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Promoting Asset Based Approaches for Health and Wellbeing

Exploring a Theory of Change and Challenges in Evaluation

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November 2017

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Contents

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Part 1

Promoting Asset Based Approaches for Health and Wellbeing –
Exploring a Theory of Change.

Introduction

In 2015 The Health Foundation published, *Head, hands and heart: asset based approaches in health and care*[1] which set out some of the key attributes, opportunities and approaches critical to adopting asset based approaches for health. We are seeing an unprecedented interest in asset based approaches in health and care settings and in wider wellbeing across the UK; the narrative on asset based approaches for health is well rehearsed and yet a significant paradigm shift in the health (and care) system has yet to be achieved in a way that would signal a sea change in practice, commissioning and research and evaluation - and importantly in the way people engage with and experience health care and health giving resources. The recent programme, Realising the Value[2] offered an opportunity for the health, care and community sectors to take stock on ways forward for asset based approaches; the programme located action on assets as a contribution to the shift toward person centred- and community centred approaches for health and wellbeing.[3] The NHS Five Year Forward View[4] also promotes strength-based approaches to health through programmes such as the Integrated Personal Commissioning pilots and its emerging work on social movements for health.

Notwithstanding the growing interest and focus of asset based approaches in the public sector, the journey toward a systemic and scaled approach seems complex. We note activity in a range of settings. On the one hand, there is asset based activity that is within the NHS and related care systems as it seeks to move to a more 'prevention' based agenda – as a drive to more personalised care and support. There is action and activity that is located within a different (and yet complementary) system - that of public health and health promotion - where action is focused on tackling wider determinants of health and wellbeing at a structural and population level. Often activity in this sphere seeks to focus on 'what creates' health and wellbeing. Morgan et al have described this field of practice[5,6] as the Asset Model for health. In this realm activity is often located in communities and neighbourhoods and may also be led by communities.

There is a third domain of action that is relevant to health and wellbeing, where action is driven by local neighbourhood activity, wherein local people are self organising on matters of concern and interest that in turn have a wellbeing dividend; this action may be initially instigated by sector agencies but can and does self-generate and is often seen as neighbourhood action or community/neighbourhood development. A fourth domain and one of opportunity is where sector agencies and communities collaborate together on asset based action for health - the potential here is work together to shift the paradigm to a health asset model for all. These elements whilst distinct are not linear but are elements on which action can be instigated across a range of timeframes that overlap in terms of impact and development.

We illustrate these domains in Appendix One - The Assets Action Quadrant.

This quadrant of asset based activity poses complex questions for practice, research and for those commissioning such activity. Our observation based on exposure to developments in local systems is that in no one location do we see a systemic shift toward a place based health assets model, that the adoption of a place based asset model for health is yet to be realised.

Our experience of engaging with local sector organisations indicates that there is a sound understanding of the benefits to be gained from such a systemic shift to realise a 'total place' scenario for health at a community and neighbourhood level, one that

draws from a family of community approaches.

1. The issues we are seeking to explore

This project builds on some of the ideas and insights from the report - Head, hand and heart, and seeks to explore more on the Theory of Change model and opportunities for evaluation and measurement of impact. We seek to explore two key areas that we see as being critical for moving to a more systematised approach to asset based action for health. These two areas are:

1. The need to develop further a Theory of Change for asset based approaches aligned to an asset model for health
2. The requirement to understand how to measure and illustrate impact and benefit from asset based approaches.

2. Why are these two areas important?

In this short report we revisit the Theory of Change developed in earlier work[7] and seek to expand this to reflect current developments and future scenarios. The expanded ToC has been informed by field interviews and practice based insights.

We see this ToC as adding value to the field of asset based approaches as it sets out a clear framework for organising action and delivery of projects underpinned by perspectives from field practice and the literature.

We also review the challenges and opportunities related to evaluation and measurement of asset based approaches for health and signpost to some resources that can be incorporated into projects to aid evaluation. This recognises that the evidence on asset based approaches for health in the UK is limited and disparate. Where evidence is available that sets out appropriate methods of measurement, we believe that there is benefit summarising this so those involved in commissioning activity, designing evaluation or developing field practice can have a frame on which to build more robust programmes and outcomes.

3. How we approached the project

Whilst this work is not a formal research project, we have sought to use elements of social research in our approaches; for example, in identifying practitioners and other key informants from the field of practice. We established a list of core informants from our networks and asked that they 'nominate' peers from the field who would be of interest to the project - this provided us with a 'snowball' type method for 'data gathering'. Contact discussions with informants were framed against a series of short open questions designed to generate insight and reflection, the aim being to provide opportunities for informants to participate as fully as possible in the discussion and exploration of ideas.

In seeking to apply aspects of rigour to the project we have sought the views and opinions of 'experts' in the field of health assets and asset based approaches at key stages of the work to verify our emerging findings.

In relation to the objective on evaluation, we undertook a focused desk based literature review, developing a protocol and a systematic approach to searching, selection of publications and data extraction and synthesis.

This project was primarily concerned with the adoption and progress of asset based approaches in the context of health and wellbeing in the UK. We were keen to understand local practice within sector organisations, particularly those involved in health and wellbeing and specifically how agencies are organising action for health assets.

In our field work and practice we are frequently asked the question "how do asset based approaches work" or "what needs to be done to establish asset based approaches in our organisation...with our local communities etc..." It is worth acknowledging that adoption of asset based approaches, whilst often non complex in terms of methods of praxis, can prove to be complex in terms of the nuances in local sector organisations and systems. Indeed, shifting to a health assets model requires some fundamental changes in practice in sector organisations that often prove to be challenging.

