South Wales Social Well-being Scale (SWSWBS)

User Guide (Version 2)

Dr Juping Yu Professor Carolyn Wallace Professor Steven R Smith Dr Siva Ganesh

University of South Wales

16 January 2025



Table of Contents

1.	Introduction	.1
2.	What is SWSWBS and how was it developed?	.1
3.	Validation of SWSWBS	.4
4.	Using SWSWBS	.6
5.	References	.8
App	endix 1: South Wales Social Well-Being Scale (SWSWBS)	.9

1. Introduction

Broadly, well-being refers to what helps lives go better for people, such as individuals' mental and emotional states, social environments, and ability to access and enjoy social and economic resources (e.g., access to health services, education, employment, housing, income, community assets, and inclusive and empowering social and relational networks) (Fletcher, 2015, 2016; Galvin, 2018). Physical, mental, and social components of well-being are known to be important to health (Dodge et al., 2012). However, health and social care researchers and practitioners often focus on physical and mental well-being with less attention paid to social components of well-being. This detrimentally affects the development of health policies and practices, as it is evident that both mental well-being and social well-being are distinct and important in social prescribing practice (Elliott et al., 2022a,b). A systematic and multi-dimensional measure of well-being is, therefore, needed to offer a richer, more holistic, and complex account of well-being.

To date, the most common tool assessing the impact of social well-being is the Warwick Edinburgh Mental Well-being Scale (WEMWBS) (Rempel et al., 2017), which focuses on a person's self-report on 'subjective' or 'internal' mental and emotional states that the person has experienced over the previous two weeks (Tennant et al., 2007). Whilst WEMWBS captures some important aspects of well-being for service-users, the claim is that it is unable to sufficiently uncover the *social* dynamics of well-being, which are also 'subjectively' experienced and interpreted. WEMWBS makes some gestures towards social well-being in its exploration of mental and emotional states. However, it does not directly measure these as social aspects of well-being, but rather as indirectly reflecting certain types of mental and emotional states. Addressing this limitation, the South Wales Social Well-being Scale (SWSWBS) was developed to measure the quality of individuals' overall experience of social well-being.

2. What is SWSWBS and how was it developed?

SWSWBS is a 14-item scale assessing a person's state of social well-being in the last two weeks (Appendix 1). The items describe the experience of a person's 'social world' and what the person has been able to do for him/herself and with or for others. Each item is scored on a 5-point Likert scale (1=none of the time; 2=rarely; 3=some of the time; 4=often; 5=all of the time). As SWSWBS assesses the subjective experiences of the social world individuals inhabit, we anticipate that SWSWBS can be used alongside WEMWBS, complimenting the latter, to gain a richer, more multidimensional understanding of a person's subjective experiences, than using either scale in isolation.

SWSWBS was developed based on a Group Concept Mapping (GCM) study, exploring the concept of social well-being (Elliott et al., 2022b). GCM is a consensus method, integrating the qualitative component with quantitative multivariate statistical analysis to explore a subject of interest, here social well-being (Kane and Trochim, 2007). Seventy-eight participants were recruited from academia, practitioners, and service-users in health and social care settings. Participants completed three activities online: Brainstorming, Sorting, and Rating. In Brainstorming, participants generated statements by responding to focus prompt: "When I think of the things that have made up my social world over the last year, I include..." Participants generated an initial list of 363 raw statements, which were reviewed by the team. Redundant/irrelevant statements were removed; compound statements were split; statements with minor grammatical errors were edited. Nine additional statements from

the literature on social well-being were added drawing mainly from research in social philosophy, social psychology, and sociology (e.g., Keyes, 1998; Nussbaum, 2011; White, 2015; Fletcher, 2016; Galvin, 2018; Smith, 2022). A final list of 125 statements were generated for Sorting and Rating.

A concept map comprising six clusters (themes) (Fig. 1) was then developed based on the sorted data, discussions within the research team, and consultation with the advisory group The statements (items) in each cluster (theme) are presented as points, along with their corresponding statement numbers. The relationship between statements or clusters is indicated by the distance between them, with a shorter/longer distance showing a stronger/weaker relationship respectively.

