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Wellbeing Discourse Dialogues *Summary Report*

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In order to foster discussion and collaboration on the topic of wellbeing-based policy, the CWKN hosted three Discourse Dialogues in the summer of 2022. The dialogues gathered a diverse group of actors to reflect on wellbeing in three communities of interest:

Local & Community Wellbeing
Child & Youth Wellbeing
Public Health & Wellbeing

The virtual gatherings featured plenary sessions, presentations, and small group discussions of proposed questions and scenarios. Participants included members of municipal and provincial governments, health agencies, federal departments, Indigenous organizations, academia, and community organizations. Collectively, the dialogues were intended to act as an opportunity to explore the important diversity of frameworks and discourse surrounding wellbeing, in the hope of improving mutual understanding and highlighting commonalities and divergences.

This report summarizes key themes and insights developed in the sessions.

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DISCOURSE DIALOGUES

The core of each dialogue took place in small, multi-sectoral breakout groups, in which participants were asked to consider a set of discussion questions. Each session featured two rounds of dialogue, organized around distinct goals.

BUILDING **UNDERSTANDING**

The first round of dialogue served to explore the state of wellbeing policy across the three policy sectors. Participants were given prompts to encourage discussion of:

- Contrasts between different frameworks and conceptions of wellbeing, as well as between wellbeing policy approaches and the status quo;
- Key needs and challenges for achieving a broader focus on wellbeing in policy and practice;
- The synergy between given policy frameworks and domains and the broader wellbeing movement.

BUILDING **CAPACITY**

For the second portion of the dialogue, participants were asked to turn their focus towards the concrete needs and opportunities that they foresee when considering the next steps in their wellbeing policy work. Across all four sessions, groups were given the following prompt:

- What do you think you need to strengthen your ability to do wellbeing policy work? What capacity or resources would you need? What would you bring?
- Who else should be in the conversation?

LOCAL & COMMUNITY WELLBEING INITIATIVES

KEY POINTS

Human-centred* vs. *Purely economic policy
Local policy priorities tend to centre on the betterment of economic conditions, often with a focus on the average performance. Wellbeing frameworks have the potential to shift priorities towards measures that value the subjective experience and quality of life of the individual situated within the context. Participants working with municipal governments emphasized that social policies are largely considered in terms of cost and returns on investment; wellbeing can be a useful lens to frame discourse on investing in people and communities, and wellbeing indicators can be harnessed to show returns on investment.

Upstream* vs. *Downstream approaches
A common theme across the discussions was that policies often respond to symptomatic problems, and not the social structures from which they arise. Wellbeing frameworks can encourage policymakers to shift attention "upstream", and therefore implement more sustainable solutions.

KEY CHALLENGES

Lack of political will
Wellbeing frameworks and discourse have entered many communities' policy narratives. However, participants emphasized that the political will for such a paradigm shift in policy has not yet been realized in higher jurisdictions. Community organizations and local governments feel their work is constrained by the priorities of their current elected officials and the outcomes of municipal elections. In conservative cities in particular, there is often a lack of interest in the wellbeing approach from city councillors and elected officials. Economic actors often play a stronger role than community actors in influencing political will, resulting in the favouring of market-based investments.

Lack of data
There is currently very limited wellbeing data available that is timely, relevant, and complete. Locally-resolved data may lack comparability due to the specificity of its context, and national data may be too broad to accommodate local differences

Lack of clarity in language
Participants working with municipal governments noted that definitions of the word “wellbeing” can be broad and difficult to contain alongside other domains. This makes it difficult to identify clear measurements of wellbeing, as the possible metrics can be numerous.

KEY NEEDS

Coalition-building
Participants valued the ability to share best practices among stakeholders, arguing that this would result in the creation of more wellbeing policy initiatives, while also strengthening those that currently exist. This includes building a community of practice, with representatives of local and community wellbeing initiatives from across Canada, to exchange ideas and resources.

Knowledge sharing
Coalition-building requires that knowledge on wellbeing be democratized across cities and communities in Canada. Sharing and maintaining knowledge such as data resources and bodies of evidence can help in facilitating the adoption of wellbeing frameworks and legitimizing this paradigm for federal buy-in. Participants also suggested that a consolidated database of policy levers for communities to interactively draw from and implement could make the policy process more accessible at the local level.

Centralized advocacy & leadership
Given the diversity of stakeholders at the community-level, it was noted that a centralized voice that communicates the value of wellbeing policy initiatives to elected officials could be beneficial. Participants emphasized the importance of such an advocacy strategy to actualize ideological buy-in from the federal government and navigate politically hostile environments, with the ultimate goal being to ensure the longevity of wellbeing policies across election cycles.