The recent report from the Glasgow Centre for Population Health[8] details an extensive field of practice in communities and local sector organisations. It asserts that it "is certainly challenging to make changes from within the 'system'"[ibid p70] and yet "introducing asset

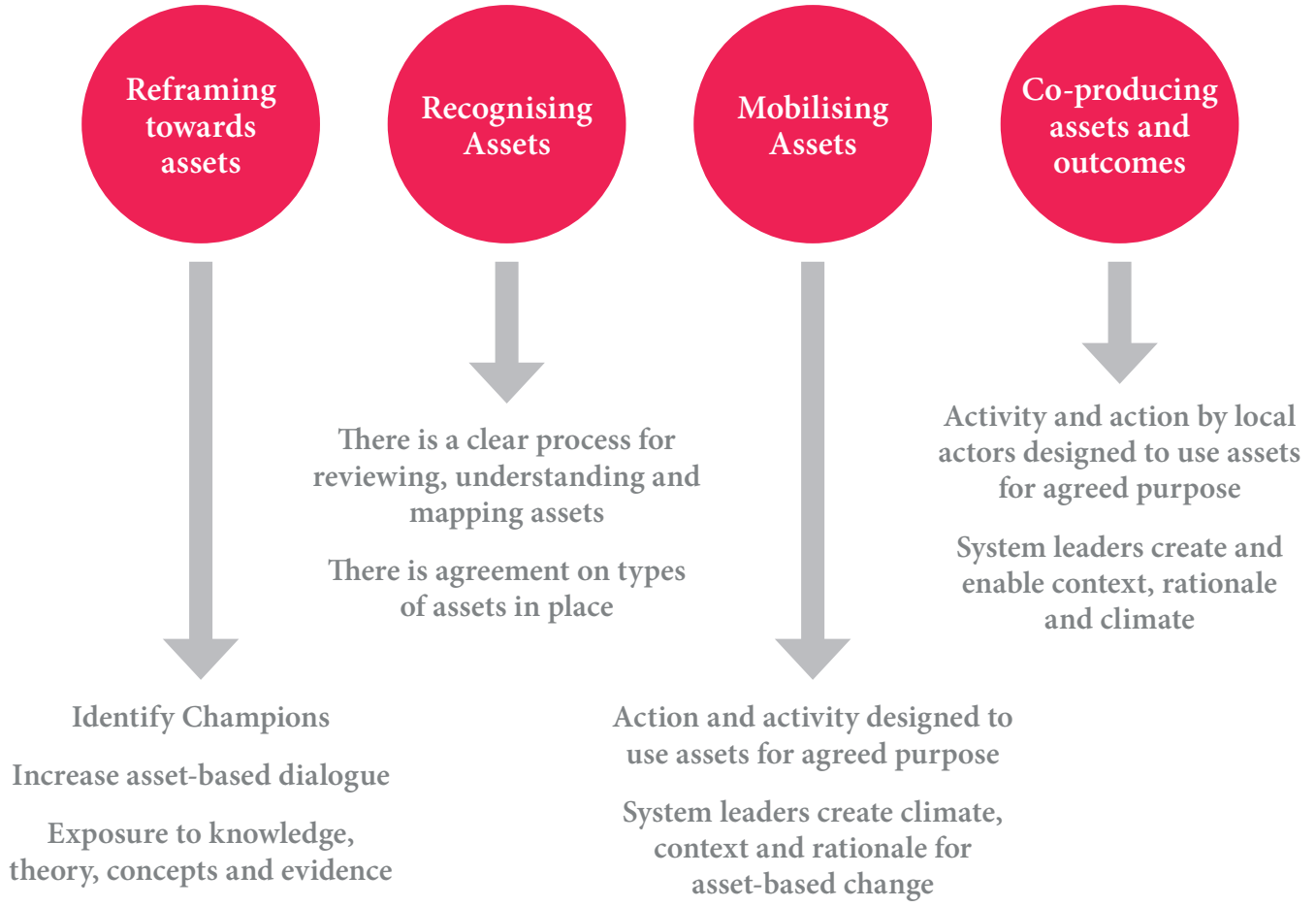
based approaches from 'outside' runs the risk of them being seen as peripheral or additional, with limited impact or influence how on mainstream services undertake planning or delivery" ibid p71. So there seems to be a gap to bridge in the adoption of asset based approaches - one wherein sector agents see their practice as being 'asset based', and where external recipients, e.g. community groups, experience a disconnect from their 'practice' of asset based approaches. These tensions require practical solutions on a range of levels - structural and system level, relational, in settings based practice and in resource allocation. These elements were identified in the site interviews we conducted and are discussed in the Theory of Change section below.

Developing a Theory of Change (ToC) model for asset based approaches for health is a useful way to identify the landscape, orientate the direction of travel and navigate through the development journey; it is also a useful means to help identify the themes and phases for evaluation. The use of ToC in large scale change and intervention programmes is a well established approach.[9] Broadly, "ToC can support the development of interventions, bringing together key stakeholders within the planning phase to scrutinise and address proposed approaches to achieving impact. It can also provide a rich process and impact framework to guide implementation and evaluation, addressing barriers to implementation, and incorporating the rationale behind approaches taken and contextual influences."[10(p 14)]

We see that a ToC model is often a live source document that changes as activity and new insights develop, that it is a work in progress.

We will consider the earlier Theory of Change model described by Hopkins and Rippon[11] (See Illustration One) and make reference to this in our field interviews as a means to exploring the potential for a revised model. Our approach to developing a revised ToC was reflexive and iterative which is congruent to the general principles of asset based practice.

Illustration One: The Theory of Change for Asset Based Approaches *(source: Hopkins & Rippon 2015)*



4. Developing an understanding of practice and progress - Practice Sites Interviews and Think Piece Events

Given the wealth, diversity and scale of asset based approaches that are occurring in local systems and through sector agencies we wanted to create opportunities for people involved in practice and adoption of these approaches to share their insights, knowledge and experiences to inform the development of a ToC. We also wanted to seek opportunities to test our emergent insights into this field; the opportunity to do this was through a series of practice site visits and a series of Think Piece meetings that served to create a community of practice dialogue that was participatory and reflexive.

5. Methods - Our approach to deepening understanding of asset based approaches

In developing this project, a series of insight gathering opportunities were generated, including:

– Identifying example projects and practice describing the use of asset based approaches in which to conduct interviews/observe practice in localities.

– Think Piece events - bringing a range of people together to explore work on asset based projects and consider these approaches through a health improvement paradigm.

– Reviewing literature to understand and corroborate our findings in the field and to use the evidence base to inform messages on next steps.

The aim of this approach being to develop insights into how projects were designed, delivered and focused and to explore the mechanisms for change.

6. How we identified local projects

We identified projects in a number of ways, through practice networks, social media (Twitter) conversations and reading of key reports and papers (grey literature) that reported local action. The sites that informed this project were all undertaking activity in local places as part of a commissioned initiative, that is, where financial investment had been made by a system/public sector organisation. These commissioning organisations included local Health, Council and Voluntary and Community Services (VCS) and, whilst local people were collaborators in the projects, there was clearly a role that the agency was undertaking as sponsor and facilitator in the activity. None of the sites were 'projects' that had been instigated by local residents in neighbourhoods.

Four project sites were involved in the interview phase, all with very diverse focus and states of maturation-

Project A was commissioned by an NHS Clinical Commissioning Group (CCG) and was focused on engaging people with mental health issues on a range of community led actions - this project used a declared methodology described as Asset Based Community Development (ABCD). The project was located across a large rural location.

