Harnessing community assets for better commissioning

Resource Guide

Developed by Susan Ritchie, MutualGain, on behalf of the South East Commissioning Support Unit

"I think it is clearly the most successful community development model that we've delivered. The others have all had their own merits: this one has had greater impact and greater reach into communities for minimal resource".

Croydon Lead on Asset Based Community Development

Introduction

NHS England's 'Transforming Participation' Guidance (2013) has provided renewed focus on Patient and Public Participation for CCGs and NHS Area Teams. The Guidance provides clear and practical support for healthcare commissioners to:

- Provide a wide range of opportunities for the *public* to influence commissioning decisions
- Achieve better outcomes for *patients* by listening and responding to their needs
- Offer a range of *participation* methods that encourage dialogues within diverse populations

To successfully achieve these aims, there is recognition that community engagement practices must be implemented effectively. Sometimes it is useful to utilise the voluntary sector for this. The voluntary and community sector (VCS) can be well placed to deliver much of this through their long established relationships with the community. Taking this approach avoids statutory duplication of what already exists within the community, reduces costs and increases outputs. The Camden and Croydon CCG case studies are examples of how patient and public participation, through the voluntary sector, has enabled the CCG to achieve aims of transforming participation without direct delivery of the programme by its staff.

If you are looking to develop new models of care you will undoubtedly require the community to play their part. Viewing the community as assets and adopting strength based approaches to community engagement and healthcare provision will enable you to unleash ideas and energy to help develop new models of care.

The following resource links provide further evidence and information on key learning underpinning the case studies. They can act as a starting point in directing you to key organisations, texts and themes that are present within the case studies.

If you are thinking of replicating the examples, we recommend that you familiarise yourself with the following overview of asset based working.

What is 'asset based' working?

Asset based working turns the traditional thinking of statutory organisations on its head: instead of viewing communities in need of 'fixing', it views communities as **assets** – people and places that can provide the skills, knowledge, competencies and space needed to address local challenges. When those assets are mobilised, communities

only require 'the state' for the essentials that cannot be provided elsewhere in the community.

Asset based working is a concept increasingly used in the public sector as a way of uncovering and using the strengths within communities as a means to increase social capital and social responsibility. You may find this report useful when thinking about the five year forward view: it brings the Public Health and wider NHS England agenda's together to develop a framework for viewing communities as assets:

The invaluable contributions and experiences of citizens actively involved in their own communities are rarely considered as part of the evidence base. The project 'Working with communities - empowerment, evidence and learning' beginning in 2014, aims to draw together and disseminate evidence and learning on community-centred approaches to health and wellbeing.

This report, which presents the work undertaken in phase 1, sets out a conceptual framework for working with communities, and summarises the different types of interventions available as well as signposting key research. Overall,the report is a guide for commissioning and practice that can be used to support delivery on the NHS Five Year Forward View and PHE's seven priorities for prevention.

What are the different types of 'asset based working'?

There are a number of techniques and approaches that address the principles of asset based working, including:

- Appreciative Inquiry,
- Participatory Budgeting,
- Positive Deviance, and
- Asset Based Community Development (we will focus on this).

Each technique varies in its process and detail but all are asset-based approaches: they look for '**what is strong, not what is wrong'**, and they seek to build the positive to counteract the negative social norms. The chosen technique will depend on the purpose of engagement, the communities to be engaged, timescales and organisational preferences. What follows is a summary of the different approaches:

Appreciative Inquiry (AI)

"at its best, appreciative inquiry is serious, deliberate, rigorous research into the root causes of success'

David Cooperider – leader in AI

When we embark on an appreciative inquiry process we are setting out to discover the kinds of practice that, if increased, would make a community an even better place to live. The process involves as many people as possible and seeks to discover, inquire, connect and learn about strengths, values, and practice which make a difference to the lives of those involved (through improved professional practice or improved community action, and the relationships between the two and beyond).

Appreciative Inquiry has a key concept of 'Generativity'. Generativity unsettles the common assumptions and looks for the possibilities and strengths so that new ideas can be discovered and developed. It is not about positive thinking – that alone does not result in transformational change. It allows the dialogue of deficit problem solving in the short term, and seeks to identify what can be done differently by generating new ideas and commitment to explore those ideas with others.

