



**Healthy London  
Partnership**

# Using community assets to support people to stay home

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Supported by and delivering for:



Public Health  
England

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**adass**  
adult social services

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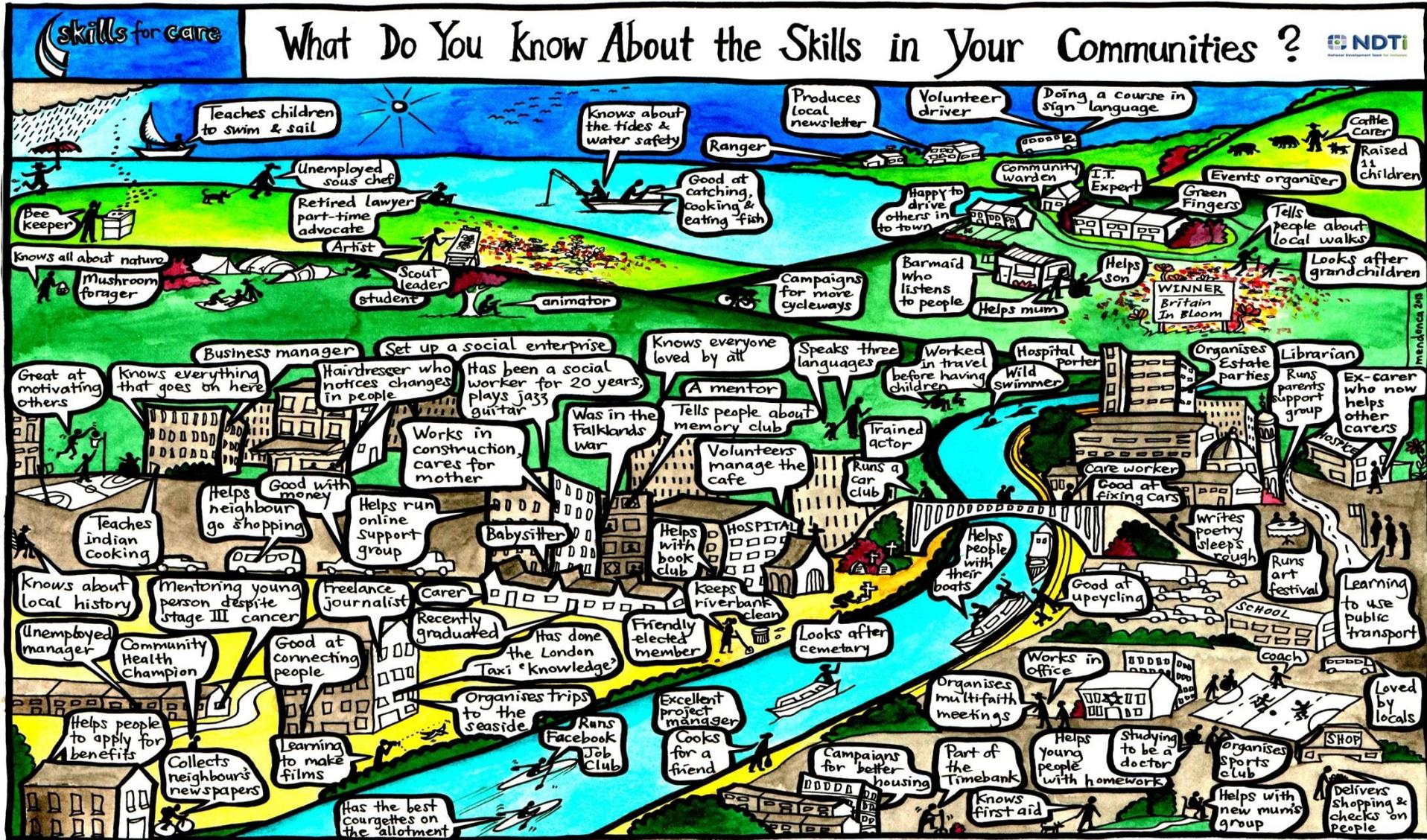
London's NHS organisations include all of London's CCGs, NHS England and Health Education England

# Session objectives

- To understand the role that community assets play in improving health and social care outcomes
- To understand what we mean by community assets and how to mobilise them
- To learn more about Barnet's approach to using community assets and explore your local approaches