Project B was located within a locality-based VCS agency and focused on neighbourhood activity such as developing communal green space, local regeneration action within an urban area. It described action that was co-designed and co-produced by local people and actors from the Voluntary and Community Sector (VCS).

Project C was within a long established Community Development agency in an inner city locality and provided a range of neighbourhood programmes that used approaches to help develop life skills and neighbourhood action.

Project D was a Housing Association that has developed a range of projects with tenants and local people founded on co-production, co-design and asset based approaches; there is also a declared focus on improving wellbeing for tenants.

The field interviews were conversation based and focused on 4 core lines of inquiry:

– Why have you adopted asset based approaches?

– What do you mean by asset based approaches - what does this include?

– What gives these approaches traction in the local system - what are the enablers?

– What are the intended/unintended outcomes from such approaches?

7. What insights did we develop?

The conversations and ideas presented in the interviews were often very detailed. In order to present this detail we have used 'word clouds' as a way of reporting the key themes in a succinct way. We tested out these themes by presenting the word clouds to a small group of interviewees. In their comments about reframing towards assets as a ToC activity a new dimension arose which we refer to as an Orientation stage. This theme is explained below in the Theory of Change section.

7.1 What is the context for adopting asset based approaches?

This question was asked in all conversations in fieldwork interviews to better understand the perceived and actual drivers that are shaping the focus on assets in local projects. We noted earlier there is growing interest and activity in the health and care system for adopting asset based approaches that enable more personalised, strength based models of care and support. There is however an established field of practice that is non health issue related, this is community development that is generated by and led by people in communities and at times instigated or at the very least supported by local public sector bodies. Such activity can deliver a health and wellbeing dividend[12].

In the projects we engaged with, the focus on targeted action for people with identified health issues was only a declared and primary focus in one setting: Project A in the rural location was specifically funded to engage with people with identified mental health issues. The other sites had 'asset based approaches' as an integral thread in all their work.

In conversations with site leaders, they often cited external levers or pressures as being a driver or context for action - or Government policy that had an emphasis on civic action, local health sector organisations seeking to develop engagement methods with local people.

The key descriptors identified in the field visit conversations are shown in ***Word Cloud One***[13]:

7.2 What is meant by asset based approaches - what does this include?

A consistent thread of commentary in the site visits centred on the relational elements of asset based approaches and the nature of the relationships that were formed by the people involved.

For many informants being congruent to these relational statements is a key element of asset based practice.

In all the conversation interviews, we had there was a convergence of key statements that informants used in their descriptions for asset based approaches for the relational focus, these are shown in the ***Word Cloud Two***:

It was noted in one site that language and terminology often used by practitioners serves to

professionalise the work and seeks to underpin the value of the sector organisation and yet inhibits dialogue and relationships with local people.
For others the use of asset based language - terms like 'opportunities', 'strengths', 'potential', 'know how', - helped participants and collaborators identify new and often radical approaches in local projects. Those we met in local projects described the language as necessarily being highly practical and non academic and not focused on professional terminology. There was a strong non-technical emphasis in language when using asset based approaches.
A commissioner from a local CCG[14] reflected how this language emphasis was incorporated into CCG business and meeting events as a way of reframing coproduction approaches; that through direct involvement in the asset based project, it led to a reorientation that shaped internal processes for public engagement, planning and co-production.

The relational attributes in asset work are a strong and positive element; orientation towards qualities of cooperation, mutuality, participation and empowerment were often cited as achievements and benefits of this approach. These elements could be amenable to further exploration in evaluation work on wellbeing in asset based work and align to Antonovsky's[15] work on sense of coherence and generalised resistance resources.

7.3 What gives these approaches traction in the local system - what are the enablers?

An earlier ToC set out the indicative stages that are identified as relevant to adoption of asset based approaches[16] for health and care sector agencies; whilst this model was not exhaustive, it did offer a useful and generic frame to both organisations, practitioners and those involved in evaluation as to how to organise and plan for a shift in focus and practice.

In the field interviews, some of the key elements of this earlier ToC were endorsed as being experienced and utilised in local adoption and development. Understanding and addressing the local nuance for adoption of asset based approaches is critical for sector organisations and agents as traditional roles often change more toward brokerage roles, enabling action and releasing resources to new partners (people in local communities for example) to stimulate emerging asset based initiatives. Other subtle change can be seen in the relational elements noted above. Kaplan[17] suggests this change when adopted can "play havoc with bureaucratic organisational styles" as the approach requires more flexibility and is often fluid and emergent which doesn't always fit with the established operational styles that are framed by programme and results based outcomes frameworks and processes. One informant spoke of an often meandering process wherein lots of time was invested in talking with different people about different ideas focusing on the things that mattered to them.

It was often expressed with great emphasis by informants that relational characteristics provide a positive platform from which to engage others in the project. That attending to these characteristics enables asset based action to gain momentum and that the presence of these features gives traction as they recalibrate and orientate relationships with people.

These characteristics are shown in ***Word Cloud Three***:

The value of external facilitation was seen as being a positive contribution toward traction as this offers a level of neutrality into what often is a significant change and developmental agenda. These facilitators maybe external to the local system and all agencies involved, equally these roles maybe from within existing organisations or communities. It was cited that local people from 'other places' can be a positive force in facilitating progress as they offer a positive image of what can be achieved. The function of the facilitator was also to 'broker' dialogue and relationships within the project. Mathie and Cunningham[18] explored the role of "individuals who catalyze the process of development in their communities....and the strong base of associations or social networks that are mobilised in the process". These leaders maybe "traditional leaders or those that

emerge because they have had formal education."[p 1] Leaders as catalyst can emerge from a variety of settings - sector organisations, community and neighbourhood groups or externally to the local scene.

The theme of 'reframing' toward an asset based approach is one that is cited in the interviews as a key stage of development of local initiatives and one that gives a platform for action and traction. When talking of reframing, people from sector organisations spoke of 'reordering' existing activity to have an "asset based lens" and that in so doing a range of changes needed to be achieved to signal the 'reframe' both in relational terms and types of action in 'projects'. Sector actors often cited a shift from "a needs based, deficits, professional led" type of provision to "a more collaborative, can do, opportunities based focus." This also indicates that traction can be gained when 'professional' agents reframe their insights, skill sets and focus to asset based dialogue, relationships and activity - often cited as doing with not to communities. The value of reframing is also explored by Mathie and Cunningham (see Ref.17).

