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<https://www.nzcdi.ac.nz/research-evaluation>

## Note for Readers

The following paper describing the Universal Wellbeing Model and the Universal Wellbeing Evaluation Tool was first disseminated via presentation, PowerPoint, and this paper at the above conference. Subsequent publications set out further literature and research, underpinning the UWM, and these are regularly added to and updated at:

<https://www.nzcdi.ac.nz/wellbeing-research> &  
<https://www.freedom-ihe.ac.nz/research-resources>

## An Introduction to the Universal Wellbeing Model and Evaluation Tool

### The Universal Well-being Model (UWM)

The Universal Wellbeing Model (UWM) has been developed through an extensive and ongoing programme of themed literature review, theoretical and applied practice research that commenced in 2008. The UWM was designed to support wellbeing literacy, and to explain holistic wellbeing that might be determined by youth, adult individuals, families, whānau, teams, and organisations.

### Who is the UWM designed to empower?

The UWM has been designed to empower:

- Youth, individuals, family, whānau, teams, and organisations to enhance their wellbeing a) literacy and b) overall wellbeing status and c) status of the 70 evidence-based variables found to influence wellbeing and included in the UWM.
- Professionals engaged in practice designed to enhance wellbeing and working in for Example: professional Wellbeing, Pastoral Care, Counselling, Psychology, Social Work, Public, and Indigenous Health, Health Education, Researchers, Policy making and leadership with a view to facilitating, optimising, and accelerating enhancements in wellbeing outcomes.

### Universal Wellbeing Model Components

#### Sensory Input

The state of human wellbeing is initially impacted by single and multiple inputs from our senses, that is, what we see, hear, smell, taste, and touch during the interactive experiences we have: within us, with others, with items or materials, and with our wider environment throughout our lives. Some interactive experiences we have we will be controllable and pleasant, others may be uncontrollable, and unpleasant, such as a car accident. Humans have a conscious, and unconscious drive to process, and learn from the interactive experiences they have. Our survival or thriving depends on this processing and learning from our interactive experiences.

Our wellbeing is influenced by the 'Sensory Inputs' experienced, received, and then processed. Processing and assigned meanings, lead to new learning that in turn impacts one, or more variables either supporting, not impacting, or harming or challenging wellbeing. Individual and collective Sensory Inputs received, and learnings accumulated, overtime impact, and influence the status of both individual wellbeing variables, and the total individual human's or group of humans' wellbeing status.

### The UWM Dimensions

Six human dimensions: the social, physical, intellectual, cultural, emotional, or spiritual have been included in the UWM as a result of the programme of research undertaken. The six human dimensions, (also known as SPICES, like those we eat), flavour human interactive experiences, processing, and resulting impacts on our wellbeing. Too much or too little will impact us. These six dimensions should be viewed as fluid, interactive, integrated, inter-related and dynamic. The state of each dimension collectively can be enhanced, unaffected or harmed through interactive experiences.

It should be noted that the dimensions included in the UWM are designed to support wellbeing literacy, and implementation of wellbeing enhancement activities, especially those involving self-esteem. Personal self-esteem evaluations frequently relate to judgements of capabilities in the identified dimensions, hence part of the rationale for their inclusion in the model. It should be noted the dimensions included should not be interpreted as being cognitively, socially, or psychologically differentiated as for example the Intelligences in Howard Gardner's Multiple Intelligences Model; the rationale, and research supporting their inclusion is on other grounds.

The scope and parameters the dimensions are set out below.

- S Social** – social interactions within i) ourselves (intra-psychological), ii) with those around us (inter-psychological) closest to us (significant others), iii) in our family/whānau, and in iv) organisations, iwi, workplaces, and our community context.
- P Physical** – food, water, exercise, affection, warmth, sleep, fresh air, shelter, freedom from dis-ease, financial means, physical safety, and other selected controllable physical human needs.
- I Intellectual** – our awareness, knowledge and skills related to i) our thinking styles, patterns, processes, and strategies (such as how we make decisions) and ii) learning styles, patterns, processes, and strategies we use to acquire new knowledge, skills, and attitudes.
- C Cultural** – knowledge and skills that make up our ethnic and cultural intelligences and competencies plus their underpinning origins, ancestry/whakapapa of i) our genetically determined ethnicity(ies) and ii) our selected cultural ways of interacting, existing and living in the various environments that make up our world.
- E Emotional** – all aspects making up and informing our emotional intelligence. It includes awareness of our emotional landscape and repertoire, emotion identification and impacts, expression of emotions, processing and what we can and cannot regulate.
- S Spiritual** – i) the beliefs held which may or may not be religious in nature and which inform and frame interactive experience, ii) the values held and what is valued and iii) a synthesis of the beliefs and values held, and which informs the attitude with which the person approaches all interactive experiences in their life.

