



Asset-based work with communities

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A proper community, we should remember also, is a commonwealth: a place, a resource, an economy. It answers the needs, practical as well as social and spiritual, of its members - among them the need to need one another.

Wendell Berry *The Art of the Commonplace* (2003)

Asset-based work with communities is relevant to adult social care because:

- > it forms part of strength-based work with people who have care and support needs
- > it offers potential to reduce expensive social care provision (although the evidence is limited)
- > knowing and using a community's assets may prevent future needs from developing
- > looking at communities as complex entities may help tackle multi-faceted issues in that community
- > trust can be fostered, further strengthening communities.

Introduction

Asset-based work with communities is part of a wider strengths-based approach, drawing on personalisation, community development, and co-production. When an approach is *asset-based*, it means that it consciously identifies and mobilises the assets - skills, gifts and resources - of people, communities and organisations: the 'protective (or promoting) factors to buffer against life's stresses' (Morgan and Ziglio, 2007). Asset-based work does not mean ignoring needs or challenges - but it refuses to define people or communities by them.

Personal assets, when thought of in this widest sense, offer a potentially rich source of alternative solutions for individuals. However, when they are considered at a community-wide level - drawing on a wide pool of associations, organisations, networks, knowledge and relationships - their effect is multiplied, with potential to prevent further needs from developing, too. Future-proofing a community, by enhancing its robustness and empowering people to take on active roles for their own wellbeing, is a long-term aim of asset-based work. This is potentially transformative, meaning communities would flourish according to their own priorities.

Although there is 'no published evidence that use of a broad asset-based approach can prevent or reverse avoidable causes of ill-health' (de Andrade, 2016) and no single model of asset-based working, there are some principles emerging from the evidence so far. The research is also starting to address why asset-based work with communities can be difficult, ineffective and involve setbacks - but also how to learn from them. This Leaders' Briefing will set out this knowledge, considering how its principles can be most effective.

The current picture

Asset-based approaches have become popular in social care, despite a dearth of direct evidence for their effectiveness.

There is also a legal context: it is required by the *Care Act 2014*, which states that public services must 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*). In addition, the Public Services (*Social Value Act*) 2013 requires people who commission public services to think about how those services can secure wider social, economic and environmental benefits to the community.

As the personalisation agenda has proved, many people *want* to make decisions about their own lives: social work with adults aims to support informed choice and control, viewing people as experts in their own lives. Asset-based work shares this philosophy, and is very much allied with the tone of other strengths-based initiatives like risk enablement and co-production.

The complexity of communities

Complexity makes it hard for practitioners to understand cause and effect, predict outcomes and control the course of events.

Hood (2015)

When something is complex, it means component parts in a system interact with each other in multiple, unpredictable and unfolding sequences (Baim, 2017). This is an apt way to think about communities: ever-shifting networks, evolving relationships, with workings sometimes impenetrable to those outside of it. Writing about an asset-based approach in healthcare, Durie and Wyatt (2013) explicitly link asset-based work with complexity theory, arguing that both approaches encourage support for communities to identify their own problems and solutions, that they promote insight into non-linear relationships, and that they reflect on the dynamics of change.

A clear starting point for asset-based work with communities, therefore, is to understand them as a 'whole system': encompassing their core economy, their social capital, reciprocity and mutuality.

Edgar Cahn, a US civil rights lawyer, argued that professional services rely on a 'core economy' located in communities. This core economy is usually not monetized, but is comprised of absolutely essential work that no state could afford to provide - hours upon hours of caring, odd jobs, sharing problems, acts of kindness: all of which foster our own human qualities and guard against community breakdown.

To provide one example, the core economy has been linked with 'ageing in place', where older people with high support needs are able to remain active in their local communities rather than having to move, or constantly travel, to gain the support they need (Boyle et al, 2010).

The complexity of communities continued

Social capital refers to the type and strength of networks, and how values are shared between them. Putnam (2000) identified two forms: 'bonding capital' and 'bridging capital'. **Bonding capital** is the trust and cooperation between members of a network who share the same (or similar) identities. These are tight relationships. **Bridging capital** relates to the mutual respect and collaboration between people not from the same identity grouping. These are looser connections, but vital to sharing assets within a community.

