

Assets Alliance Scotland



This report describes the background context for the formation of an assets alliance in Scotland. It summarises the dialogue which took place at an inception event held on the 13th December 2010 and outlines a set of key action points for progress. This report constitutes the first step in cross sector engagement on the formation of the initiative. More information will be made available through national networks as an assets alliance develops.

“A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life’s stresses.” *Anthony Morgan, 2009*

Background

We in Scotland should be proud of our tradition of community involvement and community action and public service delivery’s role in supporting this activity to flourish. However, in the last few years we have developed a model of public service delivery based on a ‘treatment’ or ‘doing to’ approach, which often fails to recognise communities’ and service users’ own strengths and assets and which instead engenders a culture of dependency that, in turn, stimulates demand.

The shortcomings of this way of working, coupled with the impending cuts to public service provision have given a renewed impetus to finding better ways of working. Focusing on the assets and potential within individuals and communities, rather than their shortcomings, will enable individuals, communities and service providers to come together to tackle some of Scotland’s seemingly intractable problems.

On the 13th December 2010, the Scottish Government, in partnership with Scottish Community Development Centre (SCDC) and Long-Term Conditions Alliance Scotland (LTCAS), held an event designed to take forward an Assets Alliance in Scotland. Initiated and supported by the Chief Medical Officer for Scotland, Dr Harry Burns, the event brought together people already using asset based approaches with key influencers from across the public and community and voluntary sectors.

The event recognised that assets approaches are not new and that many initiatives in Scotland already demonstrate this way of working. Working at a local level is at the heart of the assets approach, but support may also be needed at a national level to ensure that the approach is embedded as part of mainstream practice. The purpose of the event held on 13th December was to find out from key stakeholders what form an Assets Alliance should take and what its key functions should be.

Ian Welsh, *Chief Executive of LTCAS*, welcomed delegates to the event and welcomed the concept of an Assets Alliance as recognition that individuals and communities are part of the solution to our challenges in Scotland.



Why do we need an assets approach in Scotland?

Dr Harry Burns

Chief Medical Officer for Scotland

The evidence is now irrefutable that social conditions lead to poor life expectancy and that events throughout the life-course contribute to health outcomes. It is also true that not everyone who lives in poverty will suffer from poorer health than average. What is it that makes some people more resilient to their social circumstances than others?



The Glasgow Centre for Population Health has compared Glasgow with Manchester and Liverpool and found that, although income deprivation across the three cities is almost identical, it does not explain Glasgow's poor health compared to the two other cities. In particular, income inequalities do not explain Glasgow's much higher mortality rates from drugs, alcohol, suicide and violence relative to Liverpool and Manchester.

The excess causes of death in Scotland are caused by psychosocial factors, by cultural forces and by profound health inequalities - there is something within the spirit of individuals living within deprived communities that needs healed.

It can be argued that health is just one of many qualities that emerges from a well functioning and fair society. The American sociologist, Aaron Antonovsky, offers us an insight into why some of us survive poor and disadvantaged circumstances and some of us don't. Antonovsky argued that a 'sense of coherence' – being able to view the external world as structured and predictable – protects individuals in challenging circumstances but that this can be ruptured in childhood, particularly as a result of living in chaotic and unpredictable environments. Without this 'sense of coherence', individuals are more likely to become chronically stressed, with physical consequences.

Sense of coherence....

“....expresses the extent to which one has a feeling of confidence that the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable, that one has the internal resources to meet the demands posed by these stimuli and, finally, that these demands are seen as challenges, worthy of investment and engagement.”

Antonovsky suggested that instead of focusing on why some people get ill, or 'pathogenesis', we should concentrate on 'salutogenesis', which focuses on resources and capacities which impact positively on health. Salutogenesis essentially underpins an assets approach - Antonovsky's view was that the key to salutogenesis was individuals and communities taking control.

Over the past 30 - 40 years, as health inequalities have become apparent, we have tended to focus on a deficit model, striving to fix problems, needs and deficiencies, referring to and treating people as 'clients' - by contrast an asset approach to health aims to help people to be in control and to sustain their own wellbeing. We live in a democratic society in Scotland and, as such, we have an opportunity to build a 'salutogenic society' - how do we progress?

