

Introduction and background

Glasgow's Healthier Future Forum 14 took place at The Trades Hall, Glasgow on Wednesday 30 January 2013.

More than 150 delegates – many from the NHS, community health and care partnerships, local authorities, the voluntary sector and community based projects (Appendix 1) – attended this Glasgow Centre of Population Health (GCPH) event, entitled '*Supporting asset based approaches for health improvement*'. The event was opened by Professor Carol Tannahill, Director of GCPH and chaired by Sir Harry Burns, Chief Medical Officer for Scotland. The seminar programme is presented in Appendix 2.

The Forum brought together a wide range of people and organisations that are implementing or interested in learning more about asset based approaches. The event was focused on supporting asset based approaches from a practical perspective. It provided an opportunity to hear from both professionals working in this area and a number of community based projects which take an asset based approach in working with their participants.

The first session was made up of three presentations:

1. Jennifer McLean and Valerie McNeice from the GCPH presented on a recent piece of research that GCPH had carried out that explored and illustrated how asset based approaches for health improvement are currently being applied in a community setting in Scotland.
2. Lisa Pattoni from the Institute for Research and Innovation in Social Services (IRISS) and Fran McBride from East Dunbartonshire Community Health Partnership (CHP) spoke about a piece of work they have undertaken in East Dunbartonshire. The work aimed to consider asset or strengths based ways in which professional staff from mental health organisations engage with their clients, helping them build upon their relationships and skills, without ignoring their needs.
3. Fraser Patrick from NHS Tayside and Gary Malone from Voluntary Action Angus spoke about work they are undertaking in Tayside. By recognising the expertise and knowledge of local communities, the work aims to shift the control back to communities from professionals with a focus on locality issues, trust and capacity building.

In the second half of the day, delegates heard practical examples of asset based working from three community based projects which had been highlighted in recent research by the GCPH (McLean & McNeice, 2012). Presentations were from:

1. Howard Vaughan and Lisa Whittaker from [Columba 1400](#)
2. Vicki Samuels, Shirley Taylor and Sue Colbourne from [Rag Tag 'n' Textile](#)
3. Abi Mordin from [Urban Roots](#).

The final part of the Forum was a discussion session involving all event participants and led by Trevor Hopkins of [Asset Based Consulting](#).

A [blog](#) about the event has also been written by [Jane Foot](#), freelance consultant and writer.

Presentation summaries

Jennifer McLean and Valerie McNeice, GCPH

Assets in action: illustrating asset based approaches for health improvement

Health assets and asset based working have recently come into sharper focus as being potentially important in improving population health and reducing health inequalities. Central to assets approaches is the idea of people in control of their lives through development of their capacities and capabilities. It is thought that such control enables people to become better connected with each other and encourages a spirit of cooperation, mutual support and caring.

This presentation was based on research carried out with 19 community projects with the aim of illustrating how asset based approaches are currently being applied in Scotland. The findings reflect the activities, experiences, and learning arising across all of the cases studied. The research provides a valuable insight into the practical experiences of those working most closely with communities.



The presentation highlighted the five themes identified in the research: 'balancing'; 'connecting'; 'learning and earning'; 'empowering'; and 'being human'. Cutting across all themes, an overwhelming sense of positivity around and support for asset based approaches for health improvement was captured by the research. Both staff and participants spoke enthusiastically of transformational change and betterment; negativity was sparse. The lived experience of asset based working within the cases demonstrated, through anecdotal evidence, the realisation of much of what the literature suggests these approaches can offer.

Are the cases 'asset based'?

- Participant-led
- Flexible and adaptive
- Creating tangible skills
- Enhancing softer skills – relationships, mutual support, community spirit
- Confidence building
- Empowering and supportive
- Volunteering ethos



Glasgow Centre for Population Health

The presentation concluded by highlighting the four recommendations made in the research

which require further consideration and development for such approaches to be fostered more widely in Scotland.

A copy of the presentation delivered by Jennifer and Valerie can be accessed from the GCPH website at www.gcph.co.uk/events.

Lisa Pattoni, IRISS and Fran McBride, East Dunbartonshire CHP

Moving from 'what's the matter with you', to 'what matters to you': an assets approach for the promotion of wellbeing

[IRISS](#) has, for a long time, been interested in the way that asset based approaches can redress the balance in favour of doing things with people rather than doing things to them. Lisa spoke of setting out, with partners in East Dunbartonshire, to consider asset or strength based ways in which the state and voluntary sector mental health organisations could approach people who come into contact with the social care system to help them build upon their relationships and skills, without ignoring their needs and the risks in their lives.

This work was premised on the view that a networked model of care rarely emerges spontaneously and often requires support by workers and organisations that are willing to take a radically different approach; an approach where professional expertise is valued, but does not replace the knowledge that comes from personal and lived experience. This

presentation highlighted Lisa and Fran's experiences of working together with service users, practitioners and communities to develop an understanding of the personal and community assets that are available to support wellbeing.

