Birmingham City Council

DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT 2025

'How are we really doing?'
Measuring wellbeing in Birmingham

A BOLDER HEALTHIER BIRMINGHAM

Public Health Division, Birmingham City Council

CONTENTS

FOREWORDS

INTERIM DIRECTOR OF PUBLIC HEALTH

September 2024 - May 2025

It has been a privilege to lead the development of this year's Director of Public Health Annual Report during my time as Interim Director of Public Health. This report, focused on measuring wellbeing, reflects a collective effort to understand how our city is really doing—not just in terms of health outcomes, but in the broader context of what it means to get the best start in life and to live and age well in Birmingham.

Wellbeing is a critical part of the public's health. It is shaped by our relationships, our environment, our economic security, and our ability to participate in civic life. Over the past year, we have worked with partners to explore these dimensions through data, lived experience, and local insight. The result is a report that not only measures wellbeing but also tells a story of Birmingham's communities.

I would like to acknowledge and thank all of those who have supported this year's annual report. I am proud of the collaborative spirit and curiosity that has driven this work and grateful to everyone who contributed their time, expertise, and perspectives.

As we move forward, I hope this report will serve as a foundation for action—helping us to build a city where every resident has the opportunity to thrive.

Jo Tonkin

Interim Director of Public Health
Birmingham City Council

DIRECTOR OF PUBLIC HEALTH

May 2025 onwards

As the recently appointed Director of Public Health here in Birmingham, I am delighted to present this year's annual report, which focuses on measuring wellbeing across our city. I am committed to its purpose and proud to support its publication.

Wellbeing is central to public health. It is about feeling good and functioning well—not just as individuals, but as families, communities, and a city. This report offers a timely and important reflection on how we define, measure, and improve wellbeing in Birmingham. It highlights the challenges we face, including inequalities in health, housing, employment, and access to green space, but it also showcases the strengths and resilience of our communities.

I would like to thank Jo Tonkin, who led the development of this report during her time as Interim Director of Public Health, and Justin Varney who initiated the concept for this report. I would also like to acknowledge the contributions of our Public Health Division and partners.

I look forward to working with colleagues across the Council and our partners, including our communities, to take forward the opportunities for action identified in this report.

Sally Burns

Director of Public Health
Birmingham City Council

CABINET MEMBER FOR HEALTH & SOCIAL CARE

I am pleased to formally receive this year's Director of Public Health Annual Report. This report offers a timely and important reflection on how we understand and measure wellbeing in Birmingham—not just through health outcomes, but through the wider determinants that shape our everyday lives.

Wellbeing is about more than access to healthcare. It is shaped by the homes we live in, the jobs we do, the air we breathe, the safety of our communities, and the opportunities we have to connect, learn, and participate. These wider determinants—social, economic, environmental, and civic—are central to our city's health and resilience. This report helps us see where we are making progress and where we must do more to ensure that every resident has the opportunity to live well.

The findings in this report are clear: we must continue to act on the structural inequalities that affect people's health and wellbeing. That means prioritising prevention, supporting inclusive economic growth, improving access to green space, and ensuring that our services are responsive to the needs of all our communities. It also means embedding wellbeing into how we plan, design, and deliver across the whole system—from housing and transport to education and democratic participation.

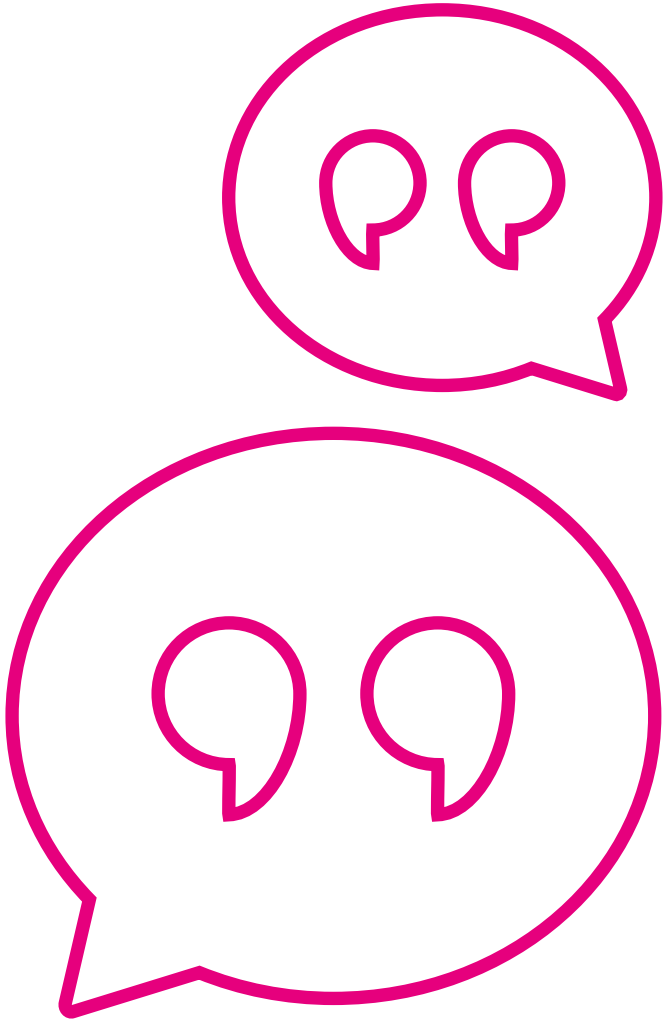
I am proud of the collaborative work taking place across Birmingham—from the Creating a Mentally Healthy City Strategy to the PURE employment programme and our Creative Health partnerships.

I would like to thank the Public Health Division for their leadership and dedication in producing this report, and all the partners who contributed to its development.

I look forward to working with colleagues, partners, and communities to take its opportunities for action forward and ensure that every resident and our city can thrive.

Cllr Mariam Khan

Cabinet Member for Health and Adult Social Care
Birmingham City Council



EXECUTIVE SUMMARY

PURPOSE

Directors of Public Health in England have a statutory duty to produce an annual report on the health of their local population. This year's report explores a fundamental question: ***How are we really doing?*** It challenges us to look beyond health metrics and consider the broader aspects of wellbeing and how they shape life in Birmingham.

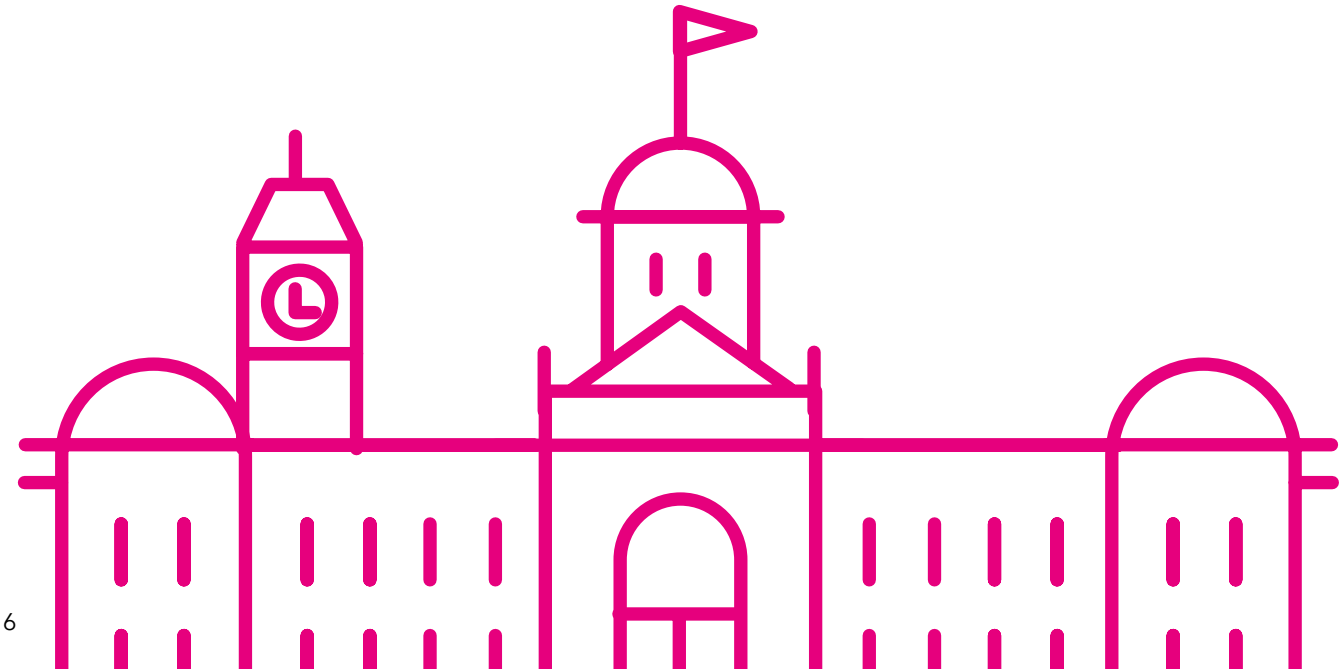
OUR APPROACH

We began by exploring how wellbeing is defined and why it matters. The World Health Organization's definition of wellbeing is "a positive state experienced by individuals and societies[3]," which captures the importance of considering both individuals and populations.

Drawing on frameworks that measure wellbeing from global, national and regional perspectives, we have identified common themes, gaps, and approaches to measuring wellbeing. We have used this analysis to propose a conceptual framework for Birmingham. We also examined time-series data from the Office for National Statistics to understand how personal wellbeing has changed over the past decade.

We engaged with local partners and present short case studies on how projects, initiatives or services influence wellbeing in Birmingham. These case studies illustrate how a focus on wellbeing, with a preventative approach, can bring benefits for our city's population.

The report identifies opportunities for action—both to improve how wellbeing is measured and to enhance it across the system. These opportunities are grounded in evidence, shaped by local insight, and aligned with Birmingham's strategic priorities.



OUR FRAMEWORK

To measure wellbeing locally, we propose a conceptual framework based on five domains:

Social Wellbeing – The quality of relationships, sense of belonging, and ability to participate in social activities.

Physical and Mental Wellbeing – Our objective and subjective health, and ability to function in daily life.

Economic Wellbeing – Financial security and basic needs including employment, education and housing.

Environmental Wellbeing – Access to clean air, green spaces, and an environment that supports health.

Civic Wellbeing – Participation in civic life, our trust in institutions, and sense of agency.

This framework is not a ready-to-use model but a concept for considering wellbeing and the breadth of factors that fundamentally drive wellbeing. The domains are interdependent and determinants of our personal wellbeing. The framework also supports us in considering how to measure wellbeing more effectively at a local level. The report highlights the need for more granular data, particularly at a sub-Birmingham level such as wards, to understand inequalities, geographical variation and to target action. Each chapter of the report explores one domain, explaining its relevance, how it can be measured, and how Birmingham is currently doing based on available data.

HOW BIRMINGHAM IS DOING

Across many indicators of wellbeing, Birmingham performs worse than the England average, although many measures mirror national trends. There are significant disparities within Birmingham itself, between wards and communities.
Where data is available, we have visualised these differences through maps.

Social Wellbeing

Birmingham faces challenges around loneliness, safety, and neighbourhood belonging. The city has a higher proportion of residents who report feeling lonely often or always (8.9%) compared to the national average (6.8%). Fewer people feel a sense of belonging in their neighbourhood, and violent crime rates are higher than England averages. Birmingham's cultural and community assets, such as our Creative Health work, offer opportunities to strengthen social connection and reduce isolation.

Physical and Mental Wellbeing

Physical and mental wellbeing in Birmingham is marked by significant inequalities. Life expectancy and healthy life expectancy are lower than the national average for both men and women. 45% of adults and 58% of children are not meeting recommended physical activity levels. Almost a quarter of adults report high levels of anxiety. The Creating a Mentally Healthy City Strategy provides a framework for prevention and early intervention across the system.

Economic Wellbeing

Economic wellbeing is shaped by persistent inequalities in income, employment, and housing. Birmingham's unemployment rate (7.2%) is nearly double the national average, and the proportion of young people not in education, employment or training (NEET) remains high—though it has improved significantly in recent years. The city has a lower gender pay gap than England overall. There are significant inequalities associated with deprivation within Birmingham and when compared to other areas. Programmes like PURE are helping residents overcome barriers to work and build resilience.

Environmental Wellbeing

Environmental wellbeing is unevenly distributed across the city. Birmingham's air pollution levels exceed World Health Organization guidelines, and recycling rates are among the lowest in the UK. Access to green space varies by neighbourhood, with some places facing more barriers than others. The city has made progress in areas such as solar energy adoption and active travel, and the City of Nature Plan sets out a vision for a greener, more equitable urban environment.

Civic Wellbeing

Civic wellbeing reflects how people participate in and feel about civic life. In Birmingham, voter turnout varies significantly by ward, and satisfaction with local areas is lower than the national average. While volunteering rates are broadly in line with national figures, trust in local institutions and feelings of influence over local decisions remain low. The Annual Canvass and wider engagement efforts aim to improve participation and ensure that all residents have a voice in shaping their communities.

OUR OPPORTUNITY

Building on existing strengths, the following opportunities for action are grounded in the evidence presented throughout the report and offer a roadmap for building a healthier, fairer, and more connected Birmingham. The following opportunities reflect where we can go further to ensure co-ordinated action across the **5 domains of wellbeing:**

IMPROVING WELLBEING: ACTING ACROSS THE SYSTEM

1) Prioritise mental health and wellbeing

Fully support and deliver, from education and housing to employment and communities, the Creating a Mentally Healthy City Strategy and its bold vision for improving mental health and wellbeing across Birmingham, with a focus on prevention, early intervention, and reducing inequalities.

2) Address the social wider determinants of wellbeing

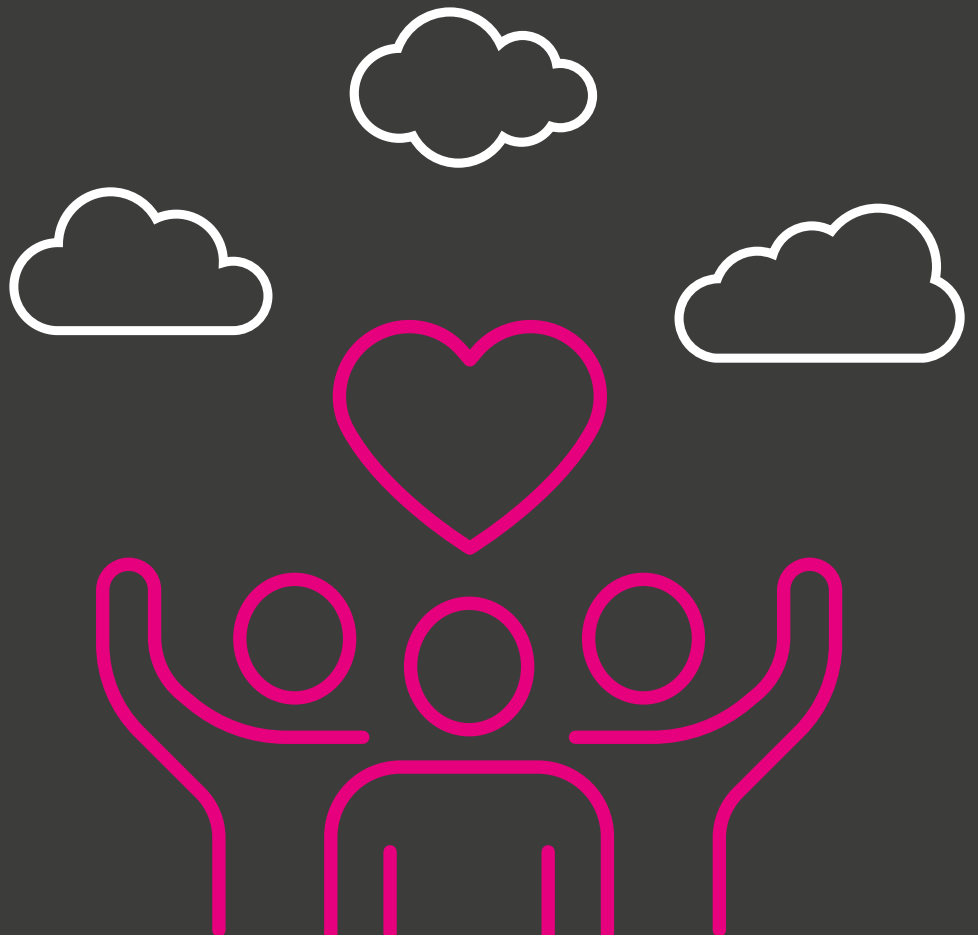
Focus on the evidence from the Marmot Review and others about the importance of what are often termed the wider determinants of health but also drive wellbeing—such as income, education, housing, and environment. Birmingham must champion inclusive economic growth, with a focus on closing employment inequalities. This includes supporting people into good work, addressing barriers to employment, and prioritising areas such as skills, childcare, and transport.

3) Ensure health in all policies and wellbeing impact assessments

Adopt a Health in all Policies approach that explicitly embeds wellbeing into decision-making through Population Health Impact Assessments of all policies, plans, and developments.

4) Support creative health and community connection

Creative engagement has a proven impact on individual wellbeing. There is a clear opportunity to expand Creative Health and similar interventions that foster connections.



MEASURING WHAT MATTERS

The report also suggests where there are opportunities for action to improve our measurement of wellbeing:

1) Improve our understanding of national measures

Birmingham currently relies on nationally led data releases such as the ONS4 wellbeing indicators, which include life satisfaction, happiness, anxiety, and feelings of worthwhileness. While these measures offer useful insights, their sample sizes limit their reliability for local decision-making. They do not provide the granularity needed to understand wellbeing across different communities and neighbourhoods.

2) Support local innovation, in the form of the Social Progress Index

To address this gap, Birmingham City Council's Early Intervention and Prevention directorate has developed the Social Progress Index™ (SPI), a local tool that ranks wellbeing outcomes across electoral wards, using an existing global framework from the Social Progress Imperative. The SPI provides a more detailed view of local conditions, highlighting disparities in education, housing, safety, and opportunity.

3) Embed standardised wellbeing questions into our routine surveys

A key opportunity is to integrate questions on wellbeing into routine resident surveys, such as those administered by Birmingham City Council and other local partners. Doing so would strengthen the city's evidence base and allow for more consistent tracking of wellbeing over time.

4) Use validated tools across services and interventions

Measuring the impact of services and interventions on wellbeing is a challenge. Validated tools offer a reliable way to assess wellbeing outcomes and demonstrate impact. They support consistent measurement across services, enable comparison, and strengthen the case for prevention and early intervention. Examples of validated tools and further details on the principles of collecting wellbeing data can be found in Appendix 2. For more information on measuring the impact and outcomes of interventions, including wellbeing, please visit the **Birmingham Public Health Measurements Toolbox**.

5) Improve measurement at a sub-Birmingham level

To support targeted action, Birmingham should increase the measurement and reporting of wellbeing, and its drivers, at a sub-city level. This includes locality and ward-level data. More granular data will support local leaders, help identify inequalities, tailor interventions, and ensure that resources are directed where they are most needed.

INTRODUCTION

PURPOSE

Directors of Public Health in England have a statutory duty to produce an annual report on the health of their local population. This year's report explores different concepts and definitions of wellbeing, and how we might measure wellbeing at a local level. Despite the number of metrics, indicators and data sources, we do not have a consistent approach to understanding and measuring wellbeing in Birmingham. This report provides us the opportunity to reflect on the following question: ***'How are we really doing?'***, as individuals, communities and as a city. We will answer key questions about what wellbeing is and how we might measure it. Exploring these questions will provide us with recommendations and opportunities for us to understand, measure and improve wellbeing.

OUR APPROACH

To explore wellbeing, we have considered several key questions that shape this report:

1. What is wellbeing?
2. What does wellbeing look and feel like in Birmingham?
3. How could we measure wellbeing in Birmingham?
4. How can we improve wellbeing in Birmingham?

We have conducted desktop research into different frameworks that measure wellbeing from global, national and regional perspectives. We have also mapped a series of data sources that could contribute to a local framework. In particular, we have looked at measures that might be insightful at a sub-city level. We have completed an evidence review of existing research and literature on the topics of measuring wellbeing and identifying the causes of higher or lower wellbeing. Lastly, we have used existing citizen engagement to understand current attitudes towards wellbeing and the drivers behind it in Birmingham.

From this research, we have identified five domains of wellbeing which are based on the key drivers (e.g. social relationships and job satisfaction) and what people say are most important to them (e.g. financial resilience and access to green space). We have identified potential data sources available to measure these areas. These domains are not exhaustive but are useful for understanding wellbeing locally.

Finally, we have engaged with partners in the city to present short case studies on how their projects, initiatives or services are already influencing wellbeing. These case studies illustrate how looking at wellbeing with a preventative mindset can bring benefits for our city's population.

DEFINING WELLBEING

The definition of wellbeing has been debated since it was first written about in Ancient Greece.[1] It has been associated with pleasure, happiness, flourishing and completeness. While each of these are relevant, they only provide a narrow definition that is focused on the individual. Equally, there is debate on whether wellbeing is a state that can be achieved or a process to make an individual's life more positive.[8]

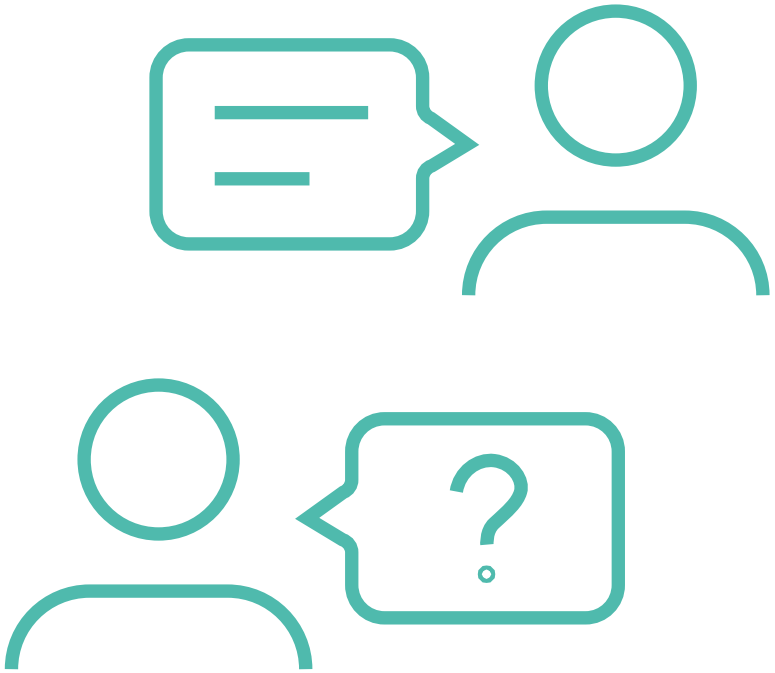
The World Health Organization (WHO) defines health as a complete state of wellbeing.[2] This definition focuses on an individual and may be considered utopian in its goal of 'complete wellbeing'. We know that social, economic and environmental conditions determine our health. These determinants, known as the wider determinants of health, are just as impactful for our wellbeing too.[4]

> **"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."**
>
> *World Health Organization (1948)*

More importantly, if health is wellbeing, then what is wellbeing? There are many definitions and interpretations of wellbeing, and wellbeing is likely to mean different things to different people and places.

> **"Wellbeing is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions."**
>
> *World Health Organization (2021)*

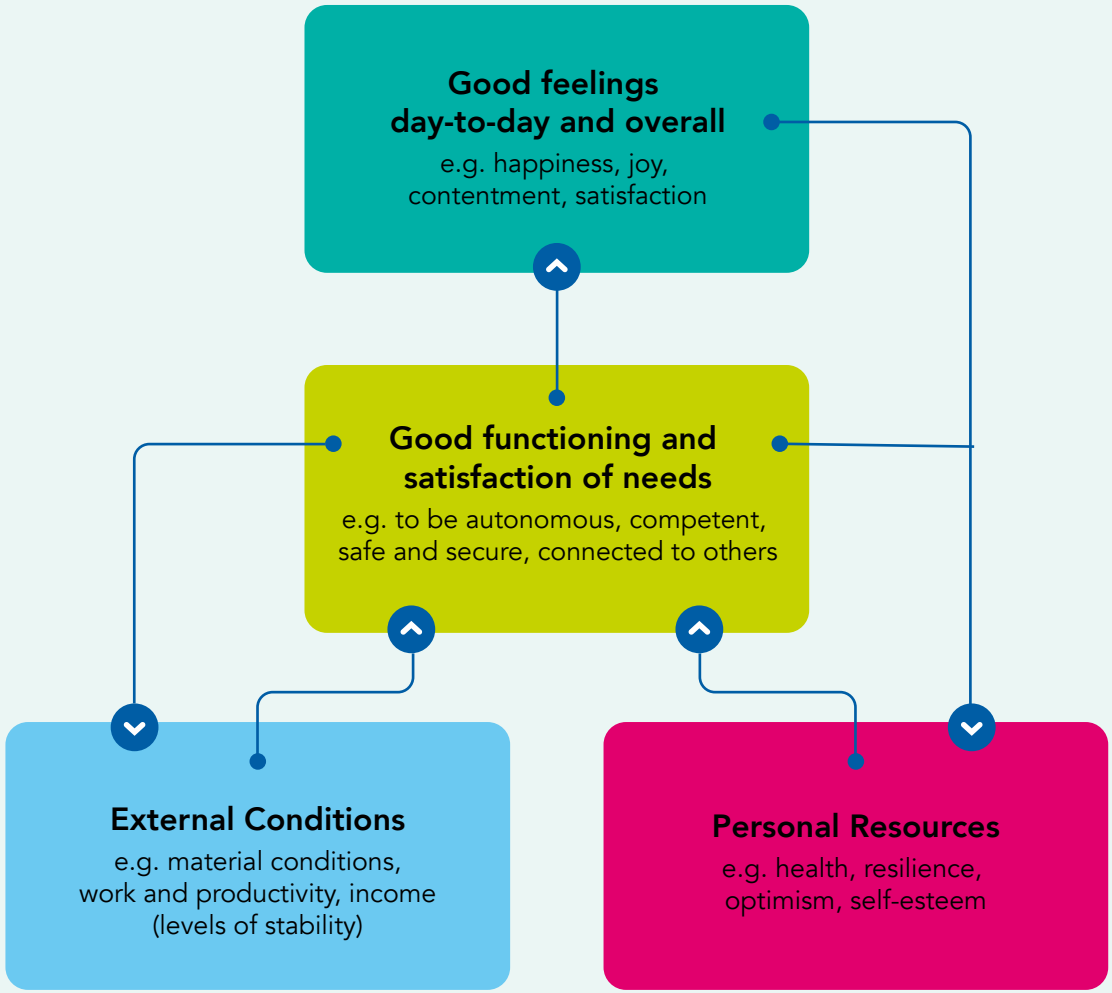
WHO later defined wellbeing as a positive state experienced by individuals and societies.[3] Others have defined wellbeing as "a positive state of mind and body", again focusing on the individual.[4] WHO's definition of wellbeing moves beyond the individual, and recognises the influence of social, economic and environmental conditions. Similarly, if wellbeing is a positive state, then what is a positive state of an individual and society? And what are the social, economic and environmental conditions that determine this positive state? To answer these questions, we must understand what matters to people and communities, and the factors that influence what matters.



Wellbeing is sometimes used interchangeably with mental health and wellbeing, but wellbeing can be mental, physical and emotional. It can be social, environmental and economic. Physical wellbeing can be described as our "ability to maintain a healthy quality of life that allows us to get the most out of our daily activities without undue fatigue or physical stress".[5] Mental wellbeing can be described as the "combination of how we feel emotionally and psychologically and how this affects how we function".[6]

As part of the UK Government Office for Science's Foresight Project on Mental Capital and Wellbeing, the New Economics Foundation developed a conceptual model of wellbeing and its determinants (Figure 1. Dynamic model of wellbeing). It describes the combination of external conditions and personal resources which allow individuals and populations to function well and experience positive feelings, including happiness, joy and life satisfaction. The dynamic process is based on research in the field of psychology and ancient philosophy. It reinforces the concept of flourishing and the idea that humans will flourish when they function well, and then feel happy, joy and satisfaction. The model highlights the importance of understanding the levels of flourishing to understand wellbeing and a recognition that this is best measured by subjective means (a person's own perspective on their wellbeing). This report will use the dynamic model of wellbeing and WHO's definition of wellbeing to explore concepts at a local level.

