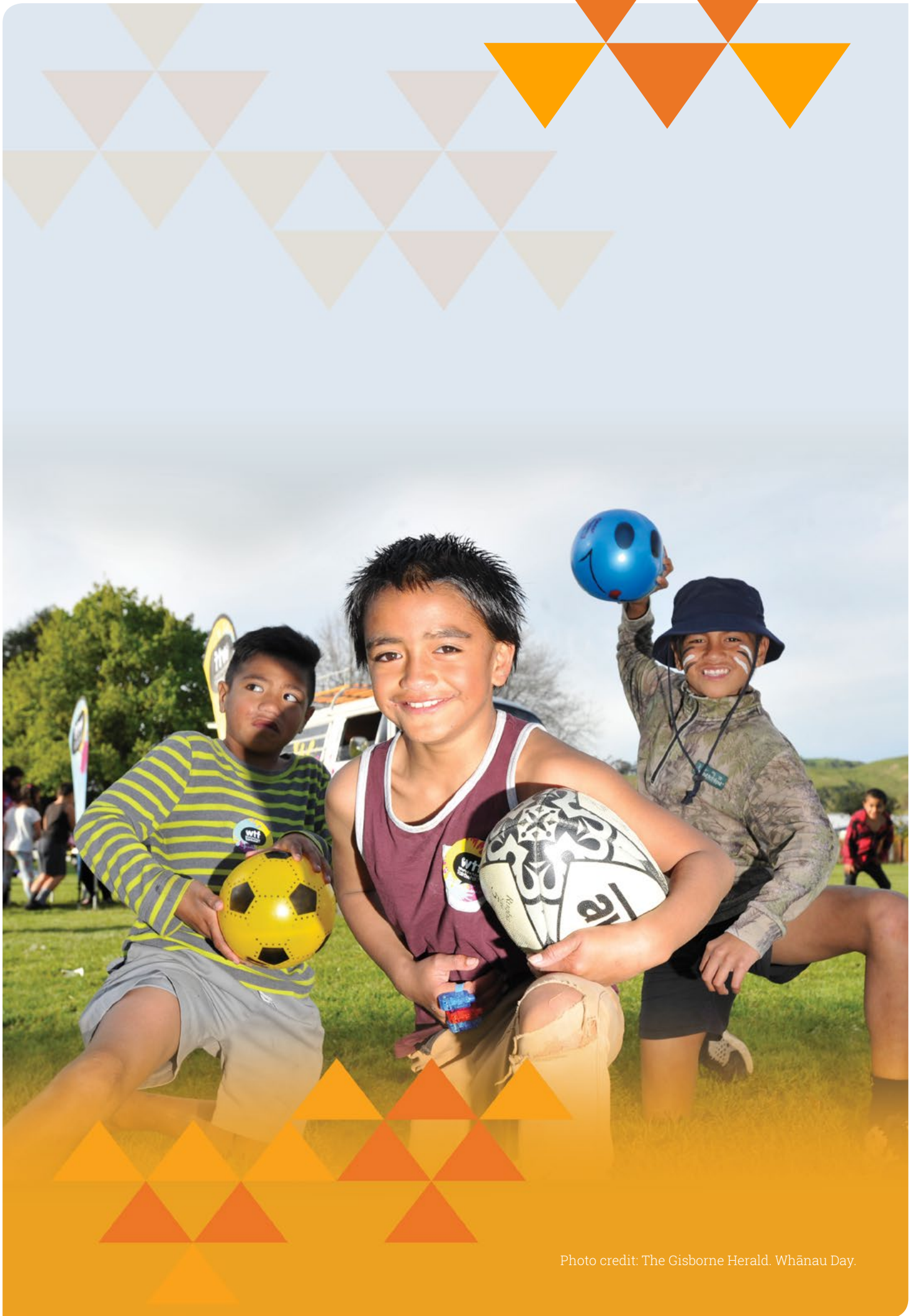**Figure 29: Preliminary customised framework - conceptual level**

Photo credit: The Gisborne Herald. Whānau Day.

8. Conclusion

As we move into the next strategic period (2019-2025) ECT is placing equitable sustainable CWB at the centre of all it does. To transform this from aspiration to reality ECT recognises the need for robust strategies and processes that have a direct CWB focus. To this end a three part toolkit has been proposed that will firstly measure CWB and its determinants (Tool 1: CWB *measurement framework*), secondly guide CWB-enhancing distribution of ECT finds (Tool 2: *distribution decision tool*), and thirdly evaluate the CWB impact of distributions (Tool 3: *CWB impact assessment tool*).

This report comprises literature reviews of CWB definitions, determinants, measurement frameworks and related concepts to scope and inform the development and implementation of Tool 1, the CWB measurement framework.

The aim of these reviews is to make recommendations for a suitable Tairāwhiti CWB measurement framework based on the academic literature, existing best practice, previous community consultation and ECT's needs.

The proposed evidence-based definition of CWB is

> **'a state of subjective individual and collective thriving within a community, characterised by individual and collective needs and aspirations being fulfilled across a broad range of domains of community life such as social, economic, environmental, cultural and political'.**

CWB is influenced by numerous factors. The four most important evidence-based CWB determinants are health, income, relationships and employment, represented by the acronym 'HIRE'. There is no existing CWB measurement framework that perfectly fits all the criteria specified for a suitable framework for the Tairāwhiti and ECT context. Therefore, it is recommended that ECT develops a customised CWB measurement framework by drawing on suitable aspects of existing frameworks and integrating this with community identified CWB aspirations. An evidence-based approach to community engagement is recommended to better understand the community's wellbeing aspirations.

To complement the overall toolkit approach to enhancing equitable sustainable CWB it is also recommended that consideration be given to undertaking a strengths-based research project to 'reverse engineer' CWB. The goal of this would be to elucidate the factors important to CWB locally that have not yet been uncovered or measured in the academic literature. The process would involve identifying communities who are 'living well together' currently in Tairāwhiti and working together with them to understand what this means and what underpins it. This could capture some of the less tangible determinants that are have not yet been studied such as relational factors, in addition to those factors which might be unique to the Tairāwhiti context. The learnings from this could be used to inform and enhance ECT's toolkit and ultimately ECT's impact on CWB in Tairāwhiti.

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