

# Development of a Method for Asset Based Working



Commissioned by NHS North West



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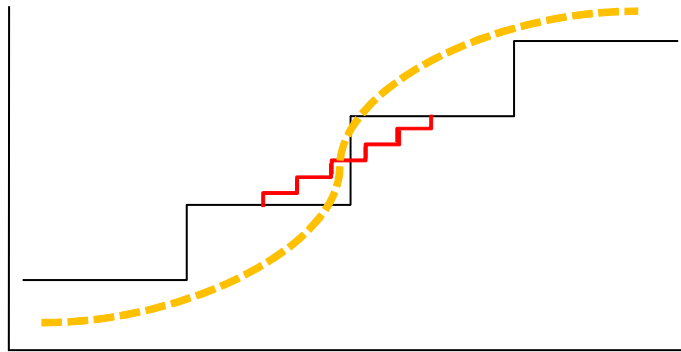
## 1.0 Summary & Recommendations

In working closely with the four main pilot sites, it was clear that many of the 'bits of the system' seemed interested and willing to approach needs assessments and asset based working in this way, but that there seemed to be a lack of overall coordination or vision at all of the various levels for this to be quickly and easily taken up by all. For instance, there are some senior strategic players within organisations that advocate this type of approach and there are asset based approaches being undertaken at the ground level; however, links with people charged with both commissioners and those producing and assimilating needs assessments is limited. The closest we found to having a coordinated focus at all three of these levels seemed to be Stockport.

The key observations of this work (listed more fully on page 24) are:

- An asset is only an asset when viewed from the perspective of the user – individual or community – and so organisationally driven lists, whilst a start, do not constitute 'an asset approach'. Ultimately, no one definition is satisfactory.
- It is more to do with culture than system and process. However, having people who are enthused about this type of approach is not enough, as the culture needs to permeate throughout the various levels of a range of organisations and ultimately the senior decision makers need to 'buy' into the approach as the outcomes could be transformational. Local historical approaches are likely to have an influence.
- The whole is nearly always greater than the sum of the parts – it seems that the links and interconnectivity between disparate and often competing (in the sense of resources and 'customers') assets is where the most value can be gained from this way of working.
- Leadership is key, but so too is dissemination of the asset approach and a common understanding throughout the range of organisations.
- There is no complete definition of assets or the process of undertaking a joint strategic asset assessment – this work should be viewed as an evolutionary journey which needs to be started for improvements to happen. It is also important to note that a 'one size fits all approach' is unlikely to work. Each area should consider the best way to incorporate this into existing systems; otherwise it is likely that any transformation will meet with resistance. It was clear from our engagement around this approach that those organisations that have already embraced locality based working are more receptive to this approach than those who have not. Therefore, an area's context should always form the starting point and is likely to dictate the approach. For example, the diagram below represents the possible change management process, which may be associated with asset based working. Areas where locality based working has been embraced may be more receptive to a more rapid type of change, whereas other areas may need to take a more considered and 'stepped' approach to this change, for example the introduction of community development workers.

**Figure 1: The process of change**



- Language is a barrier – even the use of the word ‘assets’ brings up different definitions in people’s minds, depending on viewpoint. Starting the conversation will allow you to clarify the terminology – people should not be too hung up about getting it right before starting.
- The approach has a dual purpose, i.e. we initially embarked upon the concept with the purpose of facilitating better strategic planning (organisation); however, it became apparent that this benefit only manifests outcomes when it operates ‘hand in hand’ with development in the locality (community).
- There is a need to be cautious in the application of asset based working in light of the current economic downturn as this can be perceived as a means and/or justification for removing services to save money, rather than delivering more and better outcomes.

In terms of taking this work forward on a regional or a national basis, it may be worth considering the following:

- Testing, more fully, a whole system, gaining buy in at all levels up front and focussing any effort on accomplishing the process itself and learning from this.
- Using the reinvigorated focus on JSNAs, and their importance to the work of local Health & Wellbeing Boards, to build in the asset approach locally in other pilot areas as these needs assessments are refreshed over the next 12 months.
- More thinking needs to be done at a regional, national and policy level about definitions of assets and how the crucial factor of connectivity is dealt with. At a very low level, having community development capacity and ‘asset registers’ can work – however, working at a more strategic level, commissioners need to understand how their work can affect the use of assets and the connections between them and their communities. Equally difficult is the issue of ‘usefulness’ as assets will be seen by different individuals and communities in different ways.

## 2.0 Introduction

It is worth acknowledging, asset building occurs naturally in many of the poorest and most deprived communities – because it has to and without it communities cannot survive and thrive. This work builds upon, amongst others, the work of the likes of John McKnight and his peers at the asset based community development institute in Chicago, who took what they observed in these communities and formalised the approach.

### 2.1 Purpose of this work

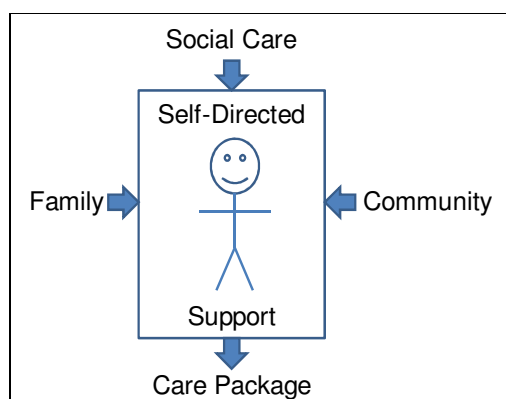
This work is designed to support partner organisations across the North West (and potentially nationally) to effectively plan and commission services in order to achieve the best possible outcomes for the people in their area. It should significantly complement the work done to date developing the deficit-model-based Joint Strategic Needs Assessment and support commissioners and managers to better understand both the **strengths** and the **assets** within their communities.

**Assets**, in the context of this work, are any factor (or resource), which enhances the ability of individuals, groups, communities, populations, social systems and/or institutions to maintain and sustain health and well-being and to help to reduce health inequities. These assets can operate at the level of the individual, group, community, and/or population as protective (or promoting) factors to buffer against life's stresses. (adapted from *Assets for Health & Development: The European Programme (AHDEP), Developing a Conceptual Framework*, European Office For Investment For Health & Development. Harrison et al. 2004).

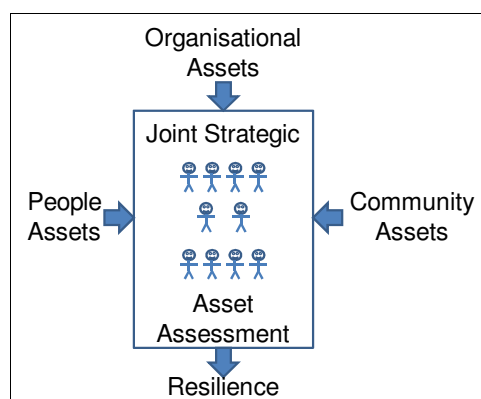
This understanding can then be utilised to effectively harness and manage assets as part of the overall community support mechanisms which people with varying care, support and health needs require to maintain their independence and the quality of life within a community.

The traditional model for health and social care takes the identified needs of the individual which tend to emerge from a deficit based assessment, and then looks to provide public services to address these needs rather than harnessing any inherent assets and support that may exist within communities and which may enhance and complement the public sector's offering. Whilst the personalisation agenda within adult social care recognises the other support networks that exist within a person's life (See Figure 2a), commissioners and strategic managers have, up until now, had no real mechanism for recognising this (See Figure 2b).

**Figure 2a: Self-Directed Support Model**



**Figure 2b: JSAA Model**



This work will therefore support commissioners and providers to redesign services, with other stakeholders, including communities, in order that local assets (individual, community and organisational) are pooled to enable the futures desired by all stakeholders to develop. This will help to draw together, manage and stimulate a range of support mechanisms, some provided and funded

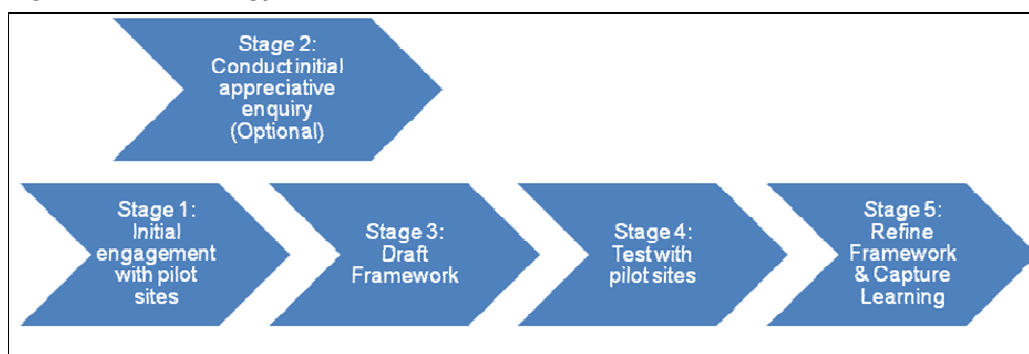
by the state and others reliant on the development of social capital and community assets. It links directly to, and builds upon, the recent publication *A Glass Half Full*<sup>1</sup> and is a direct response to the call to 'embed assets in strategic processes' and develop 'strategic commissioning'.

The Department of Health and NHS North West have commissioned this work in order to develop a 'whole-system' framework for the adoption / integration of an asset approach within health, social care and related systems, enabling partner organisations across the North West (and potentially nationally) to effectively plan and commission services in order to achieve the best possible outcomes for the people in their area.

CPC, in partnership with Judith Emanuel, were commissioned to provide support and capacity for the four pilot sites to develop a framework for joint strategic asset assessment, aligned to JSNA, and to provide the capacity to cross-fertilise ideas across the pilot sites, together with aligning the pilots with current concepts and policy agendas.

In order to provide a consistent approach across each of the pilot sites, we adopted a five stage methodology:

**Figure 3: Methodology**



Stage 1 included:

- Gathering a baseline picture of progress to date in each area
- Obtaining relevant documentation
- Understanding scope and ambition for this work
- Agreeing a development plan going forward

Stage 2 included:

- Undertake appreciative inquiry to involve people from across the whole system, to develop a shared understanding of what is working, define the assets and start a joint journey of transformation to a desired future which can be co-created

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<sup>1</sup> <http://www.idea.gov.uk/idk/aio/18410498>



Stage 3 included:

- Analysing and interpreting pilot site learning, along with national research, to draft the initial 'whole systems' framework
- Ensuring that the framework is aligned to the JSNA
- Testing with regional and national stakeholders

Stage 4 included:

- Testing the framework within pilot sites and gathering feedback
- Supporting pilot sites to test and develop the framework

Stage 5 included:

- Gathering feedback and refining the framework
- Composing case studies based on pilot site experiences, learning and best practice

## 2.2 Defining the Joint Strategic Asset Assessment (JSAA) and Asset Based approaches

*A Glass Half Full* identified a number of asset based approaches. These included:

- Asset Mapping
- Asset Based Community Development (ABCD)
- Appreciative Inquiry
- Participatory Appraisal
- Open Space Technology

These approaches are not particular to asset based working. However, they do share a common set of values of '*discovering and mobilising what people have to offer*' (*A Glass Half Full*). They are not mutually exclusive and will often be used in combination with each other in asset based work.

*A Glass Half Full* identifies a number of key messages on the asset approach:

- The asset approach values the capacity, skills, knowledge, connections and potential in a community. In an asset approach, the glass is half-full rather than half-empty.
- The more familiar 'deficit' approach focuses on the problems, needs and deficiencies in a community. It designs services to fill the gaps and fix the problems. As a result, a community can feel disempowered and dependent; people can become passive recipients of expensive services rather than active agents in their own and their families' lives.
- Fundamentally, the shift from using a deficit-based approach to an asset-based one requires a change in attitudes and values.
- Professional staff and councillors have to be willing to share power; instead of doing things for people, they have to help a community to do things for itself or in partnership.
- Working in this way is community-led, long-term and open ended. A mobilised and empowered community will not necessarily choose to act on the same issues that health services or councils see as the priorities.

- Place-based partnership working takes on added importance with the asset approach. Silos and agency boundaries get in the way of people-centred outcomes and community building.
- The asset approach does not replace investment in improving services or tackling the structural causes of health inequality. The aim is to achieve a better balance between service delivery and community building.
- One of the key challenges for places and organisations that are using an asset approach is to develop a basis for commissioning that supports community development and community building – not just how activities are commissioned but what activities are commissioned.
- The values and principles of asset working are clearly replicable. Leadership and knowledge transfer are key to embedding these ideas in the mainstream of public services.
- Specific local solutions that come out of this approach may not be transferable without change. They rely on community knowledge, engagement and commitment which are rooted in very specific local circumstances.

The creation of a joint strategic asset assessment framework will provide a greater understanding of community assets and how they fit with the JSNA to enable a broader and richer perspective to be offered into the strategic planning process. By having both a JSNA and a JSAA (or, more importantly, having the strengths and assets built into a JSNA) it is anticipated that it will be easier to see the whole picture rather than just one facet of the problem or issue, thus highlighting the activity and capacity within both the public sector and the community to respond to health inequalities and provide increased equity. Invariably commissioners, overview and scrutiny committees and others develop a greater understanding of what is already existing and working when asset based work informs their intelligence gathering.

The joint strategic asset assessment can therefore support the asset mapping approach, which aims to identify the assets in an area as well as understanding the interconnections or relationships between assets within communities and individuals and organisations<sup>2</sup>. The overall aim is to identify what assets are available to individuals and communities so that the community and commissioners can jointly use these assets to sustainably solve local issues and ensure that and external support (through health and wellbeing service provision) can be used more effectively.

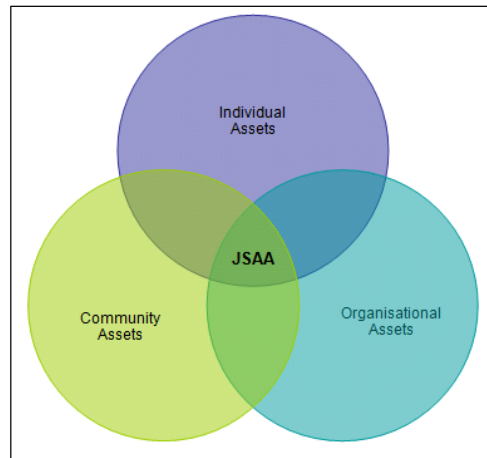
Traditionally, asset mapping has been done on a very small scale basis – across a ward or a small number of streets/estates. What the JSAA framework seeks to do is to provide a mechanism for a more systematic, area-wide approach to asset mapping which links it firmly to the deficit-led Joint Strategic Needs Assessment.

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<sup>2</sup> Organisations refers to formal organisations such as services as well as more informal community resources (eg: community groups or societies)

Figure 4: Systematic Approach to JSAA

- Individual – skills, talents, networks, knowledge, interests, time, positive values, self-esteem and a sense of purpose which people are willing to contribute for things that matter to them
- Community – family and friendships, networks, intergenerational links, community cohesion, religious groups, associations (formal and informal), creative arts and opportunities for people to express themselves and come together
- Organisational/Institutional – land, buildings, transport, spending by local businesses and organisations, people and the knowledge-based assets that they control, which are valued and can be used by the community in the pursuit of improved wellbeing, as well as the services they deliver



It is important that asset assessment is not done purely as a desktop exercise, as missing out the community engagement element of understanding what assets there are within the community, and what they mean to people, will mean that the JSAA is focused on issues relating to the services or organisations that provide them. This may then limit the identification of solutions to those that are already known or accepted. As an equal partner in this approach, the community's resources are given equal value to those of the public sector and others.

This makes whole system change a real possibility as interactions between individuals and their communities and services are reshaped, investment can be made in the potential and assets of communities in a sustainable way and the strain can be taken off the public sector at the same time as improving outcomes.

The government's communications to date on the **Big Society** (the Government's programme for structural change with the goal of devolving power to the lowest possible level and using the state to galvanise community engagement and 'social renewal') states that they '*want to give citizens, communities and local government the power and information they need to come together, solve the problems they face and build the Britain they want. We want society – the families, networks, neighbourhoods and communities that form the fabric of so much of our everyday lives – to be bigger and stronger than ever before. Only when people and communities are given more power and take more responsibility can we achieve fairness and opportunity for all. Building this Big Society.... is the responsibility of every department of Government, and the responsibility of every citizen too. Government on its own cannot fix every problem*'.

## INSIGHT

### The drive for a 'Big Society'

Proposed and existing policies which will help to achieve this include:

- Reform the planning system to give neighbourhoods the ability to shape the places where they live and introduce new powers to help communities save local facilities threatened with closure, including local government services;
- Train a new generation of community organisers and support the creation of neighbourhood groups across the UK, especially in the most deprived areas;
- Introduce measures to encourage volunteering and involvement in social action, for example an introduction of a National Citizen Service. The initial flagship project will provide a programme for 16 year olds to give them a chance to develop the skills needed to be active citizens, mix with people from different backgrounds, and start getting involved in their communities;
- Support the creation and expansion of mutual's, co-operatives, charities and social enterprises; and use funds from dormant bank accounts to establish a Big Society Bank, which will provide new finance.

