Democratisation of Wellbeing: Stakeholder Perspectives on Policy Priorities for Improving National Wellbeing Through Paid Employment and Adult Learning

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Abstract

Recent policy initiatives in the UK have heightened the degree to which wellbeing can be considered a political construct: The acceptance of different policy options for wellbeing depends on the extent to which those options are responsive to popular wellbeing concerns. Drawing on the views of over 400 people gathered through a variety of methods and across the UK, we outline different stakeholder views of what wellbeing is and the priorities that stakeholders believe should be addressed to improve wellbeing. We draw out the implications for reframing policy debates around wellbeing, the practice of career guidance, academic debates around identified wellbeing priorities, and the best means of developing a policy and a practice-oriented and stakeholder-responsive approach to researching wellbeing.

Introduction

Internationally, improving wellbeing is increasingly seen as an alternative to increasing gross national product (GNP) as a measure of a nation's progress and policy goal (OECD, 2015; Stiglitz, Sen & Fitoussi, 2009; World Happiness Report, 2015). Arguably, the United Kingdom (UK) is one of the leading nations in debates concerning policies to improve wellbeing (Bache & Reardon, in press). The UK Parliament has established an All Parliamentary Working Group on Wellbeing Economics, further underlining the notion that wellbeing has become an arena for political debate. In 2015, the UK Government instituted a new evidenced-based advisory centre known as the What Works for Wellbeing Centre. The purpose of the Centre is to provide guidance to national, regional and local policymakers and other stakeholders on the best interventions to improve wellbeing in the UK and to encourage stakeholders to make policy decisions based on the impacts of different policy options upon wellbeing as well as more conventional economic metrics.

The UK therefore represents an interesting policy context within which to examine stakeholder views on wellbeing. Understanding the level of congruence amongst the political elites and between political elites and other stakeholders on how wellbeing is construed is a new area of enquiry and important for addressing tensions between stakeholders and therefore for creating coherent and implementable policy. For career guidance professionals in particular, understanding stakeholder conceptions of wellbeing can help develop more effective interventions that cover the entire lifespace, rather than being confined to paid employment (Westergaard, 2012).

In general terms, the paper seeks to: a) outline popular stakeholder perceptions of what wellbeing is and what should be done for those in paid employment, adult learners and the workless (i.e. those not in paid employment work including the retired, unemployed and those on sickness disability benefits), and b) examine whether popular stakeholder concerns

are congruent with dominant policy approaches. Understanding stakeholder perceptions and congruence with policy approaches may aid career guidance professionals to understand the choices and constraints faced by service users. However, we will also draw out specific implications for career guidance through the paper.

Paid employment, adult learning and worklessness are important policy spaces because: in broad terms they relate to productive economic activity (All Parliamentary Working Group on Wellbeing Economics, 2014) and account for a significant proportion of UK Government activity (Department for Business, Energy & Industrial Strategy, Department of Work and Pensions). In relation to paid employment, stakeholders include members of the public, groups that represent workers' interests (e.g., Trades Union Congress), employers and groups that represent employers' interests (e.g., Chartered Management Institute), charities (e.g. Oxfam UK, MIND), professional institutes (e.g., Institution of Occupational Safety and Health) and other non-governmental organisations (e.g., Learning and Work Institute).

The paper will proceed by outlining the issues raised by moving to a more nuanced and socially constructed view of wellbeing from the predominantly psychological approach that has become influential within elite politics. We then outline the policy landscape in the UK. Drawing on the views of over 400 people gathered through a variety of methods (e.g., public consultation questionnaires, interviews, focus groups and workshops, with additional analyses of existing public consultations), we outline different stakeholder views of what wellbeing is and also the priorities stakeholders believe should be addressed in order to improve wellbeing in the UK. We conclude by drawing out the implications for reframing policy debates around wellbeing in relation to policy, research and career guidance.

Approaches to understanding wellbeing

The dominant approach to understanding wellbeing in relation to policy is one derived from research in the psychological sciences (see O'Donnell, Deaton, Durand, Halpern & Layard, 2014). It is therefore common for reference to be made to *psychological* wellbeing. Psychological wellbeing is held to have two major components (Waterman, 1993). The first component, labelled subjective wellbeing, comprises subjective assessments of life satisfaction, positive affect (e.g., joy, enthusiasm) and the relative absence of negative affect (e.g., lack of anxiety, feeling calm) (Diener, 1984). The second component, labelled eudaimonic wellbeing, has its roots in notions of a 'life well lived'. One of the most popular taxonomies of eudaimonic wellbeing (Ryff & Keyes, 1995) includes feelings of autonomy, mastery, personal growth, positive relations with others, purpose in life and self-acceptance. Although related to mental health, psychological wellbeing is a distinct construct. For example, it is possible to be mentally healthy but not to have good psychological wellbeing. It is also possible to score high on some dimensions of psychological wellbeing but low on others.

In the UK, the Office for National Statistics (ONS) has monitored different aspects of wellbeing since 2010 using four questions to assess life satisfaction, happiness, anxiety (subjective wellbeing) and feelings that life is worthwhile (eudaimonic wellbeing). However, rather than defining wellbeing solely as psychological wellbeing, the ONS engaged in an extensive consultation exercise to identify areas that different stakeholders in British society considered important for wellbeing (Self & Beaumont, 2012). In addition to measures of psychological wellbeing, the ONS assesses other indicators of 'what matters to people', including health, employment rates, crime rates, voter turnout and waste recycling rates. The ONS' decision to assess wellbeing across a broad range of indicators reflects the complexity of defining wellbeing and notions of what constitutes a 'life well lived'. The decision also

reflects the need to understand wellbeing from the viewpoint of different groups in order to understand key concerns in specific concepts (cf. White, Gaines & Jha, 2014) rather than viewing wellbeing as a pre-defined concept. This contrasts with using wellbeing as a given against which different policy options can be calibrated and policy choices made, independently of the views of stakeholders (much like GNP is used now).

In spite of the ONS consultation, after O'Donnell et al. (2014), psychological wellbeing appears to have become the dominant focus of policy debates. Some argue that measures such as life satisfaction are democratic because they capture peoples' overall assessment of what is important to them and measured by responses to questions that are easily understood (Layard, 2016). In this way, summative measures such as life satisfaction can be used in a relatively straightforward way to assess the impact or likely impact of different policy options on what really matters to people.

Nevertheless, wellbeing, in a general sense, is a contested concept between different stakeholders (Oman, 2015; Scott & Bell, 2013), and between political, academic and civil service elites (Jenkins, 2017). Because of wellbeing's contested nature, there are debates around the extent to which to which the promotion of wellbeing as a policy goal reflects a neoliberal approach to policy (Davies, 2015), in which psychological wellbeing can be used as an alternative metric of policy success to social justice and alleviation of income and other inequalities (Tomlinson & Kelley, 2013; White 2017). Critiques of neoliberal approaches also point to the individualisation of wellbeing (White, 2017) and responsibility for wellbeing (Hancock & Tyler, 2004) which can justify a rolling back of state provision of services under conditions of austerity (White, 2017) – as has been seen in the provision and quality of services for career guidance generally, and for under 18s in particular (Hooley, Matheson & Watts, 2014; Watts, 2013).

