



**Putting asset based
approaches into practice:
identification, mobilisation
and measurement of assets**

KEY POINTS:

- Asset based approaches recognise and build on a combination of the human, social and physical capital that exists within local communities. They acknowledge and build on what people value most and can help ensure that public services are provided where and how they are needed.
- Asset based approaches are underpinned by attitudes and values related to personal and collective empowerment and undertaken within the context of positive change for health improvement.
- A number of techniques and methodologies are available for supporting the identification and mobilisation of assets within individuals and communities.
- Despite a wealth of community based activities, interventions and knowledge, difficulties are inherent in measuring assets and their relationship to wellbeing.
- A challenge for asset based working is to find, collate or develop data that measure positive health and wellbeing in contrast to the deficit mindset adopted in traditional mortality and disease prevalence measures.

 INTRODUCTION

The literature around asset based working suggests that such approaches have the potential to contribute to improving Scotland's health in innovative ways. Asset based approaches recognise and build on a combination of the human, social and physical capital that exists within local communities. They offer a set of concepts for identifying and enhancing the protective factors which help individuals and communities maintain and enhance their health even when faced with adverse life circumstances (Scottish Government, 2012). Asset based approaches can complement public services and traditional methods for improving population health and tackling health inequalities. It is also argued that, in certain circumstances, asset based approaches should replace conventional service delivery methods (SCDC, 2011).

The published evidence on the impact of these approaches on health is currently limited however. There is a need for the research base to be strengthened in order to demonstrate the processes that underpin these approaches, and the types and scale of effects that can be achieved. As asset based approaches are developing in Scotland, systematic ways of identifying and measuring assets are needed. A greater understanding of how assets are distributed at the individual and the community level is also required before these assets can be mobilised and utilised as part of health improvement strategies.

The aim of this briefing paper is to present and discuss a range of methods and techniques which can be used to identify and mobilise individual and community level assets. The paper will also examine the features of asset based activities and the current challenges of measuring assets and evaluating asset based approaches. The paper does not present real life illustrations of the methods in action but provides a range of additional sources of information where examples are available. Building on the evidence and thinking presented in *Asset based approaches for health improvement: redressing the balance* (GCPH, 2011), it is hoped that this briefing paper will provide further context and support to policy makers, practitioners and researchers and contribute to the growing evidence base on asset based approaches.

 WHAT IS AN ASSET BASED APPROACH?

An earlier Glasgow Centre for Population Health briefing paper, *Asset based approaches for health improvement: redressing the balance* (GCPH, 2011) summarised the key features of asset based approaches as below:

- Assets can be described as the collective resources which individuals and communities have at their disposal, which protect against negative health outcomes and promote health status. Although health assets are a part of every person, they are not necessarily used purposefully or mindfully.
- An asset based approach makes visible and values the skills, knowledge, connections and potential in a community. It promotes capacity, connectedness and social capital.
- Asset based approaches emphasise the need to redress the balance between meeting needs and nurturing the strengths and resources of people and communities.
- Asset based approaches are concerned with identifying the protective factors that support health and wellbeing. They offer the potential to enhance both the quality and longevity of life through focusing on the resources that promote the self-esteem and coping abilities of individuals and communities.
- Asset based approaches are not a replacement for investing in service improvement or attempting to address the structural causes of health inequalities.

Asset based approaches are recognised as an integral part of community development work – they are concerned with bringing people and communities together to achieve positive change using their own knowledge, skills and lived experience around the issues they encounter in their own lives (SCDC, 2012). Asset based approaches respect that sustained positive health and social outcomes will only occur when people and communities have the opportunities and facility to control and manage their own futures.

FEATURES OF ASSET BASED ACTIVITIES

Asset based practice is being implemented in many local areas across Scotland and in many different contexts. This way of working is not always described using 'asset' terminology but may use other terms such as 'community development', 'community engagement' etc. These all share the key features of valuing the positive capacity, skills and knowledge and connections in a community. The assets perspective offers practical and innovative ways to impact on the positive factors that nurture health and wellbeing (Foot, 2012). Asset based activities are united by how they go about their business and what they are trying to achieve, how they deliver their services and how they engage with their clients or participants, and the relationships they build.

Features of asset based activities include:

- Making individual issues community ones, building around needs and aspirations, building supportive groups and networks, developing opportunities for meaningful engagement;
- Identifying, building on and mobilising personal, local assets and resources – people, time, skills, experience – mapping the capacities and assets of individuals, associations and local institutions;
- Building and using local knowledge and experience to influence change, engaging people in decision making and local governance, building a community vision and plan, and defining local priorities;
- Empowering the workforce, changing the relationships between users and providers and across providers to share and liberate resources;
- Focusing on facilitating, enabling and empowering rather than delivering;
- Leveraging activities, investments and resources from outside the community, mobilising and linking assets for economic development.