The Government is piloting community projects across the country (Liverpool, Eden Valley, Cumbria, Windsor & Maidenhead and London Borough of Sutton) as part of efforts to "turn government completely on its head". The 'Your Square Mile' initiative, launched on: [www.thebigsociety.co.uk](http://www.thebigsociety.co.uk) identifies that there are 93,000 square miles in the UK, yet we only tend to focus on two of these, the square miles of the City and Westminster. 'Your Square Mile' is about enabling citizens to make changes in the other 92,998 square miles. There are an estimated 900,000+ community groups in the UK and 238,000 Social Entrepreneurs. This initiative intends to support citizens to find and join these organisations easily, using their own needs and passions as a start-point, and to feel able to start their own neighbourhood groups. It is important to link these groups, social enterprises and communities to each other to share ideas and resources.

The idea of **co-production** suggests that conventional public service reform is failing because its design fails to grasp that professionals need their clients as much as the client need professionals. In practice, the consumer model of public services – where professional systems deliver services to passive clients – misses out what is most effective about their 'delivery': the equally important role played by those on the receiving end, without which, doctors are powerless to heal, just as teachers are powerless to teach and police to prevent crime. Social networks make change possible, yet for the last 30 years they have been unravelling, leaving people feeling that they are powerless to cope with a variety of activities without professional help. Risk averse professional practices and targets imposed by government have exacerbated this trend. Co-production demands that public service staff shift from fixers who focus on problems, to enablers who focus on abilities. The concept has been used to describe the 'personalisation' of services.

The New Economics Foundation's publication *Co-production: A manifesto for growing the core economy*<sup>3</sup> uses the analogy of a computer, which runs powerful specialised programmes all of which rely on a basic operating system without which they cannot individually function. "*In the same way, our specialised services dealing with crime, health or education, rely on a underpinning operating system that consists of family, neighbourhood, community and civil society*". In the world of co-production this is often referred to as the 'core economy', something which 'social capital' often seeks to tap into. The idea of co-production points to ways we can rebuild and reinvigorate this core economy and realise its potential, and how public services can play a part in making this happen. This is not about consultation or participation – except in the broadest sense. The key is to involve people more, above and beyond decisions, to help deliver solutions. Timebanking is an explicit

<sup>3</sup> [http://www.neweconomics.org/sites/neweconomics.org/files/Co-production\\_1.pdf](http://www.neweconomics.org/sites/neweconomics.org/files/Co-production_1.pdf)

example of a co-production approach, building alliances between individuals and their public services.

Organisations that set out to co-produce with clients and their families and neighbours will have a range of different characteristics. They will not necessarily look the same, but similar processes will be in place, which incorporate the following<sup>4</sup>:

- Provide opportunities for personal growth and development so that they are treated as assets, not burdens;
- Invest in strategies that develop the capacity for local communities;
- Use peer networks instead of just professionals as the best means of transferring knowledge and capabilities;
- Reduce or blur the distinction between producers and consumers of services, by reconfiguring the ways in which services are developed and delivered;
- Allow public service agencies to become catalysts and facilitators rather than simply providers;
- Devolve real responsibility, leadership and authority to 'users', and encourage self-organisation rather than direction from above;
- Offer participants a range of incentives which help to embed the key elements of reciprocity and mutuality.

As *The Asset Approach to Living Well* Report states, the asset approach is not a particularly new one, but it is becoming ever more significant as we attempt to maximise the social determinants of health and embrace new ways of working to tackle these persistent and rising health inequalities. Fundamental to the asset approach is a focus on wellbeing and the factors that enable and protect health, rather than on illness and individual disease factors.

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<sup>4</sup> The Elements of Co-production, *Co-production: A manifesto for growing the core economy*

## 3.0 The Story So Far

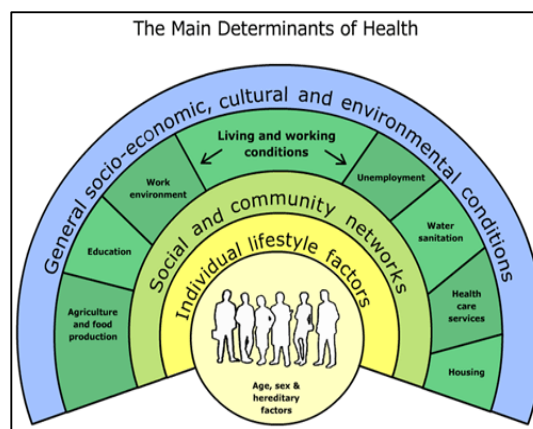
### 3.1 National Context

Michael Marmot on why health inequalities matter (HSJ 16 April 2009), argues that many of our health risks reflect lifetime exposure to a range of tolerated hazards.

**Figure 5: Main Determinants of Health**

*'Health is not simply shaped by an interaction between genetic susceptibilities and healthy or unhealthy behaviours. The wider context of our lives, from conception to old age, exerts a range of influences that directly affect individual's risk of health and illness.'*

The Dahlgren and Whitehead model of the wider determinants of health provides an accessible model and points to areas where strengths or assets can be seen to potentially affect a person's wellbeing.



In the recent report by the Local Government Association's Health Commission *'Who's accountable for health?' (2008)*<sup>5</sup> made the point that, "many of the big public health challenges are linked to gaps in health status and access to services between different groups of the population. Addressing the problems of relatively poor health among deprived sections of society clearly has a local dimension". There is increasing consensus that many of the solutions to challenges such as improving public health need to be much more rooted in local circumstances. The traditional view of unmet need tended to identify the difference between the number of users and the prevalence rate as those who are not being served by the system, and therefore may not have their needs addressed this further perpetuated health investment and initiatives, whilst avoiding consideration for the local assets.

The 2010 Marmot report into UK Health Inequalities was to confirm that the wide range of health determinates which promote good health extended far beyond purely health issues, e.g. economic, cultural and social factors. Following on from this report was the focus on Big Society and the rebuilding of civic participation and localism. Both these factors were to confirm the appropriateness of asset based working.

The 'asset approach' is one of a number of such approaches that can be effective. It builds on the assets and strengths of specific communities and engages citizens in taking action, and is cost-effective, since it provides a conduit for the resources of citizens, charities or social enterprises to complement the work of local service provision. Given the growing pressure on government finances, these are important benefits.

<sup>5</sup> <http://www.lga.gov.uk/lga/aio/721828>

## 3.2 Regional Context

Addressing health inequalities is a key priority for the North West and this work will feed into the regional testing of the Marmot review and work in tackling the social determinants of health and building resilience. Part of this included a recent review into the role of the public sector in influencing resilient relationships in the North West (Friedli 2009). The report highlights the significance of social connections as a community asset and as a determinant of health and other social outcomes.

Developing a community asset approach has been identified as a key priority in the region's emerging Health Inequalities framework. This has been informed by the Commission for Social Determinants of Health final report (WHO 2008) and UK Marmot response and the North West open space event with stakeholders. Community asset mapping has been evident in several localities in the North West over the last five years.

Recently, the North West has produced a document, *'The Asset Approach to Living Well'* which identifies 'ten key asks' for the North West on order to reduce inequalities through prioritising wellbeing, itself being part of the North West's call to action through *'Living Well Across Local Communities - Prioritising Wellbeing To Reduce Inequalities'*<sup>6</sup>. The ten 'key asks' that are identified are:

1. 'Leadership and Organisational Vision: Understanding health as wellness, not illness. Providing clarity on the things that promote and protect good health and well-being, rather than only describing health as disease and the risk factors for ill-health - Demonstrated through personal commitment and Health & Wellbeing Strategies.
2. Joint Strategic Asset Assessment: Describing the population through the assessment of assets as well as needs e.g. the presence of good health and well-being and indicators on what creates and influences good health, rather than needs assessment that only includes information on disease, death and risk factors for illness - Demonstrated through an enhanced Joint Strategic Needs and Asset Assessment.
3. Map community assets: Mapping what the community themselves say are the valuable resources and assets that improve their lives; the strengths, knowledge and skills of people and the value of places and facilities. See [www.ABCDinstitute.org](http://www.ABCDinstitute.org) - Demonstrated through engagement of the public sector with community-led initiatives, production of community asset maps that inform the JSNA/ JSAA.
4. Asset Based Community Development infrastructure: Sustaining community assets through continually empowering citizens and communities and increasing participation in decision making - Demonstrated through a local infrastructure for (Asset Based) Community Development.
5. Individual strengths based working: Services that assess individual strengths (not just problems) and provide interventions that build on people's strengths and their personal and community resources e.g. social prescribing/ community referral, personalisation - Demonstrated through strengths based assessment processes and referral pathways and social interventions.
6. Neighbourhood Budgets and Commissioning: based on the JSAA that seek to build on assets and what's working well rather than a sole focus on problems and deficits within communities and families. Empowering people and providing "professionals on tap not on top" - Demonstrated through use of Community Budgets and Commissioning of solutions that recognise and build on strengths, skills and resources and what's working well for whom, where and how.

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<sup>6</sup> <http://www.marmotreview.org/AssetLibrary/resources/external%20reports/Living%20Well%20Across%20Communities%20NW.pdf>



7. Appreciative Inquiry to Organisational Development: Managing organisational change and service improvement by recognising and building on what's already working well rather than trying to fix what doesn't; involving people in the process of change - Demonstrated through use of Appreciative Inquiry in organisational development processes
8. Organisational asset and skills audit: Mapping the assets of staff and organisations in order to have a greater understanding of the potential skills, strengths and resources that could be utilised more efficiently within and across organisations; and built upon as part of personal and organisational development and social value - Demonstrated through skills audits and personal development plans aligned to emerging organisational priorities to ensure best use of the workforce; And greater sharing of resources within and between organisations
9. Time-banking and asset transfer: Sharing and exchanging assets between public, private and community bodies to improve efficient use of resources and give power to communities - Demonstrated through the transfer of physical assets to communities (see [www.atu.org.uk](http://www.atu.org.uk)) and credit exchange schemes such as time-banking (see [www.timebank.org.uk](http://www.timebank.org.uk))
10. Asset based indicators: Research and monitoring that incorporates the evaluation and development of asset based outcomes, indicators and measures - Demonstrated through the use of local asset based outcomes and indicators for monitoring progress.

Diagrammatically, this whole system asset approach is represented as follows:

**Figure 6: Whole System Asset Approach**





### 3.3 Local Context

There are a number of areas across the North West (and wider) that are making progress on the use of asset based approaches in their widest sense. Working with the four pilot areas (Stockport, south Cumbria, Liverpool and central and west Lancashire), we have gathered a range of experiences and aspirations as part of the development of the JSAA framework. We have also identified a number of other areas who are working in this field and have included them for information.

#### Central & West Lancashire

At a county level, Lancashire is developing its JSNA capability to be able to produce 'mini JSNAs' for various population segments. As part of their advice and guidance role to commissioners undertaking needs assessments, they have developed a Needs Assessment Toolkit<sup>7</sup>, launched in January 2010 which includes guidance on the role of mapping assets as part of a JSNA. When undertaking a needs assessment within Lancashire, JSNA lead officers are asked to:

*'Describe any assets that are current(ly) used or might be of use in tackling this issue (be explicit on which are already used and which might be used). For example, within a community there might be existing networks or facilities that could be made use of in tackling the need. This should include voluntary and faith sector. Using such assets can be a more cost effective and sustainable method of tackling the needs by developing the ability of communities to provide their own solutions. If data is available on the population in need accessing community assets and any outcomes it should be included. Otherwise, list and describe the assets available.'*

Whilst this is fairly new and untested (as at January 2011), it is at least asking commissioners and those involved in the needs assessment to consider the role that assets might have. They are currently considered alongside the provision of services and so there is still a 'twin track' approach to needs and assets assessments.

Central Lancashire have a strong lead for asset based working in the Director of Public Health, who has been involved in the asset based community development approach for many years and who has undertaken study visits to Chicago to see the work of John McKnight. The link between strategy and practice is therefore one based around the individual at present, but work at a county-wide level on JSNA and assets and this work will hopefully bridge that potential gap and make this approach much more systemic.

Within West Lancashire there has been a strong appetite for building and utilising asset based approaches. The West Lancs Council of Voluntary Services (WLCVS) in conjunction with NHS Central Lancashire (NHS CL) have worked to raise the profile of these approaches (some of these activities are listed below). They identified that 'planting the seeds' of the concept and joint training and development of both Voluntary, Community & Faith Sector (VCFS) and public sector staff were key to the successes and subsequent development of asset based working. To ensure pathway links between the local communities, associations and institutions, the stakeholders have come together to form the West Lancashire Asset Based Community Development Group. This group works with the Local Strategic Partnership (LSP) to ensure links with the sustainability and development of all aspects of the West Lancashire community and in partnership with the LSP the group gained funding for the 'West Lancashire Challenge'. This project combines traditional financial investment (£250,000) with the match funding of the experience, capacities and skills of the ABCD group

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<sup>7</sup> [http://www.lancashire.gov.uk/office\\_of\\_the\\_chief\\_executive/lancashireprofile/jsna/needsassessments.asp](http://www.lancashire.gov.uk/office_of_the_chief_executive/lancashireprofile/jsna/needsassessments.asp)

stakeholders in an ambitious project to increase social and economic capital, civic participation, education, training and employment opportunities. Some examples of other activities include:

- Undertook asset mapping of seven local communities. On the back of this asset mapping and raised profile of the approach, the West Lancs Children's Trust provided resources to undertake a project within a struggling primary school. This involved the school children producing their own asset maps, which will be used in a creative arts project to create a school character / mascot modelled on a amalgam of these qualities to develop a school volunteering scheme. Alongside the work with the children, parents will be encouraged in supporting the teaching staff to improve literacy levels. The project will encourage the children, along with the wider community, to support each other, thus increasing social capital; and
- Creation of community food growing projects which in conjunction with the asset maps have resulted in localised micro growing and distribution.

NHS Central Lancashire and WLCVS have agreed to include the Asset Based Community Development (ABCD) model within the core work of the CVS and NHS agreement. The CVS are investing a worker directly within a 'Health Consortia' of frontline VCFS organisations to develop community asset hubs to address health issues and develop social capacity within communities. These hubs have a particular focus on ensuring that young and traditionally excluded communities are included in the projects. The ABCD group are also currently in negotiations with UCLAN's School of Social Work around the creation of higher education courses around asset based working (with the possibility of inclusion of other areas), a bi-product of which would be increased social capital as the students are required to complete a set number of hours of volunteering. Progress is also underway to create a shared resource, 'The North West Centre for Asset Based Community Development and Learning'. This will include the creation of a hub of ABCD knowledge and resources where information and good practice can be developed, disseminated and promoted throughout the North West.

## Cumbria

Cumbria have been supporters of the asset based approach to working for some time, having hosted a number of visits by John McKnight to the region and having sent staff to Chicago to see the process in action. The 2010 Director of Public Health's Annual Report<sup>8</sup> makes a number of specific references to assets, speaking of the need to harness assets and skills of local people to promote good emotional and mental health, understanding that the communities of Cumbria have assets as well as needs, engaging with these communities to define what these assets are and a programme of community asset mapping pilots being established in three localities in 2010/11.

*'The recent flooding in Cumbria is an example of the stress and emotional strain which can be placed on individuals and communities and further evidence that services and communities need to work closely together to harness the skills and assets within Cumbria which can promote good emotional and mental health.'*

*'An ageing population also brings with it a wealth of assets such as knowledge as well as the contribution that able bodied elderly are able to make for example through volunteering. The challenge will be to make the most of these assets as well as meeting some of the challenges presented by the demographic changes ahead.'*

*'Through public engagement, we are laying down the foundations for a shared understanding of community assets as well as a shared vision for mental health and wellbeing. Ultimately our aim is to enable people to make choices about the lives they want to lead.'*

*'The key to capacity building, particularly at a time of austerity and short resources, is the leverage provided by synergy and effective joint working. This joint working has to be multidisciplinary, interagency and above all a partnership with the public in the driving seat as active citizens taking responsibility for their own health destiny, mobilising the abundant assets and resources found in all communities no matter how disadvantaged. This message, which was underlined so clearly by Professors John McKnight and Chris Gates on their visit to Cumbria in 2009 is driving the Public Health teams contribution to partnership working in Cumbria.'*

<sup>8</sup> <http://www.dh.gov.uk>

*Development of asset-based community development methodology has been progressed through seminars and workshops and through discussion with key partners at Cumbria Strategic Partnership and Local Strategic Partnership meetings. This has resulted in community asset mapping pilots being established in Barrow, Workington and Carlisle that will be rolled out with partners over the coming years.'*

*'Cumbria is a county full of resources and assets, both natural, human and manmade. This is a county which is*

Cumbria originally began this work with the intention of undertaking an asset assessment as part of some work around mental health services which was already being undertaken in Barrow in Furness. A number of successful briefing events were held including a celebration of existing work undertaken within both voluntary and statutory sectors. It was then planned to have an Appreciative Inquiry to launch the asset assessment work with a particular emphasis on getting senior staff on board. The inquiry did not take place because of delays to the project, relating to the best approach to get senior staff buy in. Subsequently, local circumstances and the changes being made nationally within the NHS and local government meant that it was not possible to progress this work within the timescales available; however, the ambition remains to undertake asset mapping work locally in Barrow.