To counter potential individualisation and control of choice options for stakeholders by political elites (Leggett, 2014), there are arguments that stakeholder engagement and influence is important for policy and in general (Leggett, 2014), including from those arguably in the neoliberal tradition (Halpern, 2015), in relation to the use of scientific evidence to inform policy (Halpern, 2015; Shepherd, 2014), and in relation to wellbeing priorities in particular (Nussbaum & Sen, 1993). Therefore, through stakeholder engagement, the politicisation of wellbeing could lead to the democratisation of wellbeing and the recognition that the meaning of wellbeing can be constructed by different stakeholders.

In any democracy, the views of stakeholders are an important element of the evidence for deciding on what wellbeing is and how wellbeing might be improved: The acceptance of different policy options for wellbeing depends on the extent to which those options are responsive to popular wellbeing concerns. Accepting the constructed nature of wellbeing is important for at least four reasons. First, accepting that wellbeing is a constructed concept allows it also to be a contested concept, which may mitigate the co-option of wellbeing by powerful groups with specific ideological goals (e.g., see Davies, 2015). Second, different stakeholder groups may have very different views on what wellbeing is and what matters for improving wellbeing than that suggested by social science research using psychological definitions of wellbeing, and so there may be divergence between the policy recommendations of wellbeing scientists and the wishes of different stakeholder groups. Third, popular views of wellbeing may conflict with, or be in tension with, the views found in the wellbeing discourses that are influential in current debates on wellbeing in elite politics: This would lead to a divergence between the policy options considered and the wishes of different stakeholder groups. Fourth, given scarce resources, understanding the views of different stakeholder groups allows decisions to be taken over funding priorities and the agents that are best placed to deliver wellbeing initiatives. Moreover, such stakeholder

engagement can be made consistent with elite social science views on wellbeing: Critical realist approaches to social science emphasise the importance of context and that the social world is perceived, produced and reproduced by human actors, and so understanding stakeholder concerns is important for understanding the context within which actions intended to improve wellbeing may actually influence wellbeing (Ackroyd & Karlsson, 2014). Therefore, an important, but neglected, area of research on wellbeing is on outlining popular conceptions of wellbeing and priorities for improving wellbeing.

The UK policy context

The use of GNP as a metric of societal progress has been questioned repeatedly by economists (e.g., Kuznets, 1934, Stiglitz et al., 2009) and politicians (e.g., Kennedy, 1968; Sarkozy, 2009). In recent years, this has led to attempts to orient policymakers away from considering policies' impact on GNP and towards considering impacts on societal wellbeing (Boarini, Johansson & d'Ercole, 2006; Cameron, 2006, annual OECD World Happiness Reports). Some of these debates have centred on the assessment of wellbeing (O'Donnell et al., 2014).

In the UK, interest in improving wellbeing predates recent interest in finding wellbeing metrics for public policy and the coalition government previously led by David Cameron following the 2010 election. The former Labour government had demonstrable interest in promoting wellbeing, through the introduction of the Health and Safety Executive Management Standards for Work-Related Stress in 2004 (Mackay, Cousins, Kelly, Lee & McCaig, 2004), attempts to promote the benefits of paid employment over sick leave for those with some common health problems (Waddell & Burton, 2006), increased support for psychological therapies (Layard & Clark, 2014), and an unsuccessful attempt to establish a national subjective wellbeing centre in 2009. The Foresight Report (2008) placed a strong emphasis on improving the UK's 'mental capital' and 'mental' wellbeing.

Following the 2010 election, David Cameron supported the ONS programme to assess national wellbeing. The ONS produced its first report in 2011 and subsequently has produced regular reports on the subjective and eudaimonic aspects of wellbeing for the UK as a whole and for different parts of the UK. In 2014, the UK government announced the funding for a national What Works for Wellbeing Centre. In the same year, the All Parliamentary Working Group on Wellbeing Economics asserted that wellbeing had particular significance in times of austerity and that improvements in wellbeing could lead to reductions in public spending by reducing demands on the health and welfare systems (p. 14). In 2015, after the election of a Conservative government led by David Cameron, the What Works for Wellbeing Centre was established with Lord Gus O'Donnell, the former head of the UK civil service, as the Centre's patron. Following her succession of David Cameron in 2016, the new Prime Minister Theresa May has made speeches about mental health and reducing inequalities and injustices in the UK (e.g., 2016, 2017).

The What Works for Wellbeing Centre was established after other 'What Works' centres that aimed to encourage evidence-based decision making and to make accessible the best possible scientific evidence to policy and other decision makers. Other centres in the What Works Network include National Institute for Health and Care Excellence, Sutton Trust/Educational Endowment Foundation, College of Policing/What Works Centre for Crime Reduction, Early Intervention Foundation, What Works Centre for Local Economic Growth, Centre for Ageing Better, Public Policy Institute for Wales and What Works Scotland.

In 2014, the All Parliamentary Working Group on Wellbeing Economics stated that an important step to improve national wellbeing would be to build a labour market that reduced unemployment and provided high quality, secure jobs. Accordingly, one programme of the What Works for Wellbeing Centre is on paid employment, worklessness and adult

learning, which is why we focus on this broad domain in the present paper. However, as with other What Works Centres (Shepherd, 2014), it is recognised that effecting action cannot solely be driven by central Government. For example, an earlier attempt to improve job quality through concerted action by a central government department (i.e., Health and Safety Executive Management Standards for Work-Related Stress) was reported to have made little direct impact on job quality in the UK (Daniels, Karanika-Murray, Mellor & van Veldhoven, 2012). Therefore, to effect action and improve wellbeing in relation to paid employment, worklessness and adult learning, evidence should be disseminated that is relevant to, persuasive to and actionable by multiple stakeholders (Shepherd, 2014).

In the UK, a variety of actors provide services to varying degrees in relation to paid employment, worklessness and adult learning. Service provider include charities, professional institutions and other large nongovernmental organisations (e.g. Oxfam, Chartered Institute of Personnel and Development, Institution of Occupational Safety and Health, Learning and Work Institute), community and social interest companies (including those funded by government to provide employability skills for the unemployed), private sector companies (including specialised occupational safety, health and wellbeing consultancies), and trades unions. Some will also act as advocates of certain positions in relation to wellbeing (e.g. unions typically argue providing high quality jobs should be, at least partially, a responsibility of employers). Those that may receive services are themselves important in shaping how those services are implemented and/or putting in place initiatives to improve wellbeing. For instance, employers may choose one wellbeing provider over another because the service offered seems preferable. Even then, mid- and lower-level managers in the employer organisation may embrace a new wellbeing initiative or subvert its implementation. Importantly, individuals, in isolation or collectively, are themselves capable of regulating their own wellbeing and acting (or not) on the advice of others.

