ASSET-BASED COMMUNITY DEVELOPMENT INITIATIVES AND COMMUNITY-LEVEL IMPACTS: PROTOCOL FOR AN EVIDENCE MAP

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Background

There have been significant social and political changes in the UK over the past decade, political uncertainty over Brexit, and policy changes as a result of recession and austerity measures that have left many communities experiencing the effects of social and health inequalities. Austerity measures result in an ongoing reduction to local authority funding and health and social care services, and increased funding deficits for third-sector organisations. During a time of budget cuts and increasing burdens on services, policy-makers face difficult decisions. Demands on public services are increasing rapidly, particularly in deprived areas where the complexity of services is increasing (Lent & Studdert, 2019). In the UK there has been a renewed interest in asset-based approaches to address widening of inequalities (Brooks & Kendall, 2013).

Asset-based approaches are not a replacement for investment in improving services or tackling the structural causes of health inequality, the aim is to achieve a better balance between service delivery and community building (Foot & Hopkins, 2010; Friedli, 2013). There is a strong argument for radical change in the delivery and commissioning of public services, a shift towards collaborative relationships between communities and public services to effect positive outcomes across a number of domains, but primarily health and wellbeing (Lent & Studdert, 2019). With significant and unprecedented global health, economic, and social challenges ahead due to the coronavirus pandemic it now becomes increasingly important to understand asset-based approaches that could positively impact communities.

Asset-based community development

The principles of asset-based community development (ABCD) were introduced in the 1990s by Kretzman and McKnight who identified two approaches to rebuilding communities - the 'needs-driven dead end' path, and the alternative path of 'capacity-focussed development' which seeks to utilise a community's capacities, skills, and assets (1993). The approach empowers individuals to shape their communities by developing and mobilising assets, which include resources such as: contributions of residents, associations, local institutions, local places, exchange (non-monetary tangibles), and stories (ABCD Institute, 2018). More recently, asset-based models of public health promote a salutogenic framework for addressing health and social issues through mobilising existing assets (individual/community resources such as physical, social, or human resources) to effect change, contrasting with the deficit models which would look for problems and identify needs (Morgan & Ziglio, 2007). Asset-based approaches focus on communities as a

common good, view citizens as co-producers and identify opportunities and strengths (Foot & Hopkins, 2010; Brooks & Kendall, 2013; Blickem, et al., 2018; Cassetti, et al., 2019).

The ABCD Institute recommend the following methods to mobilise assets through collective action (ABCD Institute, 2018, pp. 6-7):

> ➢ Start with what residents can do themselves as an association of citizens, without any outside help
> ➢ Then look at what they can do with a little outside help
> ➢ Finally, once these local assets have been fully connected and mobilised, citizens decide collectively on what they want outside agents to do for them

There are formal processes and roles in ABCD initiatives – often the language used varies between US and Europe. In the UK, there is the involvement of community builders (those with existing supportive roles in local organisations) and community connectors (people within the community who bring people together), who often work together using small local pots of funding to facilitate the mobilisation of assets (Better Lives for People in Leeds, 2015; ABCD Institute, 2018).

Community

Community can mean many things, depending on the context and there may be no 'perfect' definition. It could be a defined community in a categorical sense, as national, administrative, racial, or linguistic (Cohen, 1985); it could be defined "geographically or as a community of interest e.g. a street, estate, women's group, black group, pensioners' group" (Adams, 1989). An evidence-based definition of community which is often cited in the literature as a popular definition which does not seek to categorise, rather offer a more encompassing view of community as

"a group of people with diverse characteristics who are united by social ties, share

common perspectives, and engage in joint action in geographical locations or settings"

(MacQueen, et al., 2001)

This lacks the specific addition of communities who share interests but not geographical locations or settings such as online communities, diaspora communities, or religious communities for example, however, what is understood by this definition is that that "its very definition implies potential resources or strengths that can provide social benefits" (Elliott, et al., 2011) and as such offers a good working definition.

