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LEEDS BECKETT UNIVERSITY
SCHOOL OF HEALTH &
COMMUNITY STUDIES

Asset Based Community Development: a review of current evidence

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Executive summary

Introduction

This report reviews recent research on Asset Based Community Development (ABCD). ABCD is part of a broader group of asset-based approaches which have been applied in different types of community and settings. This report focuses on evidence about neighbourhood-based ABCD practice, which is the approach being taken in Leeds. Recent research studies are reviewed, building on previous reviews on asset-based approaches. The report summarises the evidence on key topics around ABCD theory, how the approaches work, implementation, evaluation and outcomes.

Review methods & results

The aim of the literature review was to identify and summarise recent research and practice-based evidence on ABCD. Rapid review methods were used to develop a search strategy, search databases and websites and then select relevant publications, dated between 2015-2019. In total 22 publications were included. Four new reviews were identified. Most evaluations were qualitative, often including case studies and the viewpoints of practitioners. There were only two quantitative studies and only one has reported any results on outcomes. The main report summarises the evidence on the following key topics.

- *The case for ABCD*

ABCD is a method of community organising that aims to enable communities to identify, mobilise and build on local assets. There is no common way of doing ABCD, but there are common principles, including being community or citizen-led, based on a relational approach, and understanding assets within a specific context. Asset-based approaches focus on assets and strengths compared to deficit-based approaches that focus on problems. The review discusses the case for asset-based approaches, based on theory and evidence around the importance of social relationships to health and wellbeing, and also some of the critiques of ABCD, relating to weaker evidence and the link to austerity.

- *What are Assets?*

The term 'assets' is used to describe the strengths or positive factors operating in a community, organisation or system. There is agreement in the literature that assets encompass a broad range of factors and attributes and include intangible factors, such as social connections, as well as tangible assets, such as buildings. There are various ways of categorising assets. The ABCD model uses primary, secondary and potential building blocks, while more recent reviews look at assets at individual, community and organisation levels.

- *Running an ABCD project*

There is some evidence on the mechanisms of running an ABCD project and key learnings. This shows how ABCD is built in a developmental way, engaging community members, strengthening social connections and building trusting relationships over time. Asset-based working requires a shift in culture and power and this reorientation is critical. Asset mapping is a key method for the ABCD model. Several recent studies report on different participatory methods for asset mapping and the types of outputs that were produced. The review lists some other methods and techniques used in asset-based approaches.

- *Community engagement and involvement*

Community engagement leading to increased community empowerment is a key principle of ABCD. There is some evidence on how participatory methods can be used to engage disadvantaged groups. UK research on community builder roles and connectors/volunteers is discussed, and this highlights the importance of communities being actively involved in ABCD. The review did not find much evidence drawing on community rather than professional perspectives.

- *Key enablers and barriers*

There is some evidence on how ABCD projects develop and influencing factors. The most often reported theme was on organisational culture as this could foster asset-based working or could constrain it. The review highlighted the requirement for a change in mind-set from professionals, alongside the importance of co-production. Community ownership and organisational commitment, over time are also enablers.

- *Evaluation*

There is a recognised need for better evidence on ABCD and asset-based approaches. This is partly because capturing outcomes from community-based action is challenging. Some recent studies provide examples of practical ways of capturing evidence on assets and asset-based working with communities.

- *Outcomes*

The review reports on recent evidence on outcomes from ABCD in practice. These are grouped into

- *Individual-level outcomes* – including increased confidence, increased social connections and decreased social isolation, and increased empathy for others.
- *Community-level outcomes* – including improved relationships, stronger and more inclusive social networks, increased collective agency or activism, increased sense of pride for marginalised communities and feeling of more hope.

- *Organisational-level outcomes*: there was less evidence on organisational outcomes, although some stronger partnerships between organisations were reported and services becoming more aware of the need to work with the community.

Summary

This review supports conclusions from earlier literature that there is a strong case for ABCD and asset-based approaches, based on an understanding of community assets and the value of social relationships for people's wellbeing. Recent literature shows that this is an emerging field and new studies offer further evidence of how ABCD works in practice and how assets are mobilised. There is a need for further robust research gathering community perspectives on ABCD and research that captures outcomes over time and the changes that communities value.

1. Introduction

This literature review summarises the evidence regarding Asset Based Community Development (ABCD). It takes a pragmatic approach, focusing on information that will aid decision making and the development of practice within Leeds City Council. It drills down to neighbourhood-based ABCD practice - the approach being taken in Leeds - and aims to summarise current evidence in an accessible way. It covers key topics around ABCD theory, asset mapping, implementation and evaluation.

ABCD sits within the broader field of asset-based approaches that seek to identify, mobilise and strengthen individual and community assets (Foot and Hopkins, 2010, Public Health England and NHS England, 2015). Community assets can include: skills, knowledge, commitment of community members; friendship circles; informal networks; community cohesion and neighbourliness; local groups & organisations; physical, environmental and economic resources and the assets of external agencies (Foot and Hopkins, 2010, Morgan and Ziglio, 2007). These assets are often overlooked in traditional, professional-led and problem-based responses. In the UK, the last 15 years have seen increasing interest in the application of asset-based approaches and how they might support better health and wellbeing and stronger communities (Morgan, 2014, Glasgow Centre for Population Health, 2012).

Asset-based approaches encompass a broad range of methods which have been applied in different types of community and settings. Asset-based approaches have been used in community development practice, in health improvement/public health, in education and in health and social care services (Caan et al., 2015, Foot, 2012, Hopkins and Rippon, 2015, Mathie and Cunningham, 2005, SCIE, 2017). This review focuses on ABCD, which is a major, and influential, tradition within asset-based practice (Cassetti et al., 2019, Hopkins and Rippon, 2015). We discuss the theory and key features of ABCD in section 3. Other asset-based methods, which are not in scope here, include Appreciative Enquiry, time banking, strengths-based work, asset mapping (as a stand-alone activity), C2 -Connecting Communities and other community-based empowerment approaches (Public Health England and NHS England, 2015).

The growth in asset-based approaches, including ABCD projects, has led to calls for better evidence to support practice and capture outcomes (Alvarez-Dardet et al., 2015, Sigerson and Gruer, 2011). There are questions about how asset-based approaches work in different communities, who is involved, and whether projects can successfully address health and social inequalities. There are also questions over how best to evaluate these approaches. This report reviews current evidence on

ABCD, drawing on academic and practice-based research over the past five years. The review does not seek to cover the whole history of ABCD, nor the broader evidence on health assets and community development. It builds on earlier reports which have set out the case for an asset-orientation. See Box 1 below for a list of key reports.

Box 1: Key UK reports on Asset-Based Approaches

FOOT, J. & HOPKINS, T. 2010. A glass half full: How an asset approach can improve community health and well-being. London: Improvement and Development Agency (IDeA).

FOOT, J. 2012. What makes us healthy? The asset approach in practice: evidence, action and evaluation. www.janefoot.co.uk.

GLASGOW CENTRE FOR POPULATION HEALTH 2012. Putting asset-based approaches into practice: identification, mobilisation and measurement of assets: Briefing Paper 10. Glasgow: Glasgow Centre for Population Health.

PUBLIC HEALTH ENGLAND & NHS ENGLAND 2015. A guide to community-centred approaches for health and wellbeing. London: Public Health England.

HOPKINS, T. & RIPPON, S. 2015. Head, hands and heart: asset-based approaches in health care: A review of the conceptual evidence and case studies of asset-based approaches in health, care and wellbeing. London: The Health Foundation.

FOX, A. 2017. The Asset-Based Area: briefing document. Think Local Act Personal.

RIPPON, S. & SOUTH, J. 2017. Promoting asset based approaches for health and wellbeing: exploring a theory of change and challenges in evaluation. Leeds: Leeds Beckett University.

This report presents the findings from the literature review. The following section provides a brief account of the review methods and type of evidence we found. The sections following that report on the case for ABCD and key features (section 3); understanding assets (section 4); running an ABCD project (section 5); community involvement (section 6); enablers and barriers (section 7); and evaluation (section 8).

2. Review methods & results

The aim of the literature review was to identify and summarise recent research and practice-based evidence on ABCD. Due to time constraints, this was not a systematic review, but we used recognised rapid review methods to search and review relevant literature (Karlsson and Takahashi, 2017) and then took a narrative approach to summarise the evidence around major topics. Previous reviews and key papers have been drawn on where appropriate.

Searching and selection

The literature search was undertaken in late 2019 / early 2020. Only publications dated between 2015 and 2019 were included, as previous reviews had covered material up until that date. In particular, we aimed to build on the series of reviews by Hopkins, Foot and Rippon which gradually built knowledge of ABCD theory, evidence and practice (Foot, 2012, Foot and Hopkins, 2010, Hopkins and Rippon, 2015, Rippon and South, 2017).

To keep the search focused explicitly on ABCD, as opposed to more general strength-based working, the search terms were ABCD, asset-based community development and asset mapping (as this is a key process in ABCD). The term 'asset-based approaches' was used but tended to capture less relevant publications. Only evaluation studies or those that included an outcome measure, or an indicator were included, or reviews of such studies. Discussion or commentary papers were excluded as the aim was to identify the best evidence derived from research or practice, not opinions.

We took a pragmatic approach to deciding what literature was included. We included studies from Western nations including the UK, Europe, Australasia, the USA and Canada. Information from developing countries was not included, as this would be less transferable to Leeds. For reasons of practicality, only publications written in English were included.