Participatory Budgeting

"Done well, Participatory Budgeting (PB) empowers communities, gets more people involved in democracy and improves local public services"

(2009: PB Unit Values, Principles and Standards)

Participatory Budgeting (PB) is a community engagement process that enables and empowers the community to allocate part of a public budget. The BUDGET is the important part of this: it helps build budget literacy in communities and encourages community level debate and deliberation on the use and allocation of public funds. The transparent community grant pot approach that has been adopted in the UK provides an opportunity for residents to come up with their own ideas on what is needed in their area and empowers them to make the change they want to see, with small sums of money being used as a catalyst to that change. More recently, the North of England Commissioning Support Unit worked with North Tyne and Wear to use participatory budgeting in the commissioning of mental health services. The learning from this will be shared with the Participatory Budgeting Network – www.pbnetwork.org

PB is not new to the public sector in the UK: it is being experimented with across the globe. A report by the Inter-American Development Bank (IDP) provides a systematic overview of many international experiences of Participatory Budgeting (PB). While it is similar to many academic and governmental reports in that it qualifies its findings overall, it concludes that PB does improve decentralised public service delivery. Put simply, involving citizens in deciding on a proportion of public spending in a planned manner makes government work better

There are a number of resources including case studies and toolkits for PB which you can find here

For an overview of PB and Health you can start here

The PB Network website has a wealth of resources but is run by volunteers, and the world of PB is moving very quickly. As more and more people are seeing the value of engaging the public in budgetary decisions you may find it useful to contact the Chair: susan@mutualgain.org or the Secretary: Jez.hall@pbpartners.org.uk if you would like updated information.

Positive Deviance

This approach was developed in response to the commonly known 'positive deviant' that often emerges through quantitative social research: the small proportion of people who don't seem to fit the 'norm'. Rather than focusing social policy on 'fixing' the majority, those who are the few, and who present as an anomaly or 'deviants' from the norm (which are unexplainable in survey terms), were seen by Jerry Sternin to be the untapped unknown successes of the few – he sought to build the capacity of others to make them the norm rather than the deviant.

Positive Deviants work in your organisation and live in your community. Positive Deviance as a method of behavioural change started in the health sector: in Vietnam to improve mal nutrition in babies on communes. The Home Office piloted this approach in 2010 on Violence Against Women and Girls and found that much of the barriers to this way of working lie in the statutory and non-statutory agencies, rather than communities. By changing behaviour in the statutory sector, it has the potential to unleash the positive behaviour of communities.

ABCD

The purpose of ABCD is to build up community groups, voluntary organisations and their informal associations and networks. Those collaborative relationships, shared knowledge and social power are sometimes called social capital and civil society. Still in its early stages of development in the UK ABCD as a technique has seen many successes across the world, especially in the USA where the concept originated. It is a staged approach to community development which involves: collecting stories; organising a core group; mapping the capacities and assets of individuals, associations and local institutions; building a community vision and plan; mobilising and linking assets for economic development; leveraging activities, investments and resources from outside the community.

ABCD is therefore an asset-based *approach* which has a specific step-by-step guide to achieving community development.

To implement the ABCD approach that Croydon used to improve health and wellbeing we have provided you with an overview of:

1. A short history of ABCD
2. An explanation of ABCD
3. Key stages of ABCD
4. Influential theories and approaches
5. Lessons Learned: the benefits, and are you ready to adopt an Asset based approach?
6. Making the business case & measurement tools
7. Who puts ABCD into practice?
8. Timing and managing your approach
9. Additional considerations e.g. Working with the VCS

We have provided just some of the resources you can access – do check the dates of all material that you find online, as some information will be relatively old, but may still provide you with key information as you look further into implementing ABCD.

'We focus on what's strong, not what's wrong'

Forever Manchester: the Community
Foundation for Greater Manchester 2014

1. A Short history of ABCD

ABCD began in Illinois, USA during the 1990s and quickly gained attention for its positive approach to working with communities. The ABCD methodology was created by John McKnight and Jody Kretzmann at the Institute for Policy Research at Northwestern University. In their co- authored book released in 1993, Building Communities from the Inside Out, they outline an alternative approach to the needs-based approach used for poor communities. This process empowers communities to "assemble their strengths into new combinations, new structures of opportunity, new sources of income and control, and new possibilities for production". In its early years the process was successful in improving economic and social outcomes in deprived communities.

