Asset-based approaches in service settings: striking a balance

An illustration of asset-based approaches in services, and an exploration of their potential for the future

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We continue to be inspired by people working with sensitivity, compassion and the importance of building relationships at the centre of all they do.

Photographs featured in the Family Nurse Partnership case study are taken from the NHS Scotland Photo Library.

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Key points

Discussions about asset-based approaches now permeate several areas of public policy in Scotland, and are informing and influencing the planning and delivery of services across Scotland.

Across Scotland, a number of national and local statutory, third sector and community-led organisations are already working in an asset-based way while others are developing asset-based approaches as a means to improve health and wellbeing and tackle deep-rooted social problems.

However, a number of key questions around this way of working within the public sector remain, despite the receptive policy landscape and the increasing number of examples of practice and people and organisations engaging with the debate.

Adopting a two-phase qualitative methodological approach, this research profiles the work of a number of mainstream statutory services embedding asset-based principles in their approach to service delivery, and uncovers opinion and thinking on the potential of this way of working within public services in a Scottish context.

The individual case studies presented in this report reflect the experiences, delivery, management, activities and learning arising from each service. Although each case is unique, a number of interconnected themes emerged across aspects of structure, culture and learning.

The importance of relationships, partnerships, citizen involvement and collaborative endeavour as central tenets of asset-based working within a services context was evident.

Going beyond describing asset-based approaches in practice, the research also placed a focus on exploring the potential of asset-based approaches. A number of interrelated themes relating to features of language and terminology, balancing power and possibility, the interplay of policy and practice, and the attitude or intervention debate, were identified.

A step towards asset-based approaches was broadly supported by stakeholders.

Across the research, the importance of evidence in supporting, legitimising and justifying the approach, despite the current limitations of the research base, was evident. Important questions were also raised as to what constitutes 'evidence'. The language of asset-based approaches remains a contentious issue, and although defined and described differently, a mutual and shared understanding of the underpinning values and principles was clear.

A number of enablers and constraints to working in an asset-based way, including issues related to power and control, leadership and management style and organisational cultures, were identified and are discussed. The asset-based workforce was seen to be striving to work collaboratively and developmentally with a clear vision for change while retaining good governance and a focus on delivery.

Resulting from the research, key points requiring further discussion, thinking and action are presented.

1. Asset-based approaches in Scotland: where are we now?

The Scottish Government has expressed a commitment to reform public services to build on the assets and potential of individuals, families and communities[1-7]. With a decisive shift towards prevention, partnership, participation and citizen involvement at the core[5], the public services reform programme aims to maintain an "*emphasis on achieving the outcomes that matter the most to the people of Scotland and to lead public services into new ways of working and thinking, new understanding of people's needs and innovative ways to meet those needs*"[5]. Furthermore, at national level the reform programme recognises and emphasises the importance of partnership working and collaboration to ensure that "*public services are built around people and communities*"[4], that individuals are able to exercise more choice and control over the types of support they need for better health and wellbeing outcomes, and that individuals and local communities are empowered by involving them in designing and delivering the services they use.

In recent years, discussions about asset-based approaches have permeated several areas of public policy in Scotland, including the work and function of the Scottish Government[8,9]. These discussions are informing and influencing the planning and delivery of services at a local area level in Scotland[6,10,11], including those which impact on health and wellbeing. The integration of health and social care, through the passage of the Public Bodies (Joint Working) (Scotland) Act 2014[2], is a further dimension of public service reform. The Act supports the provision of personalised and flexible services, planned and delivered from the perspective of the service user or carer, and a clear shift in focus from providing care in acute service settings to providing care and support at home or in an individual's community.

A strong moral and ethical case is emerging for a health and care system which starts with what matters to individuals and recognises the contribution that strong, resilient communities can make to support health and wellbeing[12].

What difference could asset-based approaches make to health and wellbeing?

Despite extensive efforts and improvements across public services in Scotland, inequality continues to grow[13-15]. It is now recognised that to achieve a fair and equitable Scotland with positive outcomes for all, there is a need to re-examine both the structural causes of inequality and poverty and the role that public services play in alleviating and reducing their impacts[16]. Examining current issues in terms of asset-based approaches may allow us to think differently about the dynamics between the state and the citizen, and the relationship between service providers and people using services[16].

This shift in Scottish policy direction embraces a move towards asset-based approaches with a focus on '*what keeps us healthy, rather than makes us ill*'[17], in an attempt to bring together both the causes of and the treatment for inequality and poor health. It has been argued that the approach and methods used to improve health must be transformed in light of the changing nature of disease, in the context of unprecedented funding pressures on health and care services, and the recognition that current models of delivery of public services are no longer effective in addressing causes of ill health and poor quality of life. In many instances these current models may no longer be desirable or sustainable in the longer-term.

It is now widely accepted that health is more than simply the absence of disease, and health improvement does not happen solely through clinical means[18]. Viewing 'health beyond the lens of healthcare' and embracing a broader definition to encompass aspects of safety, physical functioning, control over one's life, nourishing relationships, financial and emotional security and a sense of meaning[19] may make it possible to further create and sustain health and reduce the demand for health services.

The aims of the public services reform programme in Scotland clearly reflect the principles of an asset-based approach[20]. In theory, asset-based working means valuing the skills, strengths and successes of individuals and communities, recognising the importance of achieving a balance between service delivery and community building, as well as meeting people's needs and nurturing their strengths and resources[20]. The approach is about promoting and strengthening the factors that support good health and wellbeing, protecting against poor health and building and fostering communities and networks that sustain wellbeing[17]. Asset-based approaches focus on what improves health and wellbeing and reduces inequalities and have the potential to improve people's life chances. This sits in contrast to existing 'deficit-based' approaches, which tend to focus on the problems and deficiencies of individuals and communities and, in so doing, lead to disempowerment and encourage dependency on needs-orientated services.

There remains ongoing debate about asset-based approaches as a means of tackling aforementioned health and social inequalities, enhancing community empowerment, and carrying out successful public services reform and democratic renewal[a]. In particular, there is significant interest in how this approach, and the policies that draw upon it, might be delivered in practice.

In practice

Asset-based approaches are not new[17,21-23]. Within the community-led sector in particular, they have been practised for many decades. However, it is now recognised that, in order to create safe, supportive places that enable individuals and communities to take more control over their health and lives, there are important roles for the NHS, local government and the community and voluntary sector[24]. Nonetheless, it is important to acknowledge that, in practical terms, an asset-based approach fundamentally alters the way that organisations, and the people within them, approach and deliver their services[20].

Asset-based approaches do not 'just happen', nor are they simply "*the community bit around the edges*"[25]. They are also not a universal panacea, nor appropriate to adopt uncritically in all circumstances[20]. Indeed, it is evident that some public services are more suitable for asset-based working than others, especially those which present the opportunity to develop relationships with people being supported by these services over time. In many fields, there remains the potential for health and social services to be effective in empowering individuals and communities to take control over their circumstances, and for services to re-orientate delivery through co-production with people accessing and being supported by these services[16].

[a] *Democratic renewal* is the modernisation process of reforming local government and democratic institutions so that they are more open, accountable and responsive.

Research from the USA has reported that 70% of an individual's health is derived from their social circumstances and environment (with the rest coming from their genes and the healthcare system)[26]. This finding emphasises the critical role of the social determinants of health and of an individual's community as a resource for health and wellbeing. Despite this growing awareness and acknowledgement within health and care services, the 'clinical care first' paradigm[b] has been slow to change. However, this and other research suggests that practitioners and health and care providers are unclear on how they can individually and collectively work to foster better health for their communities and those they are supporting. In Scotland, the national and emerging local policy commitment to asset-based approaches has set the direction and imperative for change.

It is also recognised that, in order to continue to tackle the growing health divide, asset-based approaches must be embedded alongside, and be complementary to, good existing public service provision, social support and protection[20]. As a result public services with a more traditional approach to delivery may be challenged to work in a more collaborative and less transactional way and to start to transform their relationships with communities and those with poor health[27].

Across Scotland, a number of national and local statutory, third sector and community-led organisations are already working in an asset-based way[17,22,28]. Others are developing asset-based approaches in practice, as a means to improve health and wellbeing and tackle deep-rooted social problems[29]. The emergent legislative and policy context and increasing number of examples of practice across sectors demonstrate momentum in terms of asset-based approaches in Scotland. With this experience of asset-based approaches in practice will come an evolving understanding of both what it takes to enable asset-based approaches to grow and flourish, and of the conditions which facilitate and constrain change. However, evidence also indicates that there is no single easy answer to overcoming the broader challenges at both structural and system levels, if the approach is to reach its proposed transformational potential and be regarded as a usual part of the way that public services are delivered.

What does the evidence say?

Alongside continued growth of the evidence base, there is ongoing debate about asset-based approaches[23,30,31]. Practice on the ground is thought to be ahead of academic research. However, the available evidence suggests that positively engaging individuals, families and communities can contribute to reducing the burden of preventable disease and alleviate the pressure of increasing demand on health and care services by developing a person's knowledge, skills and confidence to manage their own care[12]. The body of evidence on the benefits of community participation and empowerment in addressing the social determinants of health also continues to develop[23,30].

[b] The *clinical care first* paradigm highlights the current model of health and care service delivery, which is to always provide medical intervention and clinical care in the first instance, often before consideration of other models of care provision, such as community-based solutions.

The Glasgow Centre for Population Health (GCPH) has a work stream dedicated to exploring 'asset-based approaches and resilience' and has published two pieces of work which are particularly relevant here:

- An investigation of asset-based working within community-based projects titled '*Assets in Action: illustrating asset-based approaches for health improvement*'[22]
- A review of the available evidence and commentary on asset-based working within health and care services, '*Towards asset-based health and care services*'[20].

The insights and learning from the *Animating Assets*[c] programme are also worthy of note. Through a process of engagement, facilitation, co-creation and learning over an 18-month period, *Animating Assets* aimed to support the development of asset-based approaches to a range of health and social wellbeing issues, as identified by local communities and partnerships in Scotland[24]. It explored whether it is possible for existing services and systems to effect sustainable improvements through alternative approaches, including placing a focus on capacity building for locality-based organisations and improving communication between local agencies.

Animating Assets demonstrated the significance of building trust, relationships and engagement for positive outcomes with individuals and across agencies. However, it also showed that, within current models of service delivery, systems were seen to have organisational and cultural constraints that meant that, even when staff were well-intentioned, they were not always equipped, or their roles did not permit them, to work in an asset-based way[24]. The result was that alternative ways of working remained within the settings and context of community-based projects. In relation to public service delivery, *Animating Assets* highlighted that the challenges of working in a more asset-based way lie in challenging and changing organisational cultures and systems behaviours, and enabling professional freedom and new working practices to develop.

Published work on asset-based approaches demonstrates well-grounded theories about the impact of health assets and growing evidence on how to promote and sustain those assets to benefit individuals, communities and society[12,17]. Despite the receptive policy landscape and the increasing number of people and organisations engaging with the debate, a number of key questions around the potential of this way of working for the public sector remain unanswered, including:

- How useful is the terminology of asset-based approaches to commissioners, service managers and practitioners within the context of financial constraint in the public sector?
- How can the workforce within public services be supported to embrace the challenge of new ways of thinking and doing, while delivering services in an increasingly pressurised environment?

[c] *Animating Assets* was a collaborative action research and learning programme, undertaken in partnership between the GCPH and the Scottish Community Development Centre (SCDC).

- What are the mechanisms through which assets such as strong communities, social capital and increasing confidence contribute to health and wellbeing?

- What are the structural and operational conditions that support asset-based approaches to grow and be successful, and how do we nurture these?

Building on the evidence base

With these gaps in mind, this research focused on exploring and describing how asset-based principles are being adopted and embedded in practice in a range of different services. It also extended the conversation about asset-based approaches by uncovering opinion and thinking on the potential of this way of working within the planning and delivery of public services in a Scottish context.

Building on previous research, this report presents and profiles the work of a number of mainstream statutory services that, through embedding asset-based principles in their approach to service delivery, have positively connected with and influenced the opportunities, life chances and wellbeing of those who engaged with them. Through this work, we intend to contribute to the ongoing debate and growing evidence base regarding the delivery of services based on asset-based principles.

Summary

The Scottish Government has expressed a commitment to reform public services to build on the assets and potential of individuals, families and communities. The aims of the reform programme in Scotland clearly reflect the principles of an asset-based approach.

Asset-based approaches, in contrast to more traditional deficit-based approaches, focus on what improves health and wellbeing and reduces inequalities and have the potential to improve people's life chances. There is significant interest in how this approach might be delivered in practice to realise these outcomes.

The evidence base is supportive, although limited. Published evidence indicates that there is no single or easy answer to overcome the challenges of transformational change required at both structural and system levels if the approach is to reach its proposed transformational potential and be regarded as the normal way that public services are delivered.

Within this report, we describe how asset-based principles are being adopted and embedded in practice in a range of different services. Opinion and thinking on the potential of this way of working in Scottish public service is also explored.

We intend to contribute to the ongoing debate and growing evidence base regarding the delivery of services based on asset-based principles.

2. Research aims and objectives

The purpose of this research was two-fold. The overall aim of the study was to:

> *illustrate how asset-based principles are being applied within a range of services that impact on health and wellbeing, and; to further explore the potential application of asset-based principles within such a setting.*

Specifically, the five research objectives were to:

- explore, within and across case study examples, the characteristics, features, benefits and impacts, and limitations/challenges, of applying asset-based principles in a range of service settings
- investigate, with a number of key informants, the potential application of asset-based working within health and social care service settings, and the implications of this
- consider the workforce development implications of introducing and embedding asset-based principles within the delivery of health and social care
- synthesise the learning across the research to draw out and identify common features and themes, discontinuities, and transferable learning
- identify policy implications and make recommendations for the future development of asset-based approaches in health and social care services in Scotland.

3. Research approach

Based on learning from the methodological approach taken in previous work[22], a two-phase qualitative study was undertaken. Initially, a case study investigation was carried out to support the illustration of asset-based practice across a range of settings (Phase 1). Phase 2 consisted of a set of interviews with key individuals, locally and nationally, to further explore thinking and opinion about the potential of asset-based principles within service delivery. The research fieldwork took place from February 2014 to March 2015.

Study protocol

The case study protocol (Appendix 1) presents the research methodology and approach taken across the two phases of research. The research was designed to ensure that the data collected addressed the original objectives of the study via a conceptual framework and action plan for getting from questions to conclusions[32].

Research ethics

Prior to commencing the research, the GCPH liaised with the West of Scotland Research Ethics Service and established that there was no requirement for ethical review for this study. Informed consent was sought from all study participants prior to interview.

Case study research

The first phase of this research was an exploratory case study investigation involving multiple cases and based on qualitative methods.

Nine individual services were studied (see Table 1). The full case study of each is presented in Part Two this report.

Why case studies?

As set out in detail in 'Assets in Action'[22], case studies permit the exploration of phenomena and understanding of complex issues within their real life context[33]. This approach allows a unique individualised story to be told[34]. Each case was interrogated in its local context, as well as in its application of asset-based principles (see Appendix 2).

Case selection

Initial contact was made with 14 services to yield the final set of nine cases. A further case study was researched and written but, due to significant structural and operational changes between the time of research and publication, this case was, with the permission of the service, withdrawn from the final study collection.

Individual services of interest were drawn predominantly from across Glasgow and the west coast of Scotland and from a range of agencies and organisations within statutory, voluntary and community sectors. The services studied worked with different groups,

service users and community members. Taking a purposive sampling approach[d], identification of potential cases was made possible by the researchers' knowledge and local intelligence, through local contacts and colleague recommendation.

Initial contact was made with each service in writing. Following agreement to participate, the researchers carried out a preliminary assessment to establish whether the work of the service was underpinned by asset-based principles (Appendix 2). If the service demonstrated asset-based working (to some degree at least), the service was selected as a case and included in the research.

Data collection

This study comprised two data collection approaches:

1. *documentary analysis* of key service related information

2. *semi-structured interviews* with strategic and operational staff and people supported by the service to provide additional detail and context, and to clarify and verify information from the documentary analysis stage.

Firstly, a wide-ranging desk-based review of existing service specific documentation was carried out. The documentation varied by service and included:

- end of year reports
- briefing papers
- evaluation reports, both internal and externally commissioned; published literature
- minutes of Board and team meetings
- project plans and frameworks, performance management reports, funding proposals
- service-related information, including information leaflets, presentations, website information.

Secondly, interviews were undertaken with staff and people accessing support from all services. Eighty-six interviews were carried out across the nine case studies: 61 with service staff and 25 with people supported by the services. Interviews were semi-structured in nature and offered the opportunity for interviewees to reflect on and share their experiences of involvement with the service, as well as their views on the strengths and challenges of the approach taken. Interview topic guides are presented in Appendix 3.

All interviews were facilitated by two researchers, one of whom carried out the interview as the other took written notes. Following each interview both researchers reviewed and finalised the interview note in order to ensure accuracy.

[d] A *purposive sample* is a non-representative subset of a larger population, and is constructed to serve a very specific need or purpose.

Data analysis

Following data collection, the researchers carried out a case-by-case and a cross-case analysis of the data. A case study analysis framework (Appendix 4) was constructed to facilitate collation of data from a range of sources into one central working document, thereby aiding the analysis process. Specifically, the framework was used to: classify the data into meaningful categories; rearrange the data into a more manageable form; and develop and verify patterns, relationships and issues from the data. Analysis was carried out within cases initially and, subsequently, a thematic cross-case analysis was undertaken to synthesise the learning. Analysis was supported by use of *Atlas.ti* software.

Reporting

The research team jointly authored this report. The terms 'researchers' and 'authors' are used interchangeably in this paper to mean the research team. Following preparation of a first draft, the researchers sought comments and advice from colleagues and the report was finalised accordingly.

Table 1. Descriptive overview of case study services.

Name	Location	Nature of service	Target group
Primary Care Learning Disability Local Area Co-ordinators	Maryhill, Glasgow and Craigmillar, Edinburgh	Supported learning disabilities service	Adults living in the community with a learning disability
The Bridging Service	Glasgow (city-wide)	Supported employability service	Adults furthest removed from the labour market
Healthy Minds	Glasgow (city-wide)	Mental health support service	Adults with mental health issues
Family Nurse Partnership	Glasgow (city-wide)	Supported pregnancy and early years' service	Young pregnant females
musicALL	South Glasgow	School-based music service for children	Children with additional support needs
North West Recovery Communities	North West Glasgow	Recovery from drug and alcohol sustainment service	Adults in recovery from drugs and alcohol addiction
The 'nurturing' approach	Glasgow (city-wide)	Education services approach	Children who require additional social and emotional support in school and nursery
Cassiltoun Housing Association and Cassiltoun Trust	Castlemilk, Glasgow	Housing association and community trust	Community approach
Violence Reduction Unit in Hawkhill	Hawkhill, Alloa	Supported community engagement and development	Community approach

Stakeholder interviews

The second phase of the research was an exploratory investigation based on qualitative semi-structured interviews with key stakeholders.

Why stakeholder interviews?

A semi-structured interview is a qualitative method of inquiry that combines a pre-determined set of open questions (questions that prompt discussion) with the opportunity for the interviewer to explore particular themes or responses further[35]. Interviews allowed for focused, conversational, two-way communication, providing not just the answers to the questions asked but also the reasons for the answers.

Interviews were conducted with a number of key stakeholders to allow them to reflect on and share their experiences of asset-based working, and to discuss the potential for this way of working within services, as well as their views on the strengths and challenges of the approach taken. The stakeholder interview topic guide is presented in Appendix 5.

Stakeholder selection

A total of ten individual stakeholder interviews were carried out. Interviewees were drawn from national and local perspectives across health, social care and the third sector, as shown in Table 2. No response was received from one stakeholder following an invitation to participate. The identification of interviewees was supported by local knowledge and intelligence, local contacts and colleague recommendation.

Initial contact was made with each individual in writing. Following their agreement to participate, a time was identified to carry out the interview.

Table 2. Professional job classification/perspective of the ten stakeholders interviewed.

1	National strategic perspective – health
2	Third sector perspective – health
3	Local perspective – strategic health
4	Local perspective – strategic health
5	Local perspective – operational health
6	Local perspective – strategic social care
7	Local perspective – strategic and operational health services
8	Local perspective – strategic and operational social care
9	Local perspective – strategic and operational social care
10	National strategic and operational perspective – health and primary care

Data collection
All stakeholder interviews were facilitated by two researchers, one of whom carried out the interview as the other took written notes. Following each interview both researchers reviewed and finalised the interview note in order to ensure accuracy.

Analysis
A thematic across-interview analysis was undertaken to synthesise the learning across the ten stakeholder interviews. Analysis was supported by use of *Atlas.ti* software.

Report permissions and methodological limitations

Permissions
Within the Findings section, '*learning from the case studies*' quotations from interviewees have been used to illustrate points but have not been attributed to a specific service. Quotes are not personally attributed but an indication of the person's relationship with a service/case study is given to aid understanding of the perspective that is being represented.

Quotations have also been used to illustrate points of interest within the Findings section, '*learning from the stakeholder interviews*' of this report. Quotations here have not been attributed to protect stakeholder identity given the small number of interviewees.

All case study services (Part Two) gave permission to be named within this report. They reviewed and approved their own case study for factual accuracy (at the time of writing) prior to publication. Within each specific case study, individual quotes are presented and are related directly to the work of that service, but are not attributed to specific individuals.

Limitations
This report presents, explores and discusses the work of a small number of mainstream[e] services, whose work impacts on the health and wellbeing of people in Scotland at present. The researchers fully acknowledge that there are many services working in an asset-driven way in Scotland which this research did not include. Identification of services embedding asset-based principles or working in an asset-based way proved to be challenging. The purposive sampling approach[d] potentially restricted the variety of services included.

[e] *Mainstream services* are services which are readily available and accessible to the general public, as opposed to being of relevance and interest to a subset of the population.

This piece of work is a descriptive analysis. The selection process was based on identifying services working in an asset-based way. The findings describe what is involved in working in this way and the researchers recognise that there is a degree of circularity in this process. Comparison groups were not included in the research.

The people supported by the services interviewed within the case studies of this research were identified by the service staff and therefore cannot be assumed to be representative. All spoke highly and positively of the service they had engaged with or been supported by. The researchers did not have the opportunity to speak with individuals whose experience of the service had perhaps been less successful.

The stakeholders interviewed for the second phase of the research were identified by existing knowledge, contacts and colleague recommendation. Stakeholders were receptive to our invitation to be interviewed. Again, based on a purposive sampling approach, all were selected due to prior awareness of their interest in asset-based approaches, although to varying degrees, and their support for or challenge to this way of working.

Summary

A two-phase qualitative study was undertaken.

The first phase was an exploratory case study investigation involving multiple cases and based on qualitative methods to support the illustration of asset-based practice across a range of settings. Nine individual services were studied.

The second phase was an exploratory investigation based on qualitative semi-structured interviews with ten key operational and strategic individuals, local and national stakeholders, to explore thinking and opinion about the potential of asset-based principles within service delivery.

There was no requirement for ethical review for this study. Informed consent was sought from all study participants prior to interview.

4. Findings

Illustrating asset-based approaches in services: findings from the case studies

The case studies featured in this report are a real-world collection of people, communities, services and sectors aspiring to address complex social issues in a more holistic manner than has traditionally been taken. The approaches and successes are shaped by their history and the challenges and opportunities they have encountered. The cases are intended to demonstrate practical experience of adopting and embedding asset-based principles across a range of service settings.

Earlier case study research into asset-based approaches in community-based settings[22] identified five main themes: *balancing; connecting; learning and earning; empowering; and being human* (see Appendix 6 for a summary). These themes reflected the lived experiences, attitudes and values, and potential for transformational change taking place within the community and voluntary sector and were found to hold true and be relevant for asset-based approaches in service settings. However, within service-delivery settings, the context of service user support and engagement, the modes and volume of service provision, and the organisational and structural issues within services, differed markedly.

Despite this, the cases demonstrate that it is possible to design and focus delivery and practice to tip the balance towards assets, rather than deficits, within the organisational constraints of the statutory sector. This report is focused on how these services are delivering differently within the structure and governance of the 'bigger public sector system' in which they are placed and what difference this makes for people accessing services, for staff and to the management of the service. These statutory services are addressing need in a potentially more sustainable way, through a focus on developing strengths and mobilising individual and collective assets for positive change.

The individual cases are presented in Part Two of this report. They reflect the experiences, delivery, management, activities and learning arising from each service. All cases were judged, by the researchers, to demonstrate the principles underpinning an asset-based approach, to some degree (Appendix 2). As shown in Table 1, the cases are drawn predominately from the west of Scotland. They worked with a wide range of people and issues, from individuals far removed from the employment market, to those in recovery from addiction, to children with additional support needs in school, to communities facing multiple social and economic challenges.

Although each case is unique, a number of interconnected themes emerged across aspects of structure, culture, and learning, which the research suggests are important for asset-based working within service settings. These themes are summarised in Table 3, below, and considered in turn in this section of the report.

Table 3. Common themes identified from the case studies.

Theme	Overview of theme discussion
Shifting the balance	The importance of power-sharing and the involvement of staff, people supported by services and community members in the design and development of the service.
Leadership and influence	The role of leadership, in its many guises, and the importance of influencing new ways of working and culture change within organisations.
Building relationships and partnerships	The significance of building effective relationships and partnerships at multiple levels was seen to be a core feature of asset-based approaches within services.
Creating the conditions	The ability of staff to be flexible, sensitive and responsive was clearly important to support and enable a move towards asset-based culture change.
People and skills	Alongside core skills, personal characteristics may support staff to work in an asset-based way. Investment in training and support for the workforce is important to allow staff and managers to be equipped, confident and ready to work in new and different ways.

Shifting the balance

Asset-based approaches involve rebalancing power between the state, statutory service provision and professional staff towards individuals and communities. Individuals accessing services are supported and enabled to play a more active role in designing service provision.

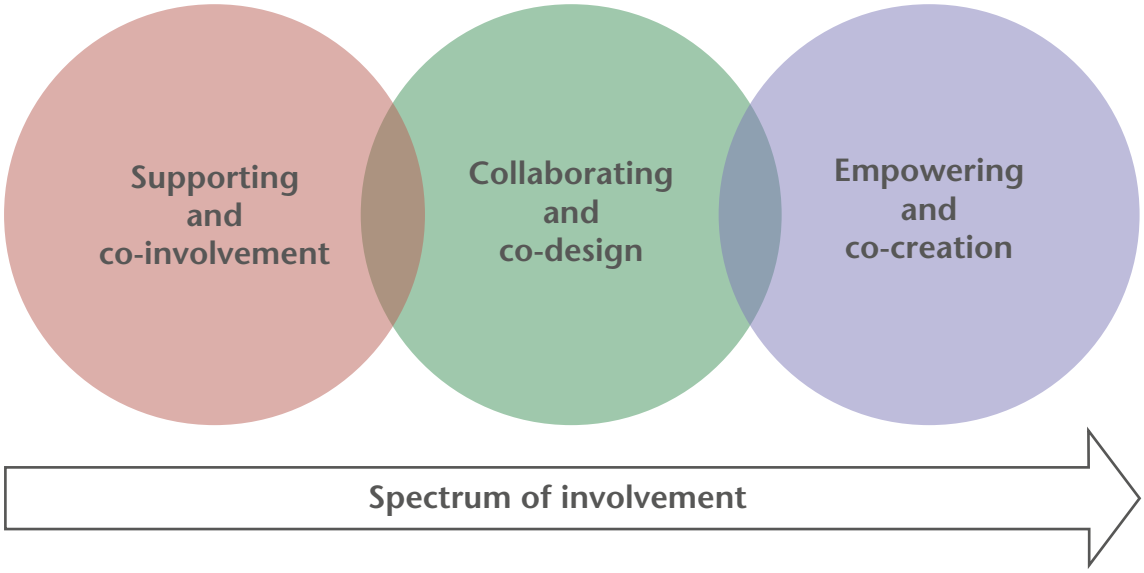
This shift was evident in our research, in various forms. The spectrum of involvement ranged from people supported by services and local people engaging with and working alongside staff for improved health and wellbeing outcomes, to having a clear role in the design and planning of the service, to co-creation and co-delivery of the service in partnership with the statutory services and the community and voluntary sector (Figure 1), as these interviewees described:

"Treated as equal partners when decisions about them and their community are made." (Service manager)

"Hopefully it changes the relationship between the practitioner and the patient so it's more equal instead of the practitioner as the know-it-all." (Staff)

"It's inclusive, much more of a partnership." (Staff)

Figure 1: Interconnected spectrum of service user/community involvement in service development and delivery.



In general, these cases were seen to have active service user involvement in relation to the delivery of the service. Within the services studied there was recognition, among both staff and those engaged with services, that people are experts in their own conditions and care requirements. They know what appropriate local services look like: *"…the best ideas to take forward recovery come from the people themselves"* (Staff). The research found that active involvement promoted mutual relationships, co-operation and collaboration: individuals appreciated opportunities to get involved and share their experience.

"People really valued being involved in a process where they feel they can shape something and it leads to improvement." (Staff)

"It's amazing the differences you see when local people get involved." (Service manager)

"We need to play a part in delivering and shaping services, put our values and experience across and be heard, and hope that our views are taken into consideration."
(Person supported by services)

There was also clear recognition and awareness across the cases that frontline staff were able to build effective relationships with the people supported by their services and understand their needs and concerns as well as their hopes and aspirations for the future, with sensitivity. Staff were adaptable in how they engaged and responded to

the people they were supporting. An appreciation that each individual has their own aspirations, strengths and abilities, and develops new skills, knowledge and relationships at their own pace came through strongly. Staff valued and acknowledged an individual's experience and expertise in their own care and support requirements, alongside their own professional knowledge and understanding, which this service manager described as:

"Taking a more rounded approach, taking into account different issues going on in people's lives."
(Service manager)

In some cases, staff reported being able to use their skills in the most appropriate way with each individual to improve their outcomes and to meet the needs of the wider community, within the context of a services framework and national standards.

In others, there was a shift in the balance of power and influence towards communities: local people actively reconnecting with services and physical resources including, for example, a community centre, local woodland, and a craft space. The research found a sense of real influence over and involvement in shaping the development and usage of such resources.

Within the cases, the wider role of the organisation beyond their core function appeared to be well formed and understood. For example, one housing provider expressed that *"…it would be a disaster if we just collected rent"* (Service manager). In general, the services studied were focused on creating more stable, connected and supported communities with opportunities for local people, as illustrated further in the quotes below:

"Not what's important to us as services, but what they [the community] want to change." (Service manager)

"A place that people can feel relaxed in and have ownership over." (Staff)

Leadership and influence

The significance of leadership, in many guises, came through powerfully in the research. Leadership was seen in the provision of management, direction and support to a service, but was also distributive, in that individuals took on leadership roles, participated in collective decision-making and shared responsibility. Facilitative leadership was evident within organisations: key individuals stepped back at a point that seemed appropriate and allowed others to take ownership.

"Get people involved who 'get' it. If you get the right people you'll get it done, but it takes time." (Service manager)

Staff spoke highly in many cases of organisational leaders who inspired, influenced, initiated, advocated and defended a different approach to service delivery, but accepted that it "*…takes time to embed it; takes time for professionals to get it*" (Staff). This role also included convincing others about the need to work differently for improved outcomes, being sensitive and considerate to the needs of the specific population groups, responding to changes in power sharing and placing a renewed focus on flexible, person-centred frontline relationships.

"We've got the right people, who get what we are trying to do, and who are right behind us and support us in everything that we do." (Staff)

"Initially mixed attitudes to a different way of working, but strong management helped embed it in the team." (Service manager)

Strong leadership was understood to provide reassurance and encouragement to staff who felt they had autonomy to make decisions and were enabled, trusted and supported to work in a different way, with the best interests of the person, family or community at the centre.

"Ability to be able to take time to listen – let's see where we can go and make a difference." (Staff)

Those supporting staff to work in this way exemplified asset-based principles themselves, both in their style of interaction with their staff team and in their own practice. This ethos was embedded across teams and was evident in their contact with other organisations and sectors, where a focus was placed on highlighting the strengths of the individual and what was working well, alongside the challenges and concerns.

"Think we are helping other agencies look at things differently. There is real value in also talking about the things that are going well." (Staff)

Interviewees felt that leadership style was crucial in embedding asset-based principles and values within the culture and ethos of organisations and across services, thereby "*creating whole system change*" (Service manager). A small number of the cases had extended the principles, values and learning from a specific targeted intervention across a whole sector or service, underpinned by a shared goal of improving outcomes. Such a whole systems approach is a proactive step in making asset and strengths-based approaches and principles an inherent part of the way that services and the staff within them interact and deliver; a role highlighted in this quote:

"Changing culture, breaking down stigma and people's perception of [service user group], but it's also about mutual respect." (Service manager)

Partnerships and relationships

The language of connection, interaction, respect, and relationships was ubiquitous. The significance and benefits of building sustainable relationships and partnerships was seen at multiple levels across the cases as a key element of the asset-based approach being taken.

A joined-up and preventative approach to service delivery was seen to be a key feature of the approach. Staff spoke with great passion about the relationship-building aspect of their roles, which they strongly valued.

> ***"Relationships are the thread that runs through – in every contact with a child or an adult."*** (Service manager)

> ***"They think of your needs, take the time to get to know you, they see something in you that others don't."*** (Person supported by services)

It was also evident that building effective working relationships with service users and other professionals takes time as well as *"patience and perseverance"* (Staff). Staff also acknowledged that they had to work hard to develop trust and build relationships with individuals supported by services, particularly in the early days of contact with the service. One member of staff stated: *"…if we can get in, we can usually hold on to them"* (Staff). The personal attributes of the staff member were felt to play a crucial role in establishing and maintaining such relationships.

Strong, positive relationships were important at both an individual level with people supported by services and at the organisational/service level, where there was a focus on utilising and enhancing the skills and connections of other services and sectors. Across the case studies partnership and collaboration were seen in a variety of ways, for example, engaging with parents and family members, joining up universal and specialist services for individuals, sharing learning across schools and educational establishments and building community capacity and support between community projects and local services.

Such collaborative endeavour was viewed as vital as a precursor for transformative change.

> ***"[The service] embraces a model of partnership working, knitting services together."*** (Service manager)

> ***"It all comes down to relationships – between professionals and between professionals and service users."*** (Service manager)

A theme which emerged strongly from people supported by these services was the positive effect of collaboration and involvement for them with professional staff. They spoke of feeling valued, believing they had a contribution to make and experienced increased confidence and self-worth, as articulated by one interviewee:

"The biggest satisfaction and boost to my confidence was having a designing role in the services that we might use or need in the future." (Person supported by services)

This point clearly links to aspects of shifting the balance of power, as discussed earlier.