The focus was on literature that would inform Leeds ABCD, therefore studies that were set in the community or neighbourhoods were included whilst those in workplaces or educational settings were excluded.

A long list of publications was generated, mapping geographic area, type of study, setting, population. The team checked these and selected the most relevant ones through discussion. Each publication was read in depth and comprehensive notes made. These notes were then grouped under key topics and a narrative account of the evidence was then written.

Search results

Twenty-two publications met the above criteria and were included in our review. Thirteen publications evaluated an intervention defined as ABCD by the authors. The majority of these (11) were UK-based (four in Scotland), one was from New Zealand (Winther, 2015) and one from Australia (Bennett, 2017). Evaluations tended to use qualitative research methods, most often case studies, interviews (often with practitioners) or action research. There are two exceptions to this, where a quantitative methodology was used:

- Evaluations from Ageing Well Torbay who report on outcomes for residents from an ABCD neighbourhood intervention (Torbay Community Development Trust, 2020, SERIO, 2019).
- A paper describing a protocol for a stepped-wedge randomised control trial of an alcohol health champions programme in Manchester (Cook et al., 2018). Results from this are not yet published.

There were four recent reviews identified, all covering slightly different ABCD related topics (see Table 1). The remaining publications relate to descriptions of Asset Mapping.

Table 1: Recent reviews of asset-based approaches

Author	Scope	Number of publications included
Cassetti et al. (2019)	A systematic scoping review of how asset-based approaches are operationalised when aiming to promote health and reduce inequalities.	30
Van Bortel et al. (2019)	A systematic review on health assets in a global context, investigating what they are, how they are applied and their importance for health and wellbeing.	478 (mostly USA and UK)
Agdal et al. (2019)	Qualitative meta-synthesis on whether ABCD can enhance the participation of children and young people in health promotion projects.	12 (most from USA)
Blickem et al. (2018)	The impact of ABCD approaches on people with Long-term Conditions (though as no papers were found on this particular topic this was then broadened out to look at key concepts, mechanisms and outcomes for asset-based approaches.	19

In summary, there is review-based evidence on the role of health assets and asset-based approaches on health and wellbeing. Evaluation of ABCD interventions is mainly qualitative in nature, often focused on case studies and the viewpoints of practitioners, though quantitative data on outcomes for residents is recently starting to emerge, albeit not yet in peer-reviewed publications.

3. What is ABCD?

ABCD is a way of community building that starts with recognising the capacities or assets in communities (Kretzmann and McKnight, 1993). This leads to a process of mobilisation of assets and strengthening connections, gradually building collective action that improves community conditions (Kretzmann, 1998, Kretzmann and McKnight, 1993). There is a long tradition of ABCD practice and learning led by the ABCD Institute, Northwestern University, Illinois, USA¹, that has been highly influential in terms of developing ABCD, and more generally asset-based approaches, across the globe (Blickem et al., 2018, Cassetti et al., 2019, Mathie and Cunningham, 2003). The original model of ABCD was neighbourhood-based; however, ABCD has since been applied in many other settings.

Defining ABCD can be challenging. This is partly because it is manifested in various ways. Winther (2015), for example, says it can be an approach, a methodology and a practice, whilst Blickem et al. (2018: 10) comment that it *“appears to integrate a number of loosely related concepts and definitions from a range of theoretical frameworks to describe, or make sense of, a broad based approach to improving public health.”* . As discussed earlier, ABCD is part of a broader field of community-centred and asset-based that seek to actively involve communities and build on community strengths (Public Health England and NHS England, 2015).

Despite the array of approaches, there is a good level of agreement on the key aspects of ABCD. Being citizen-led, relationship-orientated and asset-based are identified by Agdal et al. (2019) as the three key features. Understanding the value of communities, working within social networks and growing community action lies at its heart (Public Health England, 2018). The key principles of ABCD are often articulated differently, and different terms are in use, yet there is a great deal of commonality. Table 2 outlines the key principles drawing on the work of McLean, McNeice et al.(2017) and Winther (2015).

¹ <https://resources.depaul.edu/abcd-institute/about/Pages/default.aspx>

Table 2: Key principles of ABCD

McLean et al. (2017)	Winther (2015)
Working with people, rather than seeing them as passive recipients of services – ‘doing with’ rather than ‘doing to’.	Participation, diversity and inclusion
Helping people to identify and focus on the assets and strengths within themselves and their communities and supporting them to use these assets to make sustainable improvements in their lives.	Civic Empowerment
Supporting people to make changes for the better by enhancing skills for resilience, relationships, knowledge and self-esteem, including through building mutually supportive networks and friendships which help people make sense of their environments and take control of their lives.	Focus on assets
Shifting control over the design and development of actions from the state to individuals and communities.	Social justice
	Cross sector collaboration

Rationale for ABCD

There is a strong rationale for using asset-based approaches, based on underpinning theory evidence on the protective factors within communities (Morgan and Ziglio, 2007, Public Health England, 2017). There are links to the theory and concept of ‘salutogenesis’, understanding of how positive health is created and maintained (Antonovsky, 1998). Central to ABCD is the argument that ABCD will help to reduce inequalities by strengthening social networks, empowering communities to mobilise resources and giving them increased control over the wider determinants of health (Agdal et al., 2019, Casetti et al., 2019, Harrison et al., 2019). Evidence exists to show that the quality of community life and the social factors (e.g. social connectedness, social support, trust) operating at a community level are protective of health and wellbeing (Holt-Lunstad et al., 2010, The Marmot Review, 2010). Using a longitudinal survey results from 3686 people over 65 years with long term conditions in the North West of England, Munford and colleagues found a statistically significant, positive correlation between people’s participation in community assets e.g. community groups and associations, and quality of life (Munford et al., 2017). See Box 2 for more information on this study.

Box 2: Munford et al (2017) Associations of participation in community assets with health-related quality of life and healthcare usage

This study investigated whether participating in community assets (e.g. community / voluntary groups) is associated with a better health-related quality of life (HRQoL) and less use of healthcare resources amongst older people with Long Term Conditions (LTCs).

EuroQol-5D (EQ5D) was used to measure HRQoL, as per NICE's recommendation. This has five domains: 'mobility', 'self-care', 'usual activities', 'pain/discomfort' and 'anxiety/depression'.

It was a secondary analysis of data from Salford Integrated Care, with a sample size of 3686 people aged 65 years and above. Results were controlled for socio-economic factors, health and LTCs.

Findings

- 50% of respondents participated in at least one type of community asset.
- Participation was associated with significantly higher HRQoL – even after controlling for a range of characteristics. The largest effect was for sports clubs but it was also significant for other social and educational groups. By way of comparison, having diabetes has 1.5 times the effect of NOT participating in community assets.
- Participating in a community asset was also associated with lower use of healthcare (e.g. GP / hospital appointments) though this was not statistically significant once sociodemographic and limiting LTCs were controlled for.
- Community asset participation is associated with a net benefit of £763 per participant per year (using a QALY value of £20,000)

The authors recommend more longitudinal research and more detailed research on the types of participation and intensity.

There is a long history of neighbourhood community development and research that supports the positive outcomes that result from participation and empowerment (Brunton et al., 2015, Laverack, 2006). By building on existing assets, as opposed to setting up new ones, more people can be reached and local organisations can be strengthened (Bennett, 2017). Other related concepts include community capacity building (Mathie and Cunningham, 2003), community resilience (Buikstra et al., 2010) and community wellbeing (Atkinson et al., 2019).

ABCD is rooted in the 'wisdom' and ability of communities. They are seen as "*inherently asset-rich, resourceful and positively inspired*" (Andajani-Sutjahjo et al., 2018:226), with an ability to come up with creative solutions and with a propensity to take risks and to innovate (Harrison et al., 2019).

Putting them at the heart of potential solutions is also seen as being “morally good” (Harrison et al., 2019).

Sustainability is believed to be in-built to successful ABCD as it develops resilience, self-reliance and, by tapping into activism, it can facilitate further action (Harrison et al., 2019). A further driver of ABCD is as a practical response to the decreased resources associated with austerity:

“ABCD offers Local Authorities methodologies for optimising the use of resources that are still available whilst also connecting positively with the individuals and communities who are carrying most of the socialised costs of corporate and market failure” (Harrison et al., 2019:2).

Asset based approaches have been seen as a means of ‘harnessing the power of communities’ in the health systems (NHS England, 2014). Munford et al’s study (Munford et al., 2017) – described in Box 2 above - found that the net economic benefit of community asset participation could be calculated at £763 per person per year, but reductions in healthcare usage and costs were not found to be statistically significant once health conditions were controlled for.

Strength vs Deficit Based

Much of the rationale for ABCD is based on the premise that previous public sector efforts to improve disadvantaged communities have tended to be deficit-based. This approach is believed to lead to communities internalising this deficiency, reducing their participation and either a ‘backlash’ towards outsiders or increasing dependence on them (Bennett, 2017, Ward, 2019). This fits within a broader critique of deficit-based approaches to health and wellbeing, as providing a limited picture by only focusing on disease, need and social problems whilst neglecting the resources in communities that could support better health and wellbeing (Glasgow Centre for Population Health, 2012, Morgan and Ziglio, 2007). See Table 3 for a comparison of the approaches.