ABCD is transferable, and has been applied to health, crime, planning and infrastructure in recent years. A short film introducing ABCD can be seen here

2. An explanation of ABCD and health: watch the film…

A short film that discusses health, coproduction and ABCD can be found **here**. It is a direct presentation to health professionals and allows some of the ABCD thinking to be transferred to the challenges facing healthcare services

ABCD is concerned with how to link micro-assets found in all communities to the macro environment of the wider local, regional and national social structures and social organisation. The underlying position of ABCD is that communities can drive the development process themselves by identifying and mobilising existing, but often unrecognised, assets.

Assets in the context of ABCD are frequently overlooked or taken for granted in the usual service provider/service consumer relationship. The ABCD approach can support the changing relationship taking place across public health and care services as it strives to put 'patients in control': this method enables communities to self-identify the assets they hold, and in doing so enables communities to recognise the power within them. Assets can consist of the following, and more:

- Skills of local residents
- Power of local associations
- Resources of public, private and non-profit institutions
- Physical infrastructure and space in a community
- Economic resources and potential of local places the local history and culture of a neighbourhood

These assets are common to most communities and form the basis of utilising the existing community pool of resources to begin a process of change, including changing the level of recognition awarded to those assets by others such as service providers.

If you are a service provider working with a 'community deficit' approach, you can begin to facilitate a change process by firstly changing the way you view communities - giving the time and space to communities to realise their strengths - and then to mobilise them to positive end. In changing this dynamic services are better placed to work positively and constructively with communities to accelerate benefits to both service provider and service user, through improved ownership, leadership and outcomes.

3. Key stages of ABCD

The Classic ABCD method has six clear processes that are 'facilitated' – understanding your role as a facilitator of change is fundamental to the success of any ABCD initiative. The steps outlined below lead to a community that identifies its strengths and how it wants to apply its strengths to its circumstance. Many organisations apply the steps with some flexibility to allow for local circumstance, but it is fundamentally important that you facilitate a change process that is determined by the community – not you!

1. Collecting stories
2. Organising a core group
3. Mapping the capacities and assets of individuals, associations and local institutions
4. Building a community vision and plan
5. Mobilising and linking assets for economic development
6. Leveraging activities, investments and resources from outside the community

Detailed definitions of these steps can be found on Participaedia– an online platform providing a really easy to read guide that will give you more details on the importance of utilising community members throughout the process; particularly the mapping – it should not be assumed that you will find the answers in your database or from an

officers desk top review! You may also find this toolkit useful: http://www.abcdinstitute.org/toolkit/

Asset based approaches seek an effective balance between communities that will do things for themselves and a community that help to set the agenda for working in a different way with statutory agencies. Those delivering asset based approaches often report that resident-led partnerships bring statutory agencies to the table to deal cooperatively with the issues that matter to that community. With statutory agencies working in an integrated and collaborative way, and communities changing their behaviour it is therefore, no wonder that asset based working is able to achieve the outcomes that it has.

Listening, not telling, is the art of good asset based working. Responding, collaboration and co- designing requires a good ear for listening, good eyes to see the strengths, and sensitive hands to support radical change. It should not be seen as a tool for getting communities to do more whilst the statutory agencies continue in the same way. Partnership is essential – between the different agencies and between those agencies and the community they serve.

4. Influential theories and approaches

The ABCD Methodology brings together other concepts that you may already be familiar with:

- Community empowerment
- Social capital
- Co-production
- Active citizenship
- Community Organisers

These approaches are well documented and have been actively used in health for some time; examples can be found in the work of Well London, a large publicly funded health initiative delivered at neighbourhood level across communities in London.

Interested in reading more?

OECD insights: what is social capital? provides and overview of social capital - you can read it here

Building Healthy Communities: A Community Empowerment Approach

The New Economics Foundation provides an introduction to coproduction here

The Health Empowerment Leverage Project have written lots of helpful information on ABCD including literature review which you can find here

NHSE and Public Health have produced a guide to community centred approaches with a useful chart of when to use certain techinques. You can access it here

5. Lessons Learned: the benefits

"I think it's the connection - making people connect with one another, and in a age where there is so much isolation. The impact on health to people's isolation - I think it's about those relationships and the biggest impact for me is inviting people to form those relationships with others who might not have big family support networks around them… Those relationships become really important and they're real… real listening time for people who need that and it can benefit people in enormous ways by being heard and having somebody to talk to."
Croydon Lead

