

Asset-based approaches and the identification of assets through asset mapping

Lanarkshire community asset mapping report



Jennifer McLean (GCPH)
Francesca Lynch (SCDC)
Fiona Garven (SCDC)

August 2023

ACKNOWLEDGEMENTS

From March to June 2023, the Scottish Community Development Centre (SCDC) was commissioned by Glasgow Centre for Population Health (GCPH) to co-design and facilitate a series of community asset mapping sessions across North and South Lanarkshire. Special thanks go to Francesca Lynch, Fiona Garven and Susan Paxton of SCDC for their support, expertise and enthusiasm in the development and delivery of the workshops. Thanks also go to Joel Cooper for his patience and creative genius in the preparation of the digital maps.

Our sincere thanks also go to all of the Lanarkshire community-based organisations, and their participants and members, who worked with us and shared their insights and knowledge with us.

This report is a record of the approach taken, process and findings.

FOR FURTHER INFORMATION

Dr Jennifer McLean

Acting Deputy Director
Glasgow Centre for Population Health

Email: jennifer.mclean@glasgow.ac.uk
Tel: 0141 330 2614

Contents

INTRODUCTION	4
THE PROJECT	5
STUDY COMPONENTS	5
COMMUNITY ASSET MAPPING	6
FINAL OBSERVATIONS AND CONCLUDING REMARKS	10
APPENDICES	11
APPENDIX 1 — NORTH LANARKSHIRE RATIONALE PAPER	12
APPENDIX 2 — SOUTH LANARKSHIRE RATIONALE PAPER	14
APPENDIX 3 — SESSION PLAN	16
APPENDIX 4 — INDIVIDUALS' ASSET MAPS BY AREA	17
APPENDIX 5 — DIGITAL MAPS BY AREA	19

Introduction

This briefing paper presents insights and learning from the community asset mapping component of the CommonHealth Catalyst project.



Cadzow Street, Hamilton,
South Lanarkshire

THE PROJECT

CommonHealth Catalyst aimed to develop a community research consortium to address health disparities. This collaborative project undertook preparatory work to build the consortium focused on Lanarkshire, with a focus on understanding and addressing health disparities across the area.

This study sought to understand and contextualise the past and present health profile of the Lanarkshire. It developed research capacities and capabilities on health disparities across the public and community and voluntary sectors, with an aim to better equipping partners with the tools and knowledge to address drivers of inequity at a local level.

The project aimed to:

- Support and facilitate cross-partner collaboration between health and community partners and patient and public involvement and engagement to understand causes and potential solutions to health disparities.
- Scope the integrated care system(s) and community assets in Lanarkshire to understand the range of services, scale of provision, key stakeholders and existing partnerships.
- Identify different collaborative models for integrating co-production into health systems improvement through a deliberative process that involves building trust and a shared vision.

The project worked to create the conditions and partnerships to attract and secure future research investment into Lanarkshire and Lanarkshire communities.

CommonHealth Catalyst was a nine-month study (November 2022 to July 2023) led by the Yunus Centre for Social Business and Health at Glasgow Caledonian University, with NHS Lanarkshire, the Glasgow Centre for Population Health (GCPH), the Health and Wellness Hub and the University of Glasgow.

CommonHealth Catalyst project was funded by the Arts and Humanities Research Council (AHRC).

STUDY COMPONENTS

The study design (Figure 1) had four components across two themes underpinned by public engagement:

Theme 1: Learning from the past to shape solutions for the future

- 1a. Looking at historical and present epidemiological data and the health profile of Lanarkshire over time
- 1b. Exploring the industrial heritage of Lanarkshire and legacy of deindustrialisation on health

Theme 2: Mapping the health and wellbeing ecosystem

- 2a. Programme Budgeting (and marginal) analysis
- 2b. Asset-based approaches and the identification of community assets through asset mapping approaches

To ensure that the research project was informed by ongoing community expertise, voice, and perspective the Lived Experience and Advisory Panel (LEAP) was established. LEAP was made up of individuals with experience of living in Lanarkshire communities.

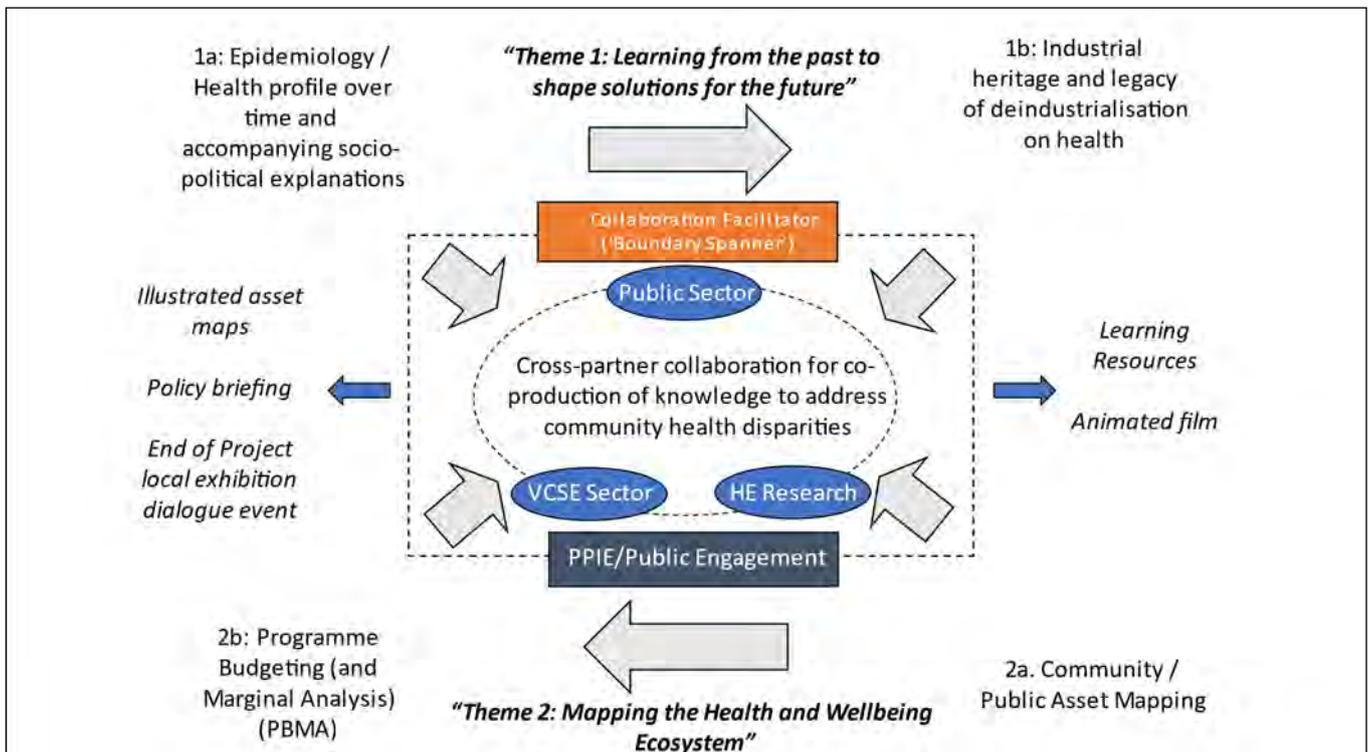


Figure 1. CommonHealth Catalyst study design

COMMUNITY ASSET MAPPING

This report is a record of the approach taken, process and findings of Theme 2b: *Asset based approaches and the identification of community assets through asset mapping approaches*.

