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Scottish Community Development Centre

Assets Based Approaches to Health Improvement - Creating a Culture of Thoughtfulness

Briefing Paper

September 2013



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Introduction

In March 2013, the Scottish Public Health Network (ScotPHN), working with the Directors' of Public Health New Ways of Working Group, commissioned the Scottish Community Development Centre (SCDC) to conduct four local learning seminars with public health teams and their external partners to examine the assets based approach to health improvement within a chosen health topic area.

The seminars were commissioned in response to growing debate on assets based approaches to health and their role in relation to the redesign of public services. They were designed to support the development of a 'culture of thoughtfulness' around assets based approaches to health improvement - to allow space and time for health and community practitioners to think about how they currently deliver services and how different ways of working might lead to better and more sustainable outcomes.

The partnership between ScotPHN, SCDC and the New Ways of Working Group was developed in the recognition that the success of assets based approaches is reliant on the availability and mobilisation of 'assets' at a community as well as an individual level and that, for assets based working to gain traction, there needs to be a marrying of public health and community development approaches.

The topics chosen for the seminars included working with older people, tobacco and diabetes. Discussions in the seminars focused on:

- how the locally identified issue was currently being addressed and to what extent an assets based or co-production approach is featured;
- how the issue or topic area could be tackled differently, what assets we may assume exist and how they can be tapped, mobilised and used to achieve positive outcomes;
- how any new intervention might be designed and what its key features would be; and
- how impact would be measured and what would be the indicators of success.

Directors of Public Health, their local teams and external partners were asked to consider the implications of adopting an assets approach to health improvement in their areas and where such approaches might be appropriate, focusing

specifically on how they move from a project based approach towards a systemic approach to assets based work. Participants were encouraged to critically examine assets based approaches within the wider socio-economic context and from the perspectives of citizens and communities themselves.

This briefing draws on current debates on assets based approaches to health improvement and sets out the main conclusions arising from the local seminars and the questions that the conversations provoked.

1. The challenge of both defining and mobilising assets

Within many areas of current Scottish policy there is a renewed emphasis on working with communities and service users in the recognition that locally defined and delivered solutions often lead to a better and more sustainable impact. As we operate in an increasingly challenging fiscal environment, there is a need to better understand how to tap into and mobilise the physical, social and human assets that lie within our local communities.

In the context of communities, assets mean the wide range of material and human resources that may be available. These include peoples' skills, interests and energies; community infrastructure in the form of networks, groups and organisations; the physical assets of land and buildings; and political assets and the ability to influence and shape decisions. It can be argued that, when those assets are tapped and mobilised, communities develop the capacity to assert more control, to initiate and develop local activities and services, and generally help to improve the quality of life for residents.

How do we collectively identify what individual and community assets are available to us and identify what actions we need to take to make best use of those assets and to build assets where there are gaps?

2. The challenge of collaborating to make sure that preventative action becomes a reality

Following the Christie Commission Report and as set out in the Scottish Government's response, *Renewing Scotland's Public Services*, preventative action is at the core of Public Services Reform and actors across public services are now required to work together through Community Planning mechanisms to integrate services and thematic activity around communities and to establish co-productive relationships with communities.

Each agency and partner should be asking about their own role in this collaboration. In the case of the four learning seminars, the role of Public Health in creating the conditions in which assets based approaches can be applied at individual and community level was the subject of debate, generating questions about what actions public health teams can take now and in the longer term.

How can we meet the continuing challenge of impactful partnership working with Community Planning Partnerships and the new Health and Social Care Partnerships but also with the third sector and communities, which would include joint commissioning and sharing of resources? Is there a need to legislate for and incentivise this to make sure it really happens?

3. Real co-production – what does it mean and how do we do it?

Asset based approaches are an integral part of community development and community-led health interventions. They facilitate people and communities to come together to achieve positive change using their own knowledge, skills and lived experience. Empowering individuals and mobilising the expertise of local communities are central to public service reform: community members working alongside public services and third sector agencies to co-design and deliver services, improve outcomes and achieve meaningful social change. A 'co-production' approach values professional expertise alongside the knowledge that comes from personal experience and recognises that real transformative change comes from a combination of the two.

If there is a requirement for public agencies to help set the foundations for reconfiguring the relationship between communities and public services through co-production, how can agencies and communities work together to achieve a set of 'intermediate' outcomes, the characteristics of which include:

- *increased trust and confidence between agencies and communities;*
- *positive relationships and improved partnership working between agencies and between agencies and communities;*
- *increased ownership of local issues by communities themselves and the development of locally led responses and solutions;*
- *increased community cohesion; and*
- *increased community empowerment through the ability of communities to influence change at a local level.*

4. The challenge of developing a sustainable base for assets approaches at community level

The ability to implement assets based approaches will be affected by the level of existing community infrastructure and the availability of groups to engage and work with. Even where there is an element of community infrastructure in place, positive outcomes will be affected by the community groups' ability to engage with the wider community and a diverse range of interests. It can be argued that, sometimes, pre-existing community structures can be a barrier to wider involvement rather than an enabler, if those existing structures are exclusive and non-participatory.

