

# Report: Asset Based Community Development (ABCD) in Bristol, North Somerset and South Gloucestershire in the context of Covid-19



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### *BNSSG examples*

Blue boxes throughout the report contain direct quotes from interviewees.

### *BNSSG examples*

Green boxes contain case studies.

## Asset Based Community Development (ABCD) in Bristol, North Somerset and South Gloucestershire in the context of Covid-19

### Key findings

- Asset Based Community Development (ABCD) is an approach to working with communities that starts with a focus on their **strengths** and **capabilities** rather than their **needs** and **deficits**.
- ABCD can increase the **resilience** and **self-sufficiency** of communities and citizens across BNSSG and lessen their dependence on services, including health services.
- ABCD can enable both commissioners and providers to have meaningful conversations with communities. This will be particularly relevant in the context of the new **Community Mental Health Framework** and the move from a Sustainability and Transformation Partnership to an **Integrated Care System**.
- ABCD can be highly **vulnerable** to being squeezed out by service-delivery, which can divert both its funding and its participating citizens, and undermine community resilience and self-sufficiency.
- While the Covid-19 pandemic has thrown up some **strong examples** of ABCD in action, many responses to the pandemic have **undermined** community resilience and self-sufficiency.

### Key recommendations for the Clinical Commissioning Group (CCG)

1. ABCD is not a quick fix – commit to it for the long term
2. Work in partnership with the Voluntary, Community and Social Enterprise (VCSE) sector and BNSSG councils to develop a complementary CCG-level ABCD strategy.
3. Get the commissioning balance right between service delivery and community development.
4. Support VCSE organisations working at the locality level to build their capacity to deliver ABCD.
5. Develop long-term and non-intrusive mechanisms for measuring the impact of supported ABCD projects.
6. Support further research into ABCD, including its opportunities for strengthening non-geographic communities.

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### 1 – Introduction

The Covid-19 pandemic has offered many examples of communities supporting themselves, but also illustrated the wide gap in resilience between different communities. This report looks at the background and benefits of ABCD, some of the threats it faces and its role during the pandemic. Finally, it explores opportunities available to the CCG to nurture ABCD. Research consisted of a number of interviews and one focus group. Interviewees were mostly ABCD practitioners from VCSE organisations although there were several interviewees from statutory organisations. We are very grateful to all those who have contributed to this research.

### 2 – What is ABCD and what does it offer BNSSG?

#### Background

ABCD is an approach to community development which begins by looking at strengths and capabilities rather than deficits and needs, and which is driven by the community's own agenda rather than the agendas of external players. It was first described by Kretzmann and McKnight (1993) in the United States. Studying state-led initiatives to tackle problems in communities identified as being troubled or deprived, they concluded that those labels themselves contributed to the problems they sought to describe. The aim of ABCD is to move away from a dynamic where citizens and communities have things done to them by a central provider. Instead, ABCD fosters a culture whereby citizens and communities are empowered agents doing things for themselves, replacing needs-driven, service approaches with a capacity-focused development that 'bases policy and practice decisions around individuals' and communities' strengths, skills and aspirations' (Borysik, 2014). In terms of the following diagram, the aim is to move from the top left to the bottom right.

TO Everything is done to us and without us. (Medical Model)	FOR Everything is done for us and without us. (Charity Model)
WITH Nothing is done for us without us. (Social model, advocacy, co-design, co-production, asset-based approaches)	BY Done by us, for us. (ABCD)

(Nesta, 2020)

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### Practice

‘We collected a list of all the people in the community who were interested in painting, and found one person who was keen to deliver an art lesson.’

In practice, ABCD starts when a community worker or community connector meets people in a given area – perhaps by knocking on doors – and opens positive conversations with them, which could be about their interests or what they like about their area. They may go on to record and develop lists of peoples’ interests, noting where citizens are interested and willing to support others to develop

their interest. The community worker puts the person who wants to teach in contact with the people who want to learn. Through door-knocking and group meetings, workers create a network of relationships that will outlive the intervention of the community worker themselves.