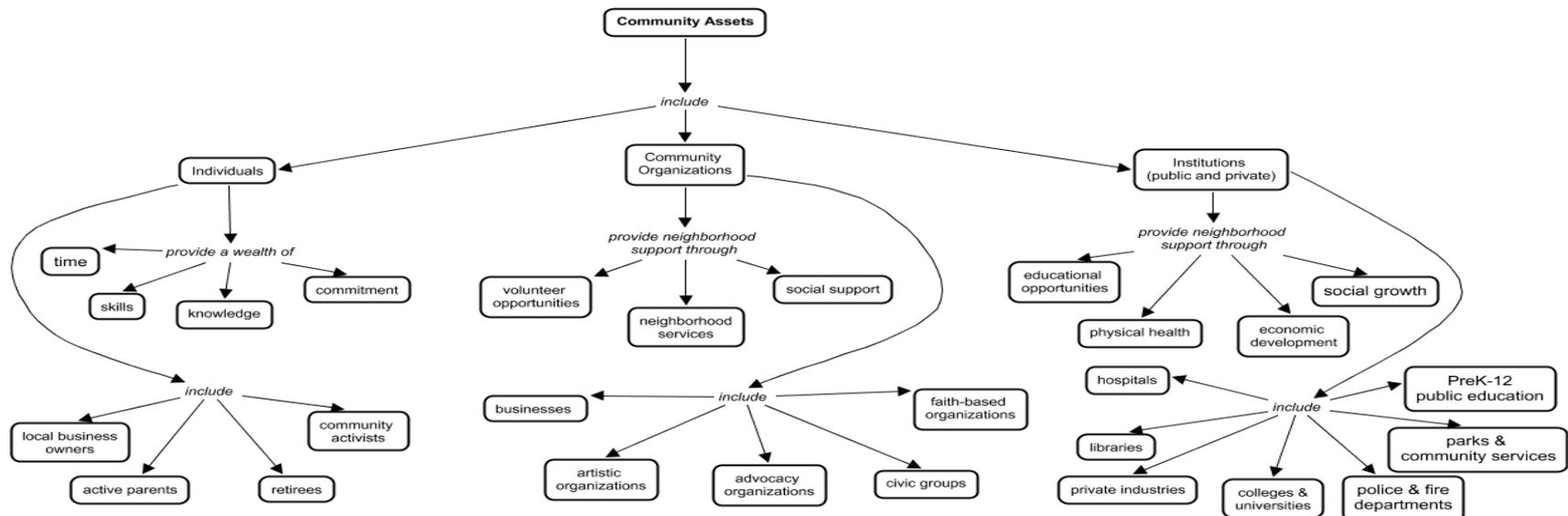
# Our landscape....

- Current challenges and opportunities?



# What are community assets?

- Community assets (or community resources) are...
  - The skills, knowledge and commitment of individual community members
  - The resources and facilities within the public, private and third sector
  - Friendships, good neighbours, local groups and community and voluntary associations
  - Physical, environmental and economic resources that enhance wellbeing



# Using community assets

- To use community assets to achieve better outcomes we need to apply an “**asset based approach**” to how we are working with our communities

The asset approach: a glass half-full

“We can’t do well serving communities... if we believe that we, the givers, are the only ones that are half-full, and that everybody we’re serving is half-empty... there are assets and gifts out there in communities, and our job as good servants and as good leaders... [is] having the ability to recognise those gifts in others, and help them put those gifts into action.”

*Michelle Obama*

[www.abcdinstitute.org/faculty/obama](http://www.abcdinstitute.org/faculty/obama)



# Applying an asset based approach...

- Holding **asset based conversations** with adults e.g. understanding motivations, care planning, coaching and shared decision making.
- **Connecting individuals** to community assets e.g. peer support, social prescribing and link workers.
- **Mapping and growing community assets** e.g. asset mapping, directories of community assets and seed funding for VSOs.
- **Mobilising** place-based assets e.g. local neighbourhood networks.
- Working with communities to **develop** local provision e.g. co-design and collaborative (non commissioned and commissioned solutions

# Asset based conversations

A focused discussion with the person about their strengths can lead to new opportunities to develop and share skills and make new connections. This is sometimes referred to as a **‘strengths-mapping exercise’**.

This method of assessment builds a picture of the individual’s strengths and of the community around them. There are two types of strength: ‘soft’ and ‘hard’, each of which applies to the individual and the community.