Within the UK, the situation has added complexity because of the involvement of devolved governments in Northern Ireland, Scotland and Wales, as well as central government and other actors (cf. Almond, Ferner & Tregaskis, 2015). The potential for devolution of powers from central government to English regions adds to further complexity. Thus, understanding and concerns about wellbeing may vary markedly between stakeholders in different parts of the UK, including those stakeholders that allocate public resources (Pemberton, 2000).

Interventions to improve wellbeing may rely on multiple agencies, such as charities, social enterprises and private sector providers, for delivery, as well as the political will of multiple layers of government (cf. Shepherd, 2014). The multiplicity of actors requires a partnership approach to public policy development and implementation. Such an approach is a cornerstone of notions of a 'Civil Society' (McArther, 2008). Dissemination of actionable evidence on how to improve wellbeing requires a dialogue with these multiple stakeholders so that the concerns and views of stakeholders can be taken into account when deciding upon the best interventions, which interventions and/or groups to prioritise, and in designing interventions that can work in specific contexts (Clegg, 2000). First steps in developing such a two-way dialogue are: a) to develop an understanding of how different stakeholder groups conceive wellbeing; b) to develop an understanding of different stakeholder groups' priorities for improving wellbeing in relation to paid employment, worklessness and adult learning; and c) determining whether stakeholders believe that the wellbeing of some groups of people should be prioritised for action (e.g. specific regions, specific groups of people). Developing such understanding not only allows an improved basis for prioritising areas for action but also suggests areas for academic enquiry about wellbeing.

So although others have argued for a stakeholder-engaged approach to co-created policy and practice-relevant research on wellbeing, rather than allowing scientific or political

elites to make decisions without recourse to other stakeholders (Leggett, 2014; Halpern, 2015; Nussbaum & Sen, 1993; Shepherd, 2014), within the context of paid employment, adult learning and worklessness, the present paper uniquely explores the extent to which political elites' decisions are congruent with or divergent from the wellbeing priorities of stakeholders and the implications of any divergence.

Method

Our data come from several sources, enabling us to triangulate across different data sources and stakeholder groups (Edwards, Vincent, & O'Mahoney, 2014). Data were largely qualitative, although some data were quantitative. We sought responses from the public and stakeholder groups with specialist knowledge or interest in wellbeing, paid employment, adult learning or worklessness. Whilst recognising that those with specialist knowledge or interest may represent elites (e.g., Chartered Institute of Personnel and Development), they are not political elites and so have no direct influence on policy decisions.

Calls for responses to a public consultation on paid employment, learning and wellbeing were issued through the What Works for Wellbeing Centre website in September 2015. We also used our own institutional contacts to draw attention to the consultation (e.g. through our own mailing list of people with an interest in wellbeing). We also sent requests for institutional responses to Economic and Social Research Council funded research groups, charities (e.g., MIND), employer groups (e.g., Institute of Directors), employee representatives (e.g. Trades Union Congress), professional institutions (e.g., Institution of Occupational Safety and Health) and to Local Enterprise Partnerships/Enterprise Zones across the United Kingdom. Responses to the consultation were made via an online questionnaire.

Those responding to the consultation had the option of responding as 'an individual', on behalf of a 'civil society group' or on behalf of a 'professional body'. Those responding as

'an individual' were filtered to one set of questions that were, in the main, close-ended (usually requiring participants to rank a predetermined set of items or to tick boxes). Those that responded on behalf of a 'civil society group' or on behalf of a 'professional body' were directed to another set of questions, which were mainly open-ended and required text responses. To ensure responses were from bona fide institutions, responders were required to provide a web address for their institution, which we were then able to verify.

We received 131 responses from people responding as individuals. Most of the responses were from women (71%) and the most frequently represented age categories were age 30-39 years (25%), 40-49 years (26%) and 50-59 years (30%). Most of the sample described themselves as white (91%) with 87% describing themselves as white British. We received 15 responses from institutions. Charities or other not-for-profit organisations comprised the highest single number of responses (7), followed by local enterprise partnerships (3).

Using the search terms "consultation AND (wellbeing OR "well being")" we searched Google (UK) only for analyses of public consultations published between 2011 and 2015. We searched for documents that: included views of the public on wellbeing; were relevant to the UK as a whole or parts of the UK; were relevant to paid employment, learning or worklessness; focused on adults; and focused on what stakeholders felt could be done to improve wellbeing rather than merely describing stakeholders' current situations. We excluded documents that related to ONS research on indicators of wellbeing because these documents were focused on measurement and not on what can be improved. The search revealed 360 hits. Many were the results of public consultations on local authority service provision, and so were excluded from consideration. Some three documents were considered for further review. Aware that psychological conceptions of wellbeing had dominated elite political discourse about wellbeing, we then searched the British Psychological Society for

institutional responses to public consultations. During interviews, we were also alerted to another 21 potentially relevant documents, of which one met our criteria for review.

We conducted informal and unstructured one-to-one or group interviews with 17 people (employment relations professionals [6], adult education professionals [2], occupational safety and health professionals [2], trades union officials [2], staff from not-for-profit organisations [2], organisational researchers [2] and a manager from a multinational organisation that has adopted a high profile wellbeing programme). We also had informal meetings with 15 civil servants from the UK central and Scottish governments to provide additional policy context.

We held different forms of engagement activities, such as workshops and focus groups, with 15 groups throughout the UK (two in Scotland, one in Northern Ireland, two in Wales, the remainder in England) and had a presence at two public events (a charity wellbeing event, an innovation event for small businesses). Although the level of depth with which we were able to talk to people about wellbeing and wellbeing priorities varied according to the nature of the engagement, these engagement activities allowed us to speak to over 240 people (Higher Education [HE] and Further Education [FE] full-time and part-time learners; educational professionals; trades unions; managers, entrepreneurs and employers; occupational health, safety and wellbeing professionals; NGOs, social enterprises and charities working with adult learners, the unemployed or in communities; migrant workers).