Rationale

There are reported benefits to formal ABCD initiatives for both individuals and communities such as social connectedness, social cohesion, community engagement, building a sense of community, as well as improved physical and mental health and quality of life of the local population (Nurture Development, 2014; Nurture Development, 2015; Gateway, 2018). There is a growing body of primary research surrounding the adoption of ABCD approaches for positive outcomes across a variety of domains within communities, and an increasing need for evidence-based policy. There are published evidence syntheses which relate primarily to health-related outcomes or conditions, or to specific age-groups within communities, or to developing rural communities (Agdal, et al.; O'Leary, 2006; Blickem, et al., 2018; Cassetti, et al., 2019) – however, there is a lack of published evidence syntheses to aid and guide policy-makers on the potential outcomes and impacts of ABCD at community-level.

In order to summarise the extent and nature of the evidence base, and to identify gaps in the research, it is necessary to map the evidence. For broader topics, scoping reviews which aim to examine the extent, range, and nature of research are increasingly common, and can be used to map evidence gaps. Another form of evidence synthesis based on systematic review methods is the evidence map – similar to scoping reviews in many ways, but with the aim of creating an easily accessible, often visual representation of the evidence retrieved (Bragge, et al., 2011; Miake-Lye, et al., 2016). Evidence mapping has been used as a form of evidence synthesis over the past decade, however there is little in the way of agreement over a working definition or specific methods used. That said, there are key features about published evidence maps that can be generalised; systematic review methodology is used to identify relevant literature, the breadth and depth of literature is summarised and in an accessible format, research gaps are identified, and often there is stakeholder involvement in the process (Bragge, et al., 2011; Miake-Lye, et al., 2016; O'Leary, et al., 2017).

Objectives

An evidence map will be conducted to identify, describe, and summarise the relevant literature relating to ABCD initiatives and their potential impacts on communities. The findings will be used to inform further primary research in collaboration with the project Advisory Group which comprises expertise from local authority representatives, third-sector representatives, and community members.

The objectives are to:

- Assess the extent and distribution of evidence which relates to ABCD initiatives
- Identify what is known about outcomes and impacts of ABCD initiatives experienced at community-level
- Highlight gaps in the evidence to inform future research

The review questions are:

- What are the different definitions and components of ABCD initiatives?
- What evidence exists in relation to the outcomes and impacts of ABCD approaches experienced at community-level?
- What is known about the barriers and facilitators to successful implementation and sustainability of ABCD initiatives?
- Where are the gaps in the evidence?

Methods

Many evidence maps use the same methods relating to scoping reviews (Miake-Lye, et al., 2016). Established scoping review methodology will be followed to find and select relevant evidence (Arksey & O'Malley, 2005; Levac, et al., 2010; The Joanna Briggs Institute, 2015). Arksey & O'Malley outline a rigorous methodological framework for undertaking scoping reviews, which employs many features of comprehensive systematic review methodology. There are five key steps to a scoping review: identifying the research question(s), identifying potentially relevant studies, selecting relevant studies, charting the data, and then collating, summarising and reporting the data.

Eligibility criteria

Studies published in English from 1990 onwards which meet the following criteria will be included:

Population	Communities as defined by study author and located in OECD countries
Exposure	Asset-based community development initiatives or asset-based approaches as described by the study authors
Outcomes(s)	Community-level outcomes, experiences, or impacts as defined by the study authors, including aggregate scores of individual measures
Study design	Quantitative, qualitative, or mixed method studies using any recognised research methods

Evidence will be excluded on the following criteria:

- Opinion pieces or commentary

To be inclusive and address the question relating to definitions and components of ABCD approaches we will initially include studies referring to any asset-based approach. This may include "asset based approaches", or initiatives described as "asset-based" which are closely aligned with, but may not explicitly use ABCD methods and concepts. Conversely it may be that some approaches may not be explicitly described as ABCD but follow the same approach. Therefore studies will categorised based on the definition and how closely the approach matches the framework outlined by Kretzmann and McKnight (Kretzmann & McKnight, 1993), and we may filter out studies which are not closely aligned with ABCD.

Information sources

The search following electronic databases will be searched from 1990 – current: ASSIA, CINAHL Complete, PsycINFO, Scopus, Social Policy and Practice, and Web of Science.

In addition, it is noted that much of the evidence might come from grey and unpublished literature, which will be located by conducting targeted searches of CORE, EThOS, Grey Literature Report, Open Grey, Google and Google Scholar, ResearchGate, and relevant third-sector and charity websites (see Appendix 1 for a list of sources). References from included studies and relevant review articles will also be checked for potentially relevant studies. For completeness, a 'call for evidence' will be disseminated via social media and networks to gather potentially relevant studies from key stakeholders and experts. The CLUSTER approach will also be utilised to identify additional outputs (e.g. 'sibling' or 'kinship' studies) from the included studies (Booth, et al., 2013).

