The Gap between Rhetoric and Reality in Community Wellbeing Research: Deliberative Method and the Lens of 'Pragmatic Complexity'

Andrew Passey[1] · Jane South[1] · Kris Southby[1] · Mark Gamsu[1] · Anne-Marie Bagnall[1] · Andy Pennington[2] · Rhiannon Corcoran[2]

Abstract

Growing policymaker interest in community wellbeing puts a premium on knowledge about existing community-level challenges and possible policy responses. If evidence-based policy and practice is foregrounded in these developments, there is a risk that lived experience is seen to lack validity in policy-making decisions and that knowledge from and about underrepresented groups is underemphasised. In consequence, the best available evidence on which to make policy decisions affecting these groups might be missed, thus potentially increasing health inequalities. This paper extends debate on this dilemma in this journal by using the lens of 'pragmatic complexity' as an alternative view on what works as evidence for policy and practice in community wellbeing. We present an empirical analysis of two expert hearings about community wellbeing. The events used a deliberative approach, allowing participants to probe evidence and consider from multiple perspectives ideas of how to address identified issues. Two overarching themes from the hearings - a perceived gap between the rhetoric and reality of wellbeing evidence, and proposals on 'what works' in the (co)-production of knowledge about wellbeing – are articulated and explored. We develop specific features emerging from the hearings that have wider resonance for community wellbeing research and suggest potential responses: what counts as 'good' or good-enough evidence about community wellbeing; system responses requiring thinking and engaging with complexity; reflections on the collective and collaborative process of an expert hearing approach. The combination of analysis of knowledge generated deliberatively through an expert hearing approach and a pragmatic complexity lens, delimits our contribution.

Keywords Community wellbeing · Evidence-based policy and practice · Expert hearings · Pragmatic complexity

---

Extended author information available on the last page of the article

 Springer

Introduction

The increased focus on community wellbeing by policy makers across the globe (United Nations, 2015; World Health Organization, 2022) has been reflected in the United Kingdom (UK), where devolved administrations have pivoted towards a 'wellbeing approach' over the past decade (Wallace, 2019). The most recent organisational changes in the English NHS emphasise system-level connections and approaches, which include a more specific focus on communities of place and neighbourhoods (gov.uk, 2022). These trends are indicative of '[e]mergent health and well-being perspectives' (Storey et al., 2019, p. 190) in policy making and service delivery.

Community wellbeing is a complex phenomenon, although this complexity is not always reflected in the literature (Atkinson et al., 2020). One well established definition is that community wellbeing is 'the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential' (Wiseman & Brasher, 2008, p. 358). This locates community wellbeing in the domain of the wider determinants of health (Dahlgren & Whitehead, 2021; McElroy et al., 2021). It relates to multiple policy sectors and evidence relating to it is likely to be complex and fragmented. One implication is that consideration of evidence concerning community wellbeing needs to be cognisant of the knowledge context in which it is collected and used (Smith-Merry, 2020).

An intensified gaze from policy makers potentially brings community wellbeing into the ambit of evidence-based policy and practice (EBPP)[1] that, despite criticism, remains the ascendant model by which research and scientific evidence are translated and used to support decision-making by policy makers and practitioners (Ansell & Geyer, 2017). The continued dominance of EBPP is despite criticism that its linear view of cause and effect, and its instrumental view of rationality, have proved unable to tackle complex or 'wicked' policy problems (Head & Alford, 2015), such as climate change and increasing rates of obesity (Walls, 2018). Given that community wellbeing relates to multiple policy sectors and systems, it can be seen as a further example of a wicked policy problem.

EBPP is founded on a view of the social world in which technique can overcome complexity by isolating 'independent' variables through statistical techniques or methods (Room, 2013, p. 227). Concern has been raised that methods involving randomisation and control to 'factor out' complexity limit their use in identifying how complex policy systems might be influenced (Rutter et al., 2017). The point is not that these methods are invalid, but that these kinds of evidence might be among a number of influences on policy and practice. While scientific evidence might 'play an important influencing role alongside other forms of knowledge' (Boaz et al., 2019, p.4), it is not the only or even the most significant influencer. Instead, policymaking is influenced as well by the choices and preferences of policy makers and the role of intermediaries in how evidence influences policy (Ingold & Monaghan, 2016).

---

[1] Variants exist despite coverage of many common issues: evidence-based policy making, evidence-based policy, evidence-based policy and practice (EBPP). We adopt the latter since we see it as a slightly broader concept.

One risk of a growing influence of EBPP in research on community wellbeing is that knowledge about and from underrepresented groups will also be underemphasised in research that informs policy and practice. Examples would include the lived, personal experience of individual citizens or groups of people such as voluntary and community organisations lacking validity in policy-making decisions. This potentially leaves a swathe of knowledge about community wellbeing, much of it tacit in nature, beyond the remit of EBPP and by extension policymakers. If questions of 'what works' in public policy (and public service delivery) in relation to community wellbeing are only addressed through a EBPP lens, the potential of other sources and types of knowledge will be significantly constrained. If EBPP only draws on a narrow body of research, it might miss the best available evidence on which to make policy decisions affecting underrepresented groups, thus potentially increasing health inequalities and undermining community wellbeing.

Recent debate in this journal has included the challenges of evidence generation and use in relation to community wellbeing, along with potential responses. Authors have highlighted: increased trust and changes in service delivery behaviour when information systems are developed by integrating community indicators and performance measurement systems (de Julnes et al., 2020); the potential of approaches to research on community wellbeing based in principles emphasising open spaces, connectivity and 'empathetic relations' (Cloutier et al., 2019); and, drawing on principles of American pragmatism, better understanding of differential patterns of engagement that 'mediate participation' in communities (Holden, 2018).

In this paper, we add to the debate by using the lens of 'pragmatic complexity' (Ansell & Geyer, 2017) as an alternative view on what works as evidence for policy and practice in relation to community wellbeing. Pragmatic complexity brings with it a meta-theory to help make sense of complex contexts and a pragmatist framework for problem-solving rooted in deliberation and experimentation (Ansell & Geyer, 2017). We apply this approach in an empirical analysis of two expert hearings about community wellbeing, held in northern English cities in Autumn 2017 and Spring 2018. This kind of evidence remains important in the current, post COVID-19 pandemic period. The events used a deliberative method (Potts et al., 2007), which allowed participants to probe evidence, and consider from multiple perspectives ideas of what to do next to address identified issues. The two overarching themes from the hearings are explored - a perceived gap between the rhetoric and reality of wellbeing evidence and proposals on 'what works' in the (co)-production of knowledge about wellbeing – and their implications for current debates about the generation and use of evidence in relation to community wellbeing are articulated. The combination of analysis of knowledge generated deliberatively through an expert hearing approach and the use of a pragmatic complexity lens, marks out our contribution and points to the potential of this approach.