The purpose of this asset mapping element was to bring together members of the public, voluntary and community sectors to create physical maps of the assets they could identify in their local areas that they considered health enhancing. The maps were to be used as part of the overall research findings and given back to the participating communities as a resource to be used locally.

Community asset mapping: Process

A total of eight community asset mapping sessions were conducted across Lanarkshire between April and May 2023. Sessions were equally split between North and South Lanarkshire.

To allow for the identification of appropriate host communities, initial discussions were held with local Third Sector Interfaces (TSIs), namely, Voluntary Action South Lanarkshire (VASLan) and Voluntary Action North Lanarkshire (VANL).

These discussions resulted in a number of potential geographic areas and host community organisations being identified, which allowed the development of a rationale to aid the selection of areas for the community sessions for consideration by GCPH and the CommonHealth Catalyst team (**Appendices 1 & 2**). It was considered important that the sessions were hosted by local community anchor organisations, i.e., community led organisations known and trusted by local people and with the legitimacy to help host such an event. A total of 10 potentially suitable small geographical areas and host sites were identified following discussion with partners.

Community anchor organisations were approached by SCDC to discuss the possibility of hosting the delivery of the sessions. Initial contact was made via telephone with follow-up sessions including face-to-face meetings, virtual meetings and e-mail communications as required. All organisations contacted were supportive of the processes and the opportunity to engage with local residents and partners. Key contacts from each organisation assisted in securing an appropriate date, venue, local catering and participants to take part in each session.

The areas and the local community organisations that provided support are detailed below:	
North Lanarkshire	Organisations
Cumbernauld	Cornerstone House Centre
Glenboig	Glenboig Development Trust
Kirkshaws	Kirkshaws Neighbourhood Centre
Shotts	Getting Better Together Shotts
South Lanarkshire	Organisations
Calderwood	Connected East Kilbride Calderwood Baptist Church Moncrieff Parish Church
Clydesdale	Duneaton Community Council Rural Development Trust
Halfway & Newton	Particip8 Community HUB
Larkhall	Larkhall & District Volunteer Group Larkhall Community Growers Larkhall Christians Together Community Links (South Lanarkshire)

Community asset mapping: Session format

SCDC and GCPH worked closely to co-design a community asset mapping session plan and template (**Appendix 3**) which was interactive and participative, and which would achieve the desired outcomes within the time available.

Each session was designed to last approximately three hours (including break) and included:

- Icebreakers to assist with introductions and help lay the foundations for relaxed and informal conversations.
- Discussions around health and the social determinants of health.
- Definitions of community assets and a description of the process of asset mapping.
- The identification of assets that improved personal mental health and wellbeing.
- The identification of assets that improved the general mental health and wellbeing of the local community as a whole.
- Discussion questions (where time permitted) around reducing inequalities, partnership working and points of access for health information.

Sessions were led by one facilitator from SCDC. They were conducted in an informal manner in local venues. Participants produced their own physical versions of 'local asset maps' using a range of art materials supplied.

A total of 91 individuals participated in sessions equating to an average of 11 people per area. All local people participating received a £50 shopping voucher (of their choice where possible) as a gift of thanks for sharing their local expertise and knowledge and for attending.

Process and session constraints

Whilst the process of organising and facilitating the session was as robust as possible within the project remit, project timescales and resources available, a number of study constraints and limitations were evident. The constraints are important to highlight to help contextualise the approach taken, and the limitations of the overall findings.

The main constraints to highlight are as follows:

- **Who to involve:** In the development of the approach for the community asset mapping sessions, it was important to inform and involve a range of local partners to identify the best locations and host organisations. In particular, the Lanarkshire TSIs were approached, and online meetings took place to discuss and support possible local site selection for the sessions with the aim of complementing existing TSI activity and investment. Local knowledge and contacts were provided by the local partner organisations, and some expressed an interest in attending the sessions. As the object of the mapping sessions was to hear from local residents it was important that community members made up the majority of participants. It was also important for the sessions to be

facilitated by a neutral agency to allow all participants to speak freely. This disallowed a high level of partner involvement in the sessions themselves, potentially leading to them feeling 'at arm's length' from the process. Local partners were kept informed of progress following initial discussions and it will be important to re-engage them on the results of the overall research for them to use the findings to support any potential local change initiatives.

- **A 'one off' approach:** In this context, the community asset mapping sessions were facilitated as a 'one off' activity. Asset mapping, as a community development tool, is normally a process that develops and evolves over a longer time, over multiple sessions with more diverse and representative participants. The asset mapping process is used to develop relationships and support local people to be aware of the range of assets available in their communities which they may or may not decide to build on. In community development, the asset mapping process is also designed to highlight areas for potential change, to then support local residents to undertake actions on the issues which affect them. The fact that these sessions, as part of this research, were one time only results in this report representing a 'snapshot' in time that is reflective of the personal experience and opinions of the session participants available on the day. This is a key consideration in assessing the representativeness of the assets on the maps produced for each of the geographical communities.
- **Participant mix:** Although most of the participants in the eight sessions were local people, there were one or two instances where there was a mix of community members and local community workers or known activists. In these sessions a clear difference could be seen in the maps created, especially in relation to knowledge about the availability of local groups, activities and services.

A small number of local workers were at times defensive in relation to local projects and activities and this resulted in some session dynamics being altered and exploration of opportunities and opinions limited to a degree. This dynamic improved where workers lived in the area, with a more balanced view of opportunities and challenges as well as better local relationships and knowledge of what it is like to live in the area.

- **Session composition:** The participants invited to take part in the session was at the discretion of the local worker or host organisation providing support. This resulted in the composition of participants being restricted in some instances to those local people known to the key contact, as opposed to open invitation. The trade-off for this was that those selected for invitation were known to be reliable and likely to be good contributors.
- **Promotion of sessions:** Due to working with host organisations to arrange the sessions, there was little control over how information about the sessions was communicated to participants and how informed individuals were of the session purpose prior to participation. This resulted in a mixture of awareness from participants across sessions.

- **Incentivisation:** Whilst a positive approach in most instances, the gift vouchers were also found at times to be a motivation for participation, which must be considered as a dynamic in some of the sessions as there may have been less interest in topic area being discussed than if participation had been voluntary. This links back to the above point about the promotion of sessions — the dynamic and outputs would also have been likely to be different if the sessions had been open to the public.
- **Diversity of session participants:** 91 people participated across the sessions; however, there was found to be significant underrepresentation of men (16:75 ratio), young people and people from BAME communities.

Session outputs

Each mapping session led to participants producing their own physical versions of a 'local asset map' using a range of art materials supplied (**Appendix 4**). Participant numbers enabled two maps to be created within each session which were presented and discussed on the day amongst participants. This allowed for community assets to be maximised, compared and confirmed.

