

Top tips for getting started in asset based working

Introduction

Improving community health and wellbeing through greater attention to understanding and strengthening people's assets is a growing area of policy and practice. Many localities are discussing and testing new approaches, such as community asset mapping and strengthening the Joint Strategic Needs Assessment.

This paper has been produced following an Asset Learning Programme with localities in Cheshire and Merseyside that ChaMPs facilitated between March and May 2012. The programme provided an opportunity for senior staff to discuss and develop practical local approaches, as part of their strategic plans to build asset based working into local systems. This paper is a product of the collective learning on how to get started in asset-based working.

This paper is not a guide to asset approaches as this literature is already widely available elsewhere and has informed the programme content and participant learning. Further literature can be found at <http://www.champspublichealth.com/page.aspx?pageid=974&ParentID=0>

Glossary

Asset – ‘the things that make us healthy’

- Factors that contribute to good health and wellbeing
- Resources and capacities that can be used to improve health and wellbeing outcomes
- Skills, knowledge, strengths of individuals and the resources within communities and organisations that people value

e.g. practical skills, knowledge, interests, passions, networks, connections, contributions, social capital, groups, associations, organisations, physical, environmental and economic resources.

Asset-based working

Recognising, valuing and maximising the collective resources in a community amongst residents, professionals, businesses and organisations; rather than working from people's deficits, problems and needs.

Asset-based approaches

Different methods, tools and techniques that can be used to identify, build or use assets for health and wellbeing. E.g. community asset mapping, appreciative inquiry, asset based community development, joint strategic asset assessment, asset transfer.



Summary of steps:

- 1. Aligning to an outcomes focus**
- 2. Achieving strategic, large scale change through small steps**
- 3. Getting the language right**
- 4. Using existing data**
- 5. Finding a senior champion**
- 6. Identifying relevant local work**
- 7. Aligning to an existing initiative**
- 8. Using a local community service directory**
- 9. Integrating needs and asset assessment**
- 10. Mapping assets against the outcomes framework**

And further steps and ideas...

- 11. Evaluating the impact of assets**
- 12. Focusing wellness services on assets**
- 13. Considering social value**
- 14. Using asset maps to kick-start Timebanking**
- 15. Undertaking community development alongside service development**
- 16. Using digital media to map assets**
- 17. Understanding the value of assets for different people/ communities**
- 18. Holding community conversations to engage people in asset mapping**
- 19. Using population measures and surveys of wellbeing and resilience to capture assets**
- 20. Establishing good relationships between community workers and intelligence workers**

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Getting started in asset based working:

1. Aligning to an outcomes focus

The context of assets for commissioning health improvement is that it provides an outcomes focus. If good health and wellbeing is the outcome then it is crucial to understand what this looks like in a community, where it exists now and for whom and what contributes to it. The commissioning response is then to ensure that health assets are equitably available to all, building and harnessing people's assets for healthy living.

A common analogy for this outcome approach is the process we use when we want to bake a cake/ cook a meal. The recipe tells us what ingredients we need but we start by looking what we already have in the cupboard before going shopping for the extras. Without this planning and consideration of our 'assets' it could lead to wasted time and money – inefficiencies. Looking in the fridge first before we buy means knowing what assets for health and wellbeing outcomes exist in our communities.

2. Achieving strategic, large-scale change through small steps

It is important to recognise that asset based working requires change over a long time. It often requires a cultural shift in how the current system is working, and changes to many operational aspects. This will not be achieved, therefore, through one discrete programme or through one project lead. Asset based working will develop over time throughout all parts of the system.

To avoid feeling overwhelmed with the enormity of asset-based working it is therefore useful to start with small achievable actions. It is also important to acknowledge the small successes, as collectively these contribute to the wider change.

The ChaMPs programme was based on participants identifying, planning and delivering small tasks and projects. The programme drew on the principles of Large Scale Change. <http://www.transitionalliance.co.uk/programmes/delivering-the-new-system-for-the-health-of-the-public/large-scale-change>

3. Getting the language right

Getting the language right is crucial in the start-up phase of the work. The language of 'assets' can be misunderstood and unknown. It may be useful to adopt and adapt different terms to convey 'asset based' working and approaches to different audiences. Examples of other terms used were 'strengths' – especially when focussing on individuals and 'social growth' – when focussing on communities. As

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the work progresses terminology and its coherence and acceptability may change for different audiences.

