

In brief

Head, hands and heart: asset-based approaches in health care

Health Foundation summary and analysis

April 2015



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www.health.org.uk/assetsapproaches

Asking ‘What makes us healthy?’, not ‘what makes us ill?’

Introduction

Over the past ten years, the Health Foundation has led pioneering work to develop and promote approaches to person-centred care in the NHS. In particular, this has focused on self-management support for people with long-term conditions¹ and shared decision making.² However, as we have developed, implemented and evaluated programmes in practice, alongside collating and analysing published research, it has become clear that the gains from working at the level of the individual patient and clinician are limited. To work, these approaches need system-wide support within the health service – but they still offer little help for the 99.5% of the time when people are **not** in contact with health service professionals. Individuals also need very broadly based support in their community, outside the traditional bounds of health services: support that takes account of how people live and how they can be enabled to realise their potential, as well as the things that matter to them, in all spheres of life, not just physical and mental health.

This is where asset-based approaches come into play. They have a different starting point to traditional health and care services. Fundamentally, they ask the question ‘what makes us healthy?’ rather than the deficit-based question ‘what makes us ill?’ The aim of asset-based practice is to promote and strengthen the factors that support good health and wellbeing, protect against poor health and foster communities and networks that sustain health. The vision is to improve people’s life chances by focusing on what improves their health and wellbeing and reduces preventable health inequalities.

The Health Foundation is starting to look into asset-based approaches being used with communities and how they relate directly, and indirectly, to helping to improve the quality of health and health care. We commissioned a study from Trevor Hopkins and Simon Rippon, experts in this field, to provide a summary of the current research and theoretical underpinnings for these approaches, together with a range of case studies from around the UK of the approaches in action. This ‘In brief’ gives a flavour of the key themes and findings from the report. For full details see *Head, hand and heart: asset-based approaches in health care*.³

Why focus on asset-based approaches?

It is widely recognised that health and social care services are facing the toughest challenge since the creation of the NHS in 1948. A period of global recession and austerity has led to severe constraints on public spending. This comes at a time when the increased needs of an ageing population have combined with the changing patterns of illness and health needs, from episodic care to long-term conditions, creating a major impact on the service’s abilities to meet demand. In order to overcome the challenges, it is clear that ‘more of the same’ or marginal improvements will not be sufficient and there are increasing calls for transformation. These challenges are starkly presented in *The NHS five year forward view*,⁴ which does not pull its punches in setting out the consequences of failing to tackle the issues of the health and wellbeing gap, the care and quality gap and the funding and efficiency gap. This context is driving an urgent need to look at different approaches to providing health and social care, the position of these services in society and the relative role of ‘professionals’ and individuals who use services.

This chimes with current national policy developments that are seeking to harness what is being termed the ‘renewable energy’ that lies within patients and their communities to manage their own care and promote healthier lifestyles. Until recently, in England, there has been no high-level commitment to put community involvement at the heart of health policy and practice (these issues have been more prominent in Scottish and Welsh health policy). This has started to change with a number of recent high profile publications.⁵ The hope is that by engaging individuals and their communities in health and wellbeing, this can contribute to reducing the burden of preventable disease and ease the pressures of increased demand on the health service.

It is recognised that there is value in fostering approaches that enable people to take greater control of their health and wellbeing by growing their knowledge, skills and confidence to manage their own care. However, evidence of effectiveness has been limited to a narrow range of interventions, with little practical guidance on how to put them into practice at scale. Implementation to date

1 For example through our Co-Creating Health improvement programme: www.health.org.uk/cch

2 For example, through our MAGIC improvement programme: www.health.org.uk/magic

3 www.health.org.uk/assetsapproaches

4 NHS England. *The NHS five year forward view*. NHS England, 2014.

5 These include the Marmot Review, ‘*Fair Society; Healthy Lives*’ (2010), and ‘*Wellbeing and why it matters to health policy*’, Department of Health (2014) and ‘*A guide to community-centred approaches for health and wellbeing*’, NHS England (2015).

has tended to be local, emergent solutions to a particular context and not systematised. They are often small projects and organisations, some not directly related to health and wellbeing, but which, by the very nature of their focus and activities, are building assets for health and wellbeing.

As Head, hand and heart: asset-based approaches in health care outlines, the published research demonstrates well-grounded (though not necessarily cohesive) theories around the value of health assets, and growing evidence of how to promote and sustain those assets to benefit individuals, families and communities. But there are gaps in the evidence, for example: the mechanisms by which assets such as strong communities, social capital and self-esteem contribute to health and wellbeing, or the kinds of social action and practice that best grow and sustain individual and neighbourhood assets.