Common assets

Following the completion of all sessions, reflection meetings were held between SCDC facilitators and GCPH where time was allocated to analysing the maps produced and the wider discussions which took place at the community sessions. These reflection meetings identified the following common assets emerging most prominently:

- **Relationships (social networks):** All areas spoke of the importance of local relationships for them personally and for their community as a whole. Social networks were identified as continually having a positive influence on mental health and wellbeing, especially friends and family who were the most cited asset. The majority of participants confirmed that they had access to good personal support networks locally, which not only involved friends and family but also local groups which they attended. Such local groups were highlighted as particularly important to people who didn't have family locally, older people and mothers with young children (note: these groups reflect the participants' profile).
- **Community anchor organisations:** These organisations, both large and small, were seen as a key local asset with many participants highlighting that they were involved in volunteering, using services or attending activities provided by the anchor organisation. These organisations were highlighted as being important for providing support and accessible services to a wide range of people within the community. In many cases it was believed that such organisations were much more beneficial, visible and accessible compared to local public agencies operating in the areas. They were seen as a key source of information, help and access to support and services at times of need, for example, during Covid and the cost of living crisis.
- **Community spaces and activities:** A range of physical assets were named throughout local areas as places where communities can meet, socialise and access much needed activities. The community anchor organisations (development trusts, community led health initiatives) and churches (in particular areas of South Lanarkshire) emerged strongly as accessible facilities providing a range of beneficial activities for local people. The importance of maintaining such spaces and activities in the future was highlighted. Local authority halls and facilities were available in most areas but were reportedly rarely used for community activities with reasons for this cited as cost and staff availability.
- **Natural greenspace:** Access to greenspace also emerged strongly in discussions, including the availability of play parks, play areas and community gardens. Many people highlighted the importance of open space to their personal mental health and wellbeing and felt strongly that this was also an important asset for their community. The majority of areas felt that they had adequate levels of diverse greenspace which was accessible to the majority of their community and could be used for a range of different purposes. It should be noted however that the areas selected were mainly villages or small towns with direct access to greenbelt areas. A similar exercise in inner city urban areas may not have produced the same results in terms of access to greenspace being seen as available.
- **Education establishments:** Local schools and colleges (where available) were identified as places where students and their families receive both education, opportunities and support. Local school communities were seen as beneficial social networks and were very much considered as an important part of the wider community in all areas.
- **Transport:** The availability (time and cost) of accessible local transport and wider transport links varied across the areas. Where accessible transport existed it was seen as being an important asset which allowed people to travel outwith their communities most commonly to secure employment, access services and activities, and extend social networks.
- **Local shops and retail outlets:** The diversity and provision of these assets varied across areas, but such provision remained important to local people and many people indicated having good relationships with local shops and businesses. Local pharmacy services were highlighted as particularly important, and whilst service satisfaction varied, most areas indicated that they had suitable local access and that branches were seen as somewhere that provided good health information and advice on minor health conditions.

Structural issues for consideration

Many common community assets emerged naturally from the sessions and participants were, in the main, positive about the communities in which they lived. However, a number of common structural issues impacting on local communities were discussed and highlighted by participants, as presented, that began to emerge for consideration and possible future development:

- **Community anchors and community owned assets:**

Where sessions were organised through a local community anchor organisation, or in smaller areas where the anchor was based, they were seen as a standalone asset which was empowering for local communities. Community owned assets were not present in some areas and questions were raised around what support they could expect from their Local Authority to support asset ownership as a community empowerment lever. Clarification on the local authority policy for asset transfer is an important consideration in promoting a social model of health.

- **Transport infrastructure challenges:** Many areas highlighted that they had close geographical links with major urban centres but not necessarily good local transport links. Some areas reported that public transport ceased at 6pm which limited access to services and activities, employment and social networks. This has resulted in a level of social isolation for some groups and also some population changes, affecting the make-up and fibre of the local community.

Another challenge experienced was forced car ownership, which not only impacts on climate change and the local environment but also carries with it the financial implications of accessing, maintaining and running a vehicle. Lack of access to patient transport was identified as a challenge that impacted negatively on individuals and families both economically and psychologically.

These transport challenges, although identified and experienced by the majority of session areas, were most distinct within the rural Clydesdale area of South Lanarkshire.

- **Housing and planning developments:** A number of new large housing developments have been completed or were planned in a number of areas where the asset mapping sessions took place. In many areas this will almost double the size of the local population and there is concern that this will impact negatively on services and schools that are already under strain.

It was acknowledged that this could have a positive impact on the local economy (in some areas) but would be extremely negative in relation to accessing current health services, including GP appointments. There was also concern over how this will affect the local demographics, "sense of community" and local involvement.

Areas subject to such developments indicated that they felt a lack of control over such major developments and, with no clear consultation locally, had no power or agency to influence or express concern over local impacts. In addition, there is concern about natural greenspace (a commonly cited asset) being reduced through such developments.

- **Access to GPs and changes in health services:**

There was concern, and genuine fear at times, that people are unable to access the care they require at point of need or pre-crisis. Continued changes in health services, how and where they are delivered and by whom, along with a lack of access to face-to-face consultations is negatively impacting peoples' opinions and experiences of local health services.

Concern was also raised about information only being available online which meant that many people were unable to access this, leading to an increase in their anxiety.

- **Communication between health boards:** This was perceived by a number of session participants as poor, leading to concern and confusion over appointments, treatment and, on occasions, who was the provider. People experience delays in care if they travel between Health Boards and, on some occasions, have had to have repeat tests done due to previous results not being available. Continuity of care is not being seen as present between health boards.

- **Pharmacies:** Where it was reported that these were clear community assets it was conveyed that challenges existed especially with chain pharmacies who often couldn't fulfil prescriptions in full or in an acceptable time frame.

- **Windfarm developments:** Concerns were raised about the impact that such developments have on the environment, particularly dark skies, with new regulations coming in for larger wind turbines requiring lighting to be fixed at the top. There were questions about whether such developments employ local people and if not whether this was related to the availability of skills locally.

- **Community facilities:** As highlighted earlier, local authority facilities were being seen as used less frequently and, in some cases, it was felt that they were being deliberately left to "run down". Individuals reported no maintenance being provided, and a depletion of services presently being seen. It was reported that such facilities were hard to hire and, if they were available at all, they were often too expensive which made the provision of much needed free or low-cost local activities difficult.

- **Local community funding:** Concern was expressed for local community organisations and their reliance on grants when public money is diminishing.

- **Lack of community control:** There were clear feelings from participants of powerlessness over major structural developments, which was compounded by a lack of information available locally on plans, as well as a lack of knowledge about recourse to action.

Unanticipated outcomes

The sessions were all successful and provided a safe and open space for people to express their honest opinions on local community assets that contribute positively to their community's mental health and wellbeing.

In addition, they provided space for relationships to develop amongst participants who were unknown to each other and, on a few occasions, led to partnership connections being made (between local workers, community organisations, members and residents) which are anticipated to develop positively in the future.

Output materials

Due to the nature of the funder, this project contained a distinct artistic and creative element which was partially fulfilled with the preparation of the visual community maps by participants (**Appendix 4**). To support ongoing community conversation initiated by the workshops and as thank you to the anchor organisations who supported this component of the project, from the outset it was the intention of the project to provide a legacy map to each area which clearly depicted their inputs at the session.

