

**SUNDERLAND SHADOW  
HEALTH AND WELLBEING BOARD**

**14 September 2012**

**REPORT FROM THE HEAD OF STRATEGY AND PERFORMANCE**

**AN ASSET APPROACH – CHANGING DELIVERY IN SUNDERLAND**

**1.0 The need for new ways of working**

- 1.1 Faced with diminishing public resources and increasing demand, many current delivery methods are recognised as no longer affordable. At the same time, there is also growing recognition of existing but often untapped assets and potential within the City and its communities that can enhance and complement the public sector's offering. The challenge is to develop new ways of working and thinking that promote the best use of all resources available locally to achieve better outcomes.

**2.0 Traditional 'deficit' approach: Glass half-empty**

- 2.1 Our recent history is one of reasonably well funded services, which some argue has led to a tendency to over support people and the creation of a model that has inadvertently reduced individual, family and community resilience and increased dependence on the formal (state) support system. Not only are many current models of providing services unsustainable financially, they are not particularly desirable or successful in helping people to develop a wide network of family, friends and acquaintances and with their communities – all of which are essential to a person's overall sense of happiness and wellbeing.
- 2.2 Traditional ways of working often start with organisations identifying the problems, needs and deficiencies in an individual or community, and then designing services to fill the gaps and resolve the problems. This can lead to:
- Individuals and communities developing negative self perceptions – people begin to define themselves and their community in terms of its deficiencies, which could negatively impact on people's sense of self worth
  - People and communities feeling disempowered and dependent
  - People becoming passive recipients of services rather than active agents in their own lives
  - Individual, family and community resources, capacities and strengths being overlooked
  - A perception that only outside experts can provide the help needed, weakening the importance of social support systems, neighbourliness and community spirit
  - Targeting support and intervention on individuals, rather than considering them within the context of their family or community who may be able to contribute

**3.0 Asset based approach: Glass half-full**

- 3.1 An asset-based approach seeks to identify and build on the assets and strengths of individuals, families and communities, empowering people to play an active role in improving their own lives and the lives of others. This approach seeks to redress the balance between meeting needs and nurturing the strengths and resources of

people and communities. Local assets are identified, connected and mobilised, and the abilities and insights of residents become resources for solving local problems.

- 3.2 From an asset based perspective, people are not viewed primarily as passive recipients of services ('service users', 'clients', 'customers') but as active contributors and essential partners in achieving desired outcomes ('co-creators', 'co-designers', 'co-producers'). There is recognition that professionals as well as individuals/families/communities each offer resources, capacities, knowledge and priorities, and both parties are engaged in a mutually reciprocal partnership. This means that organisations work *with* people, not just *for* them – 'doing *with*' not 'doing *to*'.

### ***What is an 'asset'?***

- 3.3 In this context, the term 'asset' refers to an advantage, resource or capability, and includes anything that contributes to (or could potentially contribute to) the delivery of a desired outcome (e.g. health and wellbeing, strong families, economic growth)
- 3.4 Assets can be held by, or associated with, different entities including individuals and families; communities and neighbourhoods; organisations (public, private and voluntary and community sector); or the city as a whole.
- 3.5 Some examples of Sunderland's assets include:
- **People** (both individual and community) – the skills, knowledge, time, interests and passions of people living and working in the city; formal and informal networks and connections in a community, including friendships and neighbourliness; a strong sense of community and belonging.
  - **Place** – physical and natural assets such as the seafront and riverside, parks and other green space; local culture and heritage; key infrastructure such as Sunderland Strategic Transport Corridor (New Wear Crossing), the Port, super-connectivity and the Cloud.
  - **Economy** – local business parks and commercial centres; the city's workforce; the University and College; key development sites such as Stadium Village and the former Vaux site; large employers such as Nissan; the potential for new industry (e.g. low carbon technologies); SMEs and local entrepreneurs; key transport links (e.g. rail and Metro).
  - **Organisational/Institutional** – the Sunderland Partnership and its governance structures; voluntary and community sector organisations; co-terminous area based working and local governance structures including the CCG; the myriad of day-to-day contacts between residents and frontline staff.