Different localities will have different meaning and usage of certain terms. It may be useful to align the asset based work with other programmes.

Why Knowsley adopted the term social growth:

'The term Social Growth describes more accurately what we are trying to achieve, in that we want our communities to be able to do more things for themselves thereby becoming more resilient and sustainable.'

Why it was useful for MerseyCare to align to strengths and recovery:

*'In the work that Mersey Care NHS Trust has undertaken we aligned an asset based approach with the Improving Recovery through Organisational Change, (ImROC), programme. This was useful because there are clear links with working in a person centred way to co-produce care plans based around hope, control and opportunity; with self defined health and well being outcomes that are **not** based around a traditional needs based deficit model. The Trust has demonstrated that Personal Health Budgets can then be used in creative ways to achieve these outcomes and help develop and sustain individual assets that contribute to people becoming functioning members of their communities.'*

Why Sefton preferred the term strengths:

'Sefton commenced the asset based working through a pilot project 'Think Family'. This set out to challenge communities and practitioners to consider whole-family approaches by drawing on each other's strengths and resources. Mapping of physical assets and funding input had already commenced and it was felt that utilising the term 'strengths' provided a better understanding of the value of the human characteristics of a community that will be incorporated into future 'community asset' programmes.'

4. Using existing data

It is likely that some of the local data available is already focussing on health assets i.e. data on positive health/ wellness, protective factors and determinants of healthy life expectancy.

This includes:

- self-reported health
- levels of physical activity
- levels of mental wellbeing (WEMWBS)
- employment rates
- educational attainment

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- breastfeeding
- affordable, quality housing
- volunteering
- social networks
- social participation
- civic participation
- use and availability of green space
- attainment of healthy schools status
- attainment of healthy workplace standards

5. Finding a senior champion

Many localities on the ChaMPs programme spoke about the need to have a senior person who could champion the asset approach. Spending time with one person to increase their understanding and commitment can then help to bring the whole organisation on board and find willing collaborators working at different levels within the organisation.

“Taking an asset approach at a local level fosters greater local confidence and self-esteem for people and communities. It moves beyond routine consultation, opening the way for radical reform in taking upstream preventative action to foster individual and communal health, wellbeing and resilience, and building local confidence, capacity and capability to take action as equal partners with services in addressing health inequalities.” (Professor Sir Michael Marmot¹ In Foot J, 2012, What makes us healthy? The asset approach in practice: evidence, action, evaluation, www.janefoot.co.uk)

6. Identifying relevant local work

There will be small projects happening already or like-minded organisations working on an asset or strengths approach, even if they don't use those terms. Participants valued pulling these together at the start, rather than assuming this is a completely new way of working.

Existing work will be across different sectors. For example:

- local directory of associations within the voluntary and community sector
- social prescribing scheme within primary care
- recovery or strengths programme within drug and mental health services
- community development service within the Local Authority
- dementia friendly communities programme within social care organisations

7. Aligning to an existing initiative

It may be beneficial to align the asset based working to an existing initiative that already has buy-in and would benefit from taking an asset approach, rather than starting a new piece of work.

If it's not a good time to get people on board with a new initiative or it's proving difficult to engage and convince people of this approach then it might be more appropriate to start with an existing piece of work to exemplify how asset based working can be part of a solution.

“Think Family Think Community’ is a pilot project in Sefton commenced in September 2011, six months prior to the ChaMPs Asset Learning Programme. The purpose of the pilot is to trial a different approach to working with families in order to reduce child and family poverty. Although community asset theory and practice was not part of the initial planning it was recognised that the approach taken lent itself to community asset work. Members of the Think Family strategic board were invited to join the ChaMPs Asset Learning Programme and have been able to incorporate this learning into future developments. The Think Family strategic board are interested in system learning to utilise this model elsewhere. The strategic programme board report to the Children’s Trust Board and the Sefton Borough Partnership Operations Board. To date this has enabled resources to be provided for a community development worker and for a second pilot locality to be identified.’