Figure 1. *Dynamic model of wellbeing* [7]



WHY WELLBEING MATTERS

The purpose of Public Health and our partners should be to improve people's lives. If our actions do not lead to people living more fulfilling, healthier lives with greater wellbeing, we must question whether we have truly been successful. Wellbeing is a key measure of social progress and, arguably, the overarching goal we should have.

As we will explore in this report, wellbeing cannot be described simply as the absence of disease or illness. It is a complex combination of biological, social, and psychological factors. The biopsychosocial (BPS) model, first introduced by George Engel in 1977, is a helpful model that can help us understand the connection between health and wellbeing.[8] The BPS model stresses biological factors such as physical health conditions, like diabetes or chronic pain, negatively affect wellbeing, but psychological factors (our thoughts and emotions) affect how we handle such health challenges. Social factors such as strong relationships, family life, a positive work environment, and community connections can enhance recovery, encourage healthy behaviours, and improve overall wellbeing.

Numerous studies highlight the role of wellbeing in maintaining good health, including improving the immune response, increasing pain tolerance, improving cardiovascular health, slowing disease progression, and improving reproductive health.[9] Wellbeing adds years to life, improves recovery from illness and may reduce pressures on healthcare.[10]

FRAMEWORKS FOR MEASURING WELLBEING

"Well-being exists in two dimensions, subjective and objective. It comprises an individual's experience of their life as well as a comparison of life circumstances with social norms and values."

World Health Organization (2012)[11]

If health is physical, mental and social wellbeing, and wellbeing is a positive state encompassing the quality of life of individuals and society, how might this be measured? The value of measuring wellbeing goes beyond an understanding of our progress. It supports a common approach and can evaluate the success of interventions and policies. Wellbeing can also support an asset-based approach, as opposed to a deficit model that may focus on needs and illness. It is often said that what gets measured gets done, and therefore by measuring wellbeing we can drive actions to improve the quality of people's lives.[12] Conventional measures of wellbeing are focused on an individual's personal wellbeing. This can be looked at through the subjective measures of happiness, life satisfaction, feelings of worthwhileness, and anxiety (also known as the ONS4).[13] Alongside these, societal measures such as employment, education, access to green space, and civic participation provide a broader understanding of the conditions that shape wellbeing across communities.

A number of international, national and local frameworks have been developed that all attempt to describe and measure wellbeing in a holistic way (see Figures 2-5). They assess the aspects of our lives that can influence wellbeing, either positively or negatively, including individual wellbeing alongside wider measures. These frameworks combine a range of objective and subjective measures so that we can understand wellbeing in a meaningful (through different domains) and broad way (across the whole population).

Figure 2. *Canadian Index of Wellbeing Framework*[14]

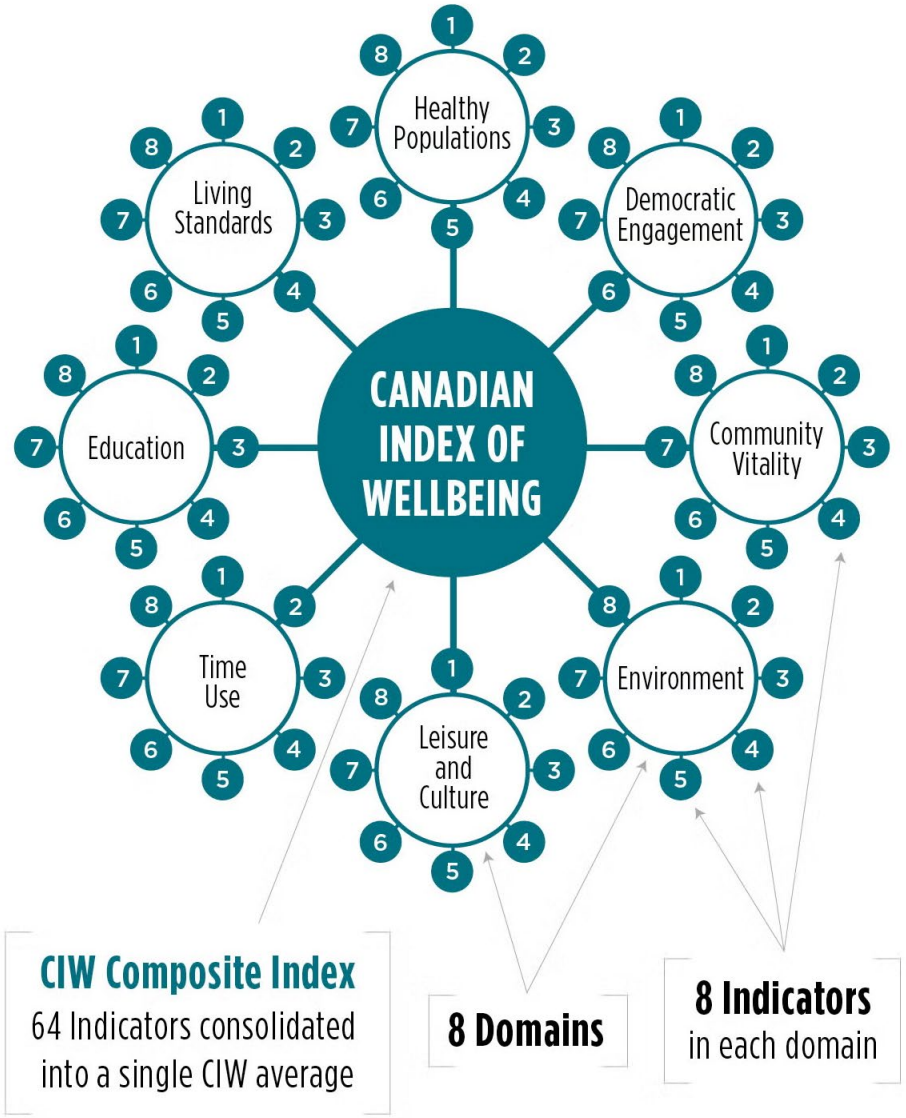


Figure 3. *UK Measures of National Well-being*[18]

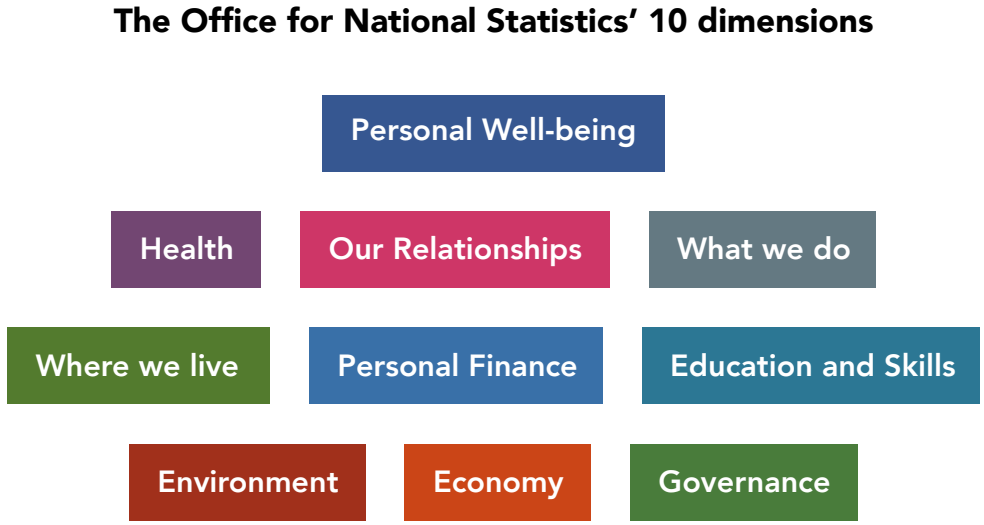


Figure 4. *Global Social Progress Index*[19]

BASIC NEEDS

Nutrition & Medical Care
- Undernourishment
- Maternal mortality
- Child mortality
- Child stunting
- Infectious diseases
- Diet low in fruit and vegetables

Water & Sanitation
- Basic water service
- Basic sanitation services
- Unsafe water, sanitation and hygiene
- Satisfaction with water quality

Housing
- Access to electricity
- Household air pollution
- Dissatisfaction with housing affordability
- Usage of clean fuels and technology for cooking

Safety
- Interpersonal violence
- Intimate partner violence
- Money stolen
- Feeling safe walking alone
- Transportation related injuries

FOUNDATIONS OF WELLBEING

Basic Education
- Primary school enrollment
- Secondary school attainment
- Gender parity in secondary attainment
- Equal access to quality education
- Children grow and learn

Information & Communications
- Mobile telephone users
- Internet users
- Access to online governance
- World Press Freedom Index

Health
- Life expectancy at 65
- Non-communicable diseases
- Access to essential health services
- Equal access to quality healthcare
- Health problems

Environmental Quality
- Outdoor air pollution
- Particulate matter pollution
- Lead exposure
- Waste recovery

OPPORTUNITY

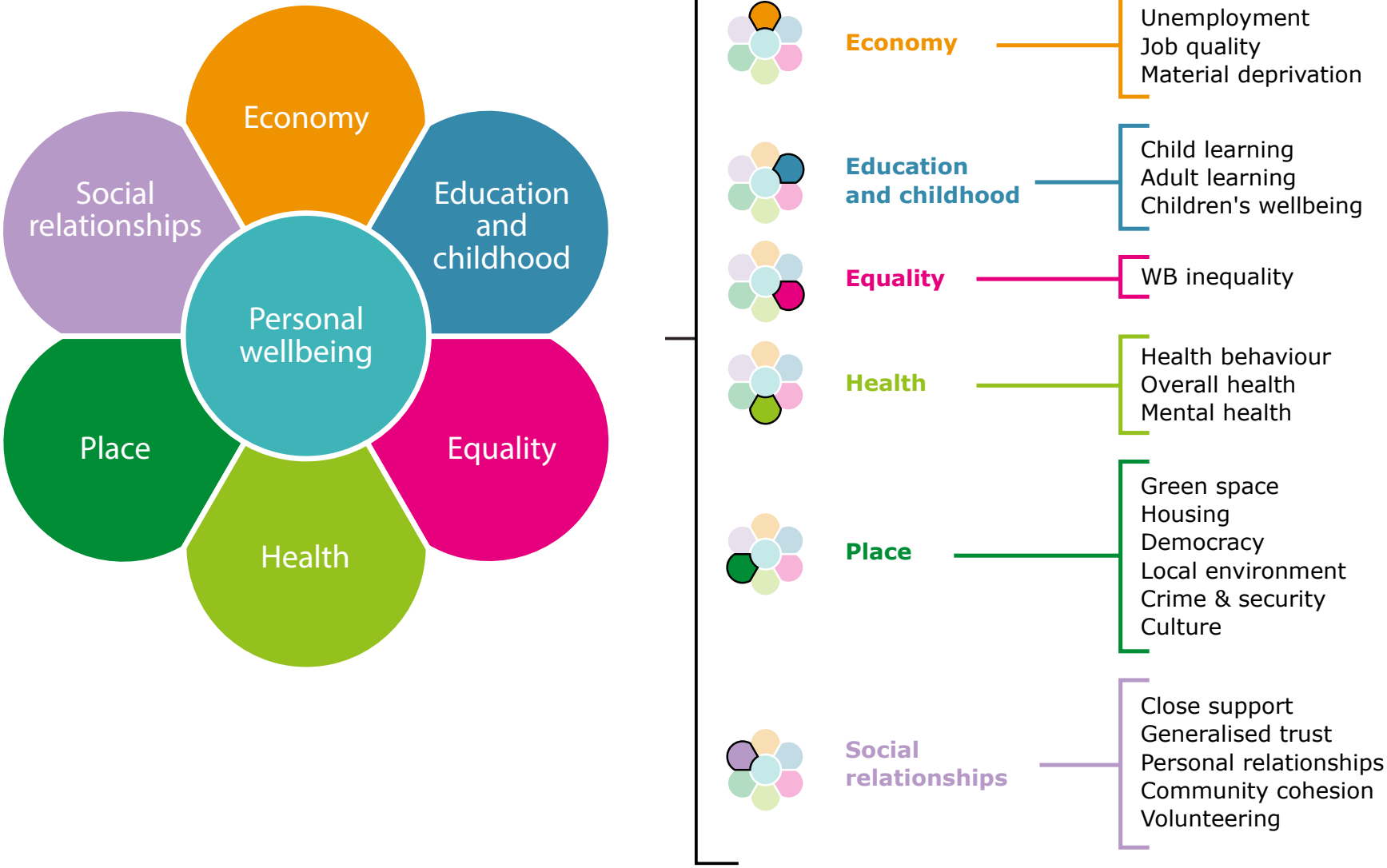
Rights & Voice
- Political rights
- Freedom of peaceful assembly
- Equality before the law & individual liberty index
- Rights equality
- Perception of corruption

Freedom & Choice
- Vulnerable employment
- Early marriage
- Satisfied demand for contraception
- Freedom over life choices
- Civil Society Organization (CSO) repression

Inclusive Society
- Acceptance of gays and lesbians
- Discrimination and violence against minorities
- Equal access index
- Count on help
- Young people not in education, employment or training

Advanced Education
- Expected years of tertiary education
- Women with advanced education
- Quality weighted universities
- Citable documents
- Academic freedom

Figure 5: *What Works Wellbeing's 'Framework for Wellbeing'*[15]



Canadian Index of Wellbeing

The 'Canadian Index of Wellbeing' (CIW) has been developed by the Atkinson Foundation and the University of Waterloo in Canada to better measure wellbeing across the population.[15] The vision of the project, which began in the late 1990s, has been to enable Canadians to live better lives by developing measures that can clearly show progress towards improved wellbeing. By doing this, the team behind the project hope that it will empower Canadians to campaign for change based on their needs, and encourage policymakers to utilise this index in their decisions.

In 2016, the comprehensive National Index Report was published and presented the framework of indicators that make up the Canadian Index of Wellbeing (seen in Figure 2). There are 8 domains, with 8 indicators each, covering broad areas which are all components of wellbeing. The justification for the range of domains was that to measure wellbeing most accurately, all aspects of life should be included and considered.[16] It would also allow for variety in the individual indicators; for example, measuring the employment rate is an objective measure that gives a single figure but measuring how long people work for or their job satisfaction gives a greater insight into whether employment is having a positive or negative impact on personal wellbeing.

Measures of National Well-being Dashboard

In 2010, the UK Government's Office for National Statistics (ONS) started work on a similar programme and created measures of national wellbeing.[17] The Measures of National Well-being Dashboard provides an overview of national well-being through a variety of indicators, grouped into key domains that reflect different aspects of life in the UK.[18] It aims to provide a complete picture of how we are doing as individuals, as communities and as a nation, and how sustainable this is for the future. It was developed by the ONS through extensive citizen engagement.

Figure 3 shows the ten domains that cover the national measures. These range from indicators on personal wellbeing and our relationships to broader population measures around the economy and environment. How satisfied people are with their lives, their levels of happiness and anxiety, and whether they think the things they do are worthwhile or not, have a strong correlation with the basics of wellbeing, such as people's health, employment and relationships.

Global Social Progress Index

The Global Social Progress Index™ (SPI) (Figure 4) is a global index that contains curated collections of economic, social and environmental data.[19] The SPI is a scorecard, with an overall score out of 100, that policymakers can use to track progress, measure outcomes and attract inward investment. It measures the extent to which countries provide for the social and environmental needs of their citizens, while also measuring the wellbeing of a society by observing social and environmental outcomes, in addition to economic factors.

What Works Wellbeing's 'Framework for Wellbeing'

A more wellbeing-focused framework was developed by the UK-based What Works Centre for Wellbeing in 2017 (Figure 5) and covers similar areas as other models. This framework built on the Happy City Index with the explicit purpose of identifying measures that are relevant in a local context.[15]

A FRAMEWORK FOR BIRMINGHAM: FIVE DOMAINS OF WELLBEING

Using the examples of the frameworks above and considering what is most important for a city-based population, we have identified five domains that could be used to measure wellbeing in Birmingham. These domains are social wellbeing, physical & mental wellbeing, economic wellbeing, environmental wellbeing, and civic wellbeing.

The figure below (Figure 6) represents the five domains of wellbeing that will be explored through each chapter in this report. The figure highlights that there is an interconnected relationship between each of these domains and personal wellbeing as they fundamentally influence each other. The figure also shows the themes that we explore within each domain.

Each of these domains, and the themes within them, have been informed by the existing frameworks that we have explored. Figure 7 shows the range of themes that relate to wellbeing and where each framework has chosen to measure that theme. It also shows where themes have been included and excluded from the proposed framework for Birmingham. The full list of themes and measures for our proposed framework can be found in Appendix 1, which also lists the specific indicator that could be used and the current geographical availability of the data.

Figure 6. *Our Proposed 'Five Domains of Wellbeing'*

Figure 7: *Summary of themes included by framework*

	Canadian Index of Wellbeing	UK National Measures of Wellbeing	Global Social Progress Index	What Works Wellbeing 'Framework for Wellbeing'	Proposed Framework for Birmingham
Economic Deprivation	X			X	**X**
Unemployment	X	X		X	**X**
Job Satisfaction		X		X	
Household energy use	X				
Physical Health	X	X	X	X	**X**
Mental Health	X	X		X	**X**
Personal Relationships		X	X	X	
Loneliness		X			**X**
Volunteering	X	X		X	**X**
Crime & personal security	X	X	X	X	**X**
Access to green spaces		X		X	**X**
Democratic involvement	X	X	X	X	**X**
Education	X	X	X	X	**X**
Housing	X	X	X	X	**X**
Sleep	X			X	
Informal care		X			
Relaxation time	X	X			
Pollution	X	X	X	X	**X**
Digital Exclusion		X	X		

HOW PERSONAL WELLBEING HAS CHANGED IN BIRMINGHAM

If we assume that personal and subjective measures of life satisfaction, worthwhileness, happiness and anxiety can measure our wellbeing, we can explore how Birmingham has changed over time.

The ONS provides a time-series of personal wellbeing estimates through these measures and they can be used to highlight how wellbeing has changed. The series started in 2011, with the most recent data shared in 2022-2023. Figure 8 to Figure 11 focus on how poor wellbeing scores compare between Birmingham and England. While these wellbeing time-series are useful for starting to understand wellbeing in Birmingham, there are two issues with them:

1. The ONS wellbeing scores are based on an estimated sample of approximately 1,200 people in Birmingham. While adjustments were made to make the sample reflective of the local population, it is still a small sample compared to the population as a whole. Therefore, the change from year to year can appear to vary more than may be the case.[16]
2. These scores are a good indication of how people are feeling in Birmingham but do not provide any explanation of why they might be feeling that way at different times. Therefore, they are difficult to use when considering how wellbeing could be improved as they are unlikely to show a response to local interventions or service.

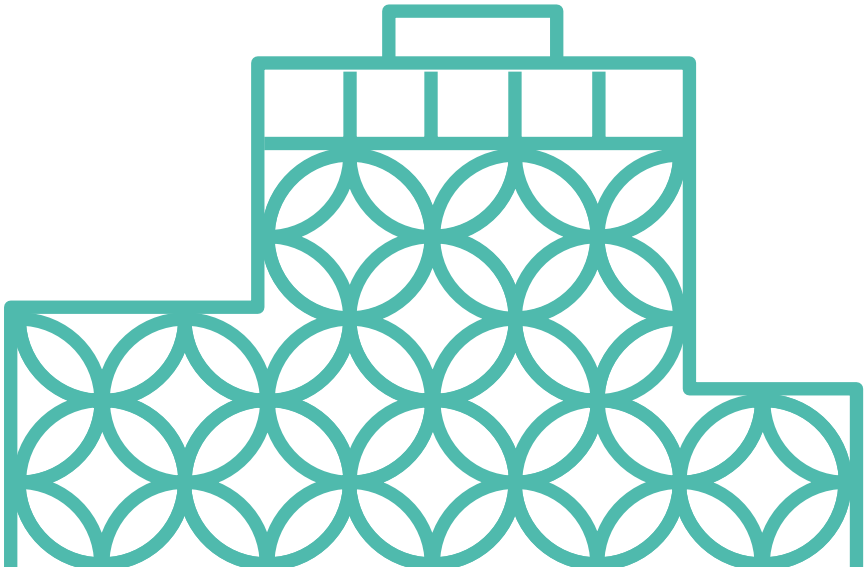


Figure 8: *People with a high anxiety score, Birmingham and England (%)* [20]

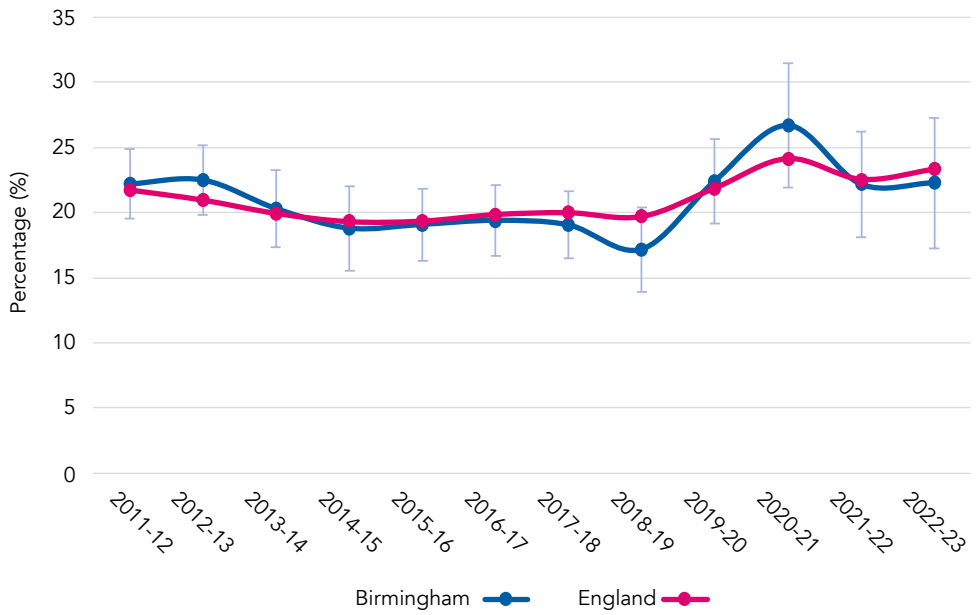


Figure 9: *People with a low happiness score, Birmingham and England (%)* [21]

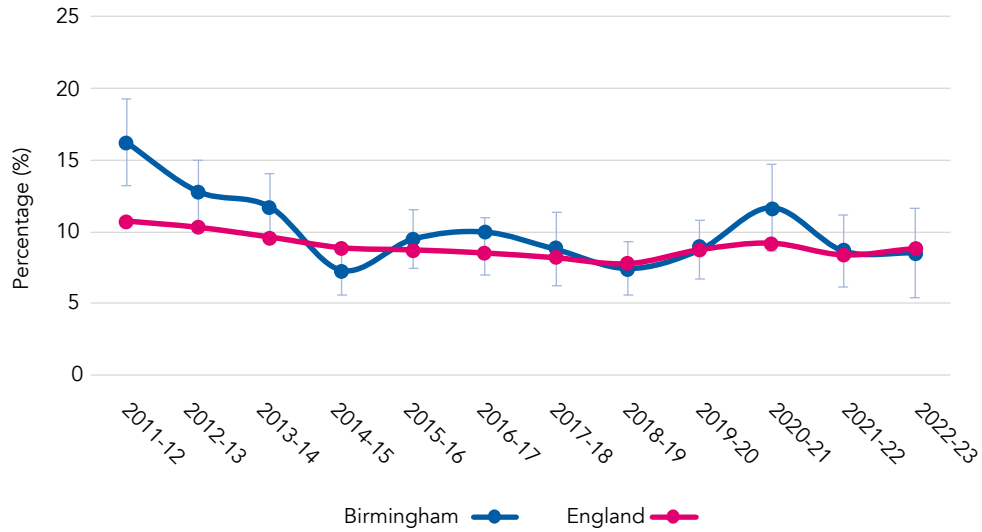


Figure 10: *People with low life satisfaction score, Birmingham and England (%)* [21]

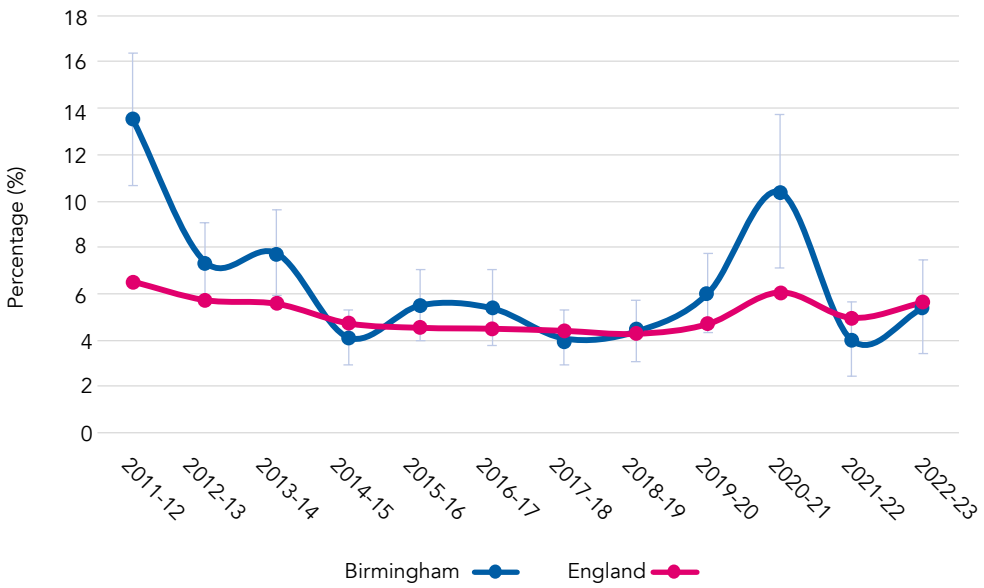
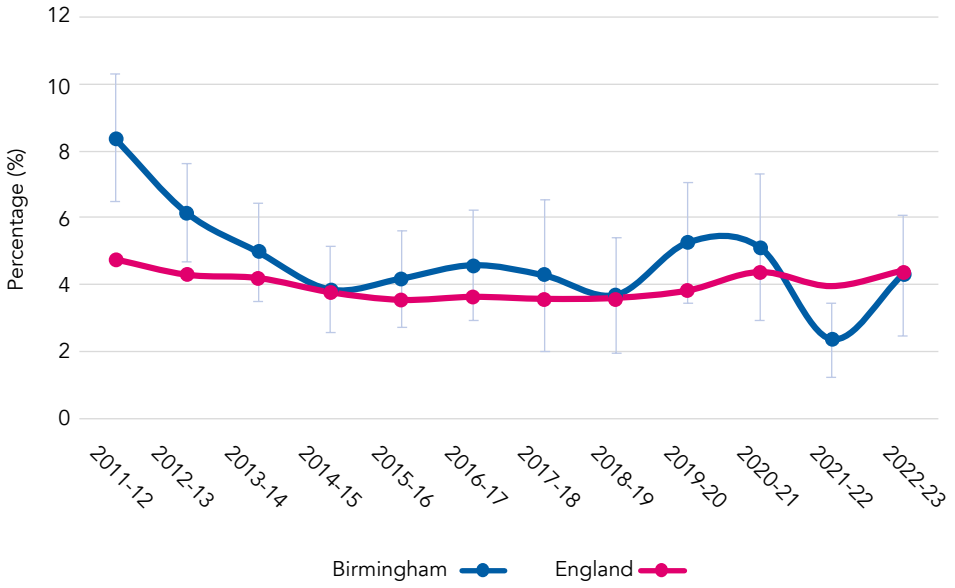


Figure 11: *People with low worthwhile score, Birmingham and England (%)* [21]



These graphs show that poor wellbeing scores in Birmingham have tended to change more dramatically than the scores for England, although this could be due to the way that the Birmingham scores are calculated from the whole national sample (the confidence interval bars on each graph show the range that the Birmingham value could plausibly fall into). Interestingly, most of the scores seem to converge for the most recent period (2022-23) after greater change in 2020-21 and 2021-22. It is likely that this could be attributed to the impact on personal wellbeing from the COVID-19 pandemic and associated restrictions.

As part of the 2024 Creating a Mentally Healthy City Survey[21], we asked 264 Birmingham residents their thoughts on the same measures. We saw higher reports of poor wellbeing across all four measures within this cohort. 45% of respondents reported high levels of anxiety, while 30% had low life satisfaction, 26% reported low happiness, and 19% felt that the things they do in life are not worthwhile. However, it is important to note that these scores are representative of a very small sample , who may also be more likely to respond to a consultation survey, compared to Birmingham's population as a whole.