To facilitate analysis of qualitative data from diverse sources, we developed a template to enable us to categorise: a) the type of person who provided the datum (e.g., general manager, trades union official, FE learner); who/where the datum pertains to (e.g., older workers, region in the UK); what the datum pertains to (e.g., improving job quality, improving employment opportunities; this code was then broken down into more specific codes); what aspect of wellbeing the datum pertains to (e.g., mental health, physical health);

and who, if anyone, could deliver the service to improve wellbeing (e.g., National Health Service). The template was tested on all of the existing analyses of public consultations and some of the initial interviews, and then revised. Analysis of all of the data indicated that the template needed no further revision. The template allowed us to investigate the extent to which different categories of responses were evident in different groups and across which methods. As the template was applied to all qualitative methods and the major categories of the template mapped onto different parts of the questionnaire, the template allowed us to triangulate findings across all of the sources of data used. We focused data analysis on: describing how different stakeholder groups conceive of wellbeing; describing different stakeholder groups' priorities for improving wellbeing in relation to paid employment, worklessness and adult learning; and describing stakeholder preferences for prioritising the wellbeing of some groups.

Stakeholders' views on wellbeing

An overview of the findings and their consonance with current elite political initiatives in the UK is shown in Table 1.

[INSERT TABLE 1 HERE]

Popular conceptions of wellbeing

In our main, open public consultation, we asked participants six questions about the relative importance of different aspects of wellbeing related to paid employment, adult learning, and worklessness. For all six questions, life satisfaction and mental health were rated as the two most important indicators of wellbeing. Life satisfaction was top ranked in five out of six questions. Institutional responses to our public consultation revealed that mental health was also considered to be an important aspect of wellbeing. However, there was a dominant pattern that indicated some form of productive, economic activity (including productivity, absence from work) was salient to the institutions that responded.

Our analysis of existing consultations indicated that wellbeing was not a prominent construct in these documents and where wellbeing was mentioned it tended to be in relation to personal choice (an aspect of eudaimonic wellbeing). Our interviews also indicated no dominant views about the nature of wellbeing.

Our public engagement activities revealed happiness or satisfaction as being prevalent in people's conceptions of wellbeing. Mental and physical health were also mentioned as aspects of wellbeing. However, the eudaimonic aspects of wellbeing were more dominant in the views that surfaced during our public engagement activities (e.g., aspiration, meaningfulness, competence, autonomy) than in our public consultations. Interestingly, the most dominant aspect of wellbeing that emerged from our public engagement activities related to feelings of wellbeing being derived from being part of an organisational community. Although this includes a sense of relatedness, social contact and support, which is a feature of eudaimonic wellbeing, our analysis indicated wellbeing as community included a wider range of social phenomena, including identity, being part of something that transcends the self, and having shared experiences.

In summary, our data suggest that popular conceptions of wellbeing do have some convergence with psychological conceptions and elite political conceptions: life satisfaction, happiness and eudaimonic aspects of wellbeing all surfaced in our data. However, there were some notable areas of divergence from elite political conceptions. First, it seems health, and mental health in particular, is considered an important aspect of wellbeing. However, this may be compatible with psychological approaches to subjective wellbeing that view feelings of depression and anxiety as antithetical to wellbeing. Second, at least in relation to discourses around paid employment, adult learning, and wellbeing, it seems for some institutional stakeholders, productive economic activity is an important corollary of wellbeing. Third, wellbeing as community membership is not something foregrounded in

either psychological or elite political conceptions of wellbeing, but has been advocated in more socially focused approaches to wellbeing (White, 2017).

Priority groups and regions

Responses to our public consultation indicated that the dominant view was that the wellbeing of all groups of people and regions should be given equal priority. However, there were indications that some stakeholders had preferences for prioritising initiatives to promote the wellbeing of young adults, the unemployed, those with health conditions or disabilities, those on lower incomes and those in northern parts of England. Those with mental health problems were the most salient group mentioned in institutional responses to our public consultation. Analysis of existing consultations suggested preferences to prioritise the wellbeing of workers in general, older adults, those with health conditions or disabilities. Women and younger workers did feature with some regularity in these consultations, but with less prominence than the other groups.

The experts we interviewed tended to focus on the wellbeing of workers, with the specific wellbeing issues of older workers – including middle-aged workers - and lower paid workers achieving more prominence than any other group of workers. Specific issues related to older workers tended to focus on capabilities to do paid work, such as cognitive impairments, retraining and keeping up with changes in technologies. The focus on lower paid workers tended to be related to reducing income inequalities.

Workers were also the most prominent group mentioned during our public engagement activities. The wellbeing of specific sectors of the economy only emerged as salient during our public engagement activities, with the wellbeing of private sector workers discussed more frequently than that of public sector workers (see section on 'wellbeing priorities for paid employment'). Migrant workers were mentioned by some stakeholders. The wellbeing of those with health conditions or disabilities was prominent amongst specific

stakeholder groups. Where age was mentioned, stakeholders tended to refer to the wellbeing of younger or older adults. However, in our engagement activities in Wales, we found there was a specific concern with adults aged 25 or older because of cuts in funding for older learners in Wales. The wellbeing of part-time students/learners was more salient to the stakeholders compared to the wellbeing of full-time students/learners.

In summary, our public consultation indicated a strong preference for treating all groups and regions equally. Where preferences to prioritise specific groups did exist, stakeholders seemed to prioritise younger adults, older adults (over 45s), those with health conditions and disabilities, and those on lower incomes such as in deprived areas of northern England.

For younger adults, present Government policy is directed at improving access to higher quality jobs through funding for apprenticeships. However, there were concerns voiced amongst stakeholders of the adverse effects of Government action on increasing higher education tuition fees. Moreover, as indicated by some of the views found in Wales, prioritising younger adults through preferential funding for learning can lead to consequent concerns for those given lower funding priorities. The wellbeing of younger adults may have been adversely affected by the decline in quality and quantity of careers provision in schools and more generally, driven by cuts to services after 2010 and restriction of access to some services (Hooley et al., 2014; Watts, 2013), which may have meant less informed choices by younger adults on work or education. In the case of widening participation in higher education, funding was removed from the Aimhigher programme (Watts, 2013).

The concern for older workers is likely to grow due to the increase in the effective retirement age. This concern might be partially offset through policy initiatives realised through research such as the Economic and Social Research Council's 'Working Late'

initiative, that has focused on issues related to older workers and the work of the Centre for Ageing Better (another of the What Works network).

There is a Governmental concern for reducing wellbeing inequalities and to focus on groups with lower wellbeing (All Parliamentary Working Group on Wellbeing Economics, 2014). Moreover, it is presumably harder to improve the wellbeing of those with already high levels of wellbeing. Given that stakeholders tended to include health in popular conceptions of wellbeing, stakeholder concerns for those with health conditions and disabilities would seem to reflect Governmental desires to reduce wellbeing inequalities (see section on 'wellbeing priorities for the workless or those about to become workless'). Moreover, creating employment opportunities and reducing income inequalities, through means such as the 'National Living Wage' in 2016, would seem to reflect consonance between elite political and popular priorities for wellbeing.

Wellbeing priorities for paid employment

Across all of the stakeholders, we found more frequent and detailed views and opinions in relation to wellbeing at paid employment, as compared to views of wellbeing in relation to adult learning and worklessness.