The next section critically explores the idea of pragmatic complexity. The paper then moves on to outline the study design and methods, followed by a "Findings" section that unpacks key themes that emerged in the hearings. In the discussion, we consider ongoing implications of the study, focussing on what counts as (good) evidence, the need to think with complexity, and the relational aspects of co-producing evidence about community wellbeing.

Background: Pragmatic Complexity

One alternative to linear approaches to evidence for policy making is 'pragmatic complexity', which seeks to bring together an ontology rooted in complexity theory and a pragmatist philosophy of science (Ansell & Geyer, 2017). This lens views the social world as comprising complex and adaptive systems (such as policy, academia, health and care services, communities), in which what can be known is fallible and not fixed, leaving it open to change as new knowledge emerges (Sanderson, 2009; Long et al., 2018). Pragmatic complexity builds on themes in the literature that broadly relate to critiques of EBPP. It moves beyond the instrumental rationality of EBPP and linear views of causation, by positing a more practical view of rationality. In this view, rationality is bounded by context and a drive for 'evidence-enough' responses to public policy problems (Lancaster et al., 2020) and involves a collective and deliberative approach to research as a formal mode of people's everyday inquiry (Sanderson, 2009). Additionally, it foregrounds the need for multiple perspectives, the porous boundaries of social systems, and the importance of context and historical experience in research on public policy (Ansell & Geyer, 2017).

We adopt the lens of pragmatic complexity because it has rich potential for a deliberative, multi-perspective research approach to considering what works in community wellbeing. An expert hearing approach offers an alternative to the 'dominant' model in research on community wellbeing that is oriented towards quantitative studies. A complexity perspective assumes that systems (or communities) are not simply the sum of their individual parts or countable features, but instead have more emergent qualities (Eppel, 2017; Atkinson et al., 2020). Pragmatism is well fitted to addressing complex problems, notably engaging multiple perspectives on policy issues and a commitment to scientific method based in practical engagement with and in the world (Sanderson, 2009).

Additionally, pragmatism offers a particular view of 'truth', in which the validity of knowledge is asserted 'on the basis of principles, rules and procedures of inquiry that produce successful experimentation, i.e. knowledge that informs successful problem solving' (Sanderson, 2009, p. 709). In other words, what works is evidence appropriate in a specific context, and emerges from processes of trial and error, experimentation, and deliberation, such as an expert hearing. A pragmatic complexity lens orientates towards questions about what is known about a policy problem, what is valuable knowledge about it (which can involve consideration of the ends of policy and ethical issues), and questions about what is possible in response (Ansell & Geyer, 2017). This has potential for a different view of 'what works' from that usually implied in EBPP.

These features of pragmatic complexity resonate with an expert hearing method that brings together citizens, policy makers, voluntary organisations and researchers to explore a particular issue from multiple perspectives. This approach enables a range of participants to raise and explore different views of what 'evidence' is, what people think local populations need and will accept, and their understanding of resources that are available. Pragmatism implies that values and ethics are an important part of the production of knowledge, involving views of how we want the world to be as a guide to actions (Sanderson, 2009). This practical orientation to knowledge

production aligns with the practical nature and intent of an expert hearing approach. For John Dewey, one of the leading pragmatist philosophers, 'arriving at knowledge – implies a kind of collective artisanship to social inquiry that draws on the specific experiences of individuals, expert knowledge, facts about the problem in question, and potential risks of action' (Dewey & Rogers, 2012, p. 21). Dewey saw citizens as having unique knowledge rooted in their experience, and argued they needed to be involved in policy design and implementation (Dewey & Rogers, 2012). In this view, policies and proposals are hypotheses (Dewey & Rogers, 2012, p. 151) to be assessed through communication and interaction from multiple perspectives, such as through expert hearings.

Study Design and Methods

This paper is based on two expert hearings about community wellbeing, organised in collaboration with the UK What Works Centre for Wellbeing held in October 2017 and May 2018. The Centre describes itself as an 'independent body for wellbeing evidence, policy and practice… [that aims]… to accelerate research and democratise access to wellbeing evidence'[2]. The first hearing focussed on how research-based evidence relates to unequal patterns of community wellbeing. The second explored local system responses. The aims of the hearings were to deepen understanding about these topics, provide a means to value multiple kinds and sources of expertise, evidence and experience, and to identify practical guidance and evidence-based tools needed to support local stakeholders in taking action to improve community wellbeing. This was based on the assumption that policy solutions on community wellbeing were likely to emerge in complex systems (Rutter et al., 2017).

The two events provided a public space for knowledge exchange and debate, enabling proposals to be generated and ideas tested through a process of deliberation between different groups of stakeholders (Street et al., 2014). The hearings gave voice to key informants, researchers, and other stakeholders (Potts et al., 2007; South & Cattan, 2014), all of whom might be regarded as 'experts' engaged in the process of deliberation (South et al., 2010), either through their professional experience of undertaking research on community wellbeing, or as experts by experience in consequence of them facing a specific wellbeing issue or having responsibility for commissioning or delivery of a particular service relating to community wellbeing. Including contrasting perspectives is a typical feature of an expert hearing approach (Potts et al., 2007). A sampling strategy was developed by an advisory group formed of members of the research team, the What Works Centre for Wellbeing, and individuals drawn from the civil society organisations involved in the community wellbeing evidence programme. Sampling was purposive to ensure a mix of perspectives - lay, practitioner and academic – were included. The objectives were twofold; first, to identify potential participants with experience of seeking to develop or research community wellbeing, particularly with regard to vulnerable population groups, and second, to use that list to select (i) expert witnesses, who could provide a perspective

---

[2] https://whatworkswellbeing.org/.

on community wellbeing and (ii) two enquiry panels composed of 3–5 individuals from different sectors who would lead questioning at the hearings. All potential participants were invited by letter and given a detailed participant information sheet.