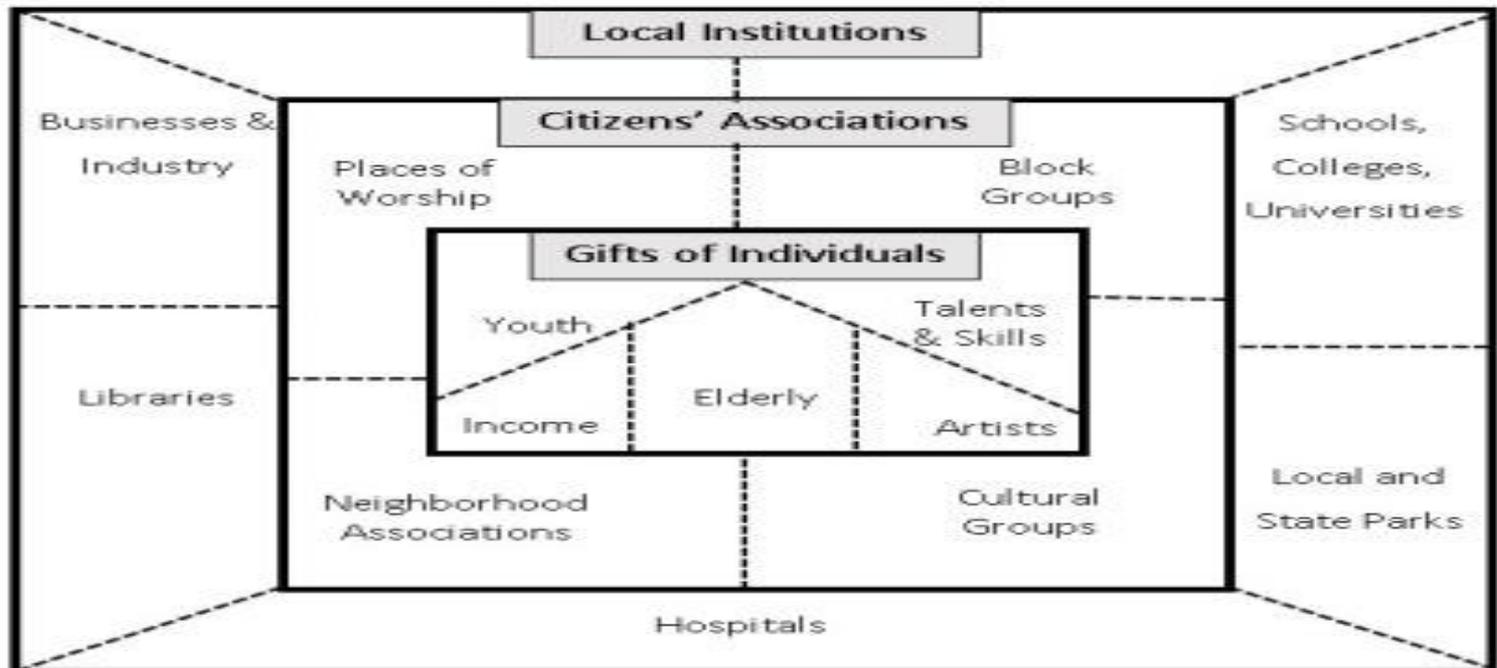


# Connecting individuals to community assets

- To use community assets to support people to achieve the outcomes they want it is important to think about the tools you will use to help them connect to assets e.g. social prescription, peer support, care navigators, community links
- People need to be fully engage with building a plan to connect with assets and identify together the right assets to support them e.g. exercise group, falls prevention, diabetes peer support group, dementia café, cooking class etc
- You need to have asset based conversations with people with health and social care needs if you want them to use assets to self manage their needs well and prevent, reduce and delay their needs from escalating

# Mapping assets

- Asset mapping



# Mobilising and developing assets

- To mobilise assets you need to have mapped them and be to be connected with the community with collaborative relationships in place
- You need to create spaces in your community where people can meet, raise public awareness and promote wellbeing across the whole community. This means you can optimises all the assets and resources locally and support people to self manage their needs
- To develop more assets that meet need appropriately you must use the knowledge and the energy of individuals, carers and the community in the design and delivery of local provision.
- You need to be connected with the community and have collaborative relationships in place
- Local people should play a role in the co-design, co-commissioning, co-delivery and co-evaluation of assets being created
- When you involve people in developing local provision, the services and organisations are more closely connected with the needs and assets of the community and means they are shaped, led and owned by the local people.
- ***Collaborative***
- ***Asset based community development (ABCD)***
- ***Coproduction***
- ***Participatory budgeting (PB)***