Many projects are already engaged in asset based work, an approach which we know does not work overnight. Existing initiatives teach us that we need to spend time gaining people's trust, and to help people to discover their innate skills. A salient example of this is the Beacon Hill project in Falmouth, Cornwall, an area demonstrating poor health and deep social inequalities: www.healthcomplexity.net/files/Community_Regeneration_and_complexity.doc

Here, health workers brought together the community to plan how they themselves would like to improve their area - no business plan, no targets, just a shared vision. With the local community being supported to respond independently to local issues, over a period of 8 years crime, unemployment, child protection registrations, teenage pregnancies and post natal depression all fell by at least 50%.

An important element of the project was that the community led how the project would develop and not local government or any other public body. The regeneration process emerged as a result of the community and statutory agencies working together. As the community evolved so the role of professional agencies co-evolved alongside the community. The lesson is that we need to be prepared to work with communities and accept what they give us in return. Individuals need be given help to find their unrecognised capacities and to link up with others. By creating networks such as these positive responses will evolve.

Jimmy Reid and alienation

"Let me right at the outset define what I mean by alienation. It is the cry of men who feel themselves the victims of blind economic forces beyond their control. It's the frustration of ordinary people excluded from the processes of decision making. The feeling of despair and hopelessness that pervades people who feel with justification that they have no real say in shaping or determining their own destinies...."

39 years ago Jimmy Reid described alienation as "the cry of men who find themselves the victim of blind economic forces beyond their control." Asset based approaches can help to right this situation. It will take real leadership on the part of public organisations to help us progress this agenda but if we can do this successfully we will create a new dynamic in the most deprived and difficult areas of Scotland.

Towards an Assets Alliance in Scotland - responses from the participants



Facilitated by Andrew Lyon, Converger of International Futures Forum, participants were asked to work in small groups to consider: What is the purpose of an Assets Alliance? What is the urgency - why now? And, what should the next set of actions be?

The responses from participants were gathered in an open plenary. Participants were then asked for further reflections via a follow up survey - those responses are recorded within the overall feedback below.

What is the purpose of an Assets Alliance?



- To create a sense of belonging to a new social movement and a locus for those concerned with taking forward the approach.
- An Assets Alliance might not be a 'thing' so much as a campaign to change attitudes and achieve a cultural shift - we don't need a new organisation or a new structure.
- It must be a values based movement based around social justice and compassion - it should embody the values of an assets approach.
- A valuable networking tool for the exchange of knowledge and experience.
- To highlight existing assets approaches in organisations and connect these up bringing coherence to the different aspects of assets based approaches.
- A point of contact to find out what is currently happening in local areas.
- A platform for the sharing of assets.
- To provide space to build skills and adopt creative approaches.
- To promote joint working in pursuit of health equity.
- To help guide Scottish Government and national agencies on national policy and measures to support assets based approaches on the ground.
- To link asset based approaches with existing policies and strategies.
- To promote and develop the research base for assets approaches.

What is the urgency? Why now?



- 'More of the same won't do'. In the current economic climate the public sector needs to make savings - there is a real sense of urgency about how we can invest better to achieve positive outcomes for individuals and communities and reduce impact on public services in the long term.
- The present approach to the 'provision' of publicly funded services to 'patients/clients' is not promoting health equity and is unsustainable. There has never been a better time than right now to take an asset based approach to working with communities and individuals.
- We need to ensure that those existing organisations and individuals who are currently working on assets based approaches and whose survival is under threat are protected.
- This is time critical, we need to act now to build trust and reciprocity and to develop person centred services which will lead to a sense of coherence in the longer term.
- There is the urgency of the suicide/substance abuse/violence issue being the leading cause of death in Scotland. People are buying out of life and this is a tragic waste. This issue is one of spiritual 'dis-ease' and should be addressed as such.
- Inequalities are widening not receding. There is a growing gap between rich and poor and this will not be alleviated during the lifetime of the current government. There is a real urgency to start making changes in our society now, to listen to the community and persuade legislators to support community initiatives. This is a global issue and we need to make the links now.

What should the next set of actions be?