### The UWM Variables

The third component in the UWM derived from focussed theoretical and practice literature reviews, are the evidence-based 70 human wellbeing-influencing variables. The variables have been organised under the six overarching dimensions to support wellbeing literacy. The variables identified include for example, self-talk in the social domain. Theorist Vygotsky (1980) identified intra-psychological interactions within a person as one of the most influential and therefore significant social interaction contexts.

There are significant bodies of research from many disciplines that support the view that self-talk is highly influential on human wellbeing. Likewise, psychologists, and physiologists have developed extensive bodies of research showing the clear relationship between adequate sleep, and what that means for and physical wellbeing. Sleep is one of the wellbeing influencing variables included at the micro level in the model and under the physical dimension. Unfortunately, discussion of the literature and practice underpinning the selection of the seventy variables identified is beyond the scope of this paper, note however all variables identified in the UWM are likewise supported by significant bodies of research that demonstrate their ability to influence human wellbeing. In Table 1 below the 70 wellbeing influencing variables are identified.

**Table 1**  
**The Universal Wellbeing Variables**

Social Domain	Intellectual Domain	Emotional Domain
1. Self 2. Significant Others 3. Family 4. Friends 5. Study/Workplace 6. Community/Iwi 7. Nationwide 8. Global Context 9. Social Safety 10. Social Acceptance 11. Social Confidence	29. Intellectual Safety 30. Thinking Skills 31. Problem Solving 32. Solution Finding 33. Decision Making 34. Achievement 35. Learning Activity 36. Reading 37. Writing 38. Maths-Numeracy 39. Comprehension 40. Learning Challenges	51. Emotion Recognition 52. Emotion Recognition in Others 53. Emotional Knowledge 54. Emotional Regulation 55. Emotional Safety 56. Acceptance 57. Emotional Growth 58. Self Esteem 59. Validation 60. Love-Connection 61. Social Media-Internet 62. Gambling
Physical Domain	Cultural Domain	Spiritual Domain
12. Sleep 13. Physical Safety 14. Exercise 15. Hydration 16. Financial Security 17. Physical Touch (Affection/Sex) 18. Warmth 19. Prescribed Medicines 20. Non-prescribed Medicines/Illegal Drugs 21. Alcohol 22. Smoking 23. Vaping 24. Physical Disability 25. Pain 26. Dis-ease 27. Housing 28. Eating	41. Ethnic Identity (Genetic) 42. Ethnic Group Acceptance 43. Ethnic Capabilities 44. Ethnic Safety 45. Ethnic Confidence 46. Cultural Identity (Lifestyle Choice) 47. Cultural Group Acceptance 48. Cultural Capabilities 49. Cultural Safety 50. Cultural Confidence	63. Belief System 64. Values System 65. Default Attitude 66. Intuition 67. Loci of Control 68. Resilience 69. Unique Value 70. Life Value

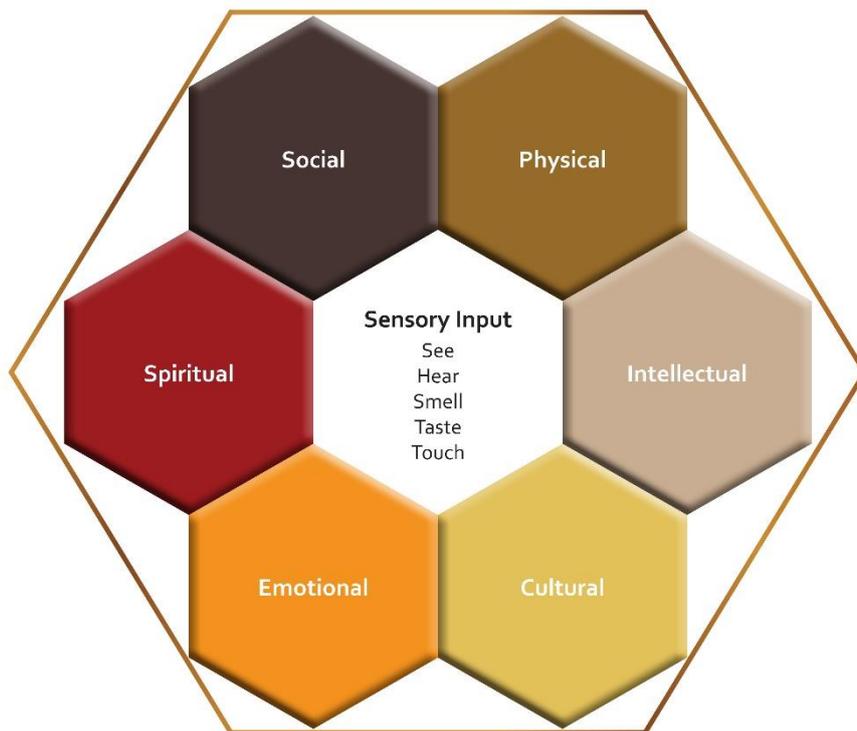
## The Universal Wellbeing Model (UWM, V1)