A number of benefits of taking an assets based approach have been proposed for individuals and communities. For those who engage, the potential benefits include: more control over their lives and where they live; the ability to influence decisions which affect them and their communities; the opportunity to be engaged how and as they want to be and to be seen as part of the solution, not the problem. This process may then lead to increased wellbeing through strengthening control, knowledge, self-esteem and social contacts, giving skills for life and work. Asset based activities ensure that engagement with individuals is meaningful and empowering rather than tokenistic and consultative. Asset based working also strives to engage with individuals who would not usually get involved.

Crucially evidence is emerging which links community empowerment to improvements in clinical health outcomes (HELP, 2011), research which may prove key in informing the development of asset based approaches. A wide variety of studies provide evidence of the health benefits associated with community activities, organisations and networking (see Fisher, 2011; GCPH, 2011). Some of these impacts are direct, through the effects of participation on the individual; some are indirect, through community influence on service changes and subsequent improvements in the local area. Some of the effects on health are brought about through initiatives focusing on health behaviour and provision of health services; some come from improvements in education, housing and amenities or reductions in crime and anti-social behaviour; and overall through improvement in social trust, social capital and community cohesion (HELP, 2011; Fisher, 2011). Economic evidence also supports the value and benefits of community activities (Greenspace Scotland, 2011). While some regard a community's assets as the sum total of the assets located there, others regard the interwoven and interacting nature of assets to be cumulative; adding up to be greater than the sum of its parts.

METHODS FOR IDENTIFYING AND MOBILISING ASSETS

Asset based approaches are not a prescriptive set of operations that can be easily 'scaled up' or 'rolled out' but are forms of engagement and relationship building that enable strengths, capacities and abilities to be identified and developed for positive outcomes. However, to support the identification and mobilisation of assets, a number of techniques and methodologies are available for use with individuals, groups, organisations and whole communities.

The methods and techniques presented here are not restricted to asset working, but their principles and objectives are focused on identifying and sharing the values of discovering and mobilising what individuals and communities have to offer. These different methods are often used in combination with one another and many different techniques may be used by the same community.

In discussing asset working in practice this briefing paper draws on the reports *A glass half-full* (Foot and Hopkins, 2010) and *What makes us healthy? The asset approach in practice: evidence, action, evaluation* (Foot, 2012).

1. IDENTIFYING ASSETS

A number of methods are available to support the identification and collection of assets within individuals and communities. These methods work to make visible the things that are undiscovered or unused and focus on identifying and sharing what people value and what they have to offer.

• *Asset mapping*

Asset mapping is one of the key methods of asset working. It is described as a process of building an inventory of the strengths and contributions of the people who make up a community prior to intervening. Asset mapping reveals the assets of the entire community and highlights the interconnections among them, which in turn reveals how to access those assets (Kretzmann and McKnight, 1993). It enables people to think positively about the place in which they live or work and challenges individuals to recognise how other people see and experience the same community.

Asset mapping is considered the essential starting point to transforming the way services and communities work together (Foot, 2012). It is also considered to be the key first step to enabling individuals and communities to recognise what resources may be available to them. Asset mapping helps in conceptualising the things that communities want to improve whether they are physical, social, emotional or cultural (Scottish Government, 2012). How these assets or resources can be used may then contribute to a plan aimed at making the improvements they have identified.

What's involved?

Asset mapping involves documenting the tangible (physical assets e.g. parks, community centres, churches) and intangible (personal assets e.g. experiences, skills, knowledge, passion) resources of a community, viewing it as a place with assets to be preserved and enhanced. Creating a map or an inventory is more than just gathering data – it is a development and empowerment tool (Foot and Hopkins, 2010). Beyond developing a simple inventory, this 'mapping' process is designed to promote new connections, new relationships and new possibilities between individuals, and between individuals and organisations. Asset mapping has been promoted as a positive, realistic and inclusive approach to building the strengths of local communities towards health improvement for all (Guy *et al.*, 2002).

What does it deliver?

Asset mapping makes visible, and enables the appreciation and use of, the resources held by individuals, families, communities and organisations. The community is an equal partner in the mapping exercise and their resources and skills are given equal value alongside those of professional staff and local agencies. The technique provides information about the visible, invisible and often overlooked strengths and resources of a community and can help uncover solutions. It may also help to highlight what is working well in the community. The creation of a picture of the assets of the community facilitates thinking about how to build on these assets to address any issues and improve health (NHS North West, 2011). A richer picture of the assets in an area can inform service redesign or co-production, and support the case for investment in voluntary groups and community activity and action. Asset mapping is most effective when carried out by a group with an agreed community vision (Foot and Hopkins, 2010).

