Glasgow Centre for Population Health

ASSET-BASED APPROACHES IN SERVICE SETTINGS

SUMMARY

This briefing paper summarises the findings of research into asset-based approaches in service settings across Scotland[1].

Through a series of case studies the research profiles the work of mainstream statutory services embedding asset-based principles in their approach to service delivery. Further, the work uncovered opinion and thinking on the potential of an asset-based way of working within public services in a Scottish context via key informant interviews.

KEY POINTS

- Asset-based approaches feature strongly in Scottish public policy and are informing and influencing the planning and delivery of services across Scotland.

- Examples can be found of statutory, third sector and community-led organisations currently 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.

- A number of key questions remain around the applicability, relevance and potential of this way of working within the public sector.

- Case studies of nine services illustrated the importance of relationships, partnerships, citizen involvement and collaborative endeavour.

- Six further themes emerged from interviews with ten senior strategic and operational managers. Features of language and terminology, balancing power and possibility, the interplay of policy and practice, and the 'attitude or intervention' debate, were identified as themes across the key informant interviews.

- 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. Questions were raised as to what constitutes 'evidence' in relation to asset-based approaches.

- The language of asset-based approaches remains a contentious issue, and although defined and described differently, a mutual understanding of the underpinning values and principles was clear.

- 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.

INTRODUCTION

The Scottish Government has expressed a commitment to reform public services to build on the assets and potential of individuals, families and communities[2-8]. The aims of the reform programme in Scotland clearly reflect the principles of an asset-based approach (Box 1) with 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"*[6]. Further, the reform programme highlights the importance of partnership and collaboration to ensure that *"…public services are built around people and communities"*[5]. The theory of asset-based approaches now features strongly in Scottish public policy[9,10] and is informing and influencing the planning and delivery of services across Scotland[7,11,12].

In theory, asset-based approaches for health aim to promote and strengthen the factors that support good health and wellbeing, protect against poor health and build and foster communities and networks that sustain health[13]. Essentially, asset-based approaches are about recognising and making the most of people's strengths.

Box 1: What is an asset-based approach?

The values and principles of an asset-based approach can be broadly defined as follows.

- 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 skills 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.

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[14]. 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[15].

Asset-based approaches, in contrast to more traditional deficit-based approaches, focus on what improves and sustains health and wellbeing and reduces inequalities and have the potential to improve people's life chances[13,16]. There is significant interest in how such approaches might be delivered in practice to realise these outcomes, in light of growing inequalities in health[15-17].

Asset-based approaches are not new and although the existing evidence base is supportive[16], it is also limited[13]. Across Scotland, there are national and local statutory, third sector and community-led organisations already working in an asset-based way[13,18,19]. Others are developing asset-based approaches in practice, as a means to improve health and wellbeing and tackle deep-rooted social problems[20]. However, published evidence indicates that there is no single or easy method of overcoming the challenges of transformational change required at both structural and system levels if the approach is to reach its proposed potential and be regarded as a usual part of the way that public services are delivered. Examining current issues in terms of asset-based approaches may, however, allow us to think differently about the dynamics between the state and the citizen, and relationships between service providers and people using services[15].

Building on the existing evidence base, including work from the GCPH[16,18,21], this research involved profiling a number of mainstream statutory services that are taking an asset-based approach to their service delivery. We also endeavoured to extend 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.

AIMS

The purpose of the research was two-fold. The overall aims of the study were 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 research objectives were 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 range of service settings.

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.

METHODS

The research took the form of a two-phase qualitative study. The first phase was an exploratory case study investigation. It involved multiple cases and was based on qualitative methods (documentary analysis and interviews) to support the illustration of asset-based practice across a range of settings. Nine individual services were studied, as set out in Table 1. Following data collection, the researchers carried out a case-by-case and a subsequent cross-case analysis of the data.

The second phase was an exploratory investigation based on qualitative semi-structured interviews with ten key operational and strategic individuals – local and national stakeholders from health, social care and third sector backgrounds – to explore thinking and opinion about the potential of asset-based principles within service delivery. A thematic analysis of the interview data was undertaken to synthesise the learning across the ten interviews.

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

The research fieldwork took place from February 2014 to March 2015.

All quotations presented in this paper are from research interviews. Interviewees were service managers, staff members, people supported by services, and other key informants involved in the planning and delivery of health and care services. Quotations are not attributed to protect anonymity.