The open public consultation indicated preferences for wellbeing policies focused on improving the social and supportive climates of work organisations (e.g., through creating a sense of community in the workplace, senior managers acknowledging good performance) and improving job quality (e.g., improved job security, providing workers with the opportunity to make decisions, changing 'long hours' cultures). Related to the issue of long working hours, the importance of work-life balance surfaced in the responses to the public consultation. Initiatives to improve management practice were also mentioned (e.g., management training).

As with the public consultations, institutional responses emphasised the importance of social and supportive climates of work organisations. Institutional responses also raised issues related to promoting positive attitudes toward wellbeing in organisations and amongst senior managers in particular. Our review of other consultation documents reinforced the dominance of supportive organisational climates, and in particular highlighted the importance of fairness and absence of discrimination. Institutional responses to our consultation and our review of other consultations also referred to improving management practice and job quality.

Although job quality was important to stakeholders in the various consultations, it was not the most salient theme. However, responses from our expert interviews indicated that they had a strong preference for interventions targeted at improving job quality. Improvements in management practice, work life balance initiatives (e.g., provision of childcare facilities) and the social climate of organisations were mentioned by some experts but with far less frequency than job quality. Productivity was also a salient issue for experts.

As in the expert interviews, job quality was also the dominant theme that emerged during our public engagement events, with job security mentioned more frequently than any other aspect of job quality. Similar to responses from our public consultation, organisational climates were viewed as important for improving wellbeing, with support, acknowledgement and organisational community prominent aspects of organisational climate. As with our other sources of data, improvements in management practice were also salient for the people we spoke to during our public engagement events. Productivity was also salient for some stakeholders.

To summarise, across our public engagement activities, three dominant themes were salient for improving wellbeing in paid employment: 1) Job quality and well-being, which for stakeholders included targeting job security, worker autonomy and participation in decision

making, and reducing excessive work demands and working hours; 2) Social climates in organisations and the sense of community derived from working in organisations, including acknowledgement, identity, support and fairness at work; and 3) Improving management practice, which for stakeholders appears to relate to generic management competencies rather than necessarily wellbeing specific skills such as emotional intelligence. Many stakeholders also highlighted links between wellbeing and productivity, which echoes findings that some stakeholders view productive, economic activity as an important corollary of wellbeing (see preceding section).

The findings indicate some convergence with elite political and policy conceptions of 'good' work, and some divergence. For example, the Health and Safety Executive's Management Standards for Work-Related Stress (MacKay et al., 2004) recommend that organisations should aim to improve worker autonomy and involvement in decision-making. Although the Management Standards do indicate the importance of social relations at work, the emphasis in the Standards is on reducing bullying and other abusive behaviour rather than promoting communities, support, acknowledgement, and fairness. The Management Standards make no direct mention of management competencies, job security, or indeed income levels. However, the National Institute for Health and Care Excellence (NICE) has recently issued guidance for improving health and wellbeing of workers through improved management practice (NICE, 2015) and the importance of secure jobs is highlighted by the All Parliamentary Working Group on Wellbeing Economics (2014) and the Government commissioned Taylor review of working practices in the UK (2017).

The specific mention of the private sector in our public engagement activities raises issues in respect of how the central UK government can influence the private sector. The introduction of the National Living Wage is a direct state intervention to reduce income inequalities and which may have a knock-on effect of improving productivity and other

aspects of job quality (skills, job security) as organisations seek to gain a return on their investment in worker wages. However, the level of the National Living Wage is less than some groups had campaigned for. Moreover, following the Young report (2010) on health and safety, with a foreword by David Cameron, the Health and Safety Executive focused its work on high hazard work environments and significantly reduced its activities to diminish stress and to improve wellbeing amongst workers. Although the Health and Safety Executive published a new strategy in 2016 with a stated refocusing on ill-health, the main instruments remain the Management Standards for Work-Related Stress, which were introduced by the Blair-led Labour government. The Management Standards are not coercive instruments: The Management Standards for Work-Related Stress are guidance and fall short of an Approved Code of Practice that the trades unions had lobbied for. Similarly, legislation on flexible working only gives workers the right to request (and not to have) flexible working arrangements.

The Taylor review of working practices in the UK (2017) made many recommendations concerning the strengthening of employment protection, especially for vulnerable groups in the labour market. Taylor also recommended that employment quality be made a responsibility for a Government minister. However, a document outlining UK Government proposals for a new industrial strategy (Department of Business, Energy and Industrial Strategy, 2017) made little mention of direct intervention to improve job quality or worker wellbeing, instead focusing primarily on business access to finance and skills. The Taylor report also suggested "[t]he best way to achieve better work is not national regulation but responsible corporate governance" (p. 111).

Wellbeing priorities for adult learners

Access to learning opportunities was a salient wellbeing priority for adult learners across all of our sources of data. Public and institutional responses to our consultation

indicated stakeholder concerns for developing employment specific skills. Public responses, institutional responses and analysis of other consultations revealed very little else of salience to stakeholders. Our expert interviews revealed greater emphasis upon employability skills than access to learning and development opportunities. Employability skills tended to refer to capabilities to do paid employment (e.g., learning to use new workplace technologies) rather than skills in relation to selection (e.g., CV preparation).

The greatest diversity in responses concerning adult learning was encountered during public engagement activities. Similar to the other sources of data, enhancing skills was salient in the data, with employability skills in particular achieving prominence. Literacy, numeracy and soft/communications skills were included amongst the employability skills mentioned. However, unlike the other sources of data, there were frequent mentions of issues not specifically related to enhancing employability skills. For example, stakeholders mentioned skills in developing self-esteem, the importance of participating in learning activities for social contact and the wellbeing enhancing effects of volunteering. Stakeholders also noted the importance of conducive and supportive learning environments and the importance of skilled and supportive educational professionals. Inequalities in relation to learning access were also salient for some stakeholders (e.g., the disabled, those living in rural areas, issues of student debt and finance).

In summary, stakeholder priorities in relation to adult learners' wellbeing were consistently focused on enhancing wellbeing through access to opportunities for learning and enhancing employability. The salience of employability skills is consistent with elite political and policy perspectives on improving skills in the labour force and reducing worklessness (e.g., modern apprenticeships for younger adults, the focus on skills development for key sectors in the 2016 draft industrial strategy). However, with cuts to career services (Hooley et al., 2014; Watts, 2013) and a policy emphasis on career services for disadvantaged younger

adults, elite political decisions may have constrained access to information and guidance on the most appropriate learning opportunities for employability skills for others.

As well as access to learning, there were some concerns about learning processes (e.g., in relation to learning environments) and different potential barriers to access (financial, transport, disability). Moreover, the removal of barriers to access and facilitating learning in other ways is arguably also consistent with providing opportunities for people to gain employability skills.