7.4 What are the outcomes from asset based approaches for those involved?

The response from practitioners in the site projects was diverse; impact was described across a range of themes that are personal and structural "esteem building" "creating opportunities" "building hope in places" "improving life chances" "supporting people in recovery" and "building a stronger community" "seeing people be empowered to make changes." Whilst most project sites were able to articulate benefits from their approaches, more often these outcomes were not explicit in any formal sense. Furthermore, informants did not describe the use of any validated measures or methodologies for evaluation of impact.

Whilst it is inappropriate to generalise these observations, our wider work suggest that the area of measurement and evaluation needs detailed consideration if the field of asset based approaches in health and wellbeing is to be developed. This is a task where local commissioners, researchers, practitioners and local people involved in such projects need to cooperate to set out needed action to ensure outcomes and benefits are clearly articulated and explored. In turn this builds a response to the identified evidence gap that asset based approaches face.

8. Developing the Theory of Change for asset based approaches for health - Why ToC is relevant to the adoption of asset based approaches

Theory of Change (ToC) is increasingly used in public sectors as a way of illustrating programme delivery, generating critical thinking and focusing on long term outcomes.[19] "Some people view it as a tool and methodology to map out the logical sequence of an initiative from inputs to outcomes. Other people see it as a deeper reflective process and dialogue amongst colleagues and stakeholders, reflecting on the values, world views and philosophies of change that make more explicit people's underlying assumptions of how and why change might happen as an outcome of the initiative."[p 16]

ToC has its roots in logic models for programme design and management. We saw the ToC approach as a means to articulate the key stages for adopting asset based approaches in local systems. The key stages of development include the mapping of the logical sequence of 'event' or actions in the overall 'programme' underpinned by critical questioning and scrutiny of the contextual conditions that will and are influencing the action. This, includes thinking about the contributions of key stakeholders, resources and the assumptions and interpretations being made as to how and why the sequence of change will come about.

In practice, in progressing through these stages of development and delivery of the ToC it is important to sense check the progress with relevant evidence (both qualitative and quantitative) to generate deeper insight and firm foundations for the operating ToC model.[ibid p6].

The stages of this ToC model are not necessarily linear and may be ordered to suit the context; when adopting the ToC local agents should look to create a process wherein each stage can have a set of descriptors that illustrate actions, purpose and impact. For each stage of the ToC, there will be micro detail to show context, assumptions, resource inputs, intermediate outputs and outcomes.

In summary, the revised ToC includes an orientation phase, setting out purposeful intent and a rationale for action; this includes:

– Adopting participatory approaches that foster and strengthen engagement and involvement of people – creating dialogue, inclusive opportunities to plan and decide on actions required.

– Agreeing and being clear on the purpose of planned actions – e.g. to develop a health assets model.

– Undertaking a review/mapping of resources, including knowledge, skills, relationships etc. that will boost adoption of purposeful asset based approaches.

– Agreeing at what level asset based approaches are being adopted – see: Appendix: Diagram One.

The subsequent and complementary phases of the ToC include reframing current and established activity:

– Reframing existing relationships and the use of resources toward the purpose agreed in the orientation phase.

– Introducing asset based approaches to reframe dialogue, planning and action with those already engaged.

Where action has been taken to Map Assets the perspectives and knowledge gained from this can be reframed and applied to the orientation phase to:

– Better understand current health assets in place.

– Identify the location of assets – in neighbourhoods, communities, organisations etc.

– Build on the range of assets available to support action.

These actions can then be part of the mobilisation phase of the ToC, using existing assets to support the agreed direction of development.

9. Developing an agenda for progress - A revised Theory of Change

The second part of our inquiry method involved bringing together an audience of people involved in asset based projects to discuss, in a Think Piece format, the questions used in site visits and to offer some commentary on the emerging themes.

Participants for the Think Piece event were drawn from sector organisations, community projects and academic teams involved in evaluation of asset based activity in health and wellbeing. The event was held at Leeds Beckett University in May 2016.

We focused the discussion on three areas of inquiry, these being:

– What do you see as the critical relational qualities in asset based approaches?

– What do you see/experience the role of the external facilitator/agency being in local settings when asset based approaches are being adopted?

– When viewed from a specific perspective of action on health assets - how do these qualities and roles change?

In summary, the themed content in the feedback from the Think Piece discussions mirrored the commentary from the site interviews; the themes converge as:

A. Focus on Relationships - Develop an asset mind set.

Asset based approaches are seen as a mindset in which behaviours, attitudes and values align and that practice is not just about a 'technical' skill set. This was a perspective explored in other recent work.[21]

Asset based approaches are a relational exchange and have a basis of 'equitable exchange between the people involved. The relationships are based on honesty, integrity and mutuality. Those involved as facilitators in practice and project development need to act from a premise of 'the other persons priorities and aspirations'. In so doing the use of language, 'finding the right words', is critical in achieving this relational aspect. When setting out courses of action, agenda setting is by the community of participants and not forced through preconceived ideas and plans. Additionally, where facilitators are bringing in methods to engage people, these methods need to be genuine, honest and participatory and build trust and enable voice, promoting connections and 'communal determination.'

B. System Agencies and Actors.

Where action is being led through sector organisations into local places, there needs to be attention to internal processes of the agencies involved to see that these are congruent to asset based principles/actions being conveyed externally; a system wide approach is needed, where strategic orientation can be seen across all parts of the organisation. Sector agencies have a role to play in understanding and exploring the barriers and creating the right conditions for positive orientation. The important opportunity to 'get the story right' is a first stage task.

C. Orienting asset based approaches for a declared purpose.

When looking to develop asset based approaches in practice, e.g. for health and wellbeing, participants spoke of needing to understand more the conceptual and theoretical shifts required and to be able to explain the benefits and potentials and to understand what it is we're all trying to affect and how. Given the diversity of practice and perhaps the relative immaturity of the approach,

participants saw it as being imperative that evidence is developed and understood. This will demonstrate that these approaches work and bring benefit and that the field will know what the limitations are. Where action was being instigated by agencies, clarity is needed on the rationale for this action; the orientation phase can be key to this as presenting a 'story of why', that goes some way to underpinning shifts in practice, resourcing, outcomes and evaluation.

Having clear views and plans for addressing the sustainability and development of asset based action for health and wellbeing is important for communities to continue to grow. Sector agencies need to steer away from a 'missionary ethos' and understand when to withdraw. What is clear from our contact with informants in this project is that a focus on asset based approaches to support a health asset model has not been a deliberate and intentional focus for improving health and wellbeing.

10. Introducing an Asset Based Orientation

The comments in our field discussions suggest to us a need to develop a further element in a ToC for asset based approaches - this we describe as Orientation. This is a fundamental mechanism of change that threads across the four stages of actions noted in the earlier ToC proposed by Hopkins & Rippon. This new element in a ToC is shown in Illustration Two below.

