

Asset-based places: A model for development

Introduction

Every area has the potential to achieve more through the effective use of all the skills, knowledge and assets available within communities and individuals – as well as the public, private and voluntary sectors.

This is known as an asset-based approach, where the emphasis is on people's and communities' assets, alongside their needs.

Policymakers, local authorities, the NHS and other providers of public services are looking to broaden their offer by tapping into the wealth of resources, capabilities and networks that are the natural fabric of the communities they serve. The aim is to signpost people to, and connect them with, the types of support that are more appropriately provided by the voluntary, community and social enterprise (VCSE) sectors.

This paper suggests a framework for local areas to use to enable asset-based approaches to thrive. It is based on SCIE's research for the Greater Manchester Health and Social Care Partnership. This research is informing the development of a Greater Manchester framework for person- and community-centred approaches which supports local capacity-building.

Asset-based models cannot be imposed from above, and there is no one-size-fits all approach. Such models, by their very nature, grow out of communities, and it is important that they are given the space and support to develop and succeed.

Key messages

Asset-based approaches can:

- enhance health, wellbeing and resilience
- reduce long-term pressures on higher-cost health, care and support services
- enable people to participate in and benefit from community resources and activities.

To develop an asset-based approach, areas could:

- reframe the narrative from needs to assets
- build a dynamic picture of personal and community assets
- connect people to each other and to wider community assets
- grow and mobilise community assets
- monitor impact and learn from evidence.

Local leaders within central and local government and the NHS, have a key role to play. Key areas include:

- Leadership to develop and implement the vision of asset-based approaches including representation from voluntary and community sector at strategic and governance levels.
- Co-production and partnerships to develop services, plans and strategies with local people.
- Training and development to enable frontline staff and residents to work together.
- Devolution of more power to neighbourhoods so that community groups can offer places to meet or provide community development support.
- Investment in the voluntary, community and social enterprise sectors.
- Inclusive commissioning that draws on the expertise of communities to prioritise outcomes that are important to them.
- Participatory budgeting to give local people a say on priority-setting and spending.

Policy context



Over recent years, national policies aimed at reforming public services have increasingly sought to recognise the important contribution people and local communities can make to designing, commissioning and delivering better public services. [The Care Act 2014](#) states that public services must adopt a holistic, person-centred perspective, with a focus on people's wellbeing. To do this, they should move away from an emphasis on deficits or needs and instead 'consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' (Care Act 2014).

The NHS [Five Year Forward View](#) sets out the importance of patient empowerment and community engagement. It describes the need to harness the 'renewable energy represented by patients and communities' and the assets they possess. Underpinning this policy is the recognition that health and social care – and wider public provision – must focus on a broader set of outcomes that matter to people and communities, rather than be service-led or too narrowly focused on needs: an asset-based approach.

Practice examples

There are many examples of excellent asset-based approaches, and a growing body of evidence of their impact. More information can be found in SCIE's [Prevention and Wellbeing resource](#), but common examples include:

- local area coordination (LAC)
- Shared Lives schemes
- community circles
- community enterprise development
- asset-based community development (ABCD)
- time banks
- peer support
- community navigators
- social prescribing.

In many cases, these examples are small scale, impacting on too few people. More could be done to support asset-based approaches to become more mainstream, while ensuring they remain community-based and community-led.

A model for developing an asset-based approach

There is no one-size-fits-all method of designing and implementing an asset-based approach. At its core, it starts with the individual person and place, seeking to identify and build upon existing strengths, rather than impose an external framework or preconceptions of what is required to facilitate change.

Five key enablers or building blocks can support local areas in implementing the approach.

1. Reframe the narrative – from a focus on people’s needs to a focus on people’s and communities’ assets. Bring together local people to **co-produce** an area-wide vision of how an asset-based approach might look in practice. Agree and adopt the building blocks of a whole-system model to begin to change embedded organisational cultures.

2. Build a dynamic picture of personal and community assets. Support staff to introduce asset-based mapping into daily assessment and care of people who use services, to build a directory of individual and local resources. This could be available online, and regularly updated.