In areas of extreme deprivation and low community infrastructure, there is a need for community capacity building support to enable assets based work to be productive and inclusive and for communities to be able to begin to lead, or act as co-producers of, locally led solutions to local issues. In the briefing paper 'Community Empowerment in Action'¹, SCDC noted that 'Preventative spend, the asset-based approach, co-production and community engagement – all increasingly recognised as important in good governance and public service delivery - can only succeed if the communities involved are properly equipped to participate and take advantage of any opportunity that may be available.

Community capacity building demonstrates that some investment in community infrastructure can pay rich dividends in the success of any policy initiative'. In this context, the term community capacity building encompasses the areas of skills development, establishing effective governance models and processes, addressing equality issues, increasing local involvement, extending the scale of activity at a local level and increasing the influence of local people and local groups or organisations.

But, who are the capacity builders? And how can we make sure they get the support they need at a community level?

5. Investing in communities: how do we do it, how does it justify the cost?

Assets based approaches support the potential for increased involvement in community life, which often provides people with a sense of purpose and self-worth, a wider network of support and social interaction, and feelings of greater control over their own life circumstances. All of these dimensions have an important role in improving and enhancing individual and collective health and wellbeing and overall life chances. Beyond its value to people as individuals, investing in a community development, or assets based, approach will ultimately alleviate impact on public services as communities are more able to participate as equal contributors in achieving health, regeneration, community safety and other outcomes.

But how much does it really cost? How can we develop clearer intelligence about the economic benefits of an assets approach versus traditional service delivery models?

¹ <http://www.scdc.org.uk/media/resources/policy-and-practice/FINAL%20SCDC%20Community%20Empowerment%20in%20Action%20Briefing%20April%2012.pdf>

6. Prioritising workforce development

Delivering on preventative action involves investment in workforce development to ensure that public service staff develop and enhance their skills in community involvement and person centred approaches, that decentralisation of power to citizens and communities takes place and that all forms of inequality are tackled as a core principle. It also involves ensuring that leadership is distributed and developed at all levels.

How do we manage the double demands of supporting our workforce to increase their knowledge, develop new skills and work in new ways at the same time as ensuring quality of current services?

7. National health targets versus community priorities

National targets are usually monitored on an annual basis and the ways in which those targets are designed to be achieved are mainly built around an organisationally led service delivery model.

How can we manage the tension between honouring a bottom up approach to health improvement working with the priorities identified by communities and the imperative to meet national health targets?

8. What are the limits of an assets approach?

The question of how far an assets based, or coproduction, approach can extend commonly arises as health improvement practitioners attempt to engage with clinicians, working in acute and secondary care. The efforts to reduce smoking in a particular locality or with a particular population group might be ideal territory for an assets based approach, but how does the same approach apply to medical interventions?

How do we make the connections between coproduction with communities and the kind of person-centred co-productive approach taken by a clinician to his/her patient, exemplified by the Esther approach to person centred care being pioneered in Southern Sweden²?

² <http://www.govint.org/good-practice/case-studies/the-esther-approach-to-healthcare-in-sweden-a-business-case-for-radical-improvement/>

9. Finally, what is real and meaningful evaluation?

Last, but by no means least.

How can we meet the challenge of both a comparative and a collective evaluation of a whole range of different initiatives delivered by different partners, which are needed to form part of a bottom up strategy? Should a set of standardised clinical and qualitative indicators be developed? Can we apply Improvement Science³ to this kind of work, and if so what would this look like?

What next?

These questions do not have simple answers. They will need to be considered and worked with by public sector partners and communities alike over the next few months and years as we move forward with an assets approach to health improvement.

Experience has shown that new approaches often tend to provide an opportunity for existing practice to be rebranded. This is particularly true when there is a lack of common understanding about what the new approach really entails. So there is a real and well-founded fear that adopting an assets approach might in some cases merely be a vehicle for re-presenting existing practice, some of which is a long way from ideal.

In Scotland, there are many localities and population groups that continue to experience long term health and social inequalities. Assets based approaches will not, in themselves, alleviate the effects of long term structural inequality and disadvantage but are nonetheless important within the context of current changes in national policy and a redefinition of the relationship between the citizen and the state. It is evident that further clarity is needed about what adopting an assets approach really means. It is not possible to be definitive about this in every case, by its nature an assets approach depends on local circumstances and environments, but there is a need to learn more about it what it looks like by testing out assets approaches in action.

From September 2013 to June 2015, SCDC, in partnership with Glasgow Centre for Population Health, will be undertaking an action research scope designed to test out assets based approaches to health improvement and tackling health inequalities. For more information, please contact info@scdc.or.g.uk

³ <http://www.scotland.gov.uk/Resource/0041/00413569.pdf>



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