The orientation phase in asset based activity is deliberate and planned. It may be underpinned by implicit beliefs and behaviours that are declared openly through a series of action orientated events, that in turn may be led by champions, leaders and people in a position to shape and influence praxis.

We see Asset based Orientation as a deliberate and declared positioning of action within organisations and with external agents, local groups and communities for an agreed, and declared purpose - in the context of this project we would example orientation toward health and wellbeing through asset based approaches - the adoption of a health assets model. Elsewhere it might be a focus on economic development, maintaining participation in school for young people or developing sustainable livelihoods etc.

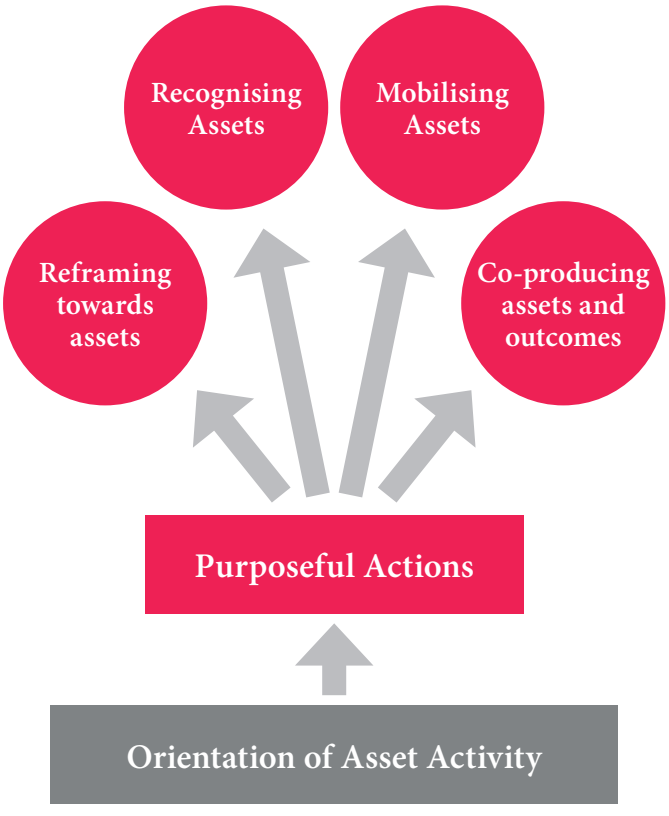
Orientation may also include locating action within community and neighbourhood settings, conversely the orientation may be internal organisational development as a step to reframing action and relationships.

We see Orientation as being different to and yet complementary to the Reframing stage indicated by Hopkins & Rippon (2015). Reframing occurs as part of a process of reordering existing activity toward the explicit themes within the orientation phase.

In achieving a purposeful orientation toward health and wellbeing assets, a range of opportunities can be developed including:

- Articulating a conceptual framework for improving health and wellbeing - salutogenesis
- Developing skills and approaches to support practice and action
- Incorporating activities and tools to measure and demonstrate outcomes and benefits
- Informing the focus of evaluation by identifying key impacts and benefit themes. This opportunity is a key element of activity within this new ToC and is a course of action that has not been prevalent to date in asset based programmes or initiatives.

Illustration Two: A Revised Theory of Change for Asset Based Approaches



Part 2

Evaluating asset based approaches –
Challenges and implications for practice.

Introduction

A second key element of this project was to explore the issues facing asset based practitioners in the field of evaluation, particularly measuring impact and benefits. If asset based approaches are to gain greater acceptance and wider application beyond the early adopters who are prepared to innovate and test out new ways of working, then there is a need to develop an evidence base to support asset based planning and interventions. This evidence base is a fundamental requirement where organisations and practitioners are seeking to develop and implement asset based approaches in organisations and with and in neighbourhoods and communities, for the purpose of improved health and wellbeing.

The assets orientation has to be reflected not just in the evaluation of asset based practice but also in how knowledge is viewed, gathered and understanding for practice is built. This is not without its challenges.

Firstly, because there is some scepticism about what assets based approaches are and what outcomes can result[22]. Secondly because teasing out impacts and demonstrating change linked to health outcomes is challenging for asset based approaches which by their nature are developmental, relational, action orientated and ideally community-led[23]. Thirdly, because we start from a low base as there is currently a dearth of robust evidence evaluating asset based approaches in and for health. As asset based approaches emerge in the UK, we cannot yet draw on an evidence base of what works. Many stories of asset based action reflect learning, but do not demonstrate impacts. These challenges are recognised by the asset based practitioners and researchers we spoke to in our field work and there is an expressed desire to grasp this issue. Taking steps to resolve the evidence gap is both a natural and critical step in progressing practice on asset based approaches.

1. Understanding the Evidence Base

To inform our thinking on how to build a better evidence base, we conducted a rapid evidence review of asset based measurement and evaluation. This was a desk top review of evidence, knowledge and documented practice with two specific objectives:

- to improve understanding of the main categories of measurement in the evaluation of asset based approaches for health and wellbeing
- to identify sets of measures that can be applied in the evaluation of asset based approaches for health and wellbeing.

Our approach acknowledges that health assets and asset based methods involve linked concepts, complex pathways of change and multiple outcomes that reflect the focus and broad application of the approach. Evaluation and measurement may be at a number of levels; from conceptual frameworks which unpack complex constructs through to validated measures and scales. A protocol and search strategy is available from the authors.

2. What does published literature tell us about the evaluation and measurement of asset based approaches?

The literature review identified 33 publications that dealt specifically with the topic of evaluation or measurement of asset based approaches, although the depth with which the topic was treated varied. Many of these papers flagged up the challenges of evaluation and the need to develop better understanding and measurement of outcomes. See Appendix for full list of included studies.

Recognising that asset based approaches encompass different traditions, we originally took the tripartite grouping set out in 'Head, heart and hands': Salutogenic theory; Asset Based Community Development and the concept of assets as mental, social and physical resources that can be mobilised to support good health. In reviewing the literature, it became apparent that there were a greater variety of approaches to evaluation or measurement. We offer seven main clusters that were identified from the review:

I. Asset Based Community Development (ABCD)

II. Asset Mapping

III. Community-based evaluation

IV. Conceptual frameworks for measurement

V. Resilience

VI. Salutogenesis

VII. Other

Table One: Asset Based Literature on Measurement

Type	No. of included papers
ABCD	4
Asset mapping	5
Community evaluation	4
Conceptual frameworks for measurement	6
Resilience	4
Salutogenesis - measurement	8
Other	2
Total	**33**

We see value for the field of practice and evaluation to describe the methodological approaches identified across these seven clusters, prior to highlighting some broader themes for evaluation and measurement.