Adding to this, Szreter and Woolcock (2004) identify a third category, 'linking capital'. Communities might have all sorts of imbalances in them - from transport to discrimination - and **linking capital** specifically seeks to minimise these, addressing power differentials and making communities more accessible to all (not just those with high levels of personal assets).

Reciprocity and mutuality play important roles in increasing self-esteem, achieving aspirations and giving a sense of purpose. Reciprocity is when people are tangibly rewarded for their contributions - the classic example being time bank credits. Mutuality is not so directly reciprocal. It refers to doing something together, and can bring indirect benefits to a community relationship, such as a sense of achievement and comradeship.

They also have preventative benefits for those with existing health and support needs. The 'little bit of help' that older people often need, for example to change a lightbulb, or tidy up their garden - enables independence for longer, and research has shown that older people are much more comfortable getting this help from a relationship where there is mutual sharing and exchange, and they can offer something in return (Bowers et al, 2013).

A 'whole systems approach' to obesity

Looking at communities as a complex structure, with very many disparate influences that impact on individuals in different ways, is the foundation of Public Health England's 'whole systems approach' to obesity.

Leeds Beckett University is working closely with four pilot local authorities on a coordinated approach across planning, housing, transport, children's and adults' services, business and health. The scheme aims to understand the opportunities and realities for tackling obesity, ultimately producing a roadmap to address this multi-faceted challenge in the community.

Find out more: www.leedsbeckett.ac.uk/wholesystemsobesity

The principles of asset-based community development (ABCD)

The historic evidence indicates that significant community development takes place only when local community people are committed to investing themselves and their resources in the effort.

John Kretzmann and John P McKnight (1996)

While asset-based approaches *can* develop organically, this is less likely to be efficient or to fully utilise all the assets available in a community (Field and Miller, 2017).

In the 1990s John Kretzmann and John P McKnight developed a strategy to explicitly advance asset use: asset-based community development (ABCD). Although developed in the US, Kretzmann and McKnight's ideas influenced UK-led strengths-based initiatives.

Working with assets gets us all - workers, people, communities - out of a 'needs-driven dead-end', they wrote. Critiquing the paternalistic treatment of deprived areas in the US, Kretzmann and McKnight argued that they had been turned into 'client neighbourhoods' by health and social care systems, researchers and the media, all of whom relentlessly focused on a neighbourhood's problems.

The result was that the residents were led to see themselves 'as people with special needs that can only be met by outsiders. They become consumers of services with no incentive to be producers' (Kretzmann and McKnight, 1996). Residents of these client neighbourhoods accepted their needs as the only interpretation of their community. Services, by framing the problem, unwittingly imposed a barrier to solutions.

ABCD addresses this paradox. It is a set of practices and methods, tailored to each community, that focuses efforts on communities becoming active in shaping their own development, and helping them to organise themselves to address the issues that matter to them. This does not mean that outside resources are not needed. Instead, it means that outside resources will be much more effectively used if the local community directs their use.

The principles of asset-based community development (ABCD) continued

Eight steps of asset-based community development (ABCD)

- 1 Identify a neighbourhood where the work will be welcomed.
- 2 Find connectors - people who are good at networking and talk easily to each other.
- 3 Identify people's cares, dreams, skills and interests.
- 4 Map the clubs, associations, schools, churches, etc - use a big map to identify them.
- 5 Meet with them, find out what they already do, what they would like to see happen and what they can offer.
- 6 Identify projects that people would like to get involved in to make the neighbourhood a better place to live.
- 7 Bring together people to achieve these aspirations.
- 8 Share successes and encourage others.

Klee et al (2014)

ABCD is a holistic approach, looking both broadly - at the full complexity of communities, placing people within networks - and deeply, by considering people within a lifespan perspective. It is place-based and grassroots, concentrating on the agenda-building and problem-solving capabilities of local people, associations and institutions. It builds on shared decision-making, going beyond consultation and towards co-production (see next page). The process should encourage people to network across comfort zones, foster links with existing community networks and build capacity for more.