8. Using a local community service directory

A directory of organisations or services could form a useful start in identifying the associations and support available within a community. These are especially useful for professionals to use in connecting people with assets - the support available locally. This ‘connecting’ can be further supported for those in need through social prescribing or community referral schemes. Many directories are now on-line.

A caveat with this approach is that entries need to be continuously updated. Entries may not be quality assured and so are only assets if the people using them think they are of value. A directory of associations should not be confused with a community asset map which would be a much wider collection of assets.

‘Working in partnership with representatives from both the voluntary and statutory sector as part of the JSNA process, NHS Warrington’s Public Health team produced a community asset directory database that combined a variety of directories and information contributed by statutory and 3rd sector. In producing this tool, a clear issue was the lack of capacity to maintain the directory to ensure its on-going relevance and accuracy. However, partnership work with the voluntary sector to produce the directory has enabled an arrangement whereby this responsibility has been taken on by the local

volunteer organisation Warrington Voluntary Action. The directory is also a reference tool for any future in-depth asset mapping work undertaken in Warrington.'

Halton and St Helens have developed a new web-based information service and directory to support self-help and professional referral. It includes community organisations, self help tools and resources and information on medication. www.live-lifewell.net

9. Integrating needs and asset assessment

It is useful to maintain an integrated approach to needs and assets in relation to different health and wellbeing issues within a community e.g. during community discussions or within joint strategic assessment reports.

This includes focusing on:

- a. Risk and protective factors of healthy life expectancy
- b. Differences in healthy life expectancy/ life expectancy/ wellbeing within the population
- c. The community assets that can contribute to reducing and managing illness and risk

10. Mapping assets against the Public Health Outcomes Framework

It makes sense to use an agreed set of outcomes and indicators (e.g. Public Health, NHS, Social Care) as a framework to understand how assets contribute to local priorities.

'The Applied Health and Wellbeing Partnership (AHWP) (an initiative of NHS Wirral Research & Development Team and Liverpool John Moores University Centre for Public Health) is undertaking a project that involves mapping community assets in Wirral and identifying how they impact upon health and wellbeing. Here, Wirral assets (community projects and initiatives) are categorised by the Public Health Outcomes Framework domain they satisfy (1 to 4). These community projects are then further themed according to the population they serve, type of service, health need and health behaviour. These themes help to outline where assets exist within any community, communities, and in Wirral as a whole, and also help to identify the type of service it offers and the health and wellbeing benefits of this. The completed database has enabled the identification of a sample of projects (n ~10), representative of community assets in Wirral, to be evaluated to gain understanding of impact and value.'

Further steps...

11. Evaluating the impact of assets

Evaluating organisations or community projects/initiatives is important to understand what the skills, strengths and resources are in assets, but also in identifying what the outputs are and the impact these assets have on individuals and how they affect health and wellbeing. Findings from such evaluations are a rich source for understanding social value, shaping future developments, as well as providing evidence for funding developments.

'The AHWP Wirral community asset project will evaluate approximately ten community projects and initiatives to determine the impact that assets have on health and wellbeing. The selected projects will cover the breadth of themes assigned in the asset database ensuring that the selected projects for evaluation are representative of Wirral community assets.'

12. Focussing wellness services on assets

Many areas are developing their wellbeing and wellness services, often new integrated approaches to supporting people to live healthy lifestyles and improve their wellbeing. This involves building on people's personal strengths, connecting people to their local resources and building people's motivation, self esteem and confidence to lead healthy lives and manage their health conditions.

'Building on existing assets around integrated wellness services is being incorporated into the development of new tenders. Wirral held a 'co-production' event to inform the development of two new specifications to enable stakeholders to map current provision and suggest how this could be further enhanced. There is an acknowledgement locally informed by insight work undertaken that there is a wealth of existing local facilities, so more emphasis needs to be placed upon supporting people to utilise this provision.'

13. Considering social value

The new Public Services (Social Value) Act places a duty on all public sector services to consider how the services they procure or commission might improve the economic, social and environmental wellbeing of their area. This has huge potential, therefore, to increase the assets within a community e.g. by using local skills and resources. Commitment to this act can be shown through including social value criteria within tendering and social value indicators within contracts.