Table 3: A deficit approach as compared with an asset-based approach (McLean et al., 2017)

The deficit approach	An asset-based way of thinking
Starts with deficiencies and needs in the community	Starts with assets/resources in a community
Responds to problems	Identifies opportunities and strengths
Provides services to users	Invests in people as active participants
Emphasis on the role of services	Emphasises the role of civil society
Focuses on individuals	Focuses on communities/neighbourhood and the common good
Sees people as clients and consumers receiving services	Sees people as participants and co-producers with something to contribute
Treats people as passive and 'done-to'	Helps people take control of their lives
Fixes people	Supports people to develop their potential
Implements programmes as the answer	Sees people as the answer

Common criticisms of the approach

The literature highlights that ABCD has not yet reached its potential in the UK and despite the growing interest in policy and practice, it is not yet “*the normal way that public services are delivered*” (McLean et al., 2017:10). A common criticism of ABCD is that there is a lack of good quality evidence (Cassetti et al., 2019, de Andrade and Angelova, 2020, Rippon and South, 2017). McLean says the evidence is “*supportive, although limited*”, whilst Blickem et al, (2018) state there are only a small number of well conducted evaluations. The ABCD Institute has tended to focus on practice-based learning as opposed to formal evaluations. Better quality evidence would, it is believed, lead to increased credibility (Harrison et al., 2019). Reasons for the lack of evidence include the fact that there is no one model of ABCD to evaluate (Harrison et al., 2019), that outcomes are often ambiguous or not clearly stated (Blickem et al., 2018, Rippon and South, 2017) and that community change is difficult to capture (de Andrade and Angelova, 2020).

A second key criticism is that ABCD ‘buys into’ a neo-liberal agenda (Agdal et al., 2019, de Andrade and Angelova, 2020), which is ultimately about withdrawal of services in the context of austerity (Friedli, 2013). It is argued that asset-based approaches can mask structural issues that underpin disadvantaged and health inequalities whilst neglecting issues of power (Friedli, 2013). This can then be used as a rationale for reducing public (health) budgets. Harrison et al. (2019) note that whilst the

ABCD philosophy is a radical one about political change, there is a tendency at project level to focus more on community and individual resilience.

Allowing outsiders to define the aims of an ABCD intervention, as opposed to the community itself, is another common criticism (Agdal et al., 2019, de Andrade and Angelova, 2020). This is ascribed to the types of funding models in existence and seen as counter to genuine co-production which would feature open conversations and no predetermined agendas:

“services should be measuring impact in terms of communities’ experiences of wellbeing rather than driven by organisational targets and pre-identified outcomes” (de Andrade and Angelova, 2020:7).

A final critical observation is that the mapping of assets is given far greater attention than how to harness or mobilise these assets (Wildman et al., 2019).

4. What are Assets?

'Assets' is used as an umbrella term to describe the strengths or positive factors operating in a community, organisation or system. As such, it is a very broad category of factors, potentially ranging from the micro, often at an individual level, through to the macro level (political systems) e (Van Bortel et al., 2019). Health assets are described as:

“any factor (or resource) which enhances the ability of individuals, groups, communities, populations, social systems and/or institutions to maintain health and wellbeing and to help to reduce health inequities ”. (Morgan and Ziglio, 2007:18)

Although assets can be any aspects of life e.g. cultural, religious assets (Van Bortel et al., 2019), in asset-based practice there is a focus on community assets. These are seen as protective factors and critical building blocks for developing action (Public Health England, 2018). Community assets can be both tangible (e.g. a playground) or intangible (a sports club) (example taken from Mosavel et al., (2018). Community members often focus initially on the former and need to develop an understanding that more intangible assets such as people's skills, knowledge and relationships are also relevant (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015, Wildman et al., 2019).

The ABCD model uses a classification of assets as 'building blocks', dependent on the degree of control and access that communities have (Kretzmann and McKnight, 1996):

- Primary Building Blocks –assets held by the community e.g. social networks
- Secondary Building Blocks - assets located within the community but controlled externally e.g. schools.
- Potential Building Blocks – resources external to the community which could potentially be drawn in.

Three levels of assets are also identified by Blickem et al. (2018) and McLean et al. (2017):

- *Individual level:* These can be seen as “positive personal attributes”, linked to psychological theories. Attributes might include resilience, self-efficacy / esteem, motivation, sense of purpose, positive values and a commitment to learning (Blickem et al., 2018, McLean et al., 2017). Van Bortel et al. (2019) argue that both individual and community level assets are valid but often the link between the two is not described well.

- *Community level or collective assets* : The Bristol Ageing Better report defines community assets as “anything that improves the quality of community life” e.g. physical structures, businesses, associations, local institutions and people (Means and Woodspring, 2016:8). Community assets include both tangible assets such as parks and libraries and less tangible ones such as Family and friendship (supportive) networks; intergenerational solidarity and Community cohesion (McLean et al., 2017). Wildman, Valtorta et al. (2019), in their evaluation of Come Eat Together, emphasise that local businesses are often overlooked despite being a key asset. In their intervention local businesses provided venues and opportunities for people to integrate and made the programme more sustainable.
- *Organisational or institutional level assets*: These can be seen as similar to Kretzman’s potential building blocks (Blickem et al., 2018). They might include aspects such as Employment security; Opportunity for voluntary service; Safe and pleasant housing or even Political democracy.

The table below gives details of the interventions and evaluations of ABCD type projects.

Table 4: ABCD Interventions and Evaluations

Intervention	Evaluation	Publications
England		
Ageing Well Torbay aims to connect communities and reduce isolation in over 50s. Running 5 years. One strand - ABCD approach in 30 neighbourhoods in 3 towns. 18 Community Builders employed. South West England	Serio evaluation mixed methods. Includes; participant surveys, citizen evaluation, stakeholder and CB interviews, case studies. Plus CB Learnings captured.	SERIO (2019) Ageing Well Torbay Interim Findings Year Four Torbay Community Development Trust (2020)
Communities in charge of alcohol (CICA) . Uses ABCD approach to reduce alcohol harm. Trains alcohol health champions. Manchester	Stepped-wedge RCT (intervention rolled out sequentially). Primary outcome measures – health and criminal justice. Economic evaluation. Protocol only.	Cook et al. (2018).
Senior Safe and Social Programme. 18 month pilot, ABCD approach. Essex	Documentary review and qualitative interviews with participants, staff and volunteers.	Haines (2018)
Organisations already utilising ABCD approaches. North West of England	Qualitative study with third sector / voluntary organisation practitioners. (x25).	Harrison et al. (2019)
ABCD implemented in 4 housing estates. 2 CBs employed / small grants. South West England.	Qualitative – 12 residents, 18 professionals participated in interviews / focus groups.	Van de Venter & Redwood (2016). NB Abstract only
‘Come Eat Together’ – ABCD approach to prevent isolation with food- based activities.	Qualitative. Interviews (x21) with service users, volunteers, partners and professionals.	Wildman et al. (2019)

North East England (rural)

Scotland

Asset-based indicator framework co-produced with self-identified Gypsies over 5 years. *NB Community members asked to be referred to as 'Gypsies' rather than Roma.* Glasgow based.

Literature review, expert interview, action-research workshops (x3) with community members and professionals.

De Andrade and Angelova (2020)

Animating Assets – initiation and development of asset-based approaches to a range of health and social wellbeing issues. Scotland

Action Research and Learning Programme. Included creative techniques / digital stories.

Glasgow Centre for Population Health & Scottish Community Development Centre (2015).

How asset-based approaches are applied and are working in public services. Scotland.

Two phase methodological approach. Case studies (x9) then interviews with stakeholders / staff / clients.

McClean et al. (2017).

3-year project piloting assets approach in 7 disadvantaged communities. CBs, ABCD trained. Ayrshire

Comparative case-study approach across local projects. Mapped local experiences onto community / wellbeing indicators. PhD study.

Ward (2019)

International

Outcomes of community engagement in neighbourhood renewal. Australia

MSc thesis. Qualitative interviews with practitioners.

Bennett (2017)

Three ABCD projects explored.

MSc thesis. Three case studies / community stories.

Winther (2015)

5. Running an ABCD project

This section covers the mechanisms of running an ABCD project and identifies some key learning from the studies reviewed. It is not possible to be prescriptive as ABCD is not one model but context specific (Bennett, 2017, McLean et al., 2017):

“...asset-based approaches cannot be transplanted from one place to another without wider consideration and understanding of local context and circumstances, nor can they be simply scaled up and rolled out with a view to achieving replicable processes and outcomes. It is the underpinning ethos and principles of the approach, alongside an understanding and presence of the conditions that facilitate asset-based working that can be adopted and practically embedded across a range of contexts.” (McLean et al., 2017:49).

ABCD – developing the approach

Harrison et al. (2019) identified five key mechanisms for ABCD;

- Building trust and trustworthiness
- Developing relationships
- Engagement with population
- Engagement with political powers
- Identifying collective goals

Ward (2019) gives a slightly more practical list of mechanisms and related outcomes that may be useful for projects that are just starting out.

A key principle is the long-term approach to strengthen social connections and build trust. ABCD is often described as primarily relationship driven (Kretzmann and McKnight, 1993). Glasgow Centre for Population Health (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015:59) argue that *“the importance of building and valuing relationships cannot be underestimated ”* and that this takes substantial amounts of time and change can be slow.