Local area coordination (LAC): Derby

The aim of Local Area Coordinators (LACs) is to support people to 'get a life, not a service' and was introduced in Derby in 2012 as part of the council's personalisation programme.

LACs are not community development workers, but work with individuals in the context of their local community, neighbours and wider family; supporting people to draw upon their personal or family assets and connecting people to others in the community who are able to assist. In so doing, they also identify the things the people themselves have to offer, so that support becomes mutual and people contribute more to their local community.

Over the first year, an evaluation of LAC brought an estimated saving of £800,000 to the local health and social care economy as a result of people's use of formal services being delayed or prevented. In 2016, Think Local Act Personal published an independent forecast of LAC in Derby. The report estimated that LAC would deliver significant social value, with up to £4 of value for every £1 invested.

Report available online:
www.thinklocalactpersonal.org.uk/_assets/BCC/Assured_SROI_Report_for_Local_Area_Coordination_in_Derby_March_2016.pdf

Klee et al (2014) noted that although ABCD was a simple idea, in practice it takes time and patience.

Asset-mapping

Work with the bonding capital, evolve the bridging capital, and put a high value on the core economy.

Jones (2013)

A first step of ABCD is in meeting the requirement of the Care Act to ‘consider what services, facilities and resources are already in the area and how these might help local people’.

Asset-based work with communities starts by reflecting on assets already present, and how they currently operate: ‘what are they?’ and ‘what do they do?’. This is *asset-mapping*. Compared to the rich literature on assessing needs and problems, research on assessing and mapping a community’s assets is sparse, but ongoing initiatives have yielded useful intelligence.

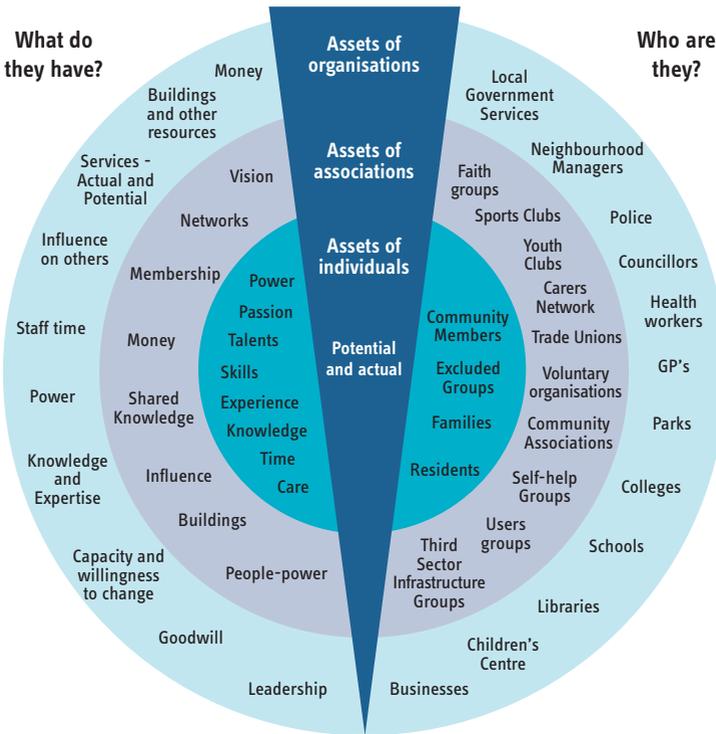


Illustration adapted from Field and Miller (2017)

Conventional practice starts with seeing the assets of organisations. As the above diagram shows, asset-based practice immediately takes a wider view. It's likely a local authority will be (implicitly or explicitly) making use of some of these community assets already, so an early stage of asset-mapping is to reflect on this and consider how to develop what is already there by reinforcing social networks and strengthening community-led associations (Field and Miller, 2017).

Local authority input can create the 'linking capital' by lending community associations a legal framework, political legitimacy and acting as a broker between networks (Jones, 2013).