Incorporation of First Nations, Métis, and Inuit perspectives
Indigenous Peoples have distinct understandings of wellbeing. Participants noted that Indigenous Nations and communities are apprehensive about adopting a generalized Canadian wellbeing framework, where self-determination and ownership are not emphasized.

CHILD & YOUTH WELLBEING

KEY POINTS

Positive* vs. *Negative models of wellbeing
Researchers of child wellbeing and mental health pointed to how biomedical and deficit-based models still dominate leading concepts and measures of wellbeing. To ensure a more holistic, balanced approach, participants emphasized the need for indicators that measure the presence of wellbeing, rather than defining it by the absence of problems.

System vs. Individual-level focus
Many participants highlighted the need for policy to consider wellbeing from a systems perspective rather than solely through an individual or family lens. Federal policy initiatives focus largely on individual-level factors of wellbeing; however, the upstream role of governments and social structures and how they constrain or promote child and youth wellbeing need further attention. Participants emphasized that this approach is an important conceptual shift, as responsibility for promoting and constraining wellbeing is not solely that of individuals and families, but rather of the social, political, and economic systems that create and sustain inequities in wellbeing.

Child-centred vs. Determinant approaches
In addition to measuring the "objective" parameters of child and youth wellbeing such as health status, housing, and family income, participants emphasized the value of holistic wellbeing frameworks that are informed by youth and for youth. Participants stressed that given the limited opportunities for youth to be involved in policy at the federal level, wellbeing policies often neglect aspects of wellbeing that are meaningful to youth in the context of their everyday lives.

Wellbeing vs. 'Well-becoming' measures
While some initiatives define and measure the current status of children and youth, others focus on the future wellbeing of children as adults. Many leading frameworks follow the 'well-becoming' approach through an evaluation of children's skills, behaviour, and other indicators that determine wellbeing throughout the life trajectory towards adulthood.

KEY CHALLENGES

Policy processes remain inaccessible to children and youth
Youth who took part in the discourse dialogue pointed out the lack of opportunities for children and youth to meaningfully participate in policy discussions. Participants also expressed difficulties in being comfortable and feeling heard in adult-dominated conversations. Furthermore, while different departments contribute to child and youth wellbeing across government sectors, there is currently no authoritative body such as a federal Children's Commissioner, which exists in other countries, such as the UK and New Zealand.

Challenges in collecting and mobilizing data
Researchers pointed out that several challenges exist when collecting and mobilizing data at the community level. For many marginalized communities experiencing social and economic challenges, collecting data results in further resource depletion. For Indigenous Peoples, survey-based, quantitative data collection methods are often not tailored to the specific cultural context of communities. Bureaucracy also presents a challenge for collecting data through schools and school boards. These challenges point to the need for democratizing data collection processes to allow for community-level data collection and mobilization.

KEY NEEDS

Funding
Participants unanimously stressed that more funding for research, evidence-based policy, and networking on child and youth wellbeing is needed to strengthen wellbeing policy work. Funding also needs to be allocated for efforts of disaggregating data, demonstrating the value of wellbeing data, and mobilizing data collection in communities.

Wellbeing knowledge network
Participants voiced the need for a network of experts (e.g., researchers, policymakers, youth leadership, and community representatives) with working groups focused on specific goals within the broader child and youth wellbeing framework. This network could also play a leading role in advocating for wellbeing policy, measuring the impact of wellbeing research, and facilitating research partnerships and collaboration across different disciplines. Alongside such a network, a team or council dedicated to impact assessment of wellbeing policies at different jurisdictional levels would be crucial in ensuring policy remains accountable to children and youth. Furthermore, participants also suggested the creation of a research repository to consolidate a wellbeing evidence-base and support efforts towards the harmonization of wellbeing metrics across different groups.

PUBLIC HEALTH & WELLBEING

KEY POINTS

"Objective"* vs *"Subjective" perspectives
Public health initiatives rely mostly on a biomedical framework that largely conceptualizes wellbeing as the absence of physical illness. While the Social Determinants of Health model recognizes a broader number of variables contributing to health, including the impact of social structures, participants emphasized a lack of consideration of subjective experience within public health. Wellbeing approaches could provide the framework needed to incorporate subjective considerations.

Holistic* vs. *Narrow scope
The movement towards wellbeing is an opportunity to see health in a more holistic and multi-faceted way. Rather than conceptualizing individuals as issues within the healthcare system, the wellbeing approach allows for a broader view of social determinants of health that have previously been neglected, such as the importance of social connections. Furthermore, as healthcare in Canada is delivered through the provincial and territorial systems, the word "health" limits municipal and federal involvement in public health; the word "wellbeing" can be the catalyst for more collaborative action within the healthcare system.