# Public Health England – Health Matters: Community Centred Approaches to Health and Wellbeing



Public Health  
England

Protecting and improving the nation's health

## Healthmatters Community-centred approaches to health and wellbeing

### 2. Building on evidence and assets

Community-centred approaches are not just community-based, but about mobilising assets within communities, promoting equity, and increasing people's control over their health and lives.

The National Institute for Health and Care Excellence (NICE) guidance reiterates the importance of community engagement as a strategy for health improvement, particularly as it leads to services that better meet the community members' needs.

Community-centred approaches offer a different way to use local resources, and some studies have evidenced that there is good social return on investment.

### What are community health assets?

All communities have health assets that can contribute to positive health and wellbeing

**The skills, knowledge and commitment of individual community members**

**The resources and facilities within the public, private and third sector**



# Healthmatters Community-centred approaches to health and wellbeing

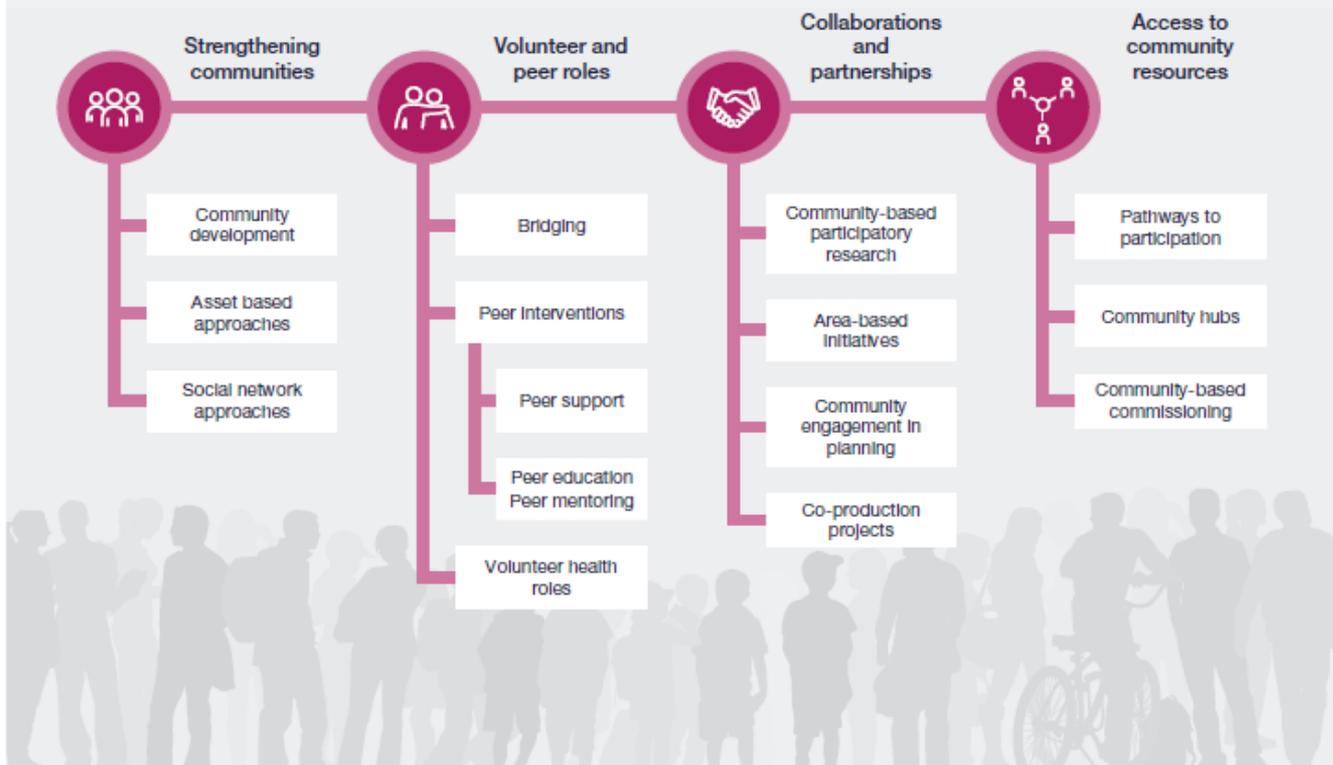
## 4. The family approach

The 'family of community-centred approaches' has been developed by PHE as a framework to represent some of the practical and evidence-based options that can be used to improve community health and wellbeing.