A less common, yet strongly-expressed notion was the necessity to work together for the common good, with acknowledgment that collaboration within and between services was needed to generate benefits for individuals, communities and wider society.

Creating the conditions

Asset-based approaches can be identified in many contexts and settings, as illustrated by the collection of case studies presented in this report. It is notable that the majority of these cases were working on the margins of mainstream delivery, providing specialist and targeted interventions, often for vulnerable individuals, in partnership with other services and sectors.

Perhaps as a result, the case study organisations were able to employ a flexible and sensitive approach to working with specific target groups and wider communities, at times in contrast to the formal service structures that surrounded them.

A small number of cases described their creative and adaptable ways of developing and delivering approaches which were sensitive, appropriate and engaging for the target audience, including training and volunteering opportunities, activities and events, employability and local environmental initiatives. These particular services were based within geographical communities and had been able to create the conditions where they could place a focus on co-creating appropriate community-led services and support structures with local people over time.

In general, services were open and responsive to the needs and wishes of local communities, alongside the delivery of a central function. In these cases the organisations tended to play a wider role in local capacity building and the development of more stable cohesive communities through a range of opportunities and events.

"Creating an environment where people can access support in recovery and sustain it within their communities." (Staff)

"Everyone deserves a chance. Without the right help and support people won't achieve their potential." (Staff)

"It's about involvement; it's about them doing it, deciding what's important to them." (Service manager)

Importance was placed on working differently within the existing framework of services and systems, as opposed to designing and developing new services to fit a new way of working. Interviewees spoke of precursors for working in a different way: reshaping and reorientation does not always require additional financial resource but can be *"…just a different outlook"* (Service manager). Managers and staff also spoke about the need to develop services which 'fitted' people and were delivered in accessible places where people felt comfortable and welcome.

"Not creating systems and boxes – need to deliver in a way that people will access." (Service manager)

"Sometimes it's about doing the right thing." (Service manager)

Interviewees talked about the importance of embedding an enabling and receptive organisational culture, alongside supporting staff that were willing to work in a different way for improved outcomes. However, it was highlighted by some senior managers that asset-based working is not always supported by the structures, systems and cultures in which staff operate; even if staff have a 'different outlook' they may not be able to embed this within their working practices.

"Different systems can often act as barriers due to political or business differences." (Service manager)

Furthermore, the significance of financial constraint within the public sector was evident in trying to protect services, especially for vulnerable individuals. There was a clear tension for managers in ensuring appropriate management, governance and accountability of these services while being developmental, adaptable and responsive in aspects of service engagement and delivery.

All cases were monitoring, measuring and/or evaluating, to varying degrees, the impact, reach, outcomes and/or performance of the service. Most were working towards local and national targets. However, staff spoke of difficulty in meeting these targets for a range of reasons, including the time required to build relationships with the people accessing their services, and the often complex nature of the challenges faced by the individuals they work with.

The findings from local services working in an asset-based way were seen to go beyond the delivery of the service directly, to impacting on how other local services were thinking about their role. One interviewee from a partner organisation stated that the *"…findings from [case] have really made us think we need to work differently, need to redevelop and learn from what works"* (Service manager).

The cases demonstrated flexibility and variability in their use of asset-based approaches, relative to the context of their service delivery model and in response to the changing goals and aspirations of people engaging with the service. Staff perceived their work to be more sensitive and responsive than standardised service delivery. They spoke of person-centred working, and, linking to earlier discussions, a small number were able to give examples of involving service-users in the development of the service. The importance of being able to respond flexibly to individual or local circumstances and aspirations was a common theme.

"About the community identifying what the community wants, what the community needs, what they want to change." (Service manager)

"Gives you options. Doesn't force or push you."
(Person supported by services)

Some cases had fixed eligibility criteria that were determined by their licencing arrangements, fidelity to an original intervention or funding criteria. Although criteria and timescales for involvement were predetermined, the interventions were delivered in an engaging and encouraging, yet structured and responsive way. A focus on building on what was working well and planning for the future was made possible in these cases, despite other restrictions.

In others, the service was open to all those who wished to engage and support was provided for a mutually-agreeable time period. Over time, many of the people supported continued their participation with such services in more constructive and practical ways through alternative means, organised or otherwise.

"Anybody can get involved and everyone is welcome – as barrier free and restriction free as possible." (Staff)

Referral routes to the cases were varied, through both formal and informal mechanisms. These included formal referrals from GPs, social work teams, maternity services and local learning disabilities and addictions teams. In a small number of cases, referrals were made by school or nursery teachers who felt a child would benefit from additional support or in response to a child's interest in a particular topic area.

People and skills

It is evident from this research that asset-based approaches represent a shift in the way public sector services are delivered and in how professional staff engage and support people within a statutory service setting. In general, staff were seen to work in a different way to traditional, often transactional, approaches to service delivery. It was felt by some that training, support and shadowing can help staff to develop the necessary skills and attributes for these roles and this way of working. However, senior managers stressed the importance of identifying the necessary core skills and personal characteristics at the recruitment stage – employing the "*right kind of people*" (Service manager) to work in a strengths-based, person-centred and enabling and facilitative way. This was described by one interviewee as a way of working "*that only some people get*" (Staff) and by others as:

> ***"Having the right people involved, the right staff who can balance the person-centred approach within the real world."*** (Service manager)

> ***"It's about personal traits; I don't think you can train anyone in that."*** (Service manager)

> ***"We need to be careful who we recruit. Some don't get this way of working."*** (Service manager)

It was apparent that frontline staff and their managers must also be equipped, confident and ready to work in new and different ways. A move towards asset-based working was seen to have implications for organisations and their staff, particularly in terms of the roles and skills development required, as well as workforce development and regulation. This requires considerable investment in the workforce and in a minority of the cases considered in this research, in-depth, specialist, tailored training was required. This training was highly valued by staff in supporting them to shift their mindset and action to a strengths-based approach and in preparing them for the challenges they may face in their role.

As discussed previously, support for staff to establish and grow relationships with individuals and communities would appear to be imperative for asset-based working. Interviewees discussed their roles in terms of facilitating and brokering conversations and actions, rather than in the language of directing and delivering.

> ***"There is often the desire to just fix things… but we have to take a step back and help them [people supported by services] identify the strengths they have to address the challenges they face."*** (Staff)

"For clients on the road to recovery, it's about [our service] working alongside addictions services. Clients can make more progress when working with both services at the same time rather than just one service. This can be a really powerful option." (Service manager)

Strong, positive relationships between staff and the people supported by services were also regarded by service managers as the building blocks required for successfully engaging people in the design, development and delivery of services.

Summary

Five key interconnected themes emerged following collective analysis of nine service-led case studies: *shifting the balance; leadership and influence; building relationships and partnerships; creating the conditions; people and skills*.

Cutting across all themes, an overwhelming sense of positivity and progress towards asset-based approaches for improved health, social and economic outcomes was evident.

These themes highlight the importance of relationships, partnerships, citizen involvement and collaborative endeavour as central tenets of asset-based working within a services context. The significance of sharing power, flexibility and sensitivity of practice, recognising the workforce as an asset and the role of leadership in supporting and embedding different ways of working were also clear.

4. Findings

The potential of asset-based approaches: findings from the stakeholder interviews

This section describes the findings from the second phase of the research – interviews with ten senior strategic and operational stakeholders from health, social care and third sector backgrounds. Through these interviews we sought to extend the learning beyond describing what an asset-based way of working looks like to focus on the potential for asset-based approaches in service settings.

The interviews were designed to explore interviewees' knowledge and experience of asset-based approaches, uncover their views and opinions on the potential for this way of working within public services, and hear their thoughts on the associated strengths and challenges for service planning and delivery.

The interviews were semi-structured in nature, allowing interviewees to freely discuss other related issues. All interviewees agreed to discuss asset-based approaches both generally and with specific reference to the service within which they were working.

A number of themes and key lessons emerged, as outlined in Table 4. Each theme is explored in turn, below.

Table 4. Common themes identified from the stakeholder interviews.

Theme	Overview of theme discussion
Interpretation	Issues of language relating to the understanding and implementation of asset-based approaches were important.
Attitude or intervention	A discussion at the heart of understanding asset-based approaches in practice, including whether a move to working in this way is a philosophy based on a set of shared values or a targeted approach to addressing a particular set of issues.
Possibility, power and responsibility	Balancing the challenges of risk and trust in service delivery – enabling freedom to practice for staff, and choice and control for people supported by services, within a system with a learning culture.
Resources and reporting	The significance of re-investing and re-aligning existing resources to support delivering services differently, alongside the associated tensions and challenges of working differently at a time of budgetary constraint. Links to aspects of measurement and evaluation.
The workforce	Building reciprocal relationships at multiple levels with clear recognition of the time it takes to build relationships.
From policy to practice	The implications of the current policy-practice disconnect in the implementation of asset-based approaches and the need, within and across services, for the approach to be embedded as a core part of service delivery.

Interpretation

All stakeholders touched on the language of assets, understanding of the term, and how this relates to implementation on the ground. The language of asset-based approaches was seen to be important in framing the ethos of the approach, and supporting the shift from a traditional focus on needs and problems towards one of strengths and capabilities.

A range of terminology, dependent somewhat on the particular background and specialism of the interviewee, was used to describe the principles of an asset-based approach. All but one of the stakeholders commonly used the term 'asset-based approaches', the other being more familiar with the language of 'strengths-based approaches', an alternative description more commonly used in social service settings. However, the view that the term 'asset-based approaches' is an unhelpful one was strongly held. A lack of a consistent understanding of the term, and its relevance, was expressed, for both staff and those supported by services, as these stakeholder interviewees described:

"It's jargony. People don't know what it is… and staff have the problem of people not understanding what it is."

"An issue is that [we] don't have a common understanding of asset-based approaches."

Furthermore, the term was felt to create a divide between service providers and people supported by services, which asset-based approaches themselves actually seek to diminish.

"Don't like the asset-based terminology. It's far from what people understand on the street. Too caught up in academia. It's public sector terminology."

"Need to get into people's mindset and what language has traction with them."

"Language has to make sense to people. Ask them what sits well with them. People need to relate to it and own it."

Interviewees questioned whether asset-based approaches can or should be differentiated from related terms that are in common usage, such as community development, person-centred care, strengths-based approaches and co-production. Some interviewees regarded these approaches and ways of working as sharing common, underpinning values but felt that asset-based approaches were "*never properly defined*".

For some, the language of assets was seen as new and unfamiliar, perhaps to an extent, even being seen as unhelpful, although this sat in sharp contrast to the practice of asset-based approaches, which were considered by some to be long established and familiar, as these interviewees described:

"Constructed as a concept, that's something different from what's already happening. In a few years' time we'll not be talking about asset-based approaches as something new will have come along. It feels like the emperor's new clothes."

"Social workers always worked in this way… drawing on the strengths of families."

There was also a concern about the language of asset-based approaches being used to refer to a range of different types of approaches, as described previously that may, or may not, be similar in practice. Interviewees raised the question as to whether some organisations claiming to be taking asset-based approaches actually were doing so. This point was seen to link to the lack of an agreed definition for the approach, causing ambiguity and confusion as to what constitutes working in an asset-based way.

"The problem is that everybody thinks they're doing it, but they're not. It's a mixed picture."

"Over the years we've seen a number of approaches but I wonder how many of them are true asset-based approaches."

Lastly, scepticism about the potential and applicability of asset-based approaches existed within service settings, particularly in terms of the rolling out of new, asset-based approaches in an attempt to mask cuts to funding for services.

"It has the potential to sound too rosy. Is it just about cuts in services?"

"Things are often understood in the context in which it comes out. Asset-based approaches, services cuts, recession…"

Attitude or intervention

All interviewees discussed the essence of asset-based approaches. Their views were mixed and wide-ranging, with some debate on whether there is 'a model' of asset-based working.

Some saw asset-based approaches as a personal philosophy, a mindset or way of being, building on the tradition of relationship-based practice.

"It's a philosophy. Not a service model that's imposed."

"Need to have belief in the person and believe that they can realise their own assets."

"Not a one-size-fits-all approach but all based on the same values."

"…seeing what he is keen and interested in; what he can build on."

"Informed conversations to allow the person to make the best decision for them. It's about honesty in the conversation; what's important to the person."

For others, asset-based working was thought to be closely related to community development, in that asset-based approaches are an example of community development in practice. One interviewee described asset-based approaches as being *"…based on research and evidence on community development and community capacity building from around the world."*

A third dominant view was that working in an asset-based way involved making a decision, or an effort, to focus on assets rather than deficits, which may be an organisational approach or one taken by an individual.

"…a capacity model rather than a deficits one."

This view regarded asset-based approaches as particular way of working to address a specific set of issues. There was general consensus, however, that *"…you can't make a generic model for asset-based approaches"*. Much of the discussion was around the context-specific nature of asset-based approaches. This way of working was seen as holding the most potential for supporting positive outcomes for individuals and improving life chances. However, the importance of context and the dynamic nature of asset-based approaches are also what make the adoption of such approaches challenging.

"People are often looking for a model – A, B or C – but this can often lead to conflict if it doesn't fit..."

"But it's not a neat model that can be picked up and replicated. Need to be based on a set of values and principles about a way of working. People get it but it can be hard."

Possibility, power and responsibility

A tension was clear across the stakeholder interviews between the potential to work with individuals based on their strengths and abilities and established needs-based practices. A balance between having the freedom to work flexibly with the person at the centre, and the responsibility to protect this person, who may be vulnerable, was considered by interviewees to be difficult to achieve.

"It's a very different approach that assumes people are ok, assumes that people have to be nurtured to allow assets to be seen, drawn out and valued; especially the most vulnerable."

The stakeholders spoke of those taking an asset-based approach as working much more adaptably and less formulaically with people accessing support than is the case in traditional service delivery. However, stakeholders also perceived a greater "*risk*" in the increased autonomy of service staff and the active involvement of people accessing services in designing and planning their care and support requirements.

Services were viewed, by the stakeholders and further illustrated in the quotes below, as being extremely risk averse. It was felt that the culture within some services promoted risk-aversion at the expense of potential benefits for people accessing services.

"We have a risk-averse relationship to life."

"Needs to be risk enablement. Just because someone is linked into services we can't guarantee their safety all the time, especially when they are not at the service…"

"In order to develop the assets of the individual we need to change lots structurally."

This aversion to risk made it difficult to try new approaches, such as asset-based working, if there was any possibility that it might not work in practice exactly as expected. Strict organisational processes and target-driven cultures were reported to hinder asset-based working within public services. The views of stakeholders in relation to the current target-driven culture and their impact on different ways of working are highlighted in the range of quotes below:

"Can't work in this way alongside waiting times culture and targets environment. It's conflicting and won't allow this way of working to happen."

"Have to work to HEAT targets. Have to achieve them but not told how to achieve or deliver. May be able to meet and achieve targets in different ways and tick some other boxes along the way."

"We need confidence and support from the Board to work a bit differently which might mean missing the target."

"Really embedding a person-centred, non-judgemental way to support people in services is the way forward but we can't do it or achieve it when we are obsessed with waiting times and targets."

In parallel, stakeholders identified that "*trust*" was required from within the service, as well as from those supported by the service, to enable asset-based approaches to grow and mature.

"Need an authorising environment – permissions and no redress for mistakes. Need to take risks and mistakes need to happen so we can learn from them."

"Need to foster trust. More dialogue, mature relationships, linking in to policy drivers."

"Being supported to do something differently might result in things we hadn't expected happening."

Working in partnership with people and other organisations, based on trust, was important to strike a balance in seeking to empower people while ensuring they are appropriately supported and do not feel services are leaving them behind. Achieving this balance was seen to be crucial especially at a time of cuts and financial constraint within public services.

"People still want signs that professionals care about them. Don't want to create a feeling of isolation."

"It can feel like service users are being abandoned and left alone, but it is easy to dress this up as empowerment."

The language of 'power' and 'control' was abundant throughout the stakeholder interviews, particularly devolving power from staff to those supported by services and to enabling staff themselves to be more autonomous in their roles.

"Absolute shift in power towards the person; services enabling power within them."

"Empowering people to do the most they can for themselves."

"Enabling staff to work in a more enabling way."

In common with findings from the case studies, creating the conditions for asset-based approaches came through strongly across the stakeholder interviews. Interviewees identified the importance of establishing a safe space to take an asset-based approach, meeting the need to be accountable and uphold statutory responsibilities, and to protect vulnerable groups, while also working flexibly, led by the service user. It was suggested by interviewees that this is more readily possible in some service settings (including mental health, paediatrics and maternal health, learning disabilities, homelessness and addictions, multi-morbidity, long-term conditions, and care for the elderly) than in others.

Resources and reporting

The stakeholders were clear on a need for a new approach to meet changing and increasing demands on services, as highlighted below:

"We are financially and politically at a point of change. Do we stay in the same place or do we go in a different or new direction?"

"The ageing population increases the demand for social care. Have to square that with decreasing and constrained resources. There's a tendency to address those differences by doing a slight reshaping. But now we need transformational change."

It was felt strongly across the interviews that asset-based approaches have a part to play in the future of service delivery:

"Asset-based approaches are necessary. We need to move to that kind of model to make services sustainable. The trajectory we are on is not sustainable; we need to do something else."

Although not explicitly discussed by the stakeholders, the terms in which asset-based approaches were described revealed differing opinions as to the appropriate scale at which the approach could or should be applied, as below:

"It should be new pockets of work on the side. It's about knowing the times when asset-based approach is relevant and appropriate."

"We need real investment in this approach, and dis-investing in others, underpinned by a shift in power and a shift in resources."

Stakeholders saw one of the potential benefits of asset-based approaches as increased independence for people supported by services and staff, and therefore greater effectiveness and efficiency of service provision. Through building on their strengths and abilities, service users may be able to do more for themselves and each other and may, over time, become less dependent on services as a result.

"It's about helping people become more self-sufficient – able to access what they want."

"…a lot of potential in terms of people functioning more effectively and less dependent."
"It's about empowering people to take control of their own lives. Independence."

"Leaving the service user with something – skills etcetera – so when you're gone there is still something."

In terms of funding asset-based approaches, interviewees' prevailing ideas were about re-investing and re-framing existing resources, rather than attracting new money. Stakeholders felt that vast amounts of funding were not required; rather "*micro amounts*" could stimulate this approach in practice:

"We don't need huge amounts of money, but the capacity to do things. Need to be able to release money in ways that are controlled but not bureaucratic."

"Lots to be done but not much spare capacity. We need to do things differently. There's an opportunity to re-invest and to do something radically different."

"The answer is not more [money] but more effective use of what we've already got."

Small grants were called for as a way of allowing services or organisations to be more flexible, independent and able to trial different ways of working without the constraints of procurement policies, targets and measuring asset-based approaches; a need to "*…develop the ability of systems to deal with requests for small amounts of money*."

However, stakeholders perceived difficulty in evidencing that asset-based approaches were having positive outcomes. Two main reasons were discussed and highlighted below: the long-term nature of establishing real change; and lack of predictability leading to challenges with measurement.

"People need to give it a chance and see what happens in the longer term."
"It will take time. Twenty years?"

"Measurement and analysis for this approach must be different and are yet to be developed."

Clearly, however, an approach should not be designed to facilitate ease of monitoring or measurement, and the case was made that 'doing' should take precedence over 'knowing'. Stakeholders made links to the nature of the evidence that is currently available on the impact of asset-based approaches, and while acknowledging the limitations of the evidence base at present, many felt that there should be better use of that evidence and research findings to inform practice on the ground. Stakeholders further highlighted these points in the quotes below:

"When will we have good enough evidence acknowledging this way of working achieves good outcomes from people? We just keep evaluating without learning. When will we have enough? When will we be satisfied?"

"Procuring asset-based work is challenging. It is possible but we need to be smart. It's about outcomes and what we can measure. It's disjointed between policy speak and operational guidelines."

The workforce

In relation to their delivery, asset-based approaches were described using terms including "*non-judgemental*" and "*inclusive*". In common with the findings from the case studies, stakeholders described the importance of fostering reciprocal relationships as a key aspect of working in an asset-based way. Relationships included partnerships between staff and people accessing services, as well as within the workforce (i.e. staff supporting each other), and between different organisations.

A key focus was on giving consideration to people accessing services as individuals, and taking account of their circumstances, as opposed to concentrating on their medical condition.

"The reality is that we often help the condition but not necessarily make the individual better."

"We need to move forward from illness as a point of focus to living with an illness."

Interviewees recognised that this shift in thinking and associated action is not always easy to make for service delivery staff, as described below:

"Many clinical staff remain unconvinced of the need to work differently. Need to build trust and awareness of options and overcome arrogance of them as the only people who can fix the problem."

Stakeholders also recognised the need for time to allow delivery staff to better understand those engaging with services, build relationships and develop a flexible and adaptable way of working. A dominant theme concerned the experience of working in an asset-based way for the member of staff / practitioner, which stakeholders saw in a strongly positive light.

"More rewarding way of working for the practitioner."

"Reminds people of why they were interested in health and social care job in the first place. Staff tend to get caught up in admin and bureaucracy."

"Asset-based approaches are actually in their [staff members'] souls; what they wanted to do. It's back to what I'm about and that's rewarding."

Stakeholders spoke of the importance of a supportive working environment – a theme which also emerged clearly in the case study findings. A precursor to working with people supported by services based on their assets would appear to be a management style and organisational culture that values and builds on the assets of the workforce, as described by a number of stakeholders:

"Being heard, views being taken account of, given back some control."

"…led by leaders who model that way of working."

"The way you are managing and supporting becomes a strength-based way."

"Seeing each other in the workforce as an asset."

Moreover, workforce development was seen to be important for asset-based working to flourish as illustrated by the quotes below:

"Need a focus on personal outcomes – support more than just providing training. Support change in practice, enable people to work with peers, sustaining of champions."

"Skills that are more difficult to learn – political astuteness, picking up on cues, watching, listening, taking note, hearing things, awareness skills and being able to follow up. All these need confidence and support."
"If staff don't have capacity or understanding… then it's just them adopting an off-the-shelf approach without understanding the value of the way of working."

A clear, although less strongly held view, was that the personal characteristics of the staff member determine whether the individual can work well in an asset-based way. Whether this is about a mindset that can be developed, or is about unchangeable personal attributes which may support or impede this way of working, remains unclear. However, stakeholders felt that mindset, interpersonal skills and personal values were important in working in an asset-based way.

"You need to have a certain mindset – how to enable the person to shine."

"There may need to be a stream of people that go. These people that are behaving in the old way and with discrimination."

"Some staff will leave – it's not for them and that's ok."

"Can't work in an assets-based way unless you are in that space yourself – appreciative in nature."

"…the importance of the chemistry to the people involved. Wonder whether it will continue over time if the original people move on or whether it's a magic moment based on the people and what it's doing at the moment."

Related to the discussion above, and in common with the case study findings, recruitment was a recurring theme. If statutory services are to move towards more asset-based working in future, what are the implications for recruitment in terms of the skills and values sought from new members of the workforce? "*Getting the right kind of person*" was seen to be key.

"Changes in the future in relation to an integrated workforce should be described in terms of skills, not roles."

From policy to practice

A strong theme throughout the interviews was the ubiquity of the language of asset-based approaches within Scottish Government policy. A commitment to asset-based working is, on paper, evident.

"Government want to take a big definition approach with every policy relating to it."

"It's everywhere in policy."

A number of factors were put forward as conditions required for asset-based approaches to flourish in practice. Investment (of both time and finances), strong leadership, learning and peer support, and having "*the right people*" were all citied as important. In general and previously highlighted, it was felt that some skills and abilities associated with this way of working can be learned; others are intrinsic.

"We can't change culture in every way. Some services might need to be shut down and recreated properly."

"Changes of ministers or councillors can bring positive or negative impacts."

System and service change was felt to be required to enable this way of working. Services that are open to the pace, form and direction of engagement with individuals and communities, with a focus on the service user's priorities, and that are flexible, responsive and adaptive, were thought to be important.

"The unglamorous side of asset-based approaches is dealing with contracts, systems, etcetera, but this need to be organised to facilitate an individuals' options."

"It requires ways of being controlled without being bureaucratic."

Looking towards the future and how this approach could be applied further within health and social care services, stakeholders' perspectives were dependent on the way they viewed asset-based approaches. As discussed previously within this section, some see it as an attitude and a set of values that could (and, for some stakeholders, should) exist across

all services; while others see it as a particular way of approaching issues which should therefore be targeted appropriately.

"Small third-sector organisations can do this very impressively."

"The overall approach is often said to be more relevant to the work of community-based services but it should be part of the way we work with people, which isn't dependent on the setting in which you work. All services should keep people well for as long as possible."

The role and potential of using asset-based approaches in relation to tackling health and social inequalities (either through targeted or whole-scale approaches) was mentioned, but inequalities-focused practice was not a strong theme throughout the stakeholder interviews.

As the 'rolling-out' of this way of working was touched upon across the stakeholder interviews, a dichotomy became apparent. It was acknowledged that asset-based approaches may be a way of working that benefits everyone, but that scaling up a particular approach and/or rolling-out may not be conducive to this way of working. Opportunities to spread the values and learning from asset-based practice was thought to offer greater potential.

Summary

We identified six key themes emerging from interviews with ten senior strategic and operational managers: *interpretation; attitude or intervention; possibility, power and responsibility; resources and reporting; the workforce; from policy to practice.*

A step towards asset-based working was broadly supported. There was recognition of the potential of a shift towards a different landscape of health and social care in Scotland. However, the stakeholders felt that there is a balance to be struck between working flexibly to offer person-centred support that is empowering and in ensuring the most vulnerable continue to be well supported.

Stakeholder's views of asset-based approaches also differed strikingly; for some it is a personal philosophy and attitude that should exist across all services, while for others it is a particular way of working to address a specific set of issues.

A rethink in the way services view, understand and organise support for health and wellbeing was thought to be required in order to realise the potential for asset-based approaches in service settings.

5. Learning from the research

This research was intended to exemplify and illuminate asset-based approaches in a range of services and communities. The aim was to investigate the characteristics of this way of working and to explore the reality of and potential for asset-based approaches in public service planning and delivery.

This section covers the learning arising from across the research and the resultant implications for the future development of asset-based approaches, both in general, and specifically within public services in Scotland. Across the research a number of important recurring points of interest were identified; these are discussed below in turn:

- The nature of evidence.
- Language and implementation.
- Delivering differently.
- The importance of context.
- The workforce, leadership and management.

The nature of evidence

Practitioners and key stakeholders interviewed as part of this research recognised and reflected on the high level commitment to community engagement and asset-based approaches at the heart of health policy in Scotland. It emerged that 'evidence' was important to managers and staff in legitimising the approach and providing the rationale for asset-based working. Managers in the case study sites had some theoretical knowledge and were able, in many cases, to connect practice and theory. Knowledge and professional development were justifying this way of working, rather than determining it. Stakeholders, on the other hand, were readily able to cite national key policy documents supporting or influencing a shift in approach within their area of specialism. Many emphasised the importance of evidence and research in helping them understand the context in which asset-based approaches are appropriate, and in making decisions regarding resource/ funding allocations.

It is worthy of note that all interviewees stressed the importance of individual personal values and attributes: the feeling that this is intuitively the right way to work with people was clear.

It is the nature of the available evidence that presents a sticking point. To date, there is a lack of systematic or review level evidence about asset-based approaches for health and wellbeing[16,36-39]. There is, perhaps unsurprisingly, little practical guidance on how to work this way at scale[12]. Evidence on the effectiveness of asset-based approaches in the UK remains limited to solutions within particular contexts[17,22,28], and at present there is little evidence of the medium- to longer-term impacts of the approach.

Furthermore, evidence on the cost-effectiveness of community engagement interventions, including asset-based approaches also remains limited[40], and although some reviews have reported cost benefits in some specific circumstances[41,42], the picture remains incomplete. However, stronger economic evidence is available about the impacts of positive

self-management support on reducing use of healthcare resources[43,44], and for the use of peer supporters and health coaches[42].

Published work on asset-based approaches does, however, demonstrate well-grounded theories around the value of health assets[f,17], and growing evidence on how to promote and sustain those assets to the benefit of individuals and communities. Personal stories that describe the lived experience of people and places are very powerful within case studies of services and organisations working in an asset-based way. However, qualitative data is not always seen as robust evidence. Asset-based approaches do not sit well with quantitative methods of data collection, which fail to capture the nuances of relationships, assets and connections.

Perhaps a shift in focus to conducting and learning from appropriately designed, high quality research on asset-based approaches – qualitative research which is unbiased, in-depth, valid, reliable, credible and rigorous – will foster better understanding of the potential of this way of working for health and inequalities. In an earlier GCPH publication, *Assets in Action*[22], five themes were identified which were important for community-led asset-based working (see Appendix 6). Despite the change in setting, these themes continue to be relevant and applicable within a service-led context, further reinforcing the importance and value of the principles underpinning the approach, and their relevance across settings and sectors.

Questions however remain about what constitutes 'evidence' and how much of this type of knowing is a necessary precursor to action. Rather than seeking to gather *more* evidence, and to prove that asset-based approaches are effective, asking questions about what we consider to be evidence would seem to be important. Consideration might be given to, for example, the role of monitoring as compared to evaluation; the indicators of change (as opposed to definitive measures), how much knowing is enough, and what the role of reasoning, intuition and humanity are in public health research and evidence.

Language and implementation

Throughout the research there was a general sense of positivity and support for asset-based approaches and their potential for improving outcomes for individuals and communities by promoting, strengthening and fostering the factors that support good health and wellbeing. In essence, asset-based working for health and wellbeing in this context is seeking to create approaches that are engaging and participatory, enabling people to lead solutions and action for health, underpinned by a focus on what 'makes us healthy'[12,17]. However, it would be remiss to overlook the issues that remain with the language of 'asset-based approaches' and how the terminology is interpreted both by professionals and by the people they work with.

[f] *Health assets* can be described as the collective resources which individuals, families and communities have at their disposal that protect against negative health outcomes and promote health and wellbeing and improve life chances. The primary focus is on valuing individual and collective psychosocial attributes but also includes the intangible assets such as knowledge, experience, skills and social capital.

This research has demonstrated that the language of asset-based approaches remains a provocative issue. All stakeholders and many other interviewees, although defining and describing the approach differently, displayed a mutual understanding of the terminology, underpinned by shared values. However, for some the language was construed as jargon, was opaque[45] and was associated with potential misinterpretation and confusion. The language of strengths and capabilities did provide a helpful steer away from a more traditional focus on needs and problems.

Asset-based approaches are not easily definable. They are wide-ranging, based on a philosophy or way of seeing the world, and are related to and align with other labels (e.g. community development, strengths-based approaches). This piece of research further serves to highlight the diversity of asset-based working in practice but also reveals a common essence and focus. As reported previously[22], it is not about either deficits or assets, but rather seeing a person as a whole in the context in which they live and seeking to focus on "*what is strong rather than what is wrong*"[46]. However, this research found an overall sense that a more streamlined definition would be helpful.

There was also discussion about whether an asset-based approach can be modelled. Interviewees raised questions about how to set out what asset-based approaches look like, so that practitioners might know whether they are working in this way. Some felt that more guidance about the 'how' (rather than the 'why') of asset-based approaches would be welcome.

Herein lies the difficulty. Asset-based approaches are just that – approaches. How these are put into practice cannot be pre-defined. Working in an asset-based way may take many forms and, we argue, cannot be set out, scaled up or rolled out. They are context-specific and are about people and relationships in a place and time. It is, however, the guiding principles that are transferable. Perhaps the potential of asset-based approaches to positively impact on health, wellbeing and inequalities lies in small shifts by many people operating across service settings, to reach a point of tipping the balance from a focus on deficits to a focus on assets.

Asset-based approaches are rooted in mindset. Common across all cases it is clear that these services are a function of human interaction. It is those who manage, plan and work within the service that determine whether the work is asset-based or otherwise. It is their thinking and action, and the resultant interaction with the individuals and communities they work with that determines the holistic, sensitive and person-centred nature of the service.

Delivering differently

The services studied in this research work with individuals or groups who have a recognised need, including some of the most vulnerable individuals and communities in our society. It is arguably these people who have the most to gain from a more asset-focused, enabling approach to public services. However, they also have the most to lose without appropriate support, investment and resource.

Nonetheless this discussion takes place in the context of reductions in public spending and welfare changes, demographic change, increasing pressure on the NHS due to more diverse populations, and the changing nature of disease. Asset-based approaches are not a remedy for this set of problems. While taking such an approach may help in addressing some aspects of these issues, asset-based approaches are not, in and of themselves, an appropriate response to them. They require investment, of both time and money, to come to fruition and structural and legislative change to how statutory systems work. The theory of asset-based approaches is about valuing people and working with them in a different way, appreciating their connections, contributions and participation, and changing the relationship between those supported by services and those offering the support.

The significance of a set of core skills, personally and professionally, was reflected across the research and in relation to staff recruitment in particular. The importance of personality, humanity, patience and perseverance in building effective relationships cannot, it would seem, be over-estimated. We found evidence of positive relationships being forged between public services and individual citizens and communities. Traditional models of service delivery were being replaced or reoriented in favour of services built with a greater sensitivity to the requirements of the service user, and with reference to their family, social and economic circumstances. Service staff and those being supported by services spoke of opportunities for choice, influence and control over their interactions with public services, and their own health and wellbeing. These models of working were seen to be taking a holistic approach to service delivery and there was a clear emphasis on existing individual and community strengths and resources. A strong focus on what matters to people accessing services and community members, across all spheres of life, was evident.

The asset-based working observed as part of this research was largely practice-based, experiential and sometimes instinctive. Staff and individuals within these cases were committed to listening to and supporting people to mobilise and connect their assets to achieve their aspirations, make outcomes personal and localised, and arguably more sustainable. Across the cases it was common for some elements of the service to be pre-determined due to funding and targets. For example, an employability service may be funded on the basis of securing employment for a defined number of people per year. This research demonstrates that it remains entirely possible to work with people in an asset-based way in this context, with a focus on seeking to understand their skills and abilities, what motivates them and what they would like to achieve in the future.

Staff were frequently supported by managers who trusted and enabled them to work responsively and flexibility within their role, with clear support mechanisms in place. The notion of working 'instinctively' challenges the professional-human dichotomy and links clearly to the importance of power sharing and collaboration. Commitment to asset-based approaches requires a real willingness on behalf of those who have power to share it[16], an often challenging proposition. A reluctance to give up status and control has been highlighted as one of the key challenges to asset-based principles being embedded within practice[47], alongside issues of accountability for the delivery of quality public services.