"we have conversations with different population groups like the Chinese community and the Somali community, and from the other sources: its about sign posting appropriate services to the community groups where they're comfortable, like the Somali cultural centre for healthy eating and exercise. It's about triangulating with other sources of evidence which can give you more powerful evidence based"

Camden Lead

"One of the big impacts and positives for the CCG and for VAC is that it opens doors to the seldom heard groups in a sense that they're not hard to reach - you have to walk in and talk to people and the demographics of the volunteers that we have to date shows that its not the usual suspects in terms of volunteers: we can filter the information from the CCG, public health and the local authorities to the volunteers and disseminate through the networks … so when they're dealing with interactions within their group … it can help sign post people to health care in Camden or local authority's services as well."

Camden Lead

Are you ready to adopt an asset-based approach?

The Croydon Case Study identifies a number of potential benefits from the ABCD programme it delivered (see above). There was a strong appetite for potential support to be gained on increased self-management, disease prevention and shared decision-

making. There are some key things that need to be considered before replicating the programme as described in the Case Study.

- ***Are you thinking about the solution someone else needs eg medical prescribing or social prescribing?*** Both of these are needed, but what an asset based philosophy does is reveal what an individual and their friends, family and community can do, which is often more beneficial to the individual and wider society. Are you ready to work with this philosophy? It requires long term investment in a community, not short term projects: an asset based philosophy is not something that is done with 'spare' money, but something which is fundamental to the way in which services are delivered. The results of working in this way need to inform the system and your preferred models of care – are you able to change your commissioning intentions document? Or vary provider's contracts as a result of this approach? You might want to learn more here

- ***Community Builders and Community Connectors***: Croydon had one paid Community Builder to champion and lead the ABCD approach and are seeking funding to increase that to three They also 'recruit' a number of 'community connectors' who are informal volunteers. Can you pay for a community builder? And do they have the right specialist skills for asset-based working? There are alternative models to the ABCD Community Builder/Connector approach which use an asset-based philosophy and techniques to build social capital but without the Builder/Connector model (see www.mutualgain.org), but this still requires investment in building the capacity of staff to enable the approach to be sustainable. Whichever model you use you will need to be sure that those representing your organisation in the process are well versed and practiced in asset-based working.

- **Measuring the impact**: This approach takes time and can't always be 'counted', but in recognition of the need for 'evidence' and 'improvement' Croydon has collected the following information:
    - How many connectors involved
    - How many people regularly involved and engaged in the connectors work
    - The number of new initiatives
    - The number of partnership organisations linked in
    - The number of frontline health care staff who are properly engaged and involved
    - Baseline number of emergency admission (and broke that down looking at a number of health factors)

"With the continued support from CCG, the council and other partners, in five years' time we would expect to see a drop in the use of primary care"