- 1. Everyday life, activities and pastimes (29 items)
- 3. Family and friends (25 items)
- 4. Connecting with others and supporting needs (22 items)
- 5. Community involvement (16 items)
- 6. Engaging with and reflecting on the wider world (21 items)
- 7. Self-growth and security (12 items)

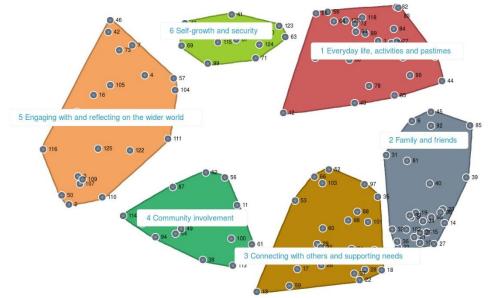


Fig. 1 Cluster map with labels

Four statements from each of the six clusters that participants rated of highest importance were selected to form the initial item pool (Table 2).

Each statement was then reviewed, and statements were merged or removed accordingly. As the study was conducted June-September 2020, some selected statements, such as statement 7, were related to Covid-19 and lockdown. Such statements were amended to ensure their relevance outside lockdown.

Cluster	Statement	Statement	Importance
number	number	Sutchent	rating
1	117	Living in a safe home environment	4.54
1	118	Living in a healthy home environment	4.52
1	58	Mental health	4.44
1	120	Living in a healthy environment outside my home	4.44
2	10	Being close to my family	4.23
2	15	Eating meals with family	3.96
2	27	Meeting up with family and friends and doing things together, for example, playing games, playing music, following sports, watching films	3.92
2	21	Hugging friends and family	3.80
3	24	Making time for others and supporting them emotionally - just listening when they need an ear, just being there for each other	4.11
3	97	Face-to-face interaction	4.00
3	52	Having a life where I can mix with people from all backgrounds	3.78
3	30	Providing long-distance support for isolated friends and family	3.78
4	56	Using local businesses - cafes, pubs, bookshops, record stores, DIY stores	3.88
4	100	Interacting online with colleagues and people I come into contact with at work, for example, online meetings with colleagues	3.47
4	49	Becoming more of a community	3.39
4	112	Interacting face-to-face with colleagues and people I come into contact with at work	3.31
5	122	Being able to do worthwhile paid or unpaid work	4.06
5	7	Covid-19, social distancing and lockdown	4.00
5	121	The ability to use government services, for example, health, community	3.65
5	125	Being able to express beliefs and opinions which help other people make decisions	3.50
6	41	Being financially secure (having enough income to meet my needs)	4.33
6	123	Being able to make worthwhile plans for myself and my future	4.08
6	124	Being able to put into practice worthwhile plans for myself and my future	3.94
6	69	Security, for example, in old age, of health, against social exclusion, against racism, against discrimination and harassment	3.90

Table 2 Initial item pool and in order of importance within each cluster (24 items)

Fourteen statements (items) remained to form the SWSWBS (Table 3). The items are scored on a 5-point Likert scale (1=none of the time; 2=rarely; 3=some of the time; 4=often; 5=all of the time).

No	Item			
1	I've been living in a safe and healthy home environment			
2	I've been able to enjoy a safe and healthy environment outside my home			
3	I've been financially secure and so have had enough income to meet my needs			
4	I've been doing worthwhile activities (paid/unpaid) when I've wanted			
5	I've been able to carry out what I've set out to do when I've wanted			
6	I've met up with family and friends and we have done things together when I've			
	wanted			
7	I've been free from harassment and discrimination			
8	I've been able to use local services and facilities when I've needed			
9	I've felt useful when I help and support other people			
10	I've had my opinions taken seriously			
11	I've interacted with others in person when I've wanted			
12	I've interacted with others digitally, online and/or using a phone when I've wanted			
13	I've been involved with community groups and/or activities when I've wanted			
14	I've learnt about the world			

Table 3 SWSWBS items

3. Validation of SWSWBS

SWSWBS was initially validated with students and staff in health and social care disciplines in the University of South Wales in 2021. The data collection was hosted online via the 'Online Surveys' platform. In total, 103 valid responses were received.

Psychometric properties of the scale were tested via:

- Validity it relates to accuracy, so the extent a scale can measure the underlying concept it is designed to evaluate.
- Reliability it relates to consistency, referring to whether a scale can measure a concept in a reproducible manner, often demonstrated by internal consistency, stability, and equivalence.
- Variability It refers to floor and ceiling effects to check whether there is a lower or higher limit on the scale, and whether a large proportion of responses are near this limit.