Drawing on extensive research, the UWM has been designed to empower and support specifically youth, individuals, family, whānau, teams, and organisations to improve wellbeing literacy, and the status of wellbeing variables and collective wellbeing. The UWM achieves these objectives by a) supporting the development of wellbeing literacy, b) enhancing understandings of the variables that impact human wellbeing, and c) guiding practice that informed by the model. Below the UWM Version 1 is set out in Figure 1 highlighting the Sensory Input and Dimensions.

Figure 1

### The Universal Well-being Model (UWM)

(Social, Physical, Intellectual, Cultural, Emotional & Spiritual = SPICES)



(Stevenson, 2022)

### Key Universal Wellbeing Model (UWM) Principles

Understandings, and interpretations of the UWM are intended to be informed by the following principles which have their roots in the indigenous models from which it developed, the UWM is:

- holistic, and supports outcomes greater than the sum of its parts;
- integrated, all dimensions in the model are all interlinked, and interdependent;
- responsive to individual differences i.e., ethnicity, cultural, belief, sexuality, and gender;
- designed to empower, appreciate, and support the enhancement of the well-being variables identified and
- equitable, it requires all dimensions be viewed as of equal importance and that balanced development of all is supported.

Professionals whose work includes Wellbeing enhancement underpin their practice with the UWM, and the above principles to optimise, accelerate and measurably enhance youth, individual, family, whānau, team, and organisational well-being outcomes with diverse people and in diverse settings.

### The Universal Wellbeing Model (UWM, V2)

A Version 2 of the UWM was subsequently created to show the location of the variables identified in Table 1. This further research, and practice-based evolution of the UWM was undertaken to assist the development of further UWM underpinned tools and resources that could assist and support the work of professional wellbeing enhancement practitioners.

Figure 2

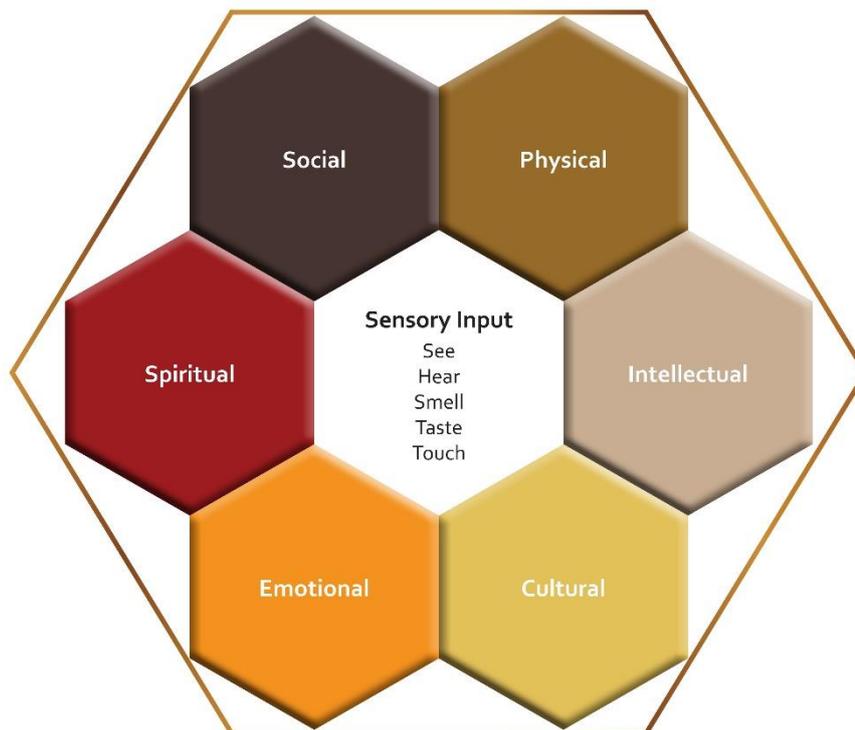
### Universal Wellbeing Model (UWM V2)