3. Connect people to each other and to wider community assets. Bring people and places together, through a range of methods, including social prescribing, peer mentors, link workers and care navigators.

4. Grow and mobilise community assets. Create the right environment for an asset-based approach to succeed, by engaging commissioners, supporting the voluntary sector, building partnerships and trialling outcomes-based payment mechanisms.

5. Monitor impact and learn from evidence. Develop evidence and simple measures which go beyond blunt proxy approaches (such as reduced hospital admissions or delayed transfers of care), to help articulate the broader benefits of an asset-based approach to the system and to communities, and disseminate good practice and learning.

1. Reframe the narrative	Focus on people as assets Shift power to communities through co-production and partnership with voluntary, community and social enterprise sectors See public services as catalysts and facilitators		
2. Identify assets (Examples)	Community asset mapping	Personal strengths-based assessment	Three conversations
3. Connect to assets (Examples)	Community navigation	Social prescribing	Peer support
4. Mobilise and grow assets	System and infrastructure that support partnership, co-production, VCSE representation in strategic leadership and governance	Funding, grants and social investment	Inclusive commissioning
5. Monitor impact and learning	Co-produce a simplified outcomes framework Develop a comprehensive set of indicators Learn by doing Develop new evaluation models such as formative evaluations and rapid cycles evaluation Fund research in partnership with academic and charitable bodies		

1. Reframe the narrative from deficits to assets

An asset-based approach recognises the potential of people’s strengths and resilience. It moves the narrative from solutions that are narrowly focused on needs, towards policies and interventions that are redesigned around what people and communities already possess and are capable of doing.

A key assumption underpinning this model is that even troubled communities have the ability to set their goals and drive change.

All communities are repositories of aspirations, resources, capabilities and social capital that can be mobilised and activated to improve outcomes and increase the wellbeing of their members.

Local people – whether they are people who use services, carers or families – are placed firmly at the heart of asset-based approaches, as co-producers of the process.

The table illustrates what refocusing the policy narrative and practice towards assets may imply.

Deficit approach	Asset approach
Starts with deficiencies and needs	Starts with assets in the community
Responds to problems	Identifies opportunities and strengths
Provides services to users	Invests in people as citizens
Emphasises the role of agencies	Emphasises the role of civil society
Focuses on individuals	Focuses on communities and neighbourhoods
Sees people as clients/people who ‘use’ services	Sees people as citizens and co-producers with something to offer
Treats people as passive and ‘done to’	Helps people to take control of their lives
‘Fixes people’	Supports people to develop their potential

Source: LGA Task and Finish Group on Ageing (2015)

2. Build and maintain a dynamic picture of community assets

The [Glasgow Centre for Population Health \(2011\)](#) describes how asset-based approaches build a picture of existing ‘tangible’ physical or community assets such as parks, community centres and churches. These are mapped alongside ‘intangible’ personal assets such as the experiences, skills, knowledge and passions of individuals within that community.

Community asset mapping

This recognises people’s strengths and skills and gathers intelligence and understanding of community capabilities, resources and key actors. There are many ways to approach community mapping locally. [The Community Mapping toolkit, designed by Preston City Council \(2016\)](#), is intended to help community groups map assets and develop their own neighbourhood action plans as a response.

Community asset mapping: lessons learned

The [Innovation Unit and Greater Manchester Public Health Network \(2016\)](#) identified two key learning points.

- Ensure mapping is community and citizen-led – use and work with knowledgeable local people and organisations.
- Keep mapping live and dynamic – assets are changing and subjective. Make any directories interactive and regularly updated to ensure they capture this. Crowdsourcing platforms wikis, link workers or community champions can support this.

Personal asset mapping

This can be conducted through asset-based conversations between professionals and people who use services, to build a picture of the resources and support people have access to or could potentially exploit. [Strengths-based approaches for assessment and eligibility](#) under the [Care Act 2014](#) and the Partners 4 Change ‘3 conversations model’ are examples.