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

FINDINGS: CASE STUDIES

Nine case studies of individual services were collectively analysed by the researchers, from which interconnected themes emerged. These themes are summarised below with quotations from interviewees (service managers, staff and people supported by services) presented to illustrate key points.

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, was clear. The spectrum of involvement ranged from people supported by services and local people engaging with and working alongside staff, 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.

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

There was recognition that people are experts in their own conditions and care requirements and can advise on what appropriate local services look like: *"…the best ideas to take forward recovery come from the people themselves."*

Staff were found to be adaptable in terms of their engagement with and responses 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.

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

The wider role of organisations, beyond the core functions, appeared to be well formed and understood. For example, one housing provider expressed that *"… it would be a disaster if we just collected rent."*

Leadership and influence

The role of leadership was evident, in its many guises, and importance was placed on influencing new ways of working and culture change within organisations.

Examples of distributive leadership were seen – individuals took on leadership roles, participated in collective decision-making and shared responsibility.

Staff spoke highly in many cases of organisational leaders who inspired, influenced, 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."*

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. Leaders supporting their staff to work in this way exemplified asset-based principles themselves in their interactions with staff and in their own practice.

Building relationships and partnerships

Building effective relationships and partnerships at multiple levels was seen to be a core feature of asset-based approaches within services. The language of connection, interaction, respect, and relationships was abundant.

"They think of your needs, take time to get to know you, they see something in you that others don't."

Key to asset-based approaches within this range of settings were: joined-up service delivery; building effective working relationships with service users and other professionals; and strong, positive relationships with people supported by services and at the organisational/service level.

Collaborative endeavour was viewed as a vital precursor for transformative change.

"It all comes down to relationships – between professionals and between professionals and service users."

A strong theme coming through from the people supported by these services was the positive effect that collaboration and involvement with professional staff had on them. They spoke of feeling valued, believing they had a contribution to make and experienced increased confidence and self-worth.

Creating the conditions

The ability of staff to be flexible, sensitive and responsive was clearly important to support and enable a move towards an asset-based culture change.

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. Reshaping and reorientation does not always require additional financial resource but can be *"…just a different outlook"*. However, some senior managers highlighted 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 find it difficult to embed this within their working practices.

"Different systems can often act as barriers due to political or business differences."

The significance of financial constraint within the public sector was also evident in attempts to protect services, especially for vulnerable individuals. Ensuring appropriate management, governance and accountability of these services while being developmental, adaptable and responsive in aspects of service engagement and delivery was a difficulty.

The majority of the cases were working on the periphery of mainstream delivery, providing specialist and targeted interventions for often vulnerable individuals, in partnership with other services and sectors. Perhaps as a result, the case study organisations were able to be flexible and sensitive in their approach, at times in contrast to the formal service structures that surrounded them.

Each of the organisations studied 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. All were monitoring, measuring and/or evaluating to varying degrees and were found to be influencing other local services.

"…findings from [case] have really made us think we need to work differently, need to redevelop and learn from what works."

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, and managers that are equipped, confident and ready to work in new and different ways were valued.

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"* to work in a strengths-based, person-centred and enabling and facilitative way. This was described as a way of working *"…that only some people get"*.

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."

In summary, 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 staff as valuable assets and the role of leadership in supporting and embedding different ways of working were also clear.

FINDINGS: KEY INFORMANT INTERVIEWS

Six key themes emerged from the analysis of interviews with ten senior strategic and operational managers. These connect with and reinforce the themes arising from the case study work, and add new perspectives and insights on the future of asset-based working in service settings. Again, pertinent quotations from the interviews are included in the summary below.

Interpretation

Importance was placed on issues of language relating to the understanding and implementation of asset-based approaches. The view that the term 'asset-based approaches' is an unhelpful one was strongly held. Staff were inconsistent in their interpretation of the term and its relevance, which hindered their ability to put this way of working into practice. Those supported by services also expressed difficulty in understanding the benefits that this asset-based working may bring.

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

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.

Although the language of assets was seen as new and unfamiliar this sat in sharp contrast to the practice of asset-based approaches, which were recognised by others to be long-established.

Interviewees spoke of scepticism that they feel exists about the introduction and applicability of asset-based approaches within service settings, particularly in terms of taking such approaches in an attempt to mask reductions in funding for services.