Three groups of people were involved: a public audience, members of which expressed their views in the plenary and group discussions; speakers or expert witnesses who presented evidence in front of the panel and the audience; and a panel that led the direction of the enquiry through questioning of the experts and in open debate. During the hearings participants shared, discussed and reviewed different evidence about community wellbeing. Much was in the form of research-based evidence about definitions, inequalities, and perspectives on what drives change in community wellbeing (see Table 1 for a brief outline).

The first hearing was titled '*Taking action on wellbeing and inequalities in tough times: bringing together evidence and experience*'. 67 people took part, half of whom were from the voluntary and community sector (VCS), around 40% were from universities and other research organisations, with the remainder coming from local authorities and the National Health Service (NHS). The organisational profile of the 80 people who participated in the second workshop was different: almost a half came from local authorities and the NHS (with most from the former), around one-fifth were from universities, with the balance a combination of people from the VCS, think tanks/policy organisations, and individuals whose organisational affiliation was unspecified. This profile reflected the title and focus of the second hearing '*People, place, and power: the role of local systems in community wellbeing*'.

The hearings were audio recorded and transcribed. Transcripts included personal details, such as examples from life experiences or references to particular organisations, which presented limits to confidentiality and anonymity. We only report on themes, not on individual viewpoints, all quotes are anonymised, and quotes are not attributed to individuals. Participation was voluntary and subject to written consent. All participants were provided with an information sheet, a letter of invitation, and a consent form to sign prior to their attendance to the event. Ethical clearance was provided by the organising team's host university.

Table 1 Summary of evidence

Evidence from research about:
- The Community Wellbeing Evidence Programme
- Wellbeing inequality in Britain and its causes
- Housing interventions and wellbeing for housing vulnerable adults
- Interventions to boost social relations through improvements in community infrastructure
- Effect of joint-decision making interventions on community wellbeing

Experiences of:
- Family Mosaic: large housing association providing affordable homes and support services
- Halifax Opportunity Trust: charity in Calderdale, West Yorkshire working with communities across a wide variety of projects
- St George's Crypt: charity in Leeds, West Yorkshire working with people who are homeless and in supported housing
- City of York Council
- National Development Team for Inclusion: not-for-profit organisation supporting people at risk of exclusion through policy development, consultancy, research, training
- Lankelly Chase Foundation: charitable foundation seeking to address severe and multiple disadvantage through action inquiry and collaboration

Subsequent to the hearings, a policy briefing paper was produced for the What Works Centre summarising issues that emerged during the hearings (Gamsu et al., 2019). This provided an accessible summary of discussions and some of the direct recommendations for promoting wellbeing in practice. The policy briefing drew on a framework analysis (Ritchie & Spencer, 1994; Gale et al., 2013) of the transcripts and pointed to two broad themes: (i) *a gap between reality and rhetoric* and (ii) *what works in the production and translation of knowledge about community wellbeing*. These are used in this paper as a deductive meta-framework for further analysis of the transcripts of the hearings.

The main focus of analysis in this paper is on transcripts of the two hearings. These comprised presentations of evidence, panel responses to these presentations, and whole-group deliberative discussions (see Table 1). Additional data consisted of notes taken by members of the research teams of the breakout-group discussions that took place at both hearings. Data were analysed qualitatively in two phases through a combination of deductive and inductive approaches (Powell et al., 2018). In the first phase, data were deductively coded by AP into the two themes that had emerged from the policy-oriented framework analysis (Ritchie & Spencer, 1994) undertaken for the What Works Centre policy briefing paper. The aim was to organise and reduce the transcripts and group discussion notes into the deductive structural framework for the analysis, without any attempt to explore other patterns in the data. At that point, 44 data extracts had been deductively coded, 20 of which were coded into theme 1 ('reality-rhetoric gap') and 24 into theme 2 ('what works'). These coded extracts were evenly split between the two hearings. In stage two, the data extracts were inductively coded by AP into sub-themes within each of the two main themes. This involved aggregating the coded extracts where they reflected similar perspectives on the two high-level themes. The emerging sub-themes (six in total, three in each theme) described the specific parameters of the two high-level deductive themes (see Table 2). Two other authors [KS, JS] who were familiar with the transcripts and had been involved in the initial framework analysis reviewed the emerging and final cod-

Table 2 Thematic framework and coding summary

Theme	Sub-theme	Codes
Gap between rhetoric and reality	Context of rhetoric/reality gap	• Context of rhetoric/reality gap
	Value/quality of evidence	• Value from usefulness • Quality of evidence
	Gaps in evidence	• Gaps in evidence base • Gap in hearing/seeing particular types/sources of knowledge
What works in knowledge production and the translation of evidence about wellbeing	Values, social knowledge production, co-production	• Values, social knowledge production, co-production
	Responses in evidence and knowledge production systems	• Alternative types of knowledge/evidence • Pragmatism/practical rationality and application: opportunities • Pragmatism/practical rationality and application: constraints
	Wider system change and complexity	• Commissioning for complexity • (Hyper) local trial and error, experimentation, learning

ing frameworks, including the individual extracts of coded data, and checked these for consistency and interpretation. The remaining authors, who had all attended the hearings, reviewed the narrative account of the analysis for authenticity.

Findings

This section explores the dimensions of the two broad themes that emerged during the hearings and in subsequent analysis (see Table 2). This duality in part reflects the topics of the two hearings and the nature of the events themselves, but points as well to the analytic focus in a complex systems paradigm that emphasises 'inter-relationships and dynamic tensions between… emergent aspects' (Greenhalgh and Papousti, 2018, p. 3).

A Gap between Reality and Rhetoric

The first high-level theme delimits the features of a gap between reality and rhetoric. These sub-themes provide rich detail about the 'problem' of a high-level system gap relating to context and different characteristics of data and evidence.

Context of Rhetoric-reality Gap

The rhetoric-reality gap in the evidence on community wellbeing was seen to exist within a broader disjuncture between different parts of the community wellbeing system. This, participants described as:

> 'a fundamental problem, a mismatch between rhetoric that surrounds community and wellbeing… and a lot of people's everyday lived experience'.