I. Asset Based Community Development (ABCD)

ABCD is a well-established assets model, supported by an action-oriented literature setting out the key concepts, practical strategies and tools to undertake work with communities. Despite the long tradition of ABCD as a practice, it appears that there is scant literature that focuses on evaluation of ABCD approaches or more generally on measurement, including in relation to health and wellbeing. This may be because the philosophy of ABCD is around a community driven action model that is relational and therefore independent evaluation is not a priority. In other words, the community are in charge of defining and organising change and accountability for outcomes is through and to participating residents or community members. For example, Kretzmann and Green[24] provides guidance on how to identify assets in a seminal publication 'A Community Toolbox for Welfare Reform'. This includes templates for collecting data on community assets and producing associational inventories. These tools are primarily designed for use by communities as aids for community organising. Mathie and Cunningham also highlight the action-oriented approach to understanding and evaluating community-driven development.[25]

Despite the general lack of discussion of evaluation in the main body of ABCD literature, the issue has been

raised through a small number of publications where ABCD has been applied. Ennis and West[26] argue for the use of social network analysis as a means to understand and evaluate ABCD. They show how a network map might be used to demonstrate the growth of connections within a community. A UK paper based on two case studies applying ABCD to end-of life conversations[27] proposes a staged process of developing, implementing and reviewing assets and a useful inventory of assets is provided.

II. Asset Mapping

Asset mapping is a key process within an asset based approach and should be the basis for developing local actions as it is an integral tool within ABCD practice when residents and other community members begin to engage in dialogue on local resources to aid change[28]. We see asset mapping as a positive approach to strengthening involvement, engagement and empowerment of people – whether in organisations, communities or neighbourhoods groups. In the UK, many local authorities and public health teams are beginning to develop robust approaches to identifying local assets to complement the more traditional health needs assessment, often as part of the Joint Strategic Needs Assessment (JSNA) process[29].

In addition to the publications on ABCD that covered asset mapping, there were a further five publications detailing methodologies for measurement of assets as part of asset mapping exercises. Four of these described comprehensive frameworks and methods for assessing community assets within a UK public health context. Discussion tended to focus on the importance of getting the process of asset mapping right, involving communities, and having links to decision making. In a rare example of use of quantitative methods, Evans and Winson[30] reports on the development of a Community Index Score based on measuring social connections and diversity piloted in a local school and with community residents. In the Wirral, a Social Return on Investment methodology[31] that measured social value was applied across a number of community projects. Although this methodology was used in essence as a 'stocktake', the consistency of this mixed method approach, the link to the Public Health Outcomes Framework, and focus on impacts all suggest that this has the potential to be applied as a framework to evaluate progress. From outside the UK, a paper based on the authors' experiences of asset based practice in South Carolina[32] provided a succinct and useful summary of the range of practical community-based research methods that can be used in asset mapping.

III. Community-based evaluation

There is a rich and diverse literature on community-based evaluation and the evaluation of community programmes of relevance to asset based approaches. The distinct focus of this review led to identifying four publications that explicitly discussed community-based evaluation with reference to an assets based approach. Two of these relate to a long term community programme - Baltimore Early Start. One paper detailed the methods used for asset mapping, including use of Geographical Information Systems (GIS) and participatory methods involving residents[33]. The other paper presented a comprehensive conceptual framework and evaluation approach for complex community initiatives called 'Ethnographically Informed Community Evaluation'[34]. Based on the notion of cultural and ecological systems, this evaluation framework used a set of domains and associated variables then linked to both quantitative and qualitative methods. These domains are: Physical environment, Historical and Socio-political process, Social systems, Idea systems, and Behavioural patterns.

Taking a different methodological approach, a German paper[35] on the evaluation of an asset based project to improve health also focused on the relational aspects of asset based working, arguing that changes need to be documented and local level decision making processes understood. A Glasgow Centre for Population Health project on 'Assets into Action'[36] demonstrated how evidence from local asset based community projects can be collated and synthesised using a standard framework for documenting evidence from different sources. The authors undertook an analysis of 19 projects not only looking at aims and activities but also how projects had evolved, why they were asset based and how success was measured. The research protocol, interview guides and a case study analysis template are provided in the report. In the same report, findings from a cross case synthesis are presented. The authors conclude that the 'current landscape of evaluation, measurement, indicators and targets is not conducive to assessing the value of, or fostering asset based approaches' (p 34) and they call for new approaches for collecting evidence and measuring outcomes.

IV. Conceptual frameworks for measurement

Much of the literature in the review had explicit links

to theory or presented conceptual frameworks for health assets. Six publications offered some general comment on conceptual frameworks for measurement. All of these, to a greater or lesser extent, emphasised the need for a more robust evidence base for asset based approaches and the challenges of measurement. The Glasgow Centre for Population Health report 'Putting asset based approaches into practice: identification, mobilisation and measurement',[37] describes a range of theories and lists practical methods. In relation to measurement at an individual level, the authors highlight the range of validated psycho-social measures and scales that can be used, including Sense of Coherence scale, Warwick-Edinburgh Mental Wellbeing (WEMWBS) scale and Rosenberg self-esteem scale. At a community level, social capital frameworks such as the Edinburgh Health Inequalities index and WARM framework (see below) are suggested. The potential to apply a well-established community development approach and framework – Achieving Better Community Development and Learning, Evaluation and Planning (LEAP) - is also highlighted in the report.

Another Scottish publication, this time from NHS Health Scotland,[38] offers a strong critique of the limits of current evidence on asset based approaches. Sense of Coherence scale and WEMWBS are both highlighted as appropriate measurement tools. The NHS Health Scotland report recommends that an evaluation framework for asset based approaches should include (p.6):

– A clear logic model linking inputs, mechanisms and outcomes (a Theory of Change)

– Agreed definitions and measures of processes and outcomes

– Robust evaluation framework with good samples sizes, before and after measures and/or comparison groups, and measurement of costs

– Inclusion of stakeholder perspectives.

The report 'What makes us healthy' provides extensive discussion on measuring positive health[39]. Methods and measurement tools listed include: WARM (see below), WEMWBS, ONS Wellbeing Index, Toronto Indicators of Community Capacity and Outcomes Star. The challenges of dealing with complexity and the developmental nature of asset based approaches are highlighted. Other publications included a report of a Northern Ireland project using a social assets framework based on capacity and capability (number and effectiveness of community organisations) and social capital. Nominal Group Technique was then used with local stakeholders to produce a score. It is suggested that this could be used for evaluation. Another conceptual model based on work in Bristol[40] provides a structure for mapping and taking action across different domains. As well as community and social networks, this model also includes transport connectivity and digital connectivity.

