

# How to embed asset-based approaches in health and social care: integration across public and community sectors

An asset (or strengths) based approach is a generic term which describes a fundamental shift in the design and delivery of health and social care services. Rather than focussing on the challenges which people face and how professionals and care services can address these challenges, an asset-based approach starts with what is important to the individual and explores the personal, family and community resources available to achieve their chosen outcomes.

Formal services look to complement but not replace or duplicate these informal resources. Professional opinion is considered alongside (but not above) the person's own view of their challenges and opportunities.

Asset-based approaches recognise the importance of communities - geographic, faith, lifestyle, and/or condition-based - for promoting wellbeing and developing resilience. They facilitate people's access to relevant community-based networks and organisations, and work alongside and invest within communities to create new supports to address unmet needs.

An asset-based approach enables funding to be invested more preventatively so that wherever possible people's conditions and social situations do not deteriorate to the point of crisis. This is better for the person and their family and results in more effective use of resources.

The rationale for asset-based approaches have been endorsed by governments across the UK. Embedding this in practice has though proven to be extremely challenging. This report provides insights from the IMPACT Demonstrator project on how asset-based principles can be implemented and sustained.



## What is the research evidence?

Research regarding asset-based approaches with older people can be drawn from different fields of practice and study – these include strengths-based working in adult social work and social care, community development and social prescribing. There are differences in the contexts, focus and practice models used, yet reviews of research within these fields report similar insights. While the evidence base is not yet conclusive, there are strong indications of positive impacts regarding people's mental wellbeing, self-confidence, and reduced isolation. Outcomes are less clear in relation to reducing people's access to, and long-term reliance on, formal health and social care services, and the comparative benefits of different asset-based models.

Implementation should take a developmental and whole systems approach, engaging community members, strengthening social connections, and building trusting relationships over time. Professional and organisational cultures are not always receptive to sharing power and knowledge - this must be addressed pro-actively with greater accountability to people with lived experience and to communities. Alongside relatively few studies having been undertaken, there are also common issues relating to the methodological challenges of evaluating a preventative approach.



## Definitions

**Community development:** when people come together to act on what is important to them based on principles of inclusion, social justice and collective action.

**Community sector:** organisations which are independent, value-driven, voluntary orientated, and seek public good.

**Demonstrators:** IMPACT projects which use evidence to improve strategic decision making in health and social care.

**Link workers:** skilled practitioners who connect people to community resources and collaborate with professionals.

**Return on investment:** a calculation through which the value of an initiative can be compared with its costs.

**Theory of change:** a process which maps out the thinking behind a change project and what outcomes are expected.

**World Café:** a collaborative event in which participants discuss topics of shared interest.

## Common elements of asset-based approaches

- Link workers who know local resources; have necessary connections & relationships; and can communicate effectively with professionals, voluntary organisations and people and families.
- Efficient process through which professionals can connect people to link workers supported by digital resources and record systems.
- Sufficient range of affordable, accessible, and responsive community-based activities.
- Emotional and practical support for people engaging with community activities.
- On-going development of resources through engagement with communities and local inter-agency collaboration.

## IMPACTAgewell®

IMPACTAgewell® is an asset-based community development project located in a rural area of Northern Ireland. It is run by Mid and East Antrim Agewell Partnership (MEAAP), a community charity which was developed to respond to the needs and interests of older people.

IMPACTAgewell® Officers meet older people in their own homes to learn what matters to them and discuss options to improve their social situation and health conditions. Where appropriate and with their agreement, the older person is connected with community groups and statutory bodies which provide relevant services and support.

These include lunch clubs; walking groups; home maintenance; keep warm packs; meal services; benefit reviews; energy advice; internet safety; security and safety checks; telephone call blockers; decluttering; and bird feeders. When a community group engages with an older person, they are provided a fee to help cover their costs.

Referrals come from GPs, social workers, community pharmacies and others. Locality Hub meetings bring together these professionals with IMPACTAgewell® Officers to share information and learn lessons relating to individual older people and the population needs of their area.