3. Connect individuals to other individuals' and community assets

Once mapped, the next step is to begin to draw the lines between individual and community assets, building bridges to bring different people and places together. There are a number of ways in which asset-based models connect people to resources and forms of support. Options include social prescribing, link workers, community navigators, community circles and peer support workers. Depending on their support requirements, people receive different levels of engagement – whether via a trained peer, a lay person or a professional – to help them identify and draw on local resources.

This can be through one-to-one conversations or group sessions, or it can be through more in-depth engagement, helping, for instance, a socially isolated person learn to use a computer to meet people online. In supporting these

personalised conversations, good asset-based models are increasingly drawing upon high-quality digital directories of links which they can use to signpost people to the right forms of support.

The 'social value' of such an approach is explored in the Association of Directors of Adult Social Services (ADASS) [It's Still Personal](#) report (2017), which demonstrates the multiple benefits to individuals and of wider community resilience. Out of seemingly small moments emerge greater, significant movements: a local knitting club has attendees swapping tips, making friends and sharing time with each other, leading to a greater sense of validation and reduced isolation, plus a strengthened network of resources for members.

4. Grow and mobilise community assets

The viability and success of asset-based approaches is dependent on thriving and vibrant communities, a strong and sustainable voluntary and community sector, an ample and diverse offer of non-statutory services and activities, and a commitment to capacity development. There is a whole array of community interventions, programmes, activities and groups which have been shown to contribute to people's health, wellbeing and social inclusion.

The public sector, including local authorities and the NHS, is becoming increasingly reliant on the services provided by voluntary organisations, community groups, faith groups, social enterprises and community interest companies. It is therefore widely recognised that these organisations need to be protected, supported and strengthened to ensure they remain sustainable and responsive to the changing and growing needs of people and communities.

5. Monitor impact and learn from evidence

Identifying and measuring outcomes and indicators, monitoring progress and capturing learning must be carefully embedded in asset-based approaches from an early stage. This is important not just because evaluation can help define processes and shape delivery, but because funding and procurement often require that results and outcomes are accurately measured and that services can demonstrate their impact and value for money.

There is a broad range of evaluative models and 'learning by doing' approaches which can be adapted to support the evaluation of asset-based approaches, depending on the type of intervention and the capacity available to deliver the evaluation. A process, or formative

evaluation, can draw out learning and best practice that has arisen through implementing the approach, and an impact evaluation helps assess the social and economic change which has resulted.

Co-producing an evaluation framework with local people and communities not only places their values at the heart of the evaluation, but also acts as another opportunity to review the vision and delivery plan of an activity before it even begins.

Case studies

Assessment and care planning: 3 conversations



The '3 conversations' model is an innovative approach to needs assessment and care planning. It focuses primarily on people's strengths and community assets. It supports frontline professionals to have three distinct and specific conversations.

Solution overview

The first conversation is designed to explore people's needs and connect them to personal, family and community sources of support that may be available.

The second, client-led, conversation seeks to assess levels of risk and any crisis contingencies that may be needed, and how to address these.

The third and final conversation focuses on long-term outcomes and planning, built around what a good life looks like to the user, and how best to mobilise the resources needed (including personal budgets), and the personal and community assets available.

"The model has been shown to deliver savings to the local authority and high levels of satisfaction."

Outcomes and financial benefits

Initial evidence on the impact of the model suggests a significant reduction in the proportion of contacts that go on to receive long-term packages of care. The model has been shown to deliver savings to the local authority and high levels of satisfaction from people who have contacted teams using the 3 conversations model.

Partners 4 Change report that when the 3 conversations model was applied to 100 people in a local authority area, the overall cost of care and support (£750k) was reduced by £100k.

In another area, it has been estimated that if the model was replicated across the whole area, it would 'create about £6m of savings for social care (mainly in reductions in usage of residential and nursing care) and £4m of savings for the NHS (mainly in the reduction in A&E admissions – using the King's Fund analysis of A&E costs)'.

For further information, visit the [Partners 4 Change website](#).