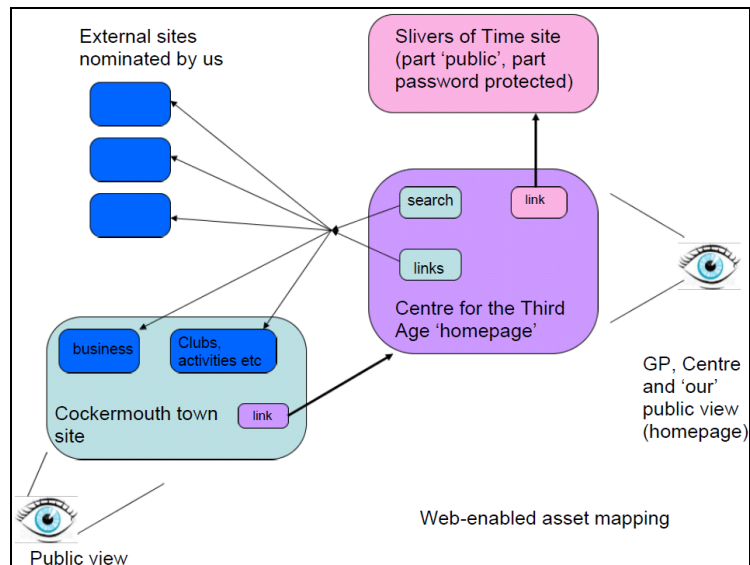
As part of work on the Cockermouth Centre for the Third Age, whose vision is to 'improve the health and well being of older people in Cockermouth', work has been undertaken to 'create an asset register for the community using ABCD methodology'. This will be available to residents via a website<sup>9</sup>, allowing people to search by a number of criteria. This site has been deliberately developed to be seen as being 'owned by the town' as opposed to any one of the local public sector agencies.

This approach maps assets in the following categories: Hobbies/clubs; Sports clubs; Churches; Schools; Charities; Housing Associations; 'Relevant' businesses; Action Groups; Civic activity; Communications; and the Public Sector. It is also designed to be used both by agencies, such as GPs, and the general public and can be represented graphically as follows:

**Figure 7: Cockermouth Online Asset Register**

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<sup>9</sup> <http://www.cockermouth.org.uk/C3A/>



This is currently seen as a work in progress and there are active plans to:

- Ensure that services are well described for both professional and community users;
- Ensure that society and club details are accurate, using volunteers to gather and assess the information;
- Develop effective links between this site and the various service directories being developed by the County council;
- Develop an up to date 'what's on' section to complement the more static sections; and
- Improve the overall 'look and feel' of the site to make it feel 'warmer' and 'friendlier'.

## Liverpool

Liverpool is currently (as of January 2011) exploring how an asset based approach can contribute to identifying a more effective way of involving and engaging communities to consider heart health in a particular neighbourhood. Liverpool wants to achieve long term improvements in the health of its population, with the city having one of the highest rates for heart disease.

They plan to engage local people, to gather local intelligence about assets that can help keep people's hearts healthy and then to develop an action plan to develop these assets further. This exercise will be undertaken in such a way as to ensure that: the group will agree what they want to change and identify a positive focus for the enquiry; and there will be pre-determined solution and any agreed realistic change is possible or permitted. They had planned to use appreciative inquiry but unfortunately were unable to hold the inquiry within the timescale of this project.

Using this approach, they hope to:

- Learn about each other, who they are and what their positive experiences and gifts are through storytelling and group inquiry;
- Dream and consider what the future might be from the discussions in order to create a vision;
- Using their collective experience, design what they would need to do in order to create this future; and
- Develop a delivery plan to achieve the dream

Liverpool was initially unsure whether they wanted to use Participatory Appraisal or Appreciative Inquiry to asset map and as a result they explored several ideas. An initial planning group meeting was held in November 2010 for an Appreciative Inquiry in Tuebrook and Stonecroft. Public Health officers decided a focus on heart health and eventually called the project, Heart of Tuebrook. They were unable to hold the AI event during the life of the project, but initial work has galvanised them into holding an event later in the year.

## Stockport

Stockport's approach to asset based working builds on a long history of community development and appreciative enquiry and revolves around mapping and assessing a neighbourhoods/communities physical and social resources, understanding how they can best be used and developed to achieve desired outcomes, and using and developing assets to achieve these outcomes. Stockport has already undertaken or are planning to undertake a range of projects/pieces of work, which, when combined, will form the basis for an asset assessment. These include:

- Mapping the voluntary sector organisations within the borough, including the outcomes being funded through the various funding streams within the council and the PCT. Whilst patchy in terms of geographical and demographic spread, this information would prove invaluable to any asset assessment.
- Mapping of community buildings
- Mapping of community groups

As part of further developments locally, they have adopted a three pronged approach to the development of asset based working:

1. Developing the measurement of assets and recommendations for their development as part of the JSNA process
2. Measuring and developing health and well being assets in the Lancashire Hill and Heaton Norris areas based on the appreciative inquiry methodology
3. Developing a directory of health and well being assets/ resources in Lancashire Hill and Heaton Norris areas for use by the public, practitioners and frontline staff

The first is to develop the capturing and consideration of assets as part of the JSNA process. Locally, Stockport are refreshing their top level JSNA, as well as seeking to develop more comprehensive needs assessments across a range of factors that are priorities for the area – eg: mental health, alcohol, employment, etc. It is at this more detailed level that assets are being incorporated into the needs assessments.

Secondly, they also developed some mapping work previously undertaken (see above) and developed this, as part of the development of personalised services in Stockport, into a 'market place' for people following assessment for social care services. Regardless of the level of social care support or funding that they are eligible for, people in Stockport will be directed to this 'market place' following assessment, where they will be able to view and access a whole range of support and agencies, many of which will be based upon the local community assets. This approach will focus on assets from a community group level upwards and will not take account of any personal assets of local citizens.

Finally, they will undertake some work in one of the more deprived neighbourhoods, Lancashire Hill & Heaton Norris, which will gather over thirty stories about what has helped people through a difficult period in their lives, using local workers to collect and analyse case studies – whilst not a comprehensive asset mapping process, this will give a flavour of what people found useful locally and what they were able to access at different points during these difficult periods. It will focus on collecting positive experiences of coping, and in particular examples of when community resources have supported well being rather than services.

The analysis of these issues will then be fed into a community participatory budgeting event in March 2011 and will form the majority of the evidence base for an appreciative inquiry, to be held in April or May 2011, which will focus on working up a response, with the community, to the issues identified within this story gathering. This event will be attended by members of the local Neighbourhood Management Board, to ensure that resources can be allocated towards resolving many of these issues, using the asset approach.

During our work in this area, we developed links with a number of areas that were already undertaking elements of asset based approaches. These include:

**Knowsley** – Under the previous Government's Connecting Communities programme, the Page Moss estate was identified as an area which would benefit from additional support. From the outset staff were keen that any work going forward was 'done with' the community, rather than 'to' them. Work to develop a deeper understanding of what makes a particular community 'tick' and how this could be used to develop a new relationship with the community and to rethink how services are co designed and co produced with the community. Knowsley recognised that there was a tendency for professionals to identify the problem, gather the data (hard data), design solutions, implement and then evaluate, with the community only involved in identifying the problems/issues and not the solutions. Their approach is one of capturing the stories of people's experiences of services or issues and segmenting the local population to gain a more granular insight into these issues and the way in which people respond to them. They have then undertaken an appreciative inquiry

into what works and focused on strengths and achievements. This approach has allowed them to, in their words, create solutions that are owned by the community. The result is that local people are beginning to make changes to their own lives that result in improved life chances, and as a result fewer families are classified as just coping, and more families are classified as coping and thriving. To help empower residents and build community cohesion, people living in Page Moss were engaged to create and have ownership of their own community plan. Alongside this a frontline worker event has been conducted supporting different ways of community engagement.

- **Blackburn with Darwen** – has recently been involved as a pilot site on the national Social Value in Commissioning work<sup>10</sup> and had started to look at how to improve the economic and social resilience of citizens through this work. They are now taking this a stage further by working with the Centre for Local Economic Strategies (CLES) on assessing and understanding how resilient local economies are via their resilience model, as trialled in their global resilience work. This should assist in informing revisions to current economic strategies (which place a heavy emphasis on traditional economic concerns and tended to focus on the commercial aspect of the local economic territory), meeting the obligations of the new economic assessment duty, and in planning for new economic challenges such as rising unemployment, climate change and demographic shifts. The resilience model illustrates the working of the local economic territory – centrally characterised by the commercial, public and social economies – and the influences upon these. These economic spheres and external influences are all vital components of local economic resilience.
- **Manchester** – have recently launched their 5 Ways 2 Mental Health & Wellbeing Network, which aims to co-ordinate the development and sustainability of mental health and wellbeing services in north Manchester, where residents are thought to face the greatest challenges in comparison with the rest of the city. This network includes commissioners and takes a community development / asset based approach, rather than one that is needs led. The recent launch event, held in late 2010, aimed to: strengthen connections between organisations and services; develop a map of 'resources' for mental health and wellbeing in the area; disseminate information about asset based approaches; discuss the benefits of time banking; and develop new ways for all parties to work together. The network is planning an Appreciative Inquiry, 'Imagine Feeling Happy, Well and Safe In Cheetham and Surrounding Areas: Unleashing assets, emotional health and wellbeing'.
- **Halton & St. Helen's** – The Wellbeing Project 'self help community' was formed in 2005 as a voluntary organisation, the Wellbeing Project focuses on the provision of social prescribing opportunities for people in Halton and St. Helen's experiencing mild to moderate mental health distress. In 2010, the Wellbeing Project was commissioned by the St Helens Coalition of Disabled People (an established charity) working in conjunction with St Helens council and NHS Halton and St Helens to redesign an existing service that supports the self help community across St. Helen's. Inspired by the community asset approaches, the team incorporated an asset based methodology into the redesign of the service, to ensure that the strengths of people and place could be mobilised. The first step in redesigning the self help programme was to make contact with the existing self help groups to explain the approach and begin to identify the skills, talents and passions of individuals. It was also important at this stage to create an understanding of what these individuals value / cherish beyond the confines of the group itself – in the community and wider services. Once these assets and values were gathered from the participants these were mapped and the team then sought to identify existing assets in the community, both those associated with mental wellbeing and those which may not traditionally be considered as self help. In order to begin to identify these assets a stakeholder event was facilitated using an appreciative inquiry (AI)

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<sup>10</sup> See <http://www.northwest.nhs.uk/whatwedo/socialvalueproject/>



methodology. This combined the knowledge of a broad range of partners across the community, third sector and the public sector. Once these assets were gathered, mapped and compared alongside those of the self help groups, the next stage was connect the self help participants with those assets which may help them to manage their own condition. This work is ongoing, but some early ideas of how this may develop are emerging. For example, it may be that people are identified with shared interests or hobbies, who wish to take this forward, at this stage assets could be mobilised for these people to come together, such as providing the use of organisational facilities. Indeed, it may be the case that the project brings about a 'bespoke' service that enables people to step outside their support group and come together to enjoy mainstream social activities, such as going to the park, the cinema, theatre, meals out or on holidays.

- **Wakefield** – The authority received funding from the Department of Health to develop a methodology for including asset based work within the JSNA process, by piloting and testing several approaches to asset based work and to identify the most practical ways in which this data could actually be used within the JSNA refresh process. This development includes increased awareness and understanding across agencies to indicate a way forward for a dynamic community engagement approach to addressing health and wellbeing. As a result of this pilot the team will be testing processes and evaluation methods, along with developing an understanding of how this can impact upon the commissioning cycle.
- **Salford** - A number of initiatives have used asset based approaches including: a 3 day Local Strategic Partnership led Futuresearch; the development of an alcohol strategy using Appreciative Inquiry (A Good Life with Alcohol); and an Overview and Scrutiny Review, (Winning Ways in Walkden), which focussed on the people that had never smoked in an area with higher than average smoking levels. In Winning Ways in Walkden, by focussing on the people who exhibited this life affirming behaviour, the success of tobacco control became visible; nationally nearly 80% of people are non-smokers compared to under 50% in 1948. The importance of those who never started in turning these figures around was also highlighted, which is often neglected. The inquiry succeeded in involving young people in target groups, highlighting some qualities and strengths of this group, which had not been previously fully understood and may be invaluable in improving the social status of this group among young people.
- **Gateshead Council** - Bensham and Saltwell Alive is a community development project with two aims. Firstly to find out about the interests, talents and skills of residents in the neighbourhood. Secondly, to give residents an opportunity to share and develop those skills. The project has a webpage<sup>11</sup> where people can download and fill in a questionnaire about their skills and interests. This information will then be brought together and people will be contacted who have common interests to help them connect and share interests. In order to ensure future sustainability of the asset maps a local charity has stepped forward to continue this work in the community, allowing the council to support from a different angle and the community to develop its own journey.

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<sup>11</sup> [www.gateshead.gov.uk/People%20and%20Living/neighbourhoods/central/BenshamandSaltwellAlive/BenshamandSaltwellAlive.aspx](http://www.gateshead.gov.uk/People%20and%20Living/neighbourhoods/central/BenshamandSaltwellAlive/BenshamandSaltwellAlive.aspx)



### 3.4 Key observations

There are a number of key observations that have either arisen as themes across a number of pilot areas or stakeholders, or that have arisen as issues specific to agencies or areas that may well be relevant to others. These include:

- An asset is something that is both acceptable and available. Some may be physically located in another local area. For example, your local hospital and its facilities are likely to be outside of your local area, especially if you need specialist care eg cancer. This can affect national agencies/organisations and also ones which operate a virtual delivery model. If you belong to some communities (eg: the gay or deaf community or a specific religious community or ethnic group) your primary community may well not be geographic.
- When discussing assets with commissioners and strategic managers, many will refer to pre-existing local directories of services and organisations as 'asset maps' or 'asset registers'. Whilst a very important component part, these will tell you what exists but not whether they are acceptable and useful to people; it will depend upon the spirit in which they were undertaken originally or the remit of the original exercise and how often they have been updated. They also do not include the strengths and skills of individuals and informal community networks
- When drawing up service directories, there is usually an assumption that this information will be freely available to the public and will be used to signpost people to services or organisations. Often there is no recognition of the capacity of the agency being referred to and this could cause issues for people being referred or hoping to make use of a particular 'asset'. It is also likely that if this information is not kept 'live' it may quickly become out of date.
- There is a view that change is likely to be brought about through improving connectivity between assets and their organic growth, rather than through traditional models of change and direct investment in them. As such, the 'how' is likely to be related directly to leadership across and within the system and, therefore, consideration will need to be made of how this can be enhanced and fostered to build the asset based approach, as this is as much about winning the 'hearts and minds' of both organisations and communities as it is about the resulting actions.
- This work has clear links with the prevention, health inequalities and Practice Based Commissioning agendas, and whilst we will still need to understand the 'needs' of a range of populations, an asset based approach will assist with getting communities re-engaged in achieving their own goals.
- There is a regional strategic commitment in the value of a move away from a purely deficit approach to needs assessments. This may prove difficult in the current climate, where the NHS may be focused on organisational and functional change. There is also a general perception that it may prove more difficult to get an asset/strengths based approach adopted where JSNAs have a strong health focus. This may be due to the nature of those who have developed and led JSNAs being from a more medically biased background.
- A number of organisations, including pilots such as Stockport and stakeholders such as NHS North West, have questioned the point at which to begin/end the classification of assets, eg: should social assets be ones which have an element of formality or organisation to them? It is very difficult for organisations to understand the full extent of social groups if they do not have an element of formality to them – eg: allotment associations may be more visible than a reading group.
- Given that much of the community engagement element has the potential to be focused at a very localised level, the scalability in terms of methodology and resources is also a key

element where local authorities and Health & Wellbeing Boards will have a population level responsibility/focus as well. For an asset based approach to be adopted wholesale across an area, the methodology and approach needs to be one that is applicable across an entire area or subset without generating too many resource constraints.