Social  
Variables

Physical  
Variables

Spiritual  
Variables

Intellectual  
Variables



Emotional  
Variables

Cultural  
Variables

(Stevenson, 2022)

### Universal Wellbeing Evaluation Tool (UWET)

A key development underpinned by version 2 of the UWM was the creation of the Universal Wellbeing Evaluation Tool (UWET). The Universal Wellbeing Evaluation Tool (UWET) consists of 6-dimension subscales (social, physical, intellectual, cultural, emotional and spiritual). Each subscale includes questions designed to evaluate the status of the seventy variables identified in Table 1 via a 5-point Likert scale. Responses selected demonstrate the respondent or responders' evaluations, and in turn status of the variables included in the UWET. The UWET is designed to empower those responding to accelerate, and optimise identification of the status of the seventy wellbeing variables being evaluated.

UWET responses quickly reveal whether a variable is positive, and well supported (and to what degree), that it is not impacting, neutral, or yet to be considered, or unsupported, potentially harmful or challenging, and to what degree.

Professionally trained Wellbeing Facilitators administer the UWET (also known as the Universal Wellbeing Check) and interpret responses according to a pre-set interpretations and reported back to the respondent or responders via a Universal Wellbeing Evaluation Report. Research investigating the accuracy, reliability and validity of the UWET are currently underway and publications will be made available are published.

In summary the Universal Wellbeing Model (UWM) explains how human wellbeing is influenced (via sensory interactions and experiences), how sensory input is processed (via meaning attribution and new learning), and what is its composed of, that is the 70 evidence-based variables (wellbeing determinants) that influence human wellbeing. Note unlike Public Health determinants, the wellbeing determinants included in the UWM are empowerment orientated, and include only those variables that could be changed by the person or people it is designed to serve with appropriate professional wellbeing practitioner supports.

To address identified gaps the researchers have identified they are currently developing the following tools and resources underpinned by the UWM as part of their long-term vision to enhance holistic human wellbeing and progress knowledge and practice; they include:

1. **Universal Wellbeing Enhancement Plan (UWEP)** to provide an ongoing support option for responders after they receive their UWET Report. The Plan to be co-designed by the respondent/respondents and their Wellbeing Practitioner who can then coach plan implementation.  
**For more information see:** <https://www.nzcdi.ac.nz/wellbeing-checks> and <https://www.freedom-ihe.ac.nz/personal-family-whnau-universal-wellbeing-checks>
2. **Universal Wellbeing Community Implementation System (UWCIS)** to empower teams and organisations to create, and implement a bespoke and measurable wellbeing enhancement culture and system.  
**For more information see:** <https://www.nzcdi.ac.nz/universal-wellbeing-model-school-kura> and <https://www.freedom-ihe.ac.nz/universal-wellbeing-model-organisation>
3. **Universal Wellbeing Facilitator, Coach and Leadership Education Programmes**, that build the professional capabilities required to a) facilitation and interpretation the UWET, b) co-design , plan and coach UWEP and c) led teams, and organisations to create, implement and evaluate Universal Wellbeing Community systems over time.  
**For more information see:** <https://www.nzcdi.ac.nz/wellbeing-programmes> and <https://www.freedom-ihe.ac.nz/professional-universal-wellbeing-education-accreditation-programmes-1>
4. **Professional Wellbeing Facilitator Practice Guidelines (PWFPG)** underpinned by the UWM that support the praxis of Wellbeing professionals.  
**For more information see:** <https://www.freedom-ihe.ac.nz/research-resources>

**For information about the research and literature underpinning the UWM see the UWM Research Base Information Summary Paper at**  
<https://www.nzcdi.ac.nz/research-evaluation> and  
<https://www.freedom-ihe.ac.nz/research-resources>

Terminology Note: Wellbeing, as opposed to Well-being, terminology is utilised to support a) accessibility via plain English language use b) widespread wellbeing literacy, and c) reinforce the integrated nature of the UWM.

### Invitation

The New Zealand Curriculum Design Institute – Te Wānanga O Hoahoa Mātauranga Aotearoa (NZCDI) and the FREEDOM Wellbeing Institute (FWI) welcome contact from all those engaged in enhancing and further holistic human wellbeing research and practice.

**For more information or to inquire Email:** [admin@nzcdi.ac.nz](mailto:admin@nzcdi.ac.nz)