- Mobilise a critical mass connecting up existing networks and not duplicating work.
- Produce a viral public statement of intent from Scottish Government.
- Hold events like this all over Scotland to raise awareness and ‘buy-in’ to assets based approaches.
- Develop a clear project plan which identifies the added value sought from it by participants and sets out clearly how this is to be delivered/co-produced.
- Enhance and develop what is already there.
- Use local and media networks to ‘agitate’ and raise awareness.
- Mainstream the approach by developing our workforce across sectors to ‘live the values’.
- Be careful not to perpetuate existing power inequalities – positively address gaps and take an inclusive approach. Communities are not homogenous and the Alliance must not exclude people, especially those that are not getting their voices heard at the moment such as BME groups, children, carers, people with ‘unpopular’ health conditions, people with learning disabilities. We must remember that those who are most vocal in communities are not necessarily always representative.
- Challenge our traditional approaches to risk – through the Assets Alliance seek support to overcome existing organisational attitudes to risk and barriers to assets based approaches, support staff to take managed risks.
- Focus on the practical rather than the theoretical - building momentum of practical actions to achieve change.
- Develop understanding on the ‘why?’ of community asset building and what change it can lead to in the long term. Take time to understand why the assets model is longstanding so that we can move away from our hamster wheel approach of treating non-assets and disease.
- Influence national and local procurement rules to look for the value in terms of outcomes rather than price, focus on prevention to mitigate future crises, move to collaborative experienced based commissioning.
- Engage cross sector leaders, but don’t just rely on charismatic influencers – look beyond and grow social entrepreneurs from local teams and communities.

The outcomes of an Assets Alliance

At the end of the plenary discussion and as part of the follow up survey, participants were asked what the outcomes associated with an Assets Alliance in Scotland should be. The following outcomes were identified;

- National and local policies and strategies demonstrate an asset based approach
- National and local workforces deliver to communities in an inequalities sensitive, person centred manner
- Disadvantaged communities are fully and meaningfully involved and feel a difference to their quality of life
- Measures and targets are in place that reflect that disadvantaged communities are being supported to reach their potential in ways that are appropriate to them.



Where do we go from here?

Fiona Garven, Director of SCDC, thanked all speakers, demonstrator sites and participants for their contributions to the day, stressing the importance of cross sectoral involvement in developing a meaningful, influential and productive Assets Alliance in Scotland.

The inception event for an assets alliance constituted the first step in cross sector engagement to take forward asset based approaches. This report provides feedback to participants and information for dissemination to a wider audience. Responses collected on the day of the event will be used to inform next steps. SCDC and LTCAS will be working with Scottish Government to agree how to work with participants and all those involved in an assets alliance on actions to take it forward. We see further information being made available through existing local and national networks.

For further information or to submit additional feedback please contact:
SCDC on olivia@scdc.org.uk or LTCAS on info@lucas.org.uk

Demonstrator Projects

23 organisations and initiatives provided a market place for information and ideas exchange on the day of the event.

The initiatives came from across Scotland and reflected a wide range of activity working across several themes including employability, mental health, community regeneration, work with young people, environmental action.

The demonstrators were an integral part of the event and provided all participants with the opportunity to learn and network.

In addition to the demonstrator stands, several DVDs developed by the demonstrator projects were shown, illustrating the assets based approaches they use.



Name of project **Ayr United Football Academy**

*Contact person
& details* **David Watson**
07711 508723
www.aufa.org.uk

*Main project
activities* Seeks to develop football-based activities to provide healthy and diverting activities to a wide range of people including those with physical disabilities and mental health issues.
DVD available from project

Name of project **Castlemilk Timebank**

*Contact person
& details* **Gloria Murray**
Castlemilk Community Centre
0141 631 1888
07888829596
Castlemilktimebank.btck.co.uk

*Main project
activities* Aims to promote community involvement and to rebuild a sense of community spirit in Castlemilk, Glasgow by helping people to exchange skills, services and support.

Name of project **Branching Out project**
(part of SAMH demonstrator site)

Contact person & details **Kirsty Cathrine**
Branching Out Programme Manager
Forestry Commission Scotland
01698 368557
07825 826403
kirsty.cathrine@forestry.gsi.gov.uk
www.forestry.gov.uk/branchingout

Main project activities Promotes self-management to Mental Health Service Users, homelessness, vulnerable people, socially excluded people through bush craft such as rhododendron clearance and coppicing, nature conservation such as fire lighting and shelter building, environmental art such as photography, and willow sculptures and green exercise such as Health Walks & Tai Chi.