This is also a contested area with regard to funding and future patterns of provision, with concerns (from some) that a desire from government to develop communities and self-help is a device to mask cuts in statutory services, requiring individuals and communities to fill the gap by falling back on their own resources. However, another way to look at this is that budget constraints will be a reality for several years to come and, unless alternative methods are found to enable self-management and community support, existing services (even with sustained funding) will not be able to cope with rising demand, driven by both the ageing population and the considerable increase in the prevalence of long-term conditions. Practitioners of asset-based approaches don't tend to see them as an alternative to good public services, but as a way for services to work more collaboratively with communities and those with poor health.

Some of the key themes and concepts around asset-based approaches identified in the full report are summarised here.

Key concepts and their application in practice

Community assets that support wellbeing

The links that connect people within communities provide a source of resilience, access to support, opportunities for participation and added control over their lives; with these links people are more likely to have a high level of wellbeing and as a result more positive health outcomes than they would otherwise. The social networks within communities in turn create 'social capital', resources such as support, reciprocity through volunteering networks and links which bridge divides of power, status, knowledge and access. The quality and quantity of complex social relationships with family, friends and social networks have been shown to

affect morbidity and mortality. People with stronger social relationships have lower mortality rates than those with poor or inadequate social relationships. These effects are comparable to those of well-established risk factors such as smoking, excessive alcohol consumption, obesity and lack of physical activity.

Asset-based approaches to health aim to nurture, sustain, protect and build the health assets in every individual, family and community in order to improve people's life chances and enhance positive health and wellbeing. They aim to make visible, value and use the skills, knowledge, connections and potential in a community. They aim to redress the balance between meeting needs and nurturing innate strengths and resources. In this, the professional's role is to support people to recognise and mobilise the assets and resources they have. Proponents of asset-based approaches suggest that public health practice should aim to improve life chances and achieve wellbeing for all, in contrast to meeting deficit-based targets such as reducing mortality rates and changing risky or 'unhealthy' behaviours.

The concept of wellbeing

Positive wellbeing is not separate from successful medical treatment. A person can be ill and yet have a sense of wellbeing, or be physically healthy yet with poor wellbeing. The individual's personal sense of wellbeing has been recognised as a critical factor in recovery from illness and in optimum personal management of long-term conditions. Strong family and social support, hope, positive attitudes and a network of peers and practitioners who work together are among the potential outcomes of asset-based working that enhance and complement medical treatment and care services.

Salutogenesis

The concept of salutogenesis⁶ was developed to explain why some people in situations of material hardship and stress stay well and others do not. The theory explores two key sets of factors – a personal 'sense of coherence' and 'generalised resistance resources' – that combine to support good health and wellbeing.

Individuals with a strong sense of coherence experience:

- **comprehensibility:** the cognitive ability to understand and find meaning in their situation
- **meaningfulness:** they have reasons to improve their health, are motivated, and they have hope and a positive outlook

⁶ from 'salus' (Latin = health) and 'genesis' (Greek = origin) – literally the origin of health

- manageability: they believe that they have the skills, ability, support, help or resources (some or all of these) necessary to take care of life's challenges, and that these things are within their control.

Generalised resistance resources are found within individuals and also in their environment. These resources are genetic, constitutional and psychosocial. They include material and financial wealth, knowledge, intelligence, ego, identity, coping strategies, social support, commitment, cultural stability, cultural norms, belief or faith, religion, philosophy and a preventive health orientation.

Asset-based community development

Asset-based community development (ABCD) is a theoretical framework which then drives a process for community building. It starts by locating the assets, skills and capacities of residents, citizens' associations and local institutions. Once neighbourhood assets and capacities have been identified, ABCD seeks to connect those assets and to build strong relationships and reciprocal social networks. The ultimate aim is to mobilise local people to act on the things they care about and want to change.

ABCD shares many principles and assumptions with salutogenesis:

- Both focus on creating and nurturing positive factors, working with people's capacities and resources rather than their deficits or needs.
- Assets such as social capital, connectedness, empowerment, participation, networks and self-worth align closely with the resources identified as the sources of health and wellbeing.
- Both approaches emphasise the importance of action on social justice; inequity in health and wellbeing is a product of material and structural inequalities.
- Both place high value on promoting a sense of belonging, a capacity to control and finding meaning and self-worth, not only to promote individual wellbeing and health, but also to connect individuals and enable flourishing communities.
- Both put a high value on social relationships – the networks and connections in a community that reduce isolation and vulnerability.
- Both start with a premise that strong communities – whether of geography, identity or interests – generate resources, through mutual aid, lobbying power, voice and empowerment that are a buffer against isolation and insecurity.