Participants recognised 'the importance [of] the difference between the reality and rhetoric', which was seen to reflect distinctions between top-down perspectives (rhetoric) and the everyday experiences of citizens and communities. This was perceived by participants to have material consequences, by underpinning a lack of recognition of lived experience as a form of evidence. One participant succinctly characterised the resonance of lived experience, which they described as 'hearing themselves'. For them:

> '[w]hen we listen to the people with experience, and we've heard several brilliant presentations today from the people who are really living this, it all rings true to me. It is evidence of the truth'.

The Value and Quality of Evidence

A second dimension of the gap related to questions over what counted as evidence and, more specifically, as 'good' evidence. The ways participants unpacked these

questions pointed to steep power gradients between knowledge producers, and to embedded distinctions between producers and users of knowledge. Evidence was seen as a 'big word', which gained power by being distinguished from experience. The title of one of the expert hearings might itself have concentrated minds on this point. Even so, this was perceived as an unhelpful distinction:

> 'it was around the whole title, around bringing together evidence and experience, and that dichotomy suggests that here is a hierarchy of evidence, cause experience is evidence and there is no need to separate them'.

A more pluralist view on evidence was reflected in discussion about what constituted 'good' evidence. The focus here was more on the usefulness and meaningfulness of evidence in context, rather than on more traditional notions of scientific validity and rigour. This was exemplified by one participant's argument that 'the other thing that needs to change is how we define good evidence, and what types of evidence we can use to make decisions'. Participants raised concerns about pervasive and narrow views of data quality, '[i]n public sector systems that there is a really high bar for evidence', which was seen as 'almost impossible' to reach. Academics too were seen to 'misplace the value on hard evidence'. One consequence of a narrow and technical perspective on the usefulness of evidence was that it would only serve a particular type of knowledge user, to the detriment of others:

> 'I don't doubt the validity of all the evidence you presented today but most of the people I work with won't have heard of any of that and won't really understand it'.

Participants highlighted alternatives. For example, in describing efforts to foster social change, one participant reported 'I've never ever gone out and used stats to really sell things', and another argued that policy did not really come about due to evidence but instead 'people's experience and life stories are far more influential than hard, empirical evidence'. These are powerful cases for including different types and sources of knowledge in policy decision-making. They risk however, reproducing entrenched dichotomies – between evidence and experience, and between the production and use of evidence.

Gaps in Evidence

Gaps in the evidence base were seen to have interconnected dimensions. First, were gaps in what is actually known about community wellbeing stemming from a lack of attention to particular sources of evidence and to certain topics. There was recognition of the need to reorient towards '[a] bottom-up approach not down, not top-down' and to focus on measuring more relational aspects:

> 'I don't think we talk about measuring strong relationships, friendships and neighbours in the NHS performance dashboard, but it's exactly at the heart of what we should be doing if we're going to have resilient communities'.

The second dimension related to what knowledge was seen or heard at different levels in the public health system. Some evidence was reportedly ignored, moving participants to ask:

'what do you do when that world of statutory services largely ignores the evidence or does not understand the evidence or hasn't even heard of the evidence?'

Such a situation would seem limiting of the potential for communities, and organisations from the voluntary and community sector, to voice their views of what constituted valid and important evidence and knowledge. These issues were seen to have their roots at a system level, for example, in 'a massive gap… between the formal evidence collected by universities and that knowledge of what happens in communities'. In sum, this was seen to point to 'a disconnected system'.

What works in the production and translation of knowledge about community wellbeing.

The second high-level theme encapsulated options for responding to the gap between rhetoric and reality in respect of evidence about community wellbeing. Participants shared perspectives and developed options for the (co)-production of knowledge in more social ways, and on benefits from engaging with thinking about complexity.

Values, Social Knowledge Production and Co-production

Bringing people together, like those who attended the expert hearings, was seen by participants as one important route to change the way that evidence about community wellbeing was generated and used. Participants were not blind to the challenge of doing this, acknowledging it necessitated 'quite a lot of bravery and… change in culture'. One participant described social production of knowledge as:

'about values and belief systems, and we're often not explicit about those, and when people come together to work in partnership often those are the things aren't explicitly talked about'.

Beliefs and values were seen as closely linked to what people valued in their communities, and exposing these required efforts to 'talk about things that people really care about, that means sharing experiences and finding common concerns'. These points suggest a need to include a focus on the ends of policy and practice, that is, what evidence generation was for and whom it was for.

Responses in Evidence and Knowledge Production Systems

Participants highlighted on several occasions that power and decisions are unequally distributed between the central and local system levels. They claimed that we (in the United Kingdom) live in a deferential society, governed by a highly centralised system that struggles to delegate power. Important decisions were said to be top-down

in nature, made elsewhere by policy makers perceived as distant and disconnected from the real life of everyday people 'the big boys in Westminster don't listen, they don't listen to what's happening in local areas'. In respect of provision for local public services, local decision-making was also viewed as distant, as expressed by one participant in their concern that:

> 'contracts… are designed by somebody, I don't know, somebody in [government building] over there who's never, I don't know, just never comes out [of government building]'.

Conversely, a great amount of latent power was seen to reside within communities, which needed to be unlocked. This could only be done if communities were provided with enough catalytic support, funding and capacity to participate and have more control over local community matters. In that regard, inequality and power distribution are closely related to issues of involvement and participation.

A more social production of knowledge required greater attention on alternative types of knowledge and evidence that might more fully reflect the plurality of perspectives. This might achieve 'a balance between conversations and spreadsheets, stories and statistics', which might be realised by '[b]ringing together evidence and experience'. Reaching such a balance would necessitate effort, including what was characterised as the 'really boring' work of aligning data systems with one another to produce valuable and meaningful evidence. Despite this being described as laborious work, it was seen to have potentially system-level consequences by influencing 'the data collection systems that these places are also developing, not just the local authority and the NHS but the third sector as well'.

Realigning data systems was seen as necessary but not sufficient to address perceived gaps in evidence. It would need to be complemented by an epistemic shift among actors across the system, including policy makers and potentially academic researchers. This was evident in a view that evidence was itself a proxy for (often poor) relationships, leading to a speculation that '[m]aybe the problem is not [a need for] more evidence, the problem is lack of trust in commissioning environments and with other people'. In this perspective, evidence was a means of exerting control over other actors… 'people demanding evidence are always the people trying to slow down the progress of social innovation'. This led to an open question:

> 'if […], our core problems are the attitudes of the powerful then [do] we need to be thinking about how we build on experience, how we change their experience of reality?'