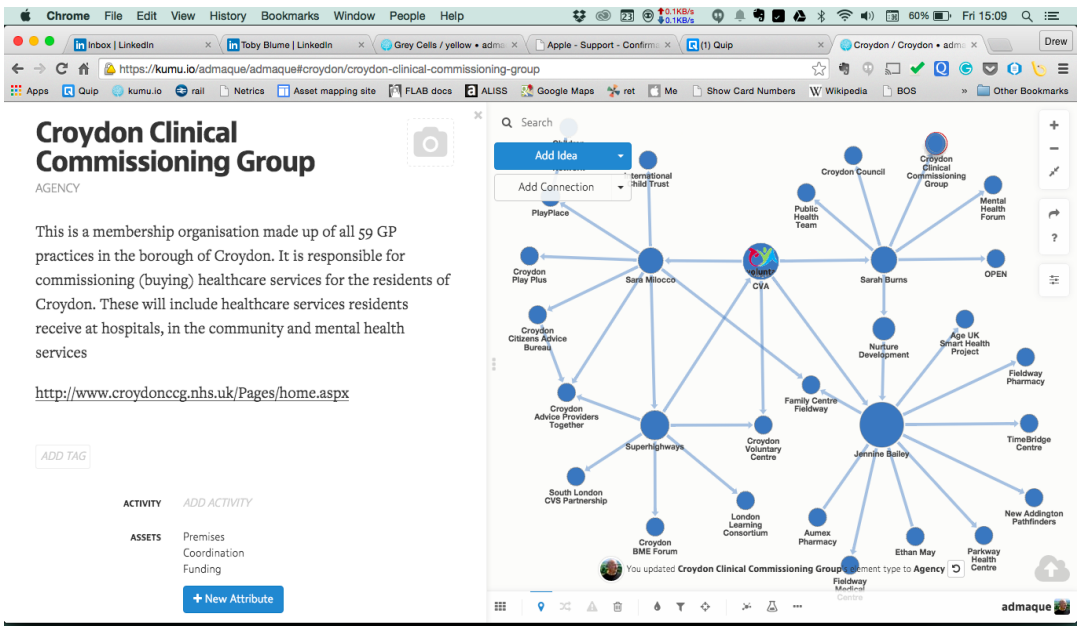
Croydon Lead for ABCD

The Royal College of General practitioners has produced a useful Guide that will be of direct assistance to CCGs 'Working with Communities, Developing Communities: Guidance for Primary Care can be read here.

In Croydon they now thinking about the relationship between ABCD, Connectors and patient-centred care and health and exploring how they might map those relationships. They thought that you might find this blog useful to read before attending the masterclass.

They are continuing in mapping process and exploring how they scale and extend the approach. You might find this network image useful to prompt your own thinking about network mapping

The Basic Croydon Map (incomplete)



6. Making the business case

Making the business case for strength-based approaches to behavioural change is a challenge to the normal outputs and outcomes used: some measurement tools are still in development. The approaches themselves are led by communities who can achieve much more than is often expected (and often unquantifiable at the commissioning stage of these types of approaches). However, it is not impossible, and many people are working within current systems to develop new tools.

The implementation of ABCD should secure long term sustainable capacity, resilience, growth and self-direction for communities. Below are some links to resources that discuss impact and measurement: the overarching benefits include:

- ✓ Help to tackle health inequalities
- ✓ Enhances health protection for the populations involved
- ✓ Offers effective patient public participation, supporting the responsiveness of NHS organisations
- ✓ Improves individual behaviour change
- ✓ Is good value for money

A literature review can be found here

The cost-benefit can be found here

The experience of doing the work is here and elsewhere on the website here

Glasgow's centre for Population Health discusses the challenges in measuring the impact in its briefing paper that you can read here.

The Edinburgh Compact Group discuss 'Social Impact frameworks' as a measurement rather than numerical outputs; which could provide a useful model for use with community development approaches in health.

The Scottish Centre for Community Development has lots of useful guides from policy to practice that will support the role of ABCD in health – for the unconverted! Read 'Making the most of our communities; using an asset model to tackle poverty and improve health'

The ABCD Institute has a plethora of information and the toolkiit that can be found here

Linking to existing measurement tools

The Kings Fund and Picker Institute (Europe) distributed a research paper in 2010, The quality of patient engagement and involvement in primary care, that reviewed different types of involvement in primary care, including service redesign and early thinking on shared decision making. On page 18 you will find a useful list of measurement questionnaires that can be referred to for local adaptation.

These measurement tools pre date the more common approach of today with widespread use the Patient Activation Measures (PAM) – this licensed product is available at a cost of around £10,000 to undertake 2000 PAM scores in a year.

The National Institute for Health Research has a number of annual event publications from 2009 onwards, from its work across northwest London.

Social Return on Investment figures can be found to support your case. This Cabinet Office paper, SROI for Commissioning has a very useful bibliography that can provide further evidence to strengthen your business case to gain funds to replicate this programme. Training courses in SROI are available through Social Value UK.

Better still, why not get the community to identify the measures they think are important and engage them in gathering the data that they value the most. For more on this type of asset based approach listen to a webinar on Positive Deviance here

7. Who puts ABCD into practice?

Ideally, specialist practitioners will facilitate the community to deliver ABCD. These staff should have skills and experience of delivering community engagement techniques that will enable successful *listening* and *facilitation* of the community dialogues that begin the programme. With staff acting as the catalyst the people who actually put it into practice are the community: staff just need to be there to hear and observe the changes and impact at the start.

8. Timing and managing your programme

You will need to consider when the best time is to introduce an asset based programme. As the facilitator you should expect that your service area will be included as part of the 'mobilising resources' stage. Is it timed to suit your Contracting and Commissioning Cycle? – do consider the impact of not being included in this stage. Will the community trust you if thet are outside of the process?