To fulfil this intention a graphic designer was commissioned to transform the hand drawn maps and inputs to allow them to be retained for future use. With the consent of participants new digital maps for each area were prepared and presented in **Appendix 5**.

Final observations and concluding remarks

The community asset mapping sessions were well received from both those participating and all partners supporting the process. The organisation of sessions was aided greatly by the local community organisations and, in the main, participants were both motivated and keen to talk about the local communities in which they live.

The communities, although all part of the Lanarkshire area, were found to be extremely diverse and whilst common themes emerged, very localised challenges were also highlighted. This was particularly apparent within the Clydesdale area due to its remote rural geographic location.

Overall, there was a good understanding of the social determinants of health and how the local community environment and its resources has an impact on people's general mental health and wellbeing. Participants were not overly critical of health services, and appreciated the challenges they faced, however, it was clearly articulated that gaps existed and that service improvements could be made which would be beneficial to all those involved.

The majority of participants felt positively about their communities in general but clearly identified areas where improvements could be made (not related directly to health services) which would aid in the improvement of both their personal wellbeing as well as their communities.

The outputs from the sessions represent a 'snapshot' in time with a particular group of people with regards to assets they feel are available within their communities. The maps,

and the approach used to create them, also provide a good starting point for further development and could be used by public bodies operating locally to further engage with local communities to identify areas for action and investment, develop services and support alternative approaches for supporting and addressing health and wellbeing and reducing health inequalities.

Appendices



Strathclyde, Country Park on the border between South and North Lanarkshire

APPENDIX 1 – NORTH LANARKSHIRE RATIONALE PAPER

CommonHealth Catalyst - Developing a Community Research Consortium to Address Health Disparities - GCPH

Community Asset Mapping in North & South Lanarkshire - GCPH & SCDC

Description: Community Asset Mapping (CAM) is a key component of a strength or asset-based approach that focuses on bringing people together to identify existing resources that build a visual picture of local neighbourhoods or wider geographical areas. It can also be used thematically for example to document different supports available to maintain or improve people's mental health. The exercise usually involves a mix of community members and people working with and within communities to creatively map a range of assets using their own knowledge and experience of the agreed community or theme. It's a creative process that encourages participants to visually capture the skills and capacities of individuals living in a community, the range of community groups and organisations working on issues or providing services, and the institutions serving communities such as local government, hospitals and schools. The maps can often be used as a basis to further strengthen the capacity of communities by highlighting gaps in services and supports or in using the information gathered to enhance local planning processes.

Aim: GCPH proposes to conduct up to 8 mapping sessions – 4 in North and 4 in South Lanarkshire to creatively produce a visual picture of community strengths and assets, as part of the project CommonHealth Catalyst project. SCDC will lead in the planning and delivery of the sessions and will work with partner organisations to identify where to conduct the sessions in specific areas/communities.

Rationale: Due to the participatory nature of CAM and the creation of a visual map, the area, community and/or theme should be selected partly on geographical size i.e., not too big (locality level) to make the mapping meaningful and close to the communities in which its applied, and not too small (ward level) to ensure the visual map comprises a range of strengths and assets. Other considerations include:

- Areas/ communities selected should be done with some knowledge of the existing community infrastructure to facilitate participation of local people and staff.
- Targeted to areas/communities that experience health inequalities and are deemed a priority for local support agencies and institutions.
- Areas/communities in East and West of North Lan which will have different access to mainstream health services and the potential to involve staff from a range of services.

Following discussions with VANL colleagues and a review of local planning documents, and also using existing SCDC knowledge of local communities and areas within North Lanarkshire, the following areas are suggested for conducting the CAM sessions.

1. The Northern Corridor – pop size 26,868. The LOIP identifies health inequalities as a priority focus as well as Moodiesburn West (approx. pop 6830) which has 2 datazones in the bottom 20% SIMD rankings. For this area the LOIP states 'undertake activity as required to help us understand the local community, its assets, areas of inequality, challenges, and opportunities' which aligns well with the aim of CAM. Alternatively, Glenboig has 5 settlements (approx. pop 4,000) including Greenfoot & Glenboig Village and a well-established Development Trust who could host a CAM session.

Recommendation: contact with Moodiesburn DT and/or Glenboig DT to scope potential for a CAM session.

2. Craigneuk, Wishaw – Craigneuk is a suburb of Wishaw (approx. pop 3,500) and ranks in the top 5% SIMD scorings. It is unknown what anchor organisations currently exist although it does have the Jim Foley Centre and an active community council. There is no mention of Craigneuk in either Motherwell or Wishaw LOIPs so further work is required to identify who is working in the area with a view to scoping a CAM session.

Recommendation: Contact Wellness Centre, Motherwell to see if Craigneuk is a priority area. The Wellness Centre may also be able to help scope the potential for Forgewood as a CAM area as suggested by VANL colleagues.

3. Shotts and surrounding villages – Shotts has a pop of approx. 8440 and has a number of surrounding villages i.e., Salsburgh which are deemed semi-rural but perhaps too small (pop size 1330) to undertake a CAM session. Getting Better Together (GBT) is a well-established community led health & anchor organisation in the centre of the town and can advise on the potential areas/communities for a CAM session. The LOIP indicates mental health and wellbeing as a priority so there is potential to take a thematic approach across the locality and/or in a specific area.

Recommendation: contact GBT for further advice and guidance.

4. Kirkshaws, Coatbridge – Kirkshaws has a pop of approx. 5915 and has challenging levels of high unemployment, poor health and education. Poverty and mental health are identified as priorities in the Coatbridge LOIP and Kirkshaws Neighbourhood Centre (KNC) is a well-established community anchor organisation and local hub for community activity who will be well placed to advise on a CAM session for a place/thematic based approach.

Recommendation: contact KNC for further advice and guidance.

Notes - all of these areas/communities are relevant and have links to the 9 LOIP plans and Community Boards, as well as the 4 Partnership Teams of North Lanarkshire. Once areas are selected, we will ensure appropriate contact is made with key staff and community members to arrange the sessions and raise the profile of the asset mapping at a wide level.

Status - for discussion between GCPH, SCDC and VANL.

22.02.23



APPENDIX 2 - SOUTH LANARKSHIRE RATIONAL PAPER

CommonHealth Catalyst - Developing a Community Research Consortium to Address Health Disparities - GCPH

Community Asset Mapping in North & South Lanarkshire - GCPH & SCDC

Description: Community Asset Mapping is a key component of a strength or asset-based approach that focuses on bringing people together to identify existing resources that build a visual picture of local neighbourhoods or wider geographical areas. It can also be used thematically for example to document different supports available to maintain or improve people's mental health. The exercise usually involves a mix of community members and people working with and within communities to creatively map a range of assets using their own knowledge and experience of the agreed community or theme. It's a creative process that encourages participants to visually capture the skills and capacities of individuals living in a community, the range of community groups and organisations working on issues or providing services, and the institutions serving communities such as local government, hospitals and schools. The maps can often be used as a basis to further strengthen the capacity of communities by highlighting gaps in services and supports or in using the information gathered to enhance local planning processes.