Mapping assets can bring a degree of balance to the work that is done to collect data about problems and needs. Asset mapping may also highlight inequalities – people may have varied access to valued assets, fewer opportunities to influence decisions on the fair allocation of scarce resources and miss out on opportunities to make a meaningful contribution, for example (Foot, 2012). Helpfully, asset mapping also begins the process of identifying the most appropriate ‘asset indicators’ to be used in the evaluation of strategies aimed at creating the conditions for good health.

• **Participatory appraisal (PA)**

Participatory appraisal (PA) creates a cycle of research, information collection, reflection, learning and collective action. It is a broad empowerment approach that seeks to build community knowledge and encourages collective community action. The key feature of PA is that local community members are trained to research the views, knowledge and experience of their neighbourhood to inform future plans (Foot and Hopkins, 2010). This allows local people to input their expertise into creating a shared future.

This method aims to engage meaningfully with local residents, ensuring that they are listened to, and prioritises their views. Although this approach is mainly used to research needs and priorities, it can be used to collect information about local skills, talents and resources in line with the principles of asset based approaches. PA fits alongside other capacity building approaches by increasing skills and knowledge as well as building trust and confidence within the community.

What’s involved?

PA describes a family of approaches that enable local people to identify their own priorities and make decisions about the future, with professional staff facilitating, listening and learning. Local people are trained to collect and analyse, in the most accessible way possible, information about the needs and priorities in the community, including the diversity of views, knowledge and experience. PA practitioners design a process based on the needs of the client, then use suitable methods to facilitate analysis and discussion of local issues and perceptions with local people. The method, when delivered successfully, can be extremely inclusive, flexible and empowering for the participants taking part. The knowledge produced by local community researchers has been found to be highly reliable, and can help to identify and tackle underlying issues and problems (not just the more visible symptoms), and determine local priorities for action.

What does it deliver?

PA should be used when professional staff are willing to let the community take control, placing value on the knowledge and experience of local people. PA can deliver empowered participants who are able to identify, analyse and tackle problems and local issues themselves. The approach builds better relationships between participant groups and community members. When local community members have been trained to facilitate a process, this capacity remains within the community for the future. As the method is orientated towards community action, it can also lead to community involvement in the decision making process and can build community capacity in an area (NHS North West, 2011).

PA provides reliable and valid mapping of local knowledge and priorities, and an understanding of issues affecting local people, as well as being an effective tool to support decision making. The approach aims to describe not only what the situation is, but also why and how it came to be that way. This information can be collected by talking to people on the street within the community, going to meetings and by holding organised events. The information collected is verified by combining it with statistics or survey data. A range of visual, creative and participatory methods are used to enable individuals and groups to be involved in collating, analysing and communicating the information in transparent and inclusive ways (Foot and Hopkins, 2010).

• Appreciative inquiry (AI)

Appreciative inquiry (AI) is a process for valuing and drawing out the strengths and successes in the history of a group, community or organisation. It is a method of consulting the community based on what is good about something as opposed to what is bad.

What's involved?

AI focuses on experiences and successes of the past. These are used to develop a realistic and realisable vision for the future and a commitment to take sustainable action. The inquiry starts with appreciating the best of what is, thinking about what might be and should be, and ends with a shared commitment to a vision and how to achieve it (Foot and Hopkins, 2010). This is not just about establishing facts, but involves finding out where the assets such as knowledge, motivation and passion exist. AI is a method for discovering, understanding and fostering innovations through the gathering of positive stories and images and the construction of positive interaction.

Forms of AI include:

Storytelling/narrative inquiry

Storytelling is an informal and appreciative way of collecting information about people's own experiences of successful projects or activities, their own skills and achievements and what they hope for (Foot and Hopkins, 2010). Sharing and valuing different stories of past achievements is engaging and energising. Storytelling can be a powerful vehicle for understanding and communicating the ways in which assets and asset-inspired programmes affect health and wellbeing.

Stories are accessible to a wide range of participants and are often collective and participative. Hearing other people's stories can help those from different backgrounds make connections and build networks. Stories are also a form of evidence to be considered alongside statistical and quantitative data where they can help provide a more rounded account of what is happening (Foot, 2012).