It has also been suggested that a lack of progress in implementing asset-based approaches has more to do with professional authority and the need to be seen as the 'expert'[17]. It is also clear, however, that staff cannot 'give' power to people, but they can make it available to those who can and want to take it for themselves. This way of working buoyed other organisations with the potential to contribute to wellbeing outcomes, to refresh their priorities and attitudes, and to change the way they used their personal and organisational assets.

Target-driven cultures were cited as counterproductive when taking an asset-based approach. Performance measures and targets for referral or treatment were largely recognised as contributors to outcomes such as improved self-esteem, greater participation, increased social connectivity and better wellbeing, rather than ends in themselves. However, where such targets were inflexible to local circumstances, and were prioritised over building relationships for longer term gain, asset-based approaches may be compromised.

The importance of context

The context in which services operate is a key consideration. For services seeking to work in an asset-based way, the shift may be about local or national policy directives, or a fundamental organisational and practice-based decision to achieve better engagement and outcomes for individuals. In reality, policy and practice interplay.

In community-based projects, staff were not always aware of policy directives, evidence or theoretical underpinnings in relation to asset-based approaches. Instead, their motivation was about people, personalities and relationships, alongside skilful navigation of statutory sector structures and processes[22]. Within statutory services, there is more knowledge of the policy landscape but, it would appear, a limited understanding and confidence in how to translate this into practice. The examples of asset-based working presented within this report are, in general, working on the periphery of mainstream service delivery, in many cases providing highly specialised practice, often with specific groups. Identification of asset-based approaches within core health and care service provision proved challenging. This raises the question as to whether or not it is possible to work in an asset-based way, embedding asset-based principles from within existing public systems, and to move practice from operating on the margins to the mainstream.

Many of the asset-based approaches, initiatives and programmes which are currently underway in Scotland started from a working position outside existing statutory structures. These initiatives were based on the initial assumption that it would be difficult to take an asset-based approach from within the statutory sector and that a real shift in practice and ways of working could only be initiated from the outside. Earlier research found that it is certainly challenging to make changes from within the 'system'[24]. However, introducing asset-based approaches from the 'outside' also runs the risk of them being seen as peripheral or additional, with limited impact or influence on how mainstream services undertake planning and delivery[24].

Research to date has provided examples of asset-based approaches across the UK, in a range of localities. However these are largely in projects, rather than services[17,22,28]. As highlighted in this research, classifying as a 'service' or a 'project' can be challenging and lacking in definition. Does this differentiation come down to purpose, funding arrangements, time in operation, timeframes for development and delivery, scale or reach? This research has demonstrated that service user feedback is overwhelmingly positive and abundant when service delivery has been undertaken in line with asset-based principles. This finding therefore raises the question how can this approach and the highlighted benefits be further extended and incorporated into a greater range of services and supports for health and wellbeing outcomes.

The workforce, leadership and management

Within the case studies, individual champions of asset-based working tended to lead. A reflective and strengths-based style of appraisal and personal development allowed both the staff and organisations to reframe what was working in the contexts in which they found themselves.

A focus on assets within the workforce requires a complementary approach to leadership – an emphasis on winning 'hearts and minds' (in reframing towards a focus on assets and strengths), influencing peers and empowering staff through flatter leadership models, with flexibility to work collaboratively to make and sustain relationships.

Within the research, leaders were seen to adopt a style that was collaborative and developmental, with a clear vision for change and a focus on the strengths of their staff in a move away from positional authority and hierarchical structures. We found leaders across public services who were exemplifying asset-based principles in inspiring, influencing and advocating for a different way of working within a range of services which impact on health and wellbeing. Going forward, recognising the link between asset-based approaches and organisational culture, appropriate and enabling management styles and workforce development will be fruitful in cultivating asset-based working for health improvement in the service sector.

In supporting the implementation of asset-based approaches, managers must provide leadership and inspiration but also keep 'tight' on issues of financial management, accountability, good governance, robust processes and a focus on delivery[48] while being developmental, asset-based and participative in other aspects of the business. At a time of fiscal constraint within the public sector this is a potentially challenging line to walk, but positive examples from this research have shown how services are managing to do just that.

Summary

Across the research, a number of key points emerged as strong and recurrent.

Evidence in relation to asset-based approaches was viewed as important but there was uncertainty about the relationship between knowing and doing in terms of taking forward asset-based working in service settings.

Pinning-down what an asset-based approach looks like in practice was problematic, although the principles underpinning such an approach were well recognised and understood. In terms of delivering differently, the research uncovered a range of enablers and constraints to working in an asset-based way, including issues related to power and to organisational cultures.

The interplay between policy and practice, and the relationship between asset-based approaches at the margins and in the mainstream were widely alluded to.

The asset-based workforce was seen to be striving to work collaboratively and developmentally with a clear vision for change while retaining financial management, accountability, good governance, robust processes and a focus on delivery.

6. Looking forward: further thinking, discussion and action

In order to support understanding and future development of asset-based approaches for service-led health improvement within a Scottish context, a number of points require further discussion, thinking and action.

Personal and organisational reflection will be important to ascertain whether asset-based approaches should and can become a common part of the way services are delivered, and a key mechanism through which staff support individuals and their families: what is required, what has worked (and to what extent), and what else needs to be in place to create the conditions for asset-based approaches to grow and thrive where appropriate? As highlighted earlier, there are pivotal roles for the NHS, local government and the community and voluntary sectors in improving health, reducing inequalities, and supporting better life chances.

As a result of this research, we raise the following points of thinking, discussion and action for the attention of researchers, practitioners and policy-makers interested and involved in the implementation of asset-based approaches.

Towards a shared understanding

Asset-based approaches take many forms and it is not the model of working that is important but the values and mindset of the practitioner and organisation, the intention behind their practice, and their motivation and attitudes in building and growing a relationship with the individuals they support, set within the context of a wider system. It is however important to be mindful that attention on assets and strengths does not divert focus away from broader structural and material and social issues that lead to poverty and inequality.

The principles underpinning an asset-based approach are now widely recognised and accepted[21] (see Appendix 2). Potential exists to reframe these principles into recognisable behaviours and actions to assist understanding of these principles in practice and to guide implementation of this way of working.

It is these principles that have the potential to guide practitioners and those engaging with services as to the *what, how,* and *why* of asset-based working. Throughout this report we have highlighted that 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. Opportunities exist for "*scaling out*"[49] ideas and learning between organisations, enabling local innovation to flourish. It is recommended that practitioners, researchers, service and project managers and policy-makers are brought together to examine current systems of service delivery, to explore and identify the contribution of asset-based approaches and to consider opportunities for sharing learning and insight.

The development of common theoretical principles, justified by the evidence for the approach, to support practice and provide a framework for using asset-based approaches across organisations and systems would be an important step in achieving more consistency in the range of approaches being taken and supportive collective learning.

A small number of our cases have taken the progressive step in extending the principles of asset-based approaches across whole services and systems. This important step in relation to whole system change enables the noted benefits of this way of working to be realised by those supported by the wider system, strengthened by shared values and a common goal of improving outcomes, in a more consistent way. Learning from these cases and the wider systems in which they are placed should be shared widely.

Influencing policy and practice

Both the policy landscape and growing examples of practice have been crucial in supporting a shift towards new and innovative ways of working in Scotland. However, a disconnect remains between national level policy ambitions and the reality of practical implementation on the ground. Learning from research and practice, both local and national, must feed into the work of policy-makers and opportunities must be created and sustained for practice to influence policy development.

Through our case studies and interviews we have seen and heard the lived realities of asset-based working within a wide range of services, all of which aim to positively impact on and build assets for health and wellbeing, as well as improve life opportunities and chances. We have also heard at first hand the benefits and positive opportunities for people engaged with these services and the experiences of managers and staff working in an asset-based way on a daily basis. However, a number of structural, behavioural and cultural issues and ways of practice that fundamentally challenged and hindered the reach of supportive policy and a move towards ensuring that policy goals influence practice were also evident. These constraints include current organisational conditions, performance targets, the funding environment and workforce capacity and competencies. Services were often delivering on the margins of mainstream provision, bound in the current context of financial constraint and the wider structural and economic challenges of health and social inequalities.

Public service reform and the role of asset-based approaches are not simply about structural change within individual models of service delivery, but rather are about a substantial shift towards a different landscape of health and social care; one that empowers, supports and works with people and communities. This shift requires fundamental change in the way we look at, plan and deliver health, wellbeing and support. It means working differently – in true co-production with people and communities. Crucially, such a shift must not be at the expense of essential public and community-based services that support individuals, families and communities. New work on asset-based approaches needs to be integral to existing services and established interventions, building on relationships between individuals, staff and services, with a focus on positive action for better outcomes[17].

Using learning gained from the case studies presented in this report, further examples of practice which provide an insight into the conditions which support asset-based approaches within service settings are required.

Refocusing the workforce

As highlighted within this report, there are an increasing number of examples of asset-based practice emerging in Scotland. More can be expected as a number of local authorities and NHS board areas seek opportunities to explore asset-based approaches within services and community-based settings for improving health, care and wellbeing.

Moving towards asset-based approaches has far-reaching implications for organisations and the staff that work in them; for roles and skills, and workforce composition and regulation, which expand beyond traditional roles. Recognising that some will instinctively work in this way, there remains a need to invest in (both personally and financially) and develop the practice of the workforce with a focus towards asset-based principles: brokering, facilitating and enabling rather than directing and delivering.

Giving attention to personal values and principles during staff recruitment, alongside other competencies, emerged strongly from the research. Consideration should be given to skills development, knowledge and training for staff working with individuals, families and communities to learn more about asset-based principles, evidence and the theoretical ideas underpinning the approach. Time and capacity to allow staff to reflect on what this means for their role and the relationships they forge, with a focus on the importance of the social determinants of health, will be central. The potential for more flexible roles, such as peer support and mentoring, integrated alongside the workforce, also exists.

Opportunities for engaging with and supporting people to instigate local activity for health and wellbeing, alongside public sector service providers, should also be explored. These relationships ought to be established in a partnership of co-creation and co-production.

A review of commissioning protocols is required to re-orientate systems and models of funding towards personal outcomes and quality of life indicators rather than a focus on time, task and delivery. This would further support the move towards asset-based approaches within statutory services.

Exploring economic aspects

The Scottish Government, local NHS boards and local government require economic and social value from the services, interventions and activities they fund and commission, particularly in a period of economic constraint[31]. It has also been stated that asset-based approaches will only be retained and embedded if the benefits can be demonstrated in both population health and economic terms[38].

However, evidence of the cost-effectiveness of asset-based approaches remains scarce at present. It is clear that there is a need to further investigate and evaluate the broader economic costs and benefits of asset-based approaches and community-centred approaches, including the wider benefits of involvement and volunteering.

Traditional approaches to establishing 'value' have tended to overlook what people and communities can bring to services, although it seems logical that building on the assets and resources within individuals and communities will lead, in the longer-term, to more sustainable services. The cases presented within this report have demonstrated across a wide range of services and sectors, the importance of recognising and nurturing personal, social and cultural values, alongside the significance of collective effort and benefit, building social capital, citizen-led action and enabling individuals and communities to participate and have a role in making decisions that affect them. Consideration of this range of values may help to inform future economic or evaluation approaches.

Building the evidence base

The authors firmly acknowledge the need for further research and evaluation of asset-based approaches for health and wellbeing. Given the theoretical underpinnings and context of this work in communities and services, attention needs to be paid to methods of evaluation and related research.

There is broad consensus that traditional evaluation methods are not appropriate for asset-based approaches and that current methods, often rooted in deficit-based statistical data, need to be revised. There is growing agreement that personal experience and stories can be powerful illustrations of change and provide an indication of the success of the approach[17]. The need to strengthen the overall evidence base, as well as the status of that evidence[17] is also vital, alongside a dialogue around the wider nature of the evidence for asset-based approaches.

Rather than seeking to gather *more* evidence, and to prove that asset-based approaches are effective, we should perhaps be asking questions about what we consider to be evidence. The role of monitoring as compared with evaluation; indicators of change (as opposed to definitive measures); how much knowing is enough to stimulate action; and the role of reasoning, intuition and humanity in public health research and evidence are all important considerations.

To inform practice on the ground, thought needs to be given to how best to share the learning and insights nationally so that practice, knowledge and the research base can be strengthened and awareness deepened.

Summary of points for further thinking, discussion and action

- Attention on assets and strengths must not divert the focus away from broader structural, material and social issues that lead to poverty and inequality.
- The principles underpinning asset-based approaches are transferrable and provide a useful guide as to the *what, how,* and *why* of asset-based working. There is potential to reframe these principles into recognisable behaviours to aid understanding and guide asset-based practice across different contexts.
- Rather than scaling up, 'scaling out' is recommended – sharing ideas and learning between people and across organisations to support innovation to flourish.
- Bringing together relevant and interested parties to explore and identify the contribution of asset-based approaches and consider opportunities for sharing learning and insight is recommended.
- Learning from research and practice, both local and national, must feed into the work of policy-makers and opportunities must be created and sustained for practice to influence policy development.
- Further examples of practice are required to provide greater insight into the conditions which support asset-based working in service settings, with a particular focus on organisational conditions, performance targets, the funding environment and workforce capacity and competencies.
- There is a need to invest in and develop the practice of the workforce with a focus towards asset-based principles. As well as more traditional competencies, the personal characteristics and intuitive approaches of the workforce will be important in determining the move towards asset-based working.
- Commissioning protocols that are focused more squarely on personal outcomes and quality of life indicators than on time, task and delivery are required to support asset-based working to flourish.
- Recognising the value of what people and communities can bring to services, there is a need to further investigate and evaluate the broader economic costs and benefits of asset-based approaches.
- There is a need to strengthen the overall evidence base for asset-based approaches, as well as to raise the status of that evidence. Attention needs to be paid to the appropriateness of the methods used to research and evaluate asset-based approaches and how best to share the learning and insights locally and nationally.

7. Final reflections

Asset-based approaches for health improvement in Scotland have come a long way over the last five years; from inclusive, often unique practice predominantly in community-based settings to holistic and person-centred health and care services. Asset-based approaches are now firmly located within Scotland's health and social care policy literature and ambitions for the future. There is growing support for and consensus that asset-based approaches are a vital part of a progressive step towards improving outcomes for people and communities[16].

Yet, despite this national policy commitment and imperative, rapidly growing interest in the approach and many good examples of asset-based working being implemented and delivered in practice, asset-based working remains far from 'the way we do things' within health and care services[12].

This research supports and contributes to the literature on asset-based approaches and reinforces the recognised underpinning values and principles[21]. The importance of positive relationships and partnerships, sensitivity and appropriateness, humanity and inclusion, leadership and organisational culture, and growing confidence and aspiration, were clear in this work.

Empowering individuals and mobilising the expertise of local communities are central to public sector reform. While the reform programme in Scotland will take time, there are immediate steps that health and social care partnerships, NHS boards, local government and the third sector can take to re-orient and re-shape their own work, the work of their organisations, and in the communities in which they live and work, in a move towards improved health and wellbeing.

At their heart, asset-based approaches are about valuing the skills, strengths and successes of individuals and communities, recognising the importance of achieving a balance between service delivery and community building, as well as meeting people's needs and nurturing their strengths and resources[20]. The approach is about promoting and strengthening the factors that support good health and wellbeing, protecting against poor health and building and fostering communities and networks that sustain wellbeing[17]. Such approaches reflect a commitment to operate in a different way. More humanity, more meaningful partnerships and co-production between service providers, those supported by services and local communities, and positive action for improved health and wellbeing is surely desirable in the future of health and care services in Scotland.

An important next step will be to ensure greater acknowledgement and awareness of the value and contribution of holistic, person-centred services in supporting individuals to overcome health and social issues, and their role in enhancing and accelerating wider health and care services. Finding appropriate and effective ways of moving this practice from operating on the margins of service delivery for the targeted few, to mainstream provision for the benefit of the many is a further ambition worthy of attention. The sharing of asset-based principles and examples of practice across whole services and sectors, with a focus on relationships and unlocking the potential of people and places, is recommended as a good starting point.

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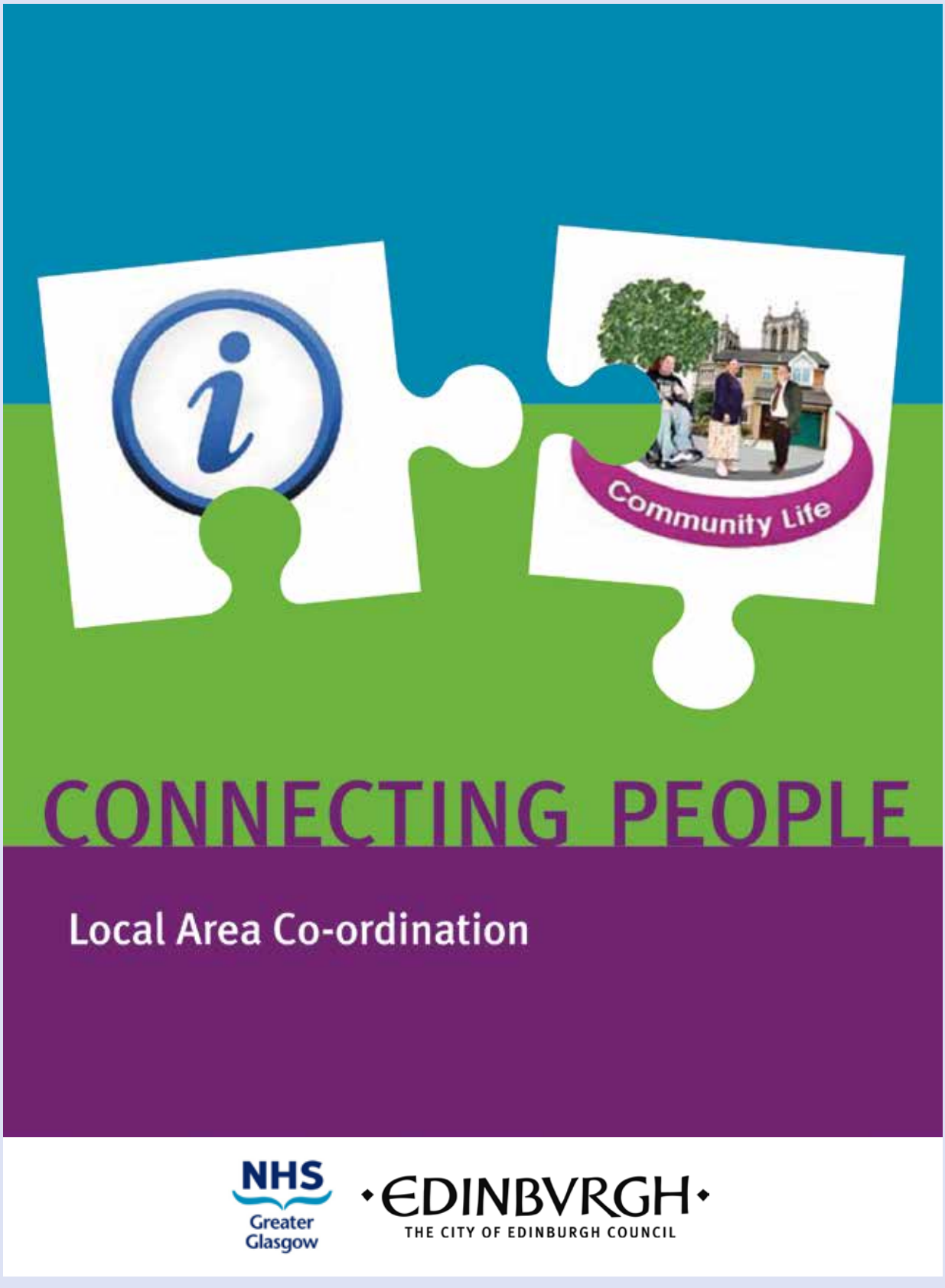
Part Two

Case studies

The detailed information presented in each case study was gathered from documentary analysis and staff and service user interviewees (see Section 3, 'Research approach'). The write up of each case study was reviewed and approved by each individual service and all information was correct at the time of writing (February to May 2016).

Primary Care Learning Disability Local Area Co-ordinators



Primary Care Learning Disability Local Area Co-ordinators is a service based within a primary care setting that supports people with learning disabilities and their families to lead meaningful, connected lives within their own communities.

This case study focuses on the delivery, experiences and learning of the primary care Local Area Co-ordination service pilot in Glasgow and Edinburgh, carried out between April 2013 and March 2015.

What are the aims and objectives?

The aim of the Local Area Co-ordination (LAC) Primary Care service pilot is to have a positive impact on health outcomes and address health inequalities faced by people with learning disabilities.

Specifically the project aims to:

- contribute to the evidence base for LAC practice and health improvement
- support health improvement by facilitating early intervention and prevention
- identify community assets, networks and resources that can contribute to improved health and wellbeing for people with learning disabilities
- build capacity for self-management.

"Recognising that primary care needs to be more sophisticated about how it supports people with learning disabilities."

Local Area Co-ordination attempts to move beyond routine consultation and treatment by adopting an upstream preventative approach. Through a partnership of staff and service users, the service aims to facilitate appropriate access to health services, provide support to enable people with learning disabilities to lead healthier lives, and to build capacity to address the wider health and social care needs of people with learning disabilities.

"Supporting people with learning disabilities to live independent lives in their communities."

Who does the service support? Who does it work in partnership with?

The service works with a "*vast spectrum of adults with a range of learning disabilities*". The LACs work with the individuals with learning disabilities, their families and the wider community.

"Primary Care LAC is looking at health and wellbeing beyond the health service."

In **Glasgow**, the LAC service is based in a Maryhill[g] GP practice and engages with adults with known or suspected learning disabilities that are not currently engaging with, or are rarely seen by, mainstream services. Following consultation with a group of GPs it was felt the service in Glasgow would be most beneficial for this group in a bid to improve health and social outcomes. They *"could see potential advantages for their patients"* in having a health professional able to support adults with learning disabilities with health and social issues. The service is brought to people's attention by a variety of sources, including a direct link from their GP and local health and social care professionals, family members, word of mouth, local advertising and the presence of the LAC within the GP surgery.

"An early lesson was that those with the greatest need for LAC support were people who don't engage with a GP, often vulnerable people with a learning disability who have poor health and generally poorer social outcomes."

In Glasgow the primary care LAC is employed by NHS Greater Glasgow and Clyde. The strategic delivery of the service is overseen by a Learning Disabilities Consultant Nurse, in conjunction with the Glasgow LAC Steering Group, with reporting to the national LAC Steering Group.

At the time of research, the Glasgow LAC had worked with seven service users (six months into the pilot), with the aim of working with between 15 and 20 service users over the two years of the pilot.

In **Edinburgh**, the primary care LAC is based in a GP practice in Craigmillar[h]. Taking a different approach to Glasgow, the service engages with those suspected or diagnosed as having a learning disability based on their life experiences and contact with services, with a focus on supporting *"those who get by"* and who *"often struggle along in isolation"*. Referral to the service is via GPs, practice nurses and the Community Learning Disabilities team. In Edinburgh, the Co-ordinator, at the time of research, had worked with 26 individuals, all with a suspected learning disability.

"A base within the GP practice has helped spread out the work into the local community."

Within NHS Lothian, the services supporting people with a learning disability are delivered in partnership with the third sector and the local authority, where there is an *"expectation of community-based services for those with learning disabilities due to the local integration agenda and the policy environment"*. The Co-ordinator is employed by the local authority but works from an NHS base three days per week. The post is jointly managed by a Project Managers from NHS Lothian and Edinburgh City Council.

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[g] *Maryhill* is a community in the North West of Glasgow, with a population of about 13,000 (http://www.understandingglasgow.com/profiles/3_nw_sector/2_maryhill_road_corridor).
[h] *Craigmillar* is a community in the South East of Edinburgh, with a population of about 7,000.

The strategic delivery of the service is overseen by the Strategic Lead for Disabilities within NHS Lothian, in conjunction with the Lothian LAC Steering Group and reporting to the national LAC Steering Group.

"It's not in the job description but it's about helping someone with something they are struggling with, which might be stressing them out."

The pilot was managed by a Steering Group consisting of the strategic leads for the three funded NHS Boards (Glasgow, Lothian and Grampian) "*providing opportunities for learning across multiple sites*", Napier University who were carrying out the evaluation of the pilot in NHS Lothian and NHS Greater Glasgow and Clyde, and The Alliance. This group was supported and chaired by the Scottish Commission for Learning Disability (SCLD).

The role of the Steering Group was to discuss and negotiate the structural and operational issues related to delivery of the pilot (e.g. recruitment, communication, remuneration) and the "*practicalities of implementation*", where contextual factors can pose "*massive challenges*". With support from SCLD, the LAC primary care teams in Glasgow and Edinburgh recruited a local reference group to ensure that development of the project and capacity building plans were informed by local stakeholders.

What does the service do? How does the service work/deliver?

The service works to support adults with learning disabilities, within their own communities to "*take ownership of their health*", through improving their self-esteem and confidence, supporting them with self-help strategies, building capacity for independent living and community capacity for inclusion. The service is "*working with people for sustainable change*", and recognises there is a "*fundamental difference between the LAC model and a traditional clinical approach*".

Although the "*role of the primary care LAC is not predefined*" there are five core dimensions to the post:

- Information, signposting and guiding.
- Developing relationships.
- Promoting inclusion.
- Planning, empowerment and independent living.
- Influencing public service delivery.
- Advocacy.

Local Area Co-ordinators help to signpost and link individuals and their families to local community assets, resources and networks that can contribute to improved health and wellbeing outcomes.

"… bridging the gap between harder to reach people and primary care."

The "*skill of the role is being guided by the person and encouraging them*". Day-to-day activities and responsibilities include:

- getting to know the person and the others who are significant in their lives.
- asking them about themselves and what matters to them. What do they do in a normal day?
- finding out what would they like to achieve and what interests them. Concerns and worries?
- liaising with health and social care professionals involved with the individual.
- getting to know the assets and resources in the community and identifying what is available locally for people with learning disabilities.
- linking and signposting between the person and local resources – *"Linking locally is the important thing"*.
- writing up notes from meetings with people accessing the service and others.
- keeping a reflective diary.

"We are seen as an additional resource, someone who does have the time to make the connections."

"We try and treat from a social perspective in a community connected way."

The approach taken by the primary care LACs is focused on looking at "*social prescribing rather than medication*".

An important tool of the LAC is their knowledge of the community and working in partnership with the person: "*It's is not about referring them onwards to address their needs; it's looking at the resources in their local community which they can draw on*".

Contact with the service is "*at the person's pace*". There are no timescales for how long a person can be supported by the service which "*holds its own challenges*", but which has allowed the role to "*develop without service constraints*". It is also "*up to each individual themselves how much they want of LAC*". Individuals reflected that the "*LAC was able to offer time to help me work through the issue I am facing*" and that they "*felt a wee bit safer, more stable and confident knowing [LAC] is there for me*".

"I'm by no means helpless but sometimes I just need a little bit of extra help and [LAC] can do this."

The primary care LAC plays a dual role in supporting and working with the individual and their family and, more strategically, as a "*middle man or go-between*" linking individuals and services, advocating, building knowledge and establishing connections. "*Freedom, autonomy and flexibility are essential to the role*" which can be demanding as it "*conflicts and challenges established ways of working*". Individuals must be confident and experienced to carry out the role.

Standard LAC person-centred planning tools and literature is used to help explore what the individual would like to gain from the engagement and to record contacts.

Why and how was the service developed in this way?

It is recognised that the health and wellbeing of people with learning disabilities is heavily influenced by their local community and social networks[i]. The extent to which people can participate and have control over their lives makes a critical contribution to their psychosocial wellbeing and to health.

An asset map of Maryhill, Glasgow.

The Local Area Co-ordination approach in Scotland was introduced following a recommendation in '*The Same as You? A review of service for people with learning disabilities*'[j] published in 2000.
Local Area Co-ordination was developed in Australia in the early 1980s and was designed to:

- provide direct family support
- support and facilitate access to community resources
- develop local community service level collaborations to enable participation of people with intellectual disabilities in local services.

[i] British Institute of Learning Disabilities. *Supporting older people with learning disabilities: a toolkit for health and social care commissioners.* Birmingham: BILD; 2014.
[j] Scottish Executive. *The Same as You? A review of service for people with learning disabilities.* Edinburgh: Scottish Executive, 2000.

This way of working is now well established in Scotland but many different models of implementation exist, with a wide variation in almost every aspect of the organisation arrangements for LAC in Scotland reported[k]. Local Area Co-ordination is based on a vision of society where disabled people and their carers are valued as full and equal members of the community.

Local Area Co-ordination in Scotland is primarily delivered through local authorities and the third sector. There are over 80 Local Area Co-ordinators working in 26 of the 32 local authorities in Scotland, predominately based within social work adult services, with the further six local authorities contracting their provision to the voluntary sector.

In 2012/13 the Scottish Government provided funding to three NHS boards to develop a primary care Local Area Co-ordination service where the "*idea was to try to 'marry up' what we are doing in primary care and the Local Area Co-ordinator role, with learning disability nurses offering proactive health reviews for those who are registered as having a learning disability with their GP*". Funding was awarded to NHS Greater Glasgow and Clyde, NHS Lothian and NHS Grampian.

"GPs looking for solutions out with normal service delivery."

The development of primary care based Local Area Co-ordination is grounded in a supportive and receptive policy environment. The policy context makes clear that putting community and social relations at the heart of health and social care policy and supporting the provision of personalised and more flexible services gives individuals greater choice and control over they types of services they require for positive outcomes. Many interviewees reflected that the "*…timing couldn't be better for LAC*" due to the nature of the supportive policy environment at the present and the "*opportunities it presents to try to do things differently*".

In what way is the approach taken by the service 'asset-based'?

The service provided by the primary care Local Area Co-ordinators is driven "*by the person and their individual circumstances*" and is personal, reliable, adaptable and responsive, and evolves to the needs, requirements and wishes of the individual. The service begins with the individual and works with them to establish the issues that they would like support with and their hopes and aspirations for the future.

The primary care LACs work to empower the individuals by supporting them to build confidence, life skills, and connections to their local community. Furthermore, the service helps adults with learning disabilities to take increased control over their lives and, with support, construct independent lives within their community.

[k] Scottish Executive. *Evaluation of the Implementation of Local Area Co-ordination in Scotland.* Edinburgh: Scottish Executive; 2007.

LAC is "*about a way of viewing a person. It's about seeing everyone as having a valid contribution to make, not just being in need*".

"Allowing individuals to identify what's important to them and empowering them – rather than what's important to the service."

The work of Local Area Co-ordination is underpinned by ten principles, which align with the ethos of asset-based approaches – a positive, participatory, enabling outlook; "*a value-based way of working*".

In brief:

1. As citizens, people with disabilities have the same rights and responsibilities as other people to participate in and contribute to the life of the community.
2. People with disabilities, often with the support of their families, are in the best position to determine their own needs and goals, and to plan for the future.
3. Families, friends and personal networks, are the foundations of a rich and valued life in the community.
4. Supports should be planned in partnership with individuals and others important to them.
5. Access to timely, accurate and accessible information enables people to make appropriate decisions and to gain more control over their lives.
6. Communities are enriched by the inclusion and participation of people with disabilities, and are an important way of providing friendship, support and a meaningful life.
7. The lives of people with disabilities are enhanced when they can determine their preferred supports and control the required resources, to the extent that they desire.
8. All services and supports should aim to achieve a good life for people with disabilities with consistent, high quality services.
9. Partnerships between individuals, families and carers, communities, service providers and the business sector are vital in meeting the needs of people with disabilities.
10. People with disabilities are citizens and have a lifelong capacity for learning, development and contribution. They have the right to expect that services and supports are able to respond to their changing needs and aspirations and the opportunity to contribute to society through employment, public service and by other valued means.

The importance of the relationships and trust that the LAC builds with the people they support cannot be over-estimated. The service supports individuals with health and care requirements. Many also have social, financial, housing and family issues. The service establishes links and signposting to appropriate volunteering and educational opportunities as "*social isolation is a major factor*". LACs often attend appointments with individuals to support and advocate for them and support at new meetings or groups to help individuals settle in. An individual supported by the service spoke with great feeling about how the Co-ordinator had attended a family funeral with him.

"[Named LAC] was just at the back, for extra support in case anything happened. Was a great help and reassurance for my brother knowing that [LAC] was there for me."

The service is about investing in people as active participants within their local communities, recognising that people with learning disabilities contribute to inclusive, vibrant communities. The primary care LACs carried out asset mapping exercises in their local communities. They were able to highlight both individual and community level assets and engage local people in conversation about their community by asking 'what's important to you – what keeps you healthy?' This exercise uncovered a wide range of resources and demonstrated that "*there are options and opportunities for people with learning disabilities*".

LACs are an integral and a strategic part of the network of public services that demonstrate society's commitment and responsibility to support all people to fulfil their potential in their community and which are "*blurring professional boundaries*". LACs are clearly working to recognise and enhance existing individual and community level assets and to create and build new assets to support health and wellbeing.

"LAC embraces a model of partnership working, knitting services together, breaking down models of health and care."

What are the strengths and challenges/barriers?

The Local Area Co-ordination approach, combining strategic, individual- and community-focused work is a way for people who are beyond the reach of formal services to access tailored support. This support enables them to build personal capacity and their network of local resources which better suit their needs and aspirations. The approach develops inclusion within services and the wider community and helps to reduce risk. The strengths of the approach are rooted in the development of inclusive, responsive and adaptable support mechanisms, and strong local connections combined with a supportive management structure.

"Builds confidence. Helps people to think in a different way, try new things and to challenge things that are going on in their lives."

The current supportive and receptive policy landscape has provided acceptance and opportunities for services, across sectors and in collaboration, to work differently to try to achieve longer term sustainable outcomes for adults with learning disabilities. Although LAC has been in operation in Scotland since 2000, the service has been delivered in a locally specific context, predominantly by local authorities. The primary care LAC service "*feels new*" and has been embedded using a "*locally and nationally co-ordinated and negotiated approach*". The introduction of the post into a GP setting has enabled primary care staff to "*think differently and given us more options about how we support people with learning disabilities*". It has "*challenged attitudes and behaviours within general practice*". Although it remains early days, the service has worked hard to raise awareness of learning disability issues within communities. The ability to identify community-based responses and opportunities is a strength of the approach taken.

"People now giving things to their community who weren't before, feeling that they have a contribution to make."

The approach of the service has focused on ensuring local visibility of the LACs within their respective communities. Referrals come from a variety of sources from local GPs to friends and family. The service provides health and care support, advice and information in a holistic way, with clear consideration of the many factors which may impact on an individual's health and wellbeing. The service has supported adults with learning disabilities to be better informed and able to access a range of supports and services available to them, enabling them to make meaningful choices, develop individual and family capacity and to engage more effectively with other agencies.