Personal assets

An action research approach was used to support practitioners, voluntary sector representatives, peer support and occupational therapy to test the paper based tool in practice with those engaging with the services. This process, by its nature, was iterative and



reflective and allowed groups of people to work together to improve the way they address issues and progressively solve problems. Working in collaboration to support people to identify their personal assets was often challenging for practitioners as the role became much more about being a 'co-producer' of solutions, than a 'fixer' of problems. However, it was clear that the majority of practitioners and service users found that focusing on individual strengths helped to support effective relationships. A digital version of this tool is currently being developed, and is due for completion in spring 2013.

Community assets

Service users were instrumentally involved in the design (and to some extent, the delivery) of the project and gave a very clear message at the outset that it would be important to engage with more people in the community. To do this, Lisa and Fran worked with East Dunbartonshire Voluntary Association (EDVA – the local interface) and the mental health improvement team to embark on a variety of different engagement activities. This was really a process of identifying and organising community supports that were deemed useful for wellbeing from the eyes of the people who live in the community. The community asset map is available from:

<http://eastdunassets.iriss.org.uk/>.



Emerging findings

The independent project evaluation report will be published in April 2013. However, emerging findings include:

- Asset based approaches promote wellbeing and consequently challenge the predominant thinking of health as the prevention of illness.
- Personal asset mapping is a 'whole person' approach which addresses health and other needs in the context of people's lives.
- Personal asset mapping also promotes hope and meaningful conversations.
- Practitioners were able to tackle problems that they'd been discussing for quite some time in a new way and were able to identify factors/issues that they could work on with the individuals quite readily.
- East Dunbartonshire is asset rich, and individuals involved were often proud of their local communities.

A copy of the presentation delivered by Lisa and Fran can be accessed from the GCPH website at www.gcph.co.uk/events.

Fraser Patrick, NHS Tayside and Gary Malone, Voluntary Action Angus
Civic health: promoting your local authority

In June 2011, NHS Tayside produced a report entitled '*Working with Communities*' and, in early 2012, Fraser Patrick and Gary Malone were asked to advise on how its intentions might be taken forward. The report stated that: "*NHS Tayside is committed to changing the way in which it works and seeks to move from a paternalistic culture where professional and expert knowledge are valued over local community knowledge. We have much to learn from the communities we serve and how to work best with them in a respectful and meaningful way*".

Fraser and Gary were encouraged by the NHS Tayside to be 'disruptive innovators'. They embarked on six months of desk based research and held meetings with a range of Scottish opinion leaders and decision makers. They encountered a remarkable level of consensus – a consensus which largely supports the findings of the research carried out by GCPH on which this Healthier Future Forum event was based (McLean & McNeice, 2012¹). However, there was a lesser degree of consensus around the meaning of the current buzz words and phrases such as 'co-production', 'localism' and 'big society'. Nonetheless, these phrases do point to something that needs to happen: a move towards community, people, and a different set and type of relationships. It was felt that the work of the NHS needs to be placed within a wider understanding of the term 'health'.

Consequently, Fraser and Gary attempted to define a concept which they referred to as '*civic health*'. This concept embraces the whole life of a geographic locality. All who live and work in a community enjoying civic health will see themselves as stewards of its wellbeing, growing in relationship with those around them. Civic health encompasses areas both within and out with the influence of the NHS and its development will reduce demands on, and facilitate cooperation with, local health services. It will be reflected in the growth of various types of activity. Such a community will:

- Experience itself as a cooperative entity.
- Offer an active, learning environment for all its members.
- Assume responsibility for its issues and aspirations in collaboration with relevant professionals and others.
- Establish decision making structures which inter-relate with the corresponding institutional and government structures.
- Care actively for its residents, offering them social, recreational and cultural opportunities.

Four cornerstones of an approach have been identified which will inform the work, starting later this year, in two or three local authority areas in Tayside.

The first cornerstone is:

1. *Locality focus – all the people, all the issues.*
The locality is seen as a dynamic, inter-related whole. As such the overlapping, inter-connected relationships between all the issues, concerns and aspirations of what is happening in any neighbourhood is recognised. Such a worldview demands a more comprehensive and integrated approach which engages all age groups and organisations and builds a new level of local project, programme and activity co-ordination.



Secondly there needs to be a:

2. *Shift of power – from Local Authority towards local authority.* For this move towards community to be realised it will need to be represented structurally and requires a change in

¹ McLean J, McNeice V. *Assets in Action: Illustrating asset based approaches for health improvement.* Glasgow Centre for Population Health, Glasgow: 2012.

the Local Authority approach, perhaps towards a more human, more engaging style. Such devolved powers will need to be within agreed parameters but also based on a more participatory democratic structure.

Thirdly it will be necessary to:

3. *Trust the people – positive, developmental.* The goal is to engage people in the life of their locality, their country, their world. The motivating goal is not to divert them from negative behaviour but to invite their participation in positive, critical, constructive contributions. An outcome may be reduced negative behaviour but that would also be a limited and limiting goal.