Name of project **Long Term Conditions Supported Self Management Training and Consultancy**

Contact person & details **Gwen Currie/Fiona Fitheridge/Ross Grieve**
Fiona.fitheridge@thistle.org.uk
www.thistle.org.uk

Main project activities Introduction of the Supported Self Management agenda to agencies and individual practitioners. Training and support of practitioners who include person-centred self management support in their interactions with the people they support. Supports the development of a learning community where practitioners cascade and share learning within and beyond their own field of work.



Name of project **Street Soccer Sessions project**
(Part of SAMH demonstrator site)

Contact person & details **David Duke**
Founder and Director - Street Soccer Scotland
0131 652 8190
07533 562 485
david@streetsocscotland.org
www.streetsocscotland.org

Main project activities Empowers mental health service users, homeless and socially excluded people to change their own lives for the better, through soccer sessions focus on engaging, coaching and supporting participants.

Name of project **Playbusters Ltd**

Contact person & details **Margaret Layden**
0141 551 0071
07932142035
www.playbusters.org.uk

Main project activities Provides a wide range of educational projects for children, families and the wider community within the East End of Glasgow. DVD available from project

Name of project **Social capital, health and wellbeing: a planning and evaluation toolkit. A publication of the Edinburgh Health Inequalities Standing Group (HISG)**

Contact person & details **Margaret Barbier**
Senior Policy Officer
City of Edinburgh Council
0131 469 3821
margaret.barbier@edinburgh.gov.uk

Main project activities Development of a publication entitled "Social capital, health and wellbeing: a planning and evaluation toolkit" - available across Scotland.

Name of project **Get Active Get Sorted (GAGS) project**
(part of SAMH demonstrator site)

Contact person & details **Lisa Duthie**
Health Team Manager
Aberdeen foyer
01224252366
LisaD@aberdeenfoyer.com
www.aberdeenfoyer.com

Main project activities Person centred physical activity consultation and development of action plans for maintaining increased activity levels.

Name of project **Rag Tag and Textile**

Contact person & details **Cindie Reiter**
Business Director
01599 566793
cindiereiter@ragtagntextile.org.uk
www.ragtagntextile.org.uk

Main project activities Provides an environment that encourages the personal growth and development of mental health service users, long term unemployed, young people and people with additional support needs Aids the recovery of individuals who are suffering from mental health problems, through traditional arts and crafts with a modern twist.

Name of project **Equally Well: Glasgow City Test Site Project 2: 'Building On Experience.'**

Contact person & details **Etive Currie** (Test Site Team)
0141-287-8662
www.glasgow.gov.uk
Rosie Robertson
0141-556-4275
www.bclc.org.uk

Main project activities Explores how where you live has an impact on health and wellbeing. Developing a community version of a Healthy Sustainable Neighbourhoods Model to establish key spatial planning themes of relevance to local people - key element is asset mapping exercise to uncover the hidden skills, knowledge and talent that exists within the local area. DVD available from project

Name of project **Long Term Conditions Alliance Scotland**

Contact person & details **Nancy Greig**
0141 404 0231
nancy.greig@lucas.org.uk
www.lucas.org.uk

Main project activities Ensures the voice of the two million people in Scotland living with long term conditions is heard. Harnessing members' experience by gathering people's stories of living with and managing their conditions provides LTCAS with a focus for influencing a shared policy and practice agenda.

Name of project **Milnbank Carbon Reduction Project**

Contact person & details **George Chalmers**
0776 215 4271
chalmersgc@aol.com
www.milnbank.org.uk

Main project activities Delivering carbon reductions in the Milnbank area which has some of the worst health statistics in Europe. Covers areas such as waste, energy, transport and community engagement.
DVD available from project

Name of project **Oxfam Humankind Index**

Contact person & details **Rosemarie McIlwhan**
c/o Oxfam Scotland
0141 285 8881
www.oxfam.org.uk

Main project activities Aims to construct an index to assess Scotland's prosperity, not just in terms of the economy, but in terms of resilience, wellbeing and sustainability which current measures fail to take into account effectively. Public participation in determining the composition of the Index will be central to the process.

