



Well-being and equalities

Introduction

Public Services Boards (PSBs) are required to carry out well-being assessments for their local areas every five years, in line with local election cycles. The Wales Centre for Public Policy (WCPP) has been asked to support this process by preparing briefings looking at national trends and evidence across the areas of:

- Well-being and equalities;
- The impacts of Covid-19 and Brexit on well-being; and
- Cultural well-being.

This policy briefing summarises WCPP's findings on well-being and equalities.

Interventions should be targeted towards people with low well-being

The connection between equalities and well-being

There are a number of factors associated with lower or higher well-being. The link between well-being and equalities can be conceptualised in two ways:

1. By looking at inequalities in subjective well-being (i.e. how subjective well-being differs between individuals, groups of people, local areas, and so on); and/or
2. By looking at inequalities in the factors that drive well-being (for example, factors such as unemployment, physical health, and so on – which will impact certain groups more than others).

The factors which have the greatest impact on well-being, based on relevant evidence, are summarised in Figure 1.



Figure 1: Summary of well-being factors that matter

There are two measures of inequalities in well-being outcomes: between-group well-being inequality and within-group well-being inequality (or overall well-being inequality) - see Figure 2.

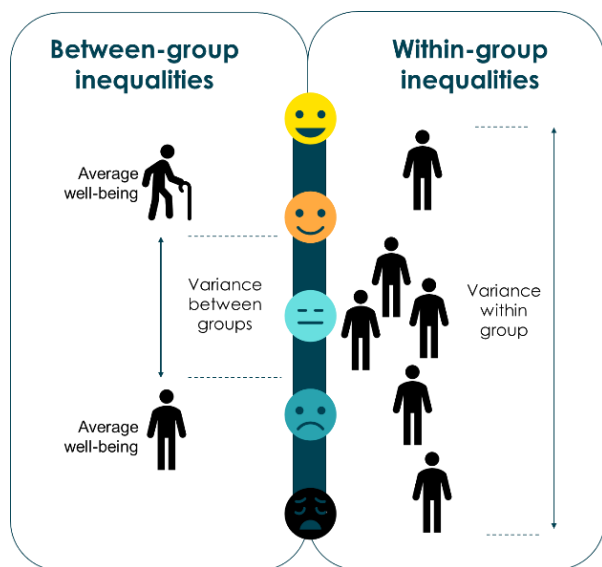


Figure 2: Measures of well-being inequality

While measures of income and wealth inequality have traditionally dominated discussions on inequality, inequality in subjective well-being is being increasingly viewed as an important and informative measure by local authorities and other bodies. This is partly as focusing on well-being inequality (i.e. the *distribution* of well-being in an area as opposed to the average) ensures a more accurate reflection of well-being across a given population. It can also seek to identify people with low well-being, to ensure targeted interventions.

Data on average well-being scores and well-being inequality across local authorities in Wales show a correlation between average well-being and well-being inequality, whereby areas with low levels of average well-being tend to have higher well-being inequality. However, there are exceptions to this. For example, while Anglesey showed the highest average well-being of all local authorities, it was the twelfth-most unequal. Conversely, while Gwynedd was the third-most equal local authority, it was in the mid-range in terms of average well-being scores.

Average well-being and well-being inequality do not always correlate in local authorities

Differential well-being outcomes

The full briefing explores differential well-being outcomes for individuals in the following five groups:

1. People who are considered disadvantaged or vulnerable;
2. People who possess a protected characteristic under the Equality Act (2010);
3. Children under the age of 18;
4. Children and young people who are, or have been, looked after; and
5. People who have need for care or support, and people who care for them.

The findings relating to each of these groups demonstrate the ways in which well-being outcomes differ between groups of people. It should be kept in mind that these dimensions frequently overlap – meaning that people often fall into multiple categories.

Based on its well-being data, the Office for National Statistics (ONS) identified eight groups of people who are at the greatest risk of reporting the poorest personal well-being. The three groups with the highest probability are:

- Unemployed or inactive renters with self-reported health problems or disability;
- Employed renters with self-reported health problems or disability; and
- Retired homeowners with self-reported health problems or disability.

The results demonstrate that (overlapping) identities, different factors and circumstances all converge to impact well-being, as well as individual factors that may increase or decrease a person's resilience or their ability to adapt to changes in circumstances. It is therefore important not to take too simplistic an approach

when looking at well-being across different groups within an area, or between different areas.

Evidence gaps, uncertainties, and areas to explore

There are a number of gaps and limitations in the evidence relating to equalities and well-being which are important for PSBs to bear in mind when making their assessments and developing plans. These include:

- Future trends in this area and the impact of the Coronavirus pandemic.
- A lack of data that break down across both equalities-related factors (e.g. gender, ethnicity, disability) and area/local authority.
- Ensuring that high-level findings are effectively translated into and connected with practice.

Next steps for Public Services Boards

In terms of specific next steps, we recommend that PSBs:

- Identify area-specific well-being deficits or gaps that PSBs may seek to address using interventions, so that interventions can be targeted towards those with the lowest personal well-being to maximise their effectiveness.
- Draw on the evidence for which interventions are likely to work to improve well-being, and the evidence on effective implementation.
- Carry out assessment and monitoring of progress to ensure that interventions achieve the desired effect and are effective at improving the well-being of those with low well-being and reducing well-being inequality in an area.

Find out more

For the full briefing see Roberts, M. (2021). **Well-being and equalities evidence briefing paper**. Cardiff: WCPP.

About the Wales Centre for Public Policy

Here at the Centre, we collaborate with leading policy experts to provide ministers, the civil service and Welsh public services with high quality evidence and independent advice that helps them to improve policy decisions and outcomes.

Funded by the Economic and Social Research Council and Welsh Government, the Centre is

based at Cardiff University and a member of the UK's What Works Network.

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