World café

The world café approach makes use of an informal setting for participants to explore an issue through discussion in small groups around tables. The underpinning assumption is that people feel more comfortable and creative in a less formal environment and this interactive engagement technique recreates a café environment and behaviours to stimulate more relaxed and open conversations to take place (Brown and Isaacs, 2001; 2005). These conversations link and build on each other as people move between groups, cross-pollinate ideas, and discover new insights into the questions or issues that are most important in their life, work or community (NHS North West, 2011).

Open space technology (OST)

Open space technology is a method based upon evidence that meeting in a circle is the most productive way to encourage honest, frank and equal discussion, the ‘open space’ referring to the space in the centre of the circle. The method allows for a diverse group of participants to work together on a complex, potentially conflicting, real issue in an innovative and productive way (Owen, 1997). OST creates a fluid and dynamic conversation held together by mutual enthusiasm for interest in a topic and allows creative thinking around an issue when open discussion and collective decisions are required. The process is extremely flexible and is driven by the participants. This approach allows participants to develop ownership of the results and supports the development of better working relationships and building a sense of community.

What does it deliver?

AI brings people together to work on an area of mutual interest, to build a vision for the future, and to work with others to make things happen in the short term. The AI process is described as having five key stages (Whitney and Trosten-Bloom, 2002):

1. *discovering and valuing positive things in a community;*
2. *envisioning a possible future;*
3. *engaging in dialogue;*
4. *discussing and sharing discoveries and possibilities; and*
5. *creating the future through innovation and action.*

AI creates a positive mindset by focusing on success rather than past failures. It is story-based thereby allowing people to speak from their own experiences and is accessible to people who would not usually take part in research. The technique builds on what has worked in the past. It can help to deliver a shared vision and bring about improved relationships and working relationships. AI can also be used to address a complex situation which requires collective will.

Across the range of methods which can be used to support the identification of assets and resources, a number of common underpinning features are notable. These methods are based on inclusion and participation and should only be used if all agencies recognise and acknowledge the contribution of local people in the process, professional staff have the support and capacity to fully engage with the community, and resources and investment are available to support these roles. The methods aim to engage and empower individuals and build capacity within communities. Where local people have been trained to undertake the research, the skills built will remain in the community for the future. Through participatory conversations and discussion about community concerns and priorities staff and citizens are able to see how they can work together differently.

These methods will not however provide a measure of effectiveness and it is not possible to compare the findings generated from these methods in a rigorous way. The information generated from research using these methods can however be brought together with other sources of information and quantitative data to provide a fuller picture of an area or community. These approaches cannot deliver preformed solutions and each community will develop its own response to its own situation. Working in this way is exploratory, experiential and community led.

2. MOBILISING ASSETS

Other methods go beyond identifying assets, to harnessing and capitalising on the skills, resources, strengths and talents of individuals and communities for a common purpose.

• *Asset based community development (ABCD)*

Asset based community development (ABCD) is an approach to community based development founded on the principles of appreciating and mobilising individuals' and community talents, skills and assets (rather than focusing on problems and needs), the principles and practice of which are in line with community development approaches. It is community driven development rather than development driven by external agencies (Mathie and Cunningham, 2002).

ABCD draws on (Mathie and Cunningham, 2002):

- *Appreciative inquiry* which identifies and analyses past successes, strengthening confidence and inspiring action;
- The recognition of *social capital* (the connections within and between social networks) and its importance as an asset;
- *Participatory approaches to development* based on the principles of empowerment and ownership of the development process;
- *Collaborative community development* models that place priority on making the best use of the community's resource base; and
- Efforts to strengthen *civil society* by engaging people as citizens in community development, making local services more effective and responsive.

What's involved?

ABCD is a strategy for sustainable community driven development that starts with locating and making an inventory of assets, skills and capacities of residents, citizen associations and local institutions (Kretzman and McKnight, 1993), building relationships, developing a vision for the future, and leveraging internal and external resources to support actions to achieve it.

What does it deliver?

ABCD is a process of self-mobilisation and organising for change. Building on the skills of local people, the power of local associations and the supportive functions of local institutions and services, asset based community development draws upon existing strengths to build even stronger, more sustainable communities for the future. By encouraging pride in achievements and a realisation of what they have to contribute, communities create confidence in their ability to be producers, rather than recipients, of development. They gain confidence to engage in collaborative relationships with agencies (Foot and Hopkins, 2010). Active and empowered communities and individuals, with their own resources and assets working for them, are in a stronger position to access additional external resources and to put them to the most effective and sustainable use.

• **Time banking**

Time banks are community-based initiatives that use time as a unit of local currency and which allow people to come together and help each other. Time banks encourage the creation of relationships, activity, networks and support that builds community. The basic principle is simple – everyone has something to contribute: time, gifts, skills, assets or resources (Cahn, 2004). Time banking is said to be the old concept of ‘love thy neighbour’ with a new economic twist (Boyle, 2001).