*"It's very beneficial for patients and doesn't involve an awful lot of work from a GP perspective. It's a fantastic service, appreciated by the service users and the patients, reducing the pressures on the practice."*

- General Practitioner

*"We did our own evaluation because we thought it was important to capture. The outcomes were excellent ... All the soft indicators were very good and the hard indicators as well."*

- Community Pharmacist

*"I just wish we had them in our teams to work alongside them. It's a service that we need to grow and know. They're very much a holistic service, because they are going in and seeing the person as that person"*

- Social Work Manager

## Example of individual impact

An older person found herself socially isolated and without friends when her husband died unexpectedly, soon after they moved to the town.

IMPACTAgewell®'s officer introduced her to two lunch clubs, one of which is organised by Good Morning Carrick, which also makes early morning phone calls twice a week to ensure she is well and without problems, and to provide frequent social contact.

A telephone bereavement counselling service has been extremely beneficial in enabling the older person to adapt emotionally to her husband's death and a handyman service has repaired a shed and a door.

The IMPACTAgewell® Officer also provided a list of exercises for the older person to carry out at home.

The older person described these connections as transforming her life by providing social contacts that were absent before.

*"I'm very shy and I find it very hard to go into a place where I don't know anybody and I just don't find it comfortable, but I'm fine now. As soon as the IMPACTAgewell® Officer says anything, she does her homework. Every single time. Brilliant. Absolutely brilliant. I couldn't fault them."*

## The Demonstrator Project

The project was led by two steering groups – a Community Group involving older people and voluntary sector organisations, and a Practice Group involving professionals, health and social care organisations, funders, and networks.

The steering groups set out key implementation questions to be explored initially through research, practice and lived experience evidence. Insights from evidence were discussed at a World Café event involving professionals, older people, and community groups.

A theory of change was developed following the event which identified these areas for development: engagement from professionals, including GPs, social workers and pharmacists; accessibility to older people from minority communities; strengthening collaboration with and across the community sector; and widening learning and impact.

At the end of the project, a second World Café enabled stakeholders to reflect on the progress and learning. Through these discussions recommendations for future practice and policy were developed.



## Return on Investment (ROI)

The Social ROI estimated that every £1 spent on IMPACTAgewell® generated a saving of £2.38 through reduced demand on GPs and A&E.

The collaboration with community pharmacies to improve use of prescribed medication had an even higher SROI of £5.81 for every £1 spent.

(York Consulting Limited 2021)

## Learning through the Demonstrator project

The Demonstrator project has highlighted the importance of all core elements of the IMPACTAgewell® approach — locality hubs, skilled and empathetic link workers, a community development approach, and activity-based funding for community organisations to support individuals.

Home visits by IMPACTAgewell® Officers provide multiple benefits: tackling isolation, assessing living conditions, and providing a holistic view of an older person's wellbeing. It has also confirmed stakeholders' belief in the positive outcomes including reducing demand on health and social care services and lightening of workloads.

The inter-professional hubs enable discussion about individual and community needs and sharing of best practice between professionals.

Respectful relationships between professionals, the asset-based service, and the community organisations is key to successful outcomes.

To enable a community development approach to foster, there needs to be integration at a strategic level. This involves a shared approach to investing resources and how to balance issues of equity and individual need, and co-ordination of the different community initiatives.

The community sector should be seen as a partner within strategic policy decisions. Secure funding for core infrastructure services such as community transport and to provide capacity for professional engagement is essential to ensure continuity of support and sustained collaboration.

## Asset-based approaches in hospital discharge

Recognising the challenge of delayed hospital discharges, IMPACTAgewell® initiated a pilot project in partnership with social workers at the Inver Intermediate Rehabilitation Care unit in Larne. The pilot aimed to support patients from admission to prepare them for safe discharge.

An IMPACTAgewell® Officer attended weekly meetings with Community Discharge Facilitators to discuss people who might benefit from support. The older person was then visited in the ward environment to have the first conversations around potential options. The aims of the pilot are to reduce time spent in rehabilitation wards and increase patients confidence in returning home. Following discharge they are supported for up to six months by the IMPACTAgewell® Officer.