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

Attitude or intervention

The 'attitude or intervention' debate is at the heart of understanding asset-based approaches in practice. Asset-based approaches were viewed in a number of ways by interviewees. Discussion included whether a move to asset-based working is a way of thinking or a mindset based on a set of shared values, or a targeted approach to addressing a particular set of problems.

> *"…it's a philosophy. Not a service model that's imposed."*

'Models' of asset-based working were mentioned with the general consensus that "*…you can't make a generic model for asset-based approaches*". The importance of context and the dynamic nature of asset-based approaches were seen to hold potential for supporting positive outcomes for people, but were also thought to be what makes the adoption of such approaches challenging.

Possibility, power and responsibility

Balancing the challenges of risk and trust in service delivery was a key issue. Enabling freedom to practice for staff, and choice and control for people supported by services, within a system with a learning culture was considered 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."*

Services were viewed as being extremely risk averse – at the expense of potential benefits for people accessing services. Strict organisational processes and target-driven cultures were reported to hinder asset-based working within public services.

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

Trust from within the service was required to enable asset-based approaches to grow and mature. Working in partnership with people and other organisations was also viewed as important to strike a balance in seeking to empower while ensuring appropriate support is in place.

The language of 'power' and 'control' was abundant: devolving power from staff to those supported by services and enabling staff to be more autonomous in their roles. It was suggested that this shift is more readily possible in some service settings – mental health, paediatrics and maternal health, homelessness and addictions, for example – than in others.

Resources and reporting

Re-investing and re-aligning existing resources to support the delivery of services in a different way, at a time of budgetary constraint, was seen as significant. Stakeholders were clear on the need for a new approach to meet both changing expectations and increasing pressures on services.

> *"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."*

The appropriate scale at which asset-based approaches could or should be applied, differed in stakeholders' descriptions. Nonetheless, it was felt strongly across the interviews that asset-based approaches have a part to play in the future of service delivery with greater effectiveness and efficiency of service provision as a potential benefit.

> *"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."*

In terms of funding asset-based working, the prevailing ideas were about re-framing and re-investing existing resources, rather than attracting new sources of funding. Small grants were called for as a way of allowing services 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.

Stakeholders perceived difficulty in evidencing that asset-based approaches were making an impact and having positive outcomes due to the long-term nature of establishing real change and a lack of predictability leading to challenges with measurement.

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

The workforce

Fostering reciprocal relationships at multiple levels with clear recognition of the time it takes to build such relationships, was seen as a key aspect of asset-based working.

Interviewees recognised that a shift in thinking to take account of people's circumstances, as opposed to concentrating on their medical condition, was not always easy for service delivery staff. A supportive working environment was viewed as important in this regard, with specific reference to a management style and organisational culture that values and builds on the assets of the workforce: *"…led by leaders who model that way of working."*

Workforce development was seen to be important for asset-based working to flourish. Interestingly, the personal characteristics of staff members were also felt to play a significant role in determining whether the individual can work well in an asset-based way.

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

Related to this point, recruitment was a recurring theme: which values and skills should be sought from new members of the workforce to support a move towards more asset-based working? *"Getting the right kind of person"* was seen to be fundamental.

From policy to practice

Stakeholders highlighted 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.

"It's everywhere in policy."

A number of factors were put forward as organisational, structural or cultural conditions required for asset-based approaches to flourish in practice. Investment (time and financial), strong leadership, learning and peer support, and having "the right people" were all cited as important. It was felt that some skills and abilities associated with this way of working can be learned; others are intrinsic.

Services that are open to a varied pace, form and direction of engagement with individuals and communities were thought be important, along with the ability to be flexible, responsive and adaptable.

As 'rolling-out' 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 due to the context-specific, locally sensitive nature of such approaches.

"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 on which you work. All services should keep people well for as long as possible."

Opportunities to spread the values and learning from asset-based practice was thought to offer greater potential.

In summary, support for a step towards asset-based working was evident. 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 with flexibility to offer person-centred support that is empowering, and ensuring the most vulnerable continue to be well-supported.

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.

LEARNING FROM THE RESEARCH

Across the research a number of important recurring points of interest were identified:

1. The nature of evidence

'Evidence' was important to staff and managers in legitimising the approach and providing the rationale for asset-based working. On the ground, knowledge and professional development were justifying this way of working, rather than determining it. 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.