'The AHWP Wirral community asset work is using the Social Return on Investment method to calculate the social value of projects. This will prove helpful in understanding more about the 'worth' of community assets, but also provide rich evidence of the social value of an initiative or project.'

14. Using asset maps to kick-start timebanking

Timebanking is a way of people sharing their skills, valuing the unit of time, rather than money. A timebank will hold a database of some of the skills (assets) available within a community or organisation.

'Liverpool PCT and its partners have been exploring innovative ways to enhance the health and wellbeing of citizens and users of services, as part of their core approach to public mental health. A range of initiatives in this field focusing on linking patients and the public with non-medical sources of support within the community are being developed, including Timebanking.

A number of Liverpool organisations expressed an interest in developing timebanks as part of their approach to working in and with the community. This presented a unique opportunity for Liverpool, in which a network of timebanks could be established across the city in local communities. The aspiration for the network is that it offers a critical mass of exchange opportunities and a way to promote a city-wide ethos of mutuality, equality and reciprocity. Liverpool PCT core funding was provided to establish a timebanking coordinator post, to take this work forward. This person will help organisations realise their timebanking ambitions.

The Steering Group and local Timebank members will continue to promote the ethos of timebanking across the city and by the end of the current initiative in June 2013 there will be a number of functioning, sustainable timebanks operating across the city.'

The initiative is a good example of co-production with community organisations and individuals and will provide valuable learning for the future of community development approaches to improving health and wellbeing in Liverpool

15. Undertaking community development alongside new service development

Service planning, reconfiguration and redesign benefits from customer and community engagement. It can be further enhanced through community development that builds and utilises local assets from the outset. For example reconfiguring hospital discharge and continuing care aligned to developing good neighbour schemes and befriending services in priority neighbourhoods.

The Liverpool Timebanking work described above is being developed as part of broader work on co-production.

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16. Using digital media to map assets

Social media is widely used within communities, including marginalised and excluded groups and groups that services find it hard to engage with. Social media can therefore provide a useful source of information and communication on what assets people value, from tracking where people go to conducting research and increasing engagement.

17. Understanding the value of assets for different people/ communities

'An asset is only an asset if it is of value to people'. People will value assets differently, even within the same community. The Mental Wellbeing Impact Assessment tool can help stakeholders identify how different wellbeing assets affect different populations. Applying an equality impact assessment to community asset mapping could also be used.

'The AHWP Wirral community asset work is exploring the different populations and communities that assets seek to help, while identifying how they are supported, and how their health and wellbeing is affected. The thematic approach to the asset mapping database will provide evidence of the populations targeted by local assets, while identifying their specific needs and how these are supported in ways to improve health and wellbeing.'

18. Holding community conversations to engage people in asset mapping

'Within Knowsley, a part of the Northwood Big Local process was to create a Community Vision. So we set out to gather a wide range of "Voices" from across the community. So often we ask questions about things that aren't working well so we can fix them. On this occasion we approached things from a different angle. We wanted to find out about people's 'experiences of success in their lives'. Learning from the good work people had done in the past so that we could build with them a more positive future. We also held a series of community based workshops/ focus groups to identify the assets which they felt were most significant. This work has been used to shape how we commission services in a more informed way.'

19. Using population measures and surveys of wellbeing and resilience to capture assets

Local surveys, citizens panels and other means of capturing population data can be useful in obtaining asset data e.g. on people's health, wellbeing, engagement in the community, use and value of services and activities.

The NW Mental Wellbeing Survey captures data on the assets for wellbeing e.g. levels of mental wellbeing, participation in groups, area satisfaction, green space, social networks and connections and physical activity. www.nwph.net

20. Establishing good relationships between community workers and intelligence workers

Research and intelligence work needs to maximise opportunities to get to know and engage with community workers. This was also a finding of the Wakefield work that the programme explored.

'We have learnt in Warrington that taking the time and making the effort to build relationships with trusted community and front line staff can make all the difference to both success in recruitment and quality/efficiency of the data gathering process.'

ChaMPs, 2012

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