On the other hand, the existence of the LAC in Scotland is threatened, as cited by interviewees, by planned cuts and efficiency savings to local authority budgets. Specifically, within primary care a challenge remains for "*embedding the [LAC] role in a structured and defined context*" and further "*sustaining and extending the model into other NHS settings*".

"Collaboration and creativity are key to overcoming the challenges."

Due to the evolving nature of the service as a pilot, the primary care LACs are currently working with a small number of people in both sites. There is some concern that a LAC "*could get a little bogged down because you do get very embedded in people's lives*". A balance therefore needs to be struck between what can be achieved by the role, encompassing its individual responsive nature, and the capacity and emotional resilience of the LACs.

Interviewees were clear about the difference the primary care LAC makes to individuals who engage. However, the impact and cost-effectiveness of the service is not yet evident due to the small number of people the LACs have worked with and the relatively short length of time the service has been in operation. The identification and agreement

of robust measurable outcomes for the evaluation has proved challenging due to the diffuse and evolving nature of the LAC role, for which a focus on "*identifying and quantifying both hard and softer outcomes*" is required. Nonetheless, it is envisaged that the evaluation will provide evidence of impact and effectiveness in terms of the positive contribution the service can make to an individual's health and wellbeing. Such insights will help to fill a perceived gap in the evidence base which is seen as "*…critical to securing the future and integrity of LAC in Scotland*". Ongoing recording and measurement to fit within existing statutory reporting structures continues to be a barrier to "*working differently within existing service structures*".

"Takes time to embed it, takes time for professionals to get it."

Furthermore, an ongoing challenge for the service is ensuring that there is "*no overlap between the work of the LAC and other services*". Interviewees reported that GP practices are inundated by a range of different services, often providing similar services.

Development of a relationships and interests map.

What difference does this service make and how has success been measured?

Evaluation is integral to the pilot. An independent evaluation of the Primary Care LAC service in Glasgow and Edinburgh was undertaken by Napier University. The evaluation investigated a number of outcomes of interest at three points in time during the pilot; baseline, at the mid-point and one year later.

The overall purpose of the project evaluation was to assess the extent to which Local Area Co-ordination can address determinants of health and subsequently affect health outcomes.

The aims of the evaluation were to:

- undertake a process evaluation of the barriers and enablers to implementation including an understanding of the context of the pilots
- undertake an outcome evaluation to assess the impact of the pilots at an individual and service level
- contribute to future service planning.

An outcomes-focused model for LAC delivery in primary care settings based on the LAC practice framework was also developed. The evaluation also incorporated a contribution analysis component, in determining the contribution the service has made (or is making) to its key outcomes areas of:

- subjective quality of life
- improved service from primary care team
- identification of the specific contribution of LAC
- improved community connections
- community knowledge
- contribution to evidence on cost-effectiveness
- health awareness of other services.

The findings of the evaluation[l] reported that due to the modest scale of the evaluation definitive conclusions about the effectiveness of the model, its impact on health outcomes or its transferability to other sites, cannot be drawn, and further evaluations of a greater number of services, over a longer period, are required.

A number of positive indications of the potential of the LAC model within primary care were stated, in brief below, including[l]:

[l] Scottish Consortium for Learning Disabilities. *Local Area Co-ordination in Primary Care in Scotland. Evaluation summary report.* Glasgow: SCLD; 2015.

- A LAC service located within a primary care setting can provide highly valued support for patients whose needs are frequently not met elsewhere.
- The LAC model can transfer to a primary care context, but time is needed to build understanding of the role of the LAC and for the LAC to develop their understanding of the primary care culture and ways of working.
- Although the majority of those with learning disabilities may be registered with a GP, it cannot be assumed that primary care is a more accessible route in to support services.
- LAC can be very successful in reaching those who 'fall between the cracks' of other services, particularly for those whose learning disability is mild but whose health outcomes are affected by a range of other factors.
- The LAC approach to relational-based support founded on principles of self determination and personalised outcomes is an important means of building a relationship and enabling people to achieve their goals.
- The LAC can act as an important intermediary between patients, healthcare professionals and other agencies.

LACs record monthly statistics and write case studies of individuals they have worked with. Individual service user journeys are also developed to record and illustrate the contacts, steps taken and progress made by those supported by the service.

A number of early impacts of the service on individuals supported and their family members, LAC and primary care staff and other organisations that the service is in contact with, have been reported. These include:

- Reducing isolation for people supported by the service.
- Redressing the power balance between professionals and service users – "*support the person to do and explain things their own way.*"
- Reaching people not usually reached and keeping them engaged.
- Influencing other services – showing GPs what can be done with people who are seen as 'revolving door' cases.
- Learning about the organisations in the local community and the assets, opportunities and resources that exist locally.
- The ability to challenge welfare decisions following support from LAC and advice from local organisations.

- Creating greater awareness of primary care staff and their enabling role.
- Providing advice and support about community resources and information to primary care staff and a willingness to learn about the roles of others.
- Providing an immediate alternative referral route for GPs and primary care staff for individuals requiring additional support in relation to social, housing and employment issues and worries which may be affecting their wellbeing.

"LAC plays a significant role helping people with a learning disability to build a healthy life – supporting connectedness, empowerment and engagement."

A number of early impacts on other health and care services have been identified. Initial scepticism by some primary care staff about the service has abated now that it is in operation with referrals being received from across primary care and supporting partnership locally working across teams and organisations. However, professional staff highlighted the need for evidence that the LAC approach works and that it is able to achieve positive sustainable outcomes for individuals. Furthermore, while professional staff recognise the primary care LAC role is valuable, of which "*there are no doubts and there are definitely benefits for the practice and patients*" it was felt questions remain as to the cost-effectiveness of the service, due to its nature as a high intensity intervention.

What are the workforce development implications of working in this way?

Primary care LAC staff and the service that is provided to adults with learning disabilities has evolved over time to complement existing practice in health and social care, while trying to work differently within existing structures. LACs reflected that: "*We've changed as we've gone because we didn't know what to expect*".

The role has developed based on practice-based learning, the practicalities of working differently and the very personal and flexible nature of the service. The importance of having a "*supportive and friendly GP on board*" to advocate for the approach among colleagues has been crucial in relation to access, credibility and supporting more creative approaches to improving health and wellbeing within their practice.

LACs were found to come from a range of professional backgrounds and highlighted that the role "*evolves naturally*". It was felt by those involved in the primary care LAC role that "*you either get this way of working, and the value of it, or you don't*".

LACs spoke of undertaking training and developing interests in resilience, person-centred approaches and planning, producing easy-to-read resources, accessible communications and graphic facilitation, and taking the initiative to find out and make contact with relevant organisations. The national and local steering groups also provide a forum where LACs can share their experiences and perspectives. The annual LAC conference

and other events, organised by SCLD, were highlighted as important learning, networking and capacity building opportunities.

"I don't think you could tailor a training package for a LAC."

The recruitment of the primary care LACs was undertaken differently in Glasgow and Edinburgh due to existing systems and structures. In Glasgow the post was recruited through the NHS, but due to the constraints of Agenda for Change this process proved to be challenging – "*trying to recruit someone through the NHS whose role wouldn't fit in to traditional ways of working*" – resulting in the post being advertised as Health Improvement Officer post. In Edinburgh, the post was recruited through Edinburgh City Council as they had a well-established LAC job description, with an NHS secondment opportunity.

The pilot service is currently funded by the Scottish Government, with the local NHS Boards contributing to overall costs, providing match funding and infrastructure costs associated with engaging with the GP community.

What can be learned from this service about working in an asset-based way?

The Local Area Co-ordination service works in an asset-based way within traditional health and care services, with the aim of positively impacting on health and wellbeing. Interviewees reflected that for the service to be successful there had to be a "*shared vision of what we are trying to achieve*". Further, "*…you have to be open to learning from other partners and the community*" and the significance of "*needing people across organisations to support the process and help you negotiate organisational bureaucracy*" could not be underestimated. Importance was also placed on "*knowing your areas and building your local knowledge*" when working in communities, which was viewed as a key factor for acceptance and embedding the work locally.

On a personal level, staff expressed high levels of satisfaction in empowering adults with disabilities. "*Seeing people gain confidence through the smallest things… it makes it meaningful*" and "*helping them to feel confident in their own communities*" was valued. The people supported by services engaged with the service spoke with real appreciation for the support they had received, both in relation to their health and wider social issues. It was widely reported that the LAC service had helped to stabilise their health and had opened up new connections and opportunities to them within their communities.

Since the time of research…

The Primary Care Local Area Co-ordination service in Glasgow and Edinburgh was not refunded following evaluation findings and review and has since come to an end (December 2015).

The role of the Scottish Commission for Learning Disability (SCLD), previously the Scottish Consortium for Learning Disabilities, the independent charitable organisation for the learning disability sector, has also changed, with their role now focused on developing an evidence base for effective asset-based approaches more widely, including LAC, and to use this as the basis for sharing good practice and innovation.

The local impact of the primary care LAC approach for individuals in the Craigmillar area of Edinburgh remains clear as individuals still contact and ask for assistance with day to day issues when they see her in the street, even though engagement finished seven months ago. General Practitioners at the Craigmillar Practice where the primary care LAC was based reported that they saw a reduction in appointments from the individuals taking part in the pilot and also noted an improvement in their health and confidence. The individual residents in Craigmillar who were receiving support from the primary care LAC were absorbed into the generic LAC service when the funding of the primary care LAC pilot service in Edinburgh ended.

In Glasgow, work is being undertaken to examine how the ethos and value of the primary care LAC approach can be modelled within existing services supporting people with learning disabilities, such as health and social care partnerships and third sector organisations. The LAC post holder is also working with third sector organisations that use an asset-based approach and linking them with local health and social care partnerships. A reflective service evaluation will also be carried out. Alongside this, the post holder is working with the NHS Greater Glasgow and Clyde Learning Disability Liaison Team to examine its future model of delivery and how LAC approaches could improve joint working between third sector, primary care, health improvement and special learning disability services.

The Bridging Service

Jobs & Business Glasgow

Improving Skills, Promoting Enterprise

The Bridging Service is a client-centred, holistic advice and support service that works across Glasgow, with a focus on employability and positive destinations.

"Offers support to people interested and wanting to move forward with their life."

What are the aims and objectives?

The Bridging Service aims to:

- build on relationships between local people and health/care staff to increase the number of people moving along the employability pathway
- enhance the number of local people with significant health and care needs who want to progress into meaningful activity, further education/training and voluntary or paid employment
- increase the health and quality of life of people accessing services by supporting them to achieve their personal work-related goals.

"Our aim is to help clients progress into employment, education, training and voluntary work. We do this by assisting individuals to build structure and routine, increase their confidence and self-esteem, supporting personal development, providing them with access to local support services, and all designed to support them to make positive changes in their lives. The service we provide is tailored to each individual client and therefore each client's journey is unique."

The Service also has three related objectives to:

- introduce new ways of working across agencies for integrated client support improving partnership and joint working
- support people in accessing services that move them towards work and related opportunities
- increase the number of people with health and social care support needs progressing towards meaningful training, education and/or sustainable voluntary or paid employment.

Who does the service support? Who does it work in partnership with?

The Bridging Service works with Glasgow's unemployed residents, who are aged between 16 and 65 years of age and have been engaging with health, social work or commissioned services, such as homelessness services. The Service states that their

support is most suited to those who are open to the idea of making positive changes and who are motivated to progress into education, employment, voluntary work or training courses.

"Provide something a wee bit different from mainstream services."

Service users cannot self-refer but instead are connected with the Service via a range of routes including referrals from criminal justice, learning disability partnership, mental health partnership, primary healthcare, and children's services.

The Bridging Service Advisers work closely with local social workers, a variety of third sector organisations, NHS services and local health centres. The Bridging Service Advisers are well known across the city through their ongoing presence within different organisations, at meetings and through holding awareness-raising events with healthcare staff.

The Service works in partnership with Glasgow City Council Development and Regeneration Services, Glasgow Community Planning Partnership, Jobs and Business Glasgow, Glasgow City Council Social Work Services and NHS Greater Glasgow and Clyde.

What does the service do? How does the service work/deliver?

"We recognise that everybody's journey in life is unique but we can help people to make positive changes that can take them in the direction they want to go."

Initially, the Service receives a referral form and an Adviser contacts the referring service to discuss how the client would like to be approached in the first instance. Often this is through a phone call, during which the Adviser explains why he or she is contacting the client and offers to meet with them. A first meeting can be difficult to establish but "*if we can get in we can usually hold on to them*".

A dedicated Adviser provides one-to-one advice and guidance to each client throughout their engagement with the service, where they are able to "*form a real relationship*". They work together to assess and identify personal barriers to progression and create an individual action plan, stating goals and aims. One client reflected that they "*spoke about my health, the past, the issues I was facing and where I wanted to go*".

An important early step is to work with the client to carry out an assessment of their support needs. This includes exploring their circumstances, interests, and needs and hopes for the future. The client and Adviser jointly agree an action plan and assess the barriers to moving forward, being clear about the wishes of the client. The client and Adviser then move on to taking the first step on the plan. This may be searching for

volunteering opportunities and training courses, always being mindful that each step is client-led – "*…it's up to them*".

"Initially I was scared to get involved but they put me at ease really quickly."

Personal development workshops, accredited training, literacy and numeracy courses are available to those accessing the service, as are expertise on financial, counselling, and learning support services. Examples of training courses undertaken are first aid, health and safety and food hygiene. If individuals are anxious about attending a course Advisers will meet them at the venue to provide reassurance, if they wish this level of support. They will also maintain contact with the client and the organisation the person is volunteering / training with. They continue to meet up and to look for other opportunities. Although they will work with each individual for "*as long as they need*", clients "*usually take six to 12 months to reach their goals*".

"I often get an email or phone call out of the blue. I always think something is wrong but they'll just be phoning up to see how I am or they've seen a course that they thought I might be interested in. It's nice to know that they care and they're thinking about you."

A 'ladder approach' is taken to progression. If a service user climbs the ladder then the Adviser will work with them to reassess their goals. Equally, an individual can fall off of the ladder at any time for a variety of reasons (positive and negative) and get back on again when they are ready with no barriers to re-engagement.

Advisers help those supported by the service ready to seek work to search for appropriate jobs, to develop their CV, support them with applications for employment and interview preparation. If and when work is secured, the adviser can provide in-work support and ongoing mentoring to their clients to help them sustain their position.

"Signpost, support and guide."

The Bridging Service is delivered by Jobs and Business Glasgow, funded by the European Social Fund and NHS Greater Glasgow and Clyde. Bridging Service Advisers work closely with health service and social work colleagues to ensure that the initial referrer is kept up to date on the client's progress, as well as to work together to ensure that the client receives the most appropriate support at their own pace.

The Service also places emphasis on the provision of training and support for the staff, recognising that investment in the staff "*facilitates the approach and ethos of the Service*". All staff members take part in monthly meetings to aid sharing and collaboration. Each adviser also has a bi-monthly one-to-one meeting with their manager for support.

There is training available including courses in advice and guidance counselling, and in confidence building, where the training and opportunities taken up by the Advisers is "*…only going to help the people we work with*". This ethos is strongly supported by managers.

The main policy influence on the work of the Bridging Service is the Department of Work and Pensions' (DWP) Work Programme. When this programme came into being the Bridging Service had to disengage with clients who moved onto the programme. Initially this was up to ten clients per month, although these numbers are now smaller. If clients move onto the Work Programme, the Service can apply to the Scottish Government for an individual exemption allowing continued support from the Bridging Service, thereby facilitating continuity of relationships built with the Service.

This change in policy directive was achieved by the work of the Steering Group who challenged the existing policy in 2013. Glasgow City Council Development and Regeneration Services department, on behalf of the Bridging Service Steering Group, led negotiations with the Scottish Government and the DWP to influence change and commissioned research to explore the effects and implications for individuals being on the work programme, going beyond the formal role of the group and motivated to provide the best support possible for their clients. The Service has found that many clients are now leaving the Work Programme to re-engage with them, which was reported to be "*a really easy process of coming back, welcomed me back*".

Why and how was the service developed in this way?

The Bridging Service was launched in response to the Equal Access to Employment Strategy and Partnership (2004-2008)[m]. It was recognised that existing employment services were not always able to give the kind of support to their clients that they required due to targets, time limits and resources. Also, it was usual for the client to see a different Adviser each time they attend the Service – continuity was missing.

Equal Access to Employment is a strategic partnership between Glasgow City Council, NHS Greater Glasgow and Clyde, Jobcentre Plus, Scottish Enterprise Glasgow, The Local Regeneration Agency Network (Regenerate), Further Education Colleges and Careers Scotland. The strategy aims to connect up health, social care and employment services in the city to support people with health and social care issues progress towards and into work. An Equal Access Team was appointed by the partnership to facilitate the implementation of the strategy working alongside the partners, recognising that there were a significant number of long-term unemployed people in Glasgow, a third of whom were claiming benefits and wished to work but required help and support to do so. Five independent Bridging Services were formed historically: the East, West and South West Glasgow Services all launched in 2007; South East and North Glasgow Bridging Services followed in 2008. Each was built on the legacy of other services and organisations. The

[m] Glasgow City Council. E*qual Access to Employment Strategy and Partnership 2004-2008*. Glasgow: GCC; 2004.

five separate organisations had their own funding to deliver The Bridging Service, each using it differently due to their local circumstances. The Service was able to provide a "*case management approach – clients would see the same adviser throughout their contact with the Service with the aim of building relationships and sustaining engagement*".

Bridging Service staff were located within health and social work settings. This allowed clients to meet with their Bridging Service Adviser when they were seeing their GP or social worker, for example. However, little joint working took place across the five services. While it had been important for separate teams to be established to ensure awareness of local issues for workers and to allow relationships to be built between Bridging Service workers, debate arose about whether moving towards one Bridging Service for the city might be a preferable model.

In 2009, a review of these independent Bridging Services highlighted a number of issues with this model[n], in particular: defining the Service aims; funding; targets; referral and retention; performance monitoring; and promotion of the service. Notably, the funding model was in conflict with the Service's client-led approach. Funding was subsequently secured from Glasgow Works through a service level agreement which clearly defined a case management approach as the model of working.

In April 2011, the five local area regeneration agencies were merged to form Jobs and Business Glasgow. A large scale management restructuring exercise took place which saw 70% of the management staff leave. As a result of this change, one city-wide Bridging Service came together. A new Operational Manager also took up post in 2011 tasked with bringing the five teams together and in aligning different organisational cultures, roles, and recording and monitoring systems to create one team approach.

"…brought the best bits of practice from existing practice across the city and information and recommendations from strategic evidence review."

[n] Eddy Adams Consultants. *Review of Glasgow's Bridging Services. Final report for the Steering Group*. Eddy Adams Consultants Ltd with Smart Consultancy (Scotland) Ltd; 2009.

There are 18 Bridging Service Advisers working across Glasgow; 12 are funded through a combination of NHS and European funding; and six Advisors have an addictions remit and are funded though Glasgow City Council Integrated Grants monies, plus a dedicated trainer and administrator. The Service continues to be managed by an Operational Manager, a Senior Jobs and Business Glasgow Manager, and a Chief Executive.

The work of the Service is guided by a steering group with representatives from NHS Greater Glasgow and Clyde, Glasgow City Council Development and Regeneration Services and social work.

Future plans for the Service include making an occupational therapist (OT) available to all clients, based on the success of having one OT working with the Service in the North West of the city. Funding remains an issue, however. Further alterations to the Service may be required following securing European funding which is in discussion at the time of writing.

In what way is the approach taken by the service 'asset-based?' What difference does this service make?

The Bridging Service is client-focused. Individuals accessing services meet with their Adviser in a mutually agreeable partner premises location "*we go where it suits them*" and are "*really flexible in how they work with you*". How the engagement progresses is dependent on the client and their confidence level, with the understanding that, for some, engagement can be lengthy. Some clients prefer to be accompanied when meeting with their Adviser, often with the person referring them to the Service.

> ***"Before you get into the Bridging Service you have already reached a certain low – they help build you back up again."***

The Bridging Service fully recognises, understands, and works in line with asset-based principles:

> ***"… the importance of providing tailored support at a pace that suits an individual's needs. We can help with building structure and routine, increasing confidence and self-esteem, personal development and provide access to local support services, all of which can support individuals move into employment, education, training or voluntary work."***

The Service does not work to any particular timescales and will work alongside a client for as long as they wish to be actively involved.

> ***"They don't rush you into it – help you to focus on your goals."***

The approach is adaptable, responsive and varied in nature and is strongly dependent on the needs, wishes and interests of the client. Advisers were also felt to *"go out on a limb"* for [clients] and to actively motivate, encourage and listen. Although the service has employability at the centre, support is non-judgemental and holistic and can take many forms including help with literacy and numeracy, and with health issues.
Individuals are actively supported to identify and participate in a range of training opportunities and courses where Advisers "*encourage [clients] to do something for ourselves*". Although the service is provided on a one-to-one basis, training courses and activities are also opportunities to bring clients together where they are encouraged to share experiences and learning and form supportive relationships. The Service also continues to keep in touch with, and provide aftercare, to clients once they have secured a voluntary, education or employment position.

"It's got me into amazing things!"

"Better idea of where I want to go now, has really built my confidence."

There is a commitment to learning, both for the clients and the Advisers. The Advisers in the Bridging Service are valued as assets and are supported to develop and enhance their own skills for resilience, relationships, partnership working and have autonomy within their role to support individual clients in the most effective way, supported by managers who trust and enable staff to work in this way.

How has success been measured?

The Advisers report making a tangible difference to individuals and their families, and clients echo this. The Advisers strive to "*…treat you like a real person, not a number. They are genuinely interested in you and who you are*". The Service helps clients with recovery from addiction which may lead to getting back custody of children, getting a more secure housing situation and a variety of other issues that affect families.

"That's where I get my motivation from – seeing the outcomes, you can see the difference to them and their families."

The Bridging Service also impacts positively on other services as it is "*…better for them to have something to link to*". Advisers regularly make referrals to a number of other services, building trusting relationships with them and generating 'new business'. Further, in supporting clients with a routine and purpose Advisers can help recovery for those with addictions, thereby impacting on social work and reducing reoffending. Engagement with the Bridging Service may also help to prevent homelessness for some clients, thereby reducing the work of other services. Others highlighted that although their work with other high risk groups such as sex offenders was challenging, "*it's a way of making society safer*".

The Bridging Service is "*…not a service that ticks boxes*".

"If the client is happy the outcomes will follow."

"Different outcomes for different clients at a different pace."

The Service has set outcomes, but they follow on naturally from client-led engagement and are based on:

- personal development
- employability
- education
- training
- confidence building
- volunteering.

During the period from 1 July 2011 to 31 December 2013 (i.e. two and a half years), 1,488 clients were supported by the service. Of these, 211 had taken up a post, either in paid employment or on a voluntary basis. A qualification had been gained by 238 clients and 72 had left the programme to move into education. The Service is measured by sustainability in a job, rather than gaining employment only, both paid and voluntary. Each client taking on a new post is followed up at 13 weeks. If the client has not sustained work by then the Bridging Service would offer to reengage with them to support them to find something more suitable. The Service only disengages with a client once they have been in paid work for 26 weeks. These targets are set by funding providers. Due to recognition of the holistic nature of the work and how far removed from the employment market many of the client population are, targets are set for clients referred from social work and NHS services together and not split by care group or initial referral route. During 2015, the team of 18 advisers supported 202 clients into paid work and 92 into volunteering.

The Service reports that clients become more positive and confident through engagement. They are supported to find out what they can link in to which can have a positive impact on their lives. Clients often tell others about the Service, resulting in people approaching the Service.

"More people come to the Bridging Service saying 'my mate done this thing…' It shows others what they can tap into."

The Service has a focus on employability in the widest sense and it is not a "*tea and sympathy*" service or an easy option. The Advisers and wider team have targets to meet and they "*push clients to challenge themselves, give them ideas and options, not just sympathising*". Positive feedback from clients highlighted differences in the way

the Bridging Service works in comparison to the Job Centre, for example, in terms of moving away from a focus on jobs to take into account wider issues and circumstances in an individual's life. The importance of ethos and the way the Bridging Service works is further reinforced in the quote, taken from a review of the Service (Adams, 2009[n]):

> ***"The most common themes were of a Service making considerable impact in terms of developing the confidence of individuals and offering positive advice on future options. Without question, for the people engaged in this review, Bridging Service support had positively changed their lives."***

What are the strengths and challenges/barriers?

The Bridging Service provides a client-centred, supported and customised employability service across Glasgow, engaging with clients removed from the employment market and workplace and who have traditionally faced significant barriers to opportunity but who wish to make steps towards a positive destination.

Key strengths of the approach taken by The Bridging Service include:

- Commitment to, and support for, the approach from the NHS in Glasgow and the Social Care Team.
- Co-location of workers in health and social work offices providing a service valued by health and social care professionals.
- A case management approach – each client will see the same Adviser throughout their period of engagement with the service, for as long as required.
- Free, confidential, tailored support at a pace that suits an individual's needs.
- Appropriate targets for what service is trying to achieve.
- Strong leadership, management, direction and support ethos within the Bridging Service team.
- Experienced advisers, prepared to "*go the extra mile*" for clients.
- Joint partnership working in the Bridging Service team and in the multi-agency Steering Group.
- Careful consideration of clients who are ready to engage with service.
- Voluntary service "*working with those who express a desire to make progress*".
- Person/client-centred ethos which "*starts from a positive place for people excluded from services*".

"Work with where they are in their life and where they would like to be."

Employers' attitude to people with criminal convictions can be a limiting factor for the Service. For example, a client may wish to seek work in a security role, but such roles are often not open to someone with a criminal record. Furthermore, a client using methadone to aid recovery from addiction cannot complete forklift training for safety reasons. Where a client is particularly focused on a form of employment that is not possible to support, this can be extremely disappointing for the client and difficult to broker for the Adviser.

Building good working relationships with other services has proved challenging for the Bridging Service and was reported to be "*work in progress*". Service Advisers have had to adapt to ways of working in other organisations. Building relationships with social work, health, housing, and other agencies has taken time and the changing nature of services and the turnover of staff within these services can further complicate this issue. Some Advisers had worked within other organisations on an outreach basis as a way of "*getting into the team*".

Some clients are referred but do not engage with the Service and do not attend planned meetings. This can be especially frustrating for an Adviser who has travelled to an agreed place to meet the client.

"I used to take it personally but then you realise it's nothing to do with you."

Some Advisers described building up contacts as a process of "*trial and error*" and the need for perseverance. Occasionally a court order will stipulate that a person must attend an employability service. If a client is referred in this situation, the Bridging Service has found that the interaction is less successful than if the client engages willingly.

What can be learned from this service about working in an asset-based way? What are the workforce development implications of working in this way?

The Bridging Service exemplifies that, in taking an asset-based approach, the staff of the Service must be supportive, non-judgemental, and able to work at the client's own pace and to their agenda. As an asset-based service it is flexible enough to respond to the issues that matter most to the client. Although an employability service, if a client attends the Bridging Service and is keen to discuss their family situation and wider circumstances, the Service is able to respond to this, for example.

This Service also demonstrates the importance of recognising that the value of the outcomes is relative: *"It can be a tiny change to us but can be a mountain to them."*

The staff are crucial – not only in terms of their knowledge and training, but also as people, in finding the balance been support and motivation:

"Staff who are trained to know what can and can't be done but who can also challenge clients to achieve the best of themselves."

The Bridging Service, at its core, is an employability service. The Advisers have a variety of backgrounds including employability as well as addictions, criminal justice and youth work. The Bridging Service staff have a specialist role and must be skilled at both support clients and working closely in partnership with other services.

A range of training is available to all Advisers to help instil the approach and ethos of the Bridging Service. Advisers all have a background in Careers Guidance and have either a postgraduate qualification or a SVQ in most cases and have all completed Drug and Alcohol Awareness training, Scottish Mental Health First Aid and SafeTALK, 'suicide alertness' training. Many have also completed ASSIST, specialist domestic abuse advocacy and support training focused on reducing risk and improving the safety of victims of domestic abuse, and courses in counselling skills and training the psychology of addictions. The Advisers and Service's managers promote personal and professional development and facilitate monthly team meetings and monthly one-to-one meetings to support the staff.

"We get training whenever we need it."

However, the personality and individual skills of Advisers are fundamental to the approach taken. Staff were enthusiastic about the Service and their role within it, and stories of 'going the extra mile' were abundant.

"We just absolutely love the work that we do."

"I'm proud of the job that I do."

Advisers can be affected personally by their work, both positively and negatively. It is "*…rewarding to see people move on*" although moving a client into employment may mean the end of a relationship that has developed over time. For some there is an emotional toll – it can sometimes feel like they are "*taking too much on board*". A counselling service is available to all advisers. Working closely with colleagues to share ideas and experiences also "*…helps with isolation*" and having colleagues with the same outlook is helpful.

Healthy Mind

Healthy Mind was part of NHS Greater Glasgow and Clyde's (NHSGGC) mental health service, focused on enhancing online access to information and resources for people supported by the mental health service.

This case study focuses on the delivery, experiences and learning from Phase 1of Healthy Mind, which was undertaken between August 2013 and January 2014.

What were the aims and objectives?

The aim of Healthy Mind was to enhance online access to information and resources relating to mental health services in the NHSGGC region.

Healthy Mind worked with people accessing mental health services, staff and partners to:

- Identify the key issues and themes regarding current and preferred access to information and services relating to adult mental health.
- To explore and identify partner services within this area and to determine complementarities, gaps in service provision, avoid duplication of provision, and opportunities for partnership working and delivery.
- To engage with stakeholders across generations (young adult to older citizen).
- To hold participative and transparent consultation on the access routes preferred to engage with mental health services, including web and social media.
- To engage a cross-section of staff and clinicians across mental health services.
- To develop a selection of conceptual, co-designed elements demonstrating possible solutions to the delivery of online information and resources.

Who did the service support? Who did it work in partnership with?

Healthy Mind was developed for, and with, mental health service users and the staff of mental health services in the NHSGGC area.

The Glasgow School of Art (GSA) carried out the research to inform the development of the online resource. A steering group, overseeing the activities of the work, was assembled to provide a sounding board for arising issues and to ensure that ethical guidelines were adhered to. Members represented the range of services provided by NHSGGC mental health services. A number of services and support agencies and networks were also visited and meetings with practitioners held to inform the work from community-based mental health support services, acute care treatment centres, local resource centres to specialist services for addictions and intensive home treatment.

What did the service do? How did the service work/deliver?

The project supported the development of a mental health website which was user-focused and fit-for-purpose (with complementary mobile site and/or applications) providing adults with appropriate and efficient access to a broad range of information and guidance relating to mental health services.

Healthy Mind began in August 2013. The first phase of activity was complete by January 2014. At the time of research a second phase was in planning.

"An approach that is rooted in people not in conditions."

The Glasgow School of Art's Institute of Design and Innovation (InDI) carried out a scoping exercise in the early stages of Healthy Mind. A range of internal documents were provided to allow the project team to familiarise themselves with mental health services. It was agreed that the output would be a design brief for a new online portal/resource.

Firstly, to explore the ethos and values of mental health services, InDI carried out a practitioner engagement exercise. They met with and interviewed key practitioners from a cross-section of services in the NHSGGC region to get an insight into their services. They also attended and spoke at a primary care mental health team annual meeting with 90 mental health services staff to introduce the work and sought feedback using visuals and tools about the values underpinning Healthy Mind. A steering group for the work was assembled and, with this group, InDI developed a set of questions to ask of Health Mind participants over a number of workshops. This preliminary research helped inform the format and content of a series of participative, design-thinking workshops involving people accessing mental health services and practitioners.

Two service user engagement workshops were held in September 2013, before bringing in practitioners to join the service users for the next two workshops (October and November 2013). This helped people supported by services to be honest, open and critical from the outset. Some attended all workshops, and the engagement of a high number of men was interesting and surprising.

"It was a brilliant idea to bring together people supported by services and professionals – allowed opportunities to speak to each other and share experiences. No sense of 'them and us'; it was all mixed in."

Practitioners were contacted through personal email introductions via the Associate Director for Mental Health. This was then followed up by the project team, who provided details of what was required for participation in the workshops.

People accessing services were reached, primarily, through the Mental Health Network, Acumen and the Health Reference Group. Information about the workshops and how to get in touch with the GSA team was emailed. Twitter was also used to promote the event. Members of the general public were contacted through personal networks of the InDI team.

To ensure creative exploration of the key issues and themes, InDI developed the design thinking workshops and workshop tools – paper-based prompts – which were participatory, creative and leading to meaningful outputs. They synthesised and analysed workshop outputs and presented these back at the next workshop in the series. They collated a briefing document which was handed over to the NHS and next steps were planned. The brief was informed through their research and participatory activities.

The brief was for an online portal to complement face-to-face interaction with mental health services staff. This website was focused on all mental health conditions and was intended for self-help or as a place to source information on behalf of someone else. The focus was on signposting and avoiding progression through the medical model of care if is not needed. Crucially, the online "*resource is intended to complement the service with useful and meaningful information*".

Four workshops were held in total with a number of people attending all four workshops, giving a sense of continuity. Medical students attended one of the workshops as GPs can often be the first port of call for people with mental ill health issues but do not always have the necessary support at hand.

"The workshop that involved both practitioners and service users was particularly valuable as both sides were able to hear each other's perspectives."

The workshops were used to explore a range of different websites, discuss preferences and seek opinions from others in the group. Website requirements emerged: easy to navigate, factual, good drop down menus, clear, uncluttered, and with helpful information, videos and stories.

"Good opportunity to give input, wanted to try and contribute to the service."

Other exercises completed during the workshops included:

- creating future scenarios and collages to visualise a manifesto for Healthy Mind that captured the aspiration and look and feel that the group desired "*engaging our creative brains*"

- developing personas of people accessing mental health service and accompanying wireframes (visual schematics of web pages) which were presented and discussed exploring the relationships within each scenario, what advice and support might be needed, how to point individuals in the right direction immediately and in the future, how to signpost to other organisations, and the need to provide a range of options and be proactive in providing advice.

At each event, the workshop facilitator had an active listening role, was focused on the task, and prompted conversation and clarified points.

"She was interested in what we had to say."

"Had faith in the people running the workshop, they were genuinely interested in what we had to say and what they were doing."

NHSGGC is committed to taking the work forward. Phase two will involve continued user engagement via workshops and will prioritise which conditions to focus on. A user and practitioner team will work together to develop the part of the site that relates to a specific condition that they have experience of. This second phase will also look at the type and depth of information available online. This initial phase was not about

designing the site but was focused on the type of information and the architecture of the online resource.