KEY CHALLENGES

Proactive* vs. *Reactive services
Public health in Canada focuses heavily on responding to public health crises and emergencies, such as the ongoing COVID-19 pandemic and the opioid epidemic. Participants noted that this reactive approach in public health spending makes it difficult to focus on upstream issues and proactive measures, such as wellbeing initiatives.

Election cycle and politics
The four-year election cycle makes it difficult to sustain wellbeing-related projects and bring about policy change. Furthermore, participants were concerned that conservative politics and austerity measures do not sufficiently prioritize primary care and health promotion, making it difficult to invest in proactive and preventative programs for wellbeing.

| KEY **NEEDS**

Value on investments framework
Measurements and data will be necessary to demonstrate to policymakers that the resources and time dedicated to wellbeing is making a difference. An important aspect of this will be to shift focus away from returns on investment (in purely economic terms) to value on investment, including the social value and lived experience.

Wellbeing policy repository
A database or system recording health policy initiatives from across municipalities would be helpful to understand existing approaches in the field, including the successes and challenges in implementation. Cross-municipality communication can promote healthy competition, and bring in momentum from citizens to push local governments to make wellbeing a priority in policy.

Integration between levels of government
There is a need for greater dialogue between municipal and higher levels of government. This will ensure provincial and federal governments take responsibility for integrating local perspectives from public health agencies and communities into policy making.

Cross-sectoral collaboration
Within municipal planning, there has been a move towards cross-sectoral approaches, inclusive of, but not limited to, public health, social services, justice, transport, and education. The wellbeing paradigm is an opportunity to emphasize the need for cross-sectoral efforts, without centering public health in discussions of health and wellbeing.

Common language
Participants noted that public health has historically faced challenges with its language, as the use of jargon excludes government stakeholders and the public from discussions. This is an opportunity for public health actors to speak the same language as the government. However, participants also noted the importance of respecting the subjective, culture and community-specific ways of defining wellbeing.

OVERARCHING **THEMES**

Across all of the dialogues, there was a recurring sentiment that wellbeing approaches allow for a more comprehensive, integrated and well-calibrated picture of the important factors affecting Canadians. This idea took on different forms and language across the different communities. Wellbeing approaches were described as “holistic”, and better able to incorporate “upstream” or “system-level” factors. Participants also noted the ability of wellbeing perspectives to highlight crucial variables that are being neglected, such as the importance of social connection. This was contrasted with factors receiving disproportionate attention, such as economic indicators and negative definitions of wellbeing. Overall, participants described a widening of possibility, in both the variables and the efforts that could be integrated under the common goal of making life good for all.

KEY **CHALLENGES**

Political challenges
The discourse dialogues emphasized challenges posed by a lack of political buy-in, especially from provincial and federal governments, and conservative jurisdictions. The disconnect between wellbeing initiatives at the local/community level and higher levels of government is also exacerbated by election cycles and the political priorities of elected officials. Furthermore, it remains a challenge for the field of wellbeing policy that attention and funding are often reserved for acute problems, and that the politics of which problems garner attention is not collaborative or strategic.

Consolidation of language
There exists a multiplicity of wellbeing frameworks and metrics across jurisdictions and policy sectors, as exemplified by the number of perspectives discussed over the course of the dialogues. Participants stressed the need for greater common language and understanding, as well as the importance of allowing wellbeing frameworks to be tailored to the particular context they serve.

Inclusion of key actors
A recurring theme throughout the dialogues was the importance of considering and consulting with groups that may have distinct perspectives on wellbeing. Indigenous participants emphasized how Indigenous wellbeing frameworks are different from settler Canadian wellbeing frameworks, given the worldviews and values of Indigenous Peoples. The importance of incorporating children and youth in conversations about policies that target their wellbeing was also highlighted.

KEY **NEEDS**

Improved data
Participants across all three dialogue groups expressed the need for high-quality, accessible, and comparable open data. In the local and community wellbeing dialogue, participants emphasized the need for communities to be able to create unique wellbeing frameworks with variables that are important to them. Open data that is longitudinal, robust, and comparative, is needed across all domains.

Wellbeing knowledge network and research repository
A unanimous need for knowledge networks and repositories to make existing knowledge accessible and collaborative was expressed . Participants noted the potential value of such a knowledge network as a unifying body, bringing diverse policy sectors and wellbeing discourses into conversation. This was recognized as an important step for championing the wellbeing agenda and increasing political buy-in.