While ABCD was not specifically developed in the context of health improvement, it has provided a foundation for the emergence of asset-based working to improve health and wellbeing.

How might asset-based approaches bring about change?

There is a need for further research on the theoretical underpinnings of asset-based approaches for health and wellbeing and consideration of the appropriate evaluation methodologies for emergent work in community settings. The application of a 'theory of change' and 'logic models' from the field of evaluation and research into asset-based working can offer powerful perspectives on why change happens and how outcomes are realised.

In *Head, hands and heart: asset-based approaches to health care*, the authors put forward a theory of change as a means of illustrating the key stages that need to be considered as a community co-creates an asset-based plan for local development.

This theory of change has the following key components.

- **Reframing of thinking, goals and outcomes**
An explicit statement of the shift to thinking about assets (not deficits) and how this enables reassessment of current practice and priorities and the ways in which desired changes can be achieved.
- **Recognition of the assets available to achieve the change**
Mapping and describing as many as possible of the individual, organisational, economic, cultural and physical resources available to the members of the community.
- **Mobilisation of assets for a purpose**
A plan of action for how the identified community assets can be connected, across organisational boundaries and used to achieve the desired goals identified by the community members.
- **Co-production of outcomes – on the pathway to the long-term goal**
Co-production of services and outcomes by professionals and citizens, coming together as equals, each with assets and strengths, around a common goal or a joint venture.

The authors used the principles of this theory of change to explore and analyse the drivers and mechanisms for change at work in six case study projects.

Promising results from case studies

Part of the work done by the authors of *Head, hands and heart: asset-based approaches to health care* was to look at a series of case studies to give examples from across the UK of where asset-based approaches are being used in practice.

These case studies show promising early results of asset-based working helping to develop and sustain a sense of local community, as well as a range of activities and support to members of that community. Some of the case study sites are working directly in health care, while others are more loosely focused on building the local networks and connectivity that help to combat social isolation. This in turn leads to people having a greater sense of wellbeing, with potential to reduce the demands on health services.

The ABCD work featured in the case studies was not designed to directly tackle health and wellbeing, yet anecdotal reports show that this is a key benefit for people in communities where the approach is used. For example, Forever Manchester has used ABCD to develop a range of asset-based initiatives that are defined and sustained by local residents for their neighbourhood. They employ ‘community builders’ to meet as many people as possible and ask asset-based questions about what people are good at, what they would like to do and what they think about the local community. The community builders also make connections between people with similar ideas. There has been a dramatic increase in the levels of community activity, social networking, groups and connections between residents, with reported impact on people’s behaviour and feelings of wellbeing, control and self-esteem:

‘This has been different for me. When I used mental health services, people were paid to listen [and it] didn’t solve anything. I was still in an abusive relationship, still not going out, still not working... but taking tablets to help sort it out! How daft is that?’

It is interesting to note that little of the work of the case study organisations has been intentionally developed from the theoretical frameworks that inform salutogenesis and ABCD. In most cases, theory has been applied retrospectively to explain an approach that has instinctively felt like a better way of working and ‘the right thing to do’. The exception is the East Dunbartonshire Community Health Partnership, which manages and delivers community-based health care services. Here, the programme grew from an initial research study on how an asset-based approach could improve mental health and wellbeing. The programme therefore comes across as more of an ‘overlay’, rather than evolving from an internal process

of assessing and re-shaping practice. This seems to have led to some doubts among health professionals about the approach and the cultural changes needed to transform the approach for service users.

One of the key findings across the case studies is the clash of asset-based approaches with deep-seated beliefs about professional identity and ways of working. This is especially true for health service staff, in contrast to community and social care workers whose training and practice fit better with the approach. NHS staff are harder to engage as the approach is not (yet) supported by the type of evidence typically generated through randomised controlled trials (RCTs) for new medicines. It is clear that training and support for staff will be crucial to successfully take these approaches forward. For example, in the Fife Shine project, staff used asset-based conversations to understand the outcomes and wellbeing goals that were important to older people and their carers. This involved a significant culture change for both service users and staff. Peer support helped staff to implement the approach. However, some older people also struggled with the new model, as they did not expect this type of approach from their health care workers.