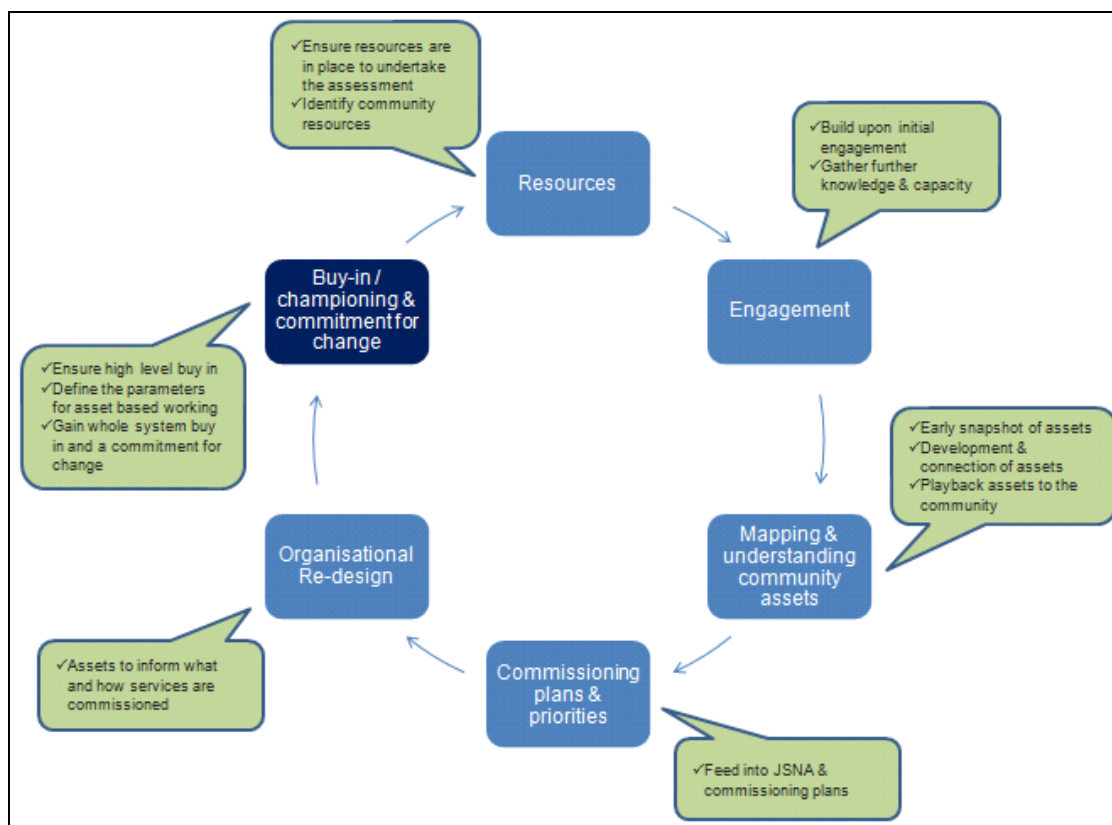
- There could be an issue around the use of language across organisations – perhaps there is a need to think in terms of ‘investment’ rather than ‘funding’, as there should be an element of mutuality to this type of work. Also, investment should not be thought of only in terms of financial investment either – this could also be things such as skills, knowledge, capacity or links – ideal components for asset based working.
- If it is seen as a way for the public sector to get cheap delivery of public services, then the voluntary, community and faith sectors may withdraw. This type of approach should be built upon the idea of ‘exchange’ between the community and an organisation, with a key element being mutuality.
- Issues such as the fact that assets in one sense may be ‘deficits’ in another sense (eg: local off licences provide local employment and keep money in the local economy, but contribute to issues around alcohol) also need to be taken into account. So too does the issue of ‘what the community values’ in terms of assets as opposed to what the assessor values.
- Another issue that should be explored is that the public sector does/should not have to invest in community assets in order to be able to increase them – one possible role could be as an ‘enabler’, supporting culture change and the environment for growth, empowerment and local democracy, without the need for financial investment. Development of community assets does not necessarily require financial or resource investment – this could have a detrimental side-effect of creating dependency – as many assets will be able to flourish if they have the right environment to do so. This could be where the public sector should focus its efforts during their increasingly constrained financial situations.

## 4.0 JSAA Framework

### 4.1 Summary

Below is a summary of key points to consider for decision makers:

**Figure 8: Key Points to Consider within the JSAA Process**



### 4.2 Introduction

Whilst the needs led approach has been important in a movement away from provision based on what was historically provided, it does have its limitations. Currently professionals and service users get resources on the basis of needs, therefore, it is inevitable that needs are the primary focus. Needs are often based on the assumption that people require professional input, which will improve their health and wellbeing. However, with the ever growing volume of 'needs' the future sustainability of this approach is questionable. Also, we are increasingly aware of the complex nature of health and wellbeing and that it is often 'co-produced' by social, economic and individual factors which may be enhanced by health services and expertise. The following framework has been designed to help support inclusion of the asset model as a way of moving away from the traditional focus on the deficits and needs of individuals and communities, to a greater focus on assets, measuring what we already have, on which to build, rather than on what we don't have. By assessing the assets, a different and positive story of place will emerge. The table below demonstrates the difference between the traditional 'deficit' approach and the 'assets approach'.

**Table 1: Difference between the traditional 'deficit' approach and the 'assets approach'**

Deficit Based Approach	Assets Based Approach
Weaknesses	Strengths
Outside in	Inside out
Dependencies on outside Professionals	Dependent upon each other
Consumers of services	Partners ('co-producers') in provision
Silo provision	Collaboration
Disabilities	Abilities and capacities
Client	Citizen
Passive victim of problems	Active participant in solutions

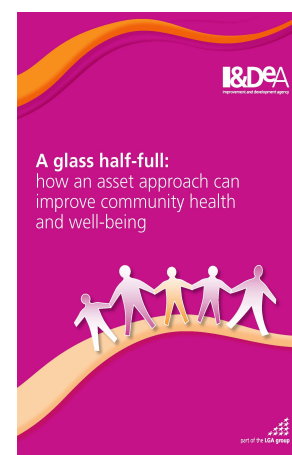
The asset model focuses on the capacities and potential of people, communities and the organisations that serve them, examples of assets can be found in Stage 1 (see figure 9), but broadly speaking an asset can be any of the following:

- The practical skills, passions, capacity and knowledge of local residents and in agencies;
- The networks and connections in a community and in agencies;
- The resources of public, private and third sector organisations;
- The physical and economic resources of a place that enhance well-being.

Whilst mapping the assets of an area is a vital first step in the movement away from a deficit approach, it is important to consider that if the mapping is done in isolation of development and 'connection' this will not bring about the desired solutions. If anything, mapping alone will portray a view that assets are being used to replace services in this challenging economic environment. Therefore, this framework alludes not only to the mapping/ assessment of assets and their subsequent alignment to the JSNA from an organisational perspective, but also to the development of these assets through ongoing community development and co-production. It is also important to state that an asset is only valuable if it is useful, i.e. if people attribute a worth to this.

The framework should be used as a guide and should be considered alongside other processes that exist within your local area and should not be considered as a substitute for your own local knowledge, processes and systems. This framework has been developed from detailed research and piloting with four North West areas, bringing together the shared learning and insight from this research and engagement, it also builds upon and complements I&DeA's '*A glass half full: how an asset approach can improve community health and well-being*'<sup>12</sup>, published early 2010. This publication proposes assessing and building on the strengths and resources in a community to increase resilience and social capital, and develop better ways of delivering health outcomes.

Throughout this document we have attempted to provide you with stories of where the composite parts of the framework have been tested or applied elsewhere, thus helping to demonstrate 'the art of the possible'. We have also provided links to useful resources.



<sup>12</sup> <http://www.idea.gov.uk/idk/core/page.do?pageId=18364393>

**Figure 9: Whole System Overview for undertaking JSAA**

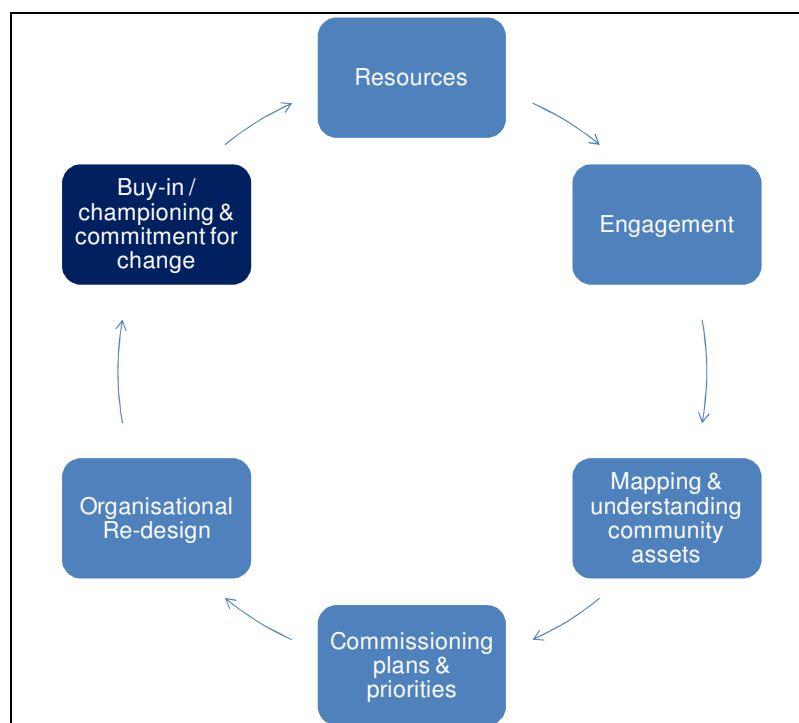


Figure 9 provides a 'whole system' overview of the process; however for the purpose of breaking this down within this document the following stages have been identified:

- **Stage 1: Gaining buy in and a commitment to change**

This stage includes obtaining commitment to incorporate and build upon the assets, thus moving from a deficit approach to a strength-based one. This commitment should be strategic (internally focused), which in-turn should be quickly followed by the 'whole system' e.g. public sector partners, local organisations and the community.

- **Stage 2: Identifying and securing the resources**

This stage includes identification of resources (e.g. human capacity) to begin to map and paint a picture of the assets in the community.

- **Stage 3: Engagement**

This stage covers 'whole system' buy-in step, definition of the community's boundaries and identifying capacity to undertake mapping.

- **Stage 4: Mapping and understanding the community assets**

This stage begins to paint a picture of the assets in the area. This is a complex stage. A picture of assets may be captured as a snapshot to continue on the process; however, development and connection of these assets is not something that can be done quickly, as a onetime event and as such, requires continual engagement and development exercise.

- **Stage 5: Changing/developing commissioning plans and priorities**

This stage shows that once a picture of the assets begins to emerge, this can be gathered along with community perceptions of challenges. This insight, once compared with the JSNA (local intelligence) will provide a much richer picture of the local area.

- **Stage 6: Influencing organisational redesign**

This stage provides the opportunity for the assets identified to inform 'what' and 'how' services are commissioned. This stage also links closely to the continued development of assets in Stage 2, as part of these considerations may be how existing resources can further develop the emerging picture of resilience.

## 4.3 Stage 1: Gaining buy in and a commitment to change

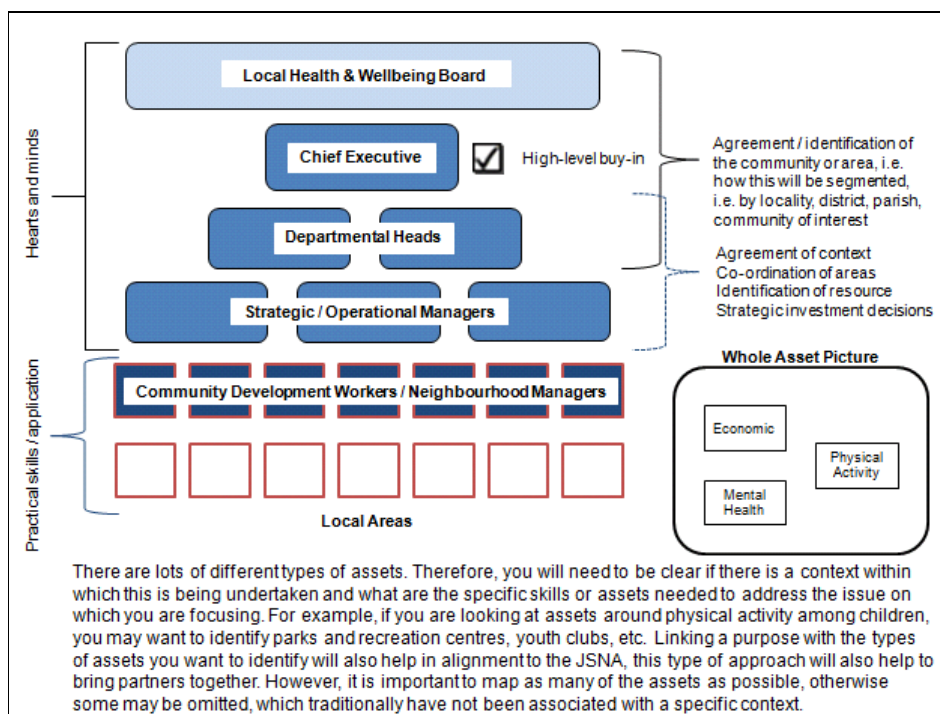
The assets approach has tended not to take into account the inherent assets and support that exist amongst individuals, within organisations and communities. These assets give insight into what is already working and the subsequent health giving qualities which may be essential building blocks for better health.

Development of the positive profile of communities can help to inform targeted community development, which can, in turn, help to build the necessary assets and empower locally driven community solutions, thus empowering communities and building sustainable solutions.

### High level organisational buy-in

A key first step in adopting the asset approach is ensuring high level organisational buy-in (see Figure 10 below). Without this commitment it is likely that changes that may be required through the asset mapping and commissioning plans may not be achieved. This buy-in is likely to happen behind closed doors and is a preliminary step to obtaining buy-in from across the whole system. It may be that a business case or paper to the senior management or LSP is required, considering the process, possible implications, outcomes and benefits. One way of obtaining buy-in is through utilising the assets approach as one methodology to begin to develop the key tenets of the coalition Government's driving ambition for social reform, entitled 'The Big Society'.

**Figure 10: Structure, Roles and Responsibilities**



### Defining the parameters

Understanding how the assets approach fits into the local public sector structure and how it can benefit the area is important; Figure 10 provides an overview of how this may fit into a local structure and the key roles and responsibilities that may be expected from the various levels of management. It is also important at this stage to have a clear understanding of what you mean by assets, these include:

- Talents, skills, interest and knowledge of the people, i.e. individuals gifts, skills, capacities, knowledge and traits
- Associations and networks of relationships
- Institutions and professional entities
- Physical assets: land, property, buildings, equipment, environment
- Economic assets: productive work of individuals, consumer spending power, local business assets.
- Technological assets

#### INSIGHT

##### Useful questions to consider:

What organisational priorities does the assets methodology align to, to assist in getting buy-in from across a range of partners?

### 'Whole System' Buy-in and Commitment for change

Asset based working is as much about a vision of what an organisation wishes to be and how it wishes to act as it is about a process or methodology. It is also in its infancy and this may be one reason why it is used in small areas at present. In recent years there is increasing evidence that development work both in communities and in the agencies that serve them needs to be done simultaneously. For an asset model to be successfully used, stakeholders from across the whole system for a defined area need a shared sense of ownership. Whole system oriented Appreciative Inquiry is one way of getting all key stakeholders involved in signing up together from the start. It involves people from across the system in a big conversation or dialogue. Although it is complex to set up, it is attractive to communities because it starts with what they are proud of and values their expertise. At the same time, it is attractive to officers and politicians because it focuses on the positive, and not people's frustrations. Because it is a process of negotiation, solutions are inevitably realisable.

Ensuring there is a broad representation from across the community, the local partners and other agencies is important as the findings may require changes in what and how things are delivered to, within and by this community (later in the process). It is also important as high level commitment can be a signal of intent to a community and help to harness community resources and ownership to take this forward. There is no definitive methodology for this activity; however, it could take the shape of one of the following methodologies:



### Appreciative Inquiry (AI)

Developed for use in organisation change to assist and empower participants to identify their own solutions. The methodology assumes that our societies are problem focused / needs led; however, the best way to sustain change is to identify things that work well, conserve what works and build on this towards a vision for the future. AI involves, in a central way, the art and practice of asking questions that strengthen a system's capacity to apprehend, anticipate and heighten positive potential. The AI involves everyone through all of the processes of the inquiry (research and action) through the sharing of stories of what works (data) through to conversations between the 'right' people, leading to action (analysis and implementation). The AI cycle can be broken-down into the following 5 D's:

*Definition* – identifying the purpose of the inquiry. This will focus on intended positive outcomes e.g. 'healthy cultures for.....'