V. Resilience

Resilience, which encompasses the ability to thrive in the context of adversity and also the capability to adapt to changing circumstances, is an important concept within the traditions of strength-based and asset based practice. A considerable body of knowledge on individual and community resilience exists. In this review, we identified four publications that explicitly dealt with measurement of community resilience in the context of asset based approaches. The Glasgow Centre for Population Health publication on resilience and public health[41] highlighted the challenges of measuring resilience in terms of the adaptability of populations and also the need to take an integrated approach using a range of health, social and environmental indicators. Three other publications, one from Canada and two from the UK, set out practical evaluation approaches to measuring community resilience which had been developed and implemented in practice. The conceptual framework developed by the CARNEGIE Trust and Fiery Spirits[42] is grouped around four domains: healthy engaged people, a localised economy, an inclusive creative culture and cross – country links. This framework can be used to provide a local baseline and evaluate progress and a useful participatory assessment tool – the Community Compass- is provided. In a similar vein, the EnRiCH framework[43] for high risk populations developed in Canada offers an integrated conceptual framework highlighting the main domains of change and potential health and social indicators. The WARM (Wellbeing and Resilience Measure[44]) framework was developed by the Young Foundation as an assessment tool to inform planning and action, rather than evaluation, but nonetheless provides a framework for collating and analysing routine national and local data including assets and vulnerabilities.

VI. Salutogenesis

There is a distinct body of work that has advanced the science of salutogenesis and its measurement. This has resulted in a small number of validated measures that can be used in research on assets. Eight academic

papers on measurement of salutogenesis were included in this review but this does not represent the full body of work as other companion papers are referenced by these articles. Lindström and Eriksson[45] provides a useful conceptual overview of Salutogenesis and its relationship to health promotion. They argue (p.88) that the core questions in a salutogenic approach focus on the origins of health: 'What creates health? Who are the people staying well? What can their experience tell us about health resources? The Sense of Coherence Scale (SOC) is identified as the most appropriate measure for salutogenesis. The SOC scale was developed by Antonovksy as a measure of the key variables that explains and predicts positive health. A paper by Eriksson and Lindström[46] reports on a systematic review assessing the validity of the Sense of Coherence scale and its relationship to Quality of Life measures.

An alternative measure is the Salutogenic Wellness Promotion Scale (SWPS) which was developed by US researchers and has been tested for reliability and validity with a number of population groups including students, adults and older adults.[47] SWPS is a 25 item scale that can be administered via a questionnaire survey. Seven dimensions cover different aspects used to assess potential for health: emotional, vocational, environmental, social, intellectual, physical and spiritual. The authors suggest that the scale is used to complement the assessment of health need and ill-health, to understand and assess the health potential of individuals and groups. The set of methodological papers did not deal with the use of the SWPS in health promotion evaluation, although it was suggested that this was a possible use.

VII. Other

Two other papers on measurement of asset based approaches with young people were not able to be grouped. Perez-Wilson et al[48] describe qualitative research methods (interviews, focus groups and nominal group technique) used to identify the health assets of adolescents in Spain. A conceptual framework of health assets with internal and external domains was developed from the data. Ickovics et al[49] report on a study to explore the relationship between health assets and academic achievement in school students. The health index measured 14 types of assets grouped into 4 domains (physical health, health behaviours, family environment and psychological wellbeing).

3. Key themes and Implications for Evaluation Practice

A number of cross cutting themes emerged from the literature review and these themes have informed recommendations for evaluation practice. These are discussed in turn:

- More is known about what needs to be done to identify and map assets than how to measure outcomes. There is scant research evaluating asset based approaches and the lack of a robust evidence base is a constant theme. It is not simply a lack of good quality evaluation studies, there is little guidance on how and what to measure. Notwithstanding these gaps, there is potential for different ways of understanding and mapping assets that could also be applied to thinking about how to measure change over time.
- Where are we starting from and why we need the information matters. The literature shows that there is a vast difference in orientation between undertaking an associational inventory as part of ABCD community building with community members and using a validated scale to measure positive health in defined populations. The purpose, specificity, level of measurement and reliability of any measurement tools are very different. Yet both approaches can be valid ways of gathering evidence, within alternative conceptual frameworks. The implications for practice are that there needs to be clarity of evaluation purpose and the choice of conceptual framework should be stated within the evaluation framework.
- Health assets are multi-dimensional. Various conceptual frameworks can be used to identify the domains which relate to health assets. Many frameworks also refer to three levels at which assets are mobilised – individual, community and organisational/institutional. Using conceptual frameworks or domains can help asset mapping to be comprehensive. These type of frameworks could be applied in evaluation of asset based approaches in terms of plotting change over time and synthesising data from different sources. There is also potential to use domains-based frameworks for comparing asset based programmes between different areas.
- Maps of assets are often a starting point. Many projects have used GIS or visual mapping. This could be a valuable method for capturing change and for gaining community ownership.

Maps also tell a story simply and non-experts can understand change easily through visual representation. In relation to asset mapping, mixed methods are advocated; collecting stories and ideas as well as quantitative information via surveys and inventories.

– Measuring community-level change is important. Asset based working is characterised by community action. The three levels (individual, community and organisational) should be used as a guide for measurement because simply measuring individual level outcomes will be insufficient to assess change and health impacts or to understand the role of communities and organisations.

– Community ownership should be core to asset based evaluation. Some of the most robust evaluations in the literature review used mixed methods and included community participation in the evaluation process. This helps build change, but also ensures that the outcomes that are valued by those engaged in or in receipt of developmental support are measured.

– Evaluation needs to capture the relational aspects of asset based working. An asset is only an asset when it is recognised as one by communities and stakeholders and ideally when assets are mobilised to create change (community building)[50]. Organisationally led inventories can have little meaning to local people and vice versa[51]. The implications are that evaluation should not be data-driven but look carefully at processes, networks, stakeholder perspectives and change mechanisms.

– Using what we know about salutogenesis. There is a solid body of work on measuring salutogenesis and developing scales that are positively associated with health and quality of life. Examples include Sense of Coherence scale, SWPS (Salutogenic Wellness Promotion Scale). There seems little tie-in linking this body of literature and the experiential learning that is documented through organisations such as the ABCD Institute. There is an opportunity to apply validated measures to the evaluation of asset based interventions in the UK. In reality, this would need the development of robust research studies using community and neighbourhood surveys with sufficient sample sizes to provide evidence of outcomes.