However, it will be necessary to identify funding to take this forward as technical, design and creative expertise will be required. In line with working in an asset-based way, both the mental health service and InDI are committed to maintaining a participatory approach with input from people supported by mental health services and staff, ensuring that the end result is co-created and meets the needs of stakeholders. The group have been inspired by work in a US organisation which involved a group of permanent staff alongside a changing group of young people to maintain their website. It is felt that having people supported by services involved will keep the website fresh and is described as *"sharing the love"* and *"walking the walk; not just talking the talk"*.

Why and how was the service developed in this way?

Following a clinical services review (2012) the delivery of mental health services was re-examined to ensure that the service was delivering in the best way that it could. Mental health services within NHS Greater Glasgow and Clyde are currently delivered in five ways:

- Intensive care and support, including inpatient care
- Long term multi-disciplinary teams in the community
- Brief or low-intensity work, including primary care mental health teams
- Open access services, including the website and community courses/resources which may offer self-assessment, guided self-help, peer support, etc.
- Public health – primary preventative work.

The Associate Medical Director for mental health services recognised that the NHS online resources could be difficult for patients, and staff, at times, to find what they needed. There was a need to explore what people think of as mental health for example, to align the service to the kinds of search terms for mental health that people might use.

"You end up creating things in your own image, which makes perfect sense to us but not to the users."

"A way of keeping service providers attuned to service user's needs."

The NHS released a call for bids to work with mental health services and the users of the service on improving their online presence. Glasgow School of Art's (GSA) Institute of Design and Innovation (InDI) tendered for the work and won the bid.

Mental health services cover the Greater Glasgow and Clyde area which has a population of 1.2 million people. The service provides support from birth to older adults and includes specialist services such as child and adolescent mental health services (CAMHS) and forensic services. Historically the service was largely hospital-based dealing with acute mental health problems. Since the 1980s the service has moved towards an emphasis on community-based care and support with community mental health teams tackling severe and enduring mental health problems. In the late 1990s primary mental health teams were formed to deal with common mental health problems such as anxiety and depression which are experienced by 19% of the population. There is now a move to open access services to which patients can self-refer (e.g. 'Living Life to the Full', 'STEPPS', 'Doing Well').

The Scottish Government's Mental Health Strategy 2012-2015[o] made a commitment to developing a Scotland-wide approach to improving mental health through new technology, which Healthy Mind ties in with.

In what way was the approach taken by the service 'asset-based?' And what difference did this service make?

Healthy Mind was centred on taking a user-led approach to reviewing, developing and co-designing one aspect of the mainstream mental health service provided in Glasgow.

"Service users now being heard and remembered."

Working with practitioners and people supported by services, and utilising 'design thinking' approaches, the aim of developing the best and most effective web resource together was at the heart of this service improvement. The service, with the support of InDI, sought to shift control over the design and development of actions from service providers and large organisations to individuals and communities.

"Was great to think that my viewpoint and experience counted and the new website might have my thumbprint on it somewhere."

The resulting website is a resource which can help people supported by mental health services to make sustainable improvements in their lives. The work invested in people as active participants and valued their lived experiences, knowledge and understandings of the delivery of mental health services and the types of information required.
While the process did not involve assessing or measuring assets in any way, people accessing services themselves were viewed as assets in co-designing and co-creating the website.

[o] Scottish Government. Mental Health Strategy for Scotland: 2012-2015. Edinburgh: Scottish Government; 2012. http://www.gov.scot/Publications/2012/08/9714.

"Empower people and service users to know what they should be expecting [from services] and to ask for it if they're not getting it."

"We are trying to get service users involved in our everyday work."

Although attending the workshops was a substantial commitment for people supported by services they reflected that they got *"a real kick out of taking part"* and that *"the social aspect, talking to others about a range of things"* was an important part of the experience which *"has helped build my confidence and self-esteem and aid my recovery"*. For others *"meeting people with different ideas"* and *"being able to network with others motivated to do something positive"* was significant.

Under the guidance of the Steering Group, the project team developed a collaborative approach to facilitate the exploration and co-creation of opportunities and requirements for an enhanced web presence and other complementary online resources relating to mental health services. Healthy Mind did not define participants by their mental illness, and did not recruit participants according to diagnoses. Instead, they recognised members of the service users' network as valuable assets to Healthy Mind based on their lived experiences.

"We didn't ask people what their conditions were. We weren't particularly interested in that."

Through consultation, Healthy Mind explored what could work in terms of a website and its content. By listening to the participants, staff and mental health organisations, details were included in the brief that may not otherwise have been included. For example, it became apparent that many people with mental health issues often feel alone. As a result it was decided that placing a counter on the site to show how many people had visited in the last 24 hours would be useful and reassuring.

The GSA staff were motivated to be part of this project not only to design a website but to reflect on the structure and philosophy of what mental health services offer to people supported by services and their families. The mental health service decided to get another agency on board to help with change as *"…we are sometimes not good at recognising the limitations of our skillset"* and website design was seen to be a specialist area requiring an expert to produce an effective output: in this case a design brief. The service wanted to *"see things with a fresh eye"* and *"communicate clearly to the target audience"*.

What are the strengths and challenges/barriers?

The Healthy Mind workshops enthused the participants and the accessible, creative and engaging tools worked well as stimulus material. Effort was made to give everyone a voice and participants felt valued in a safe environment in which people's views were heard. Being clear on the purpose of the work and how it was going to benefit those involved was crucial. Participants were able to see how their inputs were leading to something useful and they *"felt valued as part of the process"*.

> ***"The service users were delighted to be part of something, to feel heard and to know it was going to go somewhere."***

At the end of each workshop, participants were asked for simple feedback – what worked, what could be improved and what one thing did you learn? A number of Healthy Mind participants have subsequently joined other groups including the mental health strategy group and NHS Advocacy Rights Group, working with clinicians who are receptive to new ideas and the views of people supported by mental health services. One participant was able to take this learning back to Acumen in East Renfrewshire and to inform how their new website was developed and the types of information that should be available on it. For InDI staff, Healthy Mind allowed them to learn about mental health conditions and their nature:

> ***"I learned that we all have mental health. Sometimes it's good and other times it's less so. I hope this work can help to break the stigma. I've personally become more sensitive to what I hear or see. It's been hugely educational."***

> ***"All of the team [InDI] are excited about the project and really want it to help people. The work's had a massive impact on me and the team."***

In terms of challenges, one staff member reported:

"We'd have liked more time, more money and more people – but I think they're common issues."

It would have been preferable to have a greater number of people who are supported by mental health services involved but recruitment was through the service user group and therefore limited the reach of the participants and it was not representative of the general population.

How was success measured?

Healthy Mind has not been monitored, evaluated or measured formally, either internally or externally. Feedback on the difference Healthy Mind has made, and may make in the future, is at present anecdotal.

"The biggest satisfaction for me was having a designing role in the services that we might use or need in the future."

"Workshops brought together many different opinions, see uniqueness of individuals and individual experiences."

"I feel able to challenge others about support I'm receiving."

What can be learned from this service about working in an asset-based way? What are the workforce development implications of working in this way?

The Healthy Mind approach highlights that by working in an asset-based way, recognising and valuing the experiences, knowledge and insights of people supported by the service and the staff, the co-created resource is appropriate, relevant and useful. Staff recognised the importance of getting people accessing and supported by services involved otherwise "*there is a risk of us [staff] acting on our own agenda*" and "*we don't know what people need to know*".

"It allows objective reflection on the service you are delivering."

The challenge of forming specific groups of people to take forward initiatives can "*often get caught up in its own thinking*" and there remains a need to *"keep the group open and refresh members and thinking in order to keep attuned"* with what is helpful for people accessing services and their families. Service users engaged with Healthy Mind spoke with passion about how they welcomed being involved in something that they care

deeply about and which affects their lives. This was seen to contribute to their sense of self-efficacy and self-worth.

The success of Healthy Mind in co-developing and co-creating the design of *"what a new website for mental health should look like"* with people supported by services reinforces the importance of clinicians and managers being able to make decisions and put recommendations into action after co-productive processes: *"It is up to us [staff and managers] to continue with this so it leads to change in the longer term"*. This reassurance was sought from participants who wanted to know that real change can happen within the services they engage with.

However, it was recognised that the skills and expertise to work in an asset-based way, focused on valuing and building strengths and skills, and undertaken in partnership with people supported by services, are not always present in organisations as they currently exist and opportunities to develop these competencies and skills in the workforce should be encouraged.

Since the time of research…

Phase 2 of the Healthy Mind project, the development of general and condition specific information and the website layout, is now completed and the construction of the website is underway. It is anticipated, subject to further service-user testing, that the website will go online in 2017.

The Family Nurse Partnership

NHS Greater Glasgow

Family Nurse Partnership
Greater Glasgow and Clyde

The Family Nurse Partnership is a licensed programme offering intensive, structured home visiting support to first-time mothers who were under 20 years of age at their last menstrual period. It aims to improve both pregnancy outcomes for the woman and the health and development of the child, as well as to support the young family to plan for the future.

"…working to achieve better outcomes for babies and girls, supporting them as they grow into being mums and helping them to plan for the future."

What are the aims and objectives?

The Family Nurse Partnership (FNP) programme aims to enable young first time mothers to develop their confidence in parenting, establish the foundations for the long-term health and wellbeing of the mother and her child and reduce incidences of subsequent teenage pregnancies.

"It's about us building their confidence so that they know that they can do it."

Based on theories of human ecology, self-efficacy and attachment, the work of the Family Nurses is focused on building strong relationships with the young women to facilitate behaviour change and tackle the emotional problems that prevent some mothers and fathers caring well for their child.

Who does the service support? Who does the service work in partnership with?

FNP is a voluntary, inclusive, preventive programme for young first time mothers available to all young women, regardless of socioeconomic status.

To be offered the support of FNP women must meet the following criteria:

- First time-mothers aged 19 years or under at conception
- Living in the agreed catchment area (as covered by FNP team)
- Enrolled to the programme as early as possible, and no later than 28 weeks plus 6 days of pregnancy
- Eligible if their previous pregnancies ended in miscarriage, termination or still-birth.

"It's voluntary. We need to work to keep them in the programme."

Women are included in the programme if they meet the above criteria and are expecting a multiple birth but are excluded from the programme if they have a definite plan to have their child adopted or they have had a previous live birth.

The programme does not work in isolation and works in partnership with for example GPs, oral health teams, education staff, social work staff (where appropriate) and third sector providers. Programme clients are also linked into local universal and specialist services, to support them with any additional needs.

"We're not sitting on our own… we're very linked in to others."

Introduced in Scotland in 2010, FNP is gradually being rolled out and is currently being delivered in eight NHS Board areas – Greater Glasgow and Clyde, Lothian, Tayside, Fife, Ayrshire and Arran, Forth Valley, Highland and Lanarkshire. Further expansion into NHS Borders and NHS Grampian is underway and many of the larger sites detailed above now have additional teams, including NHS Greater Glasgow and Clyde which has a team covering East Renfrewshire, Renfrewshire and Inverclyde.

"FNP in Scotland is growing fast."

This case study is based on the experiences of the delivery of FNP in Glasgow (specifically Team A which covers the areas of Glasgow City, East Dunbartonshire and West Dunbartonshire) and captures the views and insights of key staff, managers and young women working as part, or in receipt, of the programme. The Glasgow FNP Team A (at the time of research) was delivered by eight Family Nurses supported by a FNP Supervisor.

What does the service do? How does the service work/deliver?

"Supporting them, working alongside them."

FNP uses in-depth methods to work with young parents, on attachment, relationships and preparation for parenthood. Family Nurses build trusting and supportive relationships with families, guide first-time young parents and use behaviour change methods to support healthier lifestyles for the parents and promote the provision of good care for their babies and toddlers.

The programme offers a schedule of structured home visits which are weekly, fortnightly or monthly depending on the stage of pregnancy or early infanthood/childhood. The aim is for each visit to last between one and one and a half hours in duration, but can last more if required. Each Family Nurse works with up to 25 women at any one time.

"Visits are important and can last longer in the antenatal period when building the relationship."

Programme participants are enrolled before 28 weeks plus 6 days into their pregnancy and remain with the programme until their child is two years old. During the antenatal period, maternity care is delivered by midwives, including screening and core antenatal appointments. However, the public health nurse / health visitor role is covered by the Family Nurse. The Family Nurse also takes on the role of the 'named person' in the care of the child and brings services to the family for additional support.

Engagement in FNP is not exclusive and young women/parents are free to engage in other parenting programmes.

Following identification and referral to the FNP team through maternity and primary care service, and if the young woman meets the programme criteria, a Family Nurse contacts the young woman and asks permission to meet with her. At this first meeting the Family Nurse tell the young woman about the programme and *"that they are entitled to it"*. If the woman agrees they are enrolled into the programme and regular meetings, depending on the stage of their pregnancy, will then commence. One Family Nurse will work with the woman, and her family, until her baby is two years old.

"Not just about the woman and child; it's about the whole family."

Family Nurses are guided in their work through detailed visit-by-visit guidelines of the programme that reflect the stages, topics, issues and challenges parents are likely to confront during pregnancy and the first two years of their child's life. This includes using materials and activities that build self-efficacy, change health behaviours, improve care giving and increase economic self-sufficiency. The materials are in line with the core materials used universally, to deliver health promotion activity.

Within this framework, nurses use their professional judgement to address the areas where support is required.

"There is flexibility (agenda matching) within the programme that allows it to be client-led and also allows for nurse input into the content of sessions."

This approach, within a professional nursing framework, produces a distinctive "*preventive programme of great depth and breadth*". At the heart of the model is the bond between the young woman and the nurse – a therapeutic relationship which enables the most at-risk families to make changes to their health behaviour and emotional development and form a positive relationship with their baby.

"They are all growing and developing differently, it's about getting to know them and building the relationship."

FNP involves extensive core mandatory training and ongoing learning for all Family Nurses, all of whom come from a nursing, midwifery or health visiting background. Before nurses are permitted to deliver the programme to young women and their families they must complete the pregnancy training. All nurses attend three residential courses which are between three and five days in duration and cover each phase of FNP (pregnancy, infancy and toddlerhood) which is *"intensive training and an investment in the team"* and *"focus on instilling strength-based practice"*.

Family Nurses also attend masterclasses covering specific tools and approaches used in FNP, such as child protection, communication skills training or the 'partnership in parenting education' (PIPE) and DANCE (dyadic assessment of naturalistic child caregiver experience) materials. Through the recruitment process for the Family Nurses *"most come with the majority of building blocks"* and *"come with all the right bits that just need honed"*. Core FNP training is delivered in Scotland.

"Strength-based working takes training and practice."

Due to the intensive nature of the programme and the circumstances and challenges which may face the target client group, a number of mechanisms are in place to support the Family Nurses in their role: weekly team meetings and supervision sessions with their FNP Supervisor; monthly team meetings with a clinical psychologist which *"helps them deal with the emotional side of things"*; child protection meetings every three months; and *"supporting each other on a daily basis"*. Structured support for the staff of the programme sits alongside the support they provide to young women and their families so that *"everyone involved has someone who is valuing them and holding them in mind"*.

From the outset of their involvement parents are aware that the programme will end when their child has their second birthday and 'graduates'. In preparation for this time, the Family Nurse works with the parents to help them to become confident and independent, ensuring links are made with universal early years services (e.g. health visiting service) and local community resources. The FNP programme includes materials and activities on actively planning for the future and ending relationships well.

"Helping them action plan how to change."

Why and how was the service developed in this way?

FNP is a licensed programme, developed in the USA at the University of Colorado, where it is known as the Nurse-Family Partnership (NFP). The format and delivery of the Family Nurse Partnership has been informed by the research of Prof David Olds and his colleagues which has been carried out in the USA for over 30 years[p]. In particular, its current specification has been informed by findings from three USA-based randomised controlled trials (RCTs)[l].

In the UK, the Family Nurse Partnership model was first introduced in 2007, across ten pilot sites in England[q]. The programme has subsequently been expanded in England, and by mid-2012 was operating across 80 local areas[r]. In 2013, a new UK government target of delivery to 16,000 families by 2015 was announced.

The first FNP test site was established in Scotland in NHS Lothian, Edinburgh Community Health Partnership (CHP) area, with client enrolment commencing from January 2010. The FNP team highlighted the ways in which they feel the first test site has influenced thinking in the wider NHS and in other services.

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[p] Olds DL. The Nurse-Family Partnership: an evidence-based preventive intervention. *Infant Mental Health Journal* 2006;27(1):5-25.

[q] Barnes J, Ball M, Meadows P, Belsky J. *Nurse-Family Partnership Programme: Implementation in England - Second Year in 10 Pilot Sites: the infancy period.* London: DCSF; 2009.

[r] Ball M, Barnes J, Meadows P. *Issues emerging from the first 10 pilot sites implementing the Nurse-Family Partnership home-visiting programme in England.* London: Department of Health; 2012.

It was suggested that it may have had an influence in the following key areas:

- How to work with those less likely to access universal services.
- How to support nurses working in high pressure roles.
- Specific approaches to assessing clients.
- Thinking about services for teenage parents who are not eligible for FNP.

The FNP programme is also working to address elements of the three key social policy areas in Scotland of tackling health inequalities, reducing child poverty and ensuring all children have the best start in life – and there is a wide and supportive policy context in Scotland around the FNP approach and programme. The United Convention on the Rights of the Child[s] (UNCRC) advocates placing the child at the centre of family engagement, for example. Further, at a national level 'Getting it Right for Every Child'[t] (GIRFEC) aims to "help practitioners and organisations to remove the obstacles that can block children's paths on their journey from birth to adulthood". Of particular relevance to FNP, GIRFEC's core components include:

- a focus on improving outcomes for children, young people and their families based on a shared understanding of wellbeing

- streamlined planning, assessment and decision-making processes that lead to the right help at the right time

- maximising the skilled workforce within universal services to address needs and risks at the earliest possible time.

The Scottish Government published an Early Years Framework[u] in 2009. This long-term strategy addresses the needs of families with children from pre-birth to eight years old. A central theme of the Framework is the reduction of inequalities, particularly health inequalities. Its broad strategic approach towards achieving better outcomes for Scotland's children includes not just development of specific support services for children and families (antenatal and postnatal care, childcare, early education, health and family support) but also consideration of how other key determinants of health and wellbeing (e.g. housing, deprivation) impact on outcomes for children. Through the wide reaching nature and scope of the FNP programme *"the use of service, employability and other wider factors that impact on the future"* are discussed.

[s] United Convention on the Rights of the Child http://www.unicef.org.uk/UNICEFs-Work/UN-Convention/
[t] Scottish Government. *Getting it Right for Every Child.* http://www.gov.scot/Topics/People/Young-People/gettingitright
[u] Scottish Government. *Early Years Framework*. Edinburgh: Scottish Government; 2009. http://www.gov.scot/resource/doc/257007/0076309.pdf

In Scotland, the delivery of FNP is undertaken based on a licence granted by the University of Colorado. The evidence-based programme is licensed to ensure that it is delivered in accordance with the original programme model and practitioners can be confident that children and families are likely to benefit. The license sets out core model elements covering clinical delivery, staff competencies and organisational standards to ensure it is delivered well. The license is held in Scotland by the Scottish Government.

"Trying to replicate previous successes [of FNP], need to get the ingredients right."

The national FNP unit in the Scottish Government supports local sites to deliver the programme and monitors fidelity to the original intervention and licensing conditions. The National FNP Programme Board includes representation from the key agencies and Health Boards in Scotland and provides an overarching perspective and co-ordinating role for all the local sites and national learning.

In Glasgow, FNP is supported by a multi-agency and multi-disciplinary local Advisory Group and a local Implementation Group. Membership of the Glasgow FNP Advisory Board includes the NHS Greater Glasgow and Clyde Nurse Director, Director of Public Health, Child Protection Advisor, a Supervisor from each FNP Team, Programme

Manager, a GP, Head of Service from each area, Board Lead, National FNP Unit Director and the Scottish Government FNP policy lead. The Local Implementation Group consists of a number of members from the above Advisory Board and third sector colleagues. FNP in Glasgow funded by the Scottish Government and NHS Greater Glasgow and Clyde.

Family Nurses are supported by a Supervisor in Glasgow who works to implement the programme locally and ensure that it fits with and integrates well with other services, alongside having a small client caseload.

In what way is the approach taken by the service 'asset-based?' And what difference does this service make?

"Much more respectful way of working. Working with them where they are at."

The Family Nurse Partnership aims to introduce a new approach to nursing, moving away from a 'doing to' model to 'working with' the parent. Considerable emphasis is placed on developing a therapeutic relationship between the Family Nurse and the young woman as the key mechanism for ensuring positive client engagement and achieving positive outcomes for both the child and the new parents. Parents are encouraged to build up their own skills and resources to parent their child well, but also to think about their own aspirations for the future.

"…taking a psychological approach and working with them in a non-directive way."

The FNP offers a different approach to interacting with people supported by services, particularly via the use of motivational interview techniques. The approach and the methods used are strengths-based – a guiding style predominates with a focus on adaptive behaviour change. FNP recognises and nurtures the strengths, assets and resources of the young woman, building on these throughout the programme. Empowering young women by supporting them to build confidence and life skills is a crucial part of the programme.

Through the intensive and structured approach, FNP has a unique way of working with the most vulnerable families, taking advantage of an expectant mother's intrinsic motivation to do the best for her child and working to develop and expand the strengths within a family to promote change. Although FNP is delivered through a specific intervention under the details of the licencing arrangements, the personal and warm, reliable, non-judgemental, flexible and nurturing approach of the programme, alongside the relationships built ensure that it is asset-based in its focus.

"Although the programme is prescriptive there are lots of different ways it can be used as all families are different."

"They trust us, we respect them and are reliable. We'll be there when we say we will."

The relationships and trust that the Family Nurses build with their client is central to the programme.

"[Family Nurse] was there through it all, supporting me, saying just keep on doing what you are doing."

What are the strengths and challenges/barriers?

Family Nurses form non-judgemental, effective and trusting relationships which support learning about parenthood, healthier behaviours and positive life choices, while instilling confidence and resilience about how to cope with life challenges.

Family Nurses "*have the benefit of time to build the relationship*" and "*importantly we have time to listen*".

"Can't believe how much I've come on; [baby] won't understand how much I've grown."

The principles and tools of this way of working are being shared across health visiting services in Glasgow, thereby *"…bringing FNP to universal services"*. The recognition of the significance and value of extending these values to all families and young children is an important step in *"ensuring that this way of working can be of benefit to more people, not just those in the programme"*.

The eligibility criteria for enrolment in FNP are adhered to in conjunction with fidelity to the original intervention and licencing arrangements to strive towards achieving the best outcomes possible for young females and their children.

The inclusive approach to recruitment of Family Nurses by FNP is also a strength of the programme. In line with the licencing arrangements, in Glasgow Family Nurses were recruited following an in-depth and rigorous process which included a panel interview with professional staff alongside young females from the Smithycroft High School Young Parents Support Base, which supports young women to maintain and/or return to education during their pregnancy and after the birth of their baby. Interestingly, the young women's views concurred with those of the professionals as to the best candidates.

Importance is placed on the research and evidence underpinning the FNP programme and there is commitment to continue to strengthen the evidence base for the approach and *"learn further about what works for improving outcomes"* for young families in Glasgow. Research is also aiding understanding of the delivery of the programme in a Scottish context and further supports the workforce and development of FNP in Scotland.

Each year, the Scottish Government agrees a suite of national NHS performance targets known as HEAT targets. In response, local NHS Boards state how they will commit to meet their targets as outlined in their annual Local Delivery Plans. HEAT targets[v]; include three specific targets relating to maternal and child health improvement:

- At least 60% of three and four year olds in each Scottish Index of Multiple Deprivation (SIMD) quintile to have fluoride varnishing twice a year by March 2014.
- Achieve agreed completion rates for child healthy weight intervention programme by 2010/11.
- Increase the proportion of newborn children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11.

FNP aims to contribute to achieving these HEAT targets in Glasgow and nationally through an improvement in antenatal and postnatal health, nutrition and support.

"Although we've got targets to meet – breastfeeding, weaning and child development – we are able to achieve them through the way we have our conversations."

In terms of challenges, from the perspective of the FNP team, the key barriers to building and maintaining relationships between the FNP and other organisations in the NHS have related to communicating the underlying philosophy of the programme. There has been a particular difficulty in conveying the rationale for and practice of a strengths-based approach and reassuring other services that this does not mean ignoring risk.

"Children and family services are inherently set up to be risk focused: FNP is also assessing risk but is also identifying strengths and what is working well."

The Family Nurses have also found there are high demands on their time between visits and writing up contacts, paperwork and assessments.

"Mileage and so many visits. Our area is so big and we are always on the go."

[v] HEAT target = Health Improvement, Efficiency, Access and Treatment target.

A number of operational challenges were also highlighted. FNP is a complex and demanding programme to deliver with ongoing issues relating to *"sustainability and funding"*; the capacity of staff and organisations to deliver; the time it takes to prepare for delivery and to build effective client relationships; and the *"emotional energy"* required by the Family Nurses to fulfil the role.

> ***"It can be challenging when things get really bad trying to find a strength to keep the conversation and relationship going".***

Nonetheless, to date, all originally recruited Family Nurses in Glasgow remain with the programme and *"only a small number of girls have disengaged"*.

Lastly, recruitment to the programme in line with the pre-set licence targets[w] and meeting 'stretch goals' at visits is also challenging due to the nature of the client group and the limitations and accuracy of the 'Maternity Trak' database.

How has success been measured?

A robust and rigorous American evidence-base developed over 30 years has shown FNP to benefit the most vulnerable young families in the short, medium and long term across a wide range of outcomes. As an evidence-based programme, FNP as a whole is informed by ongoing research and evaluation. A number of randomised controlled trials have been carried out, largely in the USA, where the programme originates. The precise outcomes observed differed between trials, but key positive outcomes from FNP (as identified in two or more trials) included:

- Better pregnancy outcomes – a reduction in smoking in pregnancy; reduced neonatal risk factors (e.g. birth weight and gestational age of infants).
- Improved child health and development – parents engage in child health-enhancing behaviours (e.g. increased initiation and engagement with breastfeeding and engagement and increased immunisation rates); reduced number of Accident and Emergency visits and hospitalisations for injuries and ingestions for children from birth to two years old; use of other programmes (e.g. breastfeeding support, children's centres etc); and better emotional and language development in early years.
- Improved parental life-course – greater interval between pregnancies and second births and fewer unplanned pregnancies; greater workforce participation; lower welfare dependency; and involvement of fathers and other family members in the programme.

[w] Goal of enrolling 60% of clients by 16 weeks and six days gestation.

A key finding from the USA was that the impact of the programme was greater for those segments of the population at greater risk[p]. The evidence from the three trials suggested that it is more effective for specific client groups, including teenage mothers, lower income mothers, and mothers with fewer 'psychological resources' (defined as mental health problems, low intelligence and low self-efficacy)[o]. Although an RCT looking at the effectiveness of the FNP on a limited range of outcomes has now been completed in England with indifferent outcomes, no similar piece of work had been done to ascertain whether this approach delivers increased positive outcomes for the families involved in the Scottish programme.

The NHS Lothian FNP programme evaluation found a number of factors to be supporting good working relationships between FNP and other services in the NHS Lothian, Edinburgh area including:

- building on pre-existing working relationships
- continuous and open communication by the FNP team, including attending meetings of other services
- shared electronic records (between Midwifery and FNP)
- the quality of Family Nurses 'work around shared clients'
- joint visits with Health Visitors prior to clients transitioning back to universal services at the end of FNP.

Furthermore, building successful therapeutic Family Nurse / young female relationships was supported by:

- consistency of FN's involvement with clients
- use of strengths-based approaches
- the visiting schedule
- the use of agenda-matching
- the team's commitment to their clients.

Anecdotally, the Glasgow FNP programme reports that clients' family members gain new knowledge, confidence and skills from FNP. They appreciate the information Family Nurses give them, and recognise this could be more up-to-date than their own knowledge. Clients and their partners have reported benefits to their relationships and on their confidence about birth. An FNP comparative study within NHS Greater Glasgow and Clyde will begin shortly with plans in development at the time of writing.

The work of individual FNP teams is also informed by a systematic process of reflecting on data about clients and Family Nurses' contacts with them. Family Nurses collect data about activity, visit content, mothers and children according to the original visit schedule. Each team supervisor uses programme reports to assess and manage areas where systems, organisational, or operational changes are needed in order to enhance the overall quality of programme operations and to inform reflective supervision with each Family Nurse.

What can be learned from this service about working in an asset-based way? What are the workforce development implications of working in this way?

"Consistent way of seeing the difference this makes, makes me think there's something a bit special about it."

Nurses are trained in techniques such as motivational interviewing and in strengths-based practice, which aim to work with clients' existing motivations and strengths to achieve positive outcomes for clients and their babies. The use of strengths-based approaches was a key way in which young women felt their Family Nurses differed from other professionals they had encountered. The fact that they "*never judge them*" and were *"flexible around their circumstances"*. In addition to the underpinning trust they had in their Family Nurses, the fact that the programme emphasises recognising young women's *"own strengths and knowledge"* appeared to have a significant impact on client confidence in their own capacity to be good parents and ability to achieve their future aspirations.

The importance of recruiting the *"right kind of people"* came through strongly – *"Family Nurses need certain characteristics"* and that *"it's very much a values thing"*. Managers reflected that *"we didn't set out thinking there was a right kind of person but it became clear there was"*. The interview process undertaken in partnership between young women and professional staff was key to ensuring young women had a voice in determining the skills and personal characteristics of the nurses who would be working with young females in similar situations.

The Glasgow FNP team spoke enthusiastically about the specialist training they had received for their role. They described it positively in terms of quality and suggested that it was superior to any training they had previously received as nurses. Their experiences indicates the value of investing in high quality training in order to ensure that nurses are prepared for working with particular groups of patients like young families. Furthermore, there were perceived benefits for the team beyond the actual training itself in terms of peer support and networking. It was evident that the training provided not only formal inputs, but also opportunities for informal peer learning and exchange, which were seen as being important alongside the formal learning opportunities.

The move towards extending strengths-based values and FNP tools and approaches across health visiting staff and services in Glasgow is an important and progressive step, reinforcing this way of working for the benefit of all families, children and young people, underpinned by shared values and a common goal of improving outcomes.

Photographs used in this case study are taken from the NHS Scotland Photo Library.

musicALL

Glasgow

hazelwood VISION

musicALL

musicALL is a music project based at Hazelwood School – a Glasgow school for children and young people aged between two and 18 years of age who have a sensory (visual and hearing) impairment and additional complex needs.

"Having an ability, having a talent, changes the perceptions of people with a disability."

What are the aims and objectives?

The aims of musicALL are to:

- increase access and availability of high quality music opportunities including music workshops, sessions and performances for young people with sensory impairment (vision and hearing), and additional support for learning (ASL) needs, equal to those available to their mainstream peers
- promote inclusion by enabling young people with and without ASL needs to work together to build relationships through the joy and fun of making music
- provide transition to a positive work destination (of choice) after leaving school
- raise awareness of the Framework of Music Support (the approach musicALL is based on)
- build meaningful partnerships and links throughout Scotland with the wider music community and society in general
- develop enterprise in relation to musicALL through fundraising for the project and others.

musicALL is focused on increasing the availability of high quality, age-appropriate music opportunities for people with additional support needs (ASN) based on the belief that young people with ASN should not only have the right to make high quality music but should also have the right to experience the exhilaration and excitement of performing in public regularly, should they wish to do so.

The initiative within Hazelwood School aims to redress inequalities by enabling young people with ASN to regularly work alongside, learn from, and perform with tutors, experienced musicians, music volunteers and students, ensuring the "*highest quality learning experience possible for young people*". The development of this innovative approach creates a framework of music support that enables the young people involved to access, engage with, and belong to music groups/bands at whatever level is right for them, and from which they can "*showcase their abilities and shine musically*".

The ultimate vision is to create an Expressive Arts Hub where young people both with ASN and without can come together to participate in and produce high quality music that can be performed and taken out into society. In developing this inclusive approach it is hoped that musicALL can impact on participation in society, perceptions of disability, and access to opportunities that so many others take for granted while at school, and after leaving.

It is a continuing aim of musicALL to develop links with other music groups, schools, organisations and the wider community, enabling young musicians with additional support needs to become more visible, and "*increasing their self-esteem and independence*".

Who does the service support? Who does the service work in partnership with?

musicALL aims to take a whole school approach and hopes in the future to be available to all children attending Hazelwood School "*if it engages or motivates them*". At the time of research, the initiative works with 50% of children attending Hazelwood School (26 pupils) and one class from a nearby primary school. The delivery and provision of music is "*really important for the life of the school*" and "*very much part of the school's identity now*".

All of the children and young people involved from Hazelwood have a visual impairment with additional complex learning needs including cerebral palsy, epilepsy, Down's syndrome, autism, and communication issues. This area of disability – cognitive impairment combined with visual impairment – is very complex. Many young people in this situation are socially isolated and may experience difficulty in accessing external provision. In this context, music is regarded as a "*precursor of language providing an engagement with society and others, broadens perspectives and helps develop young people's confidence*". Furthermore, the delivery of musicALL in Hazelwood School, where the appropriate facilities are available, opens up access and opportunity for music-making and tuition for the young people involved and, over time, enables some to link in to the wider music community.

The initiative is run by a mixture of staff and volunteers. Evening and out-of-school time performances are voluntary for all involved. Staff time equates to 1.0 full time, plus 0.8 positions and the staff complement is made up of a Music Development Officer, a music teacher, two music tutors and a music trainee. Six volunteers contribute greatly to the work in various different roles providing "*a fantastic resource*" in roles such as:

- supporting the young people musically
- supporting the delivery of sessions
- photography and filming
- administration tasks related to organising performances
- supporting the young people at external performances
- supporting families to attend performances.

"Volunteers – acting as role models, helping other young people in music-making and developing their own musicianship."

Two former Hazelwood pupils and band members also work in a voluntary capacity as music mentors. The partners and practitioners supporting musicALL are: Drake Music Scotland; student placements from the Royal Conservatoire of Scotland; Glasgow Music Studios, two music tutors; one trainee; two volunteer music trainees with visual impairment and ASN; volunteers; and a music specialist from Glasgow City Council.

All practitioners working with the children and young people receive sensory impairment and ASN awareness raising training, and are involved in the delivery of the music support framework across the different music groups.

Links have also been developed with other schools in both mainstream and ASL sectors through, for example:

- performances and workshops
- requests for 'continuous professional development' (CPD) visits to observe the bands in action
- requests for CPD training
- joint concerts with other schools
- participation in the Music for Youth Festival at both regional and national level.