Conversation	Needs assessment and care planning questions
1. Initial contact	<ul style="list-style-type: none">• How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family?• What do you want to do?
2. If people are at risk	<ul style="list-style-type: none">• What needs to change to make you safe and regain control?• How can I help make that happen?
3. If long-term support is needed	<ul style="list-style-type: none">• What is a fair personal budget and what are the sources of funding?• What does a good life look like?• How can I help you to use your resources to support your chosen life?

Case studies

Social prescribing – Rotherham

One of the largest schemes of its kind in the UK, Rotherham Social Prescribing Service is delivered by Voluntary Action Rotherham (VAR) in partnership with more than 20 local voluntary and community organisations. Launched as a pilot in 2012, in 2015 it was re-contracted for another three years. It is funded through the Better Care Fund.

Solution overview

The Rotherham Social Prescribing Service is commissioned by NHS Rotherham Clinical Commissioning Group (CCG) as part of a wider approach to GP-led integrated case management. At its core, a team of voluntary and community sector advisors (VCSAs) provide a single gateway to voluntary and community support for GPs and people who use services.

The service is especially aimed at users with complex long-term conditions (LTCs) who are the most intensive users of primary care resources. The service receives referrals from GPs of eligible patients and carers, and assesses their support needs before referring on to appropriate voluntary and community sector services.

The service also administers a grant funding pot, through which a 'menu' of voluntary and community sector activities is commissioned to meet the needs of people who use services.

For further information visit

[Rotherham Social Prescribing Service](#)

£570,000–
£620,000

estimated social return
on investment

7%

reduction in non-elective
inpatient episodes

17%

reduction in A&E attendances

Outcomes and financial benefits

A recent evaluation of the Rotherham model (Dayson et al. 2016) found:

- Non-elective inpatient episodes reduced by 7 per cent (19 per cent when service users aged over 80 are excluded); accident & emergency attendances reduced by 17 per cent (23 per cent in under 80). After three to four months, 82 per cent of these people who use services with long-term conditions had experienced positive change in at least one wellbeing outcome area.
- An initial return on investment of 43 pence for each pound invested in terms of avoided costs to the NHS, and greater returns in the region of £0.83–£1.22 if benefits were sustained, but a drop-off rate of between 20 and 33 per cent each year.
- 'The value of people who use services' well-being outcomes were estimated using financial proxies and techniques associated with social return on investment (SROI) analysis. The estimated value of these benefits was between £570,000 and £620,000 in the first year following engagement with social prescribing: greater than the costs of delivering the service.'



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Key resources

Fox, A. (2016) [The asset-based area](#),
New Local Government Network

Health Foundation (2015) [Head, hands and heart: asset-based approaches in health care: a review of the conceptual evidence and case studies of asset-based approaches in health, care and wellbeing](#)

Innovation Unit & Greater Manchester Public Health Network (2016) [Developing asset-based approaches to primary care: best practice guide](#)

NESTA (2016) [Realising the Value: suite of resources on community-centred approaches](#)

NHS England (2017) [Integrated personal commissioning: Community capacity and peer support](#)
SCIE, [Prevention and wellbeing resource](#)

Think Local, Act Personal,
[Building Community Capacity](#)

Think Local Act Personal, [Resources on co-production, empowering community and capacity building](#)

Asset-based places

This paper is based on research conducted by SCIE for the Greater Manchester Health and Social Care Partnership to inform the development of a Greater Manchester framework for person- and community-centred approaches which supports capacity-building within localities.

It is accompanied by a series of blogs that explore asset-based approaches in action.

Support with asset-based approaches

SCIE provides support to central and local government, NHS and social care providers on introducing an asset-based approach.

Services include:

- training staff in strengths-based approaches to assessment and care planning – CPD-accredited
- asset mapping consultancy support
- research and benchmarking of asset-based approaches against good practice.

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About SCIE

The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works. We are a leading improvement support agency and an independent charity working with adults', families' and children's care and support services across the UK. We also work closely with related services such as health care and housing.

Future of care

The SCIE Future of care series aims to stimulate discussion among policymakers and planners about the future of care and support, based on analysis of developing evidence and projections for the future.

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