### ***Values and principles of an asset based approach***

- 3.6 In an asset-based approach...
- Strengths and assets are identified, valued and made visible
  - Efforts are made to find out what is already working and generate more of it
  - Individuals, families and communities are seen as 'co-producers' rather than recipients of services

- Dialogue occurs between people and practitioners on the basis of each having something to offer
- Services are intentionally directed towards building capacity, increasing resilience and promoting independence (reducing dependence on public services in the longer term)
- Individuals, families and communities are empowered to control their own future and take ownership of change
- Individual wellbeing is supported through confidence building, coping strategies, skills development, and strengthening of relationships
- Positive social networks and relationships that can provide caring, mutual support and access to resources and opportunities are promoted
- Projects are promoted based on what it is trying to achieve, not the problem it is trying to address – e.g. ‘making Sunderland a smoke free city’, rather than ‘reducing high number of smokers in the city, and ‘strengthening families’, rather than ‘tackling troubled families’
- The ‘whole system’ is involved from the beginning, encouraging family members and communities (including local institutions and businesses) to play a role in improving outcomes for local people

#### **4.0 A complementary approach**

- 4.1 A traditional needs analysis will generally conclude the need for outside professional intervention. However, including information on assets and strengths – what individuals, families and communities have and what they do well – alongside data on risk and needs can produce a richer picture of an area and raise awareness of all of the resources available to improve outcomes.
- 4.2 Asset based working does not ignore needs – rather, it distinguishes between those needs that can best be met by families and friends, those best met through cooperation between services and communities, and those that can only be delivered through professional services. An asset based approach therefore does not replace investment in improving services or tackling the structural causes of inequality. It is about harnessing the inherent assets and support that exists within communities which may enhance and complement the public sector’s offering. While it may help reduce demands on services in the longer term, it is important to recognise that it is not a no-cost option and many communities will need initial capacity building support.
- 4.3 The aim of an asset based approach is to achieve a better balance between service delivery and capacity building, encouraging more community-led initiatives with public sector organisations acting in an enabling and support role.

<b>Moving from a deficit approach to an asset approach</b>	
<b>A deficit approach</b>	<b>An asset way of thinking</b>
Start with deficiencies and needs in the community, often as defined by external data	Start with the strengths and assets in the community, often as defined by people themselves
Respond to problems and reduce risk factors	Identify opportunities and strengths and enhance protective factors
Provide services to users	Work with people as equal partners with something to offer

Moving from a deficit approach to an asset approach	
A deficit approach	An asset way of thinking
Emphasise the role of agencies	Emphasise the role of civil society
Focus on individuals in isolation from their social structures	Focus on individuals within the context of their families, communities and neighbourhoods
View people as passive recipients of services	Empower people take control of their lives
Try to 'fix' people	Support people to develop their own solutions
Implement programmes with short-term funding as the answer	Recognise that existing untapped assets in communities and the city may hold the answer

## 5.0 An asset based approach in practice

5.1 A range of health initiatives in Sunderland and across the country have been designed to make better use of existing resources and potential within communities. The following case studies provide some examples of an asset based approach in the context of health and wellbeing and as such potential ways of delivering the Health and Wellbeing Strategy.

### 5.2 Asset mapping

NHS Wakefield District and Wakefield Council's Joint Public Health Unit piloted an asset based approach as part of the national JSNA refresh programme, gathering information about both assets and needs. They explored the use of asset mapping to provide a rich picture of local people's assets and how knowledge of those assets could support co-production and inform a community based commissioning framework – one which builds and strengthens community assets to best address 'needs'. Through workshop events in communities, local people were asked to identify what they saw as their assets, how they saw them being supported and reinforced, and how they think they contribute to wellbeing. This process also helped the community appreciate their assets and their potential, and helped the agencies to see the potential value of the resources in the community.