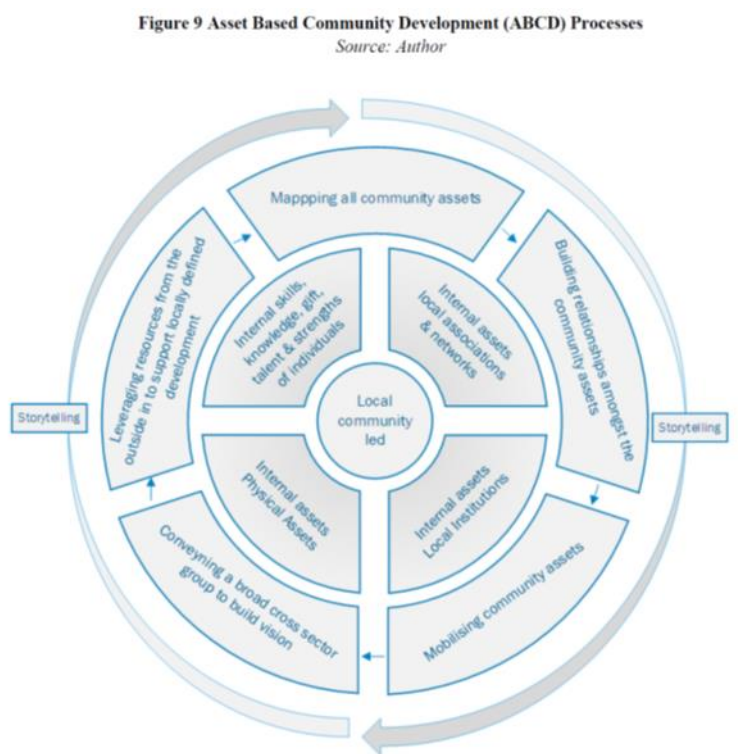
Practitioners need to learn to share power in the context of community members taking control but should also be aware that this can be a significant burden for communities in terms of time, resources and emotion (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015). An example of how relationships and trust can be successfully built is provided with a five-year long engagement project with a self-identified Gypsy community. De Andrade and Angelova (2020) report that previous negative experiences had resulted in them being very distrustful of services. The project team took a gradual approach to re-building trust that, in the long term, was successful. They also emphasised the importance of working with people to

identify attributes and outcomes and making serious efforts to understand their culture, beliefs and behaviour.

Several authors depict the ABCD process diagrammatically. For this report we have chosen one developed by Winther (2015) - see Figure 1 below. This emphasises the continuous nature of the process plus the importance of focusing on how to utilise the resources identified (i.e. the CD within ABCD). Glasgow Centre for Population Health (2015) also display the process in stages, which overlap with each other.. Their model includes two stages prior to Asset Mapping – ‘Reframing towards a fresh perspective’ and ‘developing a common agenda.’ This model also emphasises how the stages overlap with each other.

Figure 1: Asset Based Community Development (ABCD) Processes.

Source: Winther, (2015:53)



Asset Mapping

Asset mapping is an important process in asset-based approaches (South et al., 2017) and central to the ABCD model as a first stage in a community understanding and mobilising their assets (Kretzmann and McKnight, 1996). Described as the “*process of documenting physical and personal assets*” asset mapping is both a way of locating assets (a methodology) and “*a step towards empowerment and outcomes*” (Blickem et al., 2018:6-8). It focuses on having conversations that are positive and not about diagnosing problems, using techniques that include capacity inventory, appreciative enquiry, action or participatory research (Blickem et al., 2018).

Three studies in this review discussed Asset Mapping specifically and showed contrasting approaches (see Table 5):

- Bristol Ageing Better (BAB) aimed to reduce loneliness and isolation in older people. Community Researchers mapped assets in three neighbourhoods to better understand what services existed and to contribute to an online directory (Means and Woodspring, 2016).
- Mosavel et al. (2018) report on the Wellness Engagement (WE) project in Virginia, USA. Local young people and university students mapped community assets relating to physical activity and healthy food options to inform obesity prevention interventions.
- A case study of the ‘Thriving Places’ approach to asset mapping reports on the creation of asset maps in two Glasgow neighbourhoods (Mitchell, 2017).

Table 5: Asset mapping projects

PROJECT	Who did the mapping?	How did they do the mapping?	What was produced?
Bristol Ageing Better (BAB)	Older people who were trained and supported as Community Researchers by project staff. They grew in confidence and skills by participating in the process.	Trained Community Researchers, although it was noted further training was requested. Community researchers used template documents to map the local assets. An administrator created a shared spreadsheet and binder – plus checked permissions.	The BAB project identified 70 assets in three wards, 55 of these were made public. It is unclear from the report how these were ultimately used.
WE project in Virginia, USA	Local young people and university students working together to combine local knowledge and technical expertise.	A CBPR approach used. Teambuilding activities were held with those doing the mapping and the young people were provided with a ‘workbook’ and a list of what is / is not an Asset. A series of community walks were undertaken with asset logs being completed using GIS.	358 assets that researchers grouped into 12 categories. Meetings in the community were held to validate the findings.
Thriving Places	Community agencies to produce one map whilst the second was developed by the Community Connector.	Community Connector conducted research, undertook walks, submitted requests and networked with people.	Maps as Prezi documents that were shared with partners.

Physical assets were mapped in all the studies described above e.g. parks / schools / health centres. In Thriving Places ‘Institutional’ and Associational assets were also included – the latter are led and

run by local people on a voluntary basis so they may include groups or networks (Mitchell, 2017). In Bristol, assets mapped included all the above plus community members' skills – these, however, were removed before being made publicly available.

In addition to the above, three community case studies in New Zealand used maps or mapping in their work, although these were not specifically done as 'Asset Maps'. Box 3 below gives more detail.

Box 3: Community Case Studies utilising 'mapping' or 'maps' (Winther, 2015)

Three New Zealand Case Studies – Our Amazing Place, Project Lyttleton and T3

'Our Amazing Place' – a community treasure hunt and fun day that has run in numerous neighbourhoods in New Zealand, all organised and run by volunteers. Local assets are identified, a treasure hunt trail laid and local people, guided by a treasure map, walk the neighbourhood interacting with the assets on their way. Assets include physical places, local residents with skills, community agencies, services and businesses. Each 'treasure' is a station run and resourced by each group. A community fun day takes place at the same time.

People are enthusiastic about taking part and it is a way of building connections. Whilst not originally conceived as a way of mapping assets, it can be used in that way.

A community group acts as a custodian of the model offering resources and advice. They held a learning day for groups and it now continues without their involvement.

www.Violencefreecomunities.org/our-amazing-place

'Project Lyttleton' –community activism in this area began by a group of volunteers deciding to make a walking map of the area. They also involved the local council and transport officials. It was relatively straight-forward to do and therefore a good way of building confidence. The community subsequently built on this initial activity and now run festivals, events, markets and have started using disused plots and shops for community activities and to raise funds.

A 'time-banking' element now exists in this project and this is described as being an effective way of mapping individual skills and then connecting people together.

'T3' – the mapping aspect of this project started four years after an eco-orientated community group was formed. In 2011 they were provided with a researcher (their time funded externally) to map individual capacities in the area. 1253 detailed questionnaires were completed by individuals re their skills and interests. From this an on-line database was created (this was a challenge as the

cost of setting it up / maintaining it was substantial). The aim was to create an interactive database to enable people to explore, engage and community with each other.

Points of learning about the purpose and methods of asset mapping were identified. These include:

- Asset mapping / an asset map are used interchangeably, and this causes confusion. One is essentially a directory, the other a process (Mitchell, 2017).
- Mapping should not be a 'one-off'. It needs to be an ongoing process and in a format the community can update (Mosavel et al., 2018).
- The community needs to 'own' the process (Mitchell, 2017). Mosavel et al. (2018) emphasised that what an 'insider' sees as an asset is different to what an 'outsider' may perceive as one.
- The level of commitment required of volunteers can be significant for individuals. This needs to be recognised by the project team (Means and Woodspring, 2016).
- There are 'layers' of assets e.g. physical assets with history, culture, individual stories. Mapping all of these is "*quite a logistical challenge*" and can get very big very quickly (Winther, 2015:124)
- How it is going to be shared needs to be clear from early on.
- How the map will be used to affect change needs to be considered – otherwise there is too much focus on the 'AB' and not enough on 'CD.' In the Glasgow study, a follow up with key partners found that whilst the map had been used for reference no actual work had resulted from it (Mitchell, 2017). This is also an issue identified in an evaluation of asset mapping in Sheffield - this was used by the community organisations but did not translate well to the external services and partners (South et al., 2017). It is "*one thing to collect asset data but the challenge is what to do with the information, especially when the volume of data is so encompassing and varied*" (Winther, 2015:174)

Other techniques and tools

The review identified some additional techniques and tools for ABCD and asset-based approaches. Creative techniques are highlighted as a vital tool for engagement by two sources (de Andrade and Angelova, 2020, Glasgow Centre for Population Health and Scottish Community Development Centre, 2015). The former note that creative techniques help people work together and build evidence, while de Andrade and Angelova used 'The theatre of the oppressed' to engage with the self-identified Gypsy community believing that this helped build trust and overcome communication

barriers. Food, music and dance were also helpful. They emphasise that the exact format needs to be agreed with the particular community.

Other techniques that helped promote asset-based working in Glasgow (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015) were:

- Ensuring all activities aimed to identify the positives / assets in a given situation
- Appreciative Enquiry – meetings used the 4 Ds – Discover, Dream, Design, Destiny / Deliver
- Mapping connections using relationship circles
- An infographic that summarised the principles of asset-based approaches was used to communicate with communities and partners. This helped in reframing to identify assets.