The Innovation Unit and Greater Manchester Public Health Network (2016) identified two principles for a successful asset-mapping:

- 1 Ensure mapping is community and citizen-led - use and work with knowledgeable local people and organisations.
- 2 Keep mapping live and dynamic - assets are changing and subjective. Make any directories interactive and regularly update them to make sure they capture this.

(SCIE, 2017)

For a practical guide to asset-mapping, Preston City Council has developed a Community Mapping Toolkit: www.preston.gov.uk/yourservices/neighbourhoods-and-community/community-mapping-toolkit

Asset-mapping continued

A local authority is unlikely to know all the assets in a community already; it will need the process to be citizen-led and community-owned, both to glean knowledge but also to begin the process of people reflecting on what they are able and willing to do in the right context, with the right opportunities, and given the right support.

Asset mapping, and ABCD generally, draws from the knowledge and networks of a group of citizens Klee et al (2014) call ‘connectors’ - people that know the neighbourhood and are good at relationship-building. It may take some time to get together a group of willing connectors who also fully represent the diversity of the community, but these connectors can then meet with people living in the area to find out their ideas, and what people can contribute.

This can be a cultural shift; Rippon and South (2017) noted that ‘the approach requires more flexibility and is often fluid and emergent, which doesn’t always fit with the established operational styles’. The authors also quote one stakeholder who describes asset-based work as a ‘meandering process’ with ‘lots of time invested in talking with different people about different ideas focusing on the things that mattered to them’.

Different methods in collecting data and information on assets have been tried, but firm evidence on the most effective methods remains inconclusive (South et al, 2017). One simple accessibility strategy may be to hold asset-mapping exercises outside, in a public space such as a park. Community organisations notice that when they hold a meeting outdoors they have much higher attendance than indoors (Buddery et al, 2016). Another study found that ‘assets’, as a word, did not travel well. Instead, the project dropped the phrase ‘asset-mapping’ and simply called the exercise ‘I Am My Community’ instead (South et al, 2017).

Ageing Well

The Local Government Association's Ageing Well programme was an intensive programme of support for councils to help develop good places to grow older. Ageing Well produced a handbook to support an asset-based approach with older people.

A rural local authority in the north of England carried out asset mapping exercises in two very different locations - an ex-mining village and an affluent area. It was a two-stage process in each location:

- 1 A first workshop focused on older people, mapping individual and collective assets.
- 2 A second workshop focused on how the area could use those assets better.

An immediate result was achieved. In the ex-mining village, an issue about the lack of transport was raised. In the more affluent area, a representative from a community transport brokerage scheme set out its assets.

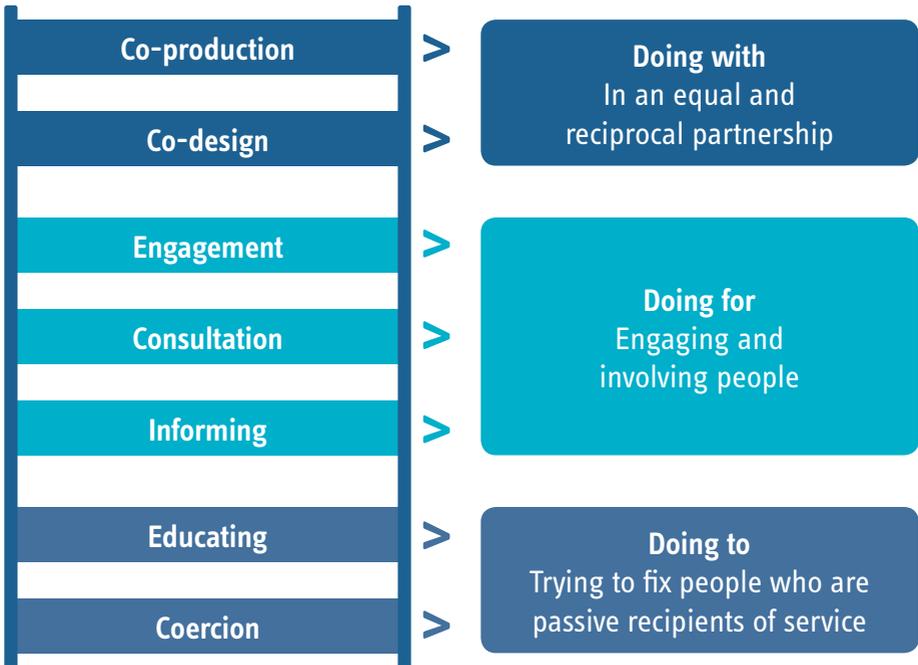
A final event was planned, to bring the two areas together. The transport brokerage scheme provided the transport for the older people from the ex-mining village to attend this meeting. Available online:

www.opm.co.uk/wp-content/uploads/2014/01/Ageing-Well-an-asset-based-approach.pdf

Co-production

Co-production is one of the key threads in asset-based work, referring to a relationship where professionals and people share power to design and deliver services together: by co-design, co-decision-making, co-delivery and co-evaluation. Co-production pools the assets of people and professionals in an equal relationship to create services and maintain their efficacy.

With its emphasis on the 'active citizen', co-production defines people as having assets and brings the expectation that they will use them for their own good, and the good of their community. It sits at the top of a 'ladder' of citizen engagement:



Adapted from Arnstein (1969)

Co-production potentially provides several benefits:

- > Using people's knowledge, experience and opinions to provide services that will engage more effectively.
- > Supporting asset-based social work, by recognising and rewarding people's strengths.
- > Strengthening peer support networks by engaging them and forging new ties, even meaning new communities may emerge.
- > Increasing service capacity by reducing wasteful interventions.
- > Raising people's confidence.
- > Providing wider benefits such as aiding employability and reducing reliance on services.

In 2014 Research in Practice for Adults published a *Key Issue, Effective co-production* (Leech, 2014), which gathered the knowledge on co-production to date and noted that 'true co-production can be a challenge for commissioners, service providers, and those at the frontline providing services. It asks professionals to share power and accept risk; it seldom happens naturally, but requires investment of time, money, and faith.' (Leech, 2014).

This may be an insight into why co-production remains a hallmark of a good asset-based approach, but has been slow to make great strides in practice. Although the overall cost-effectiveness of co-production is debatable (Needham, 2013) and some individual projects have found striking financial successes, near the start of a project co-production tends to be resource-hungry, with few immediate obvious gains.

Buddery et al (2016) hypothesise that 'austerity may prompt some services to retrench defensively, using scarce professional resources to deliver core functions by relying on familiar performance management and cost-control strategies'. Nevertheless, as the following case study illustrates, co-produced initiatives can be popular, inclusive and self-sustaining.

Co-production continued

Lambeth Collaborative

The Collaborative was established in 2010, bringing together a cross-section of mental health services in Lambeth, including people who experience poor mental health, commissioners, carers, peer supporters, and representatives from the local council and the NHS.

There were twenty core members who met fortnightly at a local café run by people with lived experience of learning disabilities and poor mental health.

The Collaborative follows a service design process of ‘monitor, insight, co-design, co-delivery’ - or ‘ears, brain, hands, and legs’. Central to every stage is a co-designed workshop - large-scale events at which representatives from every group come together to refine the vision, generate ideas, create networks and tackle problems.

Having begun with thirty people, the workshops grew to attract 160 people, with about 1,600 people attending over the first two and a half years. The Collaborative was successful, both in terms of better care provided to people who use services and in the number of new ideas, problems and questions it generated.

Find out more:

www.lambethcollaborative.org.uk

The role of trust

Sometimes they [the institution] imagine that if people are allowed to ask for anything they will ask for large and unimaginable things, but what we find is people ask for low-level things, for example, someone to pop in just for half an hour to have a chat.

Resident board member, quoted in Jones (2013)

Another reason why co-production has made only slow advances may be due to a precarious status of trust between communities and local authorities. Trust is essential to relational empowerment, and nurturing trust is part of both ABCD and co-production. After all, assets are under the control of various people, associations and organisations which local authorities have no direct power to control. While communities may not trust local authorities, local authorities also may not trust communities; they may be fearful of ceding power, or nervous that people will ask for the ‘wrong’ things.