### Geographically appropriate work

One of the strengths of ABCD is that it is able to nurture a range of different forms of social linkage with great sensitivity to the strengths and capacities of different locations. The Covid-19 pandemic has illustrated this. Interviewees rightly hailed the mass mobilization of volunteers in BS3 during the first wave of lockdown. However, there was also thoughtful analysis of Southmead, where there was much less official volunteering but a great deal of informal support happening between relatives and friends. These dynamics are explored further in section four.

#### ABCD and Covid-19 response in Stockwood

‘In Stockwood there are a number of community group but no BS3 type organisation. An organisation called Greater Stockwood Alliance (GSA) has emerged. When Covid hit GSA mobilized superfast. They’ve had a hotline, they’ve had referrals. It wouldn’t have emerged if there hadn’t been that long term approach’.

### Building resilient, independent, self-advocating communities

There was consensus among interviewees that ABCD built resilient communities that were more likely to view themselves as equal to challenges they may encounter rather than being dependent on external assistance. Interviewees made two subsidiary points relating to this:

- Such stronger communities would be able to advocate for themselves and thus engage in dialogue with statutory actors about their wishes.
- In order for the Primary Care Network link workers to be effective at routing patients away from surgeries and towards community groups and activities, those strong community linkages and activities need to pre-exist.

‘If people feel supported in the community they don’t need to go into care homes.’

### 3 – Challenges to ABCD

‘When you work in ABCD, you’re very conscious of services picking people up and putting them in their service and there they stay. You can’t work with them then.’

#### Service delivery

One interviewee told the story of two coffee-mornings. A community set up a coffee morning after a lengthy period of ABCD work. While this coffee morning was finding its feet, a second arrived. This second coffee morning was provided as a service, and promoted itself heavily in order to meet targets. People went to the second coffee

morning, the first coffee morning died, and the community lost an opportunity to provide for itself. Another interviewee illustrated how service delivery could undermine community within a single initiative, using the example of Men in Sheds. In this narrative, according to the interviewee, Men in Sheds began as a community of men who were isolated but sufficiently empowered to work together to combat their loneliness. As the idea grew and spread, its nature changed. Instead of being an expression of community empowerment, Men in Sheds became a service that was offered to individuals, who have moved from being ‘powerful blokes’ in the interviewee’s words to ‘lonely blokes having a service provided’.

#### Funding and the push toward services

Grant-making and other funders are often institutionally geared to look at need rather than assets – witness the needs statement that is a core element of most fundraising applications. This push towards thinking in terms of need has implications both for the overall landscape of communities and services and for the internal dynamics of organisations. This research found one VCSE organisation that was placed in a funding dilemma when it was offered funding from the Department for the Environment, Food and Rural Affairs (DEFRA) that – the organisation decided – it would have been impossible to within an ABCD framework. The organisation rejected the funding.

#### Intrusive monitoring

A linked point that made was that the monitoring requirements of funders may not only incentivise a service-delivery over an asset-based approach, they may themselves undermine community. A specific example cited in this context was that of Bristol Ageing Better (BAB), which had a high requirement in terms of paperwork that participating citizens had to fill in, including a monitoring form which began by asking the citizen whether they were lonely or not. Organisations delivering BAB projects, therefore, faced a difficult choice between prioritising building meaningful links with citizens or filling in enough intrusive forms to satisfy the requirements of the funder – at the risk of creating far weaker links in the community.

#### Non-geographic communities

One of the weaknesses of the ABCD approach, according to some interviewees, is that it has a weaker record of strengthening communities that aren’t defined by place – for example of LGBTQ+ or

‘The models we have are quite standardised – we need to be more creative.’

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disabled citizens. One possible explanation given for this was that the typical initial conversation is about passions and interests. This – as one interviewee observed – is not likely to lead to a conversation about disability. Another analysis points to a cultural boundary where VCSE organisations tended to be constituted either to engage with a geographic community or community of interest, preventing the ABCD approach from being embraced across the board. In Section 5 below there is a brief discussion about some possible further research that might engage with these tensions.

### Naming

ABCD is to a certain extent a victim of its own success as a term of jargon. As mentioned in section two above, its status as a ‘tick in a box’ for funders means it often gets namechecked by organisations who are essentially delivering services. Conversely, organisations who work in an entirely asset-based way may not use the term ‘ABCD’ itself – community organisations and churches were signaled out in this regard, while one interviewee in North Somerset suggested that the term was used very little in that authority as a whole. Insofar as there is an ABCD movement, this lack of clarity makes it harder for that movement to identify itself and organise.