The total score ranged between 31 and 70, with a mean of 52.1 (standard deviation = 8.02; 95% confidence interval =50.6, 53.7). The findings indicate that the scale has good validity, reliability and reasonable variability. Table 4 illustrates the psychometric tests and results.

Table 4 Psychometric testing of SWSWBS (N=103)					
Psychometrics	Psychometric tests	Results			
Validity	Criterion validity: Compare SWSWBS with WEMWEBS and ONS 4 (Office for National	 Exploratory factor analysis suggested a 3-factor solution. The 3-factor latent structure is shown in Fig. 2. Factor 1: Safe and inclusive interaction with others (6 items) Factor 2: Learning, helping, and feeling useful (4 items) Factor 3: Security, worthwhile activities, family and friends (4 items). The 'paired difference' between the total scores of SWSWBS items and those of WEMWEBS items was highly significant with an estimated mean difference of about 			
	Statistics, 2018)	 8 (t = 11.287, df = 102, p < 0.001). The correlation coefficient between the total scores was moderate at 0.67. Pairwise correlations between the SWSWBS items and the ONS items were weak ranging between -0.12 and 0.47. 			
Reliability	 Internal consistency Cronbach's alpha Split-half technique Item-total correlations 	 The Cronbach's alpha coefficient was 0.85 for the total score and ranged between 0.83 and 0.86 for individual items (with item of interest deleted). The correlation coefficient between the total scores of the two half splits was 0.78 (t = -3.475, df = 102, p < 0.001). Item-total correlation coefficients (with item of interest deleted) ranged between 0.08 and 0.65. 			
Variability	Floor and ceiling effects	No respondents achieved the minimum expected total score of 14 and 1.94% achieved the maximum expected total score of 70. With regard to 14 individual items, no floor effect was found, but 12 items had a ceiling effect.			

Table 4 Psychometric testing of SWSWBS (N=103)

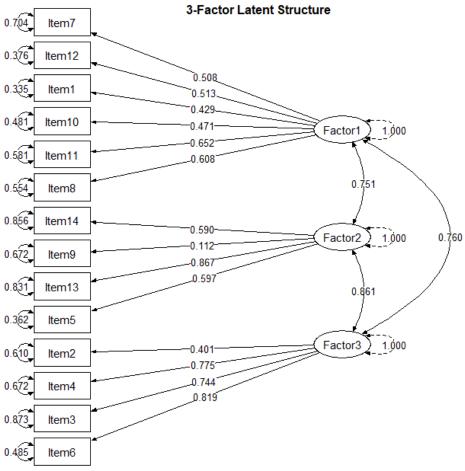


Fig. 2 Suggested 3-factor model

4. Using SWSWBS

Permission to use

SWSWBS is free to use, but permission is required.

Administration

SWSWBS is administered in a self-completion format either online or as a hard copy.

Scoring algorithm

The responses to each of the 14 items are scored from 1 to 5.

- 1=none of the time
- 2=rarely
- 3=some of the time
- 4=often
- 5=all of the time

The total score is the sum of scores on all item (Table 5). The minimum total score is 14 and the maximum total score is 70. The higher the score, the better the subjective experience of social well-being.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been living in a safe and healthy home environment	1	2	3	4	5
I've been able to enjoy a safe and healthy environment outside my home	1	2	3	4	5
I've been financially secure and so have had enough income to meet my needs		2	3	4	5
I've been doing worthwhile activities (paid/unpaid) when I've wanted	1	2	3	4	5
I've been able to carry out what I've set out to do when I've wanted	1	2	3	4	5
I've met up with family and friends and we have done things together when I've wanted	1	2	3	4	5
I've been free from harassment and discrimination	1	2	3	4	5
I've been able to use local services and facilities when I've needed	1	2	3	4	5
I've felt useful when I help and support other people	1	2	3	4	5
I've had my opinions taken seriously	1	2	3	4	5
I've interacted with others in person when I've wanted	1	2	3	4	5
I've interacted with others digitally, online and/or using a phone when I've wanted	1	2	3	4	5
I've been involved with community groups and/or activities when I've wanted	1	2	3	4	5
I've learnt about the world	1	2	3	4	5
Scores	1×2=2	2×2=4	3×4=12	4×3=12	5×3=15

Table 5 Example of scoring of SWSWS with responses (in red circles)

Total Score: 2 + 4 + 12 + 12 + 15 = 45

Dealing with missing data

A respondent must answer at least 12 of the 14 items; otherwise, the response should be considered incomplete and excluded from the data analysis. If a respondent failed to answer 1 or 2 questions, the missing values should be replaced with the mean score calculated based on the items completed by the respondent.