There is a need to show people that ABCD truly is a blank sheet of paper, and that what has been discussed will be taken forward. One of the biggest barriers to trust is when people feel that they have been consulted many times; yet their suggestions are not used, and their lives do not change.

An 'over-consulting' phenomenon can be particularly challenging to navigate (de Andrade, 2016). Support needs to be focused on building people's skills and knowledge; there is a big difference between people being aware of what they would *like* to do, and *doing it*. Information on how to access assets, to follow their own interests, and to join community organisations will help, with support offered via briefings, websites, peer support, and training.

While asset-based approaches do not necessarily mean a cheaper approach or a smaller state - it is about *redefining* the relationship - their use during an era of reduced budgets can breed cynicism. Often, local authorities are not upfront about efficiency savings (Buddery et al, 2016); this is in direct contrast to the candid approach Kretzmann and McKnight (1996) use: 'It is increasingly futile to wait for significant help to arrive from outside the community', they write, suggesting 'hard truths' with communities that 'the prospect for outside help is bleak indeed'. While that approach may seem too blunt, a principle of trust would inform an honest conversation about the necessity for 'citizen sweat' in keeping some services available.

Financial uncertainty can have a detrimental effect on asset-based work, and trust in general. While people's social interaction and asset use may improve during the lifespan of an intervention,

there is still a question mark over long-term viability, especially when professionals withdraw (Power et al, 2016). Changes from asset-based approaches and co-production can be extremely subtle and long-term, and these can be hard to measure, making the business case for continued investment difficult.

However, there is cause for optimism when looking at the example of personal budgets. Here, trust - along with system support for culture change - allowed far better use of resources. Research shows that, for most groups, personal budgets have improved people's lives (National Audit Office, 2016). People's experiences often point to people making better use of their budget than professionals and there has been no evidence to suggest personal budgets have undermined the provision of social care based on need (Buddery et al, 2016).

The evidence suggests that having a diverse social network, based on relationships of trust, is important for health and wellbeing; this includes trust between institutions and communities. Out of seemingly small steps, multiplied by mutuality and reciprocity and *also* practiced by local authorities, strengthened networks can emerge, 'leading to a greater sense of validation and reduced isolation, plus a strengthened network of resources for members' (SCIE, 2017).

Structural factors and ‘cruel optimism’

Disadvantage has become entrenched in certain areas of the country.

State of the Nation report, 2017

In 2017, the Social Mobility Commission report *State of the Nation: Social Mobility in Great Britain* set out how people, particularly from rural and coastal areas, become trapped by multiple disadvantage - mostly from structural factors beyond their control - and have few avenues out of the financial and social situation they were born into (and likely fewer assets). Parenting support, schooling, opportunities for young people, transport, high housing costs, low pay and employment instability can combine to create very low chances of social mobility.

Even several years ago, asset-based work was criticised for its ‘lack of consideration of the macro-level causes of disempowerment’ (Ennis and West, 2010). It is still the case that asset-building is, some studies argue, an ineffective response in the face of overwhelming societal forces that work to decrease personal and community assets.

de Andrade (2016) investigated how communities (particularly BAME - Black, Asian and minority ethnic - communities) responded to the language and practice of asset-based approaches. This study found people experienced a disconnection between policy and practice, tokenism,

and failures to consider cultural, traditional and religious circumstances. People’s ability to contribute to and use assets was limited, and there were not mechanisms to help them do this; also, some people that a local authority might identify as cultural connectors ‘are not entirely altruistic and pose barriers to the flow of knowledge and capacity building by acting as community gatekeepers’ (de Andrade, 2016).

Asset-based work with communities is positive. It believes that outcomes are achievable when those communities have the chance and capacity to create their own futures. Is it too idealistic to believe that communities are always welcoming? Lauren Berlant (2011) coined a term for this: ‘cruel optimism’. Those with the fewest assets can fare the worst. This is backed up by some research on co-production, which suggests it is disproportionately practiced by the better off (Gannon and Lawson, 2008). Berlant disputed the idea that people naturally become active participants in welcoming communities. She argued that public spaces can be ‘precarious’, and community assets may not meet everyone’s needs.