Some stakeholders did indicate that learning may improve wellbeing through means other than enhancing employment opportunities (e.g., participating in group learning has social benefits). The data therefore suggest that it is important for policymakers to consider not just the employment benefits of learning, but to consider learning policies that facilitate learning, access to learning, and the multiple means through which adult learning can enhance wellbeing in the short-term (e.g., enhanced social relationships) and long-term (e.g., enhanced employability).

Wellbeing priorities for the workless or those about to become workless

The most salient theme across all sources of data for wellbeing priorities for the workless or those about to become workless was improving employment opportunities. For institutional responses to our consultation and other recent consultations, improving employment opportunities was the only theme with any prominence. Reducing income inequalities also emerged as a salient issue in our public consultation, expert interviews and during our public engagement activities. Reducing income inequalities also referred to in-work poverty as well as poverty amongst the workless. In contrast to our findings with respect to job quality, the provision of high quality jobs did not emerge as a significant issue in any of our data sources, although access to jobs that did not require significant commuting time was mentioned by some stakeholders during our public engagement activities.

The notion that paid employment is good for the workless is an influential notion in elite politics and policy (e.g., the Department of Work and Pensions, Waddell & Burton, 2006). This position is consonant with the dominant view amongst stakeholders that creating employment opportunities will enhance national wellbeing. Attempts to reduce income inequalities (e.g., through the introduction of the National Living Wage) is also consonant with stakeholder views on improving wellbeing. However, although Government changes to career services may have had the aim of improving the operation of the labour market by improving employment and learning decisions (Watts, 2013), stakeholders were focused on creating jobs rather than creating better conditions for individual choices.

Our data sources indicate that stakeholders do not make an explicit connection between developing high quality jobs for those in paid employment and creating high quality jobs for the workless. This is perhaps in contrast to some of the views found in elite politics, where those connections seems to have been made through, for example: debates concerning English regional devolution and notions of creating advanced manufacturing jobs in the English North and Midlands; the Scottish Fair Work Convention; the interest in attracting high-skilled jobs to Wales; and research for the Health and Safety Executive that indicates 'good' jobs may be important in preventing long-term sickness disability and worklessness amongst workers who develop muscular-skeletal or minor mental health problems (Kendall, Burton, Lunt, Mellor & Daniels, 2015).

Institutions or groups well placed to improve wellbeing

Stakeholders alluded to many different actors. Individual responses to our public consultation indicated that 51% felt that the UK Government has a key role in making improvements for the wellbeing of workers; in comparison, a key role for improving the wellbeing of workers was identified also for the local government by 43%, for charities by 43%, for the National Health Service by 42%, and for employers by 36%. However, over

90% of individuals who responded felt that charities have a key role in making improvements in the wellbeing of adult learners and those transitioning between a state of paid employment and worklessness, compared to less than 65% who felt the UK Government has a key role in improving the wellbeing of both these groups. Other actors mentioned by over 50% of those who responded included: local government (81%), private sector employers (69%), the UK Government (63%) and the National Health Service (56%) for those transitioning between paid employment and worklessness; and local government (70%) and private sector employers (60%) for adult learners.

Institutional responses to our public consultation mentioned employers as best placed to improve wellbeing, followed by educational establishments. The National Health Service, charities and private sector providers were also mentioned. Our analysis of other consultations and data from our public engagement events also indicated that employers were viewed as being best placed to deliver interventions to improve wellbeing. Central UK Government was the second most frequently mentioned actor during our public engagement activities. Educational establishments and unions were also mentioned with some frequency, as were individuals. Expert interview responses indicated no dominant view on who is best placed to deliver interventions to improve wellbeing.

Shepherd (2014) has indicated that evidence-based policy and action depends on an evidence ecosystem of multiple actors. Indeed, the range of different actors mentioned by stakeholders indicates the same might be true for wellbeing. Some of the institutional responses provided to our consultation did explicitly mention multiagency interventions as the best means of improving wellbeing. In relation to careers, Hooley, Matheson and Watts (2014) have stated that schools with good career guidance provision worked with local businesses to provide career's talks, placements, visits to employer premises and business mentors, and engaged with Local Enterprise Partnerships and local Chambers of Commerce

to do so. Hutchinson and Dickinson (2014) have described a case where several schools collaborated with each other, the local council and local employer groups to obtain more scale in careers provision. However, a range of stakeholders view central UK Government and employers as key actors, so it would appear that stakeholders would expect both to play a prominent role in improving wellbeing across the UK for those of working age.

What stakeholders did not say

There are some noteworthy omissions from the views of the different stakeholders. First, individuals as key actors for improving wellbeing received very few mentions across all of the data collected. This is perhaps surprising given that it is the psychological conception of wellbeing that is influential in elite politics and that the different stakeholders agreed with an essentially psychological conception of wellbeing including the eudaimonic aspect of self-determination. Moreover, although mentioned in some responses, preferences for individualised interventions such as mindfulness training, talking therapies or other forms of counselling were not prominent in the data. Therefore, it appears that stakeholders do not see wellbeing as something that is exclusively amenable to improvement through individual action. This conclusion is consonant with the finding that community membership was seen by stakeholders as an important element of wellbeing, reflecting a more collectivist preference.

Many work organisations currently address wellbeing through initiatives focused on health behaviours (e.g., healthy eating, exercise). However, advocacy of such health-focused wellbeing initiatives was not prominent in the data. Whilst stakeholders did see health (particularly mental health) as an important aspect of wellbeing, they did not see health as synonymous with wellbeing. Moreover, our data indicate that stakeholders view the National Health Service as an important actor for improving wellbeing but the National Health Service was seen as neither the only actor nor the most important actor by stakeholders. Therefore, it

appears that stakeholders do not see wellbeing just as a health issue or one that is amenable to improvement solely through the application of health-oriented approaches. England's Chief Medical Officer has voiced scepticism about the use of wellbeing initiatives to improve mental health and has indicated that wellbeing initiatives focused on improving public mental health should not receive funding (Davies & Mehta, 2014). Conversely, our data might indicate stakeholders view interventions targeted on (mental) health as one set of range of interventions for increasing wellbeing.

Volunteering has gained traction amongst some work organisations as a means of improving staff morale as well as improving public relations. Volunteering is also an important element of the Big Society concept outlined by David Cameron (2011). However, irrespective of the documented benefits of volunteering, volunteering was not mentioned as a prominent concept for improving the wellbeing of workers or the workless, although there was some mention of the wellbeing benefits of volunteering for adult learners.