What’s involved?

The time bank is essentially a mutual volunteering scheme, using time as a currency. Participants ‘deposit’ their time in the bank by giving practical help and support to others and are able to ‘withdraw’ their time when they need something done themselves.

Time banks are underpinned by a set of core values (Timebanking UK, 2010):

- *Recognising people as assets* – people are the real wealth of society;
- *Valuing work differently* – unpaid work such as caring is priceless;
- *Promoting reciprocity* – giving and receiving builds trust and mutual respect; and
- *Building social networks* – relationships are the heart of people’s wellbeing.

Time banks measure and value all the different kinds of help and skills people can offer each other. In a time bank everyone becomes both a giver and receiver of time, everyone’s time is of equal value regardless of the skill they exchange, and a broker links up people and keeps records. The ‘time broker’ coordinates recruitment of new members, matches offers with needs, assists people to identify what they can offer and records offers and exchanges (Volunteer Centre Glasgow, 2012). There is no guarantee however that the needs of every person can be provided for by a time bank as certain skills may be under represented in a community (Seyfang, 2004).

What does it deliver?

Time banks harness the skills and time of the people in an area. They offer a unique and practical way to help people develop the mutual networks of support that underpin healthy communities (Seyfang, 2004).

• **Co-production**

Co-production is both complementary to and relies on an assets approach. Co-production essentially describes an equal and reciprocal relationship between service provider and service user that draws on the knowledge, ability and resources of *both* to develop solutions that are successful, sustainable and cost-effective, thereby changing the balance of power from the professional towards the service user (SCDC, 2011). Co-production stems from the recognition that if organisations are to deliver successful services, they must understand the needs of their users and engage them closely in the design and delivery of those services. Co-production involves the active input of the people who use the services, as well as those who provide them (Needham and Carr, 2009). The key characteristics of co-production exemplify asset based principles (Stephens *et al.*, 2008):

- *Recognising people as assets rather than as problems;*
- *Building on people’s existing skills and resources;*
- *Promoting reciprocity, mutual respect and building trust;*
- *Building strong and supportive social networks;*
- *Valuing working differently, facilitating rather than delivering; and*
- *Breaking down the divisions between service providers and service users.*

What's involved?

In practice, taking a co-production approach means involving those who are affected by a service or decision at every stage of making or designing it. Co-produced services work with individuals in a way that treats them as people with unique needs, assets and aspirations, and also as people that want support that fits around them (Slay and Robinson, 2011). All perspectives are valued and all participants are treated as equals, regardless of age, disability or professional background.

What does it deliver?

Co-production taps into the insights and expertise of those at the receiving end of public services and enables service users or local residents to work together as equals and learn from each other. It builds skills, confidence and aspiration among participants. It is a useful tool for local or neighbourhood decision making and for ensuring that public services are designed with the users needs in mind. Co-production works best when dealing with small constituencies, such as a neighbourhood or those affected by a particular service or service provider.

• Social prescribing

Social prescribing (or community referral) is a method of linking people with health problems or social, emotional or practical needs to a range of local, non-medical sources of help and support in the community. Social prescribing recognises the influence of social, economic and cultural factors on health and provides a holistic approach as an appropriate alternative to medicalised explanations and treatments of poor health (Rogers and Pilgrim, 1997).

What's involved?

Social prescribing involves the creation of referral pathways which allow non-clinical primary health care needs to be directed to local voluntary services and community groups (South *et al.*, 2008). These schemes commonly use community development workers with local knowledge who are linked to primary health care settings. Social prescribing is usually delivered for example, through 'exercise on prescription' or 'prescription for learning' schemes, although there is a range of different models and referral options. These might include opportunities for arts and creativity, physical activity, learning, volunteering, mutual aid, befriending and self-help, as well as support with, for example, benefits, debt, legal advice and parenting problems (Friedli, 2007). Many social prescribing schemes use asset mapping in order to identify sources of support to allow GP practices, for example, to refer their patients (Foot, 2012). Social prescribing connects people to the assets on their doorsteps in a specific way in response to or as a means of addressing a need.

What does it deliver?

By recognising the wider determinants of health, social prescribing provides a framework for developing alternative responses to social and psychological need (Brown *et al.*, 2004). This approach enhances the links between primary care and the local non-medical sector. It furthermore maximises collaboration between agencies by providing a stronger focus for joint commissioning and acts as a mechanism to strengthen community-professional partnerships (South *et al.*, 2008).