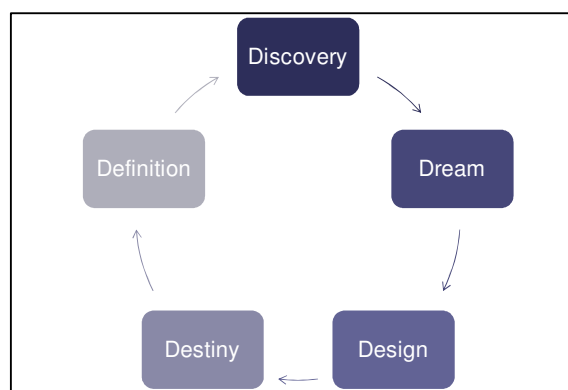
*Discovery* – stories of what is working and drawing out from them the keys to success

*Dream* – Vision of the desired end.

*Design* – The principles which are need to underpin getting from the best of now (discovery) to the desired future (dream)

*Destiny* – How to sustain the changes

**Figure 11: Appreciative Enquiry (AI) approach**



An example of the types of organisations, job roles and individuals, who you may wish to see in this Appreciative Inquiry, is provided below:

**Table 2: Potential AI participants**

Organisations	Job Roles	Individuals
Local Authority	Frontline workers	Community members
NHS / PCT	Delivery Managers	Councillors
Community & Voluntary Sector	Community Development Workers	Tenants & Residents Associations
Local businesses	Senior Decision Makers	Community activists
Emergency Services		

### Participatory Appraisal

Participatory Appraisal is another approach to learning about communities that places equal value on the knowledge and experience of local people and their capacity to come up with solutions to problems affecting them. It is a creative learning process that involves a team of local people, people from local groups and services and organisations all with different backgrounds and experience working together. It involves people in a cycle of activity, finding out, checking out and working out solutions.

It can lead to shared ownership of research projects and it encourages community based analysis of problems. As the method is orientated towards community action, it can also lead to community involvement in the decision making processes and can build community capacity in an area through the training required to undertake it.

Disadvantages include the fact that all agencies need to recognise the contribution of local people in this process and not use this approach as a cheap alternative to other consultation methods. It also



requires a lot of commitment from the local people involved, often without much recognition or reward.

### World Café

World Café is a different kind of meeting format designed to bring people together in an informal setting and have conversations about questions that matter. The underpinning assumption is that people feel more comfortable and creative in a less formal environment and, as its name suggests, this engagement technique recreates a café environment and behaviours to stimulate conversations. 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.

Some of its advantages include that it requires little preparation, except for ensuring you get the right balance of stakeholders, and that it can connect people with diverse styles and perspectives. It is useful for encouraging contributions from everyone, due to the setting, and also for generating debate and new ideas about 'messy' problems.

However, it can sometimes be dismissed as anecdotal and is not a good method if decisions have already been made.

### Open Space

Open space is a technique developed in the mid 1980s and is based upon evidence that meeting in a circle is the most productive for encouraging honest and frank discussion – the open space referring to the space in the centre of the circle.

Open Space is a meeting framework that allows large groups to have self-directed, but structured discussions around a particular theme. The meeting is agenda-less at the start but the group works together to shape the discussion's format according to the knowledge, experience and energy of those in the room.

It is an effective technique for bringing together diverse groups around a common topic but who may have potentially complex and conflicting points of view. It is also effective for working with large groups and in situations where people are willing to admit they may not know the answer but think that they might generate something useful by working together.

Careful group and stakeholder selection is necessary in order for the technique to work effectively and can be derailed if there are people, in particular if they are in positions of authority, who think that they know the answers or wish to try to control the agenda.

### Asset Based Community Development (ABCD)

ABCD is a methodology that seeks to uncover and utilise the strengths within communities as a means for sustainable development. The first step in the process of community development is to assess the resources of a community through a 'capacity inventory' or through any other process of talking to the residents to determine what types of skills and experiences are available to a community organisation. The next step is to consult with the community and find out what improvements the residents would like to make. The final step is to determine how the residents' skills can be used in the achievement of those goals.

## **INSIGHT**

### **Useful Resources:**

#### Appreciative Inquiry

Appreciative Inquiry Commons, available at: [www.appreciativeinquiry.case.edu](http://www.appreciativeinquiry.case.edu)

International Journal of Appreciative Inquiry, available at: [www.aipractitioner.com](http://www.aipractitioner.com)

#### Participatory Appraisal

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

#### World Café

[www.theworldcafe.com](http://www.theworldcafe.com)

#### Open Space

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

#### Asset Based Community Development

<http://www.abcdinstitute.org/resources/>

A Glass Half Full, pages 26 – 29, also has information on engagement techniques.

## **4.4 Stage 2: Identifying & Securing Resources**

Whatever form the 'whole-system' buy-in takes, this may provide or identify resources across partners or within the community to kick start or 'plant the seeds' and mobilise people and 'assets' within the community. This resource will be responsible for working within the community to generate enthusiasm, start the mapping process and recruit others from the community to assist, thus helping to build community ownership. This does not have to be community development workers, but can be staff who have the mandate and desire to embark upon the programme of change.

Possible resources to kick start and project manage this in the locality may include:

- Community development workers, who already have key roles to:
  - Act as an agent of change, bridging the gaps between the various interested parties;
  - Act as a service developer;
  - Provide access through facilitation; and
  - Act as a capacity builder.
- Neighbourhood managers
- Other resources may have been identified as part of the 'whole-system' buy-in in stage 1.

The resources to kick start this activity in the area will need to have good local knowledge and the ability to manage and generate enthusiasm across a range of people. It is important that any team that may be created to manage this reflects the broad spectrum of partners – this should be one unified approach, not an activity to be undertaken by each individual organisation. This may involve forming a partnership similar to the Community-led Operational Partnership (CLOP) which operates within the community, providing open and clear communication channels (for more information see 'Connecting Communities' (C2)). At this point it is important to consider future sustainability and

ownership of the asset maps and co-ordination of the development as these issues may shape how the project progresses and how the asset maps will be kept 'live' and up-to-date.

## 4.5 Stage 3: Engagement

### Initial Engagement

This step will provide a valuable opportunity to build upon the 'whole system' buy-in step and to define your community's (geographic community or a community of interest) boundaries. The area(s) that may have been identified internally as part of Stage 1 may not reflect the resident's perceptions of their community or neighbourhood. Engage with people and organisations that hold common views around this approach. It is also important to involve people and organisations that have different community networks and knowledge about the neighbourhood (its resources, residents and challenges). Some of these people may be:

- Frontline service providers
- Community activists
- Local councillors
- Informal networks

Engagement with the above individuals will help to identify capacity to undertake mapping. This is important as certain approaches, in particular door knocking, can be very time consuming. However, it may be the case that this additional capacity may require some incentivisation. This initial engagement will supplement the 'whole system buy-in' activity and provide some initial insight into the local area.

#### INSIGHT

##### Understanding the community – 'The Page Moss Experience'

As part of the Connecting Communities programme research techniques developed by the 'Campaign Company' were used to gain a better understanding of Page Moss residents' values. Traditionally, research will segment people into easily identifiable demographic or geographic groups. However, this often does not explain why they hold certain beliefs or exhibit certain behaviours.

Knowsley Council utilised an innovative approach called Cognitive Edge and Value Modes.

**Cognitive Edge:** collects unstructured narratives – stories, anecdotes – from participants using informal, open questions. It provides insight into participants' emotional responses to events and how they contextualise their experiences.

**Value Modes:** we see values as the 'golden thread' that runs through successful approaches to cohesion, managing change, building trust and ensuring great customer satisfaction. Differences in values matter. This is because how people see the world or interpret events can differ markedly depending on their underlining values. To take the example of a local authority changing the way it provides a service. For some people this change in will result in high levels of anxiety as they fear that the 'rules' by are shifting. For others change is positive, as it represents an opportunity to learn and experience new things. Understanding this difference – and how to manage it - is particularly important as we plan the services to meet the economic and social challenges of the next decade. From this residents can be segmented into three categories that attempt to more accurately capture how they see themselves:

- **Pioneers:** driven by ideas and personal development. Interested in new information and often initiators of change.
- **Prospectors:** driven by status and money. Usually optimistic, but can worry about the quality of the area

declining.

- Settlers: driven by the core needs of safety, security and belonging. Change is often seen as a negative. Attach a high significance to local (as opposed to global) issues.

Page Moss residents were overwhelmingly (80% as opposed to a national average of 40% for comparative areas) identified as being settlers, whereas the public servants who also went through the process featured in the other two categories. A better understanding of the values of Page Moss residents and the acknowledgement that a values gap between service providers and users has enabled the development of better communication and service design (where in the past service take up in some areas had been low).

It became clear from developing this understanding of what makes the community tick that any sustainable solutions to challenges they face had to be undertaken 'with', rather than 'to' the community. To help empower residents and build on this sense of community, people living within Page Moss were engaged to create their own community plan, which they have ownership of. This was achieved using an Appreciative Inquiry approach (as mentioned above).

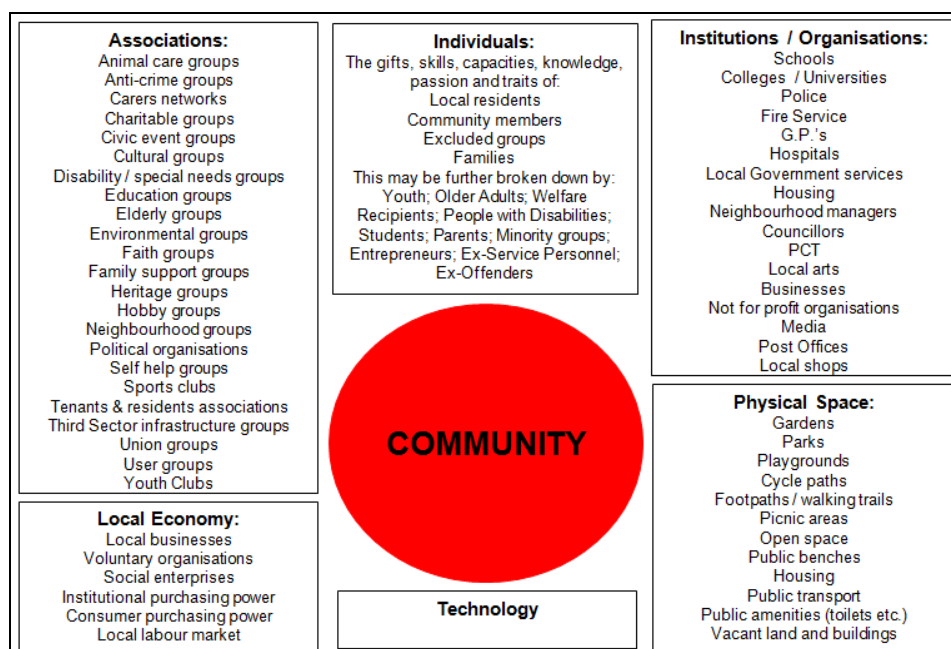
## 4.6 Stage 4: Mapping and understanding the community assets

There are two key components that will begin to emerge from this stage - these are:

1. An early snapshot of the assets that are available within the defined area to identify the area's economic, social, cultural, environmental and democratic assets; and
2. Development and connection of these assets.

Whilst these two steps go hand-in-hand, the developmental step will be continual and evolutionary and should ultimately bring about the positive outcomes at a local level, whereas the first step provides a rapid assessment (snapshot) of the assets for the purposes of any area or theme based assessment, such as the JSNA. Such assets may be tangible, in the form of people, buildings, natural resources and organised groups, but they can also be intangible, as is the case with accumulated history, knowledge or ethos of an area or community. Figure 12 below shows some of the assets that may be available within a community.

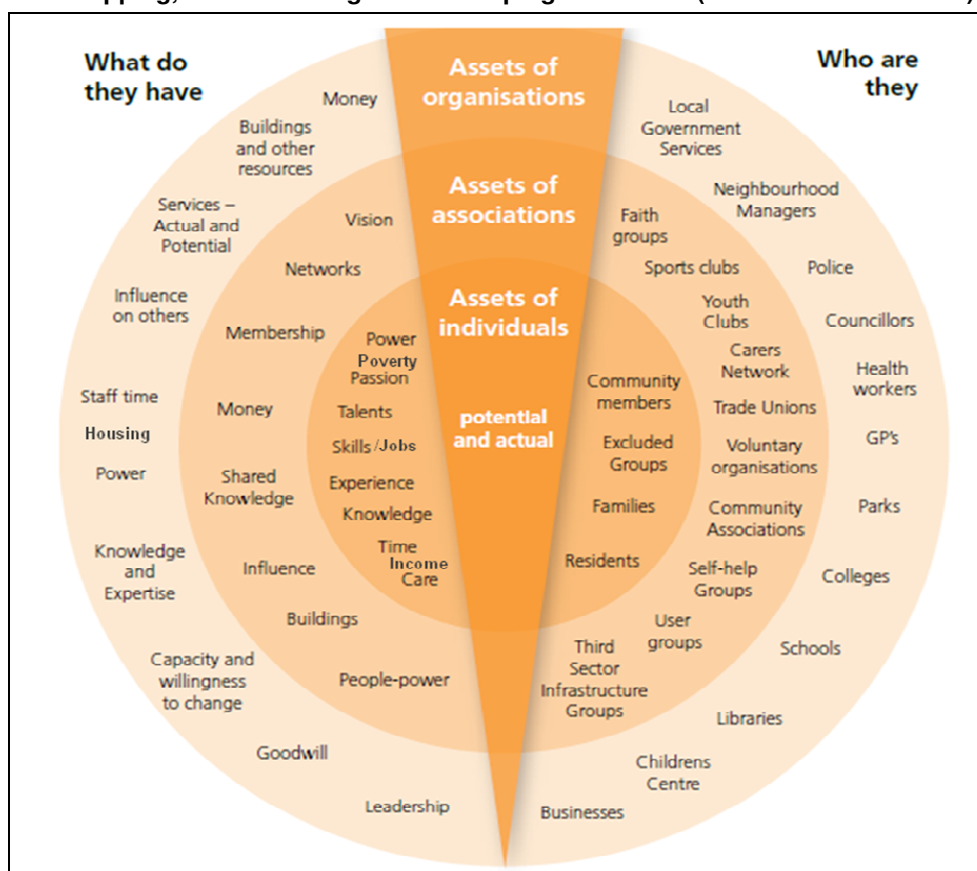
**Figure 12: Assets and Asset Domains**



Asset mapping provides information about the strengths and resources of a community and can help uncover solutions. It also helps to uncover what is working well in the community. Once a picture of the assets of the community is created it becomes easier to think how to build on these assets to address any issues and improve health.

The diagram below is taken from 'A glass half full: how an asset approach can improve community health and well-being' and identifies who / what these assets may be, but also what they may provide.

**Figure 13: Mapping, Understanding and Developing the Assets (from A Glass Half Full)**



## Asset Mapping

Asset mapping, broadly speaking, is the creation of a map of what is valuable in defined communities. Mapping, in this context, is being used for 'whole system change' in which individuals, organisations, agencies and communities all map their respective resources and links. The community is an equal partner in this 'whole system' and that their resources should be given equal value. This information is used to reshape the interactions and interventions, potentially invest in community potential and bring about community and organisational change.

There is no one-best-way to do an Asset Map. In the simplest form, doing an Asset Map includes walking around the neighbourhood and having conversations to identify the people, places, and systems that are of value to people. You can complete an Asset Map within as little as a day or take on a more in-depth process over a period of months. You can collect information through community

canvassing, working with community members, on-line research, reading community newspapers, 1:1 interviews, and/or community conversations. Through this collection you might create:

- A **Community Map** that paints a broad picture of the many assets in the community;
- A **Community Involvement Directory** that showcases the activities of formal and informal groups and ways to get involved in community efforts;
- A **Neighbourhood Business Directory** that lists all of the neighbourhood businesses, resources, and contacts;
- An **Individual Asset Bank** that features the gifts, talents, interests, and resources of individuals, which may act as a skills exchange that neighbours are willing to exchange. This is similar to Time Banking and becomes more prominent at the development stage.

Be aware, if there are any priority concerns or contexts which you should be aware of. This is important as this will shape the 'how' and 'what' you map, as well as 'who' you engage with. It is also important to note that an asset is only as valuable as it is useful. Whilst there is not one unified method for asset mapping, we have identified below, some high level observations which may be worth consideration.

