5. Asset-based approaches in a health and well-being context

The below is a brief overview of the area of asset-based approaches in a health and well-being context and some of the key conclusions from the existing evidence. If you have comments on this brief or additional evidence to reference please get in touch with us on info@realisingthevalue.org.uk.

Asset-based community development (ABCD) is one of the most well-known frameworks used to steer processes for community building. It starts by making visible and explicitly valuing, the skills, knowledge, connections and potential in a community. Asset-based approaches, such as ABCD, are used in wide variety of community development contexts, but Realising the Value is looking for sites that are implementing these approaches in a health and well-being context.

We consider these approaches as having potentially wide-ranging benefits to enable a new relationship with people and communities, but recognise that there is still limited formal evidence on the effectiveness of asset-based community development applied at scale in a health and wellbeing context. This will be taken into consideration in the assessment of applications.

What do we define as asset-based approaches in a health and well-being context?

The aim of asset-based practice is to promote and strengthen the factors that support good health and wellbeing, protect against poor health and foster communities and networks that sustain health. The vision is to improve people’s life chances by focusing on what improves their health and wellbeing and reduces preventable health inequalities.

Asset-based approaches have a different starting point to traditional health and care services. Fundamentally, they ask the question ‘what makes us healthy?’, rather than the deficit-based question ‘what makes us ill?’ These approaches are based on creating and sustaining broadly based support in the community, outside the traditional boundaries of health and social care services, to promote good health and wellbeing and strong social connections. An asset-based approach takes account of how people live and how they can be enabled to realise their potential, as well as the things that matter to them, in all spheres of life, not just physical and mental health.

Until recently, in England, there has been no high-level commitment to put community involvement at the heart of health policy and practice (these issues have been more prominent in Scottish and Welsh health policy). This has started to change with a number of recent high profile publications building the argument that engaging individuals and their communities in health and wellbeing can contribute to reducing the burden of preventable disease and ease the pressures of increased demand on the health service by developing people’s knowledge, skills and confidence to manage their own care.

Asset-based community development (ABCD) is a specific framework used to steer processes for community building. It starts by making visible and explicitly valuing the skills, knowledge, connections and potential in a community. Once identified, the process seeks to connect the assets: residents, local organisations and informal community groups to build strong relationships.

between people and reciprocal social networks. The aim is to mobilise local people to act on the things they care about and want to change. In this, the professional community development role is to support people to recognise and mobilise the assets and resources they have through co-production of services. The asset-based approach places high value on promoting a sense of belonging, a capacity to control and finding meaning and self-worth, not only to promote individual wellbeing and health, but also to connect individuals and enable flourishing communities.

**Some examples of potential benefits**

To date, evidence of effectiveness on asset-based approaches in the UK is limited to a few local, emergent solutions within particular contexts, with little practical guidance on how to put them into practice at scale.

The published research demonstrates well-grounded theories around the value of health assets, and growing evidence of how to promote and sustain those assets to benefit individuals, families and communities. The links that connect people within communities provide a source of resilience, access to support, opportunities for participation and added control over their lives; with these links people are more likely to have a high level of wellbeing and as a result more positive health outcomes than they would otherwise.

The social networks within communities create ‘social capital’, resources such as support, reciprocity through volunteering networks and links which bridge divides of power, status, knowledge and access. The quality and quantity of complex social relationships with family, friends and social networks have been shown to affect morbidity and mortality. People with stronger social relationships have lower mortality rates than those with poor or inadequate social relationships. These effects are comparable to those of well-established risk factors such as smoking, excessive alcohol consumption, obesity and lack of physical activity.

**Making it work**

Some asset-based activities have a direct link to health and well-being, such as time banking and micro-enterprise schemes which support older people to continue to live in their own homes through community based support, such as help with shopping and gardening, befriending, or social activities. Other activities may be about building a strong sense of local identity and pride through projects such re-claiming disused buildings for community use. Others may mobilise local assets to provide opportunities for small scale enterprise and job creation. The focus for asset-based approaches can only be decided through co-production, which involves local people in deciding their priorities for their community.

A theme to emerge from research to date is the potential tension between asset-based approaches and professional identity and ways of working among health care professionals. Published case studies also show that some people struggle with the new model, as it is not the model of care they expect from the health service. This implies that training and support for both professionals and people will be required for asset-based community development to be implemented at scale.

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