Implications

Our data indicate that stakeholders converge with elite political conceptions of wellbeing as encompassing life satisfaction, happiness and the aspects of eudaimonic wellbeing. However, our data indicate stakeholders also see (mental) health and membership in communities as important aspects of wellbeing in relation to paid employment and learning. Some form of economically productive activity is also seen as important for wellbeing. Our data indicate that stakeholders see wellbeing as something of equal priority for all groups, but there might be some sympathy for those with specific difficulties in relation to paid employment or adult learning (i.e., younger adults, older adults, those with health conditions and disabilities, and those on lower incomes).

Our data indicate that stakeholders see the provision of conditions for promoting wellbeing as more important than developing specific wellbeing skills through individualised

interventions. Such provision includes creating high quality jobs, developing a sense of community in organisations and through learning, fostering good management practice, and providing learning opportunities that enhance employability. Although stakeholders view multiple agencies as being important for enhancing the wellbeing of working age adults in the UK, Government agencies and employers were seen as the most prominent actors. In prioritising improvement in social and structural conditions for wellbeing and Government as an actor, stakeholders appear to have no preference for individually-focused interventions or action and therefore offer some support for critics of neoliberal approaches on the over-individualisation of wellbeing (e.g., Scott, 2014; White, 2017).

Through engagement with different stakeholders and uncovering conceptions of wellbeing from stakeholders other than academics, policymakers or policy implementers, we can draw out implications for policy debates about wellbeing, the practice of career guidance and academic debates about wellbeing, and developing a new approach to researching wellbeing that is stakeholder responsive and policy and practice oriented.

Reframing policy debates around wellbeing

Popular conceptions of wellbeing for working age adults raise issues not currently considered in elite political conceptions of wellbeing: These concern health (particularly mental health), productivity and community membership. If enhanced wellbeing is to be a policy goal or at least a basis for choosing between competing policies, it could therefore be argued that more effective interventions would improve wellbeing as indexed by measures of subjective wellbeing such as those used by the Office of National Statistics and would also improve (mental) health, sense of community and productive economic activity. Our data in relation to learning in particular indicates it is important for policymakers to consider long-run as well as short-run effects on wellbeing and to prioritise interventions that can enhance wellbeing through multiple routes and over multiple timeframes.

The data also indicate that stakeholders appear to prefer policies that apply to all people but that if a choice is to be made, it should favour the disadvantaged. However, as the example from concerns about funding for learners over the age of 25 in Wales illustrates, it is important to consider the adverse effects on one group of stakeholders by prioritising another group of stakeholders.

Given that stakeholders expect the UK Government to play a prominent role in enhancing wellbeing, it may not be problematic for Government to be seen to advocate policies targeted at wellbeing or to engage with multiple stakeholder groups to deliver interventions. Engagement with multiple stakeholder groups is likely to be problematic because different groups can have different priorities, favour specific groups or have different working definitions of wellbeing. However, the costs of engaging with different stakeholders may be outweighed by the benefits of having interventions that can be tailored to specific contexts or groups. Moreover, the Government has the resources and legitimacy to provide the conditions and direction for multiple stakeholders to work together and to push back against powerful, corporate or other interests counter to enhancing wellbeing (Leggett, 2014). Tailoring of specific interventions is consistent with current evidenced-based approaches to policy (e.g., Waddell, Burton & Kendall, 2008).

The Government may find complexities when engaging with two specific groups. First, stakeholders viewed employers as important actors for enhancing wellbeing. Employers are important for creating and developing high quality jobs, supporting skill development through learning (including improving management practice) and providing membership of an organisational community. Unlike other groups (charities, trades unions), most employers may not have the wellbeing of workers as a primary organisational goal and thus there is the potential for conflict between Government policy goals and employer business goals. Legislation on minimum wages aside, the UK Government has displayed little willingness to

engage in concerted and direct action to improve the wellbeing of workers (cf. the Netherlands, Daniels et al., 2014). The recognition that productivity is important in relation to wellbeing may be an important lever for Government in advocating employer action to improve wellbeing, as would initiatives to encourage the creation of high-skilled jobs. However, the Scottish Fair Work Convention is a model that could be adopted in the rest of the UK. The Convention is tasked with providing a blueprint for improving the experience of paid employment in Scotland and has a membership drawn from employers, charities, trades unions and academia. Other levers may be to engage interest from professional institutions (e.g. Institute of Directors), business facing charities (e.g. Business in the Community) or to provide access to expertise and advice direct to Local Enterprise Partnerships/Zones.

The second problematic group comprises individual members of the public. Individuals were not seen as important actors in enhancing national wellbeing, although it is well known that two important determinants of wellbeing are how individuals perceive the impact of events on the pursuit of personal goals and individuals' own attempts to regulate their wellbeing (e.g., Lazarus & Folkman, 1984). Further, from a policy perspective, the engagement of the public as users is critical to realising policy objectives. One solution to this problem may be to adopt approaches used in risk management, an area that also has a strong subjective component. Risk management approaches encompass risk communication, which is a two-way dialogue between stakeholders and policy institutions, which aims to assess public perceptions of risk to determine the acceptability of different options and to educate and inform individuals of the scientific basis of the 'objective' risk (National Research Council, 1989). This approach suggests the co-creation of both substantive knowledge and institutional support structures.

Implications for research on wellbeing in working age adults

In its strategy for the domain of mental health, the World Health Organization recommends researchers engage with civil society stakeholders to enable localised implementation of interventions suitable for specific contexts (2013). The divergence of stakeholder perceptions of wellbeing from psychological conceptions of wellbeing implies that researchers may need also to take a more nuanced view of wellbeing to include assessments of wellbeing that also include indicators of (mental) health, productivity and/or sense of community. In the present study, we sought to describe stakeholder views – but we did not explore how those views came about and which groups and which communication media are most influential in shaping stakeholder views on wellbeing. Uncovering stakeholder concerns may also provide a means of developing new research questions that address stakeholder concerns. Another issue here is in developing new knowledge where stakeholder concerns refer to an already established body of knowledge. Depending on the state of knowledge around a specific issue, research questions could range from delineating factors that predict wellbeing, to assessing interventions to improve wellbeing at a local level, as well as assessments of wider-scale policies.

Stakeholder concerns with job quality are particularly informative here. The factors that go to make high quality jobs and their relationships with subjective wellbeing are already well known in organisational psychology and industrial sociology, and indeed many form the basis of the Health and Safety Executive's Management Standards for Work-Related Stress. Continuing stakeholder concern with job quality might indicate that there are insufficient high quality jobs in the UK. The deficiency may be a product of: difficulties of getting knowledge into organisational practice (which could indicate a failure of traditional social science methods for engaging with the public); or difficulties in developing applications and interventions from extant research (which could indicate a failure in how research is conducted and/or commissioned). More generally, the deficiency may reflect a failure to

integrate relevant knowledge from across multiple social science disciplines (e.g., the Health and Safety Executive's Management Standards for Work-Related Stress were largely based on psychological perspectives on job quality). Rather than assessing interventions developed on the basis of existing evidence, new research on job quality may concentrate on identifying how organisations build high quality jobs, and the other organisational, economic or policy context factors that facilitate the development of high quality jobs. Such research questions would necessarily build on insights from across the social sciences.