Name of project **CHIP (Children's Inclusion Partnership)**

Contact person & details **Angus Wood**
0141 336 8612
angus.wood@barnardos.org.uk
www.ssff.org.uk

Main project activities Environmental work with children and families with a focus on bringing vacant and derelict land back into community use. Work is carried out in partnership with local youth organisations, housing providers and community groups.

Name of project **Girls on the Move**

Contact person & details **Lois Marshall**
0131 554 2561
girls@youthscotland.org.uk
www.girlsonthemove.org.uk

Based in Edinburgh, National project working throughout Scotland

Main project activities Provides funding for groups for up to £2000 for projects that increase physical activity levels among girls and young women aged 12-18 with a focus on disadvantaged communities and harder to reach groups. Provides courses for young women to gain leadership skills.

DVD available from project

Name of project **Happy Mondays
Health Issues in the Community Group (HIC)**

Contact person & details **Elaine Grogan**
01415773657
elaine.grogan@eastrenfrewshire.gov.uk
Veronica Dunn
01415778618
veronica.dunn@eastrenfrewshire.gov.uk

Main project activities Delivery of Health Issues in the Community course leading to the start up of a local garden share scheme and local research and history project which developed into a history project.

Name of project **Equally Well test site for improving mental wellbeing - StobsWELLbeing**

Contact person & details **Sheila McMahon**
01382 435852
sheila.mcmahon@dundeecity.gov.uk

Main project activities Aims to improve mental wellbeing in Stobswell, a deprived area in Dundee. Works with the community and service providers to identify assets, influences and indicators for wellbeing, and to develop appropriate solutions within existing resources. Piloting a social prescribing scheme within one GP Practice and delivering a programme to increase mental health literacy for people who live and work in Stobswell.

Name of project **The ALISS Project**

Contact person & details **Christine Hoy**
Christine.Hoy@scotland.gsi.gov.uk
<http://www.aliss.scot.nhs.uk>

Main project activities Developing a set of community-driven services which make it easy to find and point to the sort of local information which can help people manage their own condition and live well with it. The project provides tools, useful frameworks and engages communities to build this infrastructure in partnership.

Name of project **Clydesdale Community Initiatives**

Contact person & details **Niall McShannon**
0155564211
www.cciweb.org.uk

Main project activities Provides the support that people with profound disabilities and disadvantaged need to make a significant and valued contribution to the work of landscape, horticulture and woodcraft enterprises. DVD available from project

Name of project **Cambuslang & Rutherglen
Community Health Initiative / Camglen Radio**

*Contact person
& details* **Joy Mitchell**
0141 641 5236
joy@healthynhappy.org.uk
www.healthynhappy.org.uk

*Main project
activities* Engages with the local community on health issues they identify as priorities. A social model of health and community development approaches are adopted to respond with innovative, creative and community-led programmes.

Name of project **Healthy Communities:
Meeting the Shared Challenge, SCDC & CHEX**

*Contact person
& details* **Olivia Hanley**
0141 248 1924
olivia@scdc.org.uk
www.scdc.org.uk

*Main project
activities* Encourages and supports community-led approaches to health improvement throughout Scotland. Sharing of experiences and lessons from across Scotland, linking community-led health to key policy agendas, and signposting to the resources that are now available to support community-led health.

Name of project **Getgo Glasgow**

*Contact person
& details* **Sarah Drummond**
sarah@wearesnook.com
http://wearesnook.com

Works with Glasgow School of Art Masters in Design Innovation and Snook.

*Description of
your project* Coproducing new solutions to tackling crime. Working with residents and stakeholders to co-design new services and propositions taking assets in the area into consideration.

Name of project **Scottish Association for Mental Health**

Contact person & details **Robert Nesbitt**
www.samh.org.uk

Main project activities Provision of Community-based services to individuals who need help, working with around 3,000 people in over 80 services. Provides a range of services including Employability, Outreach, Care Homes, Housing Support and Day Services. Campaigns for better mental health for the people of Scotland.