Although there was no consensus about how to respond, there was a sense this would not come through what was described as 'a traditional evidence route'.

Wider System Change and Complexity

A final perspective explicitly raised the potential of complexity thinking to foster wider system change on community wellbeing, by 'fighting complexity with com-

plexity', rather than seeking to work round it or smooth it out. Such an orientation was seen to have potential for provoking system change and to guard against a concern raised in the hearings that:

'if you solve social problems at the wrong level you actually make it really hard to do it at the right level'.

While there was emphasis on recognising the strengths and assets within individuals and communities there was a clear view that this should not be at the expense of ignoring the socio-economic context in which people live and work. Change here was seen to require epistemic and practical elements. As well as recognising variety of demand and differences in need, thinking and engaging with complexity would require:

'not being afraid of the fact that things will change over time, there will need to be flexibility and adaptability built in'.

In practice, this would require local experimentation and learning from experience, by 'encouraging local understanding and action'. The scale at which action was taken was significant here. Efforts to improve knowledge about what works in community wellbeing were seen to have more purchase 'in hyperlocal, very small areas, small neighbourhoods'. The advice was to:

'[s]tart local, stay local, local, local, local… that's where the difference is made'.

As participants acknowledged, this would necessitate openness to things not always working since 'you learn a lot from the things that don't always work'. That view was suggestive of the need for local processes of trial and error in relation to evidence about community wellbeing.

Discussion

The use of a pragmatic complexity lens enabled us to distil three features of the expert hearings, which we develop in this section with reference to the wider debates on evidence, which remain very current (de Julnes et al., 2020; Lancaster et al., 2020). Potential responses are suggested in relation to each, in the context of current policy and system changes, and debates about the generation and use of evidence relating to community wellbeing. First, were considerations about what counts as evidence and specifically as 'good' or good-enough evidence about community wellbeing. Second, were perspectives on system responses, i.e. taking actions that would require thinking and engaging with complexity, particularly when this related to commissioning and providing services for people with social needs and vulnerabilities. Third, were reflections on the relational aspects of a deliberative expert hearing approach, founded in a collective and collaborative process through which the value of evidence might be assessed, underpinned by its practical use and meaningfulness in an

embedded context. As a whole, these perspectives challenge more simplistic views of evidence and knowledge translation.

What Counts as Good (Enough) Evidence?

Views expressed by participants in the hearings on an evidence-reality gap echoed a recognition that a range of evidence and types and sources influence policy maker decisions (Nutley et al., 2019). The implication is that evidence might set parameters of debate and decision-making (Lamont, 2021, p. 88) but will be unlikely to provide policy makers a single metric to inform their decision-making. Participants did not necessarily have access to professionalised discourses that include concepts such as ontology or epistemology, however they made sophisticated arguments about what was lacking in the existing evidence base, and of the consequences of those gaps. These perspectives both reflected and at times challenged the wider literature on community wellbeing evidence.

Engagement and debate among participants about the realities of promoting community wellbeing illustrated Dewey's view of citizens as having unique experiential knowledge that necessitates their involvement in the design and implementation of policy (Dewey & Rogers, 2012). Overall, participants viewed the formal evidence that was presented and discussed at the hearings as interesting and helpful but, at the same time, as being limited. They reinforced this critique in expressing concern about a distinction between evidence and experience, which was seen to remain pervasive despite countervailing arguments in the literature. This set of participant perspectives echo an argument that, in relation to 'what works now' in public policy and service delivery, 'evidence is a label (or status) that becomes attached by different actors to some types of knowledge and ways of knowing, and these actors have different roles, authority, power and interests' (Nutley et al., 2019, p. 313). Participants were finely attuned to this. They pointed to hierarchies of knowledge within public services and policy systems and to barriers faced by alternative sources and types of evidence (such as lived experience) in influencing knowledge production systems. This points to the need for an increased emphasis on co-producing more bottom-up evidence in and with communities, which would complement more formal research-based evidence and potentially invert (or at least challenge) pre-existing power relations in relation to evidence production.

The problem of what counts as evidence about community wellbeing, which was raised and elucidated in the hearings, epitomises the limits imposed by knowledge hierarchies, which remain current in research on community wellbeing. A pragmatic complexity lens suggests potential responses. It emphasises the importance of focussing on 'real' challenges through engagement by researchers with the world, underpinned by recognition that 'problems are themselves problematic' and complex (Ansell & Geyer, 2017, p. 152). Participants acknowledged that evidence does not always result in a clear yes or no answer to a policy question, since not everything will work for everybody. Instead, they pointed to a need to 'look beyond the average' to understand the experiences of people and inequalities within and between communities. Rather than seeking a single metric or reinforcing hierarchies of knowledge, an alternative approach would be to acknowledge that in complex situations evi-

dence will be wide-ranging and contested. Questions about the validity of knowledge should be founded in assessments of 'evidence-enough' for action in specific contexts of time, place and social and political parameters (Lancaster et al., 2020). This would require policy makers taking decisions based on incomplete and potentially contradictory evidence. Citing debate over the use of facemasks in the COVID-19 pandemic, Lancaster et al. (2020) argue that policy actions reflected a '*pragmatic response*' to a problem (Lancaster et al., 2020, p.482, original emphasis) about which there was contested evidence. Policy made at that moment would not represent the final word but would be the best at that time. This more recent experience of knowledge production and decision making suggests our findings on wellbeing evidence are transferable to a context requiring broader views on the pragmatic application of evidence.

Thinking and Engaging with Complexity

In constructing different mechanisms of response to the problem of evidence about community wellbeing, participants explicitly raised the potential of complexity thinking to foster wider system change (Castelnovo & Sorrentino, 2018). In practice, embracing complexity in relation to knowledge about community wellbeing would require acknowledgement of the multiplicity of sources and types of evidence that might enable a pragmatic assessment of what works in a specific context. Knowledge here would be less as a hierarchy and more an 'evidence eco-system' (Boaz & Nutley, 2019), reflecting challenges to the dominance of research-based knowledge and the need to integrate other types and sources of knowledge in response to wicked problems in policy. An ecosystem perspective 'acknowledges the complexity and interactions in a system of research generation and use' (Lamont, 2021, p. 17). Reflecting upon the development of methods to mobilise knowledge, Powell et al., (2018) argue for a combination of theoretical, empirical and experiential approaches. Based on the analysis in this paper, a similar case can be made in respect of the generation and use of evidence about community wellbeing. While the hearings cannot be generalised, the evidence we present suggests an enduring theme that multiple perspectives can be brought to bear on issues relating to community wellbeing as part of manifesting an evidence eco-system.