Social prescribing increases knowledge of the role and range of the practical services provided by the community and voluntary sector. It also increases the ease and speed of referral by providing an alternative to medical prescribing and psychological therapies, particularly when demand is greater than supply (Brown *et al.*, 2004). For patients, social prescribing encourages self-care and supports health and lifestyle change, which can reduce known risk for disease and lead to increases in self-esteem and confidence and increased levels of social contact and support (Brown *et al.*, 2004).

• **Participatory budgeting (PB)**

Participatory budgeting (PB) is a means of directly involving local people in making decisions about the public money being spent in their community. At its core PB is about local people shaping local services to more effectively meet local priorities (Harkins and Egan, 2012). PB is seen as a way to involve local citizens in decision-making that is more in-depth and meaningful than traditional consultation processes. The method ensures that people have a fair opportunity to have their say and make a real contribution. PB aims to increase transparency, accountability, understanding and social inclusion in local government affairs. PB applies to varying amounts of public money, and the process is developed to suit local circumstances. Some public investment budgets and services, particularly those of a statutory nature, may be unsuitable for PB decision making.

What's involved?

PB allows local people to identify, discuss, and prioritise public spending projects, and gives them the power to make decisions about how money is spent. PB processes can be defined by geographical area or by theme. This means engaging communities or representation within communities to discuss and vote on spending priorities, make spending proposals, and vote on them, as well giving local people a role in the scrutiny and monitoring of the process and results to inform subsequent PB decisions (The Participatory Budgeting Unit). This approach means that people are involved before decisions are made, everyone has to contribute, and be given the time they need and the respect they deserve to participate.

What does it deliver?

PB offers a practical mechanism to mobilise community assets and to promote community empowerment, shifting power from the state to individuals and communities. It promotes collaborative working and enables devolved decision making. PB enables the democratic process to move from an elected to a direct form. Evidence indicates that PB results in more equitable public spending, increased satisfaction of basic needs, greater government transparency and accountability and increased levels of public participation (The Participatory Budgeting Unit). Involvement in PB has shown social and human capital benefits, including improved self-confidence in tackling community issues, enhanced negotiating skills, and the bringing together of people from different backgrounds (Harkins and Egan, 2012). It can also build social capital by creating forums for local groups to meet, negotiate and take decisions together.

MEASURING ASSETS

Despite a wealth of community based activities, interventions and knowledge, difficulties are inherent in measuring assets and their relationship to wellbeing. Wellbeing is increasingly recognised by national and local government as being of key importance to people's lives and a vital consideration for policy and service delivery decisions. It is important, therefore, to develop robust measures of wellbeing.

An asset based approach acknowledges the considerable interconnectivity and complexity inherent in systems like neighbourhoods and communities (Foot, 2012). The theoretical and primary research evidence for the positive impact of community and individual 'assets' such as resilience, social networks, social support and community cohesion for health and wellbeing is well known (see GCPH, 2011) and has led to a growing interest in asset based working alongside needs-led approaches. Many questions about how to generate evidence of the impact and effectiveness of asset based approaches remain unanswered however, and continue to cause concern for policy makers, researchers and practitioners.

To successfully implement and embed asset working practitioners and researchers have stated that they need advice on how to (Foot, 2012):

- measure and understand the pattern and connectedness of local assets to allow for the designing and planning of interventions, actions and activities that improve wellbeing;
- evaluate actions and activities intended to support asset working – do they work and are they worth investing in?

Furthermore, and on a more practical level, for monitoring of and investment in the approach there is also the need to:

- develop measures which can be used to establish baselines to allow the tracking of inputs and outputs;
- measure outcomes in the short and long term; and
- compare the efficiency and effectiveness of a range of interventions.

One of the initial challenges for asset working is to find and collate data that measure positive health and wellbeing (the often referred to 'softer outcomes') in order to balance the traditional mortality, morbidity and conditions related statistics that describe individuals and communities in deficit terms (Foot, 2012).

A range of validated scales for psychological wellbeing are available to assess and measure wellbeing at the individual level, for example, Sense of Coherence Questionnaire (Antonovsky, 1993), Rosenberg Self-Esteem Questionnaire (Rosenberg, 1965), Satisfaction with Life Scale (Diener *et al.*, 1985), Perceived Stress Scale (Cohen *et al.*, 1983), Beck Hopelessness Scale (Beck and Steer, 2007), Generalised Self-Efficacy Scale (Johnson *et al.*, 1995) and Warwick Edinburgh Mental Wellbeing Scale (Parkinson, 2006).