Search strategy

The search strategy will be developed using combinations of keywords, free-text terms, and controlled vocabulary in consultation with topic and methodological experts. The strategy will be peer reviewed by an experienced information specialist and then appropriately tailored for databases and grey literature searches. See Appendix 2 for a list of terms.

Study selection

Search results will be downloaded into EndNote, deduplicated and uploaded to EPPI-Reviewer Web for screening and selection. The results of the electronic searches will be screened in 2 stages. First, all titles and abstracts will be screened to identify potentially relevant references. Second, full-text copies of the potentially relevant references will be obtained (where possible) and then assessed for inclusion using the eligibility criteria outlined above. One reviewer will screen all search results, with another reviewer screening a random 10%.

Data charting

The following information will be extracted into pre-designed and piloted forms:

- Author, year of publication, location of study

- Definition of ABCD approach and components

- Duration of intervention/phenomenon

- Summary of the population(s)

- Whether data on PROGRESS Plus categories were collected, analysed and discussed

- Study aims and methods

- Theoretical considerations/frameworks used

- Outcome measures used

- Summary of important results

- Issues relating to implementation or sustainability

- Unintended outcomes

This list is not exhaustive, as additional domains may be identified during the data extraction process. A random 10% of extracted data will be checked by a second reviewer to check for consistency and accuracy.

Synthesis

Data will be tabulated, and results discussed narratively. Charts and graphs will be used as a visual representation of findings. The results will be used to highlight gaps in the evidence base and inform future research, and to inform a logic model.

<u>Dissemination</u>

Results will be reported following the reporting guidelines of the PRISMA Extension for Scoping Reviews (PRISMA-ScR) checklist which is intended for use with evidence maps (Tricco, et al., 2018). Findings will be written and disseminated using a range of platforms to reach different audiences including publication in peer reviewed articles and conference presentations, via social media, and through existing networks.

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Appendices

Appendix 1 websites to search

Academy for Sustainable Communities http://www.ascskills.org.uk/what-we-do.html

Centre for Thriving Places https://www.centreforthrivingplaces.org/

Communities in Action Enterprises http://www.communitiesinaction.org

Community Catalysts. www.communitycatalysts.co.uk

Community Development Exchange http://www.cdx.org.uk

Community Development Foundation http://www.cdf.org.uk

Community Health Exchange http://www.scdc.org.uk

Community Health Involvement and Empowerment Forum http://www.chiefcic.com

Locality https://locality.org.uk/

National Council for Voluntary Organisations http://www.ncvo-vol.org.uk

NESTA Realising the Value http://www.nesta.org.uk/event/realising-value

Nurture Development https://www.nurturedevelopment.org/

Public Health England http://www.gov.uk/government/organisations/public-health-england

Social Care Institute for Excellence (SCIE) https://www.scie.org.uk/

The King's Fund http://www.kingsfund.org.uk/topics/publichealth-and-inequalities

think local act personal https://www.thinklocalactpersonal.org.uk/

What works wellbeing https://whatworkswellbeing.org/

Appendix 2 Search terms

1. Population	city OR commun* OR environment OR local OR neighbor* OR neighbour* OR parish OR place OR rural OR town OR urban OR village OR ward
2. Exposure (asset based)	ABCD OR "asset-based community development" OR ABCE OR "asset based community engagement" "asset-based" OR "asset based" OR "place-based" OR "citizen-led" OR "community-driven" OR "strengths-based" OR "strengths based" OR "strength based" OR "strength-based" OR "community-led" OR "community-based" OR "area-based" OR "place based" OR "place-based" OR "asset map*" OR "asset-map*"
3. Exposure (development/approach)	implement* OR strateg* OR intervention OR enterprise* OR investment* OR program* OR initiative* OR plan* OR project* OR regenerat* OR measur* OR evaluat* OR scheme* OR design OR "appreciative inquiry" OR approach
4. Outcomes	evaluat* OR impact* OR indicat* OR measure* OR metric outcome* OR output OR scale