The notion of an evidence eco-system points to different levels at which issues on wellbeing need to be exposed and responded to and reflects potential issues to be addressed. This relates to debate over the definitions of community (of interest, of place, or both) and how wellbeing is conceptualised and measured (Atkinson et al., 2020). It concerns as well the structure of organisational systems that, in the public health sphere at least, encompass spatial hierarchies of 'neighbourhoods' and 'places' (Charles, 2021). The hearings highlighted challenges in identifying and operationalising the best ways to facilitate strategic discussions at a local level (neighbourhoods), and strategic discussions about the relationship between different spatial scales, such as neighbourhoods and places. In England, legislative changes introduced in 2022 to create regional-level integrated care systems made up of places (such as large towns and cities) and neighbourhoods (gov.uk, 2022) provide potential routes for better facilitating these kinds of interactions in and across health and care systems. Legal

duties on these systems around facilitation, promotion and use of research add further potential, although the focus on matters relevant to the health service (nhs.uk, 2023) might narrow both scope and approaches. In sum, these concerns draw attention to 'community wellbeing as embedded in wider structures of politics and inequality and as shaped by factors operating across a range of scales and time' (Atkinson et al., 2020, p. 1909). This wider point highlights an ambiguity in the literature on whether community wellbeing is a cause or consequence of other factors in 'a good life' (Atkinson et al., 2020), which the hearings resolved by concluding that community wellbeing is a fundamental measure of the success of other policy areas and services. This position is indicative of calls for a broader 'health in all policies' approach in the design and delivery of policy (Green et al., 2021).

A pragmatist perspective holds that the process of 'research' should be a collective pursuit of a scientific method of experimentation, often at small-scale, learning from which promotes adaptation (Dewey & Rogers, 2012). Inquiry is viewed as a social endeavour, involving deliberation and exposure and debate over values and the ends as well as means of policy and practice (Sanderson, 2009). Such a perspective seems to recognise that 'scientific knowledge is itself social knowledge' situated within wider social norms (Wren, 2021, p. 48). This is 'Mode 2' knowledge, which is context-bound, heterogeneous, and involving of co-production (Greenhalgh et al., 2016). In this view, generation (and use) of knowledge requires collaborative networks and co-production. A process of deliberation like an expert hearing approach provides one means to challenge the separation of technical and values issues, and of values and knowledge production. This points to a third reflection, about the relational aspects inherent to evidence on community wellbeing.

Relational Aspects

In pragmatism's approach to trial and error, the value of evidence is appraised by its usefulness, underpinned by deliberation on what usefulness means. The expert hearings aligned with that view, enabling participants to engage with complexity through 'reflexive and deliberative inquiry into values… collaborative definition of the problem… and… [an] iterative and adaptive learning process [which] become different dimensions of the same problem-solving process' (Ansell & Geyer, 2017, p. 159). As the findings presented here demonstrate, this is a highly relational activity. It seems to recognise that policy makers engage in various dialogues when making decisions about policy. Having these discussions in the open via an expert hearing potentially allows both a greater diversity of evidence to be considered (including lived experience) and other influences on policy to be aired. In other words, what works is evidence appropriate in a specific context, which can emerge in deliberative processes. This activity might be seen as being towards the top of Arnstein's (1969) ladder of participation, in the realm of 'degrees of citizen power'. The hearings involved meaningful participation and deliberation by citizens, alongside organisational actors, about next steps and recommendations on issues relating to community wellbeing. Such an approach towards deliberative democracy involves 'engaging stakeholders constructively in consensus-oriented decision-making processes' (Bevir et al., 2019, p. 198), with one aim being agreement on the practical usefulness of dif-

ferent sources and types of evidence. Here, the validity of knowledge is situated in its context (Smith-Merry, 2020) and in relation to the purpose to which it is being put.

An orientation towards a 'practical rationality' (Sanderson, 2009) is rooted in a recognition that values and ethics are an important part of the production of knowledge about social issues. Participants implied during the hearings that getting beyond a transactional approach to evidence generation and use would require investment in relationship building and open communication. The hearings emphasised the importance of building trust and fostering good relationships as participants viewed these as key mechanisms of change. Pragmatism is based in a trial-and-error approach to knowledge production and policy development and implementation (Sanderson, 2009; Ansell & Geyer, 2017). Within knowledge eco-systems, improved collaboration would also require trust. Relatedly, work to realign data systems was seen by participants in the hearings to require practical actions and values-based orientations, to overcome a sense that evidence might act as a proxy for poor quality relationships and underpin the reproduction of existing power dynamics. So-called 'traditional' routes and methods of evidence production were seen to be lacking for that endeavour. This reflection suggests an argument for 'opening up', by challenging and extending existing knowledge production systems, in addition to 'evidence use interventions' that seek to extend the use of evidence for policy within existing knowledge production systems (Bandola-Gill et al., 2022). Integration of community indicators and performance measurement systems such as reported in de Julnes et al. (2020) is an example of 'opening up' evidence relating to community wellbeing.

A final relational element spoke to the need to address power imbalances, in part by not making assumptions about what people might need, nor by starting with a deficit model. On several occasions, participants claimed that power and decisions are unequally distributed between different levels in a highly centralised system that struggles to delegate power. Important decisions were seen to be top-down and made elsewhere by policy makers, who were perceived by participants as distant and disconnected from the real life of everyday people. A deliberative expert hearing approach, in common with other research methods, is embedded in power relations. This is not insurmountable. The use of this approach was in effect an effort to flatten power gradients in the room, with all participants being recognised as experts in their own right. Deliberation and co-production have been imbued with the possibility of 'making power relations explicit and encouraging task-oriented conflict' (Greenhalgh et al., 2016, p. 397). Different participants in the hearings expressed different perspectives, at times challenging what they had heard. As Greenhalgh et al. (2016) argue, this kind of task-oriented conflict can be productive and stimulate creativity in the co-production of knowledge. A deliberative approach provided space for the emergence of varied perspectives on and about the content, validity and usefulness of different types and sources of evidence about community wellbeing, as well as efforts to reconcile these differences. In effect, this exemplified a pragmatist framework for action (Lancaster et al., 2020).