Summary and Concluding Comments

The interest and activity in asset based approaches for health and wellbeing is growing in the UK. The focus and purpose of such action from within health sector agencies is diverse; yet, there remains many significant challenges for sectors and practitioners in scaling up the adoption of asset based approaches in the context of wider community approaches to health improvement.

Being clear on the purpose for adopting asset based approaches helps promote an orientation within sectors and practice through which related 'assets' can be reframed, recognised and mobilised - this includes practice skills, leadership, resource allocation and evaluation. We suggest that a high level Theory of Change that incorporates and details an orientation phase is helpful to all those engaging in the adoption of this approach. This gives an opportunity to set out the rationale and intention of asset based activity. There is scope in future work in this area to detail the elements of an asset based orientation relevant to organisations, practice roles and settings – be these communities of interest or geography.

The benefit of a defined asset based orientation also serves to enable approaches to measurement and evaluation to be better defined and managed. Knowing what is to be measured, by what means and by whom will help local actors in articulating the benefits (or not) of asset based approaches for health. Furthermore, building local evaluation also serves to develop the wider evidence base in this arena - and given the immaturity of that evidence base and the diversity of current research and evaluation this would be welcomed. We have set out some recommendations, drawn from themes in the methods literature, that can guide improved measurement of outcomes, whether those outcomes are at individual, community or organisational levels. Community involvement in evaluation helps build a shared understanding of how to mobilise assets and what outcomes are valued in specific contexts. Progressing the evaluation, and research agenda will not be straight forward and indeed presents some complex challenges in and of itself, however, taking steps to overcome the evidence paradox to support a move to scale on a health assets model is critical for practice.

Appendix

Diagram One: The Asset Based Action Quadrant

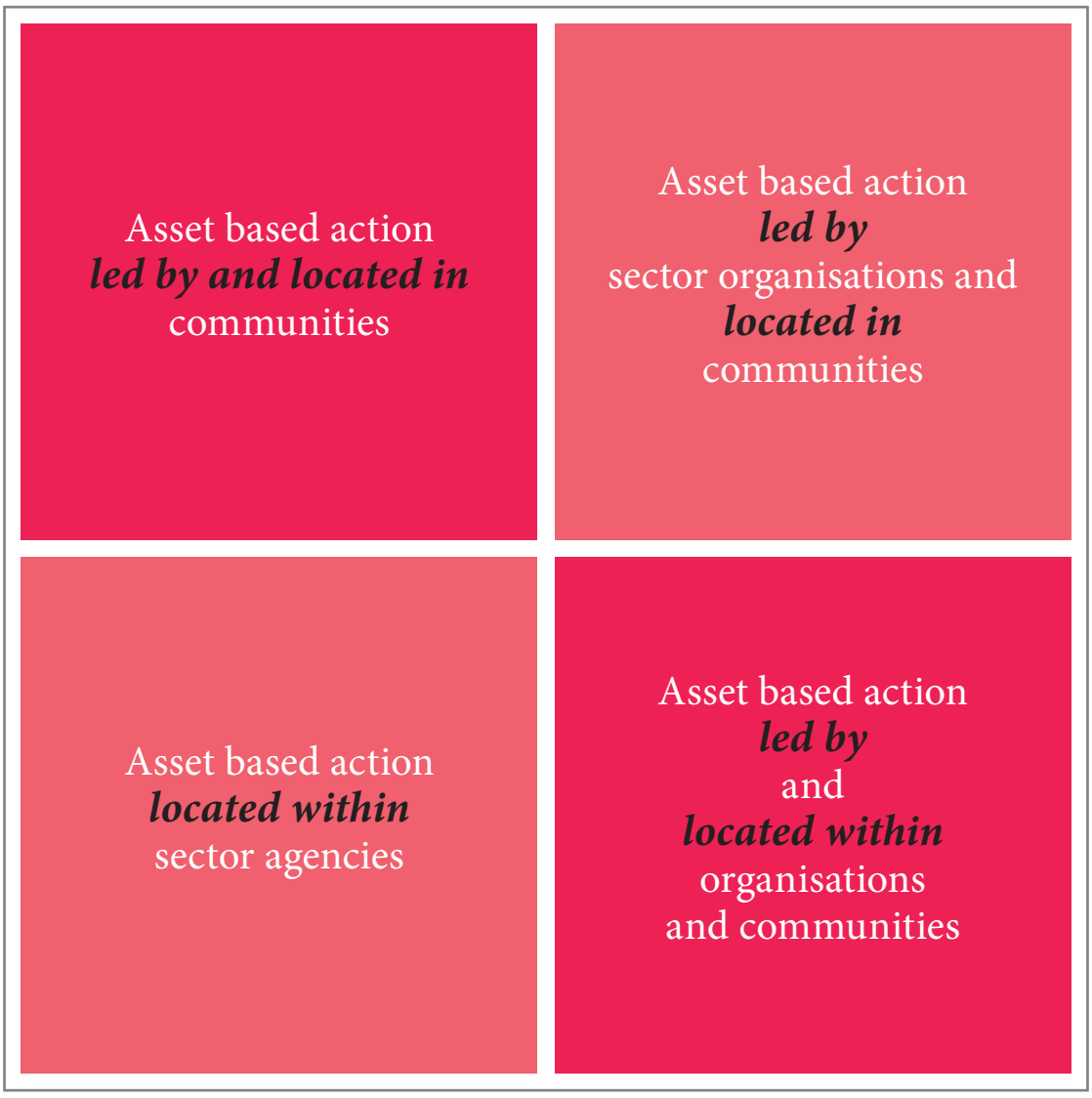


Diagram Two: List of Included Studies on asset-based measurement and evaluation

I. Asset Based Community Development
Ennis, G., & West, D. (2010). Exploring the potential of social network analysis in asset-based community development practice and research. Australian Social Work, 63(4) pp. 404-417.
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III. Community Evaluation

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Rütten, A., Abu-Omar, K., Frahsa, A., Morgan, A. (2009) Assets for policy making in health promotion: Overcoming political barriers inhibiting women in difficult life situations to access sport facilities. Social Science and Medicine, 69, (11) pp.1667-73.

IV. Conceptual Models

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Aligned Consultancy - providing topic and thematic expertise in mental health, wellbeing and health assets across the life course. We work with Local Government, the NHS and Voluntary and Community Sectors and in communities to better understand how national policy can be translated into real time changes and improvement for local people - our approaches include work on evaluation, facilitation, improvement reviews, strategy development and community based change.

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