An example of the support is an older man for whom IMPACTAgewell® arranged for the delivery of pre-cooked meals to be heated up by visiting carers with the installation of a key safe to enable carers to access the house. The daughter explains:

*“It was really good and helpful, because you don’t know what’s available. Just getting those meals [delivered], I thought they were a really good idea.”*



## Engaging with minority communities

The World Café event in 2022 recognised that members of the growing ethnic minority population in Mid and East Antrim were not accessing support from IMPACTAgewell®. Criteria for the service were adjusted beyond older people living alone or with another older person, as older people from minority communities were isolated within the family home due to lack of local networks. Staff at IMPACTAgewell® were given training by the specialist local community agency, the Inter Ethnic Forum, on the composition and characteristics of the black and minority ethnic populations in the district.

IMPACTAgewell® in turn provided information sessions to the Forum’s staff. The collaboration has led to the first referrals of older people from these communities. Many of them are facing multiple health conditions, and have a lack of understanding of how the NHS operates, and do not have the language skills needed to easily access services.

The manager of Inter Ethnic Forum, said:

*“They’re a great organization. They have passion, they have commitment, and they really, really want to help our minority ethnic communities, which is great.... I find that the partnership is very, very open to listening to that and understanding and then trying to tailor what they’ve got to respond to those particular needs.”*



## Embedding asset-based approaches: overall learning about what makes a difference

### PROFESSIONAL ENGAGEMENT

Professional engagement requires continual focus due to changes in personnel, structures and operational environments.

Demonstrating value of asset-based approaches in different pathways helps professionals to appreciate relevance to their work.

In-person contact between professionals and link workers facilitates trust and builds confidence in collaboration.

Professional networks facilitate access to professionals and provide credibility for approach.

### REFLECTING DIVERSITY

Comparing referral data to population level data helps to pinpoint communities who are not accessing support.

Developing partnerships with bodies which represent different communities identifies barriers and potential solutions.

Training and support may be necessary for link workers to develop skills and confidence in supporting people from different cultures.

Community development activity must consider the needs of minority communities.

Awareness must be developed of indirect and passive discrimination in process and practices.

### EXPANDING REACH

Direct approaches to community groups to develop service partnerships are more effective than open calls.

Backing social prescribing with fees per individual prescription helps to build capacity and meet costs of community sector

Facilitating opportunities for community groups to meet with each other and link workers builds relationships, encourages joint work, and develops new assets.

Alternative funding models such as social finance can result in additional investment alongside public sector contracts

### SYSTEM FACTORS

Community organisations should be involved in wider changes to structures, roles, and processes to maintain joint working and enable effective communication.

Strategic investment in community resources and navigator services needs to be co-ordinated across health and social care and complementary sectors.

People who are new to a country will benefit from guidance on how the health and social care system and other services function.

Instability in public governance and strategic decision-making limit capacity, morale and planning processes of the community and statutory sectors.

# About IMPACT

IMPACT is a £15 million UK centre for implementing evidence in adult social care. It is funded by the Economic and Social Research Council (ESRC) and the Health Foundation. Our Leadership Team is made up of 13 individuals, led by Professor Jon Glasby at the University of Birmingham. This team includes academics, people who draw on care and support, and policy and practice partners. We have also involved a broader consortium of key stakeholders from across both, the sector, and the four nations of the UK.

IMPACT works in local sites across the UK with four different types of projects (our 'delivery models'). These provide four different ways to support evidence-informed changes for the different issues, challenges, and opportunities that adult social care faces. We also work to embed what we've learned in national policy and practice.



## REFERENCES & RESOURCE LINKS

### Resources

[Create Your Space Wales](#)

[Mid & East Antrim Agewell Partnership](#)

[National Academy for Social Prescribing](#)

[Nesta: Asset-based community development for Local Authorities](#)

[Nurture Development](#)

[Scottish Community Development Centre](#)

[Social Care Institute for Excellence](#)

[World Health Organisation](#)

### References

Effect of social prescribing link workers on health outcomes and costs for adults in primary care and community settings: a systematic review (BMJ Open 2022)

Can social prescribing foster individual and community well-being? A systematic review of the evidence (International Journal of Environmental Research and Public Health 2021)

Implementing asset-based integrated care: a tale of two localities (International Journal of Integrated Care 2021)

Asset Based Community Development: a review of current evidence (Leeds Beckett 2021)

What approaches to social prescribing work, for whom, and in what circumstances? A realist review (Health and Social Care in the Community 2020)