Birmingham City Council

SOCIAL WELLBEING

A BOLDER HEALTHIER BIRMINGHAM

SOCIAL WELLBEING

DEFINITIONS

Social wellbeing can be described as the adequate quantity and quality of relationships to meet people's need for meaningful human connection.[22] Social wellbeing can include our connections and satisfaction with relationships, feelings of safety and social participation.

WHY IS IT RELEVANT TO WELLBEING?

Social Connections

Social connections and relationships influence mental and physical health, as well as mortality risk.[23] A lack of social connection increases the risk of chronic diseases like heart disease, stroke, and dementia. This is known as social isolation and is linked to higher all-cause mortality, partly due to unhealthy lifestyles such as smoking, excessive alcohol intake, poor nutrition, and inactivity.[24,25]

ONS data shows that married individuals or those in civil partnerships (aged 20–64) consistently have lower mortality rates than those who are single, divorced, or widowed. [26] Stable relationships can help people cope and improve health outcomes by reducing stress, improving mental health, encouraging healthier behaviours, increasing engagement, and expanding access to resources.[27] Belonging to a social group enhances life satisfaction and wellbeing.[28]

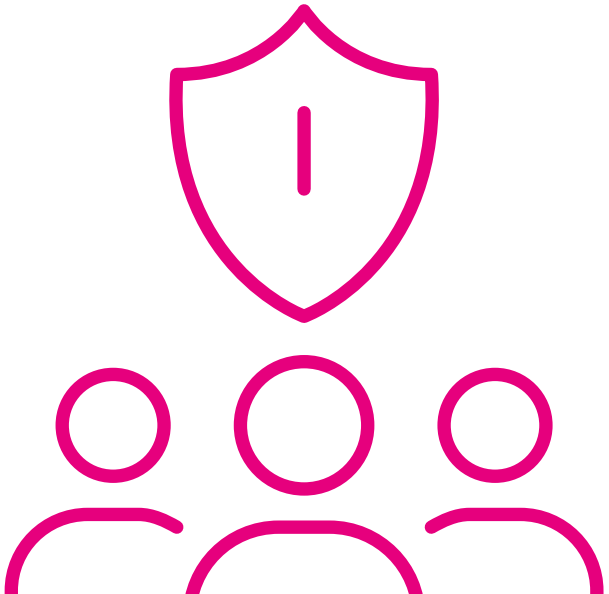
Living in socially cohesive areas protects against chronic diseases, promotes healthy behaviours, and supports mental health. A lack of contact or support and the feeling of being alone can increase anxiety, depression, and reduce quality of life. Social exclusion contributes to poor mental health and low self-esteem.[29] Loneliness and isolation negatively impact physical and mental health, quality of life, and longevity.[30] Those affected may adopt unhealthy behaviours, worsening health outcomes. A lack of social support makes stress harder to manage, especially for people living alone.

"Spaces for people to be in community are lacking and having those spaces where people can be in community, where they can engage in things like churches and places like that can be incredibly powerful, where people build those links across those kinds of religious divides."

Participant during the co-production of Creating a Mentally Healthy City Strategy

Personal and Community Safety

Community safety can refer to a quality of life where individuals and communities are protected from crime and anti-social behaviour.[31] The perception that one's neighbourhood is unsafe has been significantly associated with anxiety, poor health outcomes, and poor self-assessed health.[32] An individual's sense of neighbourhood safety is associated with the degree to which they participate in and interact with their community [33], which is essential to social wellbeing. Several studies that have examined the role of neighbourhood factors on health and wellbeing have shown that higher levels of safety are associated with higher respondent perceptions of social cohesion[33], a crucial component of social wellbeing. Apart from the direct effect of crime, actual or perceived violence in neighbourhoods can act as a barrier to healthy behaviours, such as walking and cycling and using parks and recreational spaces.



Social Participation

Social participation can be experienced by attending community events, joining clubs or organisations, and interacting with neighbours and fellow citizens.[33] It plays a crucial role in reinforcing social relationships, social support, and social integration, resulting in better health and overall wellbeing.[34] According to the ONS, social participation includes looking after the family or home and caregiving; interpersonal roles of friend and family member; being a student, worker and volunteer; and community roles such as participating in faith-based or voluntary organisations.[35] Essentially, it involves people contributing their time, skills, and resources to enhance the wellbeing and cohesion of their community.

Active participation in community activities promotes connectedness and a sense of purpose, which are necessary for maintaining and improving social wellbeing.[36] For individuals, participating in social and community activities can reduce stress, boost self-esteem, and improve overall mental health. Evidence demonstrates that a strong sense of community is linked to high levels of social participation and social engagement, stronger feelings of safety and security, and better overall wellbeing. People who feel a sense of belonging to the local area in which they live demonstrate higher levels of life satisfaction and higher levels of mental wellbeing, compared to those who do not feel a sense of belonging.[37]

Attending community arts performances can have a direct, positive influence on the wellbeing of audience members, as engaging in arts and cultural activities is thought to strengthen connections and encourage a common sense of pride, connectedness, and wellbeing. Evidence has demonstrated that cultural activities have a positive effect on various aspects of wellbeing.[39] [38]

HOW CAN IT BE MEASURED?

Based on current evidence of the drivers and indicators of social wellbeing, there are several options for measuring our progress. The social wellbeing of an individual or community can be measured subjectively and objectively by exploring our connections and satisfaction with relationships, feelings of safety and social participation.

1. **Satisfaction with social relationships:** This particular indicator can be evaluated by asking "How satisfied or dissatisfied are you with your personal relationships"? Personal relationships describe those with family, friends, neighbours and other people known to the individual. The following options can be included; very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, very dissatisfied, and don't know or prefer not to say.
2. **Belonging to Neighbourhood:** Evaluating the percentage of people who agree or strongly agree that they feel like they belong to their neighbourhood, can be used to explore the characteristics of this domain. This can be evaluated by the percentage of people who respond to this question: To what extent do you agree or disagree with the statement "I feel like I belong to this neighbourhood"?
3. **Crime:** Crime can have a direct and indirect effect on social wellbeing. Examples include theft, robbery, criminal damage, fraud, domestic abuse, sexual assault, stalking and harassment, and violence with or without injury. The perception of insecurity within a community can limit people's participation in social activities. The incidence of crime can be used to assess this aspect of social wellbeing.[39]
4. **Feeling safe:** The fear of insecurity can prevent people from engaging in community or social activities. This domain can be assessed by evaluating the percentage of people who felt fairly or very safe walking alone in their local area after dark by sex by asking: how safe do you feel walking alone in this area after dark?
5. **Loneliness:** This indicator can be measured by assessing the percentage of people who feel lonely often or always. Questions such as 'How often do you feel lonely?' can be used to determine the extent of loneliness experienced by an individual.
6. **Engagement** with arts and culture: Engaging with arts and culture can have a positive influence on our social wellbeing as it can increase our participation in community and social activities. Measuring the percentage of people who took part in creative or artistic activities or attended cultural or artistic events or the number of local cultural events that occur in the last 12 months can be used to assess this engagement.

HOW IS BIRMINGHAM DOING?

Birmingham faces challenges around loneliness, safety, and neighbourhood belonging. Birmingham has a higher proportion of residents who report feeling lonely often or always (8.9%) compared to the national average (6.8%).[40] Fewer people feel a sense of belonging in their neighbourhood.[19]

Birmingham has a higher number of violent offences compared to England[40], and the crime rate is not evenly distributed across the city.[41] For more information and data on Community Safety, see the **Birmingham City Observatory**

Figure 12: *Percentage of adults who feel lonely often or always in Birmingham and England*

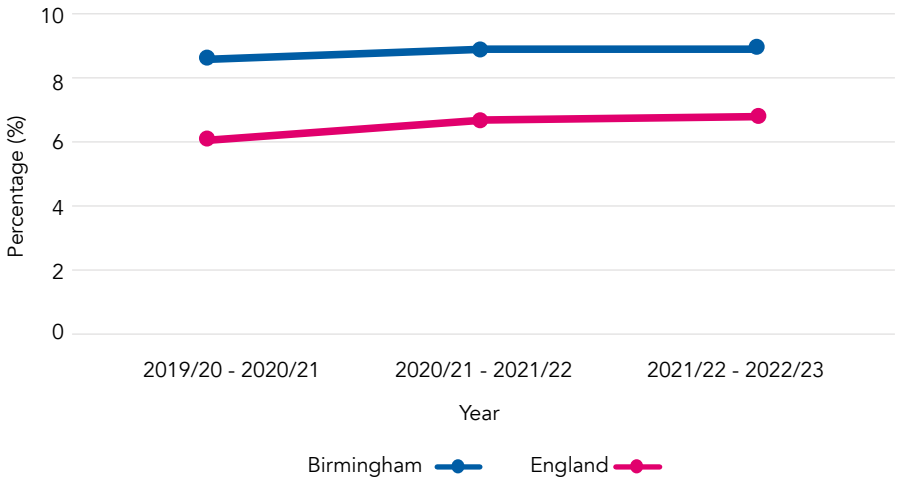


Figure 13: *Violent crime offences per 1,000 population*

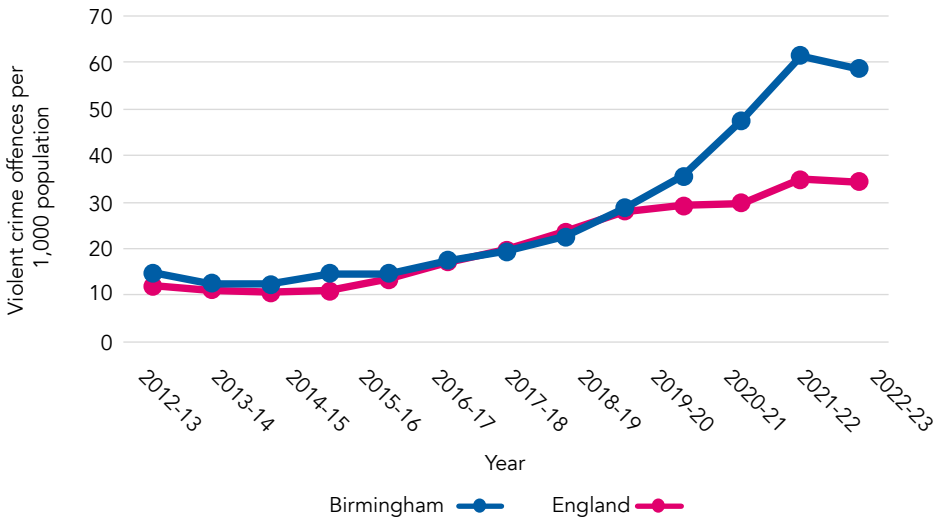


Figure 14: *Crime rate per 1,000 population by ward (2024)*

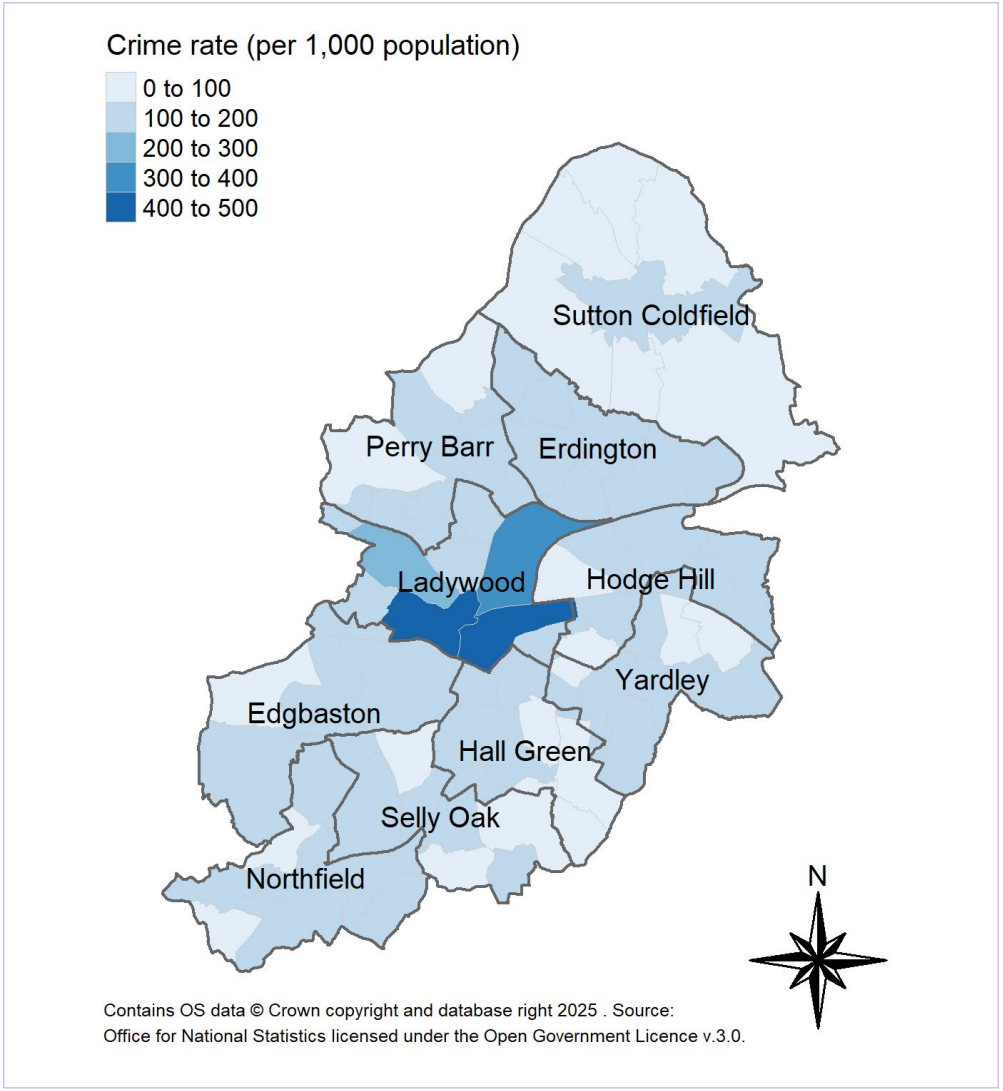
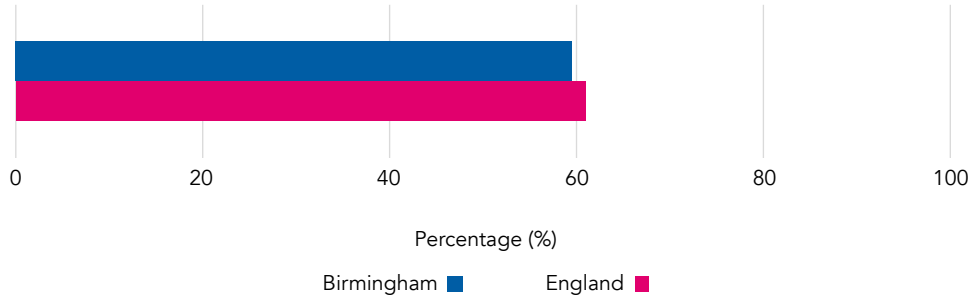


Figure 15: *Percentage of people aged 16+ who agree with the statement: "I feel like I belong to this neighbourhood"*

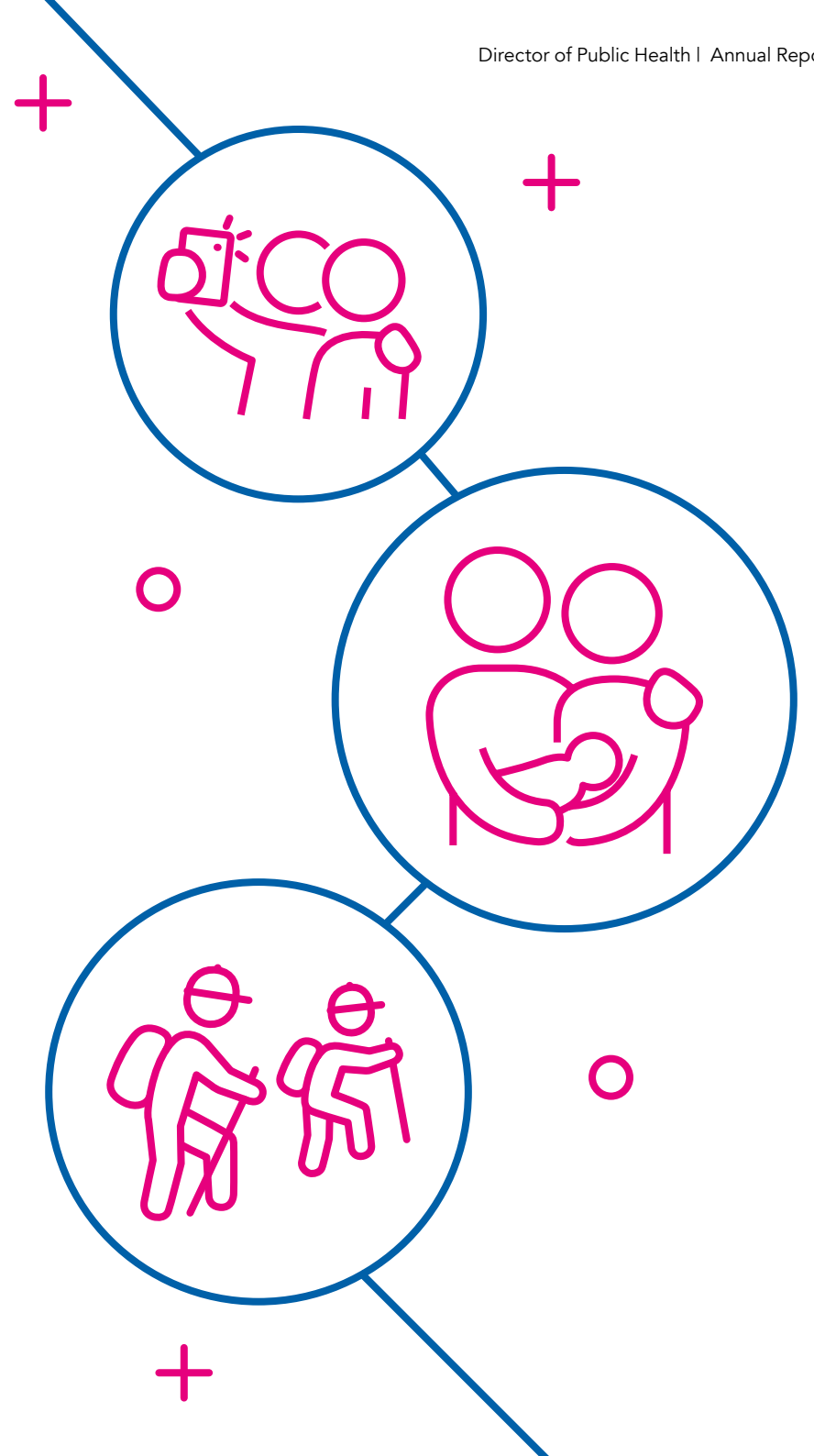


HOW DO WE IMPROVE SOCIAL WELLBEING?

Social connections, relationships, and participation in social or community activities are crucial for maintaining and improving our social wellbeing. Interventions like group activities, community events, and peer support programmes can help foster social connection.[42] Using evidence-based and asset-based approaches can enable us to focus on identifying the strengths and resources of individuals and communities to promote positive wellbeing, rather than solely focusing on problems.[43] This approach helps build social capital by strengthening relationships and networks within a community, fostering a sense of belonging and mutual support.[44]

Creative and cultural approaches also offer significant potential to enhance social wellbeing. Participatory activities, such as arts, music, and storytelling, can help reduce loneliness, build confidence, and strengthen community. Engagement with arts and culture has been shown to foster connection, pride, and emotional wellbeing, particularly when delivered in inclusive and accessible ways.[45] These approaches are increasingly being used across Birmingham to support place-based interventions.

To be effective, these approaches must be tailored to local needs and delivered in partnership with local organisations and residents, ensuring that solutions are rooted in place and lived experience. However, measuring social wellbeing, particularly the sense of community, belonging, and engagement with arts and culture, is not straightforward. These aspects are subjective and shaped by personal experience and the local context. At the same time, there is a lack of standardised data collection at the local level, which makes it difficult to capture these data consistently or compare them across communities. This presents challenges when designing and tailoring interventions, as the absence of robust local data can limit our ability to understand what works for communities.



CASE STUDY: BIRMINGHAM'S CREATIVE HEALTH IN ACTION

Introduction

In response to the rising health inequalities and reduced levels of wellbeing among Birmingham residents, Birmingham City Council Public Health has placed Public Health Research Officers at arts, culture, and heritage institutions in Birmingham. Using semi structured interviews, focus groups and workshops, ethnographic observations of naturally occurring events, and studying archived and publicly accessible material, they will answer the research question *"How can large scale creative organisations contribute to the reduction of health inequalities in Birmingham?"*

Who's involved?

The Public Health Division has partnered with four of Birmingham's influential cultural organisations:

Birmingham Museums Trust - a set of oral histories from an inner cities project dating back to the 1970s has been thematically analysed to draw out the public health value of these historic records.

Midlands Arts Centre (MAC) - research has been carried across MAC's varied community programmes to develop a comprehensive evidence base on the impact of dance and music participation on public health.

Ikon Gallery - long-term partnerships have been established with libraries, universities and prisons to co-produce creative health activities within gallery spaces and research the impact of an art gallery on the public's health.

Birmingham Hippodrome - the impact of theatre on the mental health and wellbeing of young people has been explored using a data led approach.

The research underscores the need for inclusive, place-based interventions that respond to local lived experience and highlights the critical role creative organisations play in advancing health equity, community voice, and resilience.

Project impact on wellbeing

The project has resulted in real-time insights and data-led interventions that address health inequalities. Residents have benefited through place-based initiatives that support their mental wellbeing and enhance physical and emotional health.

Key highlights:

At Birmingham Museums Trust, the use of oral history as both a research method and a community intervention has surfaced under represented narratives and deepened public understanding of the social determinants of health - such as food, identity, and migration. The thematic analysis of historic and newly collected oral histories has provided valuable insights into the lived experiences of Birmingham's diverse communities and revealed the importance of cultural memory in supporting individual and community wellbeing.

Research at the Birmingham Hippodrome, has shown that applied theatre programmes, delivered through schools and community partnerships significantly improve young people's mental health, emotional literacy, and engagement in education. Early findings indicate positive impacts on behaviour, self-expression, and confidence, particularly in schools with limited access to cultural opportunities. This work has helped shape a scalable model for other theatres across the city.

The work at the Ikon Gallery has demonstrated the role of galleries not only as cultural institutions but also as community hubs capable of hosting inclusive health-related activity. The project has provided a greater understanding of how arts engagement contributes to health literacy and resilience, particularly in marginalised populations.

At the Midlands Arts Centre (MAC), the research into community participation in dance, music, and nature-based activities suggest that structured creative programmes such as gardening groups, walking clubs, and participatory dance can strengthen social bonds, reduce loneliness, and encourage more active, healthier lifestyles.

For Birmingham citizens these collaborations have enabled communities to be both participants in and contributors to research, ensuring that outcomes are grounded in lived experience and reflective of Birmingham's super-diverse population.

What's next?

Creative health is a definitive approach to health equity, and in many ways improves wellbeing in a way that purely medical interventions cannot.

The outcome of this project will be used to co-produce a 'Creative Health Strategy', which will outline strategic delivery of the collective actions developed from the Public Health Researchers in Residence' project and our Creative Public Health Programme.

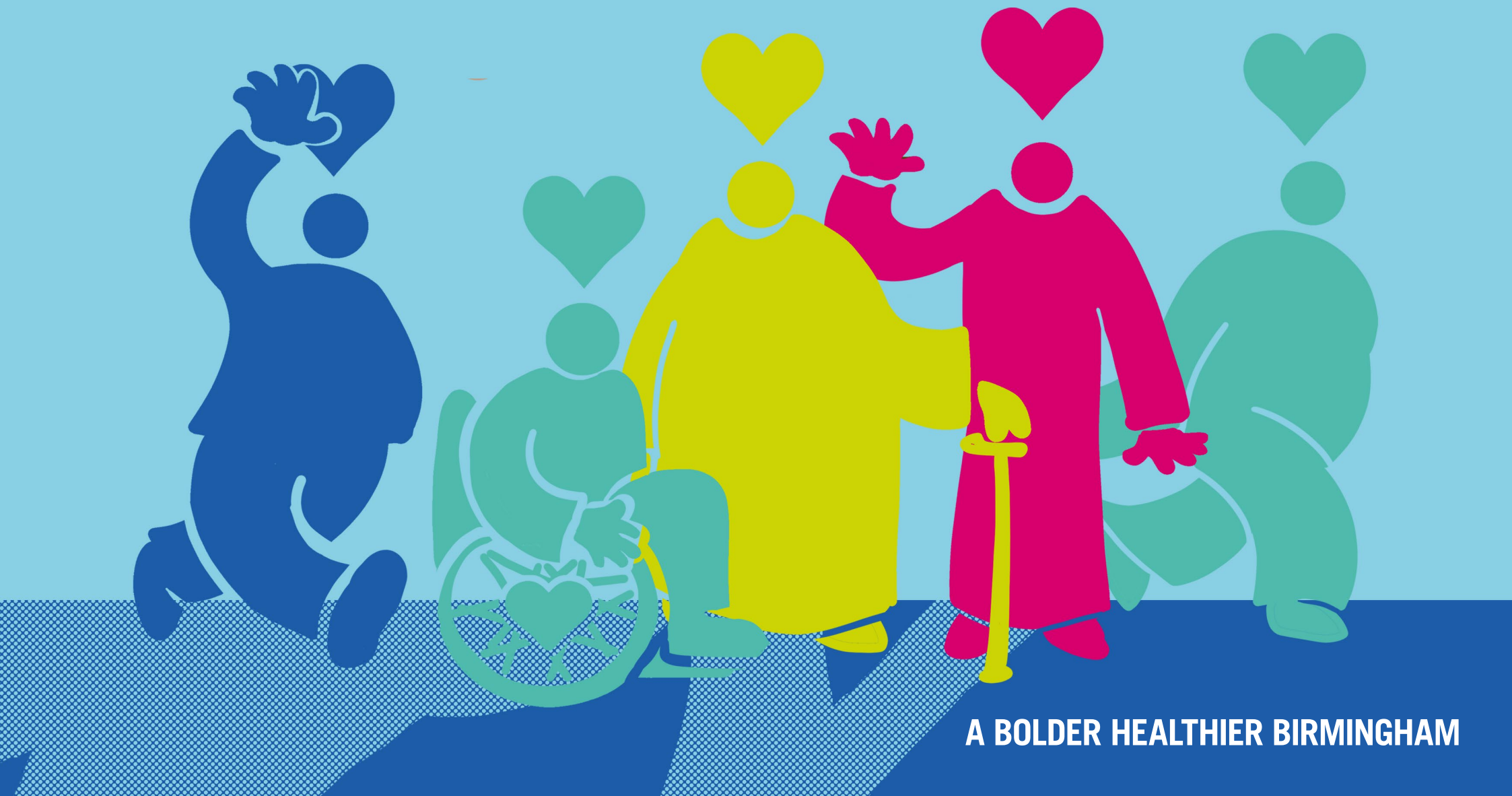
Further information

www.local.gov.uk/case-studies/creative-health-birmingham-city-council-public-health-public-health-researchers

www.birmingham.gov.uk/info/50313/creative_public_health/2833/what_is_creative_public_health

Birmingham City Council

PHYSICAL AND MENTAL WELLBEING



A BOLDER HEALTHIER BIRMINGHAM

PHYSICAL AND MENTAL WELLBEING

DEFINITIONS

Physical and mental wellbeing are key determinants of individual and community wellbeing.[46,47] Mental wellbeing can be defined as a positive state of mind and body, underpinned by social and psychological wellbeing. Good mental wellbeing allows us to cope with the stresses of life, realise our abilities, learn well and work well, and contribute to our community.[48] Physical wellbeing refers to caring for, respecting, and advocating for our bodies. It refers to how well the body functions and feels, which is essential for carrying out everyday activities and staying healthy.[49]

WHY IS IT RELEVANT TO WELLBEING?