Engagement with stakeholder conceptions to inform wellbeing policy also brings opportunities for social scientists to develop knowledge of how best to engage with stakeholders about wellbeing, how best to ensure stakeholder views are represented in policy, how to ensure wellbeing policies are enacted in ways that address stakeholder concerns, and how to assess policy impact in a way that stakeholders know their concerns have been addressed. Such engagement may need to occur throughout the research process, from the development of stakeholder-led or co-created research questions, through sense-checking of initial results, and through two-way dialogue with multiple stakeholders on how best to develop interventions and policy or guidance to support those interventions.

Implications for career guidance and counselling

As wellbeing permeates the whole lifespace and career professionals may not just confine their practice to narrow objectives around transitions in learning or paid employment (Westergaard, 2012), career guidance practitioners are arguably well placed to address many of the issues raised in popular views on wellbeing.

Stakeholder concerns could be addressed through developing services targeted at enhancing employability skills, especially for younger workers or workers with vulnerabilities caused by age, health conditions, disability or on low incomes. Diversity in the labour market and the significance of migrant workers within some sectors – which is likely

to be sustained post-Brexit, particularly health and social care service, raises many challenges for both organisations and individuals in terms of how overseas workers can transition effectively into UK career structures. Further, the stakeholders would suggest that the fast-paced change in technologies and globalised talent competition may well require individuals to develop employability skills that encapsulate a wellbeing component in terms of the ability of individuals to regulate their emotional and cognitive appraisal of the labour market to adapt in a resilient and sustainable way to working life demands. For example, the Trades Union Congress has already developed materials for mid-life development reviews for older workers (Unionlearn, 2015).

It is already accepted that wellbeing is associated with paid employment that is secure, provides opportunities for the progressive development and use of skills, allows some input into decisions, does not cause imbalance between different life domains and within which workers are treated fairly (e.g., Anker, Chernyshev, Egger, Mehran & Ritter, 2003; MacKay et al., 2004; Taylor, 2017). Our data indicate guidance on finding jobs with such characteristics might be supplemented with guidance on finding workplaces that provide a sense of community and identity for workers. Importantly, social integration is also one of the decent work criteria advocated by the International Labour Organization (ILO, 1999).

In relation to career guidance and counselling, one of the most challenging findings is that stakeholders appear to value collectively rather than individually-focused interventions. Career guidance and related counselling interventions are often conceived as individually-focused interventions. Indeed, face-to-face interaction with a career professional appears important to the success of career services. Our data suggest concerted efforts are required that embed career guidance and counselling in multifocal interventions that address issues in relation to job quality across multilayers of analysis. For example, in relation to those in paid employment, a multifocal intervention may embed career guidance in a wider suite of human

resource development initiatives designed to supplement changes in working and employment practices focused on improving the quality of jobs. In relation to worklessness, multiagency interventions may include regional government initiatives to create skilled jobs through attracting foreign direct investment, changes in further education training provision for sector-specific skills, and career services targeted at guiding disadvantaged groups into sector-specific skills education.

In education, quality careers provision is associated not just through interaction with career professionals and to appropriate information technologies to access information, but also involves embedding careers into curricula and other activities designed to enhance employability (Hooley et al., 2014; Taylor & Hooley, 2014). Engagement with employers seems important to employability across school and higher education (Hooley et al., 2014; Taylor & Hooley, 2014), which can include placements, visits, talks by business leaders and business mentors (Hutchinson & Dickinson, 2014). Furthermore, Travers, Morisano and Locke (2015) have outlined how the use of self-reflective diaries as part of an undergraduate 'soft skills' course aids students in setting and achieving self-selected performance and learning/growth goals. Consistent with our finding that stakeholders believe that an important part of wellbeing is feeling part of a community, Travers et al. also found that students were better able to achieve their goals if they were in a good support network.

Conclusions

Engaging with stakeholder perceptions leads to the democratisation of wellbeing as a concept in politics, policy and in research. Such democratisation moves wellbeing away from being a concept owned by an academic discipline or disciplines and political elites. However, our stakeholders see it incumbent on Government to create the conditions to enable localised action to improve wellbeing. If those conditions are created, perhaps the biggest implication for career professionals is the explicit development of skills in multiagency working, because

career professionals work at the intersection of multiple institutions (such as employers, educational institutions, third sector organisations, job centres, healthcare) and individuals, and their experiences with paid employment, learning and worklessness.

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Table 1. Summary of stakeholder concerns and match with current elite political initiatives.

Area	Stakeholder concern	Match with elite political initiatives
Nature of wellbeing	Life satisfaction/happiness	ONS measures
	Mental health	ONS measures of anxiety and happiness
	Eudaimonic aspects	ONS measures
	Productive economic activity	No direct match
	Belonging to a community	No direct match
Priority groups	Younger adults	Apprenticeships but increase in higher education fees and cuts to career services
	Older adults	Centre for Ageing Better and Economic and Social Research Council Working Late initiative
		Department of Work and Pensions Age Positive/Fuller Working Lives
		Cuts in funding for learning for over 25s in Wales
	Those with health conditions and disabilities	Department of Work and Pensions perspective on health promoting effects of paid employment
		Health and Safety Executive work on good quality jobs preventing long term sickness absence
	Inequalities (e.g., low income families)	National Living Wage

Table continues

Table 1. Continued

Area	Stakeholder concern	Match with elite political initiatives
Paid employment and wellbeing	Job quality	Scottish Fair Work Convention
		Health and Safety Executive Management Standards (excludes job security and income)
		All Parliamentary Working Group on Wellbeing Economics (job security)
		National Living Wage (income)
	Management competences	NICE guidance on line management
	Organisations as communities	No direct match
Paid employment and adult learning	Access	No perceived match, increase in higher education fees
	Employability	Apprenticeships but cuts to career services

Table 1. Continued

Area	Stakeholder concern	Match with elite political initiatives
Worklessness and wellbeing	Creating jobs	Cuts to career services
		Department of Work and Pensions perspective on health promoting effects of work
		Health and Safety Executive work on good quality jobs preventing long term sickness absence
		National Living Wage
		Scottish Fair Work Convention
		Attracting skilled jobs to Wales and English regions
Actors to improve wellbeing	Central UK Government	All Parliamentary Working Group on Wellbeing Economics
		What Works for Wellbeing Centre
	Employers	Guidance from Health and Safety Executive, NICE
		National Living Wage
	Collective not individual action	Most initiatives collective in orientation
	Stakeholders see mental health as part of wellbeing	No match: Chief Medical Officer voices concern over public funding of wellbeing initiatives
	No match	Volunteering – Big Society