Aim: GCPH proposes to conduct up to 8 mapping sessions - 4 in North and 4 in South Lanarkshire to creatively produce a visual picture of community strengths and assets, as part of the project CommonHealth Catalyst project. SCDC will lead in the planning and delivery of the sessions and will work with partner organisations to identify where to conduct the sessions in specific areas/communities.

Rationale: Due to the participatory nature of CAM and the creation of a visual map, the area, community and/or theme should be selected partly on geographical size i.e., not too big (locality level) to make the mapping meaningful and close to the communities in which its applied, and not too small (ward level) to ensure the visual map comprises a range of strengths and assets. Other considerations include:

- Areas/ communities selected should be done with some knowledge of the existing community infrastructure to facilitate participation of local people and staff.
- Targeted to areas/communities that experience health inequalities and are deemed a priority for local support agencies and institutions.
- Areas/communities in all 4 localities of South Lan which will have different access to mainstream health services and the potential to involve staff from a range of services.

Following discussions with VASLan colleagues and a review of local planning documents, and also using existing SCDC knowledge of local communities and areas within South Lanarkshire, the following areas are suggested for conducting the CAM sessions.

1. Larkhall (Blantyre/Hamilton Locality) – pop size 16,646 (LA website 2021). A town within South Lanarkshire which has clear boundary lines. The area contains a total of 20 datazones, of which 8 (40%) are contained within the top 20% most deprived in Scotland (3 of these being top 5%). These datazones are centred around two local areas of Hareleeshill and Stutherhill. The area has an overall community led action plan – facilitated by local groups and communities – as well as a neighbourhood plan for Strutherhill & Birkenshaw (Linked to the LOIP) facilitated and administered by Community Links (South Lanarkshire) on behalf of South Lanarkshire Council. Thought should be given to focussing a workshop in this area, specifically targeting community members from the most deprived datazones. The area has strong community groups that have wide reaching connections with the whole community so targeting should be possible.

Recommendation: Contact with Larkhall District Volunteer Group, Larkhall Community Growers & Larkhall Christians together to scope potential for a CAM session.

2. Calderwood, East Kilbride (East Kilbride Locality) – Calderwood is a suburb of East Kilbride (approx. pop 6,377) and contains 9 datazones with one ranking in the top 20%. The area is currently a focus of a partnership project to better develop a local community HUB, some mapping has been completed and being driven by voluntary and faith-based organisations. These organisations are active within the local community and would potentially be able to assist a CAM workshop which may be of benefit to their ongoing project. East Kilbride has no Neighbourhood plans linked to the overall Council Community Plan (LOIP).

Recommendation: Contact members of the existing partnership – including Calderwood Baptist Church, Hunter Café, East Kilbride CAB, Connected EK, Kilbride Hospice - to help scope the potential for Calderwood as a CAM area as suggested by Voluntary Action South Lanarkshire (VASLan) colleagues.

3. Fernhill, Rutherglen (Camglen Locality) – Fernhill is a small suburb within the Rutherglen area of South Lanarkshire with an approx. population of 2,007. It contains only two datazones both of which sit within the top 10% for Scotland. The area is bordered on one side by one of the most affluent areas of Rutherglen which sits in the top 20% of most affluent areas in Scotland (9th and 10th SIMD Deciles). This area may perhaps be too small for a CAM session however there has been a history of issues surrounding community development issues with the area being subject to Corra funding until recently. VASLan identified a very active

councillor for the area who is actively involved in a number of groups and felt that a CAM workshop may be possible.

Recommendation: Contact local councillor for further discussion and possible guidance.

- 4. Rural South Lanarkshire (Clydesdale Locality)** - It was suggested that either Forth or the Duneaton Community Council Catchment area (including small settlements of Abington, Crawfordjohn, Coulter, Lamington, Roberton and Wiston) could be considered for a CAM workshop to represent assets in rural areas. This area is significantly different from other recommendations all of which would be classed as urban settlements. Revising South Lanarkshire SIMD maps indicates that there are low levels of deprivation indicated for the Clydesdale locality, but some pockets do exist. The Clydesdale area has no Community Plan areas linked to the LOIP. Contacts were given from VASLan for significant individuals representing the areas as identified and further exploration is needed.

Recommendation: contact the community worker for Duneaton Community Council as well as the Rural Development trust and potentially Health Valleys for further advice and guidance.

- **Notes -**
South Lanarkshire has four identified localities and recommended areas cover all four of these ensuring a good geographical representation of South Lanarkshire.
- Social prescribing is a particular area of focus and interest for VASLan and others within the South Lanarkshire area so this should be considered when running workshops to ensure that some value is found for existing Social Prescribing model developments where possible - this could form an overall sub-theme for CAM workshops.
- Alternative geographic areas of Springhall & Whitlawburn and Halfway & Newton was also suggested, these areas are suburbs of Cambuslang and subject ongoing Neighbourhood Plans - again linked to the council LOIP. These areas could be considered should other recommended workshop areas not be viable. Contacts for these areas would include Healthy n Happy Development Trust, Particip8 Community HUB, and South Lanarkshire Council.
- The area of Lanark was not suggested during the meeting with VASLan, however, due to its rural nature and the fact that it sits within the Clydesdale Locality for South Lanarkshire, this has the potential to be an alternative area for consideration should no suitable alternative be identified during early discussions.
- VASLan have links to all locality areas within South Lanarkshire and currently provide front facing services with many of the areas/organisations recommended, they will endeavour to support and participate in workshops where resourcing allows.

Recommendation Status - for discussion between GCPH, SCDC and VASLan.

22.02.23



APPENDIX 3 - SESSION PLAN

Community Asset Mapping Workshops - Notes & Plan

Intro: This workshop is part of a project is being led by range of academic partners, which is called CommonHealth Catalyst.

The project is looking at why some areas in Scotland have health inequalities, for example, higher incidences of disease, lower life expectancy than others.

I'm working for the Scottish Community Development Centre (SCDC) on behalf of the Glasgow Centre for Population Health (GCPH), who are one of the main project partners, to help them run a series of 8 community asset mapping sessions across North and South Lanarkshire as a way of gathering local information.

The areas have been selected using information on existing health inequalities and through discussion with local partners like the health boards and the TSIs.

The project partners want to find out more about what resources exist in each community and the range of local services and use that information to promote better working together.

We're going to help them get some of that local information by making some maps of the area and putting down the kinds of things you think are helpful to your health and the health of your families. We hope the maps might be useful for you too, and we'll make sure you get them back to keep. A graphic artist will be working on them so you will have your original one and a fancier version.

I'll say a bit more about what we mean by health 'assets' shortly, but first it would be nice to find out who you all are.

Pairs exercise - who you are (if you don't know one another already), what you like about your community, anything you're looking forward to (or dreading!) about the session this morning. Introduce each other.

Health assets: are anything you think helps you to maintain health and wellbeing - your own and others.

Being healthy isn't just about the absence of disease. Many people are unhealthy because they are lonely, or because they feel as if they have nowhere to go. Or, it might be that they can access decent food, or feel like they're never going to be able to get a job.

The things we have in our local community can often make a big difference to the way we feel and how we can maintain better physical and mental health.