Most localities have good examples of community-centred practice. The challenge that many are now seeking to achieve is the scaling-up of a whole-system community-centred approach that is also built 'bottom-up' from the diversity of grassroots community organisations and members.

This edition of Health Matters highlights some of the successful interventions within the family model that have been implemented across England.

### The family of community-centred approaches



# Barnet's approach to applying an asset based approach

- In Barnet we have chosen to describe our asset based approach as our “Strengths-Based Approach”....
  - Set out vision for how we want to work with our community to improve outcomes (prevent, reduce and delay – maximise independence and wellbeing)
  - Empowered staff to be able to use a strengths based approach – delivered a strengths based training programme
  - Developing and embedding the prevention and wellbeing agenda
    - Dedicated team within ASC to support this work - work across adult social care, health, commissioning, public health, colleagues across the council, the Voluntary Community Sector and the wider community to:-
      - Promote independence, physical and mental wellbeing
      - Reduce ill health and preventable ill health and disability
      - Support and sustain carers
      - Support community cohesion, and volunteering
      - Develop more preventative resources in our community
      - Reduce demand on formal health and social care services
- Strong commissioned prevention offer

# Developing and embedding our strengths based approach

## OUR JOURNEY



09.05.16 - 17.06.16

**Trial Phase**



**Programme for Support Staff Commence**

16.01.17  
**Strengths-Based Coach in post**



APR-16

MAY

JUNE

JULY

AUG

SEPT

OCT

NOV

DEC

JAN-17

FEB

MAR

20.04.16

**Approach Signed Off**

11.07.16

**Cohort 2**

**New Cohort Every 4 Weeks**

**Embedding & Sustaining**

25.03.16 – **Strengths-Based Vision Articulated**



# Prevention activity supporting our SB approach:-

Wide scale interventions to support demand management and positive behavioural changes / VCS



# Intended outcomes

- Prevent, reduce or delay health and social care needs from occurring or increasing
- Supporting people to connect with each other and their communities
- Enabling choice, control and independence
- Reducing a reliance on statutory support services
- Helping to decrease loneliness and isolation
- Maximising wellbeing

# Evaluation of asset based approaches and challenges

- Much of the emerging evidence around asset based approaches to community development and improving community circumstances comes from case studies and exploratory primary research at present.



# Myth busting...

- “There are no community resources”
- “I don’t have time to work in a strengths based way”
- “I don’t know how to apply prevention to what I do”
- “Strengths based practice is just a way to reduce cost”
- “There is a gap and we can’t fix it”