At the level of the community only a small number of tools are currently available to measure elements of an asset based approach, such as social capital (Edinburgh Health Inequalities Standing Group, 2010) and resilience (Mguni and Bacon, 2010), as described in more detail below. The recently published Community-Led Health for All Learning Resource (SCDC/CHEX, 2012) provides further support for learning about and understanding the benefits of community-led approaches for health improvement. The resource outlines the competences that are necessary to promote and support community-led health approaches and enable them to affect significant changes in health inequalities.

Social Capital, Health and Wellbeing: a planning and evaluation toolkit; provides a way of understanding and measuring social capital in individuals and communities. The toolkit was developed and piloted in close co-operation with community health projects in Edinburgh. The toolkit does not replace existing forms of evaluation and planning but provides ways of evidencing how social capital leads to positive health and wellbeing outcomes (Edinburgh Health Inequalities Standing Group, 2010). Using a logic modelling approach, the toolkit identifies the protective health factors that can result from strong networks, good levels of support and positive relationships which help integrate individuals and communities.

Further information can be found at:

http://www.edinburghcompact.org.uk/downloads/Social_capital_health_and_wellbeing.pdf

The **Wellbeing and Resilience Measure (WARM)** is a framework developed by The Young Foundation, informed by work on the measurement of wellbeing at the local level (Steuer and Marks, 2008). It is designed to be used to measure individual and community wellbeing and resilience in a neighbourhood. The premise is that *“the key to flourishing neighbourhoods is to boost local assets and social wealth, while also tackling vulnerabilities and disadvantages”* (Mguni and Bacon, 2010; p.8). It has been designed to support local agencies and communities to better understand, plan and act. This framework captures and measures assets and vulnerabilities in local communities, how people feel about their lives and how resilient they are to deal with future shocks. Initial trials of WARM paint a very different picture of local areas than conventional deprivation indicators. It can help those planning services to decide where to target scarce public money.

Further information can be found at:

<http://www.youngfoundation.org/publications/reports/taking-temperature-local-communities>

To support the consistent measurement of assets there is a requirement to develop indicators which give proxy measures of positive wellbeing. Measures of health and wellbeing often take the form of indicators and indexes, which are sets of questions that combine different characteristics of a phenomenon in order to provide some overall score or ranking. Indicators are often employed where there are no simple or direct measures of a phenomenon. The creation of a set of indicators will also involve decisions about which groups are of interest, comparison areas, and what is the most appropriate form of analysis for the questions being investigated (Carr-Hill and Chalmers Dixon, 2012).

Oxfam Scotland has recently launched the **Humankind Index for Scotland**, which is a new multi-dimensional tool to measure Scotland's collective prosperity, which goes beyond the dominant economic model (which relies on Gross Domestic Product as the main indicator). The Oxfam Humankind Index is a reflection of prosperity not just in terms of the economy, but in terms of resilience, wellbeing and sustainability which current measures fail to take into account effectively. Developed through extensive public consultation, the Index complements established economic indicators to give a richer, more accurate picture of Scottish prosperity. The Oxfam Humankind Index is about valuing the things that really matter to the people of Scotland. It enables Scotland to measure itself by those aspects of life that make a real difference to people – the factors that Scottish people identify as important to them (Oxfam Scotland, 2012).

Further information can be found at:

<http://policy-practice.oxfam.org.uk/our-work/poverty-in-the-uk/humankind-index>

EVALUATION OF ASSET BASED APPROACHES

To date, much of the emerging evidence around asset based approaches to community development and improving community circumstances comes from case studies and exploratory primary research. Evidence gathering is uneven. It is well established that measuring the impact of complex community interventions on health and social outcomes is not straightforward (Thomson *et al.*, 2004; Ogilvie *et al.*, 2006; Craig *et al.*, 2008). Evaluation approaches and methodologies must be tailored to the complexity of the task in hand.

An asset based approach to public health assumes certain inherent community circumstances that make more traditional evaluative methods, such as the randomised control trial, less helpful and sometimes inappropriate (Foot, 2012). However, it has been argued that what is required for successful evaluation of asset based approaches is commitment from partners in the use and application of established participatory outcome focused planning and evaluation approaches, for example ABCD and LEAP (see below for further information). Furthermore, concepts such as community cohesion, participation and social capital are difficult to define and measure and interventions will inevitably be influenced by a number of other factors affecting the lives of individuals and the wider community (Sigerson and Gruer, 2011).

Evaluating asset based approaches is therefore challenging, particularly when attempting to assess whether or not a given intervention has had a beneficial effect on the health of the individuals and communities it has involved. In developing action from evidence, we need to know more than just 'what works'. To understand the effectiveness of the intervention, we need to assess who the intervention worked for and in what circumstances, as well as how and why it worked or did not work (Pawson and Tilley, 1997).