The more things we have available to us in our own lives and in our communities can help us avoid having to go to the GP for example, and can help keep us fitter and healthier, e.g. if we have access to exercise and healthy food we might perhaps avoid some health conditions like heart disease or diabetes. So, an asset can be physical, like a park or a meeting place, but it can also be about people, neighbours, and friends. It can be the ability to get involved in things locally, or being able to get information as and when we need it - feeling more in control.

Exercise 1 - capturing assets

- In pairs again, put on individual post its, anything you would consider to be an 'asset' to you personally (discuss in your pair), and put them up on the wall.

Feedback - talk to assets and group them (facilitator)

Exercise 2 - Community assets

- In different pairs, thinking about the community as a whole - list what you think of as community assets (could be transport, services, shops, etc.)

Feedback - talk to assets and group them (facilitator)

Break

Exercise 3 - making maps

- In two groups, start making maps.
- Start by creating a rough boundary map of the area and the main roads (masking or other tape).
- Start to plot assets, use all the materials, or draw.

Exercise 4 - sharing maps

- Talk to each map and highlight the similarities and differences.
- Identify any gaps, or anything that might be improved
- Agree a 'master' map.

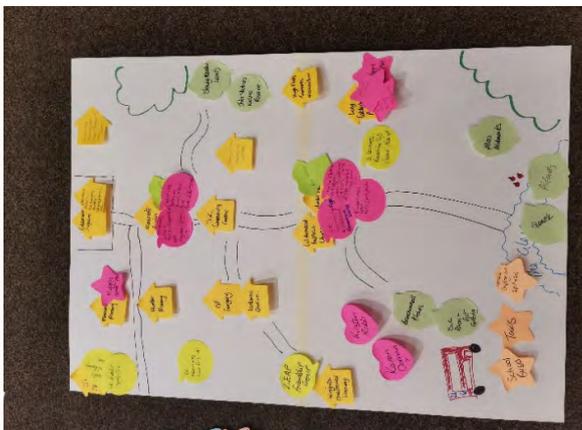
Conclude - what happens next - graphic facilitator, maps returned, access to research report once it is published.

If there is time, ask quickfire questions from GCPH:

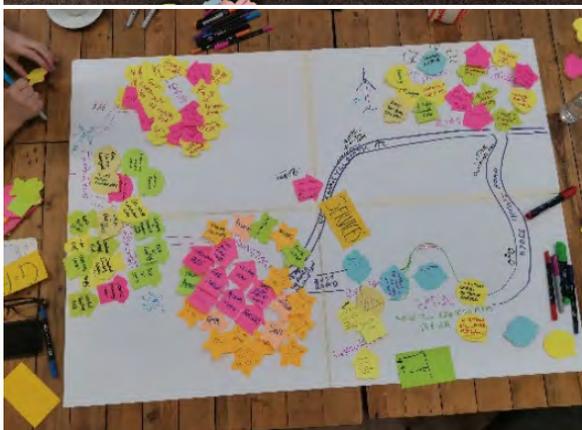
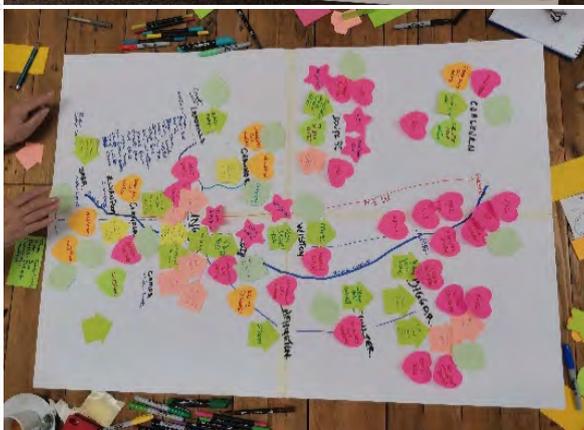
- How can services work better together, what is needed to help reduce health inequalities?
- Which organisations do participants feel are already working together? Are they from across sectors?
- What does 'working together' entail? Is it referrals, or joint teams delivering a service, or around decision-making?
- Where do participants currently get their health information from? Where and how do they find out about local services and support? What do they feel is the best way to share information about local services and supports?

APPENDIX 4 - INDIVIDUALS' ASSET MAPS BY AREA

Calderwood



Clydesdale



Cumbernauld

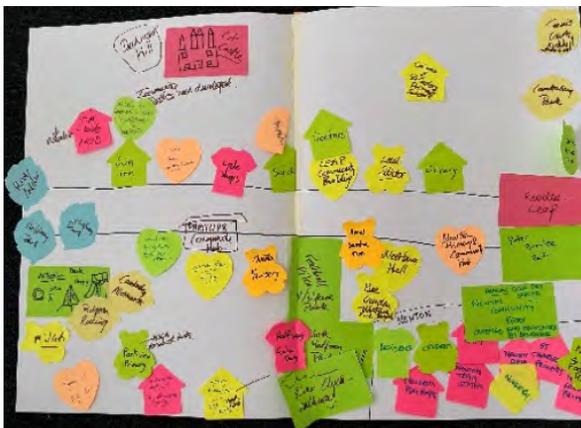


Glenboig

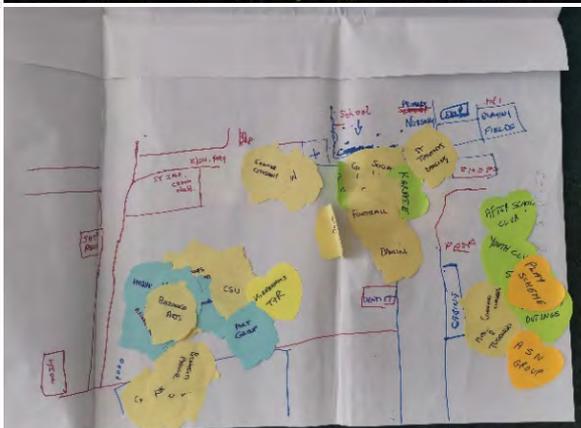


APPENDIX 4 - INDIVIDUALS' ASSET MAPS BY AREA (CONTINUED)

**Halfway
& Newton**



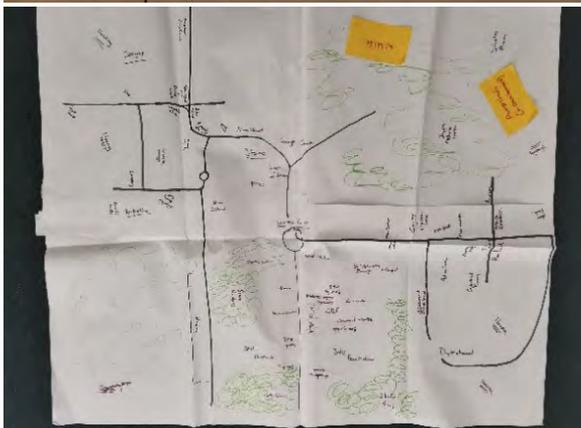
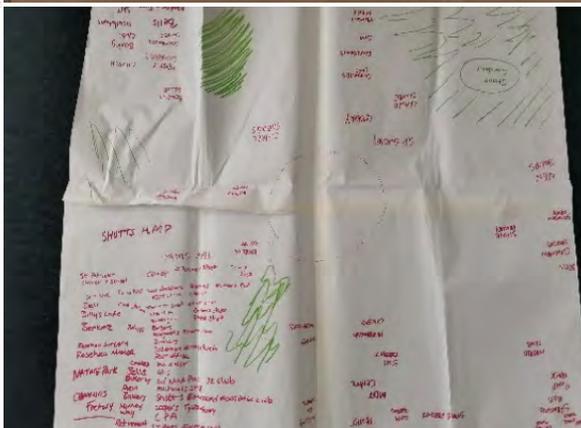
Kirkshaws