**Over to you....**

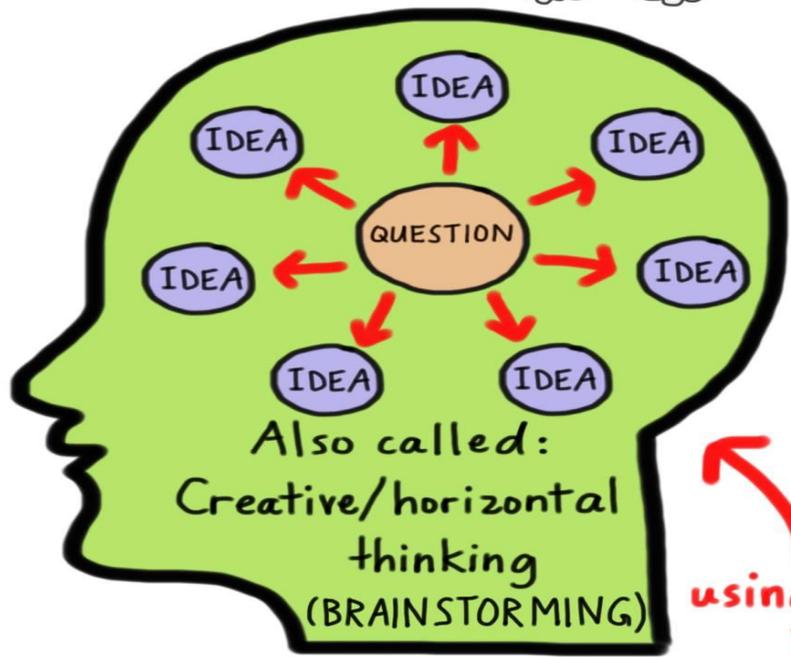


# Convergent vs divergent thinking- creative problem solving

## Modes of Thinking

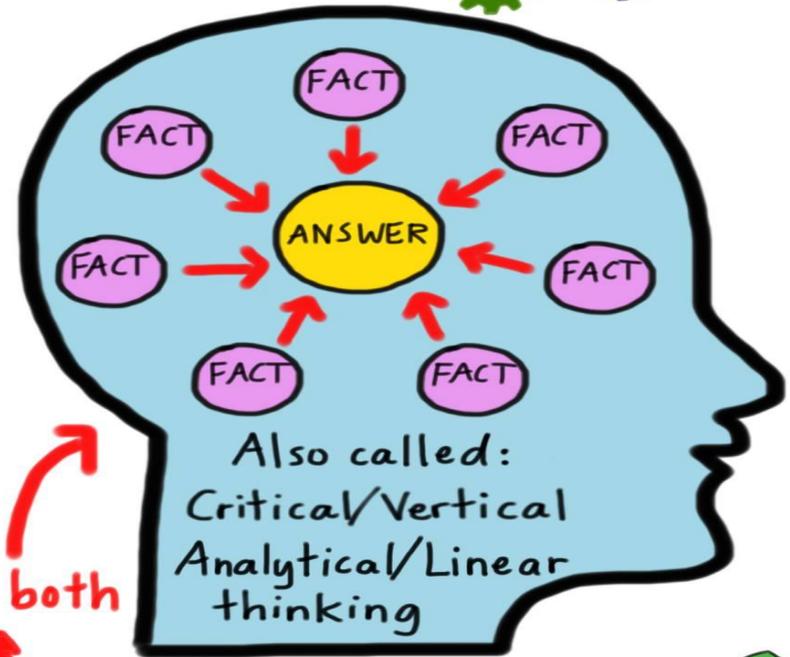
### Divergent Thinking

Using imagination 

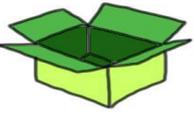


### Convergent Thinking

Using logic 



using both

Lateral Thinking: Thinking "Outside the box" 

## In pairs...

Think of a time when you successfully overcame and resolved a problem in a creative way.....what skills did you demonstrate? What process did you use?

# In groups

Peter is 71 and lives with his dog (Rex). Whilst out walking his dog in May Peter suffered a stroke. The stroke has left him with slight left sided weakness and problems with concentration. Peter used to walk his dog regularly and visit friends. Peter feels lonely and would like to get back out walking his dog, his confidence is shaken since his stroke and he is unsteady on his feet. He is not keen to have support at home but wants to work at becoming independent again. Peter has agreed to some limited support with personal care. Peter wants to get involved in activities/ exercise that might help him with his balance and confidence. He used to enjoy socialising and going to football matches. He dislikes being stuck in the house. Peter has a daughter who he is close to and two grandchildren who he sees once every couple of weeks. Peter used to be a chef and enjoys cooking. How can we support Peter to remain independent and maximise his wellbeing, reduce his risks of falls and him becoming socially isolated?

- Use the good day / bad day tool for Peter
- Tell us how you might help Peter have more good days?

## In groups....

- How effectively is your organisation using community assets and how could your organisation make better use of them?
- Who in your organisation is ensuring that you have the right relationships in place with the community to make sure you have strong community assets in place to connect people with?
- How is your organisation involving the community in developing assets?
- What additional resources or actions do you need to take to support your organisation to use community assets to achieve positive outcomes?

# PDCA

## What Does it Mean?

It is an acronym that stands for: Plan – Do – Check – Act

You may also hear it called PDSA (Study instead of Check) or the Deming Cycle

The Plan – Do – Check – Act cycle is a four step model for carrying out change. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement

- What element of the session did you get the most value from? – Green Post-its
- “Even Better If” - If one thing could be changed between now and the next time the session was run, what would you recommend? – Pink Post-its