Timebanking was used by Ageing Well Torbay as a way of identifying skills and linking people together (Torbay Community Development Trust, 2020). In total 13 Timebanks were set up with 383 local people who offer or accept volunteer tasks. An IT platform was used but people could also access it via other methods. Whilst it took some time to get the system working correctly it is felt it provides structure to those who need it. One potential negative is that once people are connected, they don't then tend to log their time and their actions. As mentioned in Box 3 above, time-banking is a key positive aspect to Project Lyttleton in New Zealand uniting people together in a practical way. This was particularly useful after the earthquake when people needed urgent assistance. The authors stress that whilst the earthquake could not be planned for, the time-bank meant they had the ability and flexibility to respond to the crisis.

"I see [the time bank] as the blood and veins of everything because it goes across every project and everything that we do. We have got about 450 members at the moment trading between 200 and 400 hours a month which is phenomenal." (Winther, 2015:98)

"[On the day of the earthquake] I remember the medical centre ringing into the information centre that day to say there are 150 elderly people that need to be contacted...elderly residence got telephone calls that week from time bankers to check how they were. Did they need any help, were they okay? Teams of people went around helping the fire brigade dismantle chimneys all co-ordinated through the time bank.(Winther, 2015:144)

Project delivery

Practical aspects of project delivery tended to focus on how best to support and bring the project team together and how to keep partners informed and on track (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015, Torbay Community Development Trust,

2020). Monthly meetings to build relationships and gather information are suggested and regular statements for partners (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015, Torbay Community Development Trust, 2020).

Seed funding was a feature of a number of the projects (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015, Torbay Community Development Trust, 2020, van de Venter and Redwood, 2016). Van de Venter and Redwood (2016) describe how £4500 was available to fund community initiatives in a number of neighbourhoods in South West England.

In their summary report, Ageing Well Torbay produced a list of practical key points of learning. This is shown in Appendix 1.

6. Community engagement and participation

Community engagement and participation leading to increased community control is a key principle of asset-based approaches and ABCD in particular (Foot and Hopkins, 2010). For example, Ageing Well Torbay (a neighbourhood based ABCD project to reduce isolation in older people) discusses how practitioners need to *“help build the community, not do it ourselves”* (Torbay Community Development Trust, 2020:14). Despite the emphasis on the active involvement of the community, the review found little recent evidence drawing on community rather than professional perspectives. There are also questions about the reach of ABCD and who participates and how.

Two studies reported how traditionally disadvantaged sectors of society participated effectively in an ABCD type intervention (Andajani-Sutjahjo et al., 2018, de Andrade and Angelova, 2020). Both used approaches that involved people in a comprehensive way, from design to delivery.

Andajani-Sutjahjo et al. (2018) report on a Community Action Research Project set in a poor ethnically diverse area of Auckland, New Zealand. The project was set up and run by a community group with a university and other partners. Residents were involved in steering all aspects of the project from developing the training, doing the research to presenting the findings. Community researchers conducted nearly 600 interviews. Most were local and spoke more than one language with 30% of Maori / Pacific origin (reflecting the community). The community researchers were a key asset bringing their time, commitment, creativity, knowledge and networks. Their life experiences were key, with older researchers nurturing younger ones, teaching them about culturally appropriate behaviour and customs. The authors highlight the willing participation of the community - putting this down to their active involvement in the planning and design of the project.

“people from an under-resourced, socially marginalised community actively took up the opportunity to express and share their aspirations, learn from each other about effective and creative problem solving skills and to strengthen team work and their own sense of community connection” (2018:226).

De Andrade & Angelova (2020) conducted a five-year long engagement with the self-identified Gypsy community using ethnographic and creative methods to encourage participation. This included three separate phases and involved developing indicators alongside the community that were meaningful to them. The authors say that this thorough process was successful and the community *“had a strong desire for their views to feed into policy and practice”* (2020:4).

Asset Mapping can be a key mechanism to involve local people (Van Bortel et al., 2019). The Bristol Ageing Better project utilised local older people as Community Researchers to carry out Asset Mapping though their involvement in project design or planning is not discussed (Means and Woodspring, 2016). They found it challenging to involve some sectors of the community including older, frailer people and those from BAME communities.

Volunteers / Connectors

A number of studies report on the involvement of volunteers in ABCD projects (Cook et al., 2018, Haines, 2018, Means and Woodspring, 2016, Wildman et al., 2019). In three cases (Haines, 2018, Means and Woodspring, 2016, Wildman et al., 2019), these were mainly retired or older people either helping deliver activities to counter isolation or carry out Asset Mapping. The Come Eat Together project in the North East of England (Wildman et al., 2019) utilised 367 volunteers calling them a “*key community asset*” that were central to delivery and sustainability. This harnessed people’s skills and involved marginalised community members. A further example is the Communities in Charge of Alcohol (CICA) project, which trained volunteers to become alcohol health champions (Cook et al., 2018). The aim was to “*enable local volunteers working with the community to identify alcohol harm in their community, and facilitate them to intervene to reduce these harms.*” (2018:2), plus cascade the training to other volunteers.

The role of ‘Community Connectors’ is discussed by Bennett (2017) and Ageing Well Torbay (Torbay Community Development Trust, 2020). The former states that projects using Connectors tend to experience less ‘backlash’ due to their role in linking the community and practitioners. The latter gives a practical perspective having recruited 1387 Connectors in three years. The Connectors’ role is crucial as they can reach a wide range of people and provide extra resource that is beyond the capacity of the Community Builder. The report states:

“Connectors are those people in the community who like bringing people together, but do not themselves need to be involved in any long-term planning or visioning about how things can be made better. They celebrate every new connection they make and are eager to find out what is happening in their neighbourhood.” (Torbay Community Development Trust, 2020:15)

Community Builders

Ageing Well Torbay is one example of a project employing Community Builders as community workers. The project has 18 Community Builders operating in 30 neighbourhoods in three towns – they work on the basis of “*one full-time Builder per 10,000 population, based on neighbourhood boundaries the community identify themselves*” (Torbay Community Development Trust, 2020:7)

Community Builders are employed directly by the Community Development Trust, as opposed to other local organisations (Torbay Community Development Trust, 2020). The reason for this is that ABCD is a new way of working and they want to ensure the practice gets embedded and the Builders do not get drawn into other organisations' priorities. There is a great deal of flexibility in how the Community Builders deliver – they can choose when and where to work for example. The report stresses that they need to *“make sure they are happy and strong”* because their role can be *“exhausting.”* (2020:50) Every week a support activity takes place.

Their role is to specifically to build community and relationships within the community.

“The Community Builders help people to find ways to positively change their neighbourhoods into the sort of places that they would like them to be.” (Torbay Community Development Trust, 2020:9).

It is noted that this will vary depending on the area. In places where there are already a lot of activities and a strong feeling of neighbourliness, their role is to connect people in. In other areas this may not be the case and they will need to help generate community feeling and actions. The report emphasises that builders need to encourage resident led activities, providing back-up and breaking down barriers when needed, but not create dependency.

7. Key enablers and barriers

This section outlines the key issues and elements that are essential for an ABCD approach to operate effectively. A comprehensive list of enablers derived from an analysis of four asset-based projects in Scotland was developed. These include: asset focus; policy context; structural/system level factors e.g. investment & funding and strong partnerships; community-level e.g. an active community, community ownership; front-line delivery/practitioner level e.g. community connectors and e.g. coordination and having trusted practitioners; external factors e.g. lack of evidence, funding climate. (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015).

Organisational Culture

The most often reported theme relating to enablers and barriers is that of organisational culture and the need for a change in attitude and mind-set (Harrison et al., 2019, McLean et al., 2017, Torbay Community Development Trust, 2020, Wildman et al., 2019). This reflects 'asset orientation' being an underpinning change mechanism for asset-based working (Rippon and South, 2017). For example, Ageing Well Torbay describe needing to move from the 'rational' world to the 'relational' world (Torbay Community Development Trust, 2020).

The 'status quo' - described as focusing on governance, accountability and being risk averse - is seen as a barrier to working in an ABCD way, as is a belief amongst professionals that they are already working in an Asset based way (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015). Services tend to be risk averse and often feel they need to be in control, in case things go wrong. There is a tension between trusting rules and systems vs trusting people and communities (Harrison et al., 2019). In contrast, key enablers include a positive attitude to working in a different way, being willing to learn and a commitment to co-production. At the heart of this is organisations being willing to relinquish control to communities (Harrison et al., 2019).

“Co-production requires genuine organisational willingness to learn and often a shift in organisational attitude” (O'Leary et al., 2011 cited in Wildman et al. (2019:1107).

There is less focus on how this change in mind-set can be engendered. The need for effective leadership is emphasised by GCPH (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015), whilst other reports (Agdal et al., 2019, Torbay Community Development Trust, 2020) stress the need for skilled facilitators trained to 'step-back' and work in an asset-based way:

“to develop awareness around facilitator role seems crucial as the deliberate attempt to lead by steeping back is contrary to what most professionals have learned” (Agdal et al., 2019:16).

Community ownership

The need for the communities themselves to set programme goals is emphasised by several publications as a key enabler to gaining community trust and participation (Andajani-Sutjahjo et al., 2018, Bennett, 2017). At what point outcomes are agreed is also important; it needs to be after engagement has taken place, so communities can actively participate. This is identified as a key challenge by Andajani-Sutjahjo et al. (2018) as it is counter to funding models that require clear outcomes and objectives from the beginning.