#### Assets of Organisations & Groups

Make an inventory of all the groups (associations, organizations, and institutions) in your community, for example: Local Authority, NHS, schools, colleges, Police, Fire Service, libraries, local businesses, not for profit organisations etc. Learn about the organizations that exist within your community. With each one, think about what possibilities exist within the organisation. Think beyond their intended purpose(s). For example, you may have a church in your neighbourhood. Beyond being a place of worship for its members, a church may have meeting space, a parking lot, a copier, chairs, tables, storage, and a kitchen. Begin by creating a list of those groups that are known. Use your partnership to help add to your list. Use other sources of information, such as:

- The yellow pages.
- Local neighbourhood directories
- Lists of neighbourhood businesses. Ask your Chamber of Commerce.
- Published and internal lists of organizations or social service directories
- The local newspaper and newsletters
- Bulletin boards and community calendars can offer a wealth of information. They may be found at local recreation facilities, churches etc.
- Tourist information, public sector websites, local libraries

Alongside any pre-defined context (or uses) it will also be important to establish naming conventions for the categorisation of assets, in particular the categorisation of organisations and activities. Some examples of these may include:

- Name of asset (group, venue, space)
- Sector (public, private, third, social enterprise)
- Type of asset (group, venue, space)
- Type of service offered
- Area served
- Area of interest and focus
- Their available resources (material, facilities, staff etc.)
- Their influence and networks
- Contact details

### THE 'ART OF THE POSSIBLE'

#### Gateshead Council – Bensham and Saltwell Alive

Bensham and Saltwell Alive is a community development project with two aims. Firstly to find out about the interests, talents and skills of residents in the neighbourhood. Secondly, to give residents an opportunity to share and develop those skills. The project has a webpage where people can download and fill in a questionnaire about their skills and interests, as can be seen below. This information will then be brought together and people will be contacted who have common interests to help them connect and share interests. In order to ensure future sustainability of the asset maps a local charity has stepped forward to continue this work in the community, allowing the council to support from a different angle and the community to develop its own journey. For more information visit:

[www.gateshead.gov.uk/People%20and%20Living/neighbourhoods/central/BenshamandSaltwellAlive/BenshamandSaltwellAlive.aspx](http://www.gateshead.gov.uk/People%20and%20Living/neighbourhoods/central/BenshamandSaltwellAlive/BenshamandSaltwellAlive.aspx)

#### Economic Assets

Learn about how money is earned, spent, and invested within your community. You might explore: income, occupations, methods for exchange and bartering, major industries and services, community wealth, untapped economic resources, access to goods and services, and circulation of money. Mosaic profiling and data sources such as Experian may be of assistance here, as will information held by institutions such as the Department for Work and Pensions and the Local Authorities benefits team. Some questions you might explore are:

- How does the community spend money on a regular basis?
- How does money stay in or leave the community?
- Does the community make their money outside or within the community?
- What forces outside the community influence its economic health?
- What ideas do you have to enhance the economic vitality of the community?

#### Physical Assets

Map the natural and built environment of the area, for example: parks, recreation areas, vacant land, cycle ways etc. You can explore the physical, built environment including buildings, bridges, sidewalks, street lights, roads, gardens, playgrounds, sculptures, or historical landmarks. Town planning, Tourist Information and Housing Services will be valuable resources and may have access to maps for the area. Key considerations may be:

- What natural elements exist within the community?
- What open spaces exist?
- How is land used? How would you like to see the land being used?
- What buildings or structures exist within the community?
- How are the buildings or structures used?

### Assets of Individuals

People are the central source of wealth for the community; however, this approach can be more challenging as there are many more people than groups. Determine the assets you want to identify from individuals and draft your questions accordingly (be careful not to overload people with questions), including a method for tracking the information that you learn. You may be able to get some of this information from key stakeholders—that is, key people who are familiar and knowledgeable about the community and its residents. Before embarking upon this exercise it is important to consider why you are doing this and what you hope to achieve, these messages will need to be conveyed to the people who you seek to engage with.

Different ways of gathering data include:

- Mailing out a survey
- Dropping off a survey at various locations
- Using a door to door survey
- Using a telephone, online or email surveys
- Conducting interviews (face to face conversations)
- Conducting group interviews
- Community / listening events, visit gathering places (e.g. shops, barbers, etc.)

Each method has its pros and cons. Test your questions on a sample group and make revisions based on their answers and suggestions. It may be that as this process unfolds you are able to recruit others to get involved; this will also help to identify other organisational or group assets that may have been missed. Below are some questions that you may wish to explore are:

- What is important to you? What are you most passionate about?
- What skills have you learned at home, school, in the community, or at work?
- What are your hobbies or interests? What are really good at? What can you teach others?
- In what ways have you been involved in the community? In what ways do you want to be involved in the community? What contribution are you making to the neighbourhood that you are proud of?
- What skills, talents, resources, materials, or supplies do you have that you would be willing to share with neighbours or put towards a community effort?
- What, if any, groups or networks are you a part of? What, if any, groups or networks would you like to be a part of or help to form?
- Is there anything that you need?
- What would you like to see in your community that doesn't exist now? What hopes and dreams do you have for your community?
- What positive activities already happening would you like to see more of? What ideas do you have for enhancing the vibrancy of your community? What do you imagine your role might be in helping this to happen?
- Describe a positive change within your area. What made it possible? What did you learn about making that change?
- How would you describe your quality of life in your neighbourhood? What helps make the quality of life around here better?
- What do you care enough about to change? What exists to encourage residents to get involved in their community?
- What is the best way to contact you?

While learning about the individuals, you will begin to learn about how the people are interconnected. You will also learn about the informal groups that exist within a community. See below for an example of how this has been applied.



#### INSIGHT

##### Useful Resources:

Pages 21 – 22 in 'A glass half full: how an asset approach can improve community health and well-being', available from:

<http://www.idea.gov.uk/idk/core/page.do?pagelId=18364393>

ABCD Institute's publication *Discovering Community Power: A Guide to Mobilizing Local Assets and your Organisation's Capacity* plus other useful publications, available at: [www.abcdinstitute.org](http://www.abcdinstitute.org)

### Bring Together the Picture of Assets

It is good to take a look at the community as a whole. How do people, places and systems fit together? What skills, talents and resources can be linked to one another to build a stronger and more vibrant community?

Regardless of how you decide to bring together the information it is important that you consider how these assets will be hosted (paper, database or web) and ownership as this will affect how they may be updated in the future. This should be considered early on in the process as it may shape how activities are undertaken and it may have some effects on how the assets are aligned to the JSNA.

#### INSIGHT

You may wish to categorise the assets by the New Economic Foundations (nef) 'Five Ways to Well-being'. In 2008, nef was commissioned by the UK Government's Foresight Project on Mental Capital and Well-being to review the inter-disciplinary work of over 400 scientists and identify a set of evidence-based actions to improve well-being. This research identified five ways to promote wellbeing, these are: Connect, Be active, Take notice, Keep learning and Give. For more information visit: <http://www.neweconomics.org/projects/five-ways-well-being>

### Playback these Assets to the Community

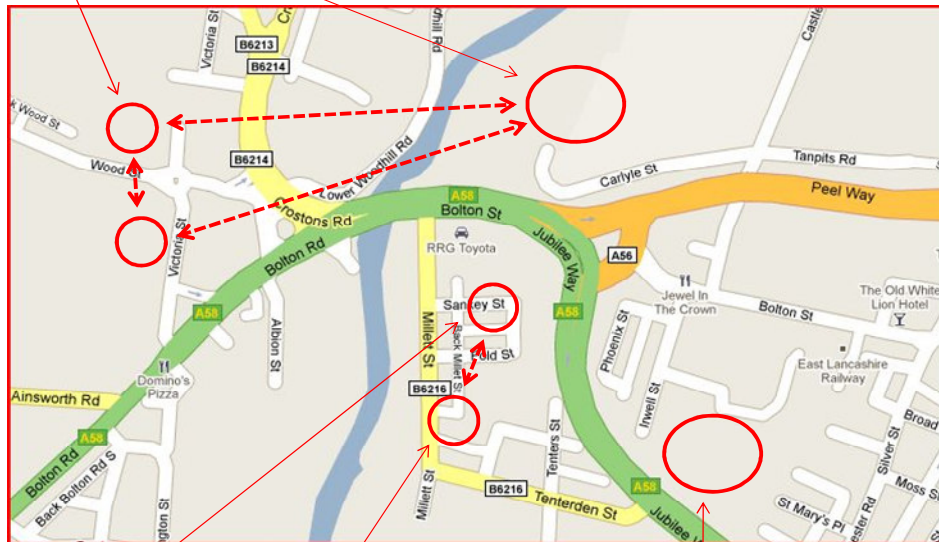
The quality of the assets is an important consideration, as it is only an asset if it is valuable to the community. Communities may have particular views about the quality and usefulness of certain assets. The community should identify the assets which matter / they value, rather than create a long and not very informative list, as these are likely to have the greatest impact. It is also important to feedback to the community, the public sector assets (it is likely that people will be unaware of the existence of some of these) to assess if they meet the community's needs and are valued. This will be particularly important if resources need to be re-directed at a later date, to help develop community assets.

For ideas on how this may be undertaken refer to '*A glass half full: how an asset approach can improve community health and well-being*', pages 26 – 29 has information on engagement techniques.

## Development and Connection of the Assets

**Figure 14: Developing Connections**

Groups of residents and those interested in sharing their activity skills looking for open space to do activities



Group of residents interested in forming a Tenants & Residents Association and require space. There is a small scout hut which could provide the meeting space

Abandoned police station where the community could build and manage a local playground

There is no one approach to the development of these assets and it is likely that the context and appetite for such community development, however the following may be worth consideration:

*Asset Based Community Development* is a process of community building. The purpose is to build up community groups and voluntary organisations and their informal associations and networks, their collaborative relationships, their shared knowledge and their social power (sometimes called social capital and civil society). These are the key to self-directed and sustainable change. By building pride in achievements and a realisation of what they have to contribute, communities create confidence in their ability to be producers not recipients of development. They gain the confidence to engage in collaborative relationships with agencies. ABCD focuses on building relationships and connections between residents, and between residents and agencies, to change values and attitudes. For further information on the ABCD approach and their mapping tool, visit: [www.abcdinstitute.org](http://www.abcdinstitute.org)

'Connecting Communities' (C2), is a programme with a multi-agency focus around supporting residents to set up Community Led Operational Partnerships to lead and sustain transformational change for themselves. The 'C2' method was developed by Hazel Stuteley O.B.E. and the Health Complexity Group, Peninsula Medical School. Their model is progressive seven step movement along a spectrum of resident involvement focusing on a neighbourhood self-management partnership led by residents but with multi-agency participation. Their hypothesis is that this produces significant additional improvements in the health and other conditions of the local population and consequent savings to the health and other budgets. The asset approaches they used include:

- Locating the energy for change: through face-to-face conversations, door knocking, meetings with local groups and associations, finding the (small) group of people who could initiate and lead the community;
- Listening events: co-hosted by the community and the agencies, the professionals listened to what was positive on the estate, what the community thought the priorities were and what needed to change;
- Creating places and spaces for residents to connect, build relationships, have conversations and share knowledge, and encouraging local activities such as street parties, outings, raffles and so on;
- Co-learning: through conversations and open discussions communities and staff came to realise that they both have the same aims and they need each other if they are to realise those aims;
- Learning from similar areas that have been successful: residents and agency staff visited other estates to see what could be done and to be inspired by the possibilities – they now host many visits from developing communities;
- Challenging the negative image of the estate, held by both residents and staff, so that they all believed they could make changes; and
- Supporting the community to lead the partnership and to determine what the priorities were and what would work.

For further information on the seven step approach and other examples of where this approach has been tested, visit [www.healthempowermentgroup.org.uk](http://www.healthempowermentgroup.org.uk):

#### INSIGHT

The Health Empowerment Group is a consortium of professionals working together to widen the use of community development in the field of health. Their main activity in 2010 is the Health Empowerment Leverage Project, funded by the Department of Health and hosted by the NHS Alliance. The aim of the project is to demonstrate application of community development in health.

## 4.7 Stage 5: Changing/developing commissioning plans & priorities

A JSNA is defined in the Department of Health guidance (December 2007) as a '*systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities*'.

The premise behind the JSNA is a simple one; to enable organisations to deliver the most appropriate services, those that design, commission and provide services must have a full understanding of the local needs. In order to do this it is necessary for the JSNA to provide the evidence base to identify the segments of the community which have specific needs. A JSNA needs to answer a number of questions to enable local organisations to target their resources and reduce inequalities:

- What types of inequalities exist?
- Which of the inequalities are of most concern, to the local bodies and the population?
- Which groups suffer from these inequalities?
- What are the likely effects on the overall need of the population from trend and demographic change?

There is a temptation to interrogate the information to further identify the key individuals or families but the guidance is specific in that the JSNA needs to be strategic. The Guidance on Joint Strategic Needs Assessment states '*JSNA examines aggregated assessment of need and should not be used for identifying need at the individual level. Specifically, JSNA is a tool to identify groups where needs are not being met and that are experiencing poor outcomes*'.

*'A further feature of the best JSNA's was the rigour with which they captured a rounded picture of local need that extended beyond purely NHS data. In the best examples, commissioners recognised that factors such as educational attainment, housing quality and employment levels act as key determinants of health and therefore powerful indicators of potential health need which can support better targeting of intervention'* (HSJ Supplement, 25 June 2009).

This can be further demonstrated in Michael Marmot's work around health inequalities and the social determinants of wellbeing. '*Health is not simply shaped by an interaction between genetic susceptibilities and healthy or unhealthy behaviours. The wider context of our lives, from conception to old age, exerts a range of influences that directly affect individual's risk of health and illness.*' (Marmot)

The 2010 Marmot report into UK Health Inequalities was to confirm that the wide range of health determinates which promote good health extended far beyond purely health issues, e.g. economic, cultural and social factors.

The Local Government and Public Involvement in Health Act 2007 specifies that local authorities and Primary Care Trusts produce a '*Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of the local community*'. A JSNA should focus not just on a community's health and social care needs, but on the wider wellbeing of a community and use the wider determinants of health as a way of delivering improvement. For example, there are well-known links between a person's health and social care needs and their housing conditions or employment status and many of the intractable problems faced by a local area or community can only be solved by treating the cause (eg: employment status or housing conditions), rather than the symptom (eg: depression or social isolation).

The JSNA was designed specifically to inform and drive future investment priorities, and thereby help plan services more effectively, its purpose is ensure services meet the needs of the community, both now and, more importantly, the future. The JSAA builds on this build a truly 'holistic' picture of a local area through the inclusion of assets, i.e. factors (or resources) that enhance the ability of individuals, communities and populations to maintain and sustain health and well-being.

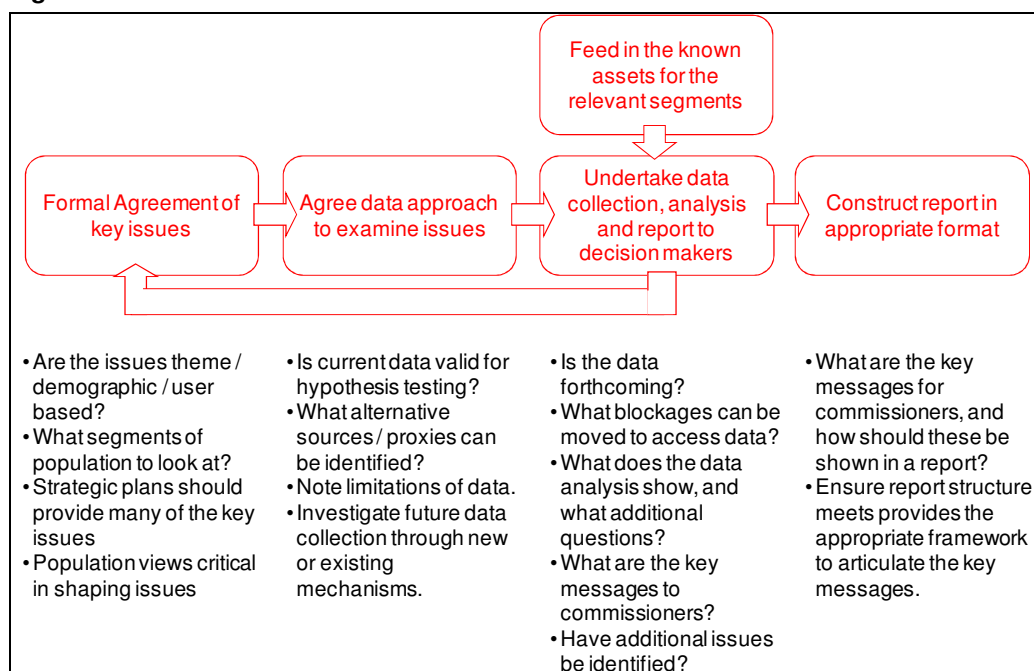
There is not one ideal construct of a JSNA that fully meets the needs of all localities, the most appropriate structure of the JSNA for a locality depends on the key issues covered and the structure of the commissioning within the partner organisations. They also tend to be based upon the problems faced by the area, in terms of disease and the burden of ill health. The final 'product' tends to reflect who had led on the process and, therefore, how useful it was to people from other disciplines. For example, if the JSNA was led by someone from a social care performance team, the document leant towards statistics; if it was led by public health, the focus tended to be on health and the clinical aspects. Most of the 'champions' of the local JSNAs have tended to be performance or public health staff, hence the assessments have tended to be very clinical or statistical. Reference to community and stakeholder engagement varies greatly across JSNAs. The table below demonstrates the wide variety of headings and classifications for breaking down JSNA reports:

**Table 3: Possible JSNA themes**

	Possible sub-domains
<b>Thematic</b>	Health; Deprivation; Employment; Housing; Environment; Transport; Crime; Locality; Ethnicity
<b>Personal Behaviours</b>	Smoking; Physical Activity; Obesity; Substance Misuse; Alcohol;
<b>Disease</b>	Stroke; Coronary Heart Disease; Cancer; Respiratory Disease; Diabetes; Infant Mortality; Sexual Health; Mental Health
<b>Life Stages</b>	Children; Young People; Transition Years; Working Age Population; Retirement Age
<b>Client Groups</b>	Older People; Learning Disabilities; Physical Disabilities; Mental Health; Vulnerable Groups

A typical discussion regarding what should be included in a JSNA inevitably leads to someone asking “how long is a piece of string?” Generally the answer that the authors of JSNAs to date provide is very long, as they try to cover every issue in as much detail as the data allows. This has resulted in a number of JSNAs being too heavy on detail for the reader to be able to assimilate the important findings. By asking the people at whom the document is primarily aimed (commissioners, strategic decision makers and partnerships) ‘what are the issues that they need answering’ or ‘subject matters that require more guidance’, the content of the JSNA can be confined into a manageable size and level of complexity and provide the focus to be a useable document. The diagram below shows a possible approach to this.