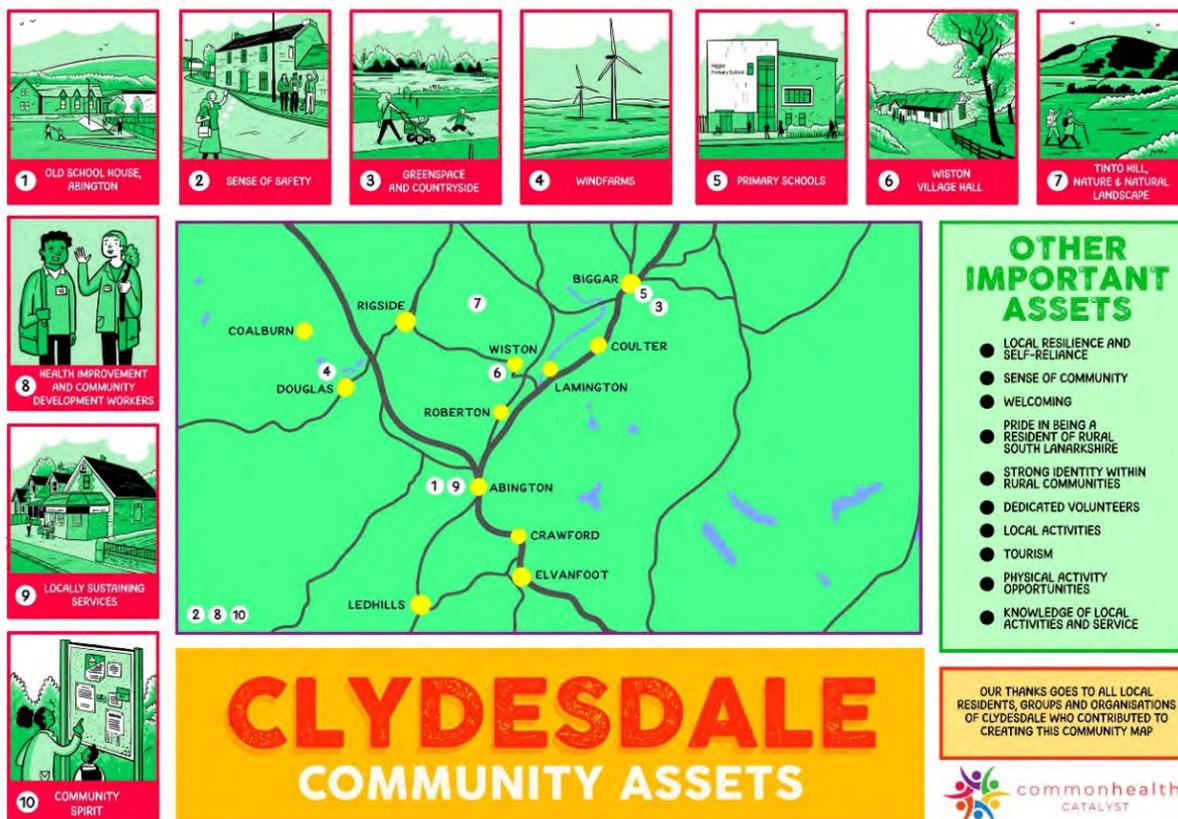
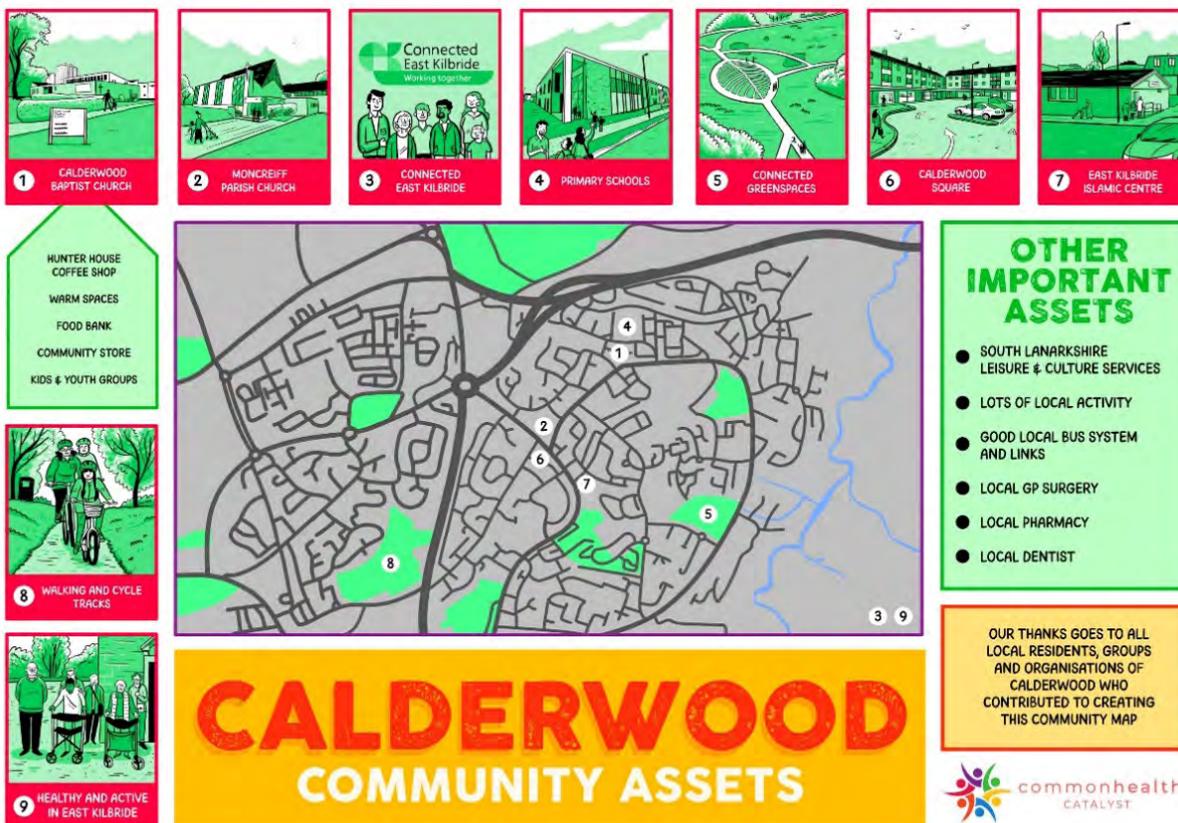
Larkhall