Healthy Life expectancy (HLE) links wellbeing to self-reported health

Life expectancy is the average number of years an individual can expect to live, and is based on mortality patterns, environment and living conditions, whereas healthy life expectancy refers to the number of years a person can expect to live in good health, with the absence of disease or disability.[50] HLE is therefore important as the relationship between health (mental and physical) and wellbeing is bi-directional, meaning health impacts wellbeing and wellbeing impacts health.[51] When people maintain good physical and mental health, they're better able to participate in work, leisure, and social activities, leading to greater productivity, economic stability, and social cohesion within their communities.[52]

Satisfaction with health

Self-reported satisfaction with health (SWH) is widely recognised as a reliable indicator for wellbeing.[53] This measure is reflective of an individual's subjective evaluation of their own health in the context of an individual's awareness of their health status, cultural or social norms, personal expectations around illness, and personal acceptance of health conditions.[54] Understanding satisfaction with health can be a useful tool to evaluate individual and community wellbeing.[54] Individuals who have a lower perceived satisfaction with their health tend to experience higher rates of illness and mortality, particularly older adults.[54] Essentially, a better perceived health status is associated with higher subjective wellbeing[55], and this relationship is apparent for people with and without a chronic medical condition.[56]

Mental health

Anxiety and depression are common across all age groups[57] and can impact almost every part of life, shaping how individuals and society function, from healthcare costs to ability to form and maintain relationships.

> **"You cannot stop negative thinking, and this can prevent you from connecting with society. As a result, you isolate yourself, feel like nobody can help you and have to face your problems on your own. Feel sad, down and moving in one direction (down)"**
>
> Participant from the 'Creating a Mentally Healthy City Strategy' research (2024)

Anxiety and depression significantly impair work productivity, social interactions, physical disability and even mortality; individuals experiencing depression often experience a lower quality of life than those with chronic physical conditions.[58] Furthermore, diagnosis of a serious physical condition like heart disease or cancer can lead to anxiety and depression and the reverse can also be true: anxiety or depression can lead to increased risk of heart disease and cancer by influencing mutation, cell proliferation, or DNA repair.[59] Additionally, when people are stressed, anxious or depressed, they're less likely to make healthy lifestyle choices, including being physically inactive, sleeping too little or too much, drinking too much alcohol. Over time, these unhealthy behaviours can increase the risk of conditions such as cardiovascular disease.[60]

Without the appropriate support, mental health conditions can a have a substantial negative effect on children and young people's education, employment relations and limit life trajectories.[61] Risk factors included genetic predispositions, negative family environments, bad school experiences, and poor socio-economic circumstances.[62]

"From working with young people, it really varies from school to school, what local authority area school is in, what resources the school has access to. That is concerning, not equal. Disparity is unfair, makes me feel uncomfortable"

Participant from the 'Creating a Mentally Healthy City Strategy' research (2024)

Approximately 10% of 5-16 year olds suffer from mental illness, yet only 25% of those who self-report, or have a formal diagnosis receive the treatment they need.[63] This may be due, in part, to the stigma, a lack of family support, or lack of accessible mental health support services.

"I think my generation is a bit different - I talk to my dad about stuff, my mum – not so much – she's from a different generation. She'd say, 'you're not anxious, you're just nervous… or you're not depressed you're just sad."

Participant from 'The Price We Can't Pay' Research (2023-24)

A common concern among those suffering from mental health conditions, is a lack of knowledge on where to find support. Services need to be easily accessible without the need for extensive research or going through multiple people.

"I'm not aware of any services round here, any whatsoever. I just Google about things, but there's not any help around my area that I'm aware of, and if there is it's not well advertised."

Participant from the 'Creating a Mentally Healthy City Strategy' research (2024)

"Community leaders should have better education on where to signpost people to"

Participant from the 'Creating a Mentally Healthy City Strategy' research (2024)

Physical health

The relationship between mental health, physical health and wellbeing is tri-directional, meaning each impacts the others.[63] When people have good physical health, they're better able to participate in work, leisure, and social activities, leading to greater productivity, economic stability, and social cohesion within their communities.53 Studies have shown that a decline in physical health can negatively impact mental wellbeing. Regular participation in physical activity can boost memory, reduce stress and manage symptoms of depression.[64] It can also positively influence the drivers of wellbeing such as self-esteem, social skills and learning. In this report we discuss three example indicators of physical wellbeing: physical activity (prevention), obesity (risk factor) and diabetes (as an example of chronic health condition outcome).

"A mentally healthy person needs to be physically healthy and free of pain"

Participant from the 'Creating a Mentally Healthy City Strategy' research (2024)

Obesity is a key risk factor to poor physical health, which can help us understand physical wellbeing at a population level. People who are a healthy weight and physically active have better overall mental and physical wellbeing, whereas those who are overweight (BMI over 25) and obese (BMI over 30) are more likely to experience poor psychological and emotional health, poor sleep, and a wide range of diseases including type 2 diabetes, hypertension, some cancers, heart disease, stroke and liver disease. Obese adults may also be more likely to suffer from weight stigma which may impact on their self-esteem.[65]

The prevalence of childhood obesity can be used as a tool to indicate and predict future physical health and overall wellbeing of our communities. Overweight children are more likely to remain overweight into adolescence and adulthood, increasing their risk of non-communicable diseases such as type 2 diabetes, which often do not become apparent until adulthood.

Childhood obesity can have adverse psychological consequences on development, affecting school performance, and emotional wellbeing. Children with obesity often experience stigma, discrimination, and bullying, which can lead to anxiety, depression, low self-esteem and social isolation.[66] The impact of childhood obesity extends beyond children, as there is a psychological effect on parents and families. Supporting children through obesity-related social and psychological challenges can be demanding, often causing anxiety and concern for families.[67]

Diabetes is a public health priority and can be directly linked to poor wellbeing. Around 10% of adults in Birmingham are estimated to be living with the condition, which can act as an indicator of physical wellbeing at a population level.[68] Living with a chronic condition like diabetes[1] can interfere with just about every aspect of daily life, particularly mental and emotional wellbeing. Many people with diabetes experience lower quality of life due to anxiety, depression, hopelessness, and burnout.[69] Poor blood glucose control may also lead to mood swings, irritability, hunger or dizziness, creating additional daily challenges.[70] Complications from diabetes can also limit the ability to form relationships, maintain productivity and focus, and individuals could face discrimination at work.[70] In mapping a holistic measure of quality of life and wellbeing, chronic health conditions, such as diabetes are an important component.

HOW CAN IT BE MEASURED?

There are several options for measuring physical and mental indicators of wellbeing, which should include a mixture of subjective and objective measures. This may consist of self-reported data from national surveys, census data and health indexes, as well as routinely collected health data.

1. Healthy Life Expectancy (HLE): HLE describes how long we are expected to live and how long we can expect to live in good health. A comparison of life expectancy (death registrations) with self-rated health can be used to assess this indicator.
2. Satisfaction with Health (SWH): Satisfaction with health can provide a subjective view of how healthy we are. This may highlight individual and community differences in how we perceive what is 'normal' or 'healthy', which strongly depends on social and cultural factors. We can currently understand this indicator through national surveys published by the ONS, such as the 'Opinions and Lifestyle Survey'.
3. Physically active children and young people and adults: This can be measured by assessing the percentage of children and adults who engage in physical activity. Surveys such as **Active Lives (Sport England)** can be used to understand the level and type (e.g. sports, walking, work related activity) of physical activity.
4. Obesity among children in Reception and Year 6: This indicator is measured through the National Child Measurement Programme (NCMP), which records weight and height of children in Reception and Year 6 across England annually.
5. Estimated prevalence of diabetes (undiagnosed and diagnosed): This indicator can be measured by responses to self-reported health surveys e.g. Health Survey for England, and health records, including General Practice data and the National Diabetes Audit.
6. Reporting anxiety or depression: Reported cases of anxiety and depression can also be measured by responses to self-reported health surveys e.g. Health Survey for England, and health records, including General Practice data.

1 Diabetes is a chronic condition in which the body struggles to regulate blood sugar levels due to insufficient or ineffective insulin . There are two types of diabetes: type 1 and type 2. Type 1 diabetes occurs when the immune system destroys insulin producing cells and is typically diagnosed in children or young adults, whereas type 2 diabetes occurs when the body becomes resistant to its own insulin.

HOW IS BIRMINGHAM DOING?

Healthy life expectancy (HLE) in Birmingham is lower than the national average. Men in Birmingham can expect to live 57.6 years (2021-2023) in good health compared to 61.9 years nationally. Women can expect to live 57.2 years (2021-2023), compared to 61.9 years nationally.[41] There are clear inequalities in HLE at birth by deprivation. Nationally, HLE at birth for males in the most deprived 10% of the country is 51, compared to 70 in the least deprived 10%. For women, in the most deprived 10%, HLE is 50, compared to 70 in the least deprived 10%.[70] More broadly, overall life expectancy in Birmingham is also lower than the national average, and this gap is compounded by stark inequalities within the city (Figure 16 and Figure 17). Residents in more deprived wards can expect to live fewer years and spend more of those years in poor health.[41,72] Figure 18 and Figure 19 show healthy life expectancy for men and women over 65 by Index of Multiple Deprivation (IMD) quintile. Those that live in the most deprived 20% of the country (across Birmingham) have lower HLE at 65 for both males and females.

"I feel like I'm stuck with everything that's going on, don't have any income, not ready for work, it's a worrying time really… I don't know what to do, and I don't know if there's anyone local to me who could help."

Participant from 'The Price We Can't Pay' Research (2023-24)

Figure 16: *Life expectancy (Male) by ward (2024)*

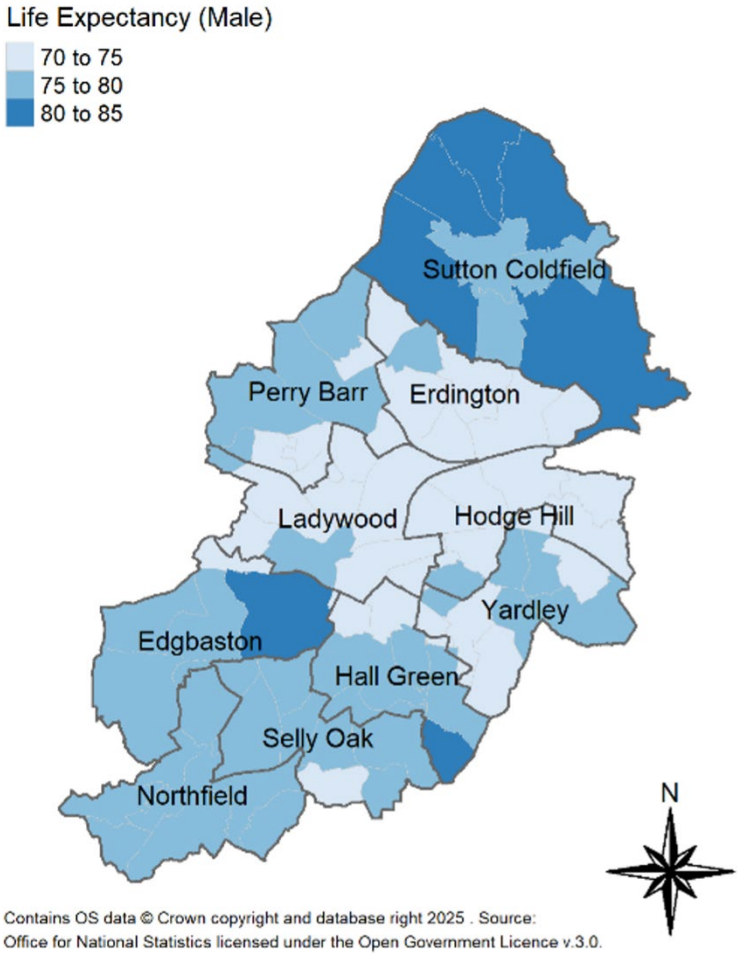


Figure 17: *Life Expectancy (Female) by ward (2024)*

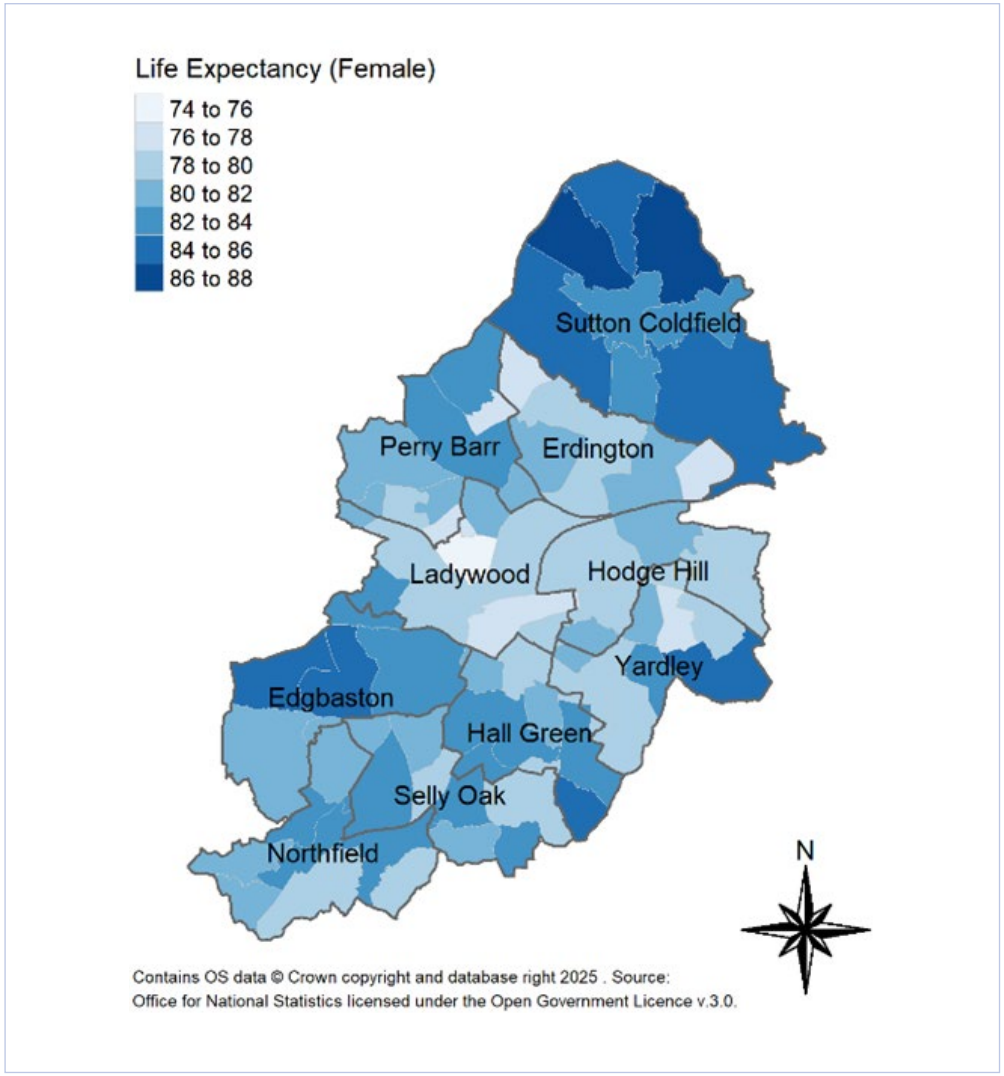


Figure 18: *Healthy Life Expectancy (Male, aged 65) by IMD quintile (2020)*

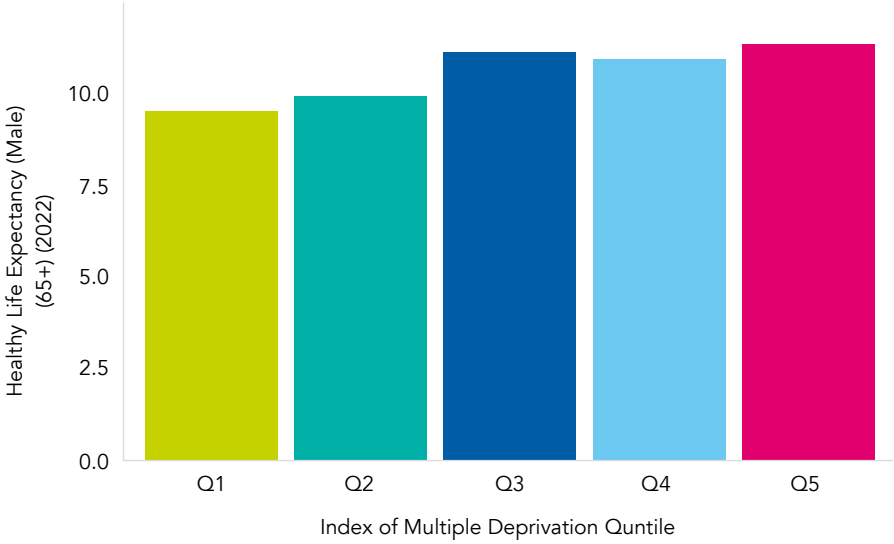
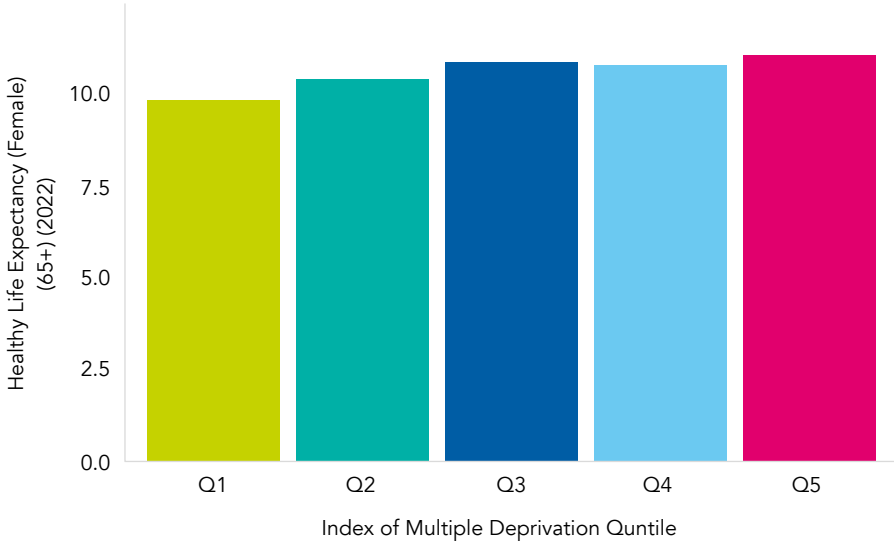
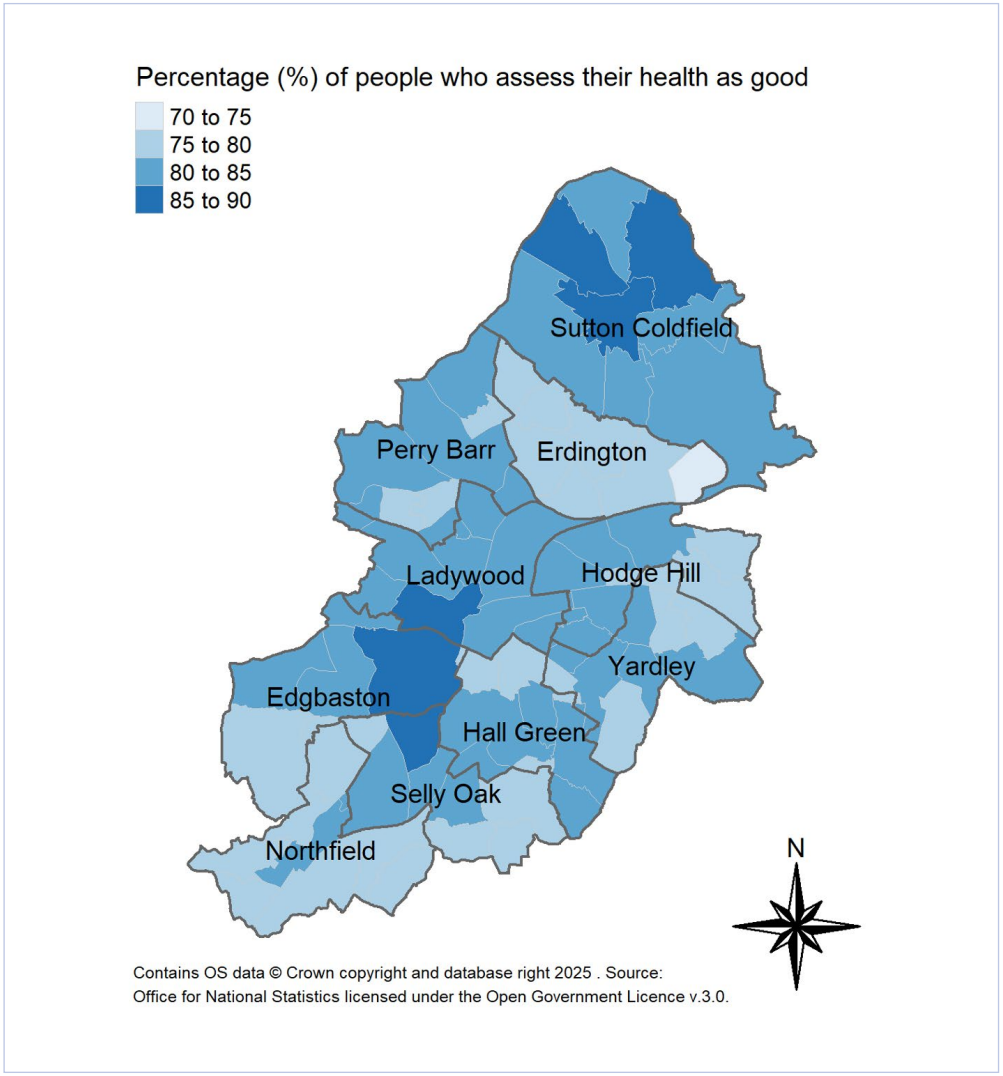


Figure 19: *Healthy life expectancy (Female) at age 65+ by IMD quintile (2020)*



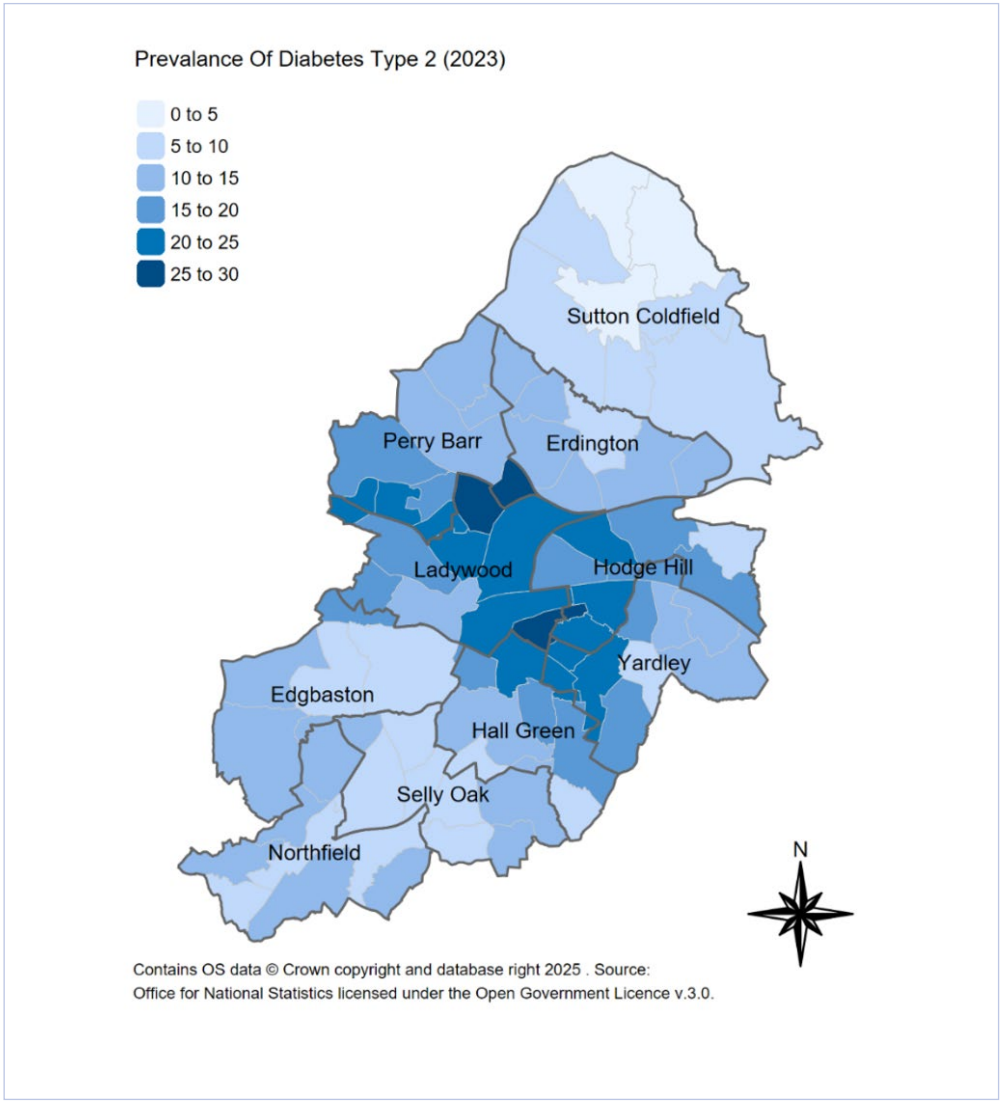
Although most residents describe their health as good, there are differences across Birmingham (Figure 20).[71] This data shows a crude proportion that does not account for the different age structures between wards.

Figure 20: *Percentage of people who assess their health as 'good' by ward*



Diabetes is also a health concern in Birmingham, with approximately 10% of people aged 16 and over estimated to have the condition. Figure 21 shows prevalence of type 2 diabetes by ward in Birmingham.

Figure 21: *Prevalence of Type 2 Diabetes in Birmingham by ward, 2023*



In Birmingham, 45% of adults are not meeting the recommended levels of physical activity, which is more than both the West Midlands and national average. 58% of children & young people living in Birmingham are inactive (not meeting an average of 60+ minutes per day). When compared nationally and regionally, levels of activity in children living in Birmingham are among the lowest in the region.[72] Figure 22 and Figure 23 show the level of physically active adults and young people in Birmingham between 2016 and 2024.[73]

Figure 22: *Percentage (%) of adults who are fairly active in Birmingham, West Midlands and England*[74]

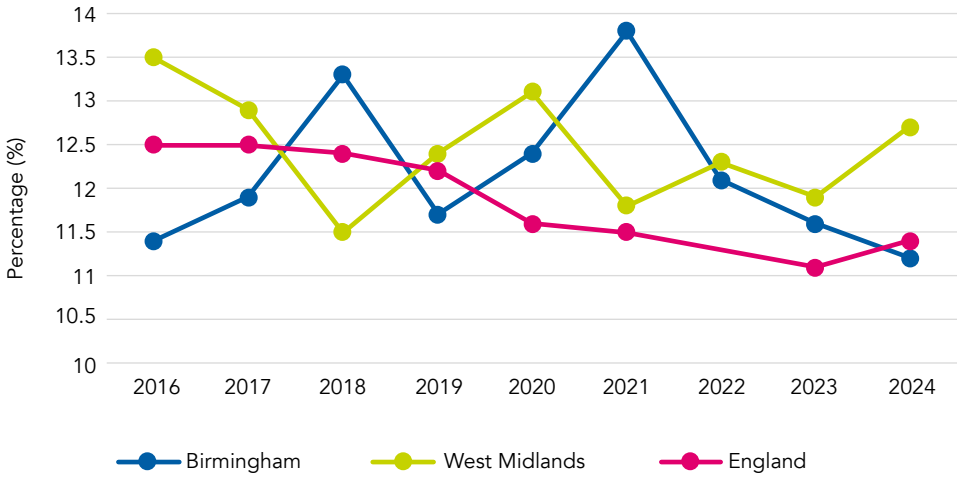
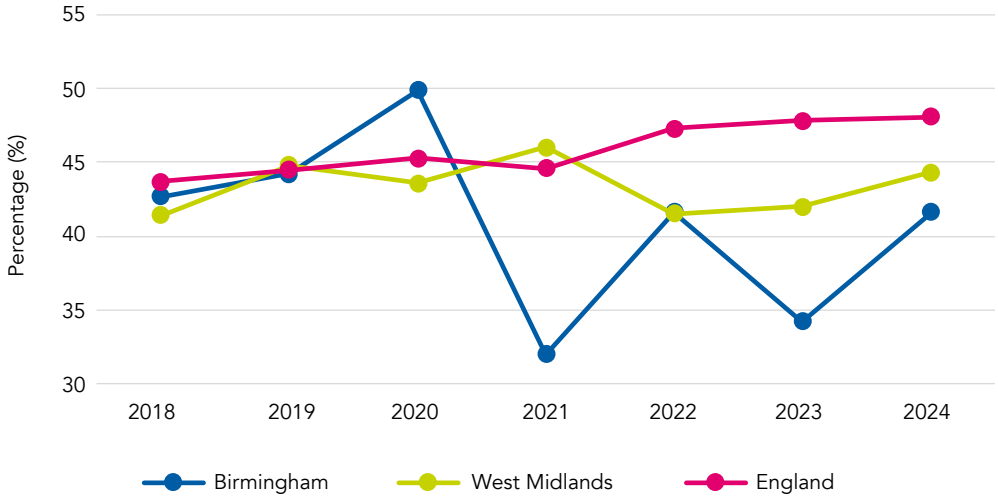


Figure 23: *Percentage (%) of physically active children and young people in Birmingham, West Midlands and England*[74]



There are clear geographical inequalities in childhood obesity across Birmingham, with prevalence significantly higher in the most deprived areas of the city. Children living in these areas are more likely to be overweight or obese, regardless of gender, and this disparity is evident in reception aged 4-5 (Figure 24) and in Year 6 aged 10-11 (Figure 25).