Conclusion

Through the lens of pragmatic complexity, this paper has explored two expert hearings on what works in evidence about community wellbeing. This provided both theory (complexity) and a practical framework for action that was operationalised through a deliberative and co-productive research approach. The hearings were themselves an exercise in deliberation, with those with professional research expertise presenting evidence, panellists responding, and facilitated discussion involving all participants. This enabled deep engagement and mutual exchange of views. Nuanced debate over what constituted evidence, and notably 'good evidence' formed one part of this process. Deliberations pointed towards a pragmatist, practical reason, emphasising the role of knowledge users as much as knowledge producers and, more radically, some contestation of a distinction between knowledge producers and users. There remains a need to generate and co-produce more evidence with communities to complement formal research-based evidence. Deliberative methods and collaborative inquiry, coupled with a pragmatic complexity framework, provide one means for doing so. This approach has practical potential as a basis for developing a wider and deeper chain of evidence about what works in community well-being policy, for whom, and what knowledge and evidence is visible. Such an outcome would orient the existing knowledge base towards an ecosystem enriched with often underrepresented sources and types of knowledge, pointing to the wider relevance of our approach given increased international interest by policy makers in community wellbeing.

Declarations

Research Ethics Statement The study was conducted under institutional ethics approval from Leeds Beckett University (ref 38,138) on 10/07/2017. All participants were provided with written information prior to taking part in the research and gave informed consent to take part. As the Community Evidence Wellbeing Programme was funded by the ESRC (Economic and Social Research Council) we also adhered to the ESRC's six core principles of ethical research.

References

Ansell, C., & Geyer, R. (2017). Pragmatic complexity a new foundation for moving beyond evidence-based policy making? *Policy Studies*, *38*(2), 149–167. https://doi.org/10.1080/01442872.2016.1219033.

Arnstein, S. R. (1969). A ladder of citizen participation. *Journal of the American Institute of Planners*, *35*(4), 216–224.

Atkinson, S., Bagnall, A. M., Corcoran, E., South, J., & Curtis, S. (2020). Being well together: Individual subjective and community wellbeing. *Journal of Happiness Studies*, *21*(5), 1903–1921. https://doi.org/10.1007/s10902-019-00146-2.

Bandola-Gill, J., Arthur, M., & Ivor Leng, R. (2022). What is co-production? Conceptualising and understanding co-production of knowledge and policy across different theoretical perspectives. *Evidence & Policy*, *19*(2), 275–298. https://doi.org/10.1332/174426421X16420955772641.

Bevir, M., Needham, C., & Waring, J. (2019). Inside co-production: Ruling, resistance, and practice. *Social Policy & Administration*, *53*(2), 197–202. https://doi.org/10.1111/spol.12483.

Boaz, A., Davies, H., Fraser, A., & Nutley, S. (Eds.). (2019). *What works now? Evidence-informed policy and practice*. Policy.

Boaz, A., & Nutley, S. (2019). Using evidence. In A. Boaz, H. Davies, A. Fraser, & S. Nutley (Eds.), *What works now? Evidence-informed policy and practice* (pp. 251–277). Policy.

Castelnovo, W., & Sorrentino, M. (2018). Engaging with complexity in a public programme implementation. *Public Management Review*, *20*(7), 1013–1031. https://doi.org/10.1080/14719037.2017.1364406.

Charles, A. (2021). Integrated care systems explained: Making sense of systems, places and neighbourhoods. Retrieved May 31, 2023, from https://www.kingsfund.org.uk/publications/integrated-care-systems-explained.

Cloutier, S., Ehlenz, M. M., & Afinowich, R. (2019). Cultivating community wellbeing: Guiding principles for research and practice. *International Journal of Community Well-Being*, *2*, 277–299. https://doi.org/10.1007/s42413-019-00033-x.

Dahlgren, G., & Whitehead, M. (2021). The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. *Public Health*, *199*, 21–24. https://doi.org/10.1016/j.puhe.2021.08.009.

de Julnes, L., Broom, P., C., & Park, S. (2020). A suggested model for integrating community indicators with performance measurement. Challenges and opportunities. *International Journal of Community Well-Being*, *3*, 85–106. https://doi.org/10.1007/s42413-019-00046-6.

Dewey, J., & Rogers, M. L. (2012). *The public and its problems: An essay in political inquiry*. Pennsylvania State University Press.

Eppel, E. (2017). Complexity thinking in public administrations theories-in-use. *Public Management Review, 19*(6), 845–61. https://doi.org/10.1080/14719037.2016.1235721

Gale, N.K., Heath, G., Cameron, E., Rashid, S. and Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology, 13*, 117. https://doi.org/10.1186/1471-2288-13-117.

Gamsu, M., Southby, K., South, J., Newton, R., Di Martino, S., Bagnall, AM. (2019) Debating what works for community wellbeing: Findings from two national public hearings on community wellbeing, health inequalities and local systems. What Works Centre for Wellbeing. Retrieved October 8, 2021, from https://whatworkswellbeing.org/wp-content/uploads/2020/01/www_comm-deabte-A4-4.pdf

gov.uk (2022). Health and Care Act 2022. Retrieved May 31, 2023, from https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted.

Greenhalgh, T., Jackson, C., Shaw, S., & Janamian, T. (2016). Achieving research impact through co-creation in community-based health services: Literature review and case study. *The Milbank Quarterly*, *94*(2), 392–429. https://doi.org/10.1111/1468-0009.12197.

Greenhalgh, T., & Papoutsi, C. (2018). Studying complexity in health services research: Desperately seeking an overdue paradigm shift. *BMC Medicine, 16*(95). https://doi.org/10.1186/s12916-018-1089-4.

Green, L., Ashton, K., Bellis, M., Clemens, T., & Douglas, M. (2021). Health in all policies. A key driver for health and well-being in a post-COVID-19 pandemic world. *International Journal of Environmental Research and Public Health*, *18*(18), 9468. https://doi.org/10.3390/ijerph18189468.

Head, B., & Alford, J. (2015). Wicked problems: Implications for public policy and management. *Administration and Society*, *47*(6), 711–739. https://doi.org/10.1177/0095399713481601.