Commitment over time

Having strong local buy-in from partners, communities and political powers is a key enabler (Blickem et al., 2018, Glasgow Centre for Population Health and Scottish Community Development Centre, 2015) as is funding models that provide commitment over the long-term, as *“building the necessary trust, confidence and belief in the community is essential, but it takes time”* (Torbay Community Development Trust, 2020:57). Many funding models are too short-term and under-resourced (Means and Woodspring, 2016, Torbay Community Development Trust, 2020, Wildman et al., 2019, de Andrade and Angelova, 2020) thus acting as a barrier. Ageing Well Torbay recommend a minimum of two years funding to get started.

Other more specific enablers include:

- Being locally specific. There needs to be an acknowledgement that what works in one area may not work in another (Wildman et al., 2019)
- There are concerns that if local groups are listed as assets, they may become overloaded (Means and Woodspring, 2016)
- Acknowledging deficits where they exist (Means and Woodspring, 2016)
- Concerted efforts to sustain volunteers and their input by supporting and appreciating them
- Having a community budget to aid local actions (van de Venter and Redwood, 2016).

8. Evaluation

The lack of rigorous evaluations of ABCD approaches has been highlighted earlier (Cassetti et al., 2019, Rippon and South, 2017, Van Bortel et al., 2019). This contrasts to the amount of material written regarding theory and process:

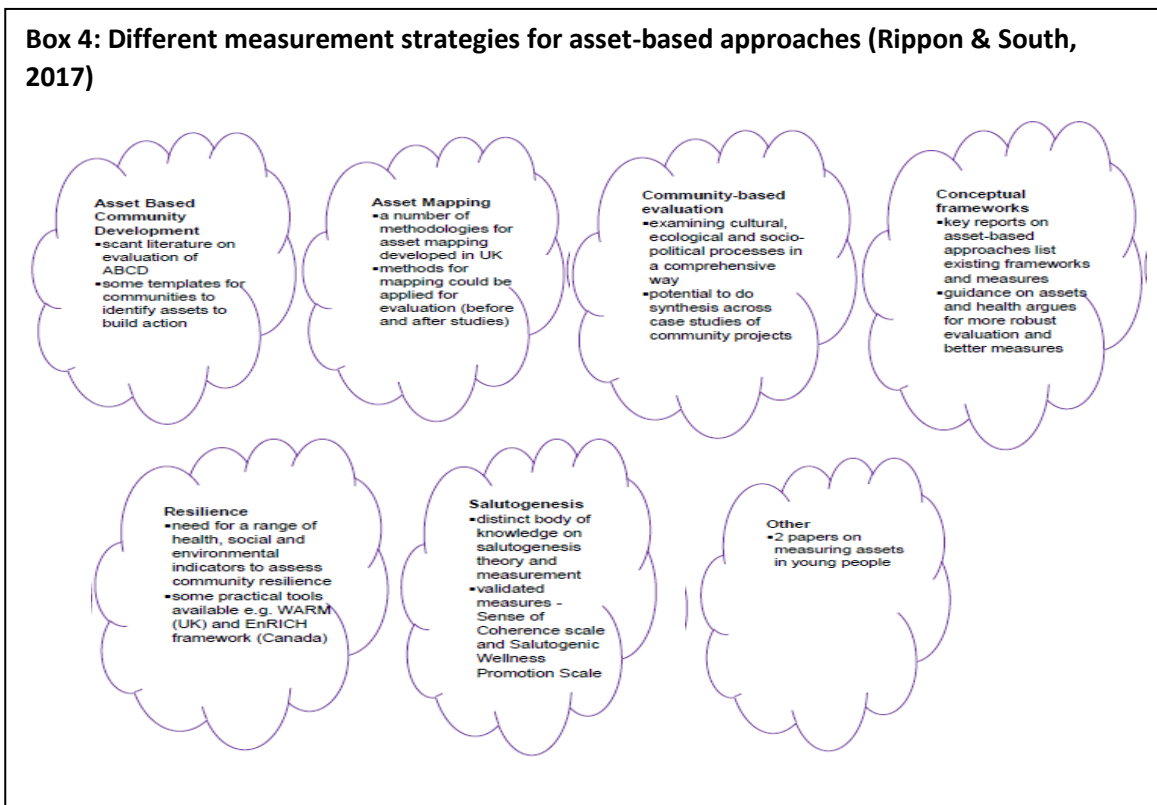
“A lot has been written on assets in public health from a theoretical perspective on the approach and how it should be implemented. Yet, the empirical literature has shown limited evaluation of ABAs that effectively identifies changes attributed to ABAs” (Cassetti et al., 2019:22).

Challenges include the fact that whilst many evaluations are short-term, ABCD is a long-term approach. Critically, ABCD is process orientated, with an overlap between mechanisms and outcomes, that is challenging to capture in conventional evaluation approaches (Blickem et al., 2018). Agdal et al. (2019) sees these challenges as fundamental, calling for a *“radical re-conceptualisation of what constitutes evidence in the design, delivery and evaluation of public health interventions”* (Agdal et al., 2019:9).

Work has started to be done to develop a toolbox of appropriate approaches for the evaluation of asset-based approaches. A rapid review of measurement strategies (Rippon and South, 2017) for asset-based approaches identified seven groups of approaches to measurement and many examples of different survey and qualitative tools (Rippon and South, 2017). See Box 4. A key message from the review of measurement was the need for community involvement in evaluation and research.

Community Based Participatory Research or Action Research is seen as a methodology that can provide helpful information whilst still being in keeping with the values of ABCD (Andajani-Sutjahjo et al., 2018, de Andrade and Angelova, 2020, Glasgow Centre for Population Health and Scottish Community Development Centre, 2015, Mosavel et al., 2018). Using Community researchers aids insight and builds capacity within the community (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015, Mosavel et al., 2018). Linking the community with an academic institution was a successful approach in New Zealand (Mosavel et al., 2018). de Andrade and Angelova (2020) worked with the self-identified Gypsy community to co-produce an indicator framework that was based on what the community themselves defined as important. This process of negotiation led to 3 key concepts and 13 indicators that the community were invested in.

The Communities in Charge of Alcohol (CICA) evaluation in Manchester has undertaken a different approach with quantitative measures being used to measure change, at a community level over time and between control and intervention areas (Cook et al., 2018). This stepped-wedge Randomised Controlled Trial (RCT) uses health data, social measures (e.g. crime levels) and economic data (in addition to a process evaluation). Findings are not yet available.



The Ageing Well Torbay evaluation (SERIO, 2019) comprised an in-depth mixed methods approach. See Table 6 below. This covered all three aspects of Ageing Well Torbay, of which the neighbourhoods theme (the ABCD model) was one. Participant surveys were allocated to each aspect of the programme depending on the individual's involvement. Data for the surveys was collected at entry, follow-up and exit. For the neighbourhoods theme participant numbers were; entry (n=390), follow up 1 (n=149), follow up 2 (n=78). Exit surveys have not yet been completed.

Table 6: Summary of Ageing Well Torbay data collection and analysis activities (SERIO, 2019:3)

Activity	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020	Year 6 2021
Two population surveys (older population and general population)	X					X
Citizen Evaluator Research (content developed and delivered in partnership with citizen evaluator team)		X	X	X	X	X
Analysis of participant surveys	X	X	X	X	X	X
Partner & Stakeholder interviews/focus groups	X		X	X		X
Community Builder focus groups		X		X		X
Cost Benefit Analysis		X		X		X

9. Outcomes

This section describes what outcomes were reported in this review of recent ABCD literature (2015-2019). It utilises the PHE categorisations for outcomes related to community-centred approaches.

Outcomes are categorised as:

- *Individual*: Health behaviour; Physical and mental health; Capabilities & self-efficacy
- *Community & community process*: Engagement, Resilience, Empowerment, social capital, community, well-being, Community relations (sense of belonging, new or improved partnerships); Changes in the built environment
- *Organisational*: Changes in services offered and used; Raise awareness on available services.

These categorisations are also used by Casseti et al. (2019), whose review lists a wide range of outcomes across the 30 included papers.

Table 7: The range of outcomes for community-centred approaches (Public Health England and NHS England, 2015:32)

Individual	Community level	Community process	Organisational
Health literacy – increased knowledge, awareness, skills, capabilities	Social capital – social networks, community cohesion, sense of belonging, trust	Community leadership – collaborative working, community mobilisation/coalitions	Public health intelligence Changes in policy
Behaviour change – healthy lifestyles, reduction of risky behaviours	Community resilience Changes in physical, social and economic environment	Representation and advocacy Civic engagement – volunteering, voting, civic associations, participation of groups at risk of exclusion	Re-designed services Service use – reach, uptake of screening and preventive services
Self-efficacy, self-esteem, confidence	Increased community resources – including funding		Improved access to health and care services, appropriate use of services, culturally relevant services
Self-management			
Social relationships – social support, reduction of social isolation			
Wellbeing – quality of life, subjective and objective wellbeing			
Health status physical and mental			
Personal development – life skills, employment, education			

Individual level outcomes

Increased **confidence** and **self-esteem** amongst participants of ABCD projects was reported by a number of studies (Agdal et al., 2019, Andajani-Sutjahjo et al., 2018, Means and Woodspring, 2016, van de Venter and Redwood, 2016). This was particularly true for children and young people involved in projects with a higher level of participation (Agdal et al., 2019). In the Bristol Ageing Better project, older people who volunteered as Community Researchers increased in confidence as they initiated conversations with other people (Means and Woodspring, 2016). Blickem et al. (2018) also identified increased emotional and life skills as an outcome from ABCD inspired projects.