Mental health in children is also a growing concern, with anxiety and depression rates increasing steadily. The number of children in contact with mental health services rose by 64% between 2018 and 2023 (2,750 to 4,535). A similar (61%) rise was also seen in adult mental health service contacts between April 2018 and February 2023 in Birmingham and Solihull.[75] Almost a quarter of adults report high levels of anxiety.[76] Over half of Birmingham patients treated for depression and anxiety are unemployed, highlighting a link between socio-economic drivers and poor mental health.

Figure 24: *Percentage (%) of children in reception (aged 4-5 years) classified as obese in Birmingham by ward*

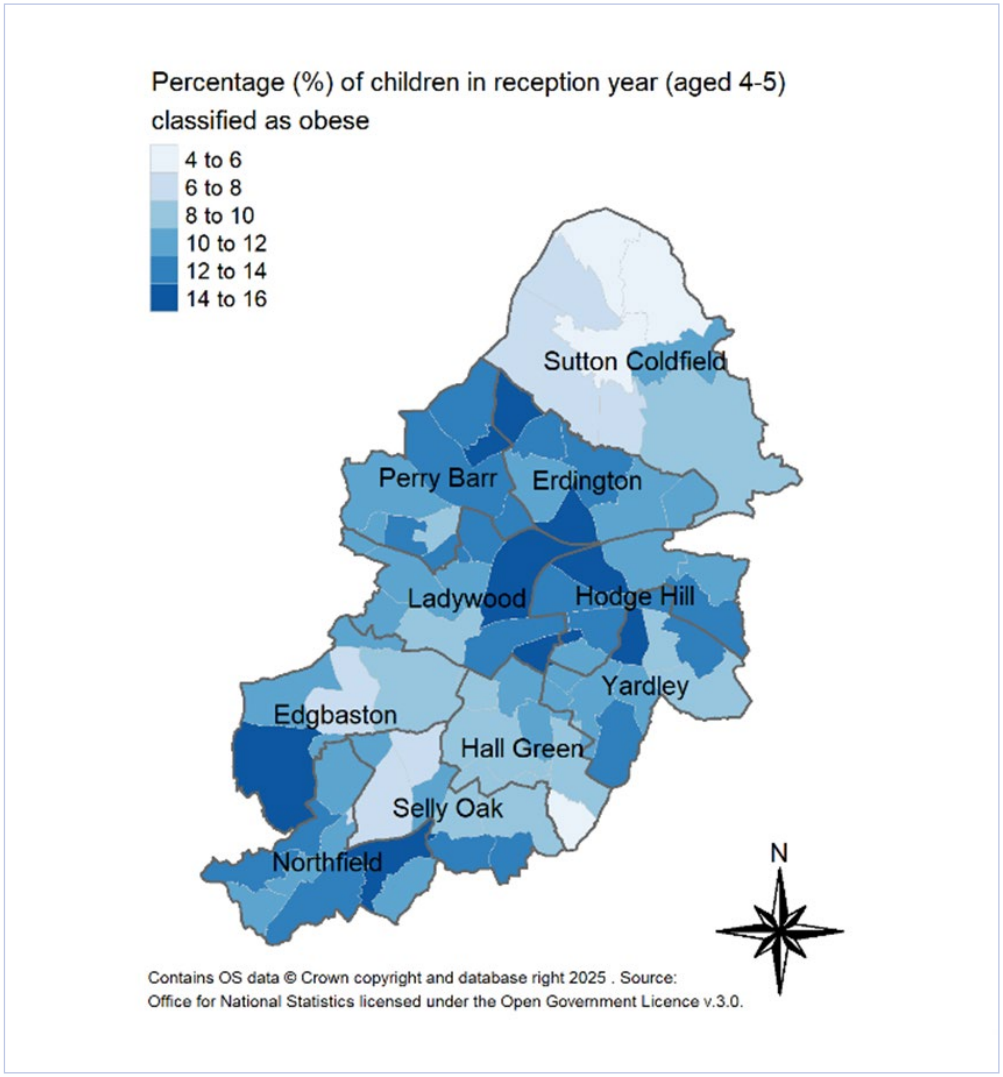
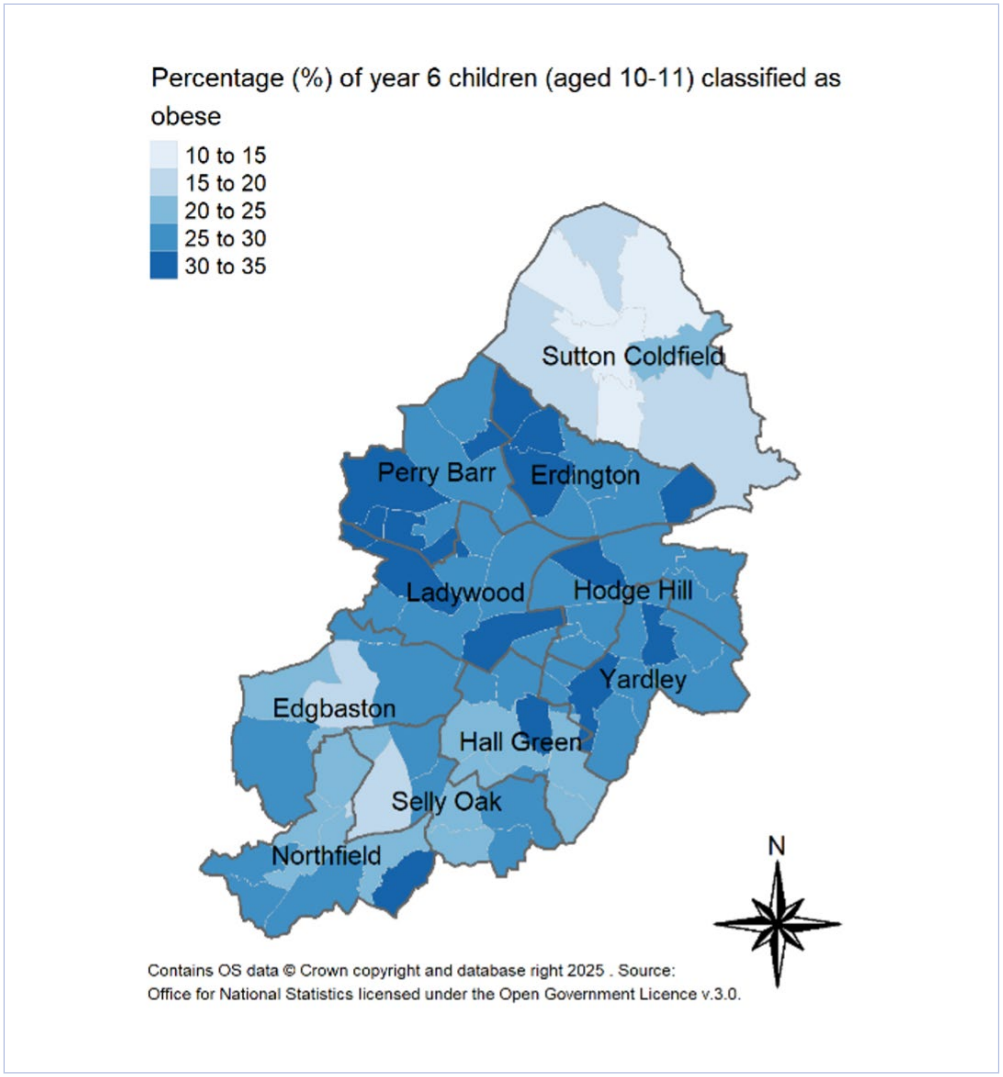


Figure 25: *Percentage (%) of children in year 6 (aged 10-11 years) classified as obese in Birmingham by ward*



HOW DO WE IMPROVE PHYSICAL AND MENTAL WELLBEING?

Improving physical and mental wellbeing is a central goal of Public Health. It requires a coordinated, whole-system approach that builds on existing strategies and ongoing work across sectors. The NHS is critical to supporting our physical and mental wellbeing. The recently published NHS Ten Year Plan sets out a transformative vision for healthcare in England, focusing on shifting care closer to home, embracing digital innovation, and prioritising prevention. The introduction of a Neighbourhood Health Service aims to deliver integrated, person-centred care in communities with the lowest healthy life expectancy. Alongside commitments to expand access to same-day GP appointments and invest in mental health services, the plan recognises that improving wellbeing requires more than healthcare alone.

Locally, we are taking significant steps to improve physical and mental wellbeing and address the social determinants through city-wide strategies. Our **Joint Health and Wellbeing Strategy** outlines a vision for a city where every resident can make choices that empower them to live happy and healthy lives. It outlines priorities which include Healthy and Affordable Food, Mental Wellness and Balance and Active at Every Age and Ability. These areas have focused, strategic, local action.

The **Birmingham Food System Strategy (2022–2030)** sets out an ambitious eight-year vision to create a bold, sustainable, healthy, and thriving food system for the city. Developed through extensive collaboration with citizens, community groups, schools, and food businesses, the strategy takes a whole-system approach—addressing food sourcing, affordability, education, waste, and the local food economy. It aims to ensure that nutritious, affordable, and culturally appropriate food is accessible to all, while also tackling food insecurity and promoting food justice. By embedding food into the wider wellbeing agenda, the strategy supports healthier lifestyles and strengthens community resilience.

The **Creating an Active Birmingham Strategy** complements this by aiming to make physical activity an easy, everyday choice. It promotes equitable, accessible, and affordable opportunities for active living, recreation, and travel. The strategy takes a whole-system, partnership-led approach focused on behaviour change, using evidence-based models and prioritising targeted action in communities most in need.

The Creating a Mentally Healthy City Strategy aims to improve mental health and wellbeing outcomes. Its key priorities and areas of focus are outlined in the case study in this chapter.

Physical and mental health are fundamental to our individual, community and city-wide wellbeing. Birmingham faces significant health challenges compared to national averages, and not all residents are affected equally. Strategies are in place to address these disparities and improve the city's overall health outcomes. The indicators discussed in this chapter can provide important reference points for measuring wellbeing and building a framework to monitor and improve the specific needs of Birmingham's population.

CASE STUDY: CREATING A MENTALLY HEALTHY CITY STRATEGY

Introduction

In 2022, all members of Birmingham's Health and wellbeing board signed up to the 'Mental Health Prevention Concordat' which commits signatories to take evidence-based action to reduce mental health inequalities. The Creating Mentally Healthy City (CMHC) 2025-2030 strategy provides the means of delivering this commitment, co-created with stakeholders and citizens from across Birmingham. It explores key questions such as who is most likely to experience good or poor mental health, what services and programmes are needed to reduce the incidence of mental illness, how people define mental health and wellbeing, and what priorities residents want to see reflected in a local mental health strategy.

The strategy focuses on two core themes:

- Mental health and wellbeing
- Suicide prevention

Strategic priorities for mental health and wellbeing

By working with partners, families and policy makers the strategy will improve the mental health and wellbeing of people, families, communities and places. It will be delivered through four key priorities:

1. Mentally healthy people - Promote individual wellbeing by encouraging physical activity, improving access to nutritious food, and providing education and support around behaviours that contribute to good mental health.
2. Mentally healthy families - Strengthen family relationships by raising awareness of mental health, offering support for caregivers, and ensuring help is available for families in need.
3. Mentally healthy communities - Empower communities to shape local mental health services, create inclusive, safe, and supportive spaces, and make it easier for all residents to find and access the support they need.
4. Mentally healthy places - Influence local policy and planning to create healthier environments, design spaces that support neurodiverse communities, and ensure housing is safer, more affordable, and accessible.

Strategic priorities suicide prevention

The strategy will also shine a light on the importance of understanding suicide & suicide prevention. By ensuring that suicide prevention is important to everyone, not just down to the healthcare system, the strategy will deliver eight strategic priorities:

1. Improve data & evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Provide support to people who self-harm by providing information to reduce the prevalence of self-harm.
3. Tailor targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
4. Increase training & skills so that more people can spot the signs of a suicidal crisis and provide appropriate support.
5. Provide effective crisis support for those who reach crisis point to reduce the risk of people experiencing a suicidal crisis.
6. Reduce access to methods & means of suicide as an intervention to prevent suicides.
7. Provide effective bereavement support through increasing awareness of Birmingham's bereavement services and ensure support is diverse and culturally competent.
8. Make suicide everybody's business to maximise collective impact and support to prevent suicides.

Outcomes and impact

The strategy has undergone a public consultation and is due to be published in Autumn 2025. It has set targets that closely align with Birmingham and Solihull ICS:

- Reduce those with low satisfaction (currently 5.4%)
- Reduce those with low worthwhile score (currently 4.3%)
- Reduce those with low happiness scores (currently 8.5%)
- Reduce those with a high anxiety score (currently 17.3%)
- Reduce emergency admissions for self-harm to 74.4 per 100,000 people
- Reduce suicide to 6.2 per 100,000 people.

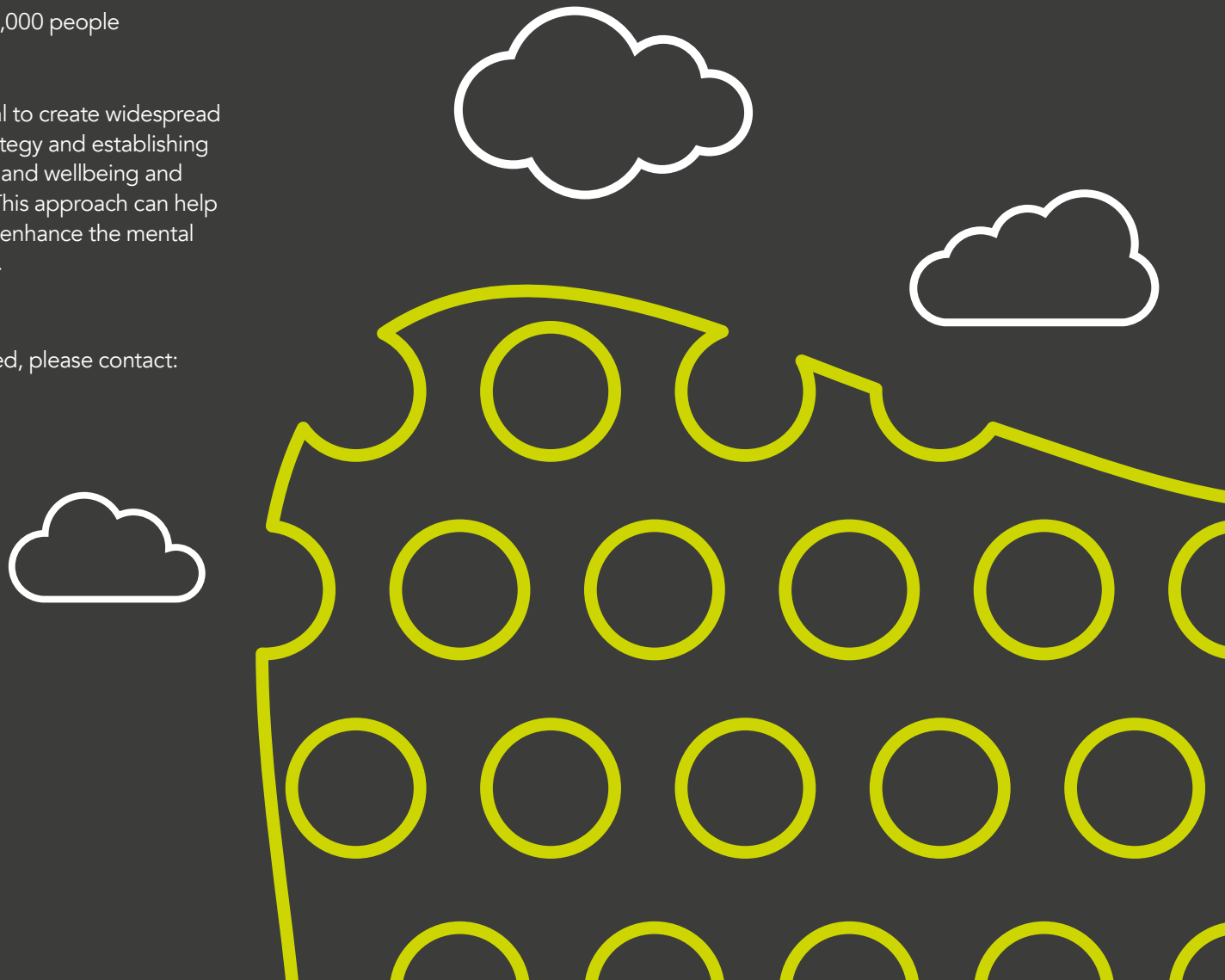
The creation of a Mentally Healthy City Strategy has the potential to create widespread impacts that extend beyond its initial aims. By launching the strategy and establishing a supporting Framework for Action, it can embed mental health and wellbeing and suicide prevention into all areas of policy and decision-making. This approach can help ensure that choices made across areas consistently support and enhance the mental health of the entire population and help people who are in crisis.

Further information

To find out more about the strategy, and how you can be involved, please contact:

The Mental Wellbeing Team, Birmingham City Council

Email: **mentalwellbeing@birmingham.gov.uk**



Birmingham City Council

ECONOMIC WELLBEING

A BOLDER HEALTHIER BIRMINGHAM

ECONOMIC WELLBEING

DEFINITIONS

Economic wellbeing can be considered present and future financial security.[77] Present financial security describes the ability of individuals, families, and communities to consistently meet their basic needs, which include food, housing, utilities, transportation, education, childcare, clothing, and having control over their daily finances.[78] Future financial security describes the ability of individuals, families, and communities to absorb financial shocks, meet financial goals, build financial assets, and maintain suitable income throughout their lifetime. This domain considers societal measures of economic wellbeing such as employment, housing, education, and deprivation. [78]

WHY IS IT RELEVANT TO WELLBEING?

Economic wellbeing and health are strongly linked. Socioeconomic factors such as income, employment and education are major determinants of economic wellbeing.[78] Higher income levels are associated with better health outcomes, including longer life expectancy and fewer years of disability.[79] In contrast, economic instability can directly affect our ability to engage in healthy choices, education, afford quality housing, and manage stress. This can be a cause of anxiety, depression, and other mental health conditions that adversely affect wellbeing.[80]

Employment

Evidence strongly suggests that being at work is good for our general wellbeing, considering the nature and quality of work.[81] Unemployment is associated with poorer economic and personal wellbeing.[82] Employment provides income, which enables access to quality housing, education, childcare, food, and other needs.[83] Employment provides much more than earning a living; it creates social status, allows individuals to socialise, and creates a sense of purpose or meaning in life. These positive factors are essential for maintaining and promoting physical, mental and personal wellbeing.[84] Unemployment can disrupt these positive factors leading to social isolation, loneliness, and low self-esteem, resulting in a decline in overall wellbeing.[85] Unemployment can lead to individuals engaging in unhealthy lifestyles such as physical inactivity and unhealthy eating, leading to a decline in physical health, and personal wellbeing.[85]

"I'm just having to look for good bargains really. And that could be household items, or you know, coupons to use for food."

Participant from 'The Price We Can't Pay' Research (2023-24)

Education & Skills

Education plays a key role in promoting health and wellbeing. Evidence shows a direct link between education and life expectancy rates, with academic achievement potentially playing a significant role in reducing health inequalities by shaping life opportunities.[86] Those with lower educational attainment levels are more likely to smoke or be obese and to experience alcohol-related harm.[87] Education provides individuals with knowledge about healthy behaviours which helps people to make informed choices about diet, physical activity, and ability to take medical advice. As a result, people with higher educational attainment generally live longer and have better wellbeing.[88]

Housing

Housing is an important social determinant of health and conditions can significantly impact all domains of wellbeing.[89] Good quality housing can improve quality of life and reduce stress, disease, and poverty. It also supports the environment and tackling climate change so has wider societal wellbeing benefits. In contrast, the lack of housing, or poor-quality housing, can negatively affect wellbeing.[90] Housing insecurity, unaffordability and related housing problems can negatively impact mental health, causing anxiety, stress, and depression.[91] Mental health has been negatively affected by the financial stress brought on by cold homes and fuel poverty. High costs and a shortage of affordable homes mean many people fall into debt, and they may have to move frequently or may face repossessions or evictions. This can create further instability and stress, with a significant impact on people's wellbeing.

"I feel like I'm living to pay bills at the moment… Energy costs, I do think about quite often to be honest - it does worry me, it's ever rising. Having to watch what I buy and think about it makes me feel depressed sometimes."

Creating a Mentally Healthy City Strategy' research (2024)

Deprivation

Deprivation significantly impacts wellbeing.[92] On average, people living in more deprived areas experience poorer health outcomes, including higher rates of chronic diseases, a lower healthy life expectancy, and increased mental health challenges. These issues are often exacerbated by limited access to nutritious food, safe housing, and opportunities for social engagement. Those suffering from poor health are also more at risk of living in deprivation due to lack of economic opportunities.[93]

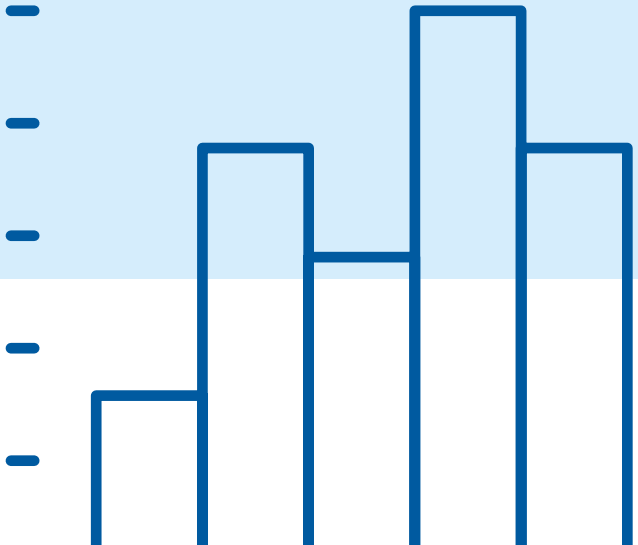
"Psychologists cannot treat you if you have no money. If you don't have a job and you don't have money, you can't pay your rent, and it creates a nervous stress pattern"

Creating a Mentally Healthy City Strategy' research (2024)

HOW CAN IT BE MEASURED?

The following indicators have been selected to measure economic wellbeing in Birmingham: Index of Multiple Deprivation (IMD), unemployment rate, fuel poverty, homelessness applications, proportion of 16–24-year-olds not in education, employment or training (NEET), and the gender pay gap. These indicators reflect key drivers of economic wellbeing and help us understand where inequalities exist and where targeted action is needed. Economic wellbeing is not only a reflection of personal financial security, but also a sign of a fair society.

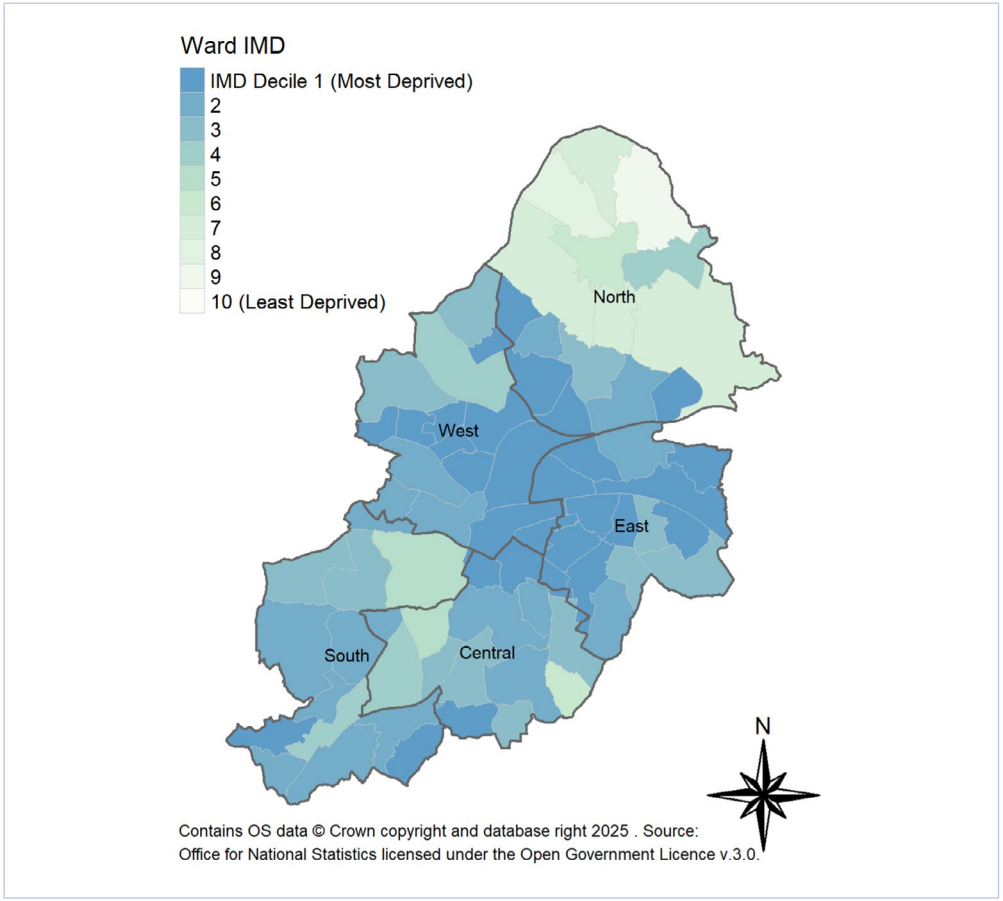
1. **Index of Multiple Deprivation:** The IMD is a widely used tool across England for identifying areas with the greatest levels of disadvantage. It combines data across domains such as income, employment, education, health, and housing. IMD scores are essential for understanding geographical inequalities and targeting resources to improve wellbeing in the most affected communities.[94]
2. **Unemployment rate:** Unemployment can be measured in a number of ways, including the Claimant Count which refers to the number of individuals claiming benefits while being unemployed and actively seeking work. [95] While primarily an economic measure, unemployment is strongly associated with poorer mental health, reduced social inclusion, and financial insecurity—making it a key indicator of personal and societal wellbeing.
3. **Fuel Poverty:** Fuel poverty is the inability to afford adequate heating and energy and has direct implications for physical and mental health. Cold homes are linked to respiratory and cardiovascular conditions, increased winter mortality, and poorer mental wellbeing.[96] Measuring fuel poverty helps identify households most at risk and informs targeted interventions. Winter mortality, as measured by the ONS compares deaths in colder months to warmer periods and reflects not only temperature but also pressures on health services and the prevalence of respiratory illness. [97]
4. **Homelessness:** Homelessness can be monitored through homelessness applications which involve an assessment to determine an individual's eligibility for assistance. The application process assesses eligibility and priority, helping to ensure that support is directed to those most in need. Homelessness is both a consequence and a driver of poor wellbeing, affecting safety, stability, and access to services.[98]
5. **Proportion of 16-24-year-olds who are NEET:** This measure highlights barriers to education and employment among young people.[41]
6. **Gender Pay Gap:** The gender pays gap compares the average earnings of men and women, typically using gross hourly median pay to provide a like-for-like comparison.[99] This indicator helps us understand disparities in income and economic opportunity, which can influence wellbeing through access to resources, autonomy, and financial resilience.



HOW IS BIRMINGHAM DOING?