## 4 – ABCD and Covid-19

Covid-19 has imposed practical constraints on ABCD work. One of the key activities in ABCD is community workers going out into communities, knocking on doors and meeting people, and these activities have been severely constrained by the pandemic. Examples were given of ways in which people were working around these limitations: one interviewee gave an example of

‘People who thought they had nothing to offer have volunteered.’

an inventive art teacher who knocks on the doors of her students, sets the art task, and visits later to pick up the art. Group meetings were also viewed as a ‘bread and butter’ element of ABC that had been hit hard by the pandemic. While some of these groups were moved online – this often widened the rift between those who have access to technology and data and those who do not.

‘I’m certain that dependency will have been created across the city. Some that could have been avoided, some that couldn’t have.’

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### Diverse communities and Covid-19 in BS2

Easton had, according to one interviewee, the highest level of food giving in the country during the pandemic. This was attributed to the fact that the population was young and valued networks. It was also pointed out that in this part of Bristol, more established immigrant communities – for example the Somalian community - were supporting newer ones – for example the Syrian community.

There was consensus that community response to Covid-19 varied widely across BNSSG. BS3 was almost universally hailed as an example of community mobilisation, with over a thousand people stepping forward to volunteer. Other communities, such as Southmead, did not see such a visible response. Two different explanations were given for why this might be the case:

- The first explanation was the pandemic showed which people and communities had capacity to support others and which people and communities were just surviving – in this context, some interviewees felt, true ABCD was an impossible aspiration. One interviewee gave the example of a hub in South Bristol which was unable to recruit from the local community and which needed to recruit volunteers from elsewhere in the city.
- The other explanation was that the phenomenon of informal support described in

Section 2 above – might be in effect in these settings. One interviewee discussed the seemingly far smaller response in Southmead to Covid-19 mobilisation than in BS3. In BS3 – including Southville and Bedminster where there are many recent settlers - over a thousand people stepped forward to support an official Covid-19 volunteering programme. In Southmead, where families and friends have lived together for many years, the interviewee suggested that a great deal of support would have been delivered for elderly and shielding people, but this would have been through long-established family and social channels.

Covid has been that of service-provision squeezing out community development. Food banks were singled out as increasing dependency, with several communities receiving conflicting messages: on the one hand being told that they have all the assets they need to thrive, on the other being told that they need their essentials provided by outsiders. There was concern that this could create a negative legacy of disempowered communities. This problem has been mirrored in the new Primary Care Network Link Worker roles. At the request of GPs, according to one interviewee, Link Workers have been asked to operate in a needs-based rather than asset-based way. Local authorities and VCSE organisations are both currently planning to use ABCD approaches to push back against this new dependency.

‘Link Workers have been making welfare calls, asking “what do you need” and “what would help you?” rather than “What does good look like for you?”’

## 5 – How can the CCG support ABCD?

‘If you go to Hartcliffe and say “Let’s talk about health,” nobody’s going to come. But if you’ve been working for two years to build up trust and then someone comes out to talk about health, then you can have the conversation’.

ABCD has the potential to reduce dependence and increase resilience in communities after the setback of Covid-19. It also offers the CCG the possibility of vastly strengthened and more meaningful communication with communities, by fostering a local community that can then enter meaningfully into co-production and co-design. With the move from a Sustainability and Transformation Partnership to an Integrated Care System and the development of a new Community

Mental Health Framework, this kind of active dialogue with resilient communities will be essential. However, without the following inputs these benefits may not be realised.

### Time

ABCD takes time. Communities that have experienced extensive discrimination, which are used to being on the receiving end of services and which have been told that they are needy rather than powerful cannot immediately begin a conversation about their strengths and skills. Further, negative short-term results may even mask positive long term ones - for example, someone who begins going to a knitting group may begin to talk about mental health problems they have never talked about before. Any serious engagement with ABCD needs to budget time before anything else. National findings (Nesta, 2020) support the value of focusing on the long term.