**Figure 15: JSNA Process**



Given that there is not one consistent approach to structuring a JSNA a definitive method of aligning the JSAA to the JSNA is not possible and will be dependent upon the local context. However, the table below provides an example of how this may be done using the core data set domains contained within the Department of Health's *Guidance on Joint Strategic Needs Assessment*, 2007.

**Table 4: Links between JSNA and JSAA Domains**

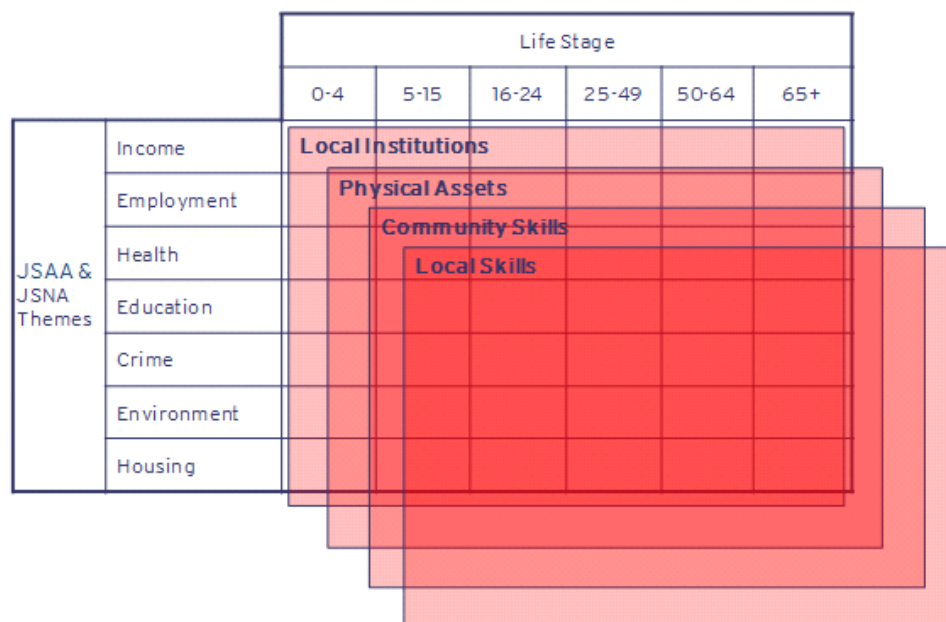
Domain	Sub Domains	Community Assets
Demography	How we express these is dependent on how organisations structure their JSNA's	Skills & capabilities of individuals / communities
Social & environmental context		Physical assets; Community groups
Life style / risk factors		Physical assets; Community groups
Burden of ill-health & disabilities		Physical assets; Community groups
Services		Institutional assets; Physical assets; Community groups

You may wish to use the inventory of assets to create maps or conduct analysis on specific topics relating to the JSNA, for example:

- Transportation: public transport infrastructure, bike and walking routes etc.
- Open spaces: parks, playgrounds, walking routes
- Reducing social isolation: meeting spaces (shops, post offices etc.), community groups, befriending schemes

These may be segmented and possibly presented in the following way:

**Figure 16: Segmentation of themes within the JSNA**

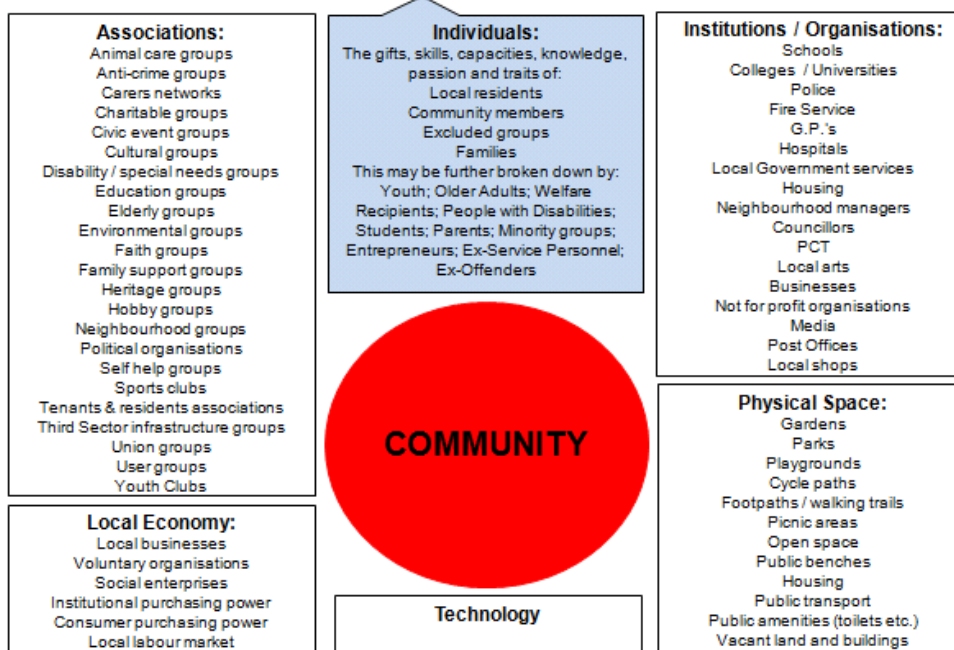


It is important to understand how you would use any assets within this process to improve commissioning; ideally each segment would have to be: (1) **Measurable**: the very purpose of segmentation in this context is to provide the decision makers with guidance on the groups of the population that have an increased likelihood of a given issue and the assets that may help to prevent this. It is also important to be able to measure the improvement in the issue following the intervention or connection of assets, to ensure it worked; and (2) **Identifiable**: The ability to identify who is within this group is may benefit from the identified assets. The diagram below identifies some of the limitations of the assets identified earlier within the framework.



**Figure 17: Links between Assets**

The assets of individuals unless aggregated up to the locality area will be difficult to align to the JSNA, and therefore this section should be used to help connect the individuals to one another and the other assets, as per the development aspect alluded to earlier. However, the mapping of this section will provide valuable insight into how people feel about the local area, i.e. What concerns they have and what they care enough about to change. Any good / comprehensive JSNA will have sound insight from the local population. Furthermore, this engagement with individuals will provide insight into the value ('quality') that they place upon some of the assets in the other domains.



#### INSIGHT

##### Tips:

- Measurement of use and impact of assets will help provide understanding as to whether the assets are good.
- Life stages will be context specific e.g. the community may define itself.

##### Useful questions to consider

- What do you need to know about the assets approach to inform the JSNA?
- How can assets be included in the JSNA in a way that will influence the prioritisation and commissioning processes without detrimental effect to these?

#### NATIONAL JSNA BEST PRACTICE GUIDE

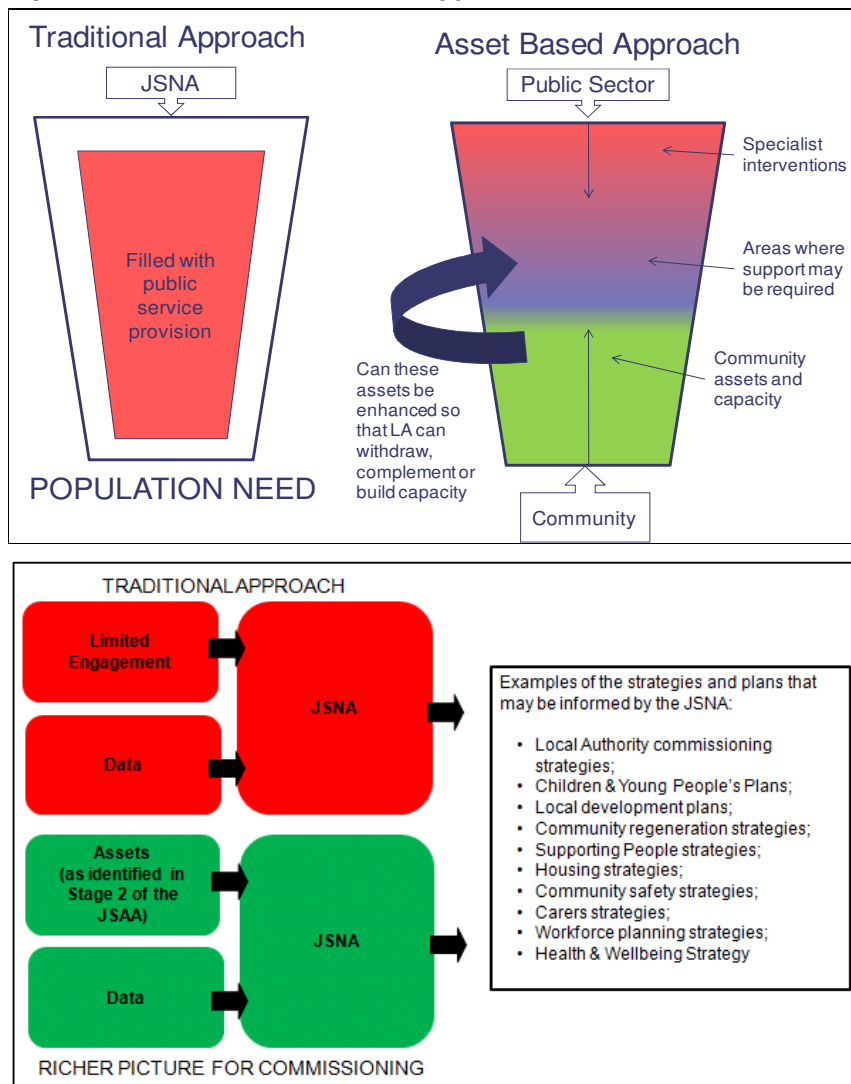
The LGID (Local Government Improvement & Development - <http://www.idea.gov.uk>) will be publishing a national JSNA best practice guide on 24<sup>th</sup> March 2011. This guide will be aimed at emerging Health & Wellbeing Boards and is intended to support them to effectively develop and use their JSNAs to support their leadership role in improving the health and wellbeing of their local communities. This guidance will support the Health & Wellbeing Boards to consider the use of assets as part of the overall assessment of a local community. The Department of Health also intend to revise the JSNA guidance in 2012.

## 4.8 Stage 6: Influencing organisational redesign

If as the government have set out, we are to build the 'Big Society', the aim must be to transform rather than obliterate the state, changing the way it works and strengthening its connection with citizens, so that powers are devolved to local groups and communities are used to promote self help and mutual aid. This is not to say that society is to replace the function of Local Government, people will still need services. What is required is movement away from the traditional approach (as can be seen below), where the JSNA or other local intelligence, together with limited engagement, paints a picture of need (defining the glass), which in turn, forms the back drop to service which will be commissioned.

For any given organisation or department, which commissions services, this area will have a set of requirements and duties which inform the commissioning process. The assets approach does not propose that this should be removed, especially as these duties tend to come from Central Government and are statutory. What the assets approach does propose is: **'you [the commissioner and/or organisation] cannot know what you need until they first know what you have'**.

**Figure 18: JSNA Process vs Asset Approach**



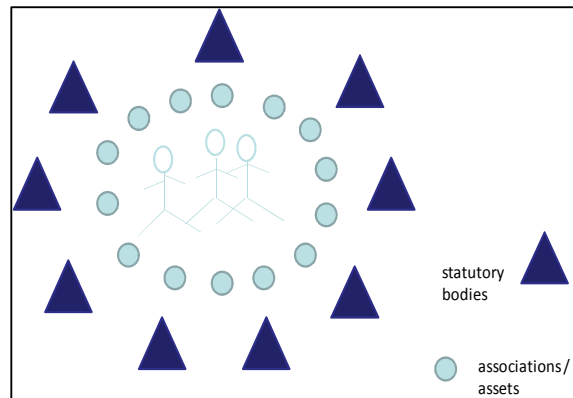


*"Before we used to think about what we can do in communities to identify problems and deliver services. This way we ask the community what they want. What has come out of the inquiry is very different – how do we build on the assets such as the green space? The young people came out with achievable ideas. We would not have thought of the benches as the community did". (Senior Officer, South Ribble Council – March 2010. Taken from Ways of seeing and doing: Improving health equity in S. Ribble using an appreciative approach).*

**Figure 19: Co-production & the asset approach**

Co-production describes a particular way of getting things done, where the people who are currently described as 'providers' and 'users' work together in equal and reciprocal partnership, bringing together what each has to deliver desired solutions. By changing the way we think about and act upon 'needs' and 'services', this approach identifies more resources in a time of scarcity, better outcomes (through empowerment) and a subsequent diminishing volume of need.

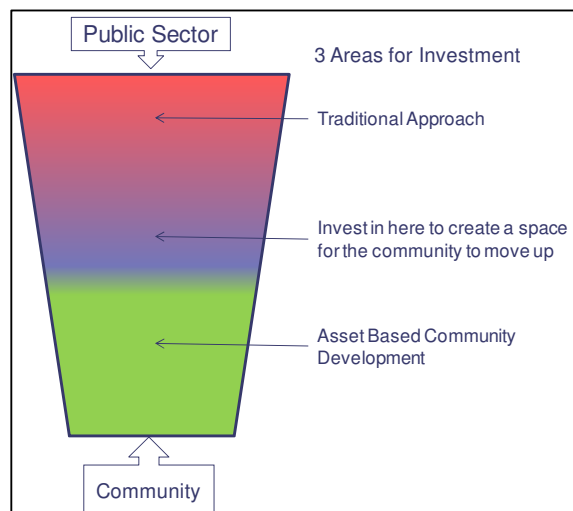
Consideration of assets when commissioning local services is essential as it recognises the building blocks for co-production of health, wellbeing and social care. Inclusion of assets, people's networks and associations can be used to great effect is to improve outcomes, which in turn has an effect on efficiency, i.e. resource is used to maximise outcomes for the individual or community.



**Figure 20: Where to invest?**

Local Government must ensure that services are in place to meet people's essential needs (characterised by pink on the diagram below), this entails the commissioning of services as before, but with recognition that the 'glass is half full' (characterised by green on the diagram). Without recognition of individual and community assets and resilience, service efficacy will not be maximised. Assets should be recognised, supported and enhanced, rather than replaced, or indeed used to fill the gaps in public sector provision. The blue area on the diagram represents a potential shift in how some resources are used by commissioning organisations. This re-investment may take the form of practical

support, information and access to resources for local organisations, so that people with different levels of capacity can have an equal chance of getting together and acting effectively, thus creating a space where people can help themselves. Investment in these assets does not necessarily have to be financial, especially given the current economic situation, this investment can be in the form of access to networks, resources (such as staff and equipment), access to facilities or expertise and insight of professionals. Investment decisions will be informed by the quality of information on local assets and these assets filtering through the existing processes to the levels where decisions can be made, as can be seen below. Key to any inclusion of assets within established processes is that these assets are the communities and should not be used to meet short-falls in budgets.



## **THE 'ART OF THE POSSIBLE'**

### **Wellbeing Project – self help community**

Formed in 2005 as a voluntary organisation, the Wellbeing Project focuses on the provision of social prescribing opportunities for people in Halton and St. Helen's experiencing mild to moderate mental health distress. In 2010, the Wellbeing Project was commissioned by the St Helens Coalition of Disabled People (an established charity) working in conjunction with St Helens council and NHS Halton and St Helens to redesign an existing service that supports the self help community across St. Helen's. Inspired by the community asset approaches, the team incorporated an asset based methodology into the redesign of the service, to ensure that the strengths of people and place could be mobilised.