Achieving Better Community Development (ABCD) is a general framework for planning, evaluating and learning from community development approaches, activities and interventions. Devised by the Scottish Community Development Centre (SCDC), it encourages those involved in community development – whether as funders, policymakers, managers, practitioners, volunteers or community members – to be clear about what they are trying to achieve and how they will go about it. It also helps them to develop a theory of how community development happens and how to measure the changes along the way. It does not provide prescriptive measures or processes for an organisation to use; rather it sets out a broad framework. ABCD identifies community development as an activity that confronts disadvantage, poverty and exclusion, and promotes active citizenship, learning, and community participation. The ABCD approach argues that evaluation is central to effective performance, and in community development activities, it should be conducted with communities themselves. In this way, a shared view about what change needs to take place and how that will occur can be developed.

ABCD informed the development of the **Learning, Evaluation and Planning (LEAP)** system. It is both an approach to outcome focused planning and evaluation, and a framework that supports the process of participatory planning and evaluation with communities.

Further information on both tools can be found at:

<http://www.scdc.org.uk/> and <http://www.chex.org.uk/achieving-better-community-development/>

Evidence suggests that existing and tested evaluation methods are appropriate for evaluating actions to improve assets as part of the ‘chain of progress’ towards improved health and social outcomes (Morgan *et al.*, 2010; Foot, 2012). These can be used to contribute to our growing understanding of how assets produce health and wellbeing, and the evidence base for their effectiveness. The requirements of an evaluation framework for asset based approaches are presented in Sigerson and Gruer, 2011.

 PRACTICAL CHALLENGES OF MEASURING ASSETS

Despite the growing literature on asset based approaches, there remains a need to develop effective methods of evaluating and measuring practice. These methods must be robust enough to demonstrate that asset based approaches represent value for money if asset based working is to be widely implemented.

Further challenges for measuring and evaluating asset based approaches include the present scarcity of data on positive health and wellbeing, as compared to data on illness, health damaging behaviours and death. Where data do exist, they tend to be either at the level of the individual, or aggregated to local health board, council area or national level. Alignment to communities or neighbourhoods is problematic, and leaves a deficit in terms of the ability to describe the quality, quantity or impact of community networks.

The definition of success and of what an asset rich individual, community or place looks like is also contested. Furthermore, while local initiatives may have a direct and measurable effect on the people who participate, information is needed on the impact of service changes or social networks on everyone who lives in an area. Further challenges are posed by the complexity of evaluating community based interventions which may be experimental and evolve with learning about what works and what doesn't, making it difficult to assess progress towards goals. Evaluation should be approached as reflective practice and learning should be part of and integral to the evolution of the project. Further discussion of the constraints, issues and opportunities for measuring positive health are presented in *What makes us healthy?* (Foot, 2012).

 IN SUMMARY

The asset based approaches discussed in this paper aim to redress the balance between evidence of effectiveness about ‘what works’ derived from the identification of problems by placing more emphasis on positive attributes. Asset based approaches for health improvement are not new. However, they have become more significant as we seek to address the social determinants of health and embrace new ways of working to tackle persistent inequalities, particularly in challenging economic times. The insights that come from the assets perspective are influencing ways of working and conceptualisations of service models. The perspective offers practical and innovative ways to identify and mobilise the positive factors that nurture health and wellbeing and can act together to increase physical and mental wellbeing and support healthy behaviours. However if it is to realise its potential, the asset based approach needs to be converted into effective practical actions. These in turn will require a supportive policy and service environment in order that genuine system-level change can be delivered, and the processes and impacts appropriately evaluated.

LEARN MORE

Asset Based Community Development

<http://www.abcdinstitute.org/resources/>
<http://coady.stfx.ca/work/abcd/>

Appreciative Inquiry

<http://appreciativeinquiry.case.edu/>
International Journal of Appreciative Inquiry, available at: www.aipractitioner.com

Co-production

<http://www.coproductionnetwork.com/group/scotland>
<http://www.scdc.org.uk/co-production-scotland/>

Open Space Technology

<http://www.openspaceworld.org/>

Participatory Appraisal

<http://www.partnersinsalford.org/appraisal.htm>

Participatory Budgeting

<http://www.participatorybudgeting.org.uk/>

Time Banking

<http://www.timebanking.org/>

World Café

www.theworldcafe.com

General research methods information

<http://www.peopleandparticipation.net/display/Involve/Home>
<http://www.inspiringcommunities.com/>

Evaluation support

<http://evaluationsupportscotland.org.uk/>

Community-Led Health

<http://www.scdc.org.uk/community-led-health/>

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