Holden, M. (2018). Community well-being in neighbourhoods: Achieving community and open-minded space through engagement in neighbourhoods. *International Journal of Community Well-Being*, *1*, 45–61. https://doi.org/10.1007/s42413-018-0005-1.

Ingold, J., & Monaghan, M. (2016). Evidence translation: An exploration of policy makers use of evidence. *Policy and Politics*, *44*(2), 171–190. https://doi.org/10.1332/147084414X13988707323088.

Lamont, T. (2021). *Making research matter: Steps to impact for health and care researchers*. Policy.

Lancaster, K., Rhodes, T., & Rosengarten, M. (2020). Making evidence and policy in public health emergencies: Lessons from COVID-19 for adaptive evidence-making and intervention. *Evidence & Policy*, *16*(3), 477–490. https://doi.org/10.1332/174426420X15913559981103.

Long, K., McDermott, F., & Meadows, G. (2018). Being pragmatic about healthcare complexity: Our experiences applying complexity theory and pragmatism to health services research. *BMC Medicine*, *16*(94). https://doi.org/10.1186/s12916-018-1087-6.

McElroy, E., Ashton, M., Bagnall, A. M., Comerford, T., McKeown, M., Patalay, P., Pennington, A., South, J., Wilson, T., & Corcoran, R. (2021). The individual, place, and wellbeing - a network analysis. *BMC Public Health*, *21*, 1–10. https://doi.org/10.1186/s12889-021-11553-7.

nhs.uk (2023). Maximising the benefits of research: Guidance for integrated care systems. Retrieved May 31, 2023, from https://www.england.nhs.uk/long-read/maximising-the-benefits-of-research.

Nutley, S., Boaz, A., Davies, H., & Fraser, A. (2019). What works now? Continuity and change in the use of evidence to improve public policy and service delivery. *Public Money and Management*, *39*(4), 310–316. https://doi.org/10.1080/09540962.2019.1598202.

Potts, L., Dixey, R., & Nettleton, S. (2007). Bridging differential understanding of environmental risk of breast cancer: Why so hard? *Critical Public Health*, *17*(4), 337–350. https://doi.org/10.1080/09581590701772855.

Powell, A., Davies, H. T., & Nutley, S. M. (2018). Facing the challenges of research-informed knowledge mobilization: Practising what we preach? *Public Administration*, *96*(1), 36–52. https://doi.org/10.1111/padm.12365.

Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman, & R. G. Burgess (Eds.), *Analyzing qualitative data* (pp. 173–194). Routledge.

Room, G. (2013). Evidence for agile policy makers: The contribution of transformative realism. *Evidence & Policy*, *9*(2), 225–244. https://doi.org/10.1332/174426413X662653.

Rutter, H., Savona, N., Glonti, K., Bibby, J., Cummins, S., Finegood, D. T., Greaves, F., Harper, L., Hawe, P., Moore, L., Petticrew, M., Rehfuess, E., Shiell, A., Thomas, J., & White, M. (2017). The need for a complex systems model of evidence for public health. *The Lancet*, *390*, 2602–2604. https://doi.org/10.1016/S0140-6736(17)31267-9.

Sanderson, I. (2009). Intelligent policy making for a complex world: Pragmatism, evidence and learning. *Political Studies*, *57*, 699–719. https://doi.org/10.1111/j.1467-9248.2009.00791.x.

Smith-Merry, J. (2020). Evidence-based policy, knowledge from experience and validity. *Evidence & Policy*, *16*(2), 305–316. https://doi.org/10.1332/174426419X15700265131524.

South, J., & Cattan, M. (2014). Developing evidence for public health policy and practice: The implementation of a knowledge translation approach in a staged, multi-methods study in England, 2007–09. *Evidence & Policy*, *10*(3), 379–396. https://doi.org/10.1332/174426414X13920508946082.

South, J., Meah, A., Bagnall, A., Kinsella, K., Branney, P., White, J., & Gamsu, M. (2010). *People in public health - a study of approaches to develop and support people in public health roles*. Report for the National Institute for Health Research Service Delivery and Organisation programme. Leeds Metropolitan University.

Storey, J., Holti, R., Hartley, J., & Marshall, M. (2019). Devolving healthcare services redesign to local clinical leaders: Does it work in practice? *Journal of Health Organization and Management*, *33*(2), 188–203. https://doi.org/10.1108/JHOM-05-2018-0144.

Street, J., Duszynski, K., Krawczyk, S., & Braunack-Mayer, A. (2014). The use of citizens juries in health policy decision-making: A systematic review. *Social Science and Medicine*, *109*, 1–9. https://doi.org/10.1016/j.socscimed.2014.03.005.

United Nations (2015). Sustainable Development Goals. Retrieved May 31, 2023, from https://sdgs.un.org/goals.

Wallace, J. (2019). *Wellbeing and devolution: Reframing the role of government in Scotland, Wales and Northern Ireland*. Springer. https://link.springer.com/book/10.1007/978-3-030-02230-3

Walls, H. (2018). Wicked problems and a wicked solution. *Globalization and Health*, *14*(1), 1–3. https://doi.org/10.1186/s12992-018-0353-x.

Wiseman, J., & Brasher, K. (2008). Community wellbeing in an unwell world: Trends, challenges, and possibilities. *Journal of Public Health Policy*, *29*(3), 353–366. https://doi.org/10.1057/jphp.2008.16.

World Health Organization (2022). WHO launches a new initiative to place well-being at the heart of economic recovery. Retrieved May 31, 2023, from https://www.who.int/europe/news/item/08-07-2022-who-launches-a-new-initiative-to-place-well-being-at-the-heart-of-economic-recovery.

Wren, B. (2021). Epistemic injustice. *London Review of Books*, *43*(23), 47–49.

Authors and Affiliations

Andrew Passey[1] · **Jane South**[1] · **Kris Southby**[1] · **Mark Gamsu**[1] · **Anne-Marie Bagnall**[1] · **Andy Pennington**[2] · **Rhiannon Corcoran**[2]

✉ Andrew Passey
   a.c.passey@leedsbeckett.ac.uk

1   School of Health, Leeds Beckett University, Leeds, UK

2   Institute of Population Health, University of Liverpool, Liverpool, UK