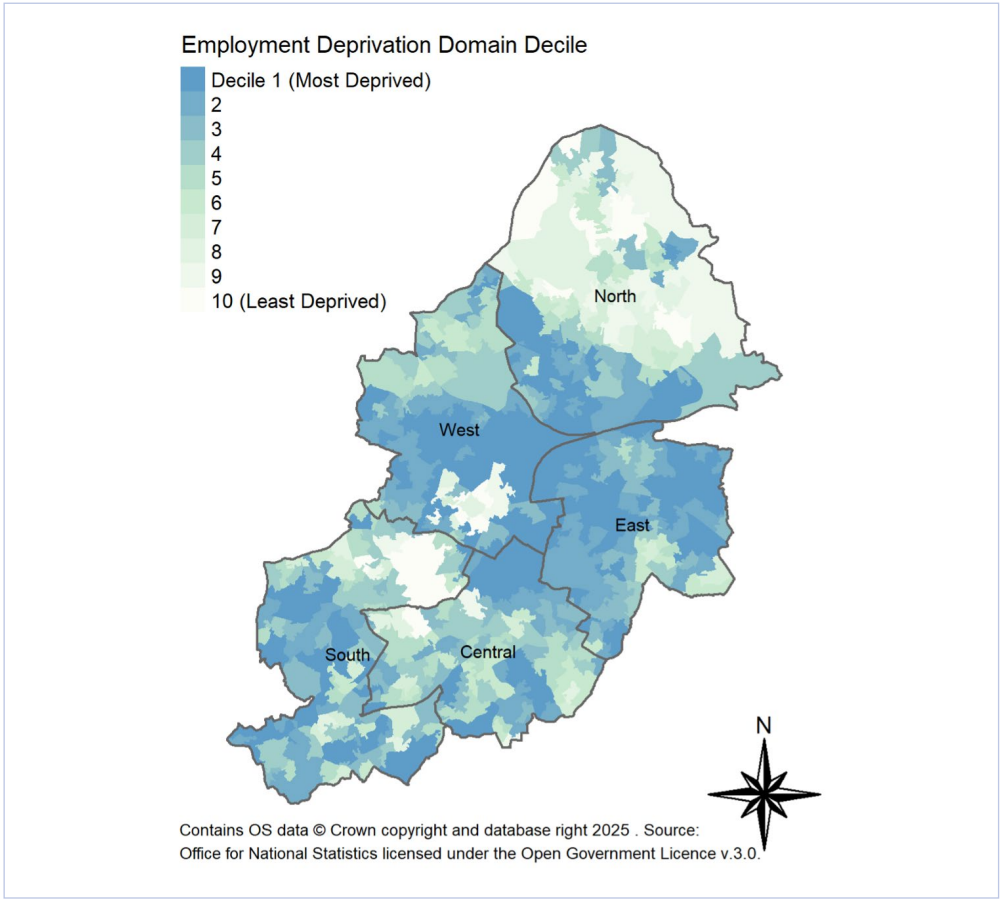
The IMD is a widely used tool in public health research and policy-making to identify areas facing the greatest socioeconomic disadvantage. By highlighting where deprivation is most concentrated, it enables more targeted allocation of resources to address the structural factors that drive unequal health and wellbeing outcomes.[100] In this section, Birmingham's economic wellbeing is assessed using a range of indicators, including the IMD domains, unemployment rate, gender pay gap, and the proportion of young people not in education, employment or training (NEET). These indicators are visualised in the following figures, which show how Birmingham compares to national averages and reveal significant disparities across localities. Together, they provide a snapshot of the city's economic challenges and opportunities for action.

Figure 26: *Index of Multiple Deprivation (overall) in Birmingham*



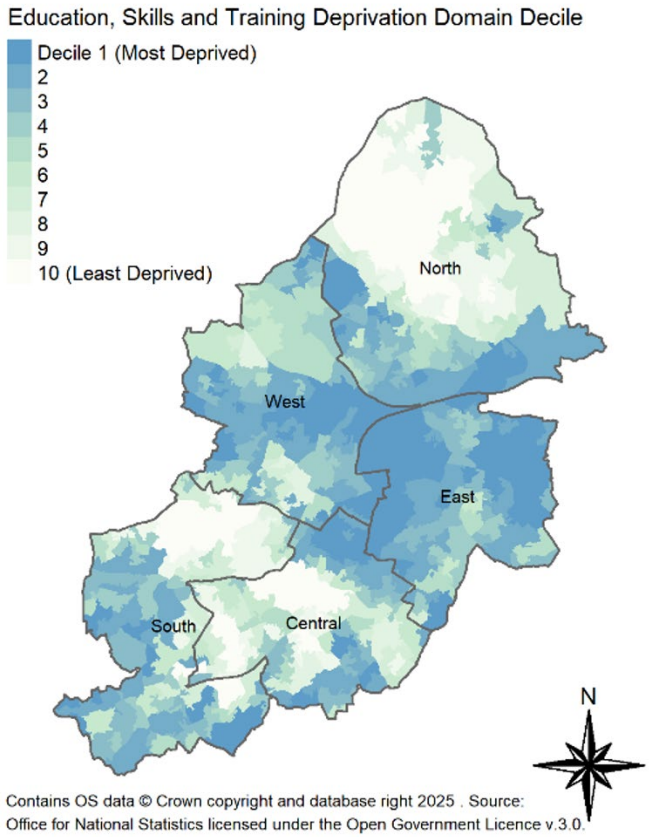
The employment domain measures the proportion of working-age people who are involuntarily excluded from the labour market due to factors such as unemployment, long-term sickness, or disability. Employment closely mirrors the overall IMD scores and visualises a consistent pattern of deprivation across different localities.

Figure 27: *IMD Decile: Employment domain*



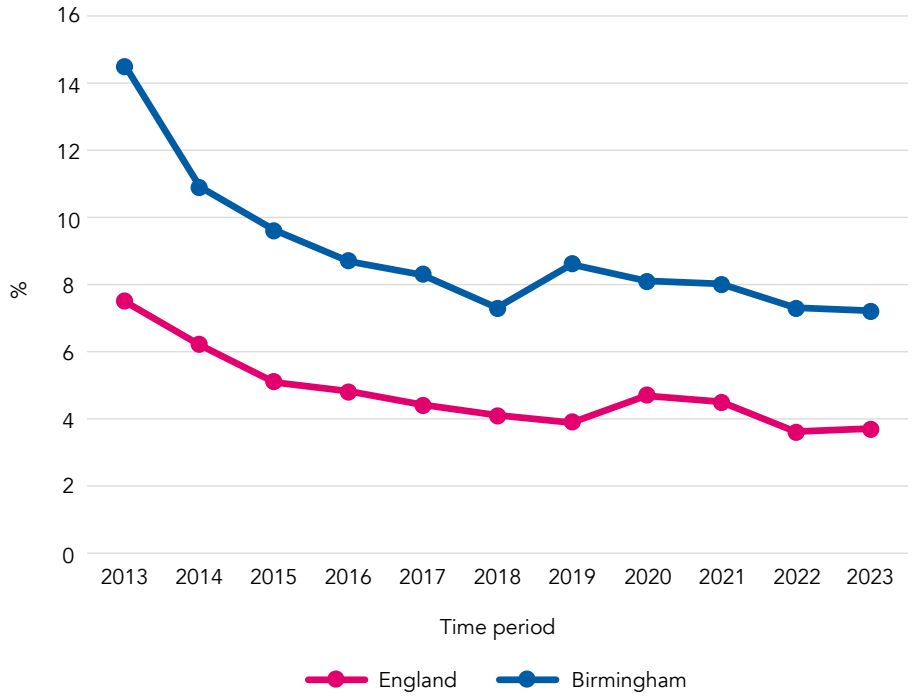
The education, skills and training domain includes measures of school performance, adult qualifications, and progression to higher education. Areas with high levels of employment deprivation often also show poor outcomes in education and skills.

Figure 28. *IMD Decile: Education, Skills and Training Domain*



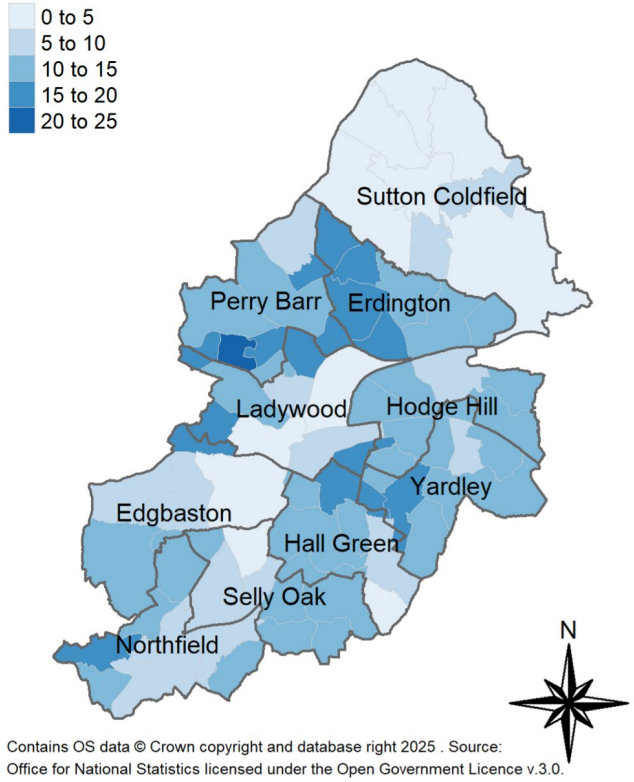
The unemployment rate has shown a steady decline over the past decade, from 14.5% in 2013 to 7.2% in 2023, indicating gradual progress. Despite this improvement, Birmingham's unemployment rate remains consistently higher than the national average, which stood at just 3.7% in 2023.[41]

Figure 29: *Unemployment (model-based), Birmingham and England*



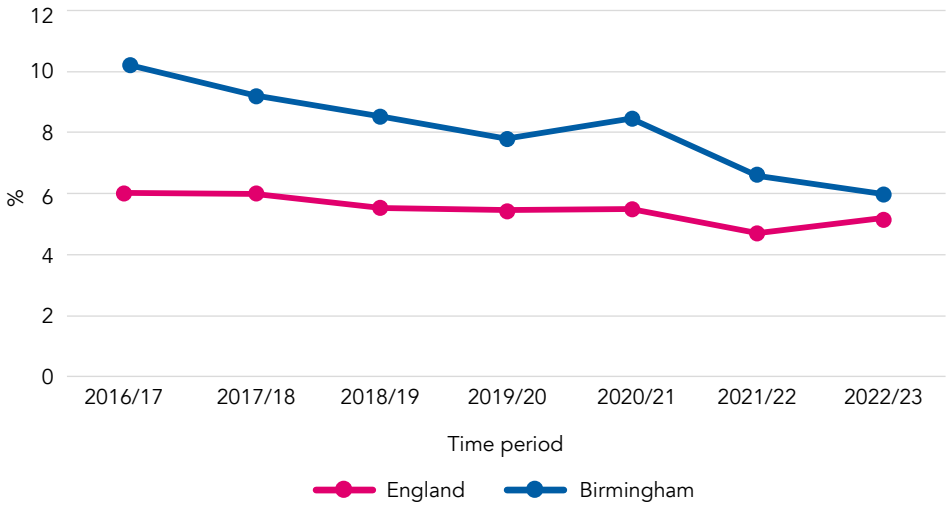
The proportion of 18–24-year-olds in Birmingham claiming Universal Credit while not in employment is a useful proxy for understanding youth economic vulnerability. This is not experienced evenly across Birmingham and reflects wider patterns of deprivation. Higher claimant rates concentrated in wards that score poorly on the employment domain of the IMD.[42]

Figure 30: *Percentage (%) of those obtaining universal credit not in employment/job seekers allowance claimants who are aged 18-24 (2024)*



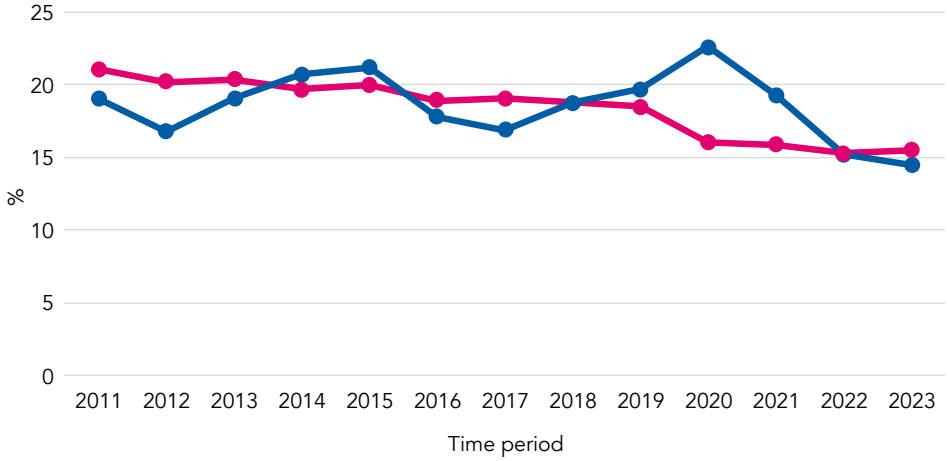
The percentage of 16–24-year-olds in Birmingham who are NEET has steadily declined over the past decade but remains higher when compared to England.[101]

Figure 31: *Percentage (%) of 16-24 year olds who are NEET in Birmingham and England*



Birmingham's gender pay gap has narrowed significantly over the past decade, falling from 19.1% in 2011 to 14.5% in 2023.[102] However, the pay gap remains substantial, and a lower gap can be a measure of a fair society with higher wellbeing.

Figure 32: *Gender pay gap in Birmingham and England (2023)*



HOW DO WE IMPROVE ECONOMIC WELLBEING?

Economic growth has previously been the benchmark of social progress, but many are looking for alternative goals, such as wellbeing. However, inclusive economic growth and wellbeing are significant drivers of individual and collective wellbeing. Birmingham is currently experiencing economic growth and benefits from a diverse economy, yet persistent challenges continue to impact the wellbeing of its residents. Tackling issues such as unemployment and the high number of 16–24-year-olds not in education, employment, or training (NEET) is essential to improving overall quality of life.

The **Birmingham City Vision** www.birmingham.gov.uk/info/50362/shaping_birminghams_future_together/3054/city_vision and **Birmingham City Council's Corporate Plan 2025–2028** www.birmingham.gov.uk/info/20011/your_council/237/birminghams_corporate_plan_for_2025-2028 place strong emphasis on inclusive economic growth, aiming to create jobs, attract investment, and ensure that prosperity is shared across all communities. The Corporate Plan will address lifelong learning and skills gaps to support residents in accessing meaningful employment. There are many examples of interventions that target economic wellbeing and improve personal and societal wellbeing. For example, PURE: Placing vulnerable Urban Residents into Employment.

CASE STUDY: PURE (PLACING VULNERABLE URBAN RESIDENTS INTO EMPLOYMENT)

Launched in 2019, PURE (Placing vulnerable Urban Residents into Employment) is a unique project that is transforming lives across Birmingham by helping people aged 18 - 65 overcome complex physical barriers, mental health challenges or negative past experiences, and get into education, training, or employment. The project provides support by connecting participants with employers, enrolling participants onto courses, providing CV support and confidence-building exercises.

PURE supports those facing barriers such as:

- learning disabilities and difficulties
- mental health difficulties
- physical and sensory disabilities
- people who are homeless or vulnerably housed

Project outcomes

Now in its third phase, PURE has supported more than 6,000 people in Birmingham build confidence, develop new skills and secure employment opportunities. The project has reached some of the city's most vulnerable residents and now has participants from almost every ward in Birmingham.

In the last year alone PURE has signed up 1,004 people and exceeded its goal to provide job search, skills and employment support, by more than 150%. Of those who left the programme in the last year, over 680 had achieved positive outcomes, including confidence in continuing their job search journey, gaining employment, entering training or education, or improving basic life skills.

The UK Shared Prosperity Fund (UKSPF) will continue to fund PURE to March 2026 and the project will continue to build on previous successes and improve the lives of vulnerable adults in Birmingham.

Further information

To find out more about PURE, and how you can be involved, please contact:

BirminghamPURE@birmingham.gov.uk

www.birmingham.gov.uk/birmingham_pure

ENVIRONMENTAL WELLBEING

Birmingham City Council

A BOLDER HEALTHIER BIRMINGHAM

ENVIRONMENTAL WELLBEING

DEFINITIONS

Environmental wellbeing refers to our ability to access and benefit from the environment. It includes clean air, climate resilience and access to green and blue (water) spaces. These factors impact both individual and community wellbeing and affect our overall quality of life. This domain explores key indicators of environmental wellbeing, including frequency of visits to nature, accessibility of green spaces, levels of air pollution, household recycling rates, and engagement in pro-environment behaviours. It draws on the Healthy Assets and Hazards Index, an established framework used nationally, to provide a population-level understanding of environmental wellbeing and its impact on personal and collective wellbeing.

WHY IS IT RELEVANT TO WELLBEING?

Access to Healthy Assets and Hazards index

The Access to Healthy Assets and Hazards Index (AHAH) is a multi-dimensional index that measures how "healthy" neighbourhoods are based on the locations of services that are 'assets' or 'hazards' for health in each area.[103]

A score is calculated based on 15 indicators, which are divided into four domains of accessibility:

- Retail environment - fast food outlets, pubs, off-licences, tobacconists, gambling outlets
- Health services - GPs, hospitals, pharmacies, dentists, leisure services
- Air quality - air pollution levels for Nitrogen Dioxide, Sulphur Dioxide and Particulate Matter (PM10)
- Natural environment - green spaces and blue spaces

The environment in which we live and work in has substantial impact on our individual and community wellbeing.[104] Access to healthy assets and hazards, such as fast-food outlets, healthcare and green space, are determinants of wellbeing we experience through our environment. The AHAH is a resource that allows researchers and policy makers to understand which cities have poor environments for health and helps to move away from treating features of environmental wellbeing in isolation, instead providing a comprehensive measure of neighbourhood wellbeing.[104] This chapter draws specifically on the air quality and natural environment domains to understand and measure environmental wellbeing.

Visits to nature

Spending time in nature offers a simple, cost-free way to alleviate stress and improve mood. Studies have shown that walks in nature significantly uplift the mood of adults with depression and enhance motivation and energy.[105] Research also indicates that nature helps children manage negative emotions and improves their mental health and wellbeing.[106] Visits can also improve social wellbeing by encouraging interactions and reducing loneliness, as they encourage conversation with those with and around us who are enjoying nature. Many community events in natural settings also promote social exchange, contributing to community wellbeing.

"I think [greenery is] really important. It makes the whole experience of going into the town centre a lot nicer. Instead of having loads of buildings towering over you, it's a bit more breathable. As soon as people see trees and plants, they feel more relaxed away from busyness. You can take a deep breath instead of stressing about stuff, especially with COVID."

Participant from 'Ethnographic research on the Birmingham built environment'

"The best for mental health … the only one of those journeys I genuinely enjoy making – I love a walk in the park. It's quiet, I can go with friends or by myself with music. Either way it seems to lift me up. I think the fresh air is definitely a factor in why it makes me feel better."

Participant from 'Ethnographic research on the Birmingham built environment' 2023

Access to green spaces

Access to green spaces is an objective measure of environmental wellbeing. Green space, such as parks, woodland, fields and allotments, are increasingly being recognised as an important asset for supporting health and wellbeing.[107] Access to green spaces is linked to positive physiological outcomes and reduced levels of depression, anxiety, and fatigue. Socio-economic factors can limit the wellbeing benefits individuals gain from natural spaces; people living in the most deprived areas of England typically have far less access to green spaces compared to those in more affluent regions. Concerns about safety can also prevent people from using local green spaces, along with a lack of facilities like toilets and cafes.[108]

"The best community experience has to be our green spaces, which should be protected and cherished in this increasingly busy world. A walk in the park for me is the easiest way for people to relax and take in what little nature we have in our busy lifestyles. Keep them clean, tidy and safe as they are an oasis of calm for us."

Participant from 'Ethnographic research on the Birmingham built environment' 2023

Air pollution

The World Health Organisation (WHO) define air pollution as the "contamination of the indoor or outdoor environment by any chemical, physical or biological agent that modifies the natural characteristics of the atmosphere".[109] Long term exposure to polluted air is linked to major health problems like dementia, heart disease, stroke, and cancer.[110] There's growing evidence that air pollution can harm children's brain development both before and after birth.[111] It can weaken the immune system, making us more susceptible to infections and less responsive to antibiotics. Air pollution, particularly in cities, remains a serious issue despite reductions in emissions, and is expected to become the leading environmental cause of premature death worldwide by 2050.[111] Clean air is therefore essential for health and wellbeing. The main source of air pollution in Birmingham is use of motorised transport i.e. cars, buses, taxis, vans and lorries.[112]

"This is a part of Birmingham that makes me sad. The Perry Barr roadworks have caused complete chaos … There is always traffic and bad air quality."

Participant from 'Ethnographic research on the Birmingham built environment' 2023

Household recycling

Though the connection between recycling and environmental protection may not always seem as obvious as other indicators of environmental wellbeing, it has a substantial impact. Recycling reduces the need to extract, harvest, or grow new raw materials, which helps limit the damage done to natural ecosystems worldwide. This means fewer forests are destroyed, and there's less pollution affecting our water, soil, and air.[113] Recycling is a simple yet effective way to act in our own homes. The way we treat our environment, through actions like recycling, serves as a broader reflection of our social progress and priorities. It is an important indicator of societal wellbeing, demonstrating our collective commitment to sustainability and environmental responsibility.

Pro-environment lifestyle

Adopting a pro-environment lifestyle means to act in a way that does not harm the environment. This could include using renewable energy, recycling, buying local food produce, reducing food wastage, reduce carbon emissions by using public transportation, bikes, or walking. It also includes small everyday changes like using less paper, using eco-friendly products, reusable shopping and donating clothes instead of throwing them away.[114] Widespread adoption of pro-environment behaviours reflects our collective values and priorities, serving as a marker of societal wellbeing and progress towards a more sustainable and responsible future.

HOW IS IT MEASURED?

1. Access to healthy assets and health index (AHAH): The AHAH is an established index to measure neighbourhood environmental wellbeing, considering the overarching factors of wellbeing. It includes measurements of air quality and access to green space at a local level across the country.
2. Visits to nature: The Adults' People and Nature Survey for England, which replaced the Monitor of Engagement with the Natural environment survey, serves as a key resource for gathering data and statistics on how individuals 16 and over in England perceive and interact with nature.[115] However, it does not provide specific results at a local level.
3. Access to greenspace: The AHAH's green and blue space domain represents the distance to either green or blue (water). Alternatively, The Green Space Index, published annually by Fields in Trust, measures the provision of parks and greenspaces across the UK.
4. Air pollution: In the UK, there are five key pollutants that are measured according to the Daily Air Quality Index: Ozone, Nitrogen Dioxide (NO2), Carbon Monoxide, Sulphur Dioxide (SO2), PM10 and PM2.5 Particles. PM is categorised by particle size, with PM10 (particles smaller than 10 micrometres) and PM2.5 (particles smaller than 2.5 micrometres) being the most concerning.[116] The AHAH's air quality domain represents air quality data, including NO2, PM and SO2.
5. Household recycling: To monitor recycling efforts, the UK introduced the 'waste from households' in 2014 which provides a clearer picture of recycling rates across the country.[117] The 'household waste' measure on the other hand, offers a more comprehensive view of waste and includes a variety of waste types, including street bins, street sweepings and garden waste.[118]
6. Pro-environment lifestyle (PEL): Self-reported PEL changes can be measured through surveys, interviews, or focus-groups, and gathered data may include quantitative or qualitative information. Questions such as "have you installed or are seriously considering the installing solar panels?" can be used to measure this indicator as well as confirmed installation of solar panels or participation in active travel schemes.

HOW IS BIRMINGHAM DOING?

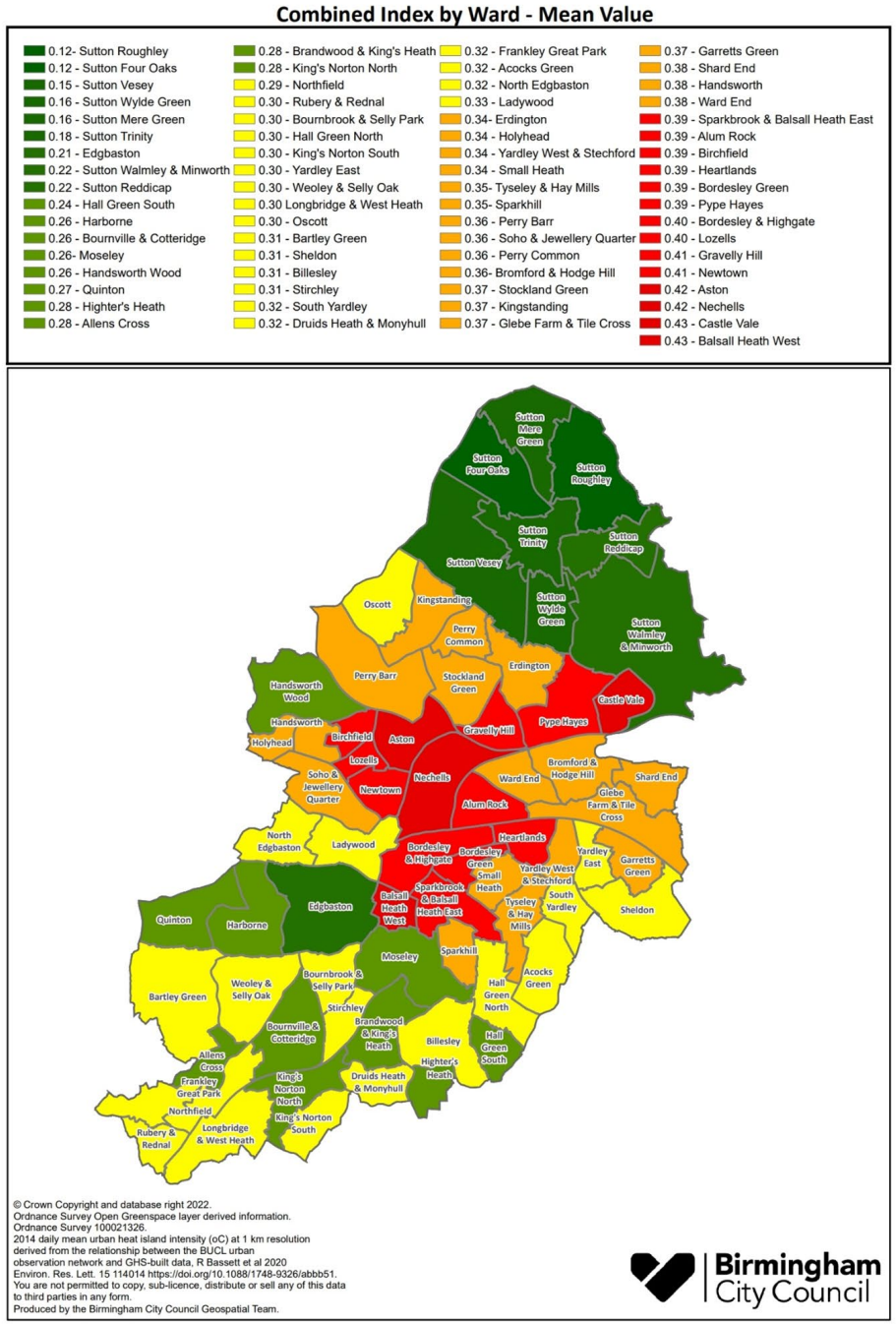
Birmingham is rich in parks and other blue and green spaces, which stems from its Victorian heritage. However, access to green space across the city is not equitable and some communities face barriers in accessing green spaces, participating in activities, or making full use of facilities on offer.[118] To better understand and address these inequalities, Birmingham City Council has become the first UK local authority to develop a dedicated Environmental Justice measurement tool. This tool is based on existing frameworks and indicators like the IMD and access to green space.