### 5.3 Timebanking

Spice is a social enterprise in South Wales that develops timebanking systems for communities and public services. People are thanked with credits for contributing time to their community (putting 'Time In'), and they can then redeem their credits to access events, training and leisure services, or to trade time with neighbours (getting 'Time Out').

- *'Time In' Menu* – Public services and local community groups identify current and new opportunities for people to contribute their time – for example, running a self-help group, befriending, or organising a mother-toddler group.
- *Time Out Menu* – Organisations identify 'spare capacity' within services and facilities to that can be used to thank people for their contribution and at the same time encourages behaviour that promotes and protects health and wellbeing – for example, free swims, dance lessons, further education training.

AgeUK Isle of Wight is piloting a 'care4care' scheme which provides support for older people through mutual exchange: 'support provided by me now in return for support for me later'. Care4care members earn 'care credits' by supporting/caring for an older person in their local community. The hours of support members provide

are recorded in their individual care credit account for their own future use or to support a relative or friend now. The main aim of the scheme is to help people prepare for their own older age without depending on financial savings or pensions schemes.

#### 5.4 Social prescribing

Social prescribing links patients in primary care with non-medical sources of support within the community. These are usually local voluntary and community organisations that have signed up to the scheme. Many social prescribing schemes use asset mapping tools in order to identify the potential sources of support so that GP practices and others can refer their patients. Research in the North West found that prescriptions were being written for exercise and sport, book clubs, places to take part in the arts, green gyms, volunteering, mutual aid, befriending and self-help, advice on debt, legal problems and parenting support. The benefits included:

- increased awareness of what would improve wellbeing and how to take positive steps towards this
- increased uptake of healthy activities by vulnerable and other groups
- increased levels of social contact among marginalised groups.

#### 5.5 Peer support

Sunderland's Health Champion training programme recognises that front line staff, community workers and volunteers are often best placed in the heart of communities to offer advice and support due to their long-established relationships with residents, who are comfortable talking to them. Training modules are delivered by local voluntary and community sector organisations and equip 'Health Champions' with the skills and knowledge they need to recognise health issues and offer appropriate help, advice and information as part of their everyday work.

Through the Knowsley Volunteer Family Mentor scheme, local volunteers are trained to provide support and encouragement to vulnerable families in their area to help them increase their stability, confidence and self esteem so that they can start to improve their circumstances themselves. An evaluation found that families respond better to help from people in their own community than to professional help; they have benefited from taking up training, applying for jobs, getting help with drug use or health issues for example. The volunteers also benefit by using the training they receive as the springboard to get qualifications and jobs.

As a result of Sale West and Ashton Partnership's asset mapping exercise, they have set up an 'alcohol human library'. This community-based project offers residents with risky drinking habits support from volunteers who themselves have had problems with alcohol in the past. These volunteers can use the 'asset' of their previous struggles and experiences to help others in similar situations; they can help someone understand what causes them drink, help prevent risky drinking and offer support with the issues that people face.

#### 5.6 Taking a whole systems approach

The Sunderland approach to strengthening families is one which is concerned with building their capacity to achieve positive outcomes for themselves and their community, with less dependence on the public sector. By coordinating and simplifying support packages, it seeks to ensure that families in Sunderland can easily access the right support, at the right time and in the right way to enable them to meet their needs and achieve their goals. This includes identifying and building

on families' strengths, helping them to recognise and fulfil their potential and make a positive contribution to their community.

## **6.0 Recommendations:**

6.1 Members of the Board are recommended to:

- a) Receive the report on developing an assets approach in Sunderland
- b) Agree that all future health and wellbeing commissioning in Sunderland should be done in cognisance of this approach as recommended in the Health and Wellbeing Strategy