You should ensure that the timescales of your programme enables your service to be fully involved and participatory in the process.

In the Croydon case study, the statutory agencies used Croydon Voluntary Action, their local CVS to deliver the ABCD programme which had the advantage of contracting with an organisation with good community links, and who were part of the Health & Wellbeing Board, and the convenor of voluntary sector health and social care networks. Nearly every London borough has a CVS.

When working with the VCS in your area we recommend that you:

- Spend adequate time briefing and preparing organisations to work with you
- Show them examples of what 'good' looks like to you
- Explore opportunities to support the
- Seek opportunities for groups to work together
- Be clear on reporting and measurement
- Maintain on-going contact with them
- Set realistic goals and timeframes for them to succeed
- Invest in the programme – so that voluntary and community groups can manage realistic budgets – and are not consuming costs on your behalf

9. Additional considerations:

Equality and Diversity

Before commissioning a programme of work, you will need to consider and include the equalities and health inequalities needs of your borough or area. How do you know who is effected by social isolation or loneliness? You may have to work with your VCS organisations and Healthwatch first to identify which groups are most affected by either, or both.

Much has been written about barriers to participation, particularly among groups known not to engage in traditional methods. BMC Health Services Research conducted a qualitative study with the VCS to explore the notion of Hard to Reach. They found:

"the 'hard to reach' may include drug users, people living with HIV, people from sexual minority communities, asylum seekers, refugees, people from black and ethnic minority communities, and homeless people although defining the notion of the 'hard to reach' is not straight forward. It may be that certain groups resist engaging in treatment services and are deemed hard to reach by a particular service or from a societal stance. There are a number of potential barriers for people who may try and access services, including people having bad experiences in the past; location and opening times of services and how services are funded and managed"

By working with your local voluntary and community sector partners, you can strengthen your knowledge and practice on how to engage those groups who appear to be 'hard to reach' or those who you 'aspire to engage'. If you don't know of any training in this area you may want to contact your regional Council of Voluntary and Community Organisations for signposting.

There are many publications and training courses about accessing seldom heard groups. Regional Voices also offer a selection of resources, which are designed to improve the involvement of the voluntary, and community sector in health and well being provision.

As a method of engagement and recruitment we recommend that you consider 'snowballing' . It is important to consider a range of methodologies when recruiting: do not rely on the written word for advertising and some languages such as Sylheti, can be predominantly a spoken language. Your local VCS and/or specialist community engagement organisations will be able to help you with this/

You will also need to ensure that there are steps in place to meet additional needs – such as communication and access for individuals. Healthcare Standards are being introduced in Wales to ensure that the communication needs of hearing and visually impaired patients

and the public needs are met by health and care services. There are also discussions taking place for such standards in England.

The EDS2 is an assessment framework which allows NHS commissioning and provider organisations to:

- Understand their performance against equality and diversity standards
- Collect robust evidence and good practice examples to inform service and workforce developments
- Support the development of accessible and equitable services, which promote higher levels of patient experience
- Develop patient and public and staff engagement mechanisms, and utilise the patient voice in service improvements
- Supports the reduction of health inequalities and positive outcomes for protected groups
- Demonstrates compliance and mainstreaming around the Equality Act 2010

The four Goals of the EDS:

The nine steps used to implement the EDS are:

1. **Governance and partnership working**
2. **Identify local interests**
3. **Assemble evidence**
4. **Agree roles with the local authority**
5. **Analyse performance**
6. **Agree grades jointly**
7. **Prepare equality objectives**
8. **Integrate equality objectives in mainstream business planning**
9. **Publish grades and equality objectives**

Working with the voluntary sector and volunteers

This is a really useful starting point for working with the voluntary sector and is part of the wider **Bite Size** resource in Transformation Participation in Health and Care

NAVCA – National

Council for Voluntary and Community Action
The national umbrella organisation for almost 200,000 support and development organisations in the UK. Provides clear policy guidance to its members and useful resources for commissioners, including:

Social Value Act

Voice and Influence

Working with communities

NAVCA follows health and public policy changes: it can provide a useful temperature check on how new policies impact on the sector, and how they share their areas of concern with Central government.

LVSC is a central resource for knowledge and policy for the London voluntary and community sector. They hold a list of all the Directors of CVS organisations across London. To find yours open the link on this page. You may also find it useful to access their databases of who's who in the NHS – local lists of contacts to help locate the right peers.