Local links with neighbouring mainstream Glendale Primary have proved extremely valuable in building the relationships between the pupils of both schools, overcoming stigma and sharing interests and skills with "*music being a lovely vehicle to make this happen*". A number of joint workshops with pupils were held with the "*children from Hazelwood being the leaders. Explaining, presenting and directing the rhythms… they were in charge*". Key to this inclusive, supportive and fun approach was that Glendale pupils "*weren't looking at them [children from Hazelwood School] as children with disabilities, they were looking at them as children with a gift they were sharing with us*".

Internationally, links have been established with Resonaari Music School in Finland which offers a model of good practice, and with Nordoff Robbins in terms of exploring a continuum of music provision for some ASL young people from therapy through to rehearsal and performance.

What does the service do? How does the service work/deliver?

musicALL is based in South West Glasgow, with pupils coming from all over Glasgow and beyond. It is part of the Glasgow City Council Education Services and receives additional funding from a number of partner organisations namely The Scottish Government, Creative Scotland Youth Music Initiative, Celtic FC Foundation, HazelwoodVision, the Robertson Trust, Children's Aid, Hugh Fraser Foundation and The Agnes Hunter Charitable Trust.

Planning and delivery of musicALL is overseen and managed by a teacher, who is also a music specialist and has a dual role as the musicALL Development Officer, in conjunction with senior management at Hazelwood School.

All of the young people involved in musicALL require support in virtually every situation in life to carry out tasks. The service recognises that, in order for the children to achieve their musical best and fully benefit, the support is provided by people who both understand the needs of the children and who are also accomplished musicians. These are tutors, teachers, trainees, students and volunteers and this approach is known within musicALL as the 'framework of music support'.

The young people attend a variety of different sessions each week. The sessions can be one-to-one or small groups, depending on what is right for the child, and are tailored as much as possible to suit the individual. There is a weekly improvisation session which enables the young people involved who find it hard to respond to direction, to freely experiment and explore sound – they are encouraged to take the lead.

A pre-samba band meets weekly led by a qualified drum tutor. This group is aimed at those harder to reach young people who have demonstrated that they have an innate sense of rhythm. Basic drumming skills and samba rhythms are taught and the young people are encouraged to focus and play with consistency. The sessions progress at a pace that is suitable for the participants. This group works alongside an already established samba band, providing a route of progression for young people from the pre-samba band in to the established band.

A rock band also rehearses weekly. This gives talented young musicians within Hazelwood School an age-appropriate platform from which they can, through performance, share their musical talent and skills with others.

Another aspect of musicALL is music technology, part of which is delivered in a professional recording studio. This covers sound recording, DJ mixing and the opportunity to learn about how to set up band equipment. Additional tutor sessions are held in school to work on the basics of sound technology – setting up a PA system, and to transfer the DJ skills to the school setting providing the young people involved with the opportunity to share their new found skills and experience with others in the school.

Why and how was the service developed in this way?

The seed of musicALL at Hazelwood School was sown in May 2009. The initiative has grown steadily since then in direct response to the young people and their talent, energy and enthusiasm.

Two young men, both aged 16 and 17 years, with visual impairment and additional complex learning needs and with real musical talent had no clear pathway to further their skills and their "*talent wasn't really being met*". It very quickly became clear to their music teacher that there was a real lack of opportunity for young people with additional support needs to have sustained access to high quality music provision as children, teenagers and after leaving school.

It was found that these young people rarely:

- have opportunities to be part of the wider music community e.g. participation in bands, orchestras, choirs etc
- have their talents and abilities recognised and nurtured
- participate fully in regular high quality music sessions designed to meet their need
- experience the process of rehearsing and the exhilaration of performing with and to others in a public arena
- have the opportunity to work/perform with their mainstream peers

- have the opportunity to develop their musical confidence and improve their musicianship and musical skills by being part of a regular and consistent music group
- receive one-to-one tuition
- are able to access age-appropriate provision relevant to youth culture
- have the chance to be equal partners contributing their skills to co-create a high quality musical experience.

There is also little opportunity to access a music work placement after leaving school, and or access further education to study music and develop talent. musicALL has also found that parents and carers of children with additional support needs express concern about the lack of opportunity and equality of provision in music for their children compared with that of their mainstream peers. Comments from young people and their parents/carers indicate that music is often the subject they would choose to do before anything else and that they are motivated by, enjoy and want to be part of age-appropriate music activities relevant to youth culture.

"It's given [pupil] opportunities and a life that he wouldn't have had."

musicALL developed as a school-based service because young people with additional support needs access school more than they access anywhere else in society, other than home. There are few places outside school that offer suitable provision tailor-made to suit the needs and requirements of young people with ASN, many of whom have very complex health needs and disabilities. It is delivered over two days per week and participant numbers have grown from two to 26. Four different bands have been established – a rock band (The Fridays), two samba bands (The Wee Fridays) and an improvisation/jazz band (Free Fridays).

The bands have also played at a number of gigs including Sainsbury's Braehead Glasgow, Dobbie's Garden Centre, a Sense Scotland event and local mainstream schools, and more recently at Celtic Park to over 30,000 people, at the Glasgow Hilton to local business people and concerts during the Glasgow 2014 Commonwealth Games. In 2013, the rock band performed 18 times, while the Samba band gave 10 performances. In 2015, The Fridays played at the Scottish Parliament, the CCA awards at the Glasgow Hilton and in Glasgow Central Station.

In January 2013, the charity HazelwoodVision (hV) created and funded a six month secondment for a Music Development Officer post (three days per week) to look at increasing music opportunities for people with ASN, and to take the project onto the next level. As a direct result, in August 2013 hV and the Music Development Officer

met with Glasgow City Council's Director of Education to discuss the project to date. The Director of Education is supportive of musicALL and has set up a steering group specifically to look at music across the ASN sector within Glasgow City Council.

At the outset the work was delivered for one hour per week as part of the core curriculum within the school. It has grown and developed in such a way that is considerably extending beyond, and enhancing the quality and content of, core provision with "*staff recognising the importance of music in a child's life*" and "*staff working around a child's music commitments*". Levels of expectation and attainment have been raised over time. Within Hazelwood School "*music is not an add on, it's integral to everything we do*". Funding from Creative Scotland has allowed the practical delivery of musicALL to increase to two days per week (from August 2014). This means that more and different young people with visual impairment and additional complex learning needs have regular weekly access to high quality music opportunities such as samba and improvisation. It also means that children already participating have the opportunity to expand their experiences and develop their knowledge and skills.

In what way is the approach taken by the service 'asset-based?' And what difference does this service make?

musicALL recognises, values and builds on existing assets and skills in individuals, from pupils to staff and volunteers, and enables them to be shared with the wider school community, mainstream school pupils and staff and the wide range of audiences who attend the pupils' performances. musicALL is also working on building in an

intergenerational element by creating a new band that will hold participatory music sessions for older people to sing/play along to music from their era. Another of the bands has delivered samba workshops to mainstream school pupils where the band members with ASN teach samba rhythms to their mainstream counterparts. This has sown the seeds of a longer term relationship between the schools as described below:

"I enjoyed meeting Hazelwood children and making new friends because they are just like us in a different school and they are all really wonderful students. I was surprised when they all knew the rhythms and could play them all. They were great with the instruments and made beautiful sounds."

"It was a great situation for the pupils to be in. They loved learning more about disability and having time to interact with Hazelwood on a one-to-one basis. It was great for [mainstream school] pupils to be taught and helped by Hazelwood pupils, and working together."

The two musically talented former pupils, who sparked the initial idea for musicALL, have returned to work in Hazelwood School with the music tutors one day per week to share their skills and passions for music with younger pupils. They act as music mentors and role models supporting their younger peers in music-making. The two young men are in turn being supported to continue to develop their own musical skills. Another young man who left another school has joined musicALL and requests for future work placements have been received. The development of the initiative and approach taken clearly has been in response to the interests, wishes and aspirations of the young people engaged, with the support of their families and teachers.

In terms of health improvement and tackling health inequalities, the work is focused on engaging with those who are isolated, have communication challenges or a disability. Involvement in musicALL has brought many positive wellbeing benefits for participants including increased levels of confidence, self-esteem, improved language and communication skills, the development of social and life skills, friendships and connections between young people with and without ASN "*actively mixing together through a love of music*", and the ability to share their skills and talents with others.

"Music has improved his brain flow, improved his co-ordination. The skills have transferred to other areas of life – the ability to take part in conversation."

Importantly, musicALL also works to increase the participation and visibility of young people with ASL needs in society. Public performances are reported to be having a transformational effect for the young people and are also challenging perceptions

of disability. For example, at a recent performance the feedback from the public consistently mentioned the abilities and talents of the young performers.

"It was wonderful to appreciate the talent of the young people."

"Such talent needs to be shared."

"I was lucky enough to be in the audience at the charity dance and encountered your fabulous band for the first time. I was impressed that the members of the group were looking outwards and working for the good of others in society."

For many of the young people, participation in the bands and in regular high quality music activities is building on their existing assets and changing their lives for the better. Participation is having knock-on effects in the ways that the young people perceive themselves, and transforming the expectations that families have for their future. Comments from parents reinforce this positive effect:

"If she isn't involved in this it will be like the rug has been pulled away from under her feet. She would choose to do music before anything else."

"I think it would be very damaging, profoundly damaging not to have access to further develop her interest and talent [in music]. It would cut her off from the world that she has come to know. What's on offer shouldn't just be piecemeal. It's about how much society values the participation of people with learning difficulties."

"He could be the passive recipient of care – going on buses to shopping centres – instead he has a life. He's playing gigs – he has a schedule. His peer group see him as a drummer. That's amazing."

"We actually forget that [child] has got a disability. Everyone in the extended family is so proud and amazed. My friend's children see that it's something that [child] is good at in his own merit."

Although musicALL is school-based, the impact of the initiative goes well beyond the core curriculum. For example, there are requests from staff from other schools and Her Majesty's Inspectors of Education to visit and observe the project:

"I learned a lot about high quality teaching and learning in instrumental tuition and what it can look like and I will pass this information back to the Scottish Government instrumental task group."
(HMI Inspector)

musicALL has also raised funds for Marie Curie and Sense Scotland and aims to look at other enterprise possibilities in the future.

What are the strengths and challenges/barriers?

Working in an asset-based way, musicALL aims to build on and extend the core curriculum delivered at Hazelwood School. It aims to identify and develop the musical talents of young people with ASN, create opportunities to work together with mainstream peers alongside experienced and professional musicians, music volunteers and music students, and to rehearse and perform high quality music on a regular basis and in a sustained way. The initiative is growing and expanding in response to the talent and enthusiasm of the children and young people both within Hazelwood School and beyond.

The initiative places music at the heart of the school. musicALL continues to extend the reach of the work to enable more young people with ASN and without to be able to take part together, working in an asset-based approach. The initiative receives the support of a number of volunteers, musicians and tutors who share a passion for music, sharing skills and working with young people, with "*a lot of people currently showing a lot of good will*".

At a strategic level in Glasgow, an ASN music steering group has been formed after a meeting with the Director of Education.

At the time of research, funding was identified as an ongoing challenge for musicALL and "*has become a big issue*". The nature of short-term external funding placed a high degree of uncertainty on the initiative in being able to plan for the future and created anxiety within the staff team around the impact of withdrawing the initiative. The manager of the initiative was also managing the requirements of a number of funders simultaneously which impacts on local capacity and can take away from time dedicated to working with pupils. Glasgow City Council Education Services are supportive of the initiative.

"Large part of the Music Development Officer's role is now about securing funding and completing application forms."

Furthermore, the organisation and logistics of taking the children and young people to new places to perform can also prove challenging on occasions, and require the support and co-operation of others. Finally, following the growth of the initiative, Hazelwood School in partnership with HazelwoodVision are in the early stages of developing plans and proposals to extend and expand the music room overcoming the severe challenge of lack of space.

How has success been measured?

musicALL measures success in a number of ways. Senior management hold overall responsibility for monitoring the quality of the work ensuring it meets the individual needs of the young people; and oversee the wellbeing of the young people participating, ensuring that all the experiences are in keeping with the philosophy and ethos of Hazelwood School and the charity HazelwoodVision.

The service is internally evaluating the work to find out whether:

- the participants are developing music skills
- through their involvement they feel more confident, have increased self-esteem and more positive behaviours
- the skills developed through quality engagement in music transfer onto further learning e.g. further music study; increased independence; facilitate language; lead to better social interaction.

Data to inform the evaluation is being drawn from a range of sources, including: monitoring data; observing reactions; recording people's verbal and nonverbal responses; seeking views by questionnaire from the people involved, parents/carers, staff and musicians; recording unsolicited feedback from other sources; and photos and film footage. At the time of publication, the evaluation is ongoing with the wide range of data, evidence and information being collated and updated.

musicALL also has various external funders, each with reporting requirements against a range of outcomes. For example, the 2013/14 Robertson Trust outcomes and targets for musicALL were:

- Outcome 1: Staff and parents are more informed about and engaged with musicALL and the approach being used including transition to positive work placement.
- Outcome 2: Young people with additional support needs (ASN) will have increased access and opportunity to rehearse and perform exciting and exhilarating live music.
- Outcome 3: Young people with ASN will have increased opportunity to teach and share their music skills with mainstream peers.

For Creative Scotland, musicALL have committed to collect a range of quantitative data including the numbers of young people involved and frequency of involvement, the numbers and types of sessions that take place and what music skills are being developed. Qualitative date will also be gathered about how the young people feel/react when they are participating, what difference is participation making to their lives, are the skills learnt through music transferring to other areas of life and if the young person is doing anything now that they didn't do before?

What can be learned from this service about working in an asset-based way? What are the workforce development implications of working in this way?

While asset-based working is not about intensifying resources to tackle an issue, making a shift to asset-based approaches may be associated with resource implications. In the case of musicALL, the asset-based approach taken is in addition to existing service provision. As a result, musicALL depends on additional resources to deliver and is largely funded from a range of, at present, external sources. Such a model requires funding opportunities to be explored, applications to be completed, and reporting back to the funding bodies in such a way as meets their needs. Each funder, typically, has a different set of process and/or outcome measures and a separate set of reporting mechanisms, as described earlier. There is a skill requirement to successfully navigate this set of processes in terms of both applying for and managing external funding, and time constraints associated with monitoring and reporting on how the funding is being used.

Where asset-based approaches are taken to work with a particular target group, it is important that the existing assets and the potential to build on these is well understood. For musicALL it is important that staff/tutors/trainees are adequately trained and properly supervised to enable them to work in the specialised way required. This training aspect has been built into the project to ensure that the priority of working with young people with a disability and/or ASN is adequately addressed.

Since the time of research…

musicALL has continued to develop, strengthen and grow and a number of key developments are notable. The Music Development Officer Post continues three days per week and has been further part funded by The Robertson Trust until December 2018, allowing further children to engage and stability for the initiative. Practical delivery of the initiative has also increased to three days per week supported by accompanying increase in staffing (three tutors and three trainees over three days per week and a project administrator one day per week), volunteers and school leavers returning to work as part of the music team. musicALL is now reaching over 100 children including young people from four other schools in Glasgow.

Furthermore, group music sessions, workshops, after school workshops, one-to-one tuition sessions, short-term collaborations, and music technology, have all increased in availability providing further opportunities and prospects for young people and music staff. A new band made up of school leavers, tutors and trainee tutors are currently rehearsing with the aim of taking their music into care homes for older people, further extending the reach of the initiative. The Fridays rock band performed at the International Society of Music Education Conference in July 2016 and The Society of Music Education Conference in September 2016.

At operational and strategic level, musicALL is working in partnership with and sharing information and learning with Education Scotland's Expressive Arts National Forum, Royal Conservatoire of Scotland (RCS) Arts in Inclusive Practice Module, has provided additional support needs CPD training for teaching staff across Glasgow, and is a local delivery partner in the Scottish Government's Learning Disability Implementation Plan, *The Keys To Life*.

With the aim of building the HazelwoodVision Expressive Arts Hub (building extension to Hazelwood School), Steering and Fundraising Committees have been established. Glasgow City Council has approved the plans for the Hub, architects plans and costings have been drawn up and the City Councils Estate Manager is now involved.

In March 2016, musicALL was awarded charitable status. musicALL continues to be supported by The Scottish Government, Creative Scotland – Youth Music Initiative, The Robertson Trust, Hugh Fraser Foundation, Children's Aid, The Agnes Hunter Charitable Trust, The Merchants House of Glasgow, Spifox, CCA Global, Celtic FC Foundation and a number of private donations.

North West Recovery Communities

north west glasgow
recovery communities

North West Recovery Communities is a volunteer-led partnership of services, people supported by services, and people in recovery within the North West of Glasgow that seeks to support and enable those in recovery from alcohol and drug problems. It is not a formal service but an organic development of people coming together, generating ideas, building a vision and making things happen within the communities of North West Glasgow.

What are the aims and objectives?

The aim of North West Recovery Communities (NWRC) is to create an environment where people are inspired to recover from alcohol and/or drugs in their home communities. Adopting an inclusive volunteer-led and peer support model, people are encouraged to take their own steps towards recovery, "*taking back some control over the issues*" affecting their lives, and cultivating a culture of recovery which benefits the wider community as a whole. Bringing volunteers together and establishing networks with a common goal and vision is integral to the community-led approach.

"Recovery communities – not just people in recovery but for the good of the community."

"Recovery communities empower people to realise that you can exit services, become independent and sustain your own recovery."

Defining recovery as a process of change through which individuals improve their health and wellbeing, live self-directed lives, and strive to reach their full potential, NWRC aims to provide a safe location and resource for the development of life skills and skills for work, information, support and socialisation for those in recovery and their families. These recovery settings are important to illustrate that recovery is possible, that success is in the hands of communities themselves and to have a positive destination to direct people towards.

"It's about creating opportunities for people in a place of safety where they can meet new people in similar situations, learn new skills and brush up on old skills."

Who is involved?

North West Recovery Communities are engaging with people recovering from drug and alcohol problems, their families and supporters. In the early days, Recovery Communities evolved organically from a few people getting together and steadily building a conversation about recovery across the range of communities and services in the area. Now "*recovery communities is trying to create opportunities for people to be part of something, building new support networks and connections with others*" by taking an inclusive community-led approach. This approach is "*owned by the volunteers*" in response to the issues they, and their families, may be facing and "*working together for positive change*" individually and for the wider community.

The early participants wanted to ensure that *"anyone could become involved, regardless of their recovery status, the stage they had reached in their recovery journey, whether they were abstinent or not"*. The term 'recovery communities' was formed in NW Glasgow to represent its openness, inclusiveness and its intention to reach out to all parts of the sector, including marginalised groups. Within six months of a few people coming together to talk about how to take forward recovery within NW Glasgow, a regular, weekly planning meeting had been established. Following three successful Conversation Cafés involving over 500 people, the small planning group was inspired to create a weekly meeting that was open to anyone who was interested in getting involved. The decision was taken not to create a 'committee' but to create an environment where everyone could become a leader, could take ownership and get involved. This weekly meeting continues to take place every Thursday with a number of other smaller planning groups now reporting into it, as detailed below. More recently NWRC have formalised their constitution which embraces the open and inclusive nature of recovery communities.

NWRC work directly in partnership with and receives financial support from Glasgow's Alcohol and Drugs Partnership (ADP). It has good working relationships and links with a number of community venues across the North West of Glasgow and local community and voluntary-led initiatives. NWRC is involved in making the work of the North West

ADP meaningful to the local community. The service also works in partnership with and has received funding from Glasgow City Council and the NHS Greater Glasgow and Clyde Health Improvement Team.

NWRC are core to a Recovery Orientated System of Care (ROSC) with a focus on self-determination. It provides a co-ordinating opportunity for local services, both statutory and third sector, especially those delivering direct Alcohol and Drugs Recovery Services (ADRS), as well as those who are not formal ADRS such as health improvement teams, family support services, housing/homelessness services and employability providers. These non-ADRS, as much as direct alcohol and drugs service providers, recognise the importance of coming together, sharing ideas and resources and taking forward shared goals and aspirations.

"For the ADP Recovery Communities we have been a welcome development. The work we do is in line with government policy and is in the spirit of the mission of ADP partners. We're helping to round the circle in terms of a Recovery Orientated System of Care."

The last Thursday of every month sees the weekly planning meeting become the Recovery Sub-Group of NW Glasgow's ADP, where NWRC participants consider their role in supporting the objectives of local and Glasgow-wide strategic plans. This meeting also has attendance from Glasgow's ADP support team who consult and take views of the local communities into the strategic planning and reporting structures within the ADP. In addition, a representative of NWRC attends Glasgow's ADP Group meetings.

Importantly and fundamental to the community-led approach taken by the Recovery Communities, has been the support and active contribution of 20 core volunteers where there are "*good foundations and investment in our volunteers, we're putting in the groundwork and it's developing organically*". Furthermore, depending on the activities being run, up to 60 volunteers contribute their time to the community. One of the strengths of the approach being taken has been in relation to 'succession planning'. The NWRC approach is "*not about creating lifelong volunteers but building the goals, aspirations and determination of individuals to believe in their own ability to achieve in the world of employment and to be able to take up opportunities on an equal footing to others*". For this approach to be sustainable the recovery community needs to continuously develop and create opportunities for new volunteers and participants.

"Services can only go so far due to roles and responsibilities, workload pressures and professional boundaries; very few have the capacity to go that extra mile, despite their best efforts. Our [volunteer-led] approach can support someone when they need it; can give them a phone to see how they are doing and can be an important support to their care plan being progressed by service providers."

Working in partnership across the North West of Glasgow and across Glasgow City as a whole, the recovery communities are of benefit to the volunteers and participants directly involved, but are also a vehicle through which the wider community can become more resilient. Stigma and prejudice can be challenged and the city as a whole can ultimately benefit.

"Really good partnership with family support services, especially kinship care providers. Was a bit rocky at first but really supportive of each other now, gives them a bit of hope that there is support and a great degree of hope for their children."

What does the service do? How does the service work/deliver?

"Creating an environment where people can access support in recovery and sustain it within their communities is the key."

NWRC works side-by-side with individuals in recovery, harnessing their lived experiences to better understand what individuals with alcohol and/or drug issues need from services, and for example, how to "*change the relationship that people in Glasgow have with alcohol*". Recovery communities work to build, nurture and mobilise a person's strengths, talents, coping abilities and resources. Taking a holistic approach, NWRC supports the whole person within their community, working alongside their peers and family members.

"This community movement just happens to be tagged on to drug and alcohol issues, buts it's about much more. The passion for improving the lives of communities as a whole is at the centre of the plan. There is no point sustaining recovery if the fabric of our communities is crumbling around us."

NWRC convey a strong message that there is more than one way to achieve recovery, that this journey may be different for everyone, that it may mean different things to different people but that everyone should be exposed to the message that "*recovery is possible*". The definition of 'recovery' for individuals can range from reducing levels of alcohol consumption, resolving housing issues, re-establishing relationships with children and significant others, resolving debt, having goals and aspirations for the future to abstinence from drugs and/or alcohol, controlled drinking approaches or replacement therapy. The recovery community focuses on the experience of individuals and what works for them, providing a platform for people to showcase their recovery experiences.

NWRC do not regard themselves as a statutory 'service' and formal referrals are not required. The weekly planning meeting offers participants and volunteers the opportunity to be part of a planning conversation about recovery and about what works/hinders people in recover, where the focus is on ownership of these challenges and finding solutions. Attendance ranges from frontline drug and alcohol workers, local service providers, people accessing services from statutory and third sector organisations, individuals interested in improving their communities, and people who are in early stages of recovery often accompanied by their own care and treatment workers. At this meeting everyone is welcomed and there is no paperwork to complete. The planning meetings are supported by recovery volunteers from across Glasgow city.

"Anybody can get involved and everyone is welcome, as barrier and restriction free as possible."

"Making sure people are welcome. Give them a bit of your time, initial experience can make it or break it for people."

From these early planning meetings (which continue to date) a vision for recovery opportunities and ideas for developing the environment in which a recovery culture can be cultivated has been nurtured. From these discussions a range of recovery activities have been developed. These include specific men only and women only workshops; recovery drop-in cafés and a range of one-off events and programmes that bring people together around working groups or topics of interest to communities.

"A safe place to go, to meet others in recovery, to experience first-hand positive and enthusiastic conversations about recovery and to realise that recovery is possible for everyone."

In addition to the activities, one of the core aspects of each recovery setting is the hosting of a 'recovery meeting'. Similar in structure to fellowship meetings (e.g. Alcoholics Anonymous (AA)) the meeting is organised to allow someone, supported by a chairperson, to share their experiences of recovery and inspire others as to the potential for increased and sustained recovery. These meetings are again open to people of all ages, men and women, people with differing dependency problems and people with differing levels of recovery capital who can all come together as equals to embrace a positive recovery atmosphere.

"Don't get me wrong, sometimes the sharing is challenging, it can evoke emotional responses in participants, it can lead to individuals beginning to reflect and question life on their own terms. This can often require support from peers and staff supporting the work. It generally comes together nicely."

Within the recovery setting, activities and new opportunities offered include board games, boxercise, art therapy, cookery and music classes, yoga, massage, and fitness classes where people can "*just turn up and put their names down*", all of which are organised and "*done by volunteers, peers in recovery, our community assets*". A volunteers group, conversation café planning group and the ADP strategy group also meet. Recovery volunteers work alongside staff to strengthen the recovery outcomes for the wider community, linked to the ADP strategy. They also have a particular focus on the impact on parental addiction on children and families.

"Activities are making stuff available for people; exposing them to recovery."

A key element of the approach taken by the recovery communities in the North West of Glasgow is ensuring that it is engaging and offering relevant and appropriate opportunities and activities, such as bringing people supported by services and professionals together at conversation café events. This approach makes use of an informal setting for all participants to explore an issue through discussion in small groups focusing on issues that are important to them. "*All types of people are in the room, all there as equals*" with everyone being part of the discussions and conversations.

"People talking about what recovery means to them, and also what's important to them."

"Its people talking about their personal stories, peers in recovery, people caught up in the buzz of the [conversation café] events. Something really special happens on these days."

Through the range of inclusive approaches taken by recovery communities, the experiences, opinions and views of volunteers and participants are taken seriously and acted upon which is important to those who engage and participate in demonstrating that "*North West Recovery Communities is really about change for the better and valuing service users*". In this way, the recovery community is able to engage with service leads in Glasgow and to exert influence on the design and delivery of services and ensure the views of people accessing and supported by services are heard.

Furthermore, recovery communities have been working in partnership with others to develop the North West alcohol-free branding and logo. In partnership with the NHS Greater Glasgow and Clyde Health Improvement Team, alcohol-free events are being held across the area. The branding aims to ensure standards of alcohol-free events and to promoting alcohol-free activities as the norm with the recovery communities. In 2014, around 500 local people took part in five events and a programme of ongoing social activity has been developed. These activities highlighted the importance of ensuring leadership is provided from local people and community organisations.

Going forward, NWRC has ambitious plans and hopes for the future including:

- securing finance for the next two years for further recovery cafés, drop-ins, and group work programmes
- formalising the roles and structures of volunteers and the organisation
- further joint and specific work for men and women
- the development of a recovery drop-in in Drumchapel, Glasgow
- development of a regular alcohol- and drug-free social night in the North West Glasgow
- exploration and continuation of partnership working with other organisations.

Why and how was the service developed in this way?

'*The Road to Recovery*', the Scottish Government's national drugs strategy[x], placed a focus on peer-led initiatives and promoting recovery. The Glasgow City Alcohol and Drug Partnership Prevention and Recovery Strategy (2011-2014)[y] reflected this ethos, and the ADP Communities Sub-group subsequently funded and provided support to the planning, development and establishment of five community-led recovery projects across Glasgow City in early 2011.

The early beginnings of NWRC occurred in October 2011 to provide support and enable those in recovery from alcohol and drugs, following the commitments made at both national and local level.

In October 2011, staff from North West Community Addiction Team (CAT) and the Second Chance Project met to consider how to raise the profile of the recovery work in the area, considering the development of something new and exciting while paying tribute to the excellent work already taking place in service user involvement across many agencies and community groups in the locality.

A Recovery Lead from the CAT for the North West of Glasgow was appointed with responsibility for bringing together all partners involved in recovery. In 2013 a Recovery Co-ordinator for the North West was also appointed to "*create and develop the infrastructure in NW Glasgow that would help sustain community recovery opportunities as a standard within the local area*". The Recovery Co-ordinator works alongside the volunteers, supports local recovery communities groups/cafés/initiatives, represents

[x] Scottish Government. *The Road to Recovery. A new approach to tackling Scotland's drug problem.* Edinburgh: Scottish Government; 2008.
[y] Glasgow City Alcohol and Drug Partnership. *Prevention and Recovery Strategy 2011–2014*. Glasgow: Glasgow City ADP; 2011.

recovery communities at strategic level and helps to create connections with different services and sectors.

In the very early stages the process was led by a few workers, underpinned by the strategic objectives of Glasgow's ADP. This involved a small group of workers coming together to discuss recovery in NW Glasgow. The group concluded that they should organise a 'conversation café', providing an opportunity for people supported by services, people in recovery and the wider community to decide on the way forward from there.

A number of key and notable moments in the development and delivery of the NWRC, including the conversation cafés, are highlighted below:

- *2011* – £2,000 was made available by Glasgow City ADP for promoting recovery locally.
- *October 2011* – staff from the North West Community Addiction Team and Second Chance Project met to consider how to take forward a recovery conversation in NW Glasgow.
- *February 2012* – first recovery conversation café took place in the Trades Hall, Glasgow. Organised by the staff-led planning group, attended by 75 participants. Of these, 18 noted their interest in joining the next conversation café planning group and 17 attended the planning meeting that was held the week after the first conversation café – a mix of staff, people accessing services and recovery volunteers. Subsequently, a weekly planning meeting was established.
- *April 2012* – Second recovery conversation café was held at the Whiteinch Centre with 120 invited participants attending. The event was delivered by volunteers, supported by workers from a range of projects and organisations including Community Addiction Team, Phoenix Futures, Second Chance Project, and the ARC.
- *June 2012* – Third conversation café held at the Glasgow City Chambers focused on the theme of 'family' with 250 participants. This event was organised by recovery volunteers in collaboration with kinship carers from North Kinship Care Group and West Grandparents group.
- *July 2013* – formation of NWRC as an organisation, via a consultation event involving local people, local providers, ADP representation and senior management from within North West CAT.
- *Summer 2012* – Three NWRC recovery sub teams organised three recovery conversation cafés during GRAND (Getting Real about Alcohol and Drugs) week.

- *September 2012* – weekly Saturday meetings for volunteers began.
- *November 2012* – women-only recovery conversation café delivered by kinship care and attended by 128 women.

"There's been 32 events so far and we've got so many more planned. We've got great hopes for the future."

A substantial number of events, training opportunities and activities, attracting a high number of participants, have also taken place up to the time of research. These include (in brief) further topic-focused and gender-specific conversation cafés, establishment of new groups and workshops, launch of new drop-in sessions at new venues across the North West, a range of volunteer opportunities including training on alcohol and drugs, consultation and awareness raising sessions, outdoor residential weekends and Christmas parties.

Most recently, the service has moved to a new office which gives NWRC "*a home, a hub and a structure*" and a centre to co-ordinate the activities of the service.

In what way is the approach taken by the service 'asset-based?' And what difference does this service make?

"Hope and belief that recovery is possible; creating an environment where it's possible. Don't usually have positive experiences about addiction."

"It's always about finding out the positive issues while talking about the challenges."

The NWRC builds on people's abilities to support themselves and each other through recovery. Although the process of recovery is highly personal and occurs via many pathways (including, for example, clinical treatment, medications, faith-based approaches, fellowship-based approaches, peer support, family support, self-care) it is characterised by continual growth and improvement in one's health and wellbeing and outlook on life, and may involve setbacks. These setbacks are a natural part of life; the development of resilience becomes a key component of recovery. The approach taken by NWRC is focused on supporting individuals and their families through times of challenge, offering hope for the future through the support of peer mentors, provision of a safe environment, and opportunities to engage in a way that is appropriate for each individual, and at a pace that suits them.

"The power of example is the most powerful tool we've got. It's about planting the seeds that belief and hope for the future is possible."

Working in partnership with the people who engage and participate with the service, doing 'with' them rather than 'to' them, NWRC provides a flexible response to the needs and interests of individuals. The service strives to find activities and opportunities to help its participants overcome the issues they are facing and to maintain their recovery in a supportive and inclusive way. By providing opportunities for shared experiences and learning, peers and supporters help to build positive relationships between participants, volunteers, staff and services, promoting positive dialogue and nurturing the development of trust, understanding and awareness of the issues facing those in recovery.

"Recovery is about the relationships you build in the room."

The focus on recovery also includes the development of 'recovery capital'. In essence, recognising that everyone has a contribution to make and that bringing together their transferable skills together can improve life for individuals, their families and the wider local area. Individuals are supported to identify and overcome barriers to their social and economic inclusion in society and to realise their full potential, thereby improving life chances and life circumstances.

"You've failed all your life and you are now moving forward in a positive way."

"They, the people in recovery communities, help you realise your potential."

One service user, who had participated in the first conversation café event, was asked to open up with a contribution to the second event. He had valued the support and motivation from the service to allow him to do this and was "*…proud that I had played a part in making it happen*".

"I agreed without hesitation. About trying to influence peers by them saying if he can do it, I can do it!"

"I'm not being dramatic when I say it saved my life."

The service starts with the strengths that can be built on, although for the staff that support NWRC it can often be difficult to convince colleagues within other organisations of the value of this approach. An important balance has also been established between those running formal services and service users. It is recognised that the relationship is two-way and that the formation of these new forms of association creates the opportunity for individuals to questions approaches, treatment options and to express their own expert views on the subject. Furthermore, NWRC seeks to involve others, beyond those in recovery, and they liaise with a broad spectrum of people and organisations and emphasise the importance of "*assuming communal responsibility*".

NWRC is led by the volunteers who have influence and decision-making power over the structure, content and role of the service, supported by staff members who ensure the voice of people supported by services is heard in strategic service planning and delivery.

What are the strengths and challenges/barriers?

North West Recovery Communities provides a community and volunteer-led service for individuals in recovery and their families across the North West of Glasgow. This places 'recovery' at the heart of the community (geographical and as a recovery group) and provides a safe environment for people to spend time together and undertake a wide range of activities and opportunities led by the volunteers. Through this approach, confidence and self-esteem is increased and overall community connection and cohesion improved.

In 2013 the service established a Recovery Co-ordinator post which provided a progression opportunity for an active volunteer. A number of the original volunteers have also moved into employment following support from the Community and their peers and the development of tangible skills as well as softer personal skills. The strong leadership of the NWRC is also a key strength of the approach being taken.

"Need strong leadership. We've got the right people around us in North West Glasgow, who get what we are trying to do, and who are right behind us and support us in everything we do."