Some recent research suggests a way forward: acknowledging the causes of disadvantage, and tackling barriers to participation, while still practicing an asset-based approach. Ferguson (2016), in her study on kindness in communities,

is 'clear that disadvantage impacts negatively on social capital and the root causes of structural inequality must be tackled'; while also being plain that this does not mean existing social capital shouldn't be built on and its positive impacts stressed.

While some communities may be more transient or fractured than others, thoughtful asset-based work has potential everywhere. For example, a recent study with asylum seekers - one of the most marginalised groups in society - found co-production gave an opportunity for people to form a community, and to help others, as well as receiving support (Strokosch and Osborne, 2016).

Asset-based work on the frontline

The identification of strengths is not the antithesis of the identification of problems. Instead, it is a large part of the solution.

Graybeal (2001)

Some assets in an asset-based approach come from frontline social workers - their practice wisdom, their formal knowledge and their values. These are all essential to ABCD, along with social work skills of empathy and relationship-building. A social worker's ability is also essential in helping people draw out their assets (which the person may not be aware they have) and make best use of them.

Models such as 'Three Conversations' explicitly move from traditional social care assessment into foregrounding assets and connections; it is a major role for modern social work to help people build trusting relationships and facilitate social activities.

There is evidence that social workers can directly support the values of mutuality and reciprocity. Ferguson (2016) found that, when people were asked to keep a journal logging all interactions involving giving or receiving help, people reported that this gave them new insight into their relationships, with some realising that they were more connected than they thought.

People might well need support to draw on community assets; this can be through strengths-based conversations, 'social prescribing' (whereby a health or social care worker 'prescribes' a community-based activity as part of a support package) or deeper engagement through accompanying someone to a peer support group, for example.

By encouraging pride in achievements, and supporting people's contributions, communities generate increased confidence in their ability to be producers and not recipients of development (Foot and Hopkins, 2010). Finding out someone's specific interests can increase the success of a project: one review (Newlin et al, 2015) noted that taking someone's specific assets into account when trying to 'match' someone to a mental health intervention led to a 75 per cent completion rate of the chosen project.

Workers should be supported to feed back any community assets they may find out about during the course of their practice. There is evidence that social workers are inspired when they see co-production working for the people they work with and it is this personally experienced effectiveness (rather than formal evaluations) that wins their support (Boyle et al, 2006).

Conclusion

There will come a time, if we're successful, when there could be a perceived threat to the political status. It is inevitable with progressive community development where you achieve a shift in power.

Resident board member, quoted in Jones (2013)

Asset-based working could be a radical idea, changing the balance of relationships between institutions and citizens. However, the evidence is still building regarding impact on communities and its overall cost-effectiveness.

Understanding the community, and reframing the narrative, are the first important steps. Focus on a community's assets rather than needs and reflect on the *challenges* to those assets being fully used (including the challenges for social care leadership: asset-based approaches can incur costs in one area, but provide benefits in another, acting as a disincentive).

Construct a dynamic map of those assets, allowing connections to be made and ties strengthened. Establish a baseline and monitor progress. Test and learn - and *share*.

Questions for leaders to consider

- > How is the culture and leadership of your organisation placed to consider a 'whole systems' asset-based approach, a way of working that encompasses the complexity of a community?
- > How is the lived experience of people and communities valued in your area? What formal mechanisms are already in place?
- > What are the opportunities to share knowledge about community assets?
- > How up-to-date is your knowledge of local associations and support groups? How do you ensure it keeps vibrant and relevant?
- > What are the services in your area that people use most frequently? These are 'anchor services' and can be used as a starting point to map assets.
- > Can you identify local challenges to asset-mapping? What are they?
- > Are there negative narratives about certain communities? How might these be challenged?
- > How do people experience structural disadvantage in your communities?
- > Are assets seen in a purely transactional way (ie, this asset will address this problem) or is there a more transformative approach?
- > The research suggests this approach needs time and patience. Is your organisation prepared for this?
- > How will you measure success?

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