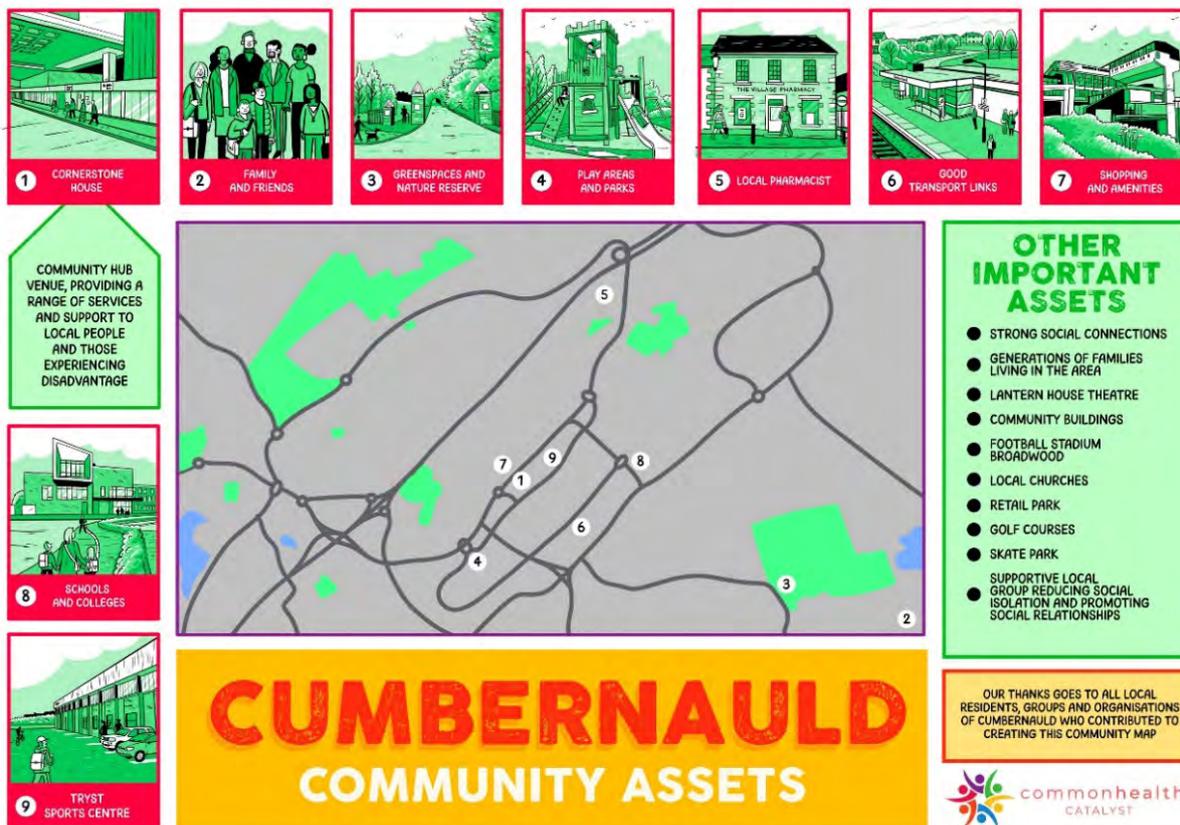
Shotts



APPENDIX 5 - DIGITAL MAPS BY AREA (CALDERWOOD/CLYDESDALE)



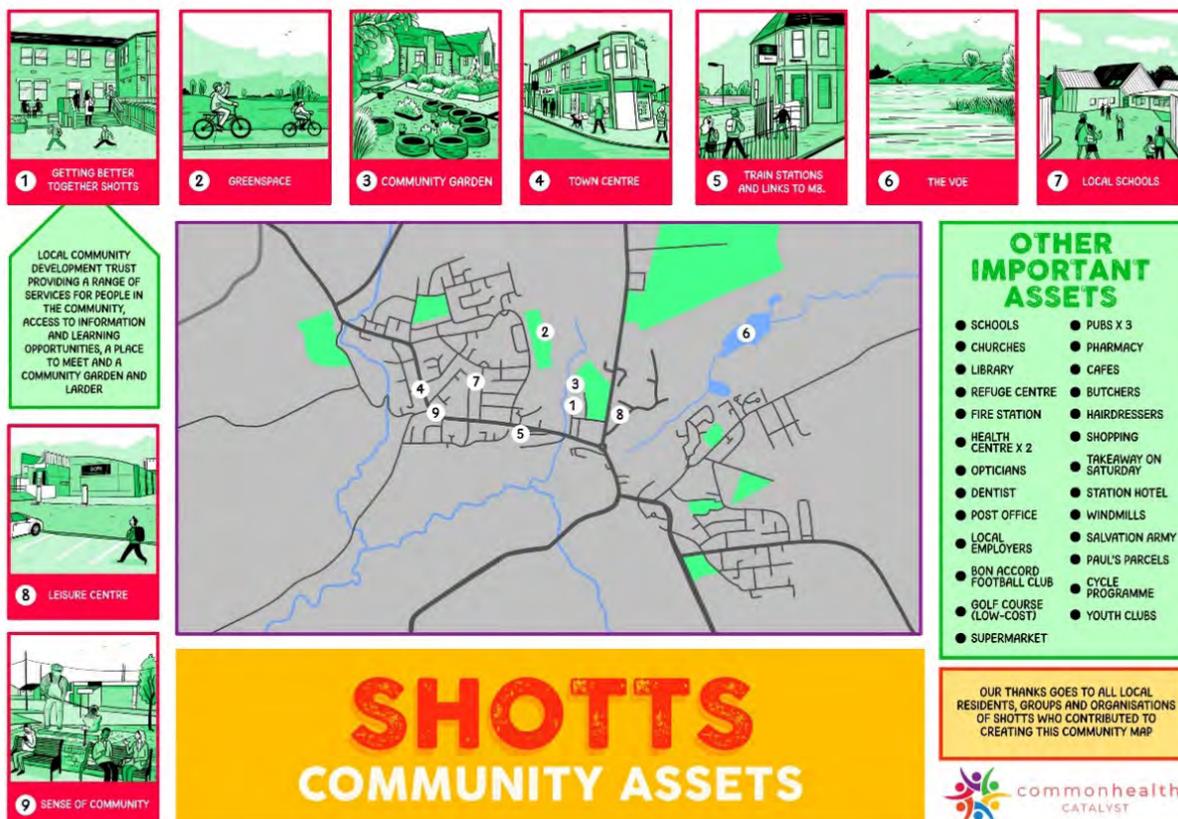
APPENDIX 5 - DIGITAL MAPS BY AREA (CUMBERNAULD/GLENBOIG)



APPENDIX 5 - DIGITAL MAPS BY AREA (HALFWAY & NEWTON/KIRKSHAW)



APPENDIX 5 - DIGITAL MAPS BY AREA (LARKHALL/SHOTTS)





CommonHealth Catalyst was funded by the Arts and Humanities Research Council (AHRC)
November 2022 to September 2023

CommonHealth Catalyst: Developing a community research consortium to address health disparities' was funded by AHRC's 'Mobilising community assets to tackle health inequalities' programme. Ref: AH/X005801/1



University for the Common Good



University
of Glasgow



University for the Common Good

Glasgow Caledonian University,
Cowcaddens Road, Glasgow G4 0BA,
Scotland, United Kingdom