Improved social connections and decreased loneliness was identified in the Ageing Well Torbay project (Torbay Community Development Trust, 2020), Haines (2018) and van de Venter and Redwood (2016). The evaluation of the ABCD aspect of Ageing Well Torbay received 390 entry level questionnaires, 149 at first follow up and 78 at second follow up (Torbay Community Development Trust, 2020). Some of these results are given below:

- Decreased loneliness – on all three scales used. For example, using the De Jong Gierveld scale loneliness decreased from 3.7 to 2.4 (where 6 is maximum loneliness.)
- Increase in number of valued friends increased from 5.6 to 8.1
- Average number of friends went up from 5.2 to 8.6
- Having daily contact with people not in their family – from 41% to 56%
- Proportion of people meeting more someone more than 3 times a week – from 31% to 50%
- Proportion of people talking to their neighbours – from 19% to 35%
- Engaging in activities ‘more than most’ – from 16% pre to 38% at second follow up
- 68% say the quality of their social activities has increased.

Haines (2018) found that at 12 months participants (generally older people attending groups) reported socialising more, feeling less lonely and that their life had changed for the better. They felt an increased sense of purpose and happiness and a feeling of belonging in the community.

Blickem et al.’s review (Blickem et al., 2018) also found improved **health behaviours**, reduction in alcohol / drugs and increase in exercise and better access to healthcare. Ageing Well Torbay found a decrease in GP visits amongst participants from 6.2 per annum before the ABCD initiative to 3.9 afterwards (Torbay Community Development Trust, 2020).

Agdal et al.'s study of young people found that their participation had led to increased awareness of inequality and **empathy for others**. This had challenged young people's "*notions of individualization and privatization*" (Agdal et al., 2019:15).

Whilst the above focuses on positive results, Cook et al. (2018) argue that there is also potential psychological harm to champions and being seen as 'do-gooders' could lead to them being marginalised. This potential outcome was not reported by any of the included studies.

Community level outcomes

Much of the community level outcomes that emerge from the literature relate to the concept of Social Capital – both bonding and bridging.

Improved **connections and relationships between people (networks)** were found consistently in ABCD initiatives (Agdal, 2019, Andajani-Sutjahjo et al., 2018, Blickem et al., 2018, Casseti et al., 2019, Glasgow Centre for Population Health and Scottish Community Development Centre, 2015, Haines, 2018, McLean et al, 2017, Van de Venter & Redwood, 2016, Winther, 2018). Connections can be within the community, with friends and family, work colleagues or within the neighbourhood (Winther, 2015).

The Ageing Well Torbay neighbourhood questionnaire found that the proportion of people talking to their neighbours or others in the community rose from 19% pre to 35% at second follow up (SERIO,2019). A (small-scale) survey of older people participating in a community treasure hunt found they had made new friends, were more in touch with neighbours, felt more a part of the community and had had fun (Winther, 2015). In Scotland, a (non-validated) neighbourhood questionnaire with a 76% response rate, found positive changes in; a shared local identity, relatedness, sense of trust and safety and neighbourhood connections (McLean et al, 2017).

Relationships between **diverse groups** of people were found to have formed, with greater understanding, appreciation and respect for other cultures (Agdal et al., 2019, Glasgow Centre for Population Health and Scottish Community Development Centre, 2015, McLean et al, 2017).

Children and young people participating in Asset Based activities were found, in a meta-synthesis, to have "*developed an awareness of different groups and interests in the community and an increased sense of togetherness and a positive identity related to the community*" (Agdal et al., 2019:16). In a New Zealand study (Andajani-Sutjahjo et al., 2018), diverse people working together led to increased community rapport as the Community Researchers extended their social networks and became connected to more diverse groups.

“new insights and growing awareness about cultural diversity consistently promoted more positive attitudes and openness to engaging with different social and cultural groups and in community organisations and networks” (Andajani-Sutjahjo et al., 2018:225).

Working collectively to achieve positive change in the community was cited as a key mechanism for the forming of strong connections (Winther, 2015, Cassetti et al., 2019). Building social capital, Winther says *“requires active participation of people working together” (2015:137).*

Other outcomes relating to social capital include:

- A greater sense of togetherness, ‘belonging’ or a collective identity (Agdal et al. 2019, McLean et al., 2017 and Winther, 2015).
- A feeling of trust and improved perceptions of safety (McLean et al. 2017, Winther, 2015)
- People supporting each other (Cassetti et al., 2019, Haines, 2018, SERIO, 2019) For example, the Ageing Well Torbay project found that the percentage of those providing unpaid help to others increased from 59% to 83% (SERIO, 2019).

An increased **sense of pride**, a more positive view of their own community (including those that are stigmatised or marginalised) or a sense of shared identity was reported in a number of studies (Agdal et al., 2019, Bennett, 2017, Cassetti et al., 2019, McLean, 2017, Van de Venter & Redwood, 2016). One study cited by Agdal et al (2019), found 78% of young people had an improved perception of the community since participating in a community initiative. In Animating Assets a sense of hope and optimism for the future was reported (Glasgow Centre for Population Health (2015).

Community resilience as an outcome features rarely, in an explicit way, though there is a couple of exceptions. Winther’s 2015 study of ABCD initiatives in New Zealand describes networks as the *“foundations for resilience”*. Time-banking was a key mechanism in one neighbourhood – this *“powerful tool”* created new links between people as they traded time, rather than asking for help. After the Christchurch earthquake it greatly helped the disaster recovery and became part of the emergency response. The Animating Assets programme was only in operation for a short-time, yet it was stated that

“the positive impacts on local relationships and networks have all helped to reduce isolation and grow resilience. As noted at one of the Milton meetings, there was a recognition that “you don’t need to depend on the council when you’ve got a network of committed people and organisations”” (Glasgow Centre for Population Health & Scottish Community Development Centre, 2015:68)

Changes to the environment features as a category of outcomes in Table 7. There are a few examples of this in the literature reviewed including residents painting a wall mural together (Agdal et al. 2019, Blickem et al., 2018), the development of a park (Cassetti et al. 2019) and building / regenerating a community portal (Winther, 2015). One case study – the Hawkshill Violence Reduction Unit – featured in McLean (2017) includes a community centre being improved and reinvigorated by local people. Many activities, all organised by local people, now run from there and the use of the centre has increased by 300-400%. The project has also led to a reduction in the number of calls to police regarding anti-social behaviour by 66% and regarding crime by 40% (though it was noted that the project also included a policeman being based at the community centre which could account for the reduction).

Discussing a ‘dark logic model’, Cook et al. (2018) raise the possibility of equity harm whereby communities most in need of assistance are not able to benefit. This was also raised as a substantive issue by Ward (2019) who emphasises the importance of continued support from the state in more deprived areas.

To conclude, there is good evidence of ABCD leading to increased levels of social capital and some limited evidence of increased community resilience and changes in the environment. The increased community resources outcome is covered later in ‘Sustainability’.

Community process outcomes

Aspects of **community leadership / mobilisation** were identified as positive outcomes by five studies (Agdal et al., 2019, Cassetti et al., 2019, Ward, 2019, Winther, 2015). This included people activating change themselves and working together to improve health in their communities. In Torbay, Community Builders were *“slowing shifting attitudes towards people taking charge and activating change themselves, rather than standing back and letting others do it for them”* (SERIO, 2019:19). One study, included in the Cassetti et al. (2019) review, gave the example of young people organising 43 activities in four years.

Examples of increased **representation and advocacy** were found in four studies (Blickem et al., 2018, Cassetti et al., 2019, SERIO, 2019, Winther, 2015). After the earthquake in New Zealand local people took over an abandoned plot and formed a petanque club. After the council put this up for sale local people successfully petitioned them to turn it into a new town square. Blickem et al’s review (2018) reports another example - in the context of tension between the community and authorities, an asset-based intervention led to exercise classes being developed by the community and individuals gaining political representation (Rütten et al., 2009). In Torbay, the ABCD neighbourhood intervention is leading to more participants feeling they can influence decisions that are affecting

their local area - 28% felt they had influence pre the intervention compared to 46% at the first follow up and 37% at the second (reasons are not given for the slight fall between the follow-ups). The report states that Community Builders are encouraging *“local residents to demand better services and to support people to campaign for change”* (SERIO,2019:19).

Signs of increasing levels of **Civic Engagement** due to ABCD initiatives were identified by six studies (Agdal, et al. 2019, Andajani-Sutjahjo et al. 2018, Glasgow Centre for Population Health & Scottish Community Development Centre, 2015, Van de Venter & Redwood, 2016, Winther, 2015). Increased **volunteering** is specifically identified by three. In a New Zealand study more people were now willing to volunteer, with the author suggesting that previously they might not have known how to do it (Winther, 2015). Van de Venter & Redwood (2016) mention an increased commitment to volunteering whilst the Ageing Well Torbay project found that 55% of participants said they would volunteer in the future compared to 29% on entry (SERIO, 2019)

More generally, Agdal et al’s meta-analysis concluded that *“ABCD led to increased participation by children and young people in social networks in their local communities (and) active participation in local development work”* (2016:16) whilst Andajani-Sutjahjo et al. report that increased empathy for others in the area led to an *“active sense of citizenry and civil responsibilities”* (Andajani-Sutjahjo et al., 2018:24). Increased empathy with others is linked to this increased collective agency or activism (Agdal et al., 2019, Andajani-Sutjahjo et al., 2018). As young people became more aware of inequality and others’ needs it strengthened their *“collective competence and agency”* Agdal et al. (2019).