Local Healthwatch

Every local borough (or rural area) has a local Healthwatch organisation. The role of Local Healthwatch is to be the consumer champion for patients – seeking patient experience and opportunities for patient involvement.

Healthwatch was established in 2013. Many Local Healthwatch organisations hold positions on Health and Well Being Boards, CCG Committees and Quality Review Groups. Your local Healthwatch is a statutory independent organisation that reports to Healthwatch England the national body that provides guidance and national influence for the local Healthwatch groups.

Local Healthwatch organisations are contracted by the local authority.

Working with volunteers

The Institute for Volunteering Research provides national evidence, research, guidance and statistics on volunteers. There are useful resources to support commissioners, including barriers to volunteering and volunteer management.

Most local boroughs and areas will have a Volunteer Centre. Generally, these organisations will provide best practice advice, volunteer recruitment and management for local authorities.

Commissioning the voluntary sector

To commission the voluntary sector successfully, you should have some understanding of the voluntary and community sector structures and best practice principles for working with them.

The National Council of Voluntary Organisations provides useful guides for community organisations on commissioning. Their guide to commissioning and procurement can be read here.

It also produces a Guide to Commissioning for Maximum Value, which brings together an outline of Social Return on Investment (SROI) and the Social Value Act.

The Nuffield Trust have produced a report on the Role of the Voluntary Sector in providing Commissioning Support. The Report identifies the opportunities and challenges in commissioning the voluntary sector and gives useful advice for CCGs, CSUs and NHSE on how the VCS role can be better defined.

The Kings Fund have a Commissioning Reading Room – packed full of reading resources and links to useful information for commissioners

Watch the video…

The Centre for Social Justice discusses the voluntary sector in its Breakthrough Britain 2015 programme.

The Rainbow Haven in Manchester has produced a video of service providers and service users talking about 'What happens when voluntary groups are listened to'

The Voluntary Sector role in Commissioning is explained by a service provider to a service user from the Refugee Council

You can read more about successful partnership working with the voluntary sector in the Kings Fund Publication 'Working Together to deliver the Mandate', 2013.

Further reading and resources

www.mutualgain.org - some blogs that may be useful in thinking about the difference between 'telling' and 'listening' f community engagement

Fisher, A. and Ritchie, S. (2015) A Functional Shift: Building a New Model of Engagement *Policing*, Volume 9, Number 1, pp. 101–114 – this article highlights the need for a new approach to training in policing but will resonate with those in health who are seeking to embark on a new model of engagement

Ritchie, S. (in press) "Community Engagement, Democracy and Public Policy: a Practitioner Perspective" in Wankhade, P. and Weir D. (Eds). *The Police as an Emergency Service: Leadership and Management Perspectives*, Springer: New York. This chapter is more about the need for the ordinary, wider public to be involved in policy making within a democracy and makes the case using a personal perspective of homelessness, lack of 'education' and an understanding democracy

A Glass Half Full: How an asset approach can improve community health and well-being, Foot and Hopkins, 2010, IDeA http://www.idea.gov.uk/idk/core/page.do?pageId=18364393

ABCD Institute (Chicago) http://www.abcdinstitute.org/

ABCD Global Consulting – Consultancy service led by Cormac Russell (Dublin), Jim Diers (Seatttle) http://www.abcdglobal.org/

For case studies, resources and films on Participatory Budgeting got to the PBNetwork website: http://pbnetwork.org.uk/resources/

To see a film of an Appreciative Inquiry 'event' go to
http://www.mutualgain.org/#/video/4578131662

For more on appreciative inquiry as a philosophy go to
http://www.centerforappreciativeinquiry.net/

To read about Positive Deviance buy the book here:
http://www.powerofpositivedeviance.com/

The Coady Institute, Antigonish, Nova Scotia, Canada http://www.coady.stfx.ca/

Neighbor Power: Building Community the Seattle Way (Jim Diers)

http://home.comcast.net/~jimdiers/aboutthebook.html

The Abundant Community: Awakening the Power of Families and Neighborhoods (John McKnight and Peter Block) http://www.abundantcommunity.com/

Sarah Frost's Travelling Fellowship Blog (ABCD and Social Capital)

www.sarahefrost.blogspot.com

The Handbook of Community Practice Author Marie O. Weil

Urban Problems and Community Development By Ronald. F. Ferguson,