The nature of the available evidence presents a sticking point. There is a lack of systematic or review-level evidence about asset-based approaches for health and wellbeing[15,22-25] and, perhaps unsurprisingly, little practical guidance on how to work this way at scale. Evidence of effectiveness remains limited to solutions within particular contexts[13,18,19] and there is little evidence of the medium- to-longer-term impacts of the approach. Evidence of the cost-effectiveness of asset-based approaches also remains limited[26].

While qualitative data is available and continues to build – for example personal stories and case studies of asset-based working – this form of evidence is not always considered to be robust. However, 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. Questions remain about what constitutes 'evidence' and how much of this type of knowing is a necessary precursor to action.

2. Language and implementation

Despite a general sense of positivity and support for asset-based working, the language of asset-based approaches remains a provocative issue. Asset-based approaches are not easily definable. For some, the language was construed as jargon or opaque, and was associated with potential misrepresentation and confusion. Although defining and describing the approach differently, interviewees across the research displayed a mutual understanding of the values underpinning asset-based working.

Crucially, asset-based approaches are not pre-defined or modelled. 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. Ultimately, asset-based approaches are a function of human interaction.

It is the guiding principles, however, that are transferable across services and settings, and the language of strengths and capabilities may provide a helpful steer away from a more traditional focus on needs and problems (see Box 1).

3. Delivering differently

In terms of the potential of asset-based approaches for health improvement, it is arguably those in greatest need and the most vulnerable 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.

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. We must be mindful that asset-based approaches are not a remedy for a wider set of issues facing public health.

The importance of personality, humanity, patience and perseverance in building effective relationships cannot, it would seem, be over-estimated in taking an asset-based approach. The work observed as part of this research was largely practice-based, experiential and sometimes instinctive. This research demonstrates that it remains entirely possible to work with people in an asset-based way despite some elements of the service being pre-determined due to funding and targets, for example. A focus on seeking to understand people supported by these services in terms of their skills and abilities, what motivates them and what they would like to achieve in the future, remains crucial. However, where targets are inflexible to local circumstances, and prioritised over building relationships for longer-term gain, asset-based approaches may be compromised.

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. However, in practice this way of working buoyed other organisations with the potential to contribute to improving people's wellbeing, to refresh their priorities and attitudes, and to change the way they used their personal and organisational strengths.

4. The importance of context

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. 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 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. Introducing asset-based approaches from the 'outside' 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].

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 raises the question of how this approach and the highlighted benefits can be further extended and incorporated into a greater range of services and supports for health and wellbeing outcomes.

5. The workforce, leadership and management

Within the case studies, individual champions of asset-based working tended to lead. These 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. Concentrating on assets within the workforce requires a complementary approach to leadership – an emphasis on reframing thoughts and feelings towards a focus on assets and strengths, influencing peers and empowering staff, with flexibility to make and sustain relationships.

Managers must provide leadership and inspiration but also keep a close focus on issues of financial management, accountability, good governance, robust processes and delivery[27] while being developmental, asset-based and participative in other aspects of the service. 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.

CONCLUSIONS AND RECOMMENDATIONS

Based on the learning and insights emerging from this research, a number of points for further thinking, discussion and action are presented in brief below. (Further in-depth discussion is provided in the full report of this research[1].)

- Attention on assets and strengths must not divert focus away from broader structural, material and social issues that lead to poverty and inequality.

- The principles underpinning asset-based approaches are transferrable. They 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. Opportunities for practice to influence policy development must be created and sustained.

- 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 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.

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FULL REPORT

The full report of the research can be accessed via the GCPH website at: www.gcph.co.uk.

The report should be cited as follows: McLean J, McNeice V, Mitchell C. *Asset-based approaches in service settings: striking a balance.* Glasgow: GCPH; 2017.

REFERENCES

1. McLean J, McNeice V, Mitchell C. *Asset-based approaches in service settings: striking a balance.* Glasgow: GCPH; 2016.

2. Scottish Parliament. *Public Services Reform (Scotland) Act 2010.* http://www.legislation.gov.uk/asp/2010/8/contents (accessed May 2016).

3. Scottish Parliament. *Public Bodies (Joint Working) (Scotland) Act 2014.* http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf (accessed May 2016).