Another common factor across the case studies is the difficulty of demonstrating ‘value’ and ‘success’ in terms that are recognised by statutory services. For example, a community partnership project delivering services for people of all ages, to meet local aspirations and needs, has found it hard to demonstrate outcomes from their work in the current view of what counts as evidence. There is a strong feeling that the ways in which the health service or local authority ask them to measure impact and outcomes do not support the work, or show what people really care about in their lives. The community partnership has developed its own systems of collecting evidence such as stories, photos and logs of events. Young people create portfolios and personal files to show their own progress but it is difficult to link this kind of local knowledge and learning to targets and formal evaluation.

Spreading asset-based approaches more widely

Head, hands and heart: asset-based approaches in health care shows that, in order to realise the potential that asset-based approaches may offer, it will be important to:

- re-frame concepts of health care to encompass wellbeing, not solely treating illness
- use asset-based approaches in conjunction with other efforts to reduce health inequalities, so that life-chances are improved for people in disadvantaged circumstances

- use local authority health and wellbeing strategies to promote interventions that support good health and development of community networks
- consider the training and development needs for health and social care workers to enable them to work in an asset-based way, which for many will be a fundamental shift in the professional role. Alongside this, consider the new roles that need to form part of this workforce
- bring together the different theoretical strands underpinning asset-based approaches to set out a more cohesive rationale for them and to build persuasive cases to inform policy makers.

If asset-based approaches are to become more widespread, let alone mainstream, it will require considerable investment in the development of the key workforce for community health and social support. Part of this is to consider the range of professionals in this new workforce which expands beyond traditional health care and social work roles. In parallel, it is important to explore and enable a full range of opportunities for local people to undertake activity for health, care and wellbeing, in a relationship of co-production, with and alongside public sector providers. The shift toward asset-based approaches for improving health, care and wellbeing is not an either/or option between the public sector, community organisations and neighbourhoods, it needs to involve all these players.

Conclusion and where next

The Health Foundation is looking to broaden our mission to work beyond the improvement of health care services to the improvement of population health. Vital to this is the understanding of health as not just the absence of disease but something much more dynamic. Modern health care is great at fixing discrete physical problems, treating infections and delivering episodic acute care. The shift to caring for a large proportion of the population with long-term conditions requires different approaches which help to support a feeling of coherence in people's lives and to build reserves of wellness, even when living with illness. In mental health and addiction services, there is a shift towards a 'recovery' approach, which often includes aspects such as peer support and links to community. It has been shown that the benefit of giving care and help to others is rewarding and therapeutic in its own right, while receiving care from someone who has recovered is reassuring. Health and wellbeing are about having a positive sense of self and living in connection with others, contributing to the overall health of the community.

In order to start to improve health, the Foundation will work with others to frame new approaches to health and care services that can support this aspiration. New care models are proposed in the *Five year forward view*; however, we need to explore even more radical solutions to build services that will really put patients at the centre and provide holistic and community support for self-management and building wellness. The case studies described in *Head, hands and heart: asset-based approaches in health care* provide some useful pointers for future health care models. Future services need to be based on a shared vision of what it means to be healthy, which can encourage ownership of health care and health among local communities.

Our ambition is to work with health and care services to go beyond initiatives that tackle the care delivered at patient level, and to support wider developments that will enable transformation at system level, to change the relationship between services and the people who use them. Asset-based approaches seem to have potential to achieve change at a local community level that would enhance and accelerate person-centred approaches being adopted by health and social care services.

Health and wellbeing encompass the very meaning and purpose of life and this grows in individuals with the hope and support of others. The combined efforts of people in their own communities offering mutual and reciprocal support to one another, supported by an enabling health and social care infrastructure, offers a new frame for health systems. Rather than configuring services around deficits and illness, asset-based approaches value a sense of wellbeing, which can help to build recovery and health through the quality of relationships between people within their community.

The Health Foundation is an independent charity working to improve the quality of health care in the UK.

We are here to support people working in health care practice and policy to make lasting improvements to health services.

We carry out research and in-depth policy analysis, run improvement programmes to put ideas into practice in the NHS, support and develop leaders and share evidence to encourage wider change.

We want the UK to have a health care system of the highest possible quality – safe, effective, person-centred, timely, efficient and equitable.

The Health Foundation

90 Long Acre
London WC2E 9RA

T 020 7257 8000
E info@health.org.uk

Registered charity number: 286967
Registered company number: 1714937

For more information, visit: www.health.org.uk

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