The peer mentoring and volunteering approach of the Community is the central strength of the approach being taken. The shared experience of those in recovery is valued and has brought credibility to the approach, which has also involved extensive efforts to reach individuals. This was found to increase the confidence of peer mentors alongside the individuals they are supporting. Recovery communities provide meaningful and worthwhile volunteering opportunities, a sense of purpose and access to training for those from the North West in recovery which often help them return to employment.

"Volunteers are growing from being part of something, being involved. They used to feel on the outside; recovery community is creating somewhere they can give something back and support others."

The forward-thinking nature of NWRC, effective partnership working and the scale and scope of opportunities to engage are notable. In the recent period, access to funds has been a challenge. There has been good support from the ADP in respect of allocating resources to recovery activity; however procurement protocols and procedures have made this difficult at times. NWRC are aiming to secure a specific allocation of funding for the future in order to assist with developing a base which will allow the organisation to secure funding beyond reliance on public sector monies. A focus on training and development for volunteers through some purchased arrangements is required and a smoother system of accessing funds is required to help move things along at pace – "*things often don't move quickly enough which can cause frustration*".

At the outset, when volunteers organised events, local and citywide services expressed interest in attending with stalls and banners. However, the volunteers felt that this was not appropriate for a community-based service attempting to foster a new approach. Managing the relationship between the volunteer and community-led approach and expectations and norms of service delivery can be challenging in trying to stay true to the nature and ethos of recovery communities. Helping formal services accept that they also fit under the NWRC 'banner' has been a challenge. It is recognised by the NWRC that local statutory services have an important contribution and role to play in their success. This contribution to and involvement with the recovery communities will, it is hoped, further assist services in recognising and making practical and cultural changes required to allow them to work in a more collaborative way with other service providers and importantly, in partnership with people with lived experience and their families. It is also important to recognise in the introduction of new ways of working and the shifting of power from staff to service users, "*some staff have been threatened by this model, with some suggestion they are being accused of not doing their job properly*".

However, there is anecdotal evidence that staff that have embraced the NWRC approach and contributed to this work have done so with notable benefits to their own practice as well as the recovery of communities. The need to further "*raise awareness of the North West Recovery Communities as a resource for people in recovery*" is ongoing.

"The best ideas to take recovery forward come from people themselves."

How has success been measured?

"No official monitoring but lots of success stories."

At the time of research, the activities, engagement and impact of NWRC are monitored, recorded and supported through feedback from participants, interviews, photographs and videos, personal stories and testimonies.

"We are keen to have an official monitoring and evaluation tool. However, because the work is multi-faceted there would need to be more than one tool."

What can be learned from this service about working in an asset-based way? What are the workforce development implications of working in this way?

"Taking the opportunity while it's there, don't worry about how we got there."

The importance of strong leadership in the North West Recovery Community from the Recovery Lead and Recovery Co-ordinator is notable. There is a clear focus on supporting and enabling the work of the Recovery Community rather than directing it. This leadership style also has an element of advocacy for the recovery approach taken, influences strategic planning locally ensuring that the voices and experiences of people supported by services are heard, and places a renewed focus on flexible, person-centred relationships.

Staff within the recovery community work to empower participants and volunteers and are open and willing to share power, helping individuals do things for themselves and involving them centrally in decision-making about the role, direction and activities of the service.

The 'Nurturing' Approach

The 'nurturing' approach is a short-term early intervention strategy to reduce social, emotional and behavioural barriers to learning, supporting inclusion and a nurturing ethos within Glasgow schools and nurseries and across the city.

What are the aims and objectives?

The nurturing approach in Glasgow aims to ensure that all schools and nurseries are places in which children feel welcomed, supported and secure, and where children and their families feel that their needs are understood and met.

"A school in which children would say they feel valued, wanted and safe."

The approach aims to support inclusion and to enable children, often with attachment-based additional support needs, to access and succeed in mainstream education.

"Aim of creating happier wee people who are able to cope."

Underpinned by attachment theory, and in alignment with the ethos of asset-based approaches, six principles guide the nurturing approach across Glasgow:

1. *Children's learning is understood developmentally:* opportunities are offered in response to children's assessed developmental progress rather than normalised expectations, milestones or attainment levels associated with chronological age.

2. *Nurture settings in schools and nurseries provide a safe base:* care is taken to ensure consistent routines and expectations, arrangements that minimise anxiety and experiences that relate to both domestic and educational settings.

3. *Nurture is important for the development of wellbeing:* there is a focus on shared activities and the valuing of individuals, responding to and praising all achievements.

4. *Language is understood as a vital means of communication:* children are supported to identify and describe their feelings in words rather than actions and to learn to communicate with others.

5. *All behaviour is communication:* the adults respond to children's behaviour as an expression of their social and emotional condition.

6. *Transitions are significant in the lives of children:* moving between home and the educational setting and different contexts in that setting are carefully managed for children in the nurture group.

"Very keen to get the message out about nurture principles. Need to change hearts and minds about caring for children, we need to be clear in our hearts and minds why we are doing it."

"Nurture – how the school looks, feels, operates and impacts on a day-to-day basis."

As described below, the implementation of the nurture intervention in early years' establishments and schools is targeted to specific children and young people who have been identified to potentially benefit most. However, it is widely recognised across the education sector in Glasgow that nurture principles should underpin all teaching practice, maximising the impact and increasing the value and benefits of this targeted intervention and positive ways of working over wider school communities. This applies to educational settings both with and without nurture groups, and to all children, creating a supportive, secure, welcoming and caring school environment, where "*the strengths and potential of all children are recognised*".

"Not necessarily about nurture groups or corners but about the holistic approach we are taking to support young people."

"Nurture is all encompassing, whole school must be in for it to work."

This ambition, as stated in 'Towards the Nurturing City' (2011)[z] aims to use and extend nurture principles not only to support and embed a nurturing approach in all Glasgow schools, but also in the work of Glasgow City Council Education Services with partner agencies.

However, it was recognised by staff that "*there is work to do turning the guiding principles into working principles rather than just theoretical ones*": there is a "*need to unpick them and understand what they look like in a classroom setting*" so that they can be adopted and embedded in daily practice.

Who does the service support? Who does the service work in partnership with?

The nurturing approach within schools in Glasgow city is implemented at four levels:

1. Early years establishments and nurseries – *Nurture Corners* – core group of children aged 3-5 years.

[z] Glasgow City Council Education Services. *Towards a Nurturing City*. Glasgow: Glasgow City Council; 2011.

2. Primary school – *Nurture Groups* – core group of P1-P3 pupils.

3. Secondary school – *Nurture Bases* – core group of S1-S3 pupils.

4. Whole school/establishment – a nurturing ethos and awareness of the principles of nurture inform teaching and learning for all pupils.

Before a child or young person joins a nurture group, corner or base they are very carefully assessed by staff that have been specially trained in nurture. The staff work with the child's parents or carers to decide whether nurture is the right kind of support for that individual child.

"The approaches in school and benefits are always more successful if the parents are engaged."

A child's needs and targets are identified by use of the 'Boxall Profile' which guides structured observations of children in nursery or school settings, enables targeted intervention and is a means of measuring progress. Children who have been identified as having the appropriate profile have a proportion of their teaching in a small class within their mainstream nursery or school.

"Very precise assessment of a child's needs and strengths, helps us to help the children who need emotional support the most."

Upon joining a nurture group, corner or base, staff plan very carefully to help the child achieve their individual targets. Nurture staff also work closely with class teachers (or with the child development officers in nurseries) to ensure that children are well-supported in both their playrooms and in their main classrooms to facilitate the formation of strong links with their mainstream peers.

"These are all our children, it doesn't matter what class they are in."

Glasgow City Council Education Services and partners have also extended their nurture and family learning approach from primary schools to the city's early years' provision. This way of working aims to support children who find it "*difficult to play and learn with others*" and to ensure that they can remain in and benefit from mainstream early years' education. Nurture within early years' education aims to create the world of early childhood in nursery and so provide the broad learning experience normally gained in the first three years.

What does the service do? How does the service work/deliver?

"Meeting children's needs rather than a panacea."

"Many children need additional support and security. Nurture helps the re-creating of that security to help them reach their academic potential."

The nurturing approach supports children and young people who are finding it difficult to cope with the requirements, structure and expectations of school or nursery. These children can need the support of nurture for many different reasons. They may have significant social, behavioural and emotional difficulties, be withdrawn, angry or confused or be unable to co-operate well with teachers or other children and young people. Nurture was developed with the intention of tackling these issues at an early stage "*before they define the child*".

"There's a group of young people for whom traditional behaviour support, strategies and inclusion are not working. This is where nurture comes in."

The nurture setting is designed to offer an environment in which children can experience an increased sense of security and self-worth and be supported in their social and emotional development. This setting aims to offer an experience based on carefully planned routines in which there is a balance of affection and structure and of learning and teaching. This includes providing many of the experiences normally found in the home environment, with a focus on activities that are not part of a normal classroom. These include activities where there is a focus on communication, friendship, social skills, sharing, taking turns and table manners, such as sitting down for breakfast together and tidying up afterwards and snack time.

Pupils set their own targets and work towards these with support, and receive awards for achievements. The small group numbers may also support staff-pupil engagement, and increased pupil attention and participation in the setting.

"Changing how people see the children who are receiving support. It's not a behaviour unit."

In general, the key features of nurture settings include:

- a separate room or corner
- small group size (maximum six children/young people)
- maximum of four school terms in nurture, except in exceptional cases
- trained adults (trained nurture teachers alongside a support for learning worker in primary schools/trained Child Development Officer in early years' settings)
- clear referral process and core assessment tools for admissions and tracking progress
- involvement of parents/carers in referral process and full involvement thereafter
- supported transition and integration from nurture back into the main playroom or classroom.

"Take small groups of children to support their emotional development in an environment that is more focused."

At the time of writing, in Glasgow the nurture approach is provided through the delivery of:

- Early years nurture *corners* – 20 corners.
- Primary nurture *groups* – 68 groups.
- Secondary nurture *bases* – 8 bases.

The nurturing approach in Glasgow early years' establishments and schools has strong leadership and management, both locally and centrally from Glasgow City Council Education Services. A member of the senior leadership team from the establishment is identified as the nurture co-ordinator, ensuring the practice in the nurture setting is consistent, well managed and effective. Weekly meetings take place between the nurture teachers and class teachers, and regular meetings between the headteacher, nurture co-ordinator and nurture staff also take place. There is also nurture-based annual awareness training for all staff, alongside assignments and support delivered by Glasgow Nurture Trainers, as described in further detail below.

Why and how was the service developed in this way?

Nurture groups have their origins in educational psychology practice. The first nurture groups were set up in 1969 by Marjorie Boxall, an educational psychologist working with the Inner London Education Authority[aa] in response to the large number of vulnerable children entering school who were unable to meet the expectations and demands of an ordinary nursery or infant class. In Glasgow, in recognition of this learning and the needs of Glasgow children, the City Council implemented an education-led early intervention strategy in 2001 and the initial nurture group pilot was extended to three schools in session 2001/2002. The pilot group was subsequently extended to 17 schools in 2002/2003 due to the reported positive outcomes achieved.

"Nurture in Glasgow started off small and grew."

To record and assess the accuracy of the success of the initial nurture groups an evaluation study was carried out. Findings suggested that the nurture group approach had made a considerable impact on addressing the needs of vulnerable pupils, and had an overall positive impact on the ethos of the whole school and pupil attainment. However, it was also acknowledged at the time of reporting that further study was required, with more robust controls put in place.

Funding was subsequently approved by the Education Services Committee which enabled 29 Nurture Groups to run in Glasgow primary schools, one for each new Learning Community during session 2004/2005. Further funding was then approved by Education Services Committee in 2005 to extend the number of nurture groups in Glasgow schools from 29 to 58, which allowed two nurture groups per learning

[aa] Bennathan M, Boxall, M. *Effective interventions in primary schools: Nurture groups*. London: David Fulton; 1996.

community and enabled the nurture approach to be adopted as one of the key strategies in supporting early intervention for its most vulnerable pupils.

"Purposefully did it on scale… real system change across the whole of the education system."

In 2011, nurture corners in nurseries were introduced and work began to explore the application of nurture principles in secondary school settings in Glasgow. In 2012, the first secondary nurture base in St Paul's Secondary School was opened.

The nurturing approach in Glasgow is delivered and funded by Glasgow City Council Education Services, working in partnership with Glasgow City Council Psychological Service and Education Scotland. At present no additional funding is available for the delivery of secondary school nurture bases, which are currently supported through core school funding.

The Scottish Government has made the 'early years' a key priority through successive strategies and policies culminating, most recently, in the Scottish Government's Early Years Collaborative (EYC) call for transformational and sustainable change in the early years.

In what way is the approach taken by the service 'asset-based?' And what difference does this service make?

The nurturing approach across Glasgow schools provides a safe, secure, consistent and supportive environment for children and young people who require additional support to overcome social, emotional and behavioural challenges they face in order to fully access mainstream education and achieve their potential. The approach is underpinned by a set of values and principles which align with the principles of asset-based approaches and which are focused on building strong relationships with children and their families which enable their strengths and abilities to be identified and developed for positive outcomes and positive destinations. Staff are responsive, sensitive and adaptable to the needs of each individual child through well-planned, appropriate and effective holistic support, opportunities and guidance.

"Might have conflicts in life but school is constant. Treated the same every day with fairness."

The children and young people who attend targeted nurture settings are carefully selected to ensure the appropriateness and value of the support required, which is provided for up to four school terms or as long as required for that individual child. Children and young people are also fully supported in their integration back into the main playroom or into a mainstream classroom. Through this way of working children and young people are supported to develop and foster resilience, strong relationships and friendships with others, to build confidence and their self-esteem and celebrate their achievements and what they are doing well.

Although the nurturing approach is focused on supporting the child, the involvement of the parents/carers and wider family is central to the success and longer-term sustainability of the intervention. Families are engaged in a supportive non-judgemental way to extend the approaches taken in the nurture setting to the home environment and enabled to consider alternative positively orientated approaches when dealing with issues as they arise. Staff *"start with what is already working well with the child and acknowledge the positive aspects of the family"*.

"Never judging a parent or child, just accepting where they are at."

The recognition of the significance and value of extending the nurture principles to all children, staff and schools across Glasgow is an important step in *"embedding whole system change"* and ensuring *"there is consistency of practice across all schools for the benefit of all children"*. The nurturing approach is seen as *"… in support of everything else"*.

"Nurture is always part of the everyday job."

The importance of supporting and the need to *"nurture the staff too, build their skills and emotional resilience"* was also clear and valued by senior staff and management, recognising that it is *"not just one thing that make a nurture school, it's the whole thing"*. Good relationships, strong leadership and effective collaborations were central to the embedding of a wide-reaching nurturing ethos within the school.

"Trying to ensure that staff feel nurtured as well as pupils."

What are the strengths and challenges/barriers?

The nurturing approach and the extension of the nurture principles within all educational establishments is endorsed and supported by Glasgow City Council and within schools. Strong leadership, management and direction is evident locally and at strategic level. Effective collaborative working, within schools and learning communities and across the education sector as a whole, was seen as a key element of the approach taken, but recognising that this is not always easy and takes time. A multi-disciplinary cross sector partnership approach, working with staff from the health service and social work, was also seen as a key element of the approach taken which was working to ensure that services for children were joined up and providing the best support possible.

"Collaborative working is very hard. We are all committed to children but joining up the dots is not always easy."

As discussed further below, the evidence-based nature of the approach helps to convince teachers and parents of the benefits of the intervention and ensure buy-in and participation.

A number of challenges of implementing specific nurture interventions within schools across Glasgow City are notable. These include the importance of maintaining fidelity and focus on the structure, function and role of the original intervention and ensuring the approach does not become diluted or weakened as it is rolled out and embedded in more schools. The ongoing recognition across establishments that the nurture setting/classroom is not a "*separate naughty room at the end of the corridor*" or an easy class to teach (*"…it's not just tea and toast…"*) was highlighted as an issue that was being addressed through ongoing training and communication. The sustained involvement of parents was also highlighted as a challenge for the success of the approach.

A number of operational and research challenges were also emphasised. Although built on a strong research basis, the need for longitudinal matched studies posed a challenge. Restricting access to nurture support in control groups is unethical, so robustly evaluating and assessing the effectiveness of the intervention is challenging. Identifying a suitable venue for staff training and ensuring adequate capacity for quality assurance were also both highlighted as challenges.

How has success been measured?

Within Glasgow, the nurturing approach is *"embedded firmly in strong research and evidence"* and staff are *"reassured by the scientific research basis of nurture"*. A comprehensive research and evaluation strategy underpins the introduction, implementation and roll out of nurture across Glasgow as a monitoring and measurement tool to assess the effectiveness of the intervention. Furthermore, longitudinal research has aimed to evaluate the longer-term impacts for pupils who have experienced the nurture intervention alongside the impact within the wider school and social context and to track the future development of children who have received support.

There is evidence, both nationally and within Glasgow, to illustrate the social, emotional and educational attainment benefits of placement within a nurture group[bb]. Following a large scale, controlled study across 32 nurture groups in Glasgow, results provide evidence of the effectiveness of nurture groups on improving emotional and behavioural functioning and gains in academic attainment for pupils in nurture groups compared to a matched sample in mainstream classes in schools without nurture groups. Further research demonstrates a clear link between attachment and academic achievement, where nurture groups directly address key attachment issues thereby having a beneficial impact on attainment[cc]. Participation within the nurture setting is reported to have contributed to reduced school exclusions by 70% since 2006/7 and to increased academic attainment from 18.2% in 2006/7 to 36% in 2014.

"In schools where children are included and nurtured, attainment is better."

Furthermore, ongoing data collection via a city-wide annual survey provides regular updates and findings of the awareness, understanding and impact of the nurturing intervention in schools and early years' establishments across the city and supports schools in their self-evaluation, with plans to review and further develop this data resource in planning. The work and value of nurture groups in Glasgow is also powerfully captured and presented in the film 'The Nurture Room'[dd].

"Evidence that it works gives it high credibility – supporting us to say that this works."

More recently, research capturing the perspectives of parents, carers and nurture staff reported a strong sense of enthusiasm for the nurture approach and the outcomes that it achieves for children in preschool settings, where children are being supported to overcome language and communication difficulties, develop appropriate social skills and regulate their own behaviour and emotions. Parents were also supported to see their child in a more positive way and become more aware of alternative ways of interacting with them. However, the research highlighted that further ways of connecting with parents and supporting family engagement in learning should be explored to increase the benefit and reach of this intervention[ee].

[bb] Reynolds S, McKay T, Kearney M. Nurture groups: a large-scale, controlled study of effects on development and academic attainment. *British Journal of Special Education* 2009;36:204-212.
[cc] McKay T, Reynolds S, Kearney M. From attachment to attainment: The impact of nurture groups on academic achievement. *Educational and Child Psychology* 2010;27:100-110.
[dd] The Nurture Room film. True Vision North. http://thenurtureroom.com/
[ee] Glasgow Centre for Population Health. *Briefing paper findings series 45: Nurture corners in nurseries: exploring perspectives on nurture approaches in preschool provision in Glasgow.* Glasgow: GCPH; 2014. Available at: http://www.gcph.co.uk/publications/521_findings_series_45-nurture_corners_in_nurseries

As a result of the evidence underpinning the positive benefits of nurture groups and to further support the move 'Toward the Nurturing City'[y], Glasgow City Council has developed a self-evaluation framework specially to maximise the impact of nurture in wider school communities entitled 'How Nurturing is our School?'[ff] developed as a result of collaborative practice across the city.

What can be learned from this service about working in an asset-based way? What are the workforce development implications of working in this way?

The nurturing approach is underpinned by a strong training and development programme and a dedicated training team (a training officer and six volunteer trainers) who *"are all talking from experience"*. All nurture teachers in Glasgow must attend a four day *"interactive, not just talk and chalk"* training course and carry out an assignment to gain General Teaching Council accreditation. For a nurture setting to be established in a school, at least one member of the teaching staff must be accredited.

Ongoing maintenance training is provided weekly. Learning community nurture co-ordinators must attend a further two-day training course. An annual event is held for nurture staff to share learning and practice and highlight any training needs.

"Equipping staff with the skills to do their jobs and change their views of challenging children."

"Trying to help staff and people working face-to-face with young people develop and understand attachment and attachment theory; help them build confidence and resilience."

As part of the sharing and operationalisation of the extended nurturing principles, whole staff and school training takes place annually. The Glasgow four day training course has been accredited by the General Teaching Council for Scotland and the School of Work Based Education at Glasgow Caledonian University. 'The Theory and Practice of Nurture' has been credit rated: 30 credits at Scottish Credit Qualification Framework Level 11. The Glasgow nurture team also offer training and support to other local authorities using nurture approaches.

What can be learned from this service about working in an asset-based way?

"Nurture is a lifelong project – it will never end, there will always be new children who need support, we just need to find different ways to keep it going and raise our game."

[ff] Glasgow City Council Education Services. How Nurturing is our School? Glasgow: Glasgow City Council; 2011, revised 2014.

A strong sense of enthusiasm for the nurturing approach and satisfaction in the outcomes it achieves for children was evident. These outcomes lie not strictly in literacy, numeracy or other cognitive attainment areas but in *"overcoming aspects of behaviour and ways of engaging with families and educational settings that limit children's opportunities to learn and risk damage to themselves and others"*. This targeted intervention has clear criteria for inclusion but thereafter works with children and their families in a child-centred and asset-based way, valuing and building skills, strengths and celebrating successes.

The move towards extending nurturing principles as a whole system mainstream education approach in Glasgow is ambitious, significant and progressive, reinforcing this way of working for the benefit of all children and young people, underpinned by shared values and a common goal. The comprehensive and ongoing research and evaluation process is actively monitoring, recording and reporting effectiveness and impact across multiple levels.

The importance of strong leadership and direction locally within individual schools, across learning communities and at strategic level was evident, where it was advocating, influencing and initiating changes in practice. The importance of effective cross-sector collaboration and partnership working with the child at the centre was clear.

With thanks to the teachers and staff of the Smithycroft Learning Community.

Cassiltoun Housing Association and Cassiltoun Trust

Cassiltoun Housing Association

Cassiltoun Trust

Cassiltoun Stables Nursery

Cassiltoun Housing Association is a community-based housing organisation in the east of Castlemilk, Glasgow with a diverse mixed housing stock and two subsidiary organisations: Cassiltoun Trust and Cassiltoun Stables Nursery.

"We are more than just a housing association. We are a regeneration organisation with a wealth of experience operating locally in Castlemilk and who want the best for local people."

What are the aims and objectives?

"We aim to enhance the quality of life of our clients and to regenerate and sustain our community through housing-led and resident controlled initiatives."

Cassiltoun Housing Association (HA) has stated strategic objectives for 2014 to 2017:

- In order to ensure that our rents remain affordable, maintain a stock base sufficient to achieve economies of scale and deliver effective services in a cost efficient way.
- Maintain the high quality of our housing and service provision, ensuring the comfort of tenants and the protection of investment (in excess of £55 million to date).
- Maximise opportunities for community involvement in the regeneration process, promoting social inclusion and 'wider action'.
- Ensure that the work of the Association is supported by effective financial, administrative and personnel systems.
- To ensure that the Cassiltoun Group structure is adequately supported to deliver its goals.

Cassiltoun Trust, a subsidiary organisation of Cassiltoun HA, acts as a catalyst for economic and environmental regeneration bringing new services, training, employment and recreational opportunities to the local community.

With the aim of "*improving opportunities for everyone in the neighbourhood*", the Trust also has four strategic objectives and all projects delivered, as described below, support the achievement of these:

- to empower our local community and extended communities to make positive changes in their lives by providing education/training, employment, health and leisure time opportunities

- promote, enhance and preserve the public's knowledge of Castlemilk's rich history
- to continue to preserve the historical and architectural significance of Castlemilk Stables for the local and extended community and to promote the preservation of other historical landmarks in the area
- to promote, influence, implement and participate in local and national strategies that assist and drive community-led economic regeneration and development.

Who does the service support? Who does the service work in partnership with?

"It's all about wellbeing… we don't just provide a home, it's about everything else too."

Cassiltoun Housing Association, Trust and Nursery work for the benefit of the people of the east of Castlemilk and Cassiltoun HA tenants. The organisations collectively provide affordable, safe and pleasant homes and support to local people, childcare, and provision of facilities and opportunities for education, training, employment and recreation delivered through a range of programmes, projects and activities to help local people and to add to the social and economic prosperity of Castlemilk.

"Help people to help themselves. Give them the tools and opportunities to improve their health, housing and employment chances."

The Housing Association is managed by a voluntary Board made up of local people who "*are very outward looking and who see a much wider picture*" and who "*recognise we're in the same boat as them [tenants]*". The HA employs 29 members of staff, with "*lots of the staff being Castlemilk born and bred*", and is committed to partnership working and wider action including non-housing projects that benefit local people and the local economy. They work alongside a wide range of local statutory and community-led organisations and services and other housing associations including Glasgow City Council, Glasgow Life, Glasgow Housing Association and Craigdale Housing Association, Jobs and Business Glasgow, the Forestry Commission, SCVO, Urban Roots, Carr Gomm and National Museums Scotland, to name a few. The HA also support new social enterprises and businesses and strive to contract out to organisations that employ local people.

"We work in partnership, support other organisations and hope that they will support us. Hopefully help them to deliver some of their aims."

The Trust has been established as a company limited by guarantee and as a Scottish charity. The Board of the Trust comprises local people and professionals and meets quarterly to oversee the smooth running of the business and implementation of the Trust

business plan. The trustees are responsible for the general control and management of the administration of the charity and carry out these functions within the context of the charity's legal framework. Trustees do not undertake day-to-day operations but are responsible for the governance and strategy of the charity. Day-to-day administration and professional support of the Trust is provided by Cassiltoun HA. The Trust is a member of the Glasgow Social Enterprise Network and the Development Trust Association. Cassiltoun Stables Nursery is set alongside the local woodland. Its principal activity is to provide high quality childcare for children up to five years old and employs 19 members of staff, the majority of which are from the local area.

What does the service do? How does the service work/deliver?

Collectively the Cassiltoun Group, the HA, Trust and Nursery is a community-based organisation based within Cassiltoun Stables. Together, they have a diverse mixed tenure portfolio of over 1,000 houses, offices, a children's nursery, training rooms, courtyard, and walled garden and meadow.

Although principally a housing association, the organisation views itself as having a much wider remit. Housing provides *"…a platform to tackle health, education, access to services, improve confidence, employability…"*. The HA also works with a wide range of funders and partners to offer work placements to young people, has created an advice team to assist people in financial hardship, delivers an art programme for over-50s that prevents social isolation, offers volunteering opportunities in the community garden and supports the regeneration of Castlemilk Park through delivering a range of events and activities including Branching Out, Forest Kindergarten, volunteering, employability, education, and health initiatives, described in further detail below.

The combined organisations promote economic and social opportunities to "*encourage folk from the most difficult households*". The HA supports young people, in particular, to become involved in clubs and events to help them develop respect for their neighbourhood. The HA also organises a number of well-attended events for tenants and the wider community throughout the year including Christmas and Halloween activities, Burns suppers, owl events, and performances such as A Midsummer Night's Dream within the garden area of Cassiltoun Stables. These give local people the chance to socialise and make new friends. It also helps Castlemilk to be, and to be seen as, a thriving, vibrant place to live and visit.

The HA is "*achieving much more than bricks and mortar*" through a sense of social responsibility. As well as running their own activities, the HA supports other local groups such as, the local foodbank, and the provision of small monetary gifts via Cash for Kids to enable families that may not otherwise be able, to buy Christmas presents for children.

There is also a commitment to investing in property. The Association publishes a timetable for improvements to their properties as they believe that, as a community-based and owned organisation, the community they serve has "*…a right to know*". The Trust is also established to conserve, for the benefit of the public, buildings of historical and architectural significance in the area and advance knowledge about the history of Castlemilk.

"Growth gave us the confidence to reinvest."

Employability project

Hosted by the HA and the Trust, the employability project, Paths to Employment, is one element of a larger initiative with the aim of rejuvenation of Castlemilk Park. The scheme has two aims. Firstly, to offer unemployed individuals an opportunity to increase their employability by learning new skills and gaining qualifications, and secondly to help provide much needed improvements to a local greenspace. Now in its third year, the project has continued to make a significant impact on the park and "*local people have noticed the positive changes in the woodlands*". The programme is delivered over a four year period in blocks of eight weeks, and works with groups of five individuals at a time with no age or geographical restrictions in place. However, those who participate are "*…predominantly from the local area*" and "*learn off each other*".

During 2013/4, a total of 31 people participated in the project over six blocks. Of these, all but one gained additional qualifications and 27 of the 31 gained employment.

Recognising that there are "*benefits in working with similar organisations, they understand the way we work*", this project is supported and funded by Central Scotland Green Network, Great Gardens and People and the Communities Fund.

"It's not just a route out of poverty; it's a route into society."

Woodlands and gardening initiatives

The woods of Castlemilk Park are part of a larger network of 14 Commonwealth Woods across Glasgow, a legacy of the 2014 Commonwealth Games. Over the past year Cassiltoun's community woodland officer has delivered over 200 free events and activities, enjoyed by over 4,500 people. In the past year the Woodlands initiative have delivered two 12-week programmes of Branching Out, an innovative mental health programme (in partnership with the Forestry Commission Scotland), 25 evening health walks (covering over 500 miles), 12 'cup of tea in the park' events, and 12 photo walks. Activities within the park are adapted to suit the abilities of those who take part and responsive to local issues as they arise. The woodland officer works hard to provide a varied calendar of activities and events throughout the year, "*…trying to provide something of interest for everyone which is as barrier-free as possible*".

The children's garden project is also running in partnership with Urban Roots (a local environmental charity). This brings local nursery and primary children and adult volunteers up to the gardens on two days each week. They learn about plants/biodiversity and healthy eating and, to promote healthy activity, the children walk from their school and nursery and are encouraged to be active in the garden. The community woodland's officer also works closely with St Oswald's Primary, a local school for children with additional support needs, and provides sessions for teachers to demonstrate activities they can do with the children within the park.

"Not just about the physical, but also about the social."

Stables Studio

Initially run in partnership with Impact Arts, the Craft Café began life as a small pilot project in 2009 and has continued to grow since then. Renamed as Stables Studio in 2012 to reflect the location of the workshop, change in structure and security of funding from the Association, the project aims to tackle the social isolation experienced by many older people in Castlemilk and beyond.

Open three days per week with a drop-in format, the project helps older people learn and develop arts and crafts-related skills such as drawing and painting and creating jewellery and textiles providing "*opportunities to try new things*", in an "*open, warm, welcoming and inclusive*" environment. The participants are encouraged to decide for themselves what they want to achieve at any session with the in-house artist "*working with what people would like to do, with no set plan, more varied than that, providing a range of options*". Day trips and outings are also arranged for people to "*add to the experience [of the workshop] and to have something new to talk about, to be inspired*".

In 2012, the project was subject to a social return on investment analysis which showed a return of £8 for every £1 spent.

Why and how was the service developed in this way?

Cassiltoun Housing Association was established over 30 years ago. The Trust was formed 16 years ago, in March 2000. Cassiltoun Stables Nursery was created as a social enterprise subsidiary of the HA in 2012.

Castlemilk is one of Glasgow's peripheral housing schemes. Originally built on a green field site in the 1950s and 1960s, the area suffered from many of the problems which are associated with the decline of the manufacturing industry in the West of Scotland. Furthermore, Castlemilk had experienced problems more usually associated with rural areas – stemming from a lack of facilities within the community and geographical remoteness from the rest of the Glasgow conurbation, exacerbated by insufficient transport links. Years of effort have since been invested in reversing its declining fortunes. From 1988 to 2006, it benefited from 'Urban Partnership Area' status, and a large amount of Government and private investment has turned a previously unpopular area into a desirable place to live. Considerable investment has been made during this time in the provision of new recreational facilities and the upgrade of existing ones.

The Cassiltoun story, however, really begins more than 30 years ago. The 1970s saw a vast number of voids in the tenement property in Castlemilk, which led to vandalism, decline, social and economic problems for the community. Founder Board of Management members, among them the Association's present Chair, Anna Stuart MBE (then members of a local tenants association) have successfully created a decent, affordable, clean and damp-free place for local people to live.

The current Chief Executive made changes to the way the organisation operates when he took up the position 12 years ago. This included the introduction of a generic way of working which placed a collective accountability on the staff for the service provided to all tenants. The Chief Executive has also enabled the creation of a culture where high-quality staff are recruited and younger trainees are supported to take on the Cassiltoun ethos. The organisational values (which were created by the staff) have also been embedded within the organisation. He also feels passionately about "*sharing the Cassiltoun vision*". The turnover of the HA has increased from £1 million to £4.6 million over this period.

The Cassiltoun Group believe that their role is about more than just affordable housing. The Group believe in supporting the best possible life chances, improving opportunities for all people in the local area, and taking a forward-looking approach to social regeneration. They recognise the importance of building good relationships with the community and the work of the group collectively is focused on the physical, social, environmental and economic issues which impact on life, such as healthcare, crime prevention and lifelong learning initiatives and the development of skills, training, employment and social enterprise.

In what way is the approach taken by the service 'asset-based?' And what difference does this service make?

Cassiltoun's core business is housing, which it combines with a wider community role.

"It would be a disaster if we just collected rent."

The Association strives to positively affect the local community by working on many small scale approaches to change. They work to develop a good reputation and great service, to treat people well and to gain the trust of their tenants and other local people.

"Try to empower people, help build their confidence to go and ask questions of the services they access rather than the services having to come to them."

"The wider service only works because the Housing Association is trusted."

The Association has been able to offer placements to local young people, inducting them in the Association's ethos, the business and its values. They have been able to offer employment to almost all of the young people who have had placements within the organisation and if not have assisted them to move into other employment or education. Supporting young people on placements within the Association instils a sense of pride ("*…walking ten foot tall*").

The organisation is conscious of both accountability and legacy. They work with transparency, publishing their plans and working for the tenants to whom they are accountable. They believe that creating higher standards raises expectations and leads to more and greater success. The Association are gold standard Investors in People and are focused on "*local solutions over the long-term*".

"You cannot pull the wool over their [tenants] eyes."

Social benefit in procurement is a strategy that the Association actively adhere to. They interview and visit companies to ensure that any appointments will be beneficial to their tenants and to the local community, requiring their contractors to demonstrate what added value they will bring. The Board evaluate tenders using a 70:30 model – 70% quality, 30% price – to ensure the community benefits.

"It's not always about cost. It's about doing the right thing."

The Association addresses challenges by involving staff in the process. "*It's amazing the difference it makes when staff take control*".