The first step in redesigning the self help programme was to make contact with the existing self help groups to explain the approach and begin to identify the skills, talents and passions of individuals. It was also important at this stage to create an understanding of what these individuals value / cherish beyond the confines of the group itself – in the community and wider services. Once these assets and values were gathered from the participants these were mapped and the team then sought to identify existing assets in the community, both those associated with mental wellbeing and those which may not traditionally be considered as self help. In order to begin to identify these assets a stakeholder event was facilitated using an appreciative inquiry (AI) methodology. This combined the knowledge of a broad range of partners across the community, third sector and the public sector. Once these assets were gathered, mapped and compared alongside those of the self help groups, the next stage was connect the self help participants with those assets which may help them to manage their own condition.

This work is ongoing, but some early ideas of how this may develop are emerging. For example, it may be that people are identified with shared interests or hobbies, who wish to take this forward, at this stage assets could be mobilised for these people to come together, such as providing the use of organisational facilities. Indeed, it may be the case that the project brings about a 'bespoke' service that enables people to step outside their support group and come together to enjoy mainstream social activities, such as going to the park, the cinema, theatre, meals out or on holidays.

Commissioners need performance measures for monitoring and investment decisions. The information that is required includes: what measures to use to establish baselines and track inputs and outputs, how outcomes can be measured and how to compare and efficiencies or effectiveness. Community practitioners tend to be averse to indicators, but the existence of objectively measured participation outcomes enables community development to be built into agency planning in a way not achieved in the past.

However, indicators are only one instrument. A single indicator can be very ambiguous in isolation. Other key proxy measures may include: high level changes to IMD scoring, house prices, business registrations, local G.P. and hospital admissions. The measures will be dependent upon the subject area covered by the commissioner. With regards to measuring the success of incorporation of the assets approach, a process evaluation, i.e. how the assets have fed through the JSNA into commissioning plans may be useful.

## **INSIGHT**

### **Useful questions to consider:**

1. How are these assets currently explored, enhanced and embraced within the context of the sustainable community strategy and commissioning processes?
2. Can these assets be enhanced so that the public sector can complement or build capacity to improve outcomes? If so, how can this be measured?
3. How do you protect and enhance these assets rather than use them to make up any potential gaps in future budgets?

## 5.0 Appendices

The Health Empowerment Group is a consortium of professionals working together to widen the use of community development in the field of health. Their main activity in 2010 is the Health Empowerment Leverage Project, funded by the Department of Health and hosted by the NHS Alliance. The aim of the project is to demonstrate application of community development in health. An example, the 'Beacon Project' in Falmouth is provided below.

### 5.1 The Beacon Project

#### THE BEACON PROJECT, FALMOUTH: DEVELOPMENT FROM WITHIN

The Beacon estate (population 6000) is cited in the ward of Penwerris. In the Index of Multiple Deprivation 2000, it ranked among the worst 10% of wards in the country. In 1996, a Bristol University survey found it was the most deprived ward in Cornwall. According to the Breadline Britain Index, it had the highest proportion of poor households of the county's 133 wards. More than 30% of households were living in poverty. It had the largest percentage of children in households with no wage earners, the second highest number of children living with lone parents and more than 50% of the 1500 homes were without central heating. Its illness rate was 18% above the national average. In a climate of mistrust between the police and community, violent crime, drug dealing and intimidation were rife. With little central heating, the cold, damp homes had resulted in a sharp rise in childhood asthma and respiratory problems. 'It was a community in despair, pushing the 'self destruct' button, heavily stigmatized and on a seemingly unstoppable spiral of decline.' By 1999 however the estate had undergone a remarkable transformation to become a multi-award winning national flagship for community renewal. The project was led by two health visitors, Hazel Stuteley and Phil Trenoweth, driven by the impossibility of coping with an enormous, high priority, caseload. "We encountered a seemingly bottomless pit of need".

Over time the estate had been abandoned by the statutory agencies. The police admitted that community policing had disappeared and they only ventured onto the estate when necessary. At Carrick District Council, opinions too were entrenched. 'There was no sense it could be improved' said the senior housing officer at the time. The health visitors began to realise that the 'buck rested' with them. They believed they could be agents for change in partnership with residents. In the spring of 1995, the health visitors began their quest to reverse the spiral of decline by raising the awareness of the statutory agencies. This resulted in commitment and a promise to listen to residents' concerns from the police, local government and a local headmaster. The health visitors' next move was to find tenants and residents whom they judged to have the trust, motivation and tenacity to engage their peers. Just 5 out of 20 self-selected, it was enough. The result was the birth of the first of two tenants' and residents' associations. This eventually proved a vehicle for converting the estate's anger into positive energy. At a large public meeting, residents confronted police, housing and local government officers. 'Once they got going there was no stopping them, it was scary but healthy. Nobody had listened to them before.' The fact that the agencies were now prepared to listen to the views of the people proved to be a pivotal point of change. The establishment of a formal resident led Regeneration Partnership quickly followed a successful bid, led by the Tenants and Residents for £1.2m of Government capital challenge funding for energy conservation improvements. The council later topped up the figure by a further £1m. 'They generated this funding for themselves. This was the first step in the community really believing in itself.'

Unusually, Carrick District Council agreed to delegate some of its powers to the tenant-led partnership resulting in improvements to 900 properties. After decades of little change, the building work brought a change of heart on the estate. As it began to transform visually a raft of community activities followed including a skateboard park, carnival, luncheon clubs, play parks and a parent and toddler group. Using funding procured by the H.V'S via NHS, 2 empty shops were refurbished to become a community resource centre and The Beacon Care Centre offering a range of nurse-led services including a sexual health service. By 1999 an audit revealed many remarkable health and social outcomes which included:

- Post-natal depression down by 70%
- Number of children on Child Protection register down 60%
- Overall crime rate is down by 50%
- Childhood asthma rates down by 50%
- Resident's fuel bills have been cut by £180,306 p.a.
- Unemployment rate down by 71%
- Central heating and energy conservation measures to over 900 properties
- Educational attainment - 10 and 11 yr old boys S.A.T.S. improved 100%, girls 25%

Most remarkably, 10 years on, the partnership continues on a forward trajectory of improvement. In 2003, the partnership received the Queens Jubilee Award for Inclusion, followed by the ODPM's first Award for Sustainable Communities. In 2004 teenage pregnancy fell to zero. To date the Partnership has generated nearly £1million for the estate, crime is at an all time low and businesses have sprung up employing residents. Low cost vegetables are grown on the partnership's own allotments.

## 5.2 Lower Falinge, Rochdale

### LOWER FALINGE IN FOCUS

The Local Public Service Board (LPSB) recognised that changes in service delivery were required and commissioned an innovative pilot approach to gain a level of understanding of the major issues facing these areas and their communities, which would then allow credible, joined up and sustainable solutions to be developed. This is a story shaped by more than 350 people working together over six months in 2008. Lower Falinge is an extremely diverse community, housing approximately 1000 people - predominantly in the socially-rented sector. It is home to a sizeable number of asylum seekers and refugees, mixed with some long-term tenants. One in eight people in the neighbourhood are single males and more than 30 nationalities are represented within the community – creating difficulties in engaging with the estate's population effectively.

Given the challenges, it was important to have a clear and structured plan in place before continuing with the pilot. A multi-agency core group was therefore set up and met weekly to lead the process, including representatives from agencies within all key sectors the pilot would be focussing upon – such as employment, skills, health, housing and community work - and a resident to ensure discussions were directly linked into the community. The AI approach was chosen as it builds on the best of people's experience and allows problems to be overcome by quickly identifying the ideal solutions and working back to make these happen. The group also agreed on several key values which were to underpin every aspect of the In Focus work:

1. Get the best possible stakeholder involvement and gain a wide perspective on every issue
2. Get under the skin of the issues in as much depth/detail as possible
3. Gather a sound evidence base so that solutions could be based on solid, credible foundations
4. Keep up momentum, recognising the need to maintain togetherness and the pressing need for change
5. Remain flexible and able to amend plans to maximise opportunities as they arise, ensuring better results at the end.

A key first step was, to interview residents face to face using a questionnaire devised between the In Focus Core Group and the Housing and Urban Studies Unit of Salford University. The questionnaire was detailed to get under the skin of the persistent issues affecting the neighbourhood, seeking both quantitative and qualitative information about work, health, skills, cohesion and belonging, the neighbourhood and people's experience of services. Residents were targeted methodically to ensure a representative sample was captured, given the diverse make up of this community. Multilingual trained community researchers were used (two were Lower Falinge residents) to overcome language barriers. The response – 200 completed interviews from a total of 516 flats – provided a superb evidence base to work from. Then the views of front-line staff from a range of agencies that deliver services to Lower Falinge was sought. The team composed a detailed questionnaire that would give us intelligence about services offered, needs assessment, delivery methods, engagement, perceived barriers, data collection and client records. The results from each strand of research were analysed separately, and then triangulated to identify recurring themes, conflicting information and anything else which stood out. The results of this research were then presented to stakeholders. This included a summary report delivered to every household in Lower Falinge, two briefing sessions/drop in sessions for residents, two briefing sessions for staff and colleagues, and a presentation to senior management and the LPSB. This feedback ensured that people could see that their efforts were valued; it helped all stakeholders to understand the viewpoints of others; and, importantly, validated the shared picture that was emerging. The feedback also nurtured the collaborative relationships that had begun to develop. This work had begun to generate a huge amount of interest and marked a shift in people's attitudes in realising that things had to change in Lower Falinge and that they could be part of the answer. Following the discovery stage, it was clear that seven key themes were emerging where major change needed to happen, these were: work, skills, health, home and environment, safety, accessible services; and belonging & community. To ensure that the approach remained integrated across these themes, the core group drafted an overall vision to: ***'Make Lower Falinge a healthy, happy, thriving home - a place we can all be proud of.'***

The core group agreed that the best way to take the process forward cohesively would be to hold a multi-stakeholder summit. That brought together staff from differing levels of authority within a number of organisations, as well as a diverse group of residents. Together they were able to endorse the overall vision, and look at transforming these themes. The session looked at what they value and current strengths to collectively form a future statement outlining an aspirational scenario in each of the seven themes. Following on from this, a series of participative workshops were held, one for each theme. As with the summit, the stakeholder balance remained a key element of the work to ensure a range of perspectives and expertise on each theme. The core group considered the outcomes of the workshops and identified common elements that emerged across the themes. It became clear there were many challenges and opportunities that were not just specific to particular themes, but could equally be applied to each of the themes in some way. The actions identified from the workshops were pooled into what we termed as 'key areas for transformation'. These allowed us to move away from silo working and to promote a collaborative and integrated approach towards delivering credible and sustainable solutions.

These key areas formed the structure for the action plan, which was unveiled at a launch event at Rochdale Town Hall in December 2008. Residents, frontline staff, delivery managers, senior executives and politicians again came together for the launch – highlighting the real mix of people who'd been involved in the project, and reinforcing the strategic linkages. Since January 2009, work has been ongoing to meet Key Areas of Transformation. Highlights include:

- A 'One shop' hosting both the Police (including the Community Beat Manager and 2 PCSOs) and the RBH Priority Area Team drop in.
- The local police presence has resulted in overall crime reported (Sept 08-Sept 09) down by 42% and Anti-Social Behaviour down 29% during the same period.
- 12 residents recruited to NHS HMR volunteering, and over 50 residents gaining a range of qualifications including 1st Aid, Food Safety, ICT, ESOL
- Improved 'Natural Play Area' with additional private sector sponsorship (£50K in total)
- Development of website and films documenting progress in Lower Falinge [www.explorefalinge.org.uk](http://www.explorefalinge.org.uk) including the development and training of a group of residents to continue the 'story telling' and capturing changes.
- A second round of resident interviews has taken place in Lower Falinge to gauge the progress made twelve months on. A staggering 317 were completed (61% of households) including 87 of the original interviewees from Summer 2008
- Lower Falinge residents have a much stronger sense of influencing decisions affecting their area (NI 4) than the Borough [35.7% compared to 25.6%]
- 64.7% of Lower Falinge residents felt people from different backgrounds get on well together (NI 1), compared to 57.2% for the Borough - particularly pleasing given the very diverse nature of the estate.

Details of the In Focus work for Falinge can be found at: <http://www.nwtwc.org.uk/champions/features/index.php?pid=10>

### 5.3 List of people consulted

We would like to thank all those people who gave their time and expertise to this work, including:

Annette James, Public Health Strategic Lead - Liverpool Primary Care Trust  
Carolyn Anderson, Neighbourhood Renewal Co-ordinator – Stockport Council  
Chichi Bodart, Public Health Neighbourhood Manager - Liverpool Primary Care Trust  
Chris Dabbs, Chief Executive – Unlimited Potential  
Clare Slater, Head of Transformation - Ryedale District Council  
Danila Armstrong, Senior Public Health Policy Adviser – Government Office North West  
David Andrew, Neighbourhood Management – Gateshead Council  
David Whyte, Consultant/NW Commissioning Lead – North West Joint Improvement Partnership  
Dominic Harrison, Director of Public Health – Blackburn with Darwen Council/Primary Care Trust  
Ed Harding, Manager: JSNA Development Programme – Department of Health  
Eleanor Hill, Public Health Network Co-ordinator – Stockport Primary Care Trust  
Emma Dowsing, Policy and Intelligence Manager - Stockport Council  
Greg Mitten, Chief Officer - West Lancs CVS  
Hazel Stuteley, Community Health Facilitator – Connecting Communities (C2) and H.E.L.P.  
Heather Catt, Research Analyst (JSNA) – Lancashire County Council  
Helen Bailey, Senior Health Improvement Manager - Cumbria PCT  
Jane Foot, Independent Consultant  
Jane Muller, Associate Director of Public Health (North Cumbria) – Cumbria PCT  
John Lucy, Associate Director of Public Health – Liverpool Primary Care Trust  
Jude Stansfield, Senior Public Health Policy Advisor - Mental Health & Wellbeing – DH/NHS North West  
Julie Farley, Policy & Projects Manager – Stockport Council  
Katie Dee, Assistant Director of Health Improvement – NHS North West  
Ken Harrison – Knowsley Borough Council  
Liz Blenkinsop, Service Manager Joint Public Health Unit – Wakefield Council  
Mark Gamsu, Programme Director: Health Inequalities & Local Improvement – Department of Health  
Mark Swift – Programme Manager, The Wellbeing Project  
Paula Grey, Director of Public Health – Liverpool Primary Care Trust  
Peter Ashworth, Head of Culture, Tourism & Venues – Stockport Council  
Simon Rippon, Regional Strategy Lead - National Dementia Strategy – DH North West/Joint Improvement Programme  
Stephen Watkins, Director of Public Health – Stockport Primary Care Trust  
Terry Dafter, Service Director (Adult Social Care) – Stockport Council  
Tony Roberts, Public Mental Health, Suicide Prevention and Delivering Race Equality in Mental Health Lead, Central Lancashire Primary Care Trust  
Trevor Hopkins, Principal Consultant Healthy Communities Team – IDEa  
Yvonne Herbert, Observatory Manager – North West Development Agency

## 5.4 List of other useful resources

David Cooperrider, Diana Whitney and Jackie Stavros: Appreciative Inquiry Handbook (Berrett-Koehler Publishers 2008).

Juanita Brown and David Isaacs: The World Café-shaping your future through conversations that matter (Berrett-Koehler Publishers 2005)

Harrison Owen: 'Open Space – A Users Guide' (Berrett-Koehler Publishers 1997)

Kretzmann & McKnight 'Building Communities from the inside out: a path towards finding and mobilising a community's assets' ABCD Institute 1993 (This publication is often referred to as the Green book) - <http://www.abcdinstitute.org/publications/basicmanual/>

Mathie & Cunningham Eds 'From Clients To Citizens: Communities Changing The Course Of Their Own Development' Coady Institute Canada 2008 -  
<http://www.coady.stfx.ca/resources/media/From%20Clients%20to%20Citizens.pdf>

Mathie & Cunningham 'From Clients to Citizens: asset based community development as a strategy for community driven development' 2002 -  
[http://www.coady.stfx.ca/resources/publications/PDFs/From Clients to Citizens.pdf](http://www.coady.stfx.ca/resources/publications/PDFs/From%20Clients%20to%20Citizens.pdf)

Morgan, Ziglio & Davies 'Health Assets in a Global Context' -  
<http://www.springer.com/public+health/book/978-1-4419-5920-1>

Sarah Lewis, Jonathan Passmore and Stefan Cantore: Appreciative Inquiry for Change Management using Appreciative Inquiry to facilitate Organisational Development (Kogan Page 2008)

Sue Annis Hammond: The Thin Book of Appreciative Inquiry (Thin Book 1998).

Appreciative Inquiry Commons – <http://appreciativeinquiry.case.edu>

Developing a joint strategic asset assessment - <http://www.communities.idea.gov.uk/comm/landing-home.do?id=3924714>

International Journal of Appreciative Inquiry – <http://www.aipractitioner.com/>

UK Appreciative Inquiry Network – The web-site includes details of events, including training  
<http://www.networkplace.eu/web/page.aspx?refid=52>

A Northern Network has met in Manchester twice a year since April 2010, for more information contact [Judith@judithmanuel.co.uk](mailto:Judith@judithmanuel.co.uk)