A note of caution is struck by Ward (2019). Using case studies, they found that there was evidence of *“early-cycle ABCD outcomes of social networks and new activity but no attributable evidence of latter outcomes of community association and a local vision for change”* (Ward, 2019:2). They believe that participation and voice needs to be clearly conceptualised and built explicitly into the model so there is a clear **‘participation pathway’** leading to goals re social change being developed.

Finally, an Asset Based approach to working in Scotland was found to lead to **a shift in control** from local service providers and agencies towards local people, with them having **more confidence** and being more willing to challenge (Glasgow Centre for Population Health & Scottish Community Development Centre, 2015:177)

To conclude, there is some good evidence of community mobilisation, particularly in terms of increased activities and of volunteering. However, the evidence regarding Representation and Advocacy and embedded Civic Engagement is more nascent and perhaps more fragile. Specifically,

consistent evidence for the latter stages of the ABCD process involving associations across activities and a local vision for change is currently lacking.

Organisational level outcomes

The evidence that emerges from the literature of organisational changes is reasonably limited and, in the main, more intermediate than the outcomes listed in Table 7.

Some service providers had developed an **increased understanding** of the viewpoints, needs and cultures of diverse groups and communities from being involved in asset-based initiatives. In a study that focused on creative engagement with self-identified Gypsies, it was found that these interactions had changed how services engaged with people from these communities. There was a recognition of the need to understand their culture more, to develop better relationships and more family friendly services (De Andrade & Angelova, 2020). The project resulted in a better understanding of why this community was not currently engaging. Collective meetings led to services increasing their familiarity, understanding and respect for young people – engaging with them had overturned some of their assumptions (Glasgow Centre for Population Health & Scottish Community Development Centre, 2015).

Whilst there are signs of services considering how to change (see above), there is less evidence of actual changes in **service delivery**. In Bristol, findings from the asset mapping process had led to considerations of “*how to reconfigure the commissioning process*” to place more emphasis on natural neighbourhoods and less on partnership areas. In Scotland, young people in intervention areas have become involved in the recruitment of youth workers and are helping set up a service to create opportunities for young people. A participatory budget scheme has been established with young people having £10,000 to award to agencies addressing their concerns (Glasgow Centre for Population Health and Scottish Community Development Centre, 2015).

Greater partnership working between organisations, agencies and local communities was reported by some studies (Cassetti et al, 2019, Glasgow Centre for Population Health and Scottish Community Development Centre, 2015, McLean, 2017). Organisations moving away from ‘silo working’ and seeing their activities as a “collective endeavour” was reported (Cassetti et al. 2019, Glasgow Centre for Population Health & Scottish Community Development Centre, 2015, McLean, 2017).

Finally, some studies reported a shift in the balance of power and influence as statutory services were ‘nudged’ to work more closely with voluntary sector services, local people and communities

(Glasgow Centre for Population Health & Scottish Community Development Centre, 2015, McLean et al., 2017).

Sustainability

Funding or funding models are discussed infrequently in this literature. The funding, when mentioned, relates to facilitation, co-ordination plus small grants for communities to deliver activities.

An overview of asset-based working within services feels that funding is *“about re-investing or re-framing existing resource, rather than attracting new money,”* stating that *“micro-amounts”* are needed to stimulate new approaches in practice with small grants allowing services or organisations to be more flexible, independent and able to trial different ways of working. (McLean et al., 2017:36)

Ward calls for more state resources for asset-based working calling this *“one of the few sustainable resources being offered to disadvantaged communities”* and saying that public sector staff need to be at the centre of asset working with local residents (2019:330)

There are some examples of **links with private companies** helping to sustain asset-based styles of working. Asset based work in Gloucester, for example, is delivered by a Trust funded from a nearby service station on the M5 (Gloucestershire Gateway Trust, 2018). The ‘Come Eat Together’ initiative in North East England has established links with private companies who provide venues, catering and staff for the activities. Described as a ‘win-win’ situation this relationship makes the initiative more self-sustaining and the businesses gain profile and customers. This sort of relationships is however more challenging in deprived areas and the initiative still requires ongoing support and co-ordination (Wildman et al., 2019).

The asset-based activities in New Zealand, described by Winther (2015) were formed in a more ground-up way with very little funding required. Much of the work is based on **reciprocal relationships** (“sweat-equity!”) such as time-banking and relies on committed local volunteers. Many innovative ways of raising money at a community level have been demonstrated including markets, fund-raising and a variety of community groups taking over an empty shop, provided by the council for pepper-corn rent. Still however, in order to improve sustainability and explore ideas for community businesses, they have attained funding for a paid external facilitator.

The lack of evidence re sustainability could relate to the relative newness of asset-based ways of working. What emerges tentatively so far is a need for funding to sustain new ways of working – particularly in more disadvantaged communities. But this could potentially be supplemented by links with private businesses or organisations and social entrepreneurship.

10. Summary

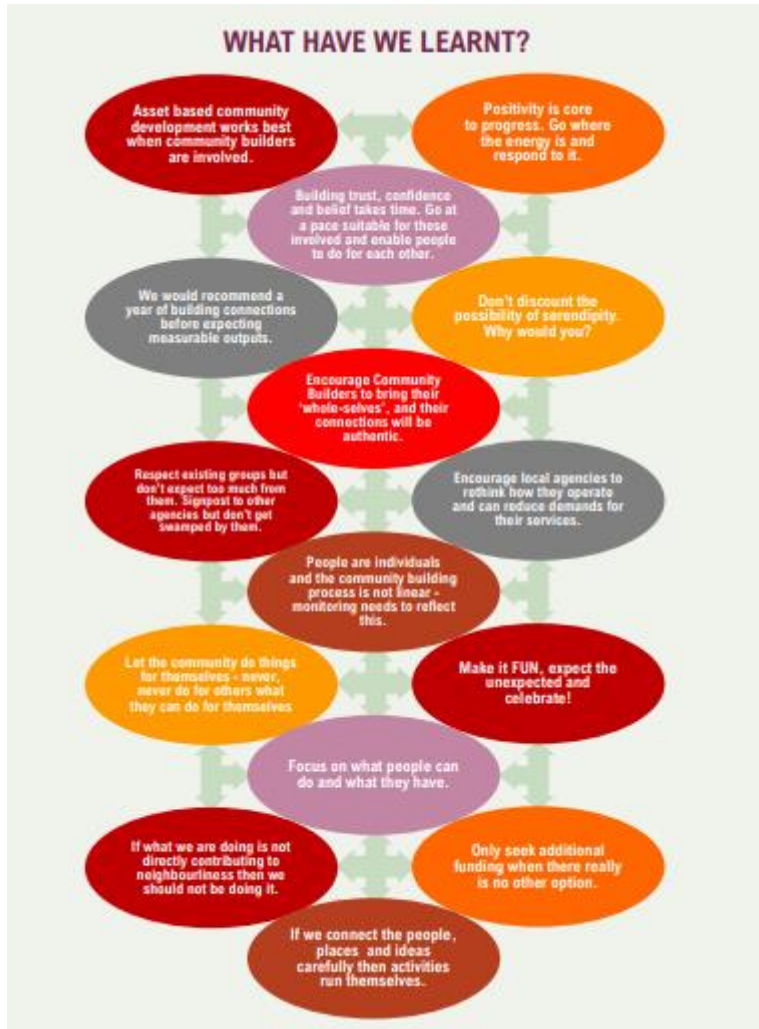
This review concurs with conclusions from earlier similar studies in that whilst there is a strong theoretical background for ABCD and an enthusiasm to embrace it, the evidence base is not yet conclusive or robust. This is particularly true in terms of evidence of outcomes. This report has reviewed recent evidence on ABCD (2015-19). There are signs that the evidence base is starting to change with recent evaluation studies reporting on neighbourhood-based initiatives. Currently these tend to be reports or PhD studies rather than being in peer-reviewed journals.

A number of studies do encourage optimism. There is now a good understanding of how ABCD models work in practice and how assets are mobilised. There is also some agreement on the types of influencing factors that can support or constrain asset-based working, these include organisational culture, community ownership and long-term commitment and funding. Notwithstanding that useful information on implementation, there is a need for more research gathering community perspectives on ABCD, including from those community connectors, volunteers and community researchers engaged in ABCD activity.

In terms of outcomes, some studies in this review has been able to capture outcomes. Ageing Well Torbay (Torbay Community Development Trust, 2020) reports many positive individual outcomes, whilst both Agdal et al. (2019) (2019) and Andajani- Sutjahjo (2018) suggest that ABCD initiatives can increase empathy and rapport, potentially leading to greater collective activity and responsibility. Several reviews, which summarise results across a number of studies, highlight the range of potential and reported outcomes from asset-based approaches (Blickem et al., 2018, Casseti et al., 2019). These add to previous reviews on asset-based approaches (see Box 1).

Despite the challenges of evaluation, practitioners and researchers need to work together to build the evidence base for neighbourhood ABCD projects to justify increased investment. Communities should be involved in this process, and this review has highlighted a number of examples of successful participatory research. There needs to be a focus on outcomes, that are in keeping with the principles and values of ABCD, in the mid to long-term. This needs to include all types of outcomes, but community and organisational level ones are particularly lacking in evidence currently. There is also a lack of evidence in regards to sustainability and funding models.

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