



Wellbeing

Duty and Decision (4)

The previous blog proposed that, healthcare providers might connect more closely with the public by taking a wider view of what matters to them. This stance is supported by the emphasis on wellbeing in Welsh Government and local health strategy documents. For instance, the 2014 Social Services and Wellbeing (Wales) Act sets the intention of “securing an approach based on working in partnership with people, giving people a stronger voice and greater control over their lives, and empowering people to achieve their own wellbeing with the appropriate level of care and support.” This intention highlights several of the factors that research has consistently shown to be linked with wellbeing. These are a sense of agency and control, and the importance of supportive relationships.

Decades of research point to a range of other wellbeing factors that complement the contribution to wellbeing of agency and relationships. This research has been incorporated into the Human Givens. The Human Givens are a list of factors seen as vital to emotional wellbeing. These are summarised below.

Security: a sense of having a safe ‘territory’ around us so we can lead our lives without undue fear and enjoy privacy whenever necessary.

Volition: A sense of autonomy and control over our lives.

Attention: receiving it from others, but also giving it.

Emotional connection to others: friendship, intimacy.

Connection to the wider community: being part of something bigger than ourselves.

A sense of status: knowing that we have a valued place in each of the different social groups we belong to.

A sense of competence and achievement: which ensures we don’t suffer from ‘low self-esteem’.

A sense of meaning and purpose: which comes from being mentally and / or physically stretched.



In addition to the above emotional factors there are clearly important physical needs for food, water, warmth, shelter, and the integrity of our body. Care Aims in no way undermines the value of these physical needs. In acute health situations these are typically those most relevant to people. However, the framework highlights a need to embed these physical aspects of wellbeing within the context of the full range of factors that allow people to live well. In doing so it recognises that health is not simply the opposite of illness. People with the same physical outcomes can experience different qualities of life, as can people with similarly compromised health.

The above suggests that the foreseeable harm and/or impact of physical ailments/impairments are in part mediated by the extent to which they impact on factors linked with emotional wellbeing. This is likely to vary from person to person. For instance, for one person a damaged knee might have a minor impact on their wellbeing reducing their sense of connection by preventing them from meeting friends. For another it might have a catastrophic impact ruining their sense of status by preventing them from achieving a life-long dream of playing rugby for Wales. A key aspect of the Care Aims approach is that it is not possible to judge impact or foreseeable harm without considering wider wellbeing. This topic is explored more fully in the next blog.