For example, if a respondent completed 12 items, but missed two items. The total score on the 12 items were 48. Then, 48/12=4. Each of the two missing items will be placed by a value of 4. This will give the final score of 56 for this respondent.

Reporting and interpretation

SWSWBS results should be report as a mean total score with a standard deviation or 95% confidence interval for the population of interest. The range of the total score (14-70) can also be reported.

5. References

- Dodge, R., Daly, A P., Huyton, J. and Sanders, L.D. (2012) The challenge of defining wellbeing. *International Journal of Well-being*, 2(3), 222-235. https://doi.org/10.5502/ijw.v2i3.4
- Elliott, M., Davies, M., Davies, J. and Wallace, C. (2022a) Exploring how and why social prescribing evaluations work: a realist review. *BMJ Open*, 12, e057009. http://dx.doi.org/10.1136/bmjopen-2021-057009
- Elliott, M., Smith, S. R., Pontin, D. and Wallace, C. (2022b). Conceptualising social wellbeing using an international Group Concept Mapping study. *International Journal of Well-being*, 12(3), 1-15. https://doi.org/10.5502/ijw.v12i3.1669
- Fletcher, G. (2015). *The Routledge handbook of philosophy of well-being*. London: Routledge.
- Fletcher, G. (2016). The philosophy of well-being: An introduction. London: Routledge.
- Galvin, K.T. (ed.) (2018). Routledge handbook of well-being. London: Routledge.
- Kane, M. and Trochim, W. M. K. (2007). *Concept mapping for planning and evaluation*. London: Sage.
- Keyes, C.L.M. (1998) Social well-being. *Social psychology quarterly*, 61(2), 121-140. https://doi.org/10.2307/2787065.
- Nussbaum, M. (2011) *Creating Capabilities: The Human Development Approach*. Mass: Harvard University Press.
- Office for National Statistics (2018). 'Surveys using our four personal well-being questions', <u>https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/su</u> <u>rveysusingthe4officefornationalstatisticspersonalwellbeingquestions</u> [accessed: 9 May 2024].
- Rempel, E. S., Wilson, E. N., Durrant, H. and Barnett, J. (2017) Preparing the prescription: a review of the aim and measurement of social referral programmes. *BMJ Open*, 7(10),
- Smith, S. R. (2022) *The Ontology of Well-being in Social Policy and Welfare Practice*. Cham, Switzerland: Springer.
- Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., and Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 13. <u>https://doi.org/10.1186/1477-7525-5-63</u>
- White, S.C. (2015) *Relational wellbeing: A theoretical and operation approach. Bath Papers in International Development and Wellbeing*, Working Paper 43. Centre for Development Studies: University of Bath

Appendix 1: South Wales Social Well-Being Scale (SWSWBS)

Below are some statements about your 'social world' and what you have been able to do for yourself and have been able to do with or for others. Please tick the box that best describes your experience of each over the last two weeks.

None of Some of Rarely Often All of the the time the time time I've been living in a safe and 1 2 3 4 5 healthy home environment I've been able to enjoy a safe and healthy environment 1 2 3 4 5 outside my home I've been financially secure 4 and so have had enough 2 3 5 1 income to meet my needs I've been doing worthwhile activities (paid/unpaid) when 4 1 2 3 5 I've wanted I've been able to carry out what I've set out to do when 1 2 3 4 5 I've wanted I've met up with family and friends and we have done 1 2 3 4 5 things together when I've wanted I've been free from harassment and 1 2 3 4 5 discrimination I've been able to use local services and facilities when 1 2 3 4 5 I've needed I've felt useful when I help 2 4 1 3 5 and support other people I've had my opinions taken 4 1 2 3 5 seriously I've interacted with others in 1 2 4 3 5 person when I've wanted I've interacted with others 2 4 digitally, online and/or using 1 3 5 a phone when I've wanted I've been involved with community groups and/or 2 3 4 5 1 activities when I've wanted I've learnt about the world 2 4 1 3 5

© University of South Wales