The Environmental Justice score measures:

- Access to a green space (2 hectares or larger) within 1,000m
- Flood Risk
- Urban Heat Island
- Health Inequalities (through Excess Years of Life Lost) effect
- Indices of Multiple Deprivation

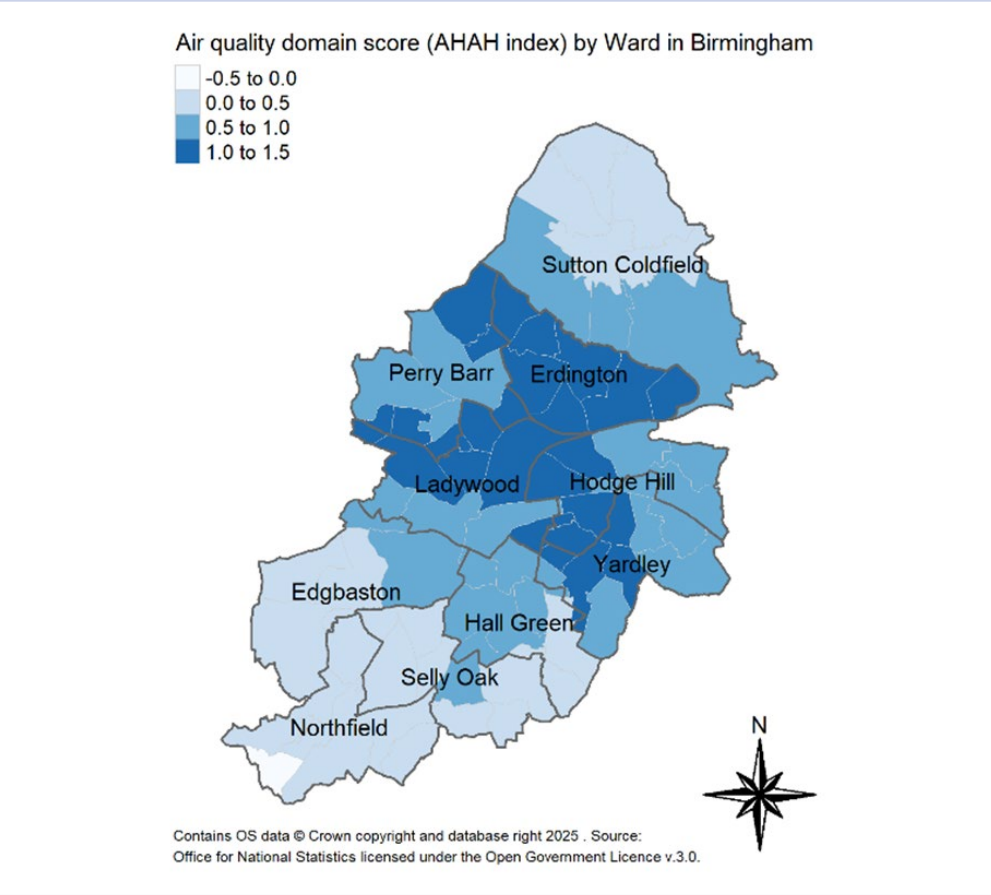
Figure 33 shows where in the Birmingham all these compound issues are most acutely felt. The map shows the city with wards colour coded relative to their Environmental Justice score. The higher the score the less "just" the ward is.[119]

Figure 33: *Birmingham Environmental Justice Map 2022*



Tools like AQI[120] and IQAir provide real-time data on air pollutants such as PM2.5, Ozone, and Nitrogen Dioxide. In 2021, Birmingham recorded an annual average PM2.5 concentration of 9 µg/m³, which decreased to 8 µg/m³ by 2024. While this shows progress, Birmingham's PM2.5 levels still remain above the WHO's 2021 recommended annual limit of 5 µg/m³, highlighting the need for continued action to improve air quality. The AHAH index air quality domain reveals significant variation between wards in Birmingham (Figure 34), with some areas experiencing far higher exposure to pollutants. This emphasises the importance of targeted interventions to address environmental inequalities.

Figure 34: *Air quality domain score by ward*



Recycling rates in Birmingham are low and have declined over the past decade, widening the gap between Birmingham and England. Birmingham's recycling rate in 2023/24 was 22.7%, the lowest in the West Midlands and the fifth lowest in England.[121] In 2024, 85.5% of adults in England reported making lifestyle changes to help tackle environmental issues[122], showing no short-term change since 2023 (85.1%). Although this data is not available at a local level, we can look at factors that contribute to pro-environmental lifestyles like energy consumption to gain a picture of behaviours in Birmingham. For example, energy consumption varies widely across constituencies. Areas such as Edgbaston, Erdington, Ladywood, Selly Oak, and Sutton Coldfield had greater average energy consumption per metre than the city-wide average of 3,435kWh/meter in 2024. Whereas areas like Hall Green, Hodge Hill, Northfield, Perry Barr, and Yardley had lower energy usage per metre than the city.[123] Solar energy adoption is growing, and between 2010 and 2019 the number of solar PV installations rose by 7%.[124]

HOW DO WE IMPROVE ENVIRONMENTAL WELLBEING?

The indicators outlined in this domain such as air pollution, access to green space, and pro-environmental behaviours highlight a clear need for systemic change. Addressing these issues requires both system and behavioural interventions. System leaders should prioritise equitable access to clean air, safe and welcoming green spaces, and more sustainable waste management practices. This includes prioritising action in more deprived areas to improve the quality and safety of natural spaces, supporting circular economy models, and facilitating active travel (e.g. walking or cycling). These actions will improve wellbeing, promote health and support us to tackle climate change.

Community behavioural change must also be a central focus. Residents need clear, consistent messages on the impacts of poor environmental conditions, particularly air quality, alongside practical tools and support to adopt more sustainable lifestyles, including active travel, recycling, and co-designed environmental projects.

Birmingham's Transport Plan[124] **www.birmingham.gov.uk/info/50348/transport_plan_and_policies/2032/birmingham_transport_plan** aims to improve active travel and reduce emissions, supporting **Birmingham's City of Nature Plan**[125] **naturallybirmingham.org/birmingham-city-of-nature-delivery-framework** which sets out a vision for a greener, fairer, and healthier city. The City of Nature Plan sets out a commitment to ensuring equal access to green spaces, supporting community gardening, developing green skills and jobs, and establishing a sustainable funding model, laying the groundwork for embedding pro-environmental practices across the city's systems.

Environmental wellbeing is a major contributor to overall wellbeing, boosting both mental and physical wellbeing, and health. Birmingham has made some progress in environmental measures such as air quality and renewable energy adoption, but challenges still remain with energy consumption disparities across the city and notably low recycling rates, which have worsened over the last decade.

To address these issues, further action is required to support pro-environment behaviours and improve the natural and built environment. The WM-Air (West Midlands Air) project provides a strong example of how science and data can be used to inform targeted, evidence-based action on air quality, supporting environmental wellbeing and helping to shape a healthier, fairer, and more sustainable future.

CASE STUDY: WM- AIR CLEAN AIR SCIENCE FOR THE WEST MIDLANDS

Introduction

Between 2019 and 2025, the West Midlands-Air team was awarded £4m investment from the Natural Environmental Research Council (NERC) plus £1m from the University of Birmingham to co-design projects to understand current air pollution drivers and predict future air pollution impacts, including health and economic aspects, of potential policy options and interventions.

The project comprised of three broad themes:

1. Improve understanding of the region's air pollution challenges by providing new measurements and quantifying pollution sources by sector.
2. Provide new capability to support clean air measures and policy, including modelling future air quality levels and potential intervention scenarios, evaluating the air quality-driven health and economic benefits and impacts of such predictions.
3. Apply a new understanding and capability to a portfolio of projects in support of partner need, such as around major interventions (e.g. Clean Air Zones), infrastructure developments (e.g. Commonwealth Games) and other developments

Project Impact

The project's impact has been grouped into seven categories: attitudinal change, organisational practice, policy influence, human capital, environmental outcomes, health and wellbeing, and economic growth.

Key highlights include enhanced public understanding through knowledge exchange and engagement activities, stronger local decision-making, and increased recognition of air quality as a regional priority. The programme introduced new impact evaluation methods, supported new governance structures, and contributed to over 100 consultations, helping shape both a region-wide air quality framework and national policy. Economically, the project generated £47.2 million in income between 2019 and 2024 and created or safeguarded 738 job years.

The project used high resolution air quality modelling and health datasets to assess health impacts of air pollution across the city . The research showed that in 2019 air pollution in Birmingham contributed to:

- 720 (561-802) early deaths each year equivalent to 7900 lost years of life
- 900 (312-1360) new asthma cases among children and adults
- A two-fold difference in disease cases between the most polluted and least polluted wards.

WM-Air has demonstrated that investing in air quality is not just about cleaner air, it's an investment in people, place, and long-term prosperity.

More Information

If you would like to learn more about the project, please contact **wmair@contacts.bham.ac.uk** or visit **WM-Air-Impact-Report.pdf**

Birmingham City Council

CIVIC WELLBEING

A BOLDER HEALTHIER BIRMINGHAM

CIVIC WELLBEING

DEFINITIONS

Civic wellbeing can be defined through our relationship with civil society and how we engage with and think about key civic activities.[126] These activities can be formal (e.g. voting in an election) or informal (e.g. volunteering with a community group at the weekend).[127] Collectively, our levels of involvement in these activities can affect our overall wellbeing as they determine how much we feel like we can shape the society that we live in.[128] For the purposes of this chapter, we are defining civic activities as registering to vote, voting in local and general elections, and volunteering in the last 12 months. It is also linked to social wellbeing as it relates to how we interact with others but on a much larger scale. Instead of our families or local communities, it is the wider network of those who live, work and study in a city or region.

This aspect of wellbeing can also be defined through the levels of trust that we have in public institutions.[128] This is a requirement for a democratic society to function properly and for individuals to feel that their quality of life is being improved.[129] A lack of trust in these institutions is a risk factor for civic wellbeing because it usually leads to disengagement from participation in key activities.[128] The Organisation for Economic Cooperation and Development (OECD) have found that in recent years while voter turnout was around 2/3 of the eligible population, only 1/3 of people feel that they have any voice in what government does.[130] Our involvement in civil society and our trust of institutions are components of a 'healthy' democracy.[130]

WHY IS IT RELEVANT TO WELLBEING?

Civic participation and trust are relevant to our overall wellbeing as they can indicate whether we feel as if we can shape the society around us and freely exercise our rights. Recent research on civic participation in European countries has observed that "civic participation is positively correlated with health, happiness and life satisfaction".[131] Participation in civic activities, particularly those focused on volunteering or community service, has also been found to boost wellbeing across different age groups.[131] This is most apparent in adolescents and younger adults where engagement was associated with fewer depressive symptoms when measured later into their lives.[131]

Civic wellbeing can also support wellbeing by facilitating and improving our social capital. This is composed of the networks, norms and trust that we build socially with each other.[129] For example, engaging in civic activities can widen the variety of people who we interact with, through short-term interactions or more meaningful relationships. This can improve our understanding of those who have different backgrounds and perspectives. More importantly though, it can reduce the chances of misunderstanding and discrimination.[128] A higher social capital can also lead to improved wellbeing as it can support one's social identity and, especially for younger adults, highlight what it means to have a place in society.[133]

Finally, there is a relationship between the health of individuals and the population, and the 'health' of a democratic society. Ill health or being affected by illness can reduce the involvement of people in the democratic process.[134] It can represent a barrier (physical or otherwise) to participating that is less likely to affect a person with good or fair health. For a democratic society to be 'healthy' there needs to be a considerable level of participation, and trust that this participation will bring mutual benefits.[134] Therefore, these two considerations of health (the individual and society) cannot be treated separately and should be thought of as linked when they are measured.

"I go out, I do things with my friends, I go to my local group, mosque group, where there's a lot of women that I see and friends. I volunteer there in the weekends and in the weekday as well…that really helps my mental health."

Participant from 'The Price We Can't Pay' Research (2023-24)

HOW IS IT MEASURED?

The UK Measures of National Wellbeing, produced by the ONS, has a topic area that broadly aligns to civic wellbeing called 'Governance'. This does measure public trust and levels of civic participation (e.g. voting) but does not include measures on volunteering or satisfaction with the local area, as these are measured in different topics. It has been noted by academics from the London School of Economics that modern democratic countries try to ensure better wellbeing for their citizens by focusing on social and economic conditions but have less awareness around the way that civic engagement and participation can also benefit health and wellbeing.[132] Therefore, while there is broadly a good amount of indicators and data available to measure civic wellbeing, there will continue to be an opportunity to collect and publish more detailed surveys in the future.

From our initial mapping exercise, we identified six areas that could be used to build an understanding of civic wellbeing across Birmingham. These areas are:

1. Voter registration: A very high proportion of the 18 and above population will have the right to vote in national and local elections (these are called eligible voters). In order to receive a polling card to participate in these elections, an individual must be registered to vote via the Elections Office at their local authority. Registering to vote can be completed at any time either online or in-person. Being registered to vote at a particular address means that an individual has chosen to start participating in civil society by exercising their democratic right.
2. Voter turnout: Voter turnout is a measure of how many registered voters actually voted in any given election. It is usually displayed as a percentage and calculated by dividing the number of people who did vote by the number of people who were registered to vote. Turnout can be used to gauge the amount of engagement that individuals in certain areas have with the democratic process. It is important to civic wellbeing because it demonstrates if individuals are choosing to engage and participate.
3. Voice in local government matters: Being able to have your voice heard in local matters is an important aspect of civic wellbeing. It can help to foster a positive relationship where individuals feel listened to when it comes to local decision-making. It does not mean that an individual's desired outcome will always happen but that they have been engaged in the process.
4. Trust in local government: Having trust in a local authority can mainly focus on the delivery of services, and the quality of these services for individuals, families, and communities. It is important to wellbeing because these are services that can be essential to living practically and comfortably. Furthermore, the local authority is responsible for ensuring that vulnerable individuals (adults and children) are protected from any harms and also able to live safely.
5. Volunteering: Being involved in volunteering can have a positive impact on civic wellbeing because it creates a community that any individual can be a part of. Equally, volunteering is usually undertaken when an individual has an interest or connection to the focus, rather than an obligation. This means they are more likely to get enjoyment from it and improve their wellbeing. If this is done on a population-level scale, then it could create significant benefits.
6. Satisfaction with local area: Satisfaction is a broad measure as it can be interpreted differently by different individuals. However, a high level of satisfaction for most individuals would indicate that their civic wellbeing is higher also. This is because they feel that their local area reflects how they want it to look and feel (e.g. clean, safe, inclusive, connected). Conversely, a low level of satisfaction would indicate that there were issues to be resolved.

HOW IS BIRMINGHAM DOING?

There are a number of data sources that can be used to assess how Birmingham is doing on civic wellbeing. The Community Life Survey, produced by the Department for Culture, Media & Sport,[133] provides data about a range of topics in community life, including volunteering and satisfaction with the local area. Figure 35 to Figure 37 show how Birmingham compares to the West Midlands Region and England.

Local election turn-out data are available from the Elections Office at Birmingham City Council for the most recent elections in 2022. Figure 38 shows the percentage of registered voters who voted in that election by ward. A darker colour on the map means that the turnout was higher in that ward. The highest turnout was in Brandwood and King's Heath and the lowest was in Shard End. There is some correlation between a ward's turnout and its IMD ranking but this is not for definite across the city. It may also be the case that there are more voters registered in some wards compared to others.

Figure 35: *Percentage of people volunteering at least once in the last 12 months (2023/24)[135]*

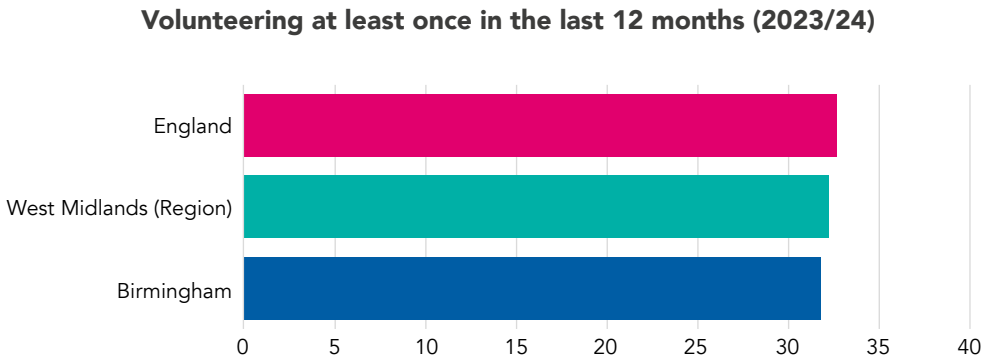


Figure 36: *Percentage of people volunteering at least once a month in the last 12 months (2023/24)[135]*

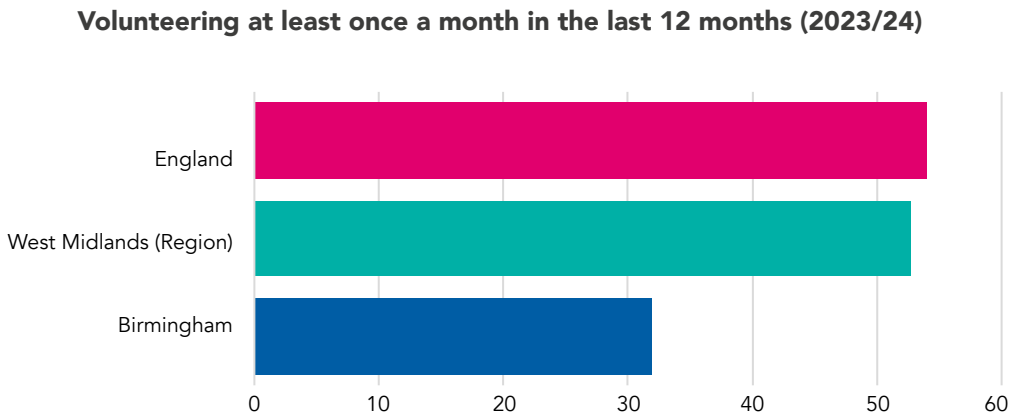


Figure 37: *Percentage of people who are satisfied with their local area as a place to live (2023/24)[135]*

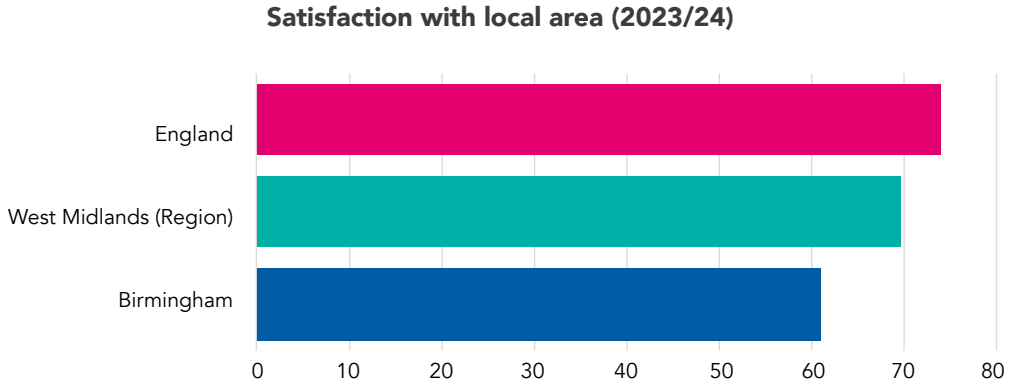
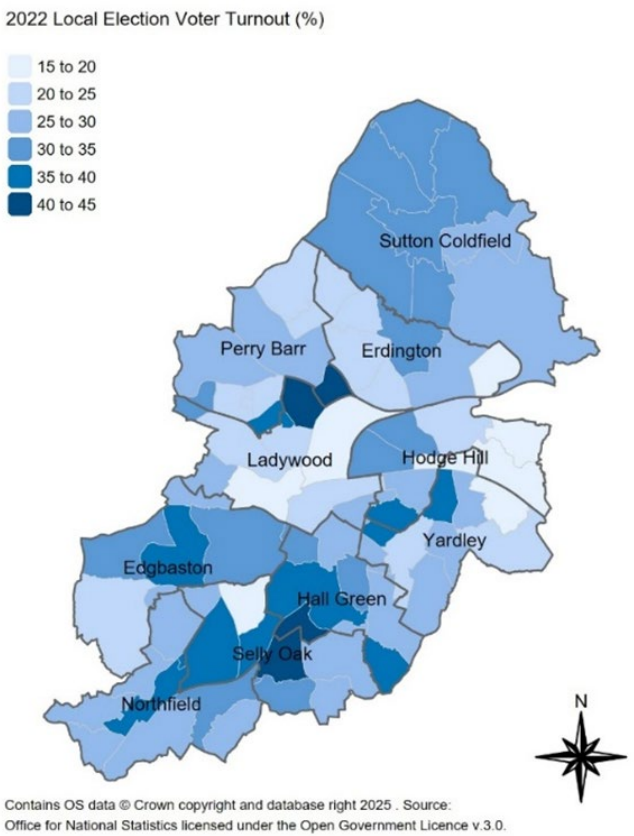


Figure 38: *Turnout (%) by ward in the 2022 Birmingham Local Election*[134]



HOW DO WE IMPROVE CIVIC WELLBEING?

The two most impactful drivers of improved citizen wellbeing are raising awareness and enabling individuals to participate.[131] The findings discussed in this chapter highlight that it can be challenging to participate in civic society if an individual does not have the knowledge or ability to have their voice heard. Equally, there is a correlation, similar to other inequalities, between one's age, education and income, and the ability to meaningfully participate.

To improve civic wellbeing, system leaders can introduce or expand both hard and soft measures. Hard measures would include facilitating the conditions that make it easier to participate, such as voter registration campaigns or more widespread communication with citizens. Softer measures may involve a greater encouragement of the take-up of volunteering activities as well as sharing opportunities through their institutional roles in the city.

CASE STUDY: THE ANNUAL CANVASS (BIRMINGHAM CITY COUNCIL)

The Elections Office at Birmingham City Council completes an annual canvass each year of every household in Birmingham to ensure that information on the electoral register is correct and up-to-date. This usually starts with a letter being sent in the autumn to every household to confirm who is currently living in the properly and if they are eligible to vote.

If no response is received from a household, then personal canvassers will visit these households in person to try and get the relevant information. Canvassers are equipped with digital tablets which allow them to check the information for any household is correct and to make any changes that are needed.

The information that the canvassers collect is vital for ensuring that those who are eligible to vote in local and national elections are registered to do and can democratically participate. The Annual Canvass represents a recognition of the clear need to have the greatest number of people able to participate. The regularity of the exercise is also a positive development. Although, elections in Birmingham are unlikely to be an on annual basis, seeking to keep the electoral register updated reflects the practical reality of households moving and/or changing within that time.

For further information on elections in Birmingham, see the link below:

www.birmingham.gov.uk/elections

OPPORTUNITIES FOR ACTION

This report has explored the question: How are we really doing? We have examined the conditions that influence and shape our wellbeing in Birmingham — our health, relationships, environment, economic security, and ability to participate in civic life. This report highlights the uneven distribution of wellbeing and conditions for wellbeing across our city, and many residents face significant barriers to getting the best start and living well. But the report also highlights Birmingham's strengths, evidenced through case studies, including its resilience and creativity.

To move from insight to opportunity, we should build existing strengths and take action to support our population's wellbeing and the wellbeing of Birmingham. This means improving how we measure wellbeing, embedding it into policy and practice, understanding the wider influences on wellbeing and working collaboratively across sectors to address these. The following opportunities for action are grounded in the evidence presented throughout this report and offer a roadmap for building a healthier, fairer, and more connected Birmingham.

IMPROVING WELLBEING: ACTING ACROSS THE SYSTEM

This report has focused on how we might define, understand and measure wellbeing. To improve wellbeing, we must take coordinated action across the five domains identified in this report: social, physical and mental, economic, environmental, and civic wellbeing. The following opportunities reflect where we can go further.

1. Prioritising Mental Health and Wellbeing

The Creating a Mentally Healthy City Strategy sets out a bold vision for improving mental health and wellbeing across Birmingham, with a focus on prevention, early intervention, and reducing inequalities. To realise this vision, the strategy must be fully embedded across sectors—from education and housing to employment and communities.

The NHS's '5 Ways to Wellbeing'—connect, be active, take notice, keep learning, and give—offers a simple yet powerful framework for promoting mental and emotional wellbeing. We should increase awareness and use of this tool across schools, workplaces, community groups, and public services. We will also build on and test the framework with different communities across Birmingham to develop culturally appropriate wellbeing advice.

2. Addressing the Social Wider Determinants of Wellbeing

This report reinforces the evidence from Marmot and others about the importance of what are often termed the wider determinants of health—such as income, education, housing, and environment. These are also the primary drivers of wellbeing. Improving wellbeing in Birmingham means tackling these root causes through coordinated, system-wide action.

Birmingham must champion inclusive economic growth, with a focus on closing employment inequalities. This includes supporting people into good work, addressing barriers to employment, and prioritising areas such as skills, childcare, and transport. These priorities are reflected in the Birmingham Corporate Plan 2025–2028, which sets out a commitment to improving outcomes through collaboration with communities and partners, and ensuring that economic benefits reach all parts of the city.

Improving housing quality and affordability, expanding access to green space, and reducing exposure to environmental hazards are also essential. These actions must be guided by a commitment to equity and informed by local data and lived experience. The **Birmingham City Vision 2035** https://www.birmingham.gov.uk/info/50362/shaping_birminghams_future_together/3054/city_vision provides a long-term framework for creating a fairer, greener, and healthier city, and offers a strategic foundation for embedding wellbeing into urban planning, infrastructure, and service delivery. These actions must be guided by a commitment to equity and informed by local data and lived experience.

3. Ensuring Health in All Policies and Wellbeing Impact Assessments

To embed wellbeing into decision-making, Birmingham should adopt a Health in All Policies approach that explicitly includes wellbeing. This means embedding wellbeing into Population Health Impact Assessments (PHIAs) used to evaluate the effects of policies, plans, and developments. PHIAs should assess how proposals affect the five domains of wellbeing and identify opportunities to enhance positive impacts and mitigate risks.

4. Creative Health and Community Connection

Creative engagement has a proven impact on individual wellbeing. In a culturally rich city, an example of promoting the benefits to wellbeing includes Birmingham's Creative Health programme, which places public health researchers in cultural institutions, and has demonstrated how creative approaches can reduce loneliness, improve mental health, and foster community pride. There is a clear opportunity to expand Creative Health and similar interventions that foster connections.

MEASURING WHAT MATTERS

1. Understanding National Measures

Birmingham currently relies on nationally led data releases such as the ONS4 wellbeing indicators, which include life satisfaction, happiness, anxiety, and feelings of worthwhileness. While these measures offer useful insights, their sample sizes limit their reliability for local decision-making. They do not provide the granularity needed to understand wellbeing across different communities and neighbourhoods. At the time of writing this report, the ONS has **temporarily paused the release of wellbeing data** osr.statisticsauthority.gov.uk/correspondence/michael-keoghan-to-siobhan-tuohy-smith-request-to-suspend-aps-accreditation at a local authority level. This is due to concerns with the quality of estimates for smaller segments of the population.

2. Supporting Local Innovation: The Social Progress Index

To address this gap, Birmingham City Council's Early Intervention and Prevention directorate has developed the Social Progress Index™ (SPI), a local tool that ranks wellbeing outcomes across electoral wards. The SPI provides a more detailed view of local conditions, highlighting disparities in education, housing, safety, and opportunity. It complements national frameworks and incorporates many aspects of the wellbeing framework described in this report for which data are available at ward-level. Birmingham's local version also includes data from various council services as a reflection of how wellbeing factors influence council service usage.

Birmingham Social Progress Index™
https://cityobservatory.birmingham.gov.uk/pages/birmingham-social-progress-index

CASE STUDY: BIRMINGHAM SOCIAL PROGRESS INDEX

The Social Progress Index™ (SPI) is a globally recognised framework that measures wellbeing. It focuses on outcomes across domains such as health, safety, education and environment. Several local authorities have developed tailored versions of the SPI to better understand and improve the wellbeing of their population.

In Birmingham, the Early Intervention and Prevention Directorate has developed a ward-level SPI to provide a more granular understanding of wellbeing across the city. This local SPI complements national frameworks by providing insight into disparities between communities and identifying where targeted action is most needed.

The Birmingham SPI is structured around three key dimensions:

Basic Human Needs - Nutrition & Basic Medical Care, Water & Sanitation, Shelter, Personal Safety.

Foundations of Wellbeing - Access to Basic Knowledge, Access to Information & Communications, Health & Wellbeing, and Environmental Equality.

Opportunity - Personal Rights, Personal Freedom & Choice, Inclusiveness, and Access to Advanced Education

Each dimension is populated with indicators predominately drawn from council services alongside a selection of publicly available datasets. The SPI is an interactive dashboard, allowing policymakers, partners, and residents to explore wellbeing outcomes by ward and compare areas across the city. The dashboard is organised into seven main sections that guides the user through the results for each ward.

Birmingham's SPI supports the city's strategic priorities, such as those in the Birmingham City Vision. It should strengthen our approach to embed wellbeing and enable data-led decision-making, help us monitor progress, and ensure that interventions are responsive to local needs. As Birmingham continues to develop its approach to understanding and improving wellbeing, the SPI is a powerful tool for understanding how we are really doing—and where we must act to ensure every resident can thrive.