4. Scottish Parliament. *Community Empowerment (Scotland) Act 2015.* http://www.legislation.gov.uk/asp/2015/6/contents/enacted (accessed May 2016).

5. The Christie Commission. *Commission on the Future Delivery of Public Services.* Edinburgh: APS Group Scotland; 2011. Available at: http://www.scotland.gov.uk/Publications/2011/06/27154527/0

6. Scottish Government. Renewing Scotland's public services. *Priorities for reform in response to The Christie Commission.* Edinburgh: Scottish Government; 2011.

7. Scottish Government. A stronger Scotland. *The Government's Programme for Scotland 2015/16.* Edinburgh: Scottish Government; 2015.

8. Scottish Government. *Social Services in Scotland. A Shared Vision and Strategy.* Edinburgh: Scottish Government; 2015.

9. Housden P. *This is us. Civil Service Quarterly.* Weblog. https://quarterly.blog.gov.uk/2014/16/this-is-us/ (accessed May 2016).

10. Scottish Government. *The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations.* Edinburgh, Scottish Government; 2014.

11. Glasgow Community Planning Partnership. *Glasgow's Single Outcome Agreement 2013.* Glasgow: GCPP; August 2013. Available at: https://www.glasgowcpp.org.uk/index.aspx?articleid=11056 (accessed May 2016).

12. NHS Greater Glasgow and Clyde. *Back to Basics. DPH Report 2015-2017.* Glasgow: NHSGGC; 2015. Available at: http://www.nhsggc.org.uk/your-health/public-health/the-director-of-public-health-report/dph-report-2015-2017 (accessed May 2016).

13. Hopkins T, Rippon S. *Head, Hands and Heart: asset-based approaches in health care – a review of the conceptual evidence and case studies of asset-based approaches in health, care and wellbeing.* London: The Health Foundation; 2015.

14. Wood J, Finnis A, Khan H, Ejbye J. *At the heart of health. Realising the value of people and communities*. London: The Health Foundation; 2016.

15. Garven F, McLean J, Pattoni L. *Asset-Based Approaches: their rise, role and reality.* Edinburgh: Dunedin Academic Press, Policy & Practice in Health and Social Care; 2016.

16. Glasgow Centre for Population Health. *Briefing paper concepts series 13: Towards asset-based health and care services.* Glasgow: GCPH; 2014.

17. Thomas B, Dorling D, Davey Smith G. Inequalities in premature mortality in Britain: observational study from 1921 to 2007. *British Medical Journal* 2010;341:c3639.

18. McLean J, McNeice V. *Assets in Action: Illustrating asset-based approaches for health improvement.* Glasgow: GCPH; 2012.

19. ODS Consulting. *Evaluation of the Link Up Programme.* Edinburgh: Inspiring Scotland; 2014.

20. NHS Ayrshire and Arran. *Learning from the AHEAD Project in Ayrshire. First Annual Report, August 2015.* Ayr: NHS Ayrshire and Arran; 2015.

21. Glasgow Centre for Population Health and Scottish Community Development Centre. *Positive Conversations, Meaningful Change: learning from Animating Assets. Final Report.* Glasgow: GCPH/SCDC; 2015.

22. Sigerson D, Gruer L. *Asset-based approaches to health improvement*. Glasgow: Evidence for Action, NHS Health Scotland; 2011.

23. Fischbacher C, McCartney G, McAllister D, Lawson K. *The Dog That Didn't Bark – Where Is the Public Debate on Assets Approaches*. Abstract, paper presented at Scottish Faculty of Public Health Conference, Dunblane; 2013.

24. Morgan A. Revisiting the asset model: a clarification of terms and ideas. *Global Health Promotion* 2014;21:3-6.

25. Alvarez-Dardet C, Morgan A., Ruiz Cantero MT, Hernan M. Improving the evidence base on public health assets – the way ahead: A proposed research agenda. *Journal of Epidemiology and Community Health* 2015;69(8):721-723.

26. Royal Society for Public Health. *Tackling health inequalities: the case for investment in the wider public health workforce.* London: Royal Society for Public Health; 2014.

27. Allcock A, Dormon F, Taunt R, Dixon J. *Constructive comfort: accelerating change in the NHS*. London: The Health Foundation; 2015.

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