‘It’s taken 100 years for Knowle West to get into the [state] they’re in now, it’s not going to get sorted in two years’.

### Partnerships

Interviewees talked about a range of partnerships that facilitated ABCD taking place. These included:

- Partnerships between VCSE and local authorities, for example partnerships of training or shared strategic planning
- Partnerships between community anchor organisations such as Southern Brooks or Wellspring Settlement and small community groups such as mutual aid groups
- Horizontal partnerships of community anchor organisations working with each other at a strategic level.

‘Sharing of resources, training, skills and processes is what will make the paradigm shift.’

For long-term communication to take place, several interviewees felt that there needed to be a deeper exchange between the CCG, ABCD practitioners and the community. Secondment of a CCG staff member to a hub was seen as one possibility. More ABCD training for CCG commissioners to ensure that ‘what they’re

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commissioning could have more social connection' was also mooted. The Locality Partnership Board – where different VCSE agencies sitting down with CCG staff - was seen as a helpful forum for working through these cultural differences.

### Balance community development and service delivery

As explored in Section 4, communities are undermined when needs are met by service delivery without regard to how that community might have been able to meet its own needs. Consultation in response to a pre-identified need should be replaced by involvement of communities in assessing their own needs. Those bidding to deliver services should be able to evidence an understanding of the landscape of community activities within which their service will operate and which it will affect.

### Capacity

Several interviewees agreed that one of the core points at which the CCG can invest in ABCD is by helping to increase the number of community workers who could deliver ABCD work. There was a feeling that anchor organisations, grounded in the community, were an ideal place to locate any new community development workers, although a query as to what would happen in areas such as Brislington which had no anchor organisation. Some thought was given in the focus group to how the CCG might fund this.

'A community group can have a health trainer but that health trainer could have a wide remit and some funding going to the community group that employs them.'

The strategic point was made that, if the CCG were to sponsor, second or employ Community Development Workers in locality teams, they could feed into the locality partnerships, which would in turn enable influence on GPs. If they were based in locality teams, however, interviewees felt it was vital that smaller organisations – particularly those representing communities of interest and excluded

communities – were able to have input into the Community Development Worker's work.

Lastly, one interviewee raised the issue of physical assets. They suggested that, during the hot dry weather of the first lockdown, many mutual aid groups will have been able to operate from a gazebo or yard, but that in the second lockdown, they will need spaces to work in.

### Monitoring

There is a range of non-intrusive mechanisms available to assess the impact of ABCD. These include quantitative approaches such as:

- counting the number of groups that are meeting;
- counting the number of activities that are taking place;
- counting the number of people being brought together, and the demographics of those people;
- counting the number of new connections that are being developed.

'When there's too much of a focus on targets and outcomes rather than listening, that's not ABCD anymore.'

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Qualitative approaches include:

- recording stories of change for people involved in the project;
- tracking quality of life and happiness;
- recording the story of change of a community.

'We employed researchers in the community itself to measure progress. It cost close to £50,000 but it meant we built the capacity of the neighborhood.'

In both cases, we can learn from ABCD practitioners who have employed local people to conduct this research, supporting them as active citizens rather than passive objects of research.

## 6 – Further Research

The area from this report that seems most to invite further research is the suggested weakness of ABCD in communities not defined by place, for example the communities of citizens with a particular ethnicity or those with mental health problems. It would seem possible to conduct ABCD in these communities by virtue of the fact that there are already virtual 'streets' in these communities – for example the South Gloucestershire Race Equality Network website, the Independent Mental Health Network forum etc. An ABCD approach might involve beginning conversations in these 'streets' which are neither about race nor mental health (nor any other health issue in need of urgent consultation) but about people's passions, assets and interests. This approach may enable the benefits of ABCD that are typically associated with a place-based approach to accrue to members of the non-geographic community. Further research would enable the study of the extent to which this is already happening and what impact it has or may have.

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### References

- Borysik, B. (2014). *ABCD in Practice: Connecting Older People and Communities*. London: SITRA.
- Kretzmann, J., & McKnight, J. (1993). *Building Communities from the Inside Out*. Pittsburgh: ACTA Publications.
- Nesta. (2020). *Asset-Based Community Development for Local Authorities*. London: Nesta.

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