Also, the nursery is a social enterprise, reinvesting any profit back into the local community.

What are the strengths and challenges/barriers?

The Cassiltoun Group is a locally based service which is active throughout Castlemilk across a wide range of housing, education and training, life improvement and health and wellbeing initiatives, reaching and engaging with local people on a regular basis. A wide range of activities, opportunities and events are provided which are relevant and appropriate across the life-span. The HA and Trust work 'with' people to develop tangible skills to help them into education, employment or volunteering, alongside the softer skills of confidence, resilience, relationship building and social skills.

The Association is small and local which enables quick decision-making and responsiveness and flexibility for local people working with "*integrity, honesty and being realistic about what we can deliver*". The Association's approach means regeneration is on an equal footing to the operational side of business. Close working relationships have led to trust and proximity to decision-making processes.

"Creating more stable communities, helps us respond to welfare reform issues quickly, helps older people stay in their home safely for longer."

The Association has a high level of staff retention and low staff absence through sickness. Cassiltoun Housing Association staff operate in generic roles taking "*a whole team approach*" which means that any member of staff can assist an individual with questions or queries in relation to the operational services of the organisation but get involved with activities across the Group with a focus on ensuring that "*everyone gets involved, they can see how important it is for the community*".

"Varied job role, community staff is important to us, with a focus on building relationships with local people."

In terms of challenges, as with many other community-based organisations, funding is an ongoing issue for Cassiltoun Housing Association. The organisation has multiple funders each with their own set of criteria and deadlines. Time and energy dedicated to funding cycles impacts on the organisation's capacity and leads to the need for complex monitoring and reporting systems. Local trustees run the organisations and they are bringing funding and investment to the local area.

"If you know the social and political environment, then you can get more funding."

The Association faces government pressure to amalgamate and form a larger organisation with a view to scaling up. However, Cassiltoun feel strongly that their smaller size is of local benefit – they are visible and accountable. Recent work by Glasgow West of Scotland Housing Forum showed that a bigger housing organisation is not necessarily a more efficient one[99]. Partnerships can be difficult at times and conversations when partners are not delivering create challenges. However, the benefits of working with partners locally far outweigh such difficulties.

"We are outward looking but realise we can't do it all on our own."

As the Board is made up entirely of local people, they are visible and accountable locally. Both the Trust and the Nursery have mixed boards of tenants and professionals. Although there would be some benefit from the expertise of professionals on the Association's Board, they have a certain power in being local and are somewhat resistant to 'outsider' influence as "*they'll never have our passion*".

[99]Glasgow West of Scotland Housing Forum. *Benchmarking Report 2014/15*. http://www.gwsf.org.uk/assets/files/Charter%20Report%202015%20final.pdf

How has success been measured?

There are many ways in which the work of Cassiltoun is monitored and recorded. Principally the work of the organisation is recorded and measured by the Scottish Housing Regulator through the Social Housing Charter. The organisation also has to provide regular reports to their funders and their work is monitored by the Financial Services Ombudsmen, the Office of the Scottish Charity Regulator, their lenders and the tenant-controlled Board. The Stables Nursery is also registered and monitored by the Scottish Social Services Council.

The Scottish Social Housing Charter came into effect in April 2012. The Charter was developed as a result of the Housing (Scotland) Act 2010, which emphasises continuous improvement in the quality and value of housing services delivered to customers, and places greater focus on service user involvement by encouraging customer-led shaping of services. From 2013, all Scottish Registered Social Landlords (RSLs) have to meet the outcomes and standards set by the Charter, and meet its new reporting requirements. Cassiltoun HA as described previously has a tenant-led Board which discuss the outcome requirements of the Charter and setting and reviewing performance against locally agreed standards. Tenant satisfaction has been measured by the Scottish Housing Regulator with the tenant satisfaction survey showing much higher than average ratings in areas such as 'involvement in decision-making' and 'overall satisfaction'.

The employability arm of the work is reported to have been successful, helping 70% of the participants into work and core funded activities are subject to ongoing monitoring (e.g. number of sessions and people attending).

> ***"Anything that's funded we need to measure and report outputs and outcomes; both hard and soft."***

At the time of writing, plans are in place for a Social Return on Investment analysis of the gardening project.

Impacts on health have been difficult to measure. Previous issues with poor quality housing led to damp and asthma problems. The housing stock is now of good quality with greater energy efficiency and quality central heating in order to prevent health problems associated with sub-standard housing.

What can be learned from this service about working in an asset-based way? What are the workforce development implications of working in this way?

The Association recognises that there is importance in employing "*…the right kind of people*" who understand with the overarching community-focus of the work of HA and their wider role. At interview, candidates are asked what they think the role of the HA is. The interview process is used to ascertain social awareness and knowledge of environmental influences on people's lives, "*you need the right people in the right places working with tenants*".

This case also demonstrates the potential social benefits in procurement and is actively putting this into practice.

"Be open-minded and try things. Be open to people as you don't know where it will go."

The importance of human relationships to asset-based working are well developed in the example of Cassiltoun, with local Board members in place who are experts in their own area rather than people from outside the area selected for their expertise on a particular topic area.

"Staff give the organisation a lot but we give a lot back."

The value to the local community of having a housing association with a prominent and vibrant regeneration focus, focused on providing advice, support, opportunities and activities to improve the life chances of local people and their outlook on life is notable. The home of the HA, Trust and nursery at the Cassiltoun Stables is regarded as an important resource for the whole community which provides a welcoming and friendly reception for all tenants and visitors, in a modern building. By offering a wide range of activities, in relation to employment, training, health and wellbeing and social event, the HA and Trust provide a holistic service based on what is of interest and appropriate to local people. It has taken a long time to develop the Association into the organisation it has become with the underpinning ethos evident throughout the work, activities and engagement of the organisation and many successes notable.

The Violence Reduction Unit in Hawkhill

VIOLENCE reduction unit

Violence is preventable, not inevitable

HAWKHILL COMMUNITY ASSOCIATION

The Violence Reduction Unit is working to reduce violence and antisocial behaviour by involving local people in developing and designing activities and opportunities, identifying and building on the positive elements of the community, and working with local partners to make life better for the people of Hawkhill, Alloa.

"Let the community decide. Trust them to make the right decisions. Help and support the community to do what they want at their pace."

What are the aims and objectives?

In the community of Hawkhill, capitalising on the willingness of services locally, and taking an asset-based approach, the Violence Reduction Unit (VRU) aims to:

- improve the health and wellbeing of local people
- enhance community morale and sense of ownership
- increase community activity through co-operation and reduce violence.

In addition to being a learning initiative, the work also aims to revive the usage of the community centre and improve the cohesion of the community.

One of the key aims of the initiative is "*to make sure the work is sustainable once we [the VRU] step back*" with work ongoing to ensure:

"Local partners and businesses that provide services are still there and continue to make it happen; the community has confidence and that people know how to connect and achieve what they want; people are communicating and connecting."

Who does the service support? Who does the service work in partnership with?

"About the community identifying what the community wants, what the community needs. Not what's important to us, but what they want to change.

Hawkhill is a small *"self-contained"* community in Alloa with high levels of unemployment and challenges around poverty, ill-health, low educational attainment and antisocial behaviour. A whole community approach is being taken to improving health and wellbeing, community cohesion and reducing violence.

The asset-based approach taken in Hawkhill is a product of a partnership between Hawkhill Community Centre, the VRU, NHS Forth Valley, Central Scotland Police, the Scottish Fire and Rescue Service and Clackmannanshire Council.

"Partners communicate well and work together well. It seems to be the right people, the right kind of work and some luck."

"We are trying to make things better for everyone, provide opportunities for people to get involved in."

The importance of effective partnerships with existing organisations and local groups and businesses is highly valued and recognised as a strength of the ground-up and community-led approach being taken in the area. The key staff members involved with the initiative are able to work successfully with community members and local groups but also have expertise of working influentially at partnership and strategic level, bringing continuity across the initiative.

In relation to the structure and governance of the initiative, a strategic group oversees the development, direction and operation of the work in Hawkhill. The membership of the group comprises the local partners and meetings take place every six weeks. The focus is on the work in Hawkhill, with the longer-term view that it will support other asset-based work in Clackmannanshire. At strategic level across the Clackmannanshire area, the Community Safety Partnership is chaired by the local police Chief Inspector, helping to maintain connections with the local work in Hawkhill and the active involvement of the police, along with the NHS and fire and rescue service who are represented on the local strategic group.

"Delivering the difficult outcomes that the Christie Commission wanted to see – people getting involved in their own communities."

Early in the initiative an operational group also supported the delivery of the work locally and comprised local people and service partner representatives who had an interest or experience in working with the residents of Hawkhill in an asset-based way. However, due to low attendance the group was disbanded and is now "*brought back together when needed*". Regular informal conversations between Hawkhill residents and the VRU Officers and partners are ongoing.

A small short-life data group also existed to support the collection of baseline data from a variety of sources and partners to demonstrate the difference the local asset-based work was making.

The Hawkhill Community Association Management Committee is made up of community members and local people, who are elected by Hawkhill residents, to oversee the management of the centre as a whole and the groups, activities and events available for the whole community. This is not always easy or straightforward: *"…often have to compromise, come up with a solution; sometimes our ideas are taken on board and sometimes not"*.

"We have lots of ideas and we always ask the kids what they want to do."

What does the service do? How does the service work/deliver?

In Hawkhill, emphasis is placed on *"getting local people involved, building their confidence and supporting them to do things for themselves"*. Redeveloping and creating the community centre as the *"heart of the community"* and a *"place for everyone"* is a particular focus. The VRU Officer is based in the community centre, where he has *"intensively worked to get local people involved"*. Local people have been supported to set up a number of groups and activities, a number of which have been established in response to the local priorities identified at the community listening event and walkabout in 2011, described in more detail below.

Achievements include repainting the community centre to *"make it more welcoming and friendly"*, upgrading a local footpath, litter picks, turning waste ground into a community garden to grow fruit and vegetables, fitness classes and diabetes group, fundraising events, jewellery-making classes, establishing an annual family fun day and a number of successful groups, as well as a youth club, indoor bowling club, choir, roller discos and Halloween and Christmas parties for the local children. All of these activities have been developed and delivered by the community. Working in this way, people are *"treated as equal partners when decisions about them and their community are made"*.

The men's group, 'Man Up', was one of the first groups to be set up to allow local men to come together and to support each other. The group is organised by local men as a mutual support group, were they are able *"to discuss issues and seek solutions that are right for them"*, fostering confidence and motivation in the group members. The group meets on a Monday morning for tea and a chat and to agree on and plan activities such as organised walks, visits to places of interest (for example, a trip to Yorkshire and a visit to the Burrell Collection), and fishing.

"It was all quite new, hadn't done lots of these things before."

For many of the men, access to and uptake of local GP and primary care services was poor. To support health improvement and engagement with local health services the men were offered a Keep Well men's health assessment. The health assessments therefore were carried out at a mutually agreed time and place within the community and in a way that suited the needs and wishes of the men. The assessments facilitated re-engagement with a range of health and support services for a number of the men who attended.

"Different people with different issues – mental health, alcohol – but all local people."

Through the men's group a piece of waste ground has been transformed into a community garden which "*helped [local person] develop new skills, didn't know about planting things and when they would be ready*", and despite initial fears about vandalism, there is *"local respect for the garden because it's local folks that are running it"*. Through *"planning, conversations with people and a little bit of negotiation"* with local businesses, the community garden received donations of seeds, tools and small amounts of funding.

A women's group, called 'Girls to Women', was established in 2013. The women meet on a Thursday night and like the men's group are a mutual support group where *"you realise you're not alone"* and *"everyone has got their problems, but it's good to see different people and how they cope and manage"*. The group meet over a cup of tea and plan a range of different women's and family nights to bring the community together. The group also invite guest speakers to give talks and have had trips to the theatre. A woman's football team, sponsored by the VRU, has also been set up.

The community centre tries to be as inclusive as possible – an open door policy is in place and activities are designed to try to break down barriers to engagement with different groups. The centre has an active job club, offers computer classes and opportunities for formal training and skills development to local people including food hygiene, health and safety and child protection to support people back into employment and further education.

"It feels like a community centre now. It's got real soul to it now."

Why and how was the service developed in this way?

The VRU was established by Strathclyde Police in 2005 to reduce violent behaviour in Glasgow. By 2006, its remit had extended to the whole of Scotland. The Unit is the national centre of expertise on violence and takes a preventative public health approach, treating violence as an infection which can be cured.

"Working at grassroots level, building relationships and trust."

The asset-based work in Hawkhill began in 2011 when a (then) NHS Clackmannanshire (now NHS Forth Valley) health promotion officer began planning for the introduction of asset-based approaches in Clackmannanshire. Inspired by the asset-based work undertaken by the VRU in other communities in Scotland, the officer approached the VRU for support. Hawkhill was chosen as the first location due to the *"size, scale and nature of the challenges facing the community"*. At this time, local community centre staff were looking to work with partners and receive support to increase attendance and participation and *"make it a place for all the community"*.

Based on the principles and methods of the C2 Connecting Communities[hh] approach, work began in earnest in late 2011 with a community listening event at the community centre, where local people had the opportunity to identify their priorities for the area.

"Local services sat in front of the community, who listened and committed their support."

A community walkabout followed and, in April 2012, the results of a short community questionnaire were collated. The combination of approaches provided a clear indication as to where the work in Hawkhill should start by *"going where people wanted it"*. Despite initial scepticism, three key priorities were identified by Hawkhill residents as being important to them: facilities and activities for children and young people; roads, their use and maintenance; and environmental concerns in relation to litter, rubbish and vandalism and improving the appearance of the area. These priorities were developed into a local action plan which *"started the ball rolling"*. Many of the activities undertaken by the community to date relate back to these identified priorities.

A Police Officer on secondment to the VRU joined the initiative in August 2012 as a frontline worker with the remit "*of working with people in Hawkhill to develop an asset-based approach*". The Police Officer began by building relationships and *"embedding himself within the community"* as he quickly recognised that *"setting himself up in an office*

[hh] For further information on the C2 Connecting Communities programme see: http://medicine.exeter.ac.uk/research/healthserv/healthcomplexity/researchprojects/c2/

somewhere wouldn't work if I was going to try and engage with local people". Community members had seen a 'revolving door' of professionals and projects over the years and many had poor experiences with police and support services were wary and sceptical of this new appointment: *"Are you just another one, here on your big white horse thinking that you know what we need?"*

However the Police Officer was *"determined to be different, provide long-term support and to do with them, not for"* and persevered by initially knocking on doors and speaking to local residents.

"Went in, no relationships – worked hard at developing trust and respectful relationships."

"Wished to build strong foundations and facilitate conversations, but have to build people first."

Over time, mutual trust has been built with the VRU Police Officer and within the community and many achievements are notable, as highlighted earlier. A new community Police Officer joined the initiative in September 2014 *"bringing in new ideas and thoughts"*.

In what way is the approach taken by the service 'asset-based?' And what difference does this service make?

From the early days of the initiative the residents of Hawkhill *"have broken the myth that they are hard to reach"* due to their social and economic circumstances. VRU service staff reflected that local people have, with great willingness and energy, engaged with the work with the aim of improving the local community and community centre and making life better for all residents.

Working together using an asset-based approach, local residents are more involved in taking forward their own ideas and solutions. The VRU Officer has clearly worked to support local people to take forward their own ideas, hopes and wishes for the community, enabling activity rather than directing and nurturing and enhancing the variety of local skills, strengths and assets for sustainable improvements in the lives of individuals and the wider community, *"helping people to make better choices and better decisions"*.

"Role as a facilitator, connecting people, giving them a wee push, helping them to join the dots, helping to progress a wee bit of the bigger puzzle."

The importance of building trust and good relationships with local people and partner agencies is clear and essential to the success of the approach taken. By building firm foundations and interest in the initiative, which is owned and led by local people, the community centre has been revived as a community asset offering activities and

opportunities of relevance and interest to the community as a whole. The VRU Officer and the NHS health improvement officer have played crucial roles in untapping and mobilising local resources and assets, both physical and individual, including people's time, energy, enthusiasm and skills. By designing, developing and delivering a range of activities, opportunities and events and ensuring that the agenda for developing the community is led by local people who know the areas and the issues, local confidence and pride in the area has grown, new networks and friendships have developed, and people are able to make sense of their environments and are able to take control back of their lives.

The initiative is a good example that to do things differently does not necessarily require additional funds. Although the VRU Officer and NHS health improvement officer are funded though their respective organisations, the initiative has incurred minimal running costs due to the nature of the initiative mobilising exists assets. The work in Hawkhill has *"been creative"* with the use of resources and has focused on developing people skills for communication, relationships, listening, negotiation and innovation.

"Everything we've got we've had to negotiate and communicate for – it's a shift in terms of communications skills."

"Good example of a project that's achieved a lot with very little money, been very creative."

By shifting control over the design and delivery of actions from local service providers and agencies towards local people, they are now able to influence the decisions that affect them with more confidence, and the ability to challenge if they feel it is not in the best interest of the community. Being involved in the decision-making process and contributing to problem-solving is giving local people the belief that this work makes a difference and that it also builds community cohesion and capacity. Importantly, through working in this way, in an equal partnership, service providers are recognising and rethinking how and where they deliver their services, working to ensure they are fit for their client groups and responsive to their needs and requirements.

"Findings from Hawkhill have really made us think we need to work differently, need to redevelop and learn, change access to our service and the language we use."

What are the strengths and challenges/barriers?

The approach taken in Hawkhill, underpinned by the principles and values of asset-based approaches and the theory of C2 Connecting Communities, focused on working in partnership with local people about what they wanted for their community, what matters to them and reinvigorating the community centre as a place for the whole community, with the aim of reducing antisocial behaviour and improving life chances for local people.

The VRU Officer based himself within the community centre, despite local politics, to ensure that he was "*there for everyone*" and worked with patience and perseverance in getting to know local people and becoming known locally. The personal skills and attributes of key staff members are notable as a strength of the initiative where there was a focus on partnership working, connecting with others and supporting local people to take forward their ideas. As described throughout, this way of working has encouraged local action, built local confidence and pride in the area and established stronger working relationships with local services.

"He's did a lot of things, even going round chapping doors to talk to people and asking what they want for their community."

"Don't want him to go away. I didn't even know or go to the Centre before him, now I'm there every day."

The approach taken demonstrates an innovative and novel community-led approach. Positive impacts on local antisocial behaviour have been found and improved relationships between the community and the police have resulted, due to the approachability of the VRU Officer and local police officers who are now more visible and engaged with the community centre and at local events.

"The presence of the VRU and police officer in the community, who don't just have a focus on knives and assaults, is really important."

Despite local and national interest in the work in Hawkhill however, staff are still *"working to convince others that it works and can produce good outcomes"* for individuals and the community as a whole. Working in an asset-based way with a whole community is *"simple to say but complex to achieve"*.

The sustainability of the initiative also poses an ongoing challenge remembering that:

"People and place are fragile and often chaotic. It's challenging when working with people… run the risk of it all collapsing."

Questions remain over *"how [partners] step back and let the community take it over fully"* and the need *"to get the exit plan right, need to take it slowly…ensuring the foundations don't crumble"*.

How has success been measured?

"How to evaluate? You've got to go and speak to the people and make your own mind up about the difference it makes to their lives."

From the initial discussions with partners about the asset-based work in Hawkhill, the VRU gave a firm commitment that the work would be evaluated due to the *"novel and innovative approaches"* that were being taken. Hawkhill comprises one element of a wider evaluation of the work of the VRU as a whole being carried out by the University of St Andrews.

Residents and partners contributed to the development of a questionnaire, which focused on perceptions of community, health and wellbeing, and sense of safety, to capture baseline information from Hawkhill residents. All residents aged over 12 years were invited to complete the questionnaire during a two-week period in March 2013. An impressive 76% response rate for completed questionnaires was achieved. The questionnaire was then repeated in March 2014 to ascertain whether there had been any self-reported changes amongst residents which could be attributed to the initiative.

Analysis of the data from the repeat community questionnaire noted significant positive changes in:

- shared local identity
- relatedness
- confidence in local services
- community agency[ii]
- sense of trust and safety
- neighbourhood connectedness.

However, no statistically significant change was recorded for levels of community and individual level resilience, individual and collective health, individual agency, the positive mental wellbeing of those completing the questionnaire and reports of life affected by fear of crime, between community surveys.

The partners and residents recognise the importance of evaluation and the *"need to know if things are getting better or not"* but acknowledge that *"figures only show half the story"*. At the time of research, calls to the police concerning antisocial behaviour in the area had reduced by 66% and recorded crime had fallen by 40%, but recognising the dichotomy in the data *"of course crime has gone down there's a police officer about"*.

"Important for the community to say what impact the work has made to them – reduced crime but in a very public health way."

The community centre also holds a database to record attendance and participation. Since the introduction of the initiative and working differently in Hawkhill, attendance at the community centre is up 300-400% since 2011. The community centre is now attracting people of all ages to the range of activities and events that are available, especially an increase in the number of older people accessing the centre. It is notable that the *"community centre's job club is the most successful of its type in Clackmannanshire in terms of the amount of people who have successfully gone through the book"*.

There has also been great interest in the learning and insights from the work in Hawkhill from other areas, organisations and individuals. The work has been presented at national and international conferences and has offered *"life changing opportunities"* for three local people to speak about their experiences to a range of different audiences. A number of notable Scottish politicians and individuals have also visited the area to learn more about the approach being taken and to talk to local people.

[ii]Agency is the capacity of individuals and communities to act independently, to be able to make their own choices and to have a sense of control over their actions.

What can be learned from this service about working in an asset-based way? What are the workforce development implications of working in this way?

A strong sense of enthusiasm for the approach taken in Hawkhill and clear sense of pride in the outcomes it is achieving for local people and the wider community was evident. However it is acknowledged that this way of working and gaining the trust of the community takes time, individual and organisational commitment and investment.

The personal attributes of the VRU Officer in Hawkhill have been crucial to the success of the initiative to date. The involvement of other local statutory and voluntary sector partners is also central to ensure embedding this way of working as a usual part of the way that services are delivered. The receptive role of the community centre as an anchor organisation for the initiative has also been essential.

"Need to get the foundations right – real buy-in and help from the public sector, and realism in what's possible."

Since the time of research…

The local Community Safety Partnership has developed into the Community Wellbeing and Safety Partnership and the chair for this group has changed from the local Police Chief Inspector to NHS Forth Valley. The VRU are currently supporting the community towards a reduced police officer presence in the area, while Inspiring Scotland has an embedded full time 'Link Up' worker in the area who will continue to provide direct support to community involvement.

Appendices

Appendices

Appendix 1: Research protocol

Aims and objectives

The overall aim of the study is to illustrate how asset-based principles are being applied within a health and social care service setting, and; to further explore the potential application of asset-based principles within such a setting.

Our objectives are to:

1. Explore, within and across case study examples, the characteristics, features, benefits and impacts, and limitations/challenges, of applying asset-based principles in a health and social care service setting.

2. Investigate, with a number of key informants, the potential application of asset-based working within a health and social care service setting, and the implications therein.

3. Consider the workforce development implications of introducing and embedding asset-based principles within the delivery of health and social care.

4. Synthesise the learning across the research to draw out and identify common features and themes, discontinuities, and transferable learning.

5. Identify policy implications and make recommendations for the future development of asset-based approaches in health and social care services in Scotland.

Study design

We will undertake a two-stage piece of qualitative primary research:

1. **Exploratory and descriptive multiple case study investigation based on qualitative methods to illustrate asset-based principles within service settings in action.**
   With a small number of examples of services currently working in an asset-based manner, we will explore and describe the characteristics/features, impacts and limitations/challenges of asset-based service delivery. We aim to identify a small number of examples from across Scotland of asset-based service delivery in action on which to base this work and intend to write these up as case study examples (a maximum of ten case studies).

2. **Semi-structured interviews with a number of key informants to explore the potential for the more widespread integration of asset-based approaches into the delivery of health and social care.**
   We plan to conduct interviews (a maximum of ten individual interviews) with key informants to uncover opinion and thinking on the potential for services (or parts of services) to apply and base their work on the principles of asset-based approaches.

The two parts of the study will be carried out separately in terms of data collection, analysis and write up. Each case will be studied individually initially and, when all case studies are complete, a synthesis of lessons learned across all cases will be produced.

In terms of interviews, data will be gathered, analysed and written up with a view to exploring and learning from the thoughts, opinions and experiences of a number of key informants in relation to the potential of asset-based approaches in service settings.

Research ethics

Prior to commencing the research, the GCPH will liaise with the West of Scotland Research Ethics Service to establish if formal ethical review for the study is required. Informed consent will be sought from all study participants prior to interview.

Sampling strategy

For identification of case studies and of key informants, purposive sampling (also known as judgmental sampling) will be used. This approach supports identification and selection based on the knowledge of the population in relation to the overarching aim of the study. The case studies and key informants will be selected because of common characteristics and experience in a service delivery setting.

Data collection methods

Two approaches will be taken to data collection:

- For the case studies, a documentary analysis of key reports and service related information and semi-structured interviews will be conducted. Interview participants will be service staff and people supported by services specifically related to each case.

- For the key informant stage of the study, semi-structured interviews will be carried out with a number of policy-makers, service managers, frontline practitioners and people supported by services.

Key informant interviews will be carried out with a separate cohort of individuals than those involved in the case study strand of the research.

Biases will be minimised by using different methods and data sources. Two evaluators working together on the study will help improve reliability of the data and its analysis.

Case study identification and selection

Individual cases will be drawn from across Scotland. Identification of cases will be supported by researcher knowledge and existing contacts as well as through colleague recommendation. The cases will be selected to provide a mix of service types and geographies.

Key informant identification and selection

Key informants for interview will be identified through a targeted approach based on researcher knowledge and contacts and colleague recommendation. Interviewees will be drawn from a number of sectors, including those central to national health and social care policy development (e.g. Public Sector Reform, Health and Social Care Integration, and Health Workforce), strategic local service planning and delivery for health and social care (e.g. Heads of service delivery and Lead health and social care professionals), frontline service delivery managers, and the third sector.

Data analysis methods:

The data will be analysed in two stages. Firstly, a case study analysis framework will be constructed to facilitate collation of data from a range of sources into one central working document, thereby aiding the analysis process. Specifically, the framework will be used to: classify the data into meaningful categories; rearrange the data into a more manageable form; and develop and verify patterns, relationships and issues from the data. Case studies will be written up from this work.

Secondly, key informant interview data will be thematically analysed and written up narratively. Analysis will be supported by use of Atlas.ti software.

Appendix 2: Notes on terminology

"A 'health asset' can be defined as any factor (or resource), which enhances the ability of individuals, groups, communities, populations, social systems and /or institutions to maintain and sustain health and wellbeing and to help to reduce health inequities. These assets can operate at the level of the individual, group, community, and /or population as protective (or promoting) factors to buffer against life's stresses." (Morgan and Ziglio, 2011[jj])

Note 1: Values and principles of an asset-based approach

- Working with people, rather than seeing them as passive recipients of services – 'doing with' rather than 'doing to'.
- 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.
- 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.
- Shifting control over the design and development of actions from the state to individuals and communities.

Note 2: A deficit approach as compared with an asset-based approach

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

[jj] Morgan A, Ziglio E. Revitalising the evidence base for public health: an assets model. *Promotion and Education* 2007;14:17.

Note 3: Which assets?

Individual level	Resilience Self esteem Sense of purpose Positive values Commitment to learning
Community level	Family and friendship (supportive) networks Intergenerational solidarity Community cohesion Affinity groups Religious tolerance and harmony
Organisational or institutional level	Physical, mental and social health Employment security Opportunity for voluntary service Religious tolerance and harmony Safe and pleasant housing Political democracy and social justice

Appendix 3: Interview topic guides

Phase 1: Interview topic guide: staff

Introduction:
I am a researcher with the Glasgow Centre for Population Health. We are finding out more about services that value people's capacity, skills, knowledge and connections and build on these to result in positive outcomes. This type of service is said to be taking an 'asset-based approach'. I would like to talk to you today about [NAME OF SERVICE].

Asset-based approaches for health improvement:
- value the capacity, skills and knowledge and connections in individuals and communities; and
- focus on the positive capacity of individuals and communities rather than solely on their needs, deficits and problems.

Staff background
Role with the service and how came to be involved.

Service overview
Describe what the service does.
- Aims, trying to achieve?

Who does the service work with?
- Target group – geographical or otherwise?
- Governance and partnerships?

Explain what steps the service takes and how it works?
- Where? By whom? For whom?

Background and development
- Inception (why? – any links to national/local policy/strategy?)
- Changes / developments over time led by whom?
- How change in ethos/approach was adopted/embedded?
- How easy/difficult was this change in ethos/approach?
- Ongoing staff/organisational support requirements?
- Plans for the future of this service?

Outcomes and impacts
- For people supported by services/participants?
- For wider family members/friends/communities?
- For other staff, services and organisations?
- System of measurement?

Would you say that your involvement with the service has affected you in any way?
- Any personal benefits of being involved? Any dis-benefits of being involved?

Strengths, limitations/challenges and learning
What works well about this approach and ethos?

Challenges/barriers to service delivery?
What doesn't work/hasn't worked so well?

Any key learning to share with other similar services?

Why is this way of working a marginal activity/happening in pockets?

Phase 1: Interview topic guide: people supported by services

Introduction
I am a researcher with the Glasgow Centre for Population Health. We are finding out more about services that value people's capacity, skills, knowledge and connections and build on these to result in positive outcomes. This type of service is said to be taking an 'asset-based approach'. I would like to talk to you today about NAME OF SERVICE.

Engagement
How did you become involved with service?
- How involvement initiated? Why?
- Has it changed over time?
- Language related to assets?

Overview of the service
From your experience who does the service work with?

Explain what steps the service takes and how it works in your experience.
- Where? By whom? For whom?
- In what ways is this similar or different to other services you have experience of?

Personal experience of the service
Describe what the service has done / is doing with you?

Outcomes and impacts
Would you say that your involvement with the service has affected you in any way?
- Any benefits of being involved?
- Any dis-benefits of being involved?
- Any language relating to assets?

Strengths and limitations/challenges
From your experience what do you feel works well about the way the service is delivered?

What does not work so well?
- Anything difficult about being involved?
- Any improvements to suggest?

Appendix 4: Case study analysis framework

Question	Source(s) of answer
Name of service and short overview	Documentation
Where is the service based? Sector? Geographical area covered? Urban or rural?	Documentation
Who does the service work with? How do people engage with the service? How identified? Specialism?	Documentation
Partnership arrangements and leadership / governance mechanisms. Who are the partners / collaborators? Funders?	Documentation Interviews
Timescales - engagement / delivery / development?	Documentation
How does the service link to local / national policy / strategy? Context?	Documentation
How was the need for the service identified as necessary? Background to service development? Rationale?	Documentation Interviews
Does the service have a stated aim? Specific objectives? Outcome focused?	Documentation
Has the service changed over time? How has it developed? Why and in what way?	Documentation Interviews
Are there any plans for further development / any learning being implemented?	Documentation Interviews
Steps taken (activities, interventions, inputs, etc)? How delivered? Where, by whom and for whom?	Documentation Interviews
Is the service based on the principles of asset-based working? In what ways does the case demonstrate an asset-based approach for health improvement? (See Notes 1 and 2)	Documentation Interviews
Which assets / combination of assets are key to the approach taken? (See Note 3) How?	Documentation Interviews
Does the case recognise existing assets? And / or does the case support the development of new assets?	Documentation Interviews
Did the approach include measuring the assets in the community of interest?	Documentation Interviews
Did the case utilise a system of measuring outcomes? If so, what was this system and what did it measure?	Evaluation documents Interviews
Strengths and positive outcomes of the approach taken?	Evaluation documents Interviews
Challenges / limitations of the approach taken?	Evaluation documents Interviews
Does the case / service demonstrate evidence of health improvement or a reduction of health inequalities as a result of the approach?	Evaluation documents Interviews
Does the case demonstrate any other benefits to those involved? Families of service user? Local community? Staff members? Wider service?	Evaluation documents Interviews
Does this case / service provide evidence to support a move towards asset-based approaches to improve health and reduce health inequalities?	Documentation Interviews
DOCUMENTS ANALYSED	
KEY AREAS FOR FURTHER EXPLORATION / CLARIFICATION	
INTERVIEWS	
GENERAL REFLECTIONS	
QUOTATIONS	

Appendix 5: Interview topic guide – stakeholder interviews

Phase 2: Interview topic guide: stakeholder interviews

Key informant background
Current role and recent background

Overview of asset-based approaches
Is the language of 'asset-based approaches' familiar to you?

How would you describe an asset-based approach?

> From a services perspective, an asset-based approach fundamentally changes the way organisations and the people within them think about the way they deliver their services, work with, and provide support to their people supported by services and their family.

What would you describe as the principles that underpin the approach and way of working?

What are your personal or professional experiences of asset-based approaches? Any examples of where you have seen people working in this way?

Does the language and values of asset-based approaches link to national and local policy/strategy in your area?

What do you feel changes when services use an asset-based approach instead of a traditional one?

Strengths and challenges
What do you feel works well about asset-based approaches in a service context? What do you think are the strengths of working in this way?

What is/would be difficult about asset-based working within a service context?

What do you think are the benefits/disadvantages of asset-based approaches within services for:
- People supported by services?
- Staff?
- Organisations?
- General public?

Potential
Are there different types of services/parts of services where you think that asset-based approaches are more/less appropriate and could be most effective?

If appropriate, what do you think are the enabling conditions for asset-based approaches – what helps to support the adoption of this way of working?

What are the challenges/barriers/constraints for asset-based approaches – what makes it hard to adopt this way of working?

What would need to change/develop in order to embed asset-based approaches as a way of working in more services and across services as a whole?

How do you see the role of asset-based approaches in services over the next ten years? What do you think is their potential in general (and in your area of work)?

Appendix 6: Themes emerging from 'Assets in Action'[22,kk]

Balancing	All cases were taking an asset-based approach to some degree but were also based on an individual or community need. The cases were taking an asset-based approach to delivering a need-based initiative, addressing deficits through a new model of working.
Connecting	The importance of connecting people to each other and to other services and sectors, with an emphasis on collaborative working.
Learning and earning	Challenges of reliance on the external funding environment, with a focus on 'doing rather than measuring'.
Empowering	Providing consistent support to develop aspirations for the future, through a wide range of positive opportunities and involvement mechanisms, was a driving focus throughout all cases.
Being human	Those involved with the cases felt that they were worked with 'in a more human way', as compared with statutory services. Many sought opportunities to 'give something back' to a project which had supported them.

[kk] McLean J, McNeice V. *Assets in Action: Illustrating asset-based approaches for health improvement.* Glasgow: GCPH; 2012.


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Health