The SPI has been used to evaluate the effectiveness of the council's Cost of Living Programme. The illustrates that the majority of the Household Support Fund has been provided to the citizens and areas in Birmingham with the most need.

For more information, please contact Kalvinder Kholi, Kalvinder.Kholi@birmingham.gov.uk

3. Using Validated Tools Across Services and Interventions

Measuring the impact of services and interventions on wellbeing is a challenge. Validated tools offer a reliable way to assess wellbeing outcomes and demonstrate impact. They support consistent measurement across services, enable comparison, and strengthen the case for prevention and early intervention. Many local providers and practitioners already use well-established tools, and there are a number of options available which can be used for different audiences, settings, and interventions. These include:

a. The **Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)** https://warwick.ac.uk/services/innovations/wemwbs is a validated tool that measures mental wellbeing.

b. **DIALOG and DIALOG+** www.transformationpartners.nhs.uk/programmes/mental-health-transformation/support-for-adults/new-models-of-community/outcome-measures-dialog-and-honos – Developed by Transformation Partners in Health and Care, these tools are designed for use in mental health services and support structured conversations between practitioners and service users. They are simple to use and focus on key life domains and satisfaction.

c. **ReQoL (Recovering Quality of Life)** www.reqol.org.uk/p/overview.html – A validated measure developed for people with mental health conditions, ReQoL captures both symptoms and broader aspects of quality of life. It is available in short and long forms to suit different settings.

d. **Stirling Children's Wellbeing Scale (SCWBS)** www.corc.uk.net/outcome-measures-guidance/directory-of-outcome-measures/stirling-childrens-wellbeing-scale – Designed for use with children aged 8–15, this tool measures emotional and psychological wellbeing in a way that is accessible and age-appropriate.

e. **ONS4** www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide – The four national wellbeing questions (life satisfaction, happiness, anxiety, and worthwhileness) remain a useful and simple way to track subjective wellbeing across populations and services.

When selecting the tool to use, the ease of use, length, audience and purpose should be considered. Further details on the principles of collecting wellbeing data can be found in Appendix 2. For more information on measuring the impact and outcomes of interventions, including wellbeing, please visit the **Birmingham Public Health Measurements Toolbox** https://www.birmingham.gov.uk/info/50321/birmingham_public_health_measurements_toolbox.

4. Embedding Wellbeing in Routine Surveys

A key opportunity is to integrate questions on wellbeing into routine resident surveys, such as those administered by Birmingham City Council and other local partners. Doing so would strengthen the city's evidence base and allow for more consistent tracking of wellbeing over time. These surveys can help identify trends, inform service design, and support evaluation of local programmes. Proposed questions to adopt are included in the report's appendices. These should be used alongside the **Birmingham Public Health Measurements Toolbox** www.birmingham.gov.uk/info/50321/birmingham_public_health_measurements_toolbox which supports the measuring of impact and outcomes of interventions, including the use of validated tools.

5. Improving Sub-City Level Data

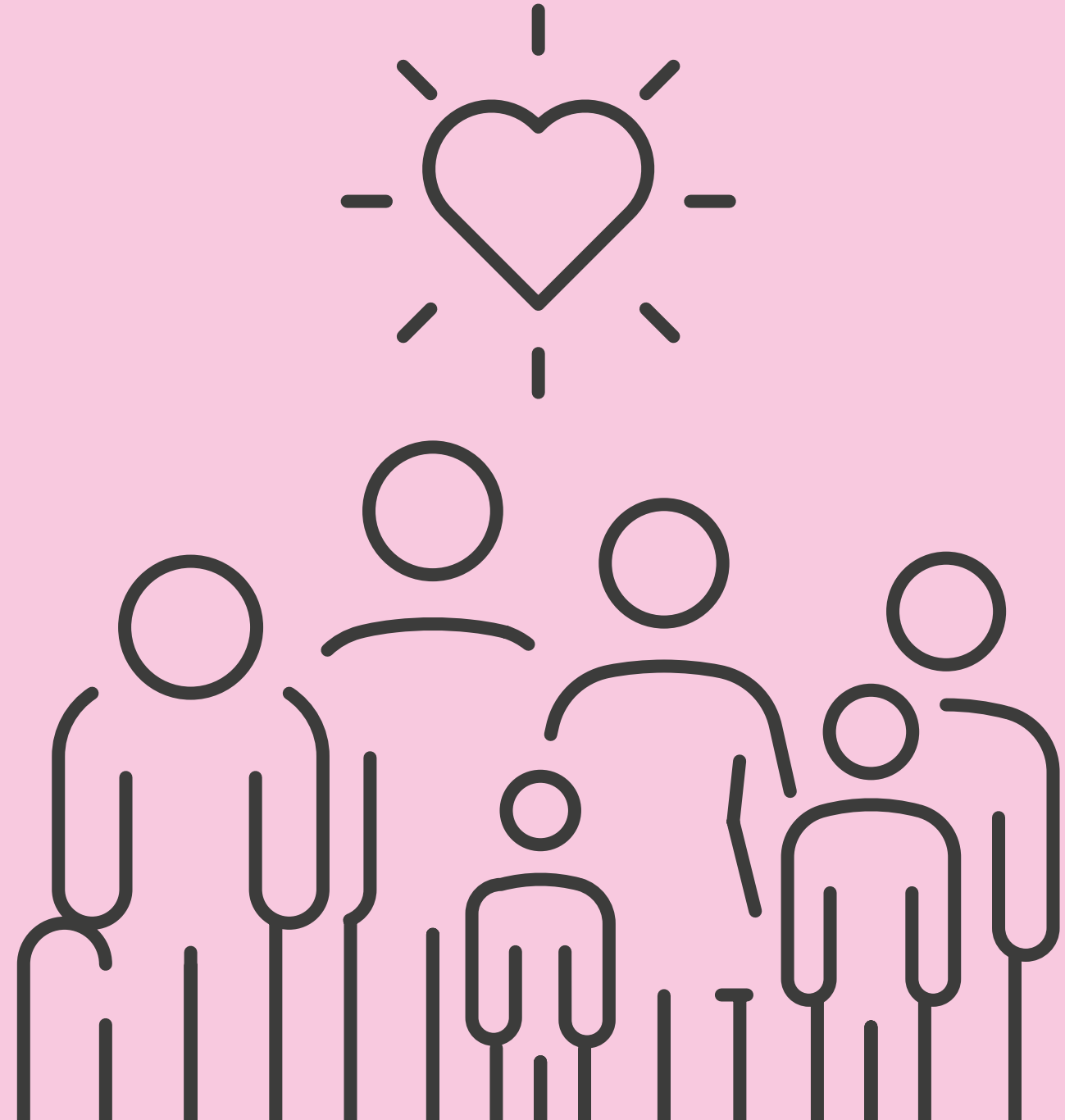
To support targeted action, Birmingham should increase the measurement and reporting of wellbeing, and its drivers, at a sub-city level. This includes locality and ward-level data. More granular data will support local leaders, help identify inequalities, tailor interventions, and ensure that resources are directed where they are most needed.

CONCLUSIONS

This report has sought to answer a deceptively simple question: ***How are we really doing?*** The answer, as we have seen, is complex. Birmingham is a city of contrasts—rich in diversity, culture, and potential, yet facing deep-rooted inequalities and systemic challenges.

Wellbeing offers a powerful lens through which to understand these dynamics. It reminds us that wellbeing, like health is not just the absence of illness, but the presence of opportunity, connection, and purpose. It challenges us to look beyond services and systems to the everyday realities of people's lives.

The opportunities for action outlined in this report are certainly not exhaustive, but they are grounded in evidence and shaped by local insight. They call for a whole-system approach—one that brings together partners, including communities, in pursuit of a shared goal: a Birmingham where everyone can live well.



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More information on the design competition and the partnership with Birmingham City University can be found in Appendix 4.

GLOSSARY

AHAH - Access to Healthy Assets and Hazards Index

Biopsychosocial - considers biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery

CIW - Canadian Index of Wellbeing

Cognitive - relating to the mental process involved in knowing, learning, and understanding

Correlation - a mutual relationship or connection between two or more things

Deprivation - the damaging lack of material benefits considered to be necessities in a society

Ethnographic - relating to the scientific description of peoples and cultures with their customs, habits, and mutual differences

Financial Resilience - an individual's, household's, or organisation's capacity to withstand financial shocks and unexpected events that could negatively impact their income or assets

HLE - Healthy Life Expectancy

Holistic - dealing with or treating the whole of something or someone, rather than just a part of it

IMD - Index of Multiple Deprivation

NCMP - National Child Measurement Programme

NEET - Not in Employment, Education or Training

ONS - Office for National Statistics

PEL - Pro-Environment Lifestyle

PHIA - Population Health Impact Assessments

Pro-environment - refers to actions, behaviours, or attitudes that are supportive of, or beneficial to, the natural environment

PURE - Placing Vulnerable Urban Residents into Employment

Qualitative - relating to, measuring, or measured by the quality of something rather than its quantity

Quantitative - relating to, measuring, or measured by the quantity of something rather than its quality

ReQol – Recovering Quality of life

SCWBS – Stirling Children's Wellbeing Scale

SPI - Social Progress Index

Socio-economic - the interaction between the social and economic habits of a group of people

Thematic Analysis - a method for analysing qualitative data that involves reading through a set of data and looking for patterns in the meaning of the data to find themes

UKSPF - United Kingdom Shared Prosperity Fund

Utopian - refers to the concept of a perfect society or the belief in such a society

WHO - World Health Organisation

WEMWBS - Warwick-Edinburgh Mental Wellbeing Scales

WM-Air - West Midlands-Air

WMCA – West Midlands Combined Authority

APPENDICES

APPENDIX 1: AVAILABILITY OF MEASURES

Domain	Theme	Measure	Indicator	Available nationally	Available for Birmingham	Available for sub-Birmingham (e.g. wards)
Social Wellbeing	Social Connections	Satisfaction with social relationships	People who are fairly or very satisfied with their social relationships (%)	Yes	No	No
		Feeling of belonging in neighbourhood	People who agree or strongly agree that they feel like they belong to their neighbourhood (%)	Yes	Yes	No
	Personal/ Community Safety	Feeling of safety	People who felt fairly or very safe walking alone in their local area after dark (%)	Yes	No	No
	Social Participation	Loneliness	People who feel lonely often or always (%)	Yes	Yes	No
		Engagement with arts and culture	People who took part in creative or artistic activities, or attended cultural or artistic events in the last 12 months (%)	Yes	No	No
	Community Safety	Violent crime	Violent crime offences per 1000 people in the population	Yes	Yes	Yes

Domain	Theme	Measure	Indicator	Available nationally	Available for Birmingham	Available for sub-Birmingham (e.g. wards)
Physical & Mental Wellbeing	Health Satisfaction	Satisfaction with health	People who are fairly or very satisfied with their health (%)	Yes	No	No
	Physical Health Conditions	Prevalence of diabetes	Diabetes: Quality Outcomes Framework (QOF) prevalence (%)	Yes	Yes	Yes
		Childhood obesity	Year 6 prevalence of obesity (including severe obesity)(10 – 11 years)(%)	Yes	Yes	Yes
	Physical Activity	Physically active young people and adults	Percentage of physically active young people and children (%) AND Percentage of physically active adults (%)	Yes	Yes	No
	Mental Health Conditions	Reporting of anxiety or depression	Percentage reporting anxiety or depression (%)	Yes	Yes	No
	Life Expectancy	Healthy life expectancy	Healthy life expectancy at birth (Males & Females) (Years)	Yes	Yes	No

Domain	Theme	Measure	Indicator	Available nationally	Available for Birmingham	Available for sub-Birmingham (e.g. wards)
Economic Wellbeing	Employment	Gender pay gap	Gross hourly median difference in pay between women and men (for full-time employees) (£)	Yes	Yes	No
		Unemployment rate	Unemployment (model-based) (%)	Yes	Yes	Yes
	Education & Skills	16-24-year-olds in NEET	Young people (16-24 years) not in education, employment or training (%)	Yes	Yes	No
	Housing	Fuel poverty	Fuel poverty (low income, low energy efficiency methodology) (%)	Yes	Yes	Yes
		Homelessness applications	Homelessness applications per 1000 people	Yes	Yes	Yes
	Deprivation	Indices of multiple deprivation	Deprivation score (IMD 2019)	Yes	Yes	Yes

Domain	Theme	Measure	Indicator	Available nationally	Available for Birmingham	Available for sub-Birmingham (e.g. wards)
Environmental Wellbeing	Natural & Built Environment	Air pollution	Average number of days when air pollution is moderate or higher at rural and urban sites (Days)	Yes	Yes	No
		Visits to nature	People who visited green and natural spaces in the last 14 days	Yes	No	No
		Household recycling	Recycling rate for waste from households (%)	Yes	Yes	No
		Pro-environment lifestyle	People who have made some or a lot of changes to their lifestyle to help tackle environmental issues (%)	Yes	No	No
	Sustainable Practices	Access to healthy assets and hazards Index	Healthy neighbourhood score (% and rank)	Yes	Yes	Yes
		Quality of living environment	Green space index	Yes	Yes	Yes

Domain	Theme	Measure	Indicator	Available nationally	Available for Birmingham	Available for sub-Birmingham (e.g. wards)
Civic Wellbeing	Democratic Participation	Voter registration	Percentage of registered voters (%)	Yes	Yes	Yes
		Voter turnout	Percentage of registered voters who vote at a given election (%)	Yes	Yes	Yes
	Trust	Voice in local government matters	People who agree or strongly agree that they do not have a say in what their local authority does (%)	Yes	No	No
		Trust in local government	People who tend to trust their local authority (%)	No	No	No
		Satisfaction with local area	People who are fairly or very satisfied with their local area as a place to live	No	Yes	No
	Volunteering	Volunteering in the last 12 months	People who gave unpaid help to clubs, groups, charities or organisations in the last 12 months	Yes	Yes	No

APPENDIX 2: PRINCIPLES FOR COLLECTING WELLBEING DATA

Understanding and improving wellbeing requires granular and robust data. This appendix sets out key principles for collecting wellbeing data at a local level, drawing on the framework and domains identified in this report. It has been developed to support practitioners, researchers, and those interested in designing surveys, evaluations and engaging the public in a way that can capture and understand wellbeing across Birmingham. Rather than prescribing a single survey tool, this appendix offers a set of principles to guide the collection of wellbeing data. It includes links to validated tools, local resources, and considerations for designing approaches to data collection.

These principles are intended as practical guidance for use in public services, programmes and local policy development. Additional considerations will apply to wellbeing surveys in academic research, such as statistical significance.

Interventions or Services and Population-Level Data

Wellbeing data can be collected for different purposes, and it is important to distinguish between them:

a) **Interventions or Services:** This approach can be used to evaluate the impact of a specific programme, service, or intervention. It may involve:

- Baseline and follow-up measurements
- A defined cohort or target group
- A focus on change over time (e.g. improvement in mental wellbeing after a programme).
- Use of validated tools to assess outcomes

b) **Population-Level or Societal Wellbeing:** This approach can be used to understand the overall wellbeing of a population. It may involve:

- Cross-sectional surveys (at a point in time) or longitudinal studies (over a period of time)
- A representative sample of the population
- A focus on quality of life, inequalities, and societal progress
- Use of geographic and demographic data to understand variation

When evaluating a service or intervention, the focus should be on collecting baseline and follow-up data from a defined cohort, using validated tools such as WEMWBS or ONS4 to assess outcomes. For population-level understanding, the approach should prioritise representative sampling, include postcode and demographic data, and make use of comparators and mapping tools to explore variation across communities. Both approaches are valuable and complementary. Data from interventions and services supports the evaluation of effectiveness and informs improvement. Population-level data shapes strategy and can help us monitor progress of our combined efforts.

Principles for Collecting Wellbeing Data

1. Using a Wellbeing Framework

We propose a framework based on five domains:

- **Social Wellbeing** – The quality of relationships, sense of belonging, and ability to participate in social activities.
- **Physical and Mental Wellbeing** – Our objective and subjective health, and ability to function in daily life.
- **Economic Wellbeing** – Financial security and basic needs including employment, education and housing.
- **Environmental Wellbeing** – Access to clean air, green spaces, and an environment that supports health.
- **Civic Wellbeing** – Participation in civic life, our trust in institutions, and sense of agency.

Structure your questions around these domains to ensure a holistic understanding of wellbeing.

2. Demographic Information

Demographic data is essential for understanding wellbeing inequalities. It allows for disaggregation by age, gender, ethnicity, disability, sexual orientation, and other protected characteristics.

The Birmingham Demographics Questionnaire is a standard template for collecting demographic data. It has been tested with local residents and aligns with national standards. It is also undergoing evaluation to improve the quality of demographic data we collect.

Birmingham Demographics Questionnaire www.birmingham.gov.uk/info/50321/birmingham_public_health_measurements_toolbox/2886/demographics

3. Validated Measures

Where possible, surveys should use validated and standardised tools to ensure consistency and comparability. Many local providers and practitioners already use well-established tools, and there are a number of options available which can be used for different audiences, settings, and interventions.

For subjective wellbeing, the ONS4 questions are widely used and recommended. They ask people to answer the following questions on a scale from 0 to 10, where 0 is "not at all" and 10 is "completely":

- *Overall, how satisfied are you with your life nowadays?*
- *Overall, to what extent do you feel the things you do in your life are worthwhile?*
- *Overall, how happy did you feel yesterday?*
- *Overall, how anxious did you feel yesterday?*

These questions are scored on a scale from 0 (not at all) to 10 (completely) and are used by the Office for National Statistics to track national wellbeing in the UK.

There are a several other options to measure wellbeing across services and interventions. The **Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)** **https://warwick.ac.uk/services/innovations/wemwbs** is a validated tool that measures mental wellbeing and is widely used across a number of different settings. **DIALOG and DIALOG+** **www.transformationpartners.nhs.uk/programmes/mental-health-transformation/support-for-adults/new-models-of-community/outcome-measures-dialog-and-honos** are designed for use in mental health services and support structured conversations between practitioners and service users. They are simple to use and focus on key life domains and satisfaction.

ReQoL (Recovering Quality of Life) **www.reqol.org.uk/p/overview.htmlis** designed for people with mental health conditions and captures both symptoms and broader aspects of quality of life. It is available in short and long forms to suit different settings.

The **Stirling Children's Wellbeing Scale (SCWBS)** **www.corc.uk.net/outcome-measures-guidance/directory-of-outcome-measures/stirling-childrens-wellbeing-scale/** has been designed for use with children aged 8–15, this tool measures emotional and psychological wellbeing in a way that is accessible and age-appropriate.

When selecting a tool, it is important to consider:

- **Ease of use:** Tools should be simple to administer and interpret, especially in frontline services.
- **Length and burden:** Short-form versions or tools with fewer items may be more appropriate in busy or resource-constrained settings. For example, the shorter version of the **WEMWBS** can be used.
- **Audience:** Choose tools that are validated for the population you're working with (e.g. children, adults, older adults, people with mental health conditions).
- **Purpose:** Whether measuring change over time, evaluating services or interventions, or understanding baseline wellbeing, the tool should align with your goals.

4. Audience

Wellbeing means different things to different people. When designing data collection, we should consider the audience and tailor our approach accordingly. We must ensure that questions are culturally sensitive and accessible to people with different wellbeing literacy levels, languages, and digital access.

For children and young people, it is important to use age-appropriate language and consider using visual or interactive methods. The **Breathe Wellbeing Census** **https://breathe-edu.co.uk/census** uses **WEMWBS** for young people in secondary school and the **Stirling Children's Wellbeing Scale (SCWBS)** **https://www.corc.uk.net/outcome-measures-guidance/directory-of-outcome-measures/stirling-childrens-wellbeing-scale/** for children in primary school

5. Geography

Geographical data is critical for understanding inequalities and targeting local action. Collecting postcode-level data can support us to:

- Link responses to deprivation indices (e.g. Indices of Multiple Deprivation)
- Map wellbeing outcomes across small neighbourhoods, wards or localities
- Identify small areas with specific needs and assets

Where possible, full postcode should be included to enable more granular analysis. This supports place-based decision-making and helps tailor interventions to local areas.

6. Comparators

To interpret wellbeing data meaningfully, it is important to include comparators. These might include:

- National averages (e.g. ONS **National Wellbeing Dashboard** **www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/ukmeasuresofnationalwellbeing/dashboard**)
- Regional benchmarks and **Core Cities** **www.corecities.com/our-cities** (e.g. West Midlands and comparable urban areas such as Manchester)
- Previous years (to track change over time)
- Local areas within Birmingham (e.g. wards, constituencies, or localities)

Comparators help identify where we are doing well and where improvement is needed. They can also support evaluation of interventions and policies.

7. Representative Samples

When collecting data through methods such as surveys, a clear approach to sampling can improve the validity of the results. To consider this, it is useful to identify:

- **Sample size:** The sample may need to be large enough to support disaggregation by key characteristics (e.g. ethnicity, age, ward) or be statistically significant.
- **Who is included:** the target audience should be defined and an assessment as to whether the method of engagement reaches all communities should be made. Seldom heard voices should be considered.
- **How responses are collected:** Online methods may exclude digitally excluded groups or people with lower health and wellbeing literacy. In-person engagement may be needed in some areas.
- **Bias:** Selection bias (e.g. people with strong views may be more likely to respond) and response bias (e.g. people may answer in socially desirable ways) may be present.

A sampling approach, such as stratified sampling (used to categorise the population into key groups such as age or ethnicity), can be used to help ensure the data reflects the diversity of Birmingham's population. To check whether the sample reflects Birmingham's population, we can use data from Census 2021:
Analysis of Census 2021 Data — Birmingham City Observatory
https://cityobservatory.birmingham.gov.uk/p/analysis-of-census-2021-data/

8. Objective and Subjective Measures

Wellbeing data should include both objective data and subjective data:

- **Objective measures** (e.g. unemployment rate) are based on observable data. They do not rely on personal feelings or opinions.
- **Subjective measures** (e.g. life satisfaction) capture how people feel or perceive their own wellbeing. These are self-reported and reflect personal feelings or experiences.

Combining objective and subjective measures provides a more complete picture of wellbeing. Someone may be employed (objective) but feel dissatisfied with their job (subjective). This mixed approach helps identify gaps between lived experience and the structural determinants of wellbeing.

9. Ethics, Consent and GDPR

Wellbeing data collection must be ethical and compliant with data protection regulations, including the UK General Data Protection Regulation (GDPR). Participants need to be treated with respect, have their rights are protected, and their personal data is handled lawfully and securely.

10. Summary

Collecting wellbeing data is a vital step in understanding how people are really doing—whether in response to a specific service or across the wider population. These principles offer practical guidance to help ensure that data collection is inclusive, ethical, and meaningful. By using a clear framework, validated tools, representative sampling, and appropriate comparators, practitioners can generate insights that support better decision-making and more targeted action. Whether measuring change over time in a local intervention or exploring inequalities across Birmingham's communities, the quality of the data matters. It should reflect the diversity of the city, be sensitive to context, and support both strategic planning and service improvement.

For more information on measuring the impact and outcomes of interventions, please visit the **Birmingham Public Health Measurements Toolbox** **www.birmingham.gov.uk/info/50321/birmingham_public_health_measurements_toolbox**.

APPENDIX 3: INCORPORATING CITIZEN VOICE

This year's Director of Public Health Annual Report draws on existing citizen engagement and research conducted across Birmingham. These sources have shaped the development of the wellbeing framework and informed the analysis across all five domains of wellbeing. This appendix summarises engagement activity and highlights where its insights are reflected in the report. It is not an exhaustive list, but a selection of key contributions that have helped shape our understanding of wellbeing in Birmingham.

Creating a Mentally Healthy City Strategy (2025–2035) Development

This strategy has been developed through engagement with over 1,200 citizens and stakeholders via surveys, interviews, workshops, and community events. It focuses on mental health and wellbeing, and suicide prevention. The strategy plays a central role in the Physical and Mental Wellbeing chapter, where it is featured as a case study. It also informs our opportunities for action, especially in relation to:

- Embedding mental health into policy and decision-making
- Strengthening cross-sector collaboration
- Promoting mental health literacy and reducing stigma
- Creating supportive environments across education, employment, and housing

Beyond these chapters, the strategy's emphasis on prevention, equity, and lived experience resonates throughout the report, reinforcing the importance of mental wellbeing as a foundation for overall health.

Director of Public Health Annual Report 2021/22 – Built Environment

This report included ethnographic research with 40 Birmingham residents, exploring their experiences of the built environment through digital storytelling and photography. Ten case studies were developed based on citizens' journeys through their neighbourhoods, focusing on housing, community, movement, and access. These findings are reflected in the Environmental Wellbeing chapter, particularly in discussions about access to green space and perceptions of safety. They also inform the Social Wellbeing chapter by illustrating how neighbourhood design influences social connection and community cohesion.

Director of Public Health Annual Report 2021/22 – COVID-19 Ethnographic Research

This research focused on the lived experiences of Birmingham's citizens during the COVID-19 pandemic, highlighting the inequalities that were exposed and exacerbated. Insights from this work are incorporated into the Physical and Mental Wellbeing chapter, especially in relation to mental health and resilience. They also inform the Economic Wellbeing chapter, where the pandemic's impact on employment and financial security is discussed.

Director of Public Health Annual Report 2022/23 – Digital Technology Focus Groups

This report explored the impact of digital technology on health and wellbeing, particularly in the context of digital exclusion. It included ethnographic research and focus groups on attitudes toward digital services. The findings inform the Civic Wellbeing chapter, especially around access to services and digital participation. They also support the Social Wellbeing chapter by highlighting barriers to connection and inclusion caused by digital exclusion.

"The Price We Can't Pay" – Community Listening Exercise

This qualitative research involved 20 residents sharing the impact of the cost-of-living crisis on their wellbeing. The exercise highlighted how financial stress affects mental health, physical activity, and social isolation. Quotes from participants are used throughout the Economic, Social, Physical and Mental, and Environmental Wellbeing chapters. The research illustrates how reduced access to nature and outdoor spaces impacts wellbeing, and how affordability challenges reduce quality of life.

Creating an Active Birmingham Strategy (2024–2034) Development

This strategy was co-produced with stakeholders to address low physical activity levels and promote active living across all ages and abilities. It informs the Physical and Mental Wellbeing chapter, especially in relation to physical activity as a preventative measure. It also contributes to the Environmental Wellbeing chapter through its focus on active travel and access to green space.

Birmingham Joint Health and Wellbeing Strategy Consultation (2021)

This consultation included online surveys, focus groups, ward forums, and stakeholder workshops. It gathered views on priorities for improving health and wellbeing in Birmingham. The engagement has informed the development of indicators and the use of local data across all domains.

Birmingham City Council Residents Surveys

These surveys captured high-level attitudes about local areas and city-wide issues, including satisfaction with neighbourhoods and trust in local institutions. Insights from this survey inform the Social Wellbeing and Civic Wellbeing chapters, particularly around neighbourhood belonging and civic participation.

Birmingham City Council Corporate Plan (2025–2028) Engagement

This engagement involved citizens in shaping strategic priorities and service delivery across the city. It informs the Economic Wellbeing and Civic Wellbeing chapters and supports the strategic alignment of wellbeing with city-wide planning and policy.

Integrated Care System (ICS) Ten-Year Strategy Engagement

This engagement gathered views from citizens, stakeholders, and the workforce on health system priorities and future service delivery. It supports the Physical and Mental Wellbeing and Economic Wellbeing chapters and informs system-wide recommendations in our opportunities for action.

APPENDIX 4: DESIGN COMPETITION

For the last three years, the Public Health Team has worked in partnership with 2nd and 3rd year BA (Hons) Illustration students from Birmingham City University. This partnership has been to design the front cover and individual chapter covers for the Director of Public Health Annual Report. This is run as a competition where students submit their design collections, and these are judged by the Director of Public Health. The winning designs are then used for the front and chapter covers in the final report.

The partnership provides the students with an opportunity to work on a live project and develop their creative skills. The competition itself is run in alignment with the live project module for the BA (Hons) Illustration course, starting in November and concluding in January.

Students are given a briefing by the project team on the topic and themes of the report as well as the Birmingham City Council branding and style guidelines that they should adhere to within their designs. Approximately four weeks after the briefing, students are invited to present their initial sketches and designs for feedback.

Final designs are submitted in early January with the Director of Public Health selecting the winning designs by late January. These designs are then collated alongside the final draft of the report and added to create a designed version. This is the version that is published and made available digitally.

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