Fundamentally the proposals are about relationships and this leads to the fourth cornerstone: 4. *Capacity building – all assets, together in dialogue.* Fraser and Gary see the locality as an active collective of people including professionals, workers, volunteers, and local people. They advocate capacity building for all, with co-learning in the community for all.

The challenge, Fraser and Gary explained is how to make that reality a positive, conscious, lived experience.

“There is nothing more powerful than a community that has discovered what it cares about”

(Margret Wheatley)

The next phase of work will be at locality level but with a view to seeing many more people as 'health practitioners'. In the recent book 'The Future Public Health (2012)² Hanlon et al state: “*Health practitioners will need to develop a practice derived from immersion in the real-life struggles of communities. This will require skills in dialogue, facilitation and social learning where the practitioner will participate with others to create and synthesise health-creating ecologies*”. There is a need to learn our way into this new practice, freed from existing silos and disciplinary boundaries.

In summary, this work is not merely about improving current practices: progress will only be achieved by a trans-disciplinary approach. This will involve engaging in activity that crosses disciplinary boundaries and goes beyond these boundaries in the integration and synthesis of content, theory and methodology – a new knowledge production. Perhaps best practice mode should be set aside and a worst practice approach should be opened up, exploring failures and mistakes and actively learning from each other. To build the type of neighbourhoods that exhibit civic health, a move away from professional defensiveness and the paternalistic culture that is currently so evident will be required. Fraser and Gary concluded by quoting Tielhard de Chardin: “*The task before us now, if we would not perish, is to throw off our ancient prejudices, and build the earth.*”

A copy of the presentation delivered by Fraser and Gary can be accessed from the GCPH website at www.gcph.co.uk/events.

² Hanlon P, Carlisle S, Hannah M, Lyon A. *The Future Public Health*. Open University Press: 2012.

Asset based approaches in action

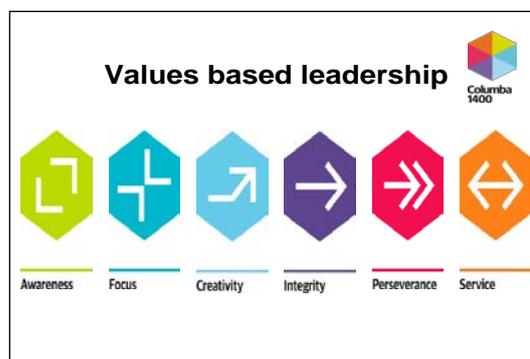
The second part of the seminar provided an opportunity for delegates to hear firsthand accounts and practical examples of asset based working from three community based projects from across Scotland.



Each project outlined what they do, who they work with and how they have developed. They also spoke of how the approach they take differs from what statutory services offer, the benefits that their approach brings for participants, and the inherent challenges and difficulties of working in this way.

The lived experience of asset based working described in these presentations demonstrated much of what the theory and literature suggests that these approaches can offer. The presenters confirmed the positive value and importance of asset based approaches in terms of wellbeing, social relationships and connectedness, growing aspiration and self confidence, coping skills and hope for the future, both in the present and in the longer term. Across the three unique and inspiring presentations commonalities were evident in their goals, ways of working and the obstacles they face.

Howard and Lisa presented on **Columba 1400** – a programme of individual and community change for young people from tough realities. Howard spoke about the six principles on which Columba 1400 is based, which align with the principles of an asset based approach. Lisa then spoke about the three stages of the Young People's Leadership Academy programme and the importance of the young person's desire to change rather than being urged to participate. The Columba 1400 staff focus on working with young people to help them realise that their inner greatness is already there and to give them the confidence to transform their lives and the lives of the people around them.



“Our task is not to put the greatness back into humanity, but to elicit it, for the greatness is there already.” John Buchan

Lisa concluded the presentation by sharing a number of quotes from participants which illustrated the positive value of the project in setting young people on the 'right road', belief in themselves and in helping them realise their potential for the future.

Vicki, Shirley and Sue from **Rag Tag 'n' Textile** – a social enterprise based in Skye, working with adults experiencing and recovering from mental ill health – then showed a short film of their project in action. Both moving and poignant, their film captured the participants and volunteers of the project alongside the crafts they produce. Shirley and Sue, both participants of the projects who moved on to becoming volunteers, then shared their experiences of being part of Rag Tag 'n' Textile. They described the support they had received, friendships they had built, new skills they had gained and the lifeline that the project was in times of crisis and in times of wellbeing.



Lastly, Abi from **Urban Roots** spoke. The project is a community led organisation working with local people in the south side of Glasgow to improve the environment and health of the local area. Abi talked about the projects and activities provided by Urban Roots for the residents of the local community and beyond. Activities range from community gardening and environmental arts to sustainable and active transport and home energy advice. Abi spoke of the role of the project in the local community and how through their activities they help transform local places and spaces, support the building of social capital, confidence and skills and create safer, healthier communities. Abi concluded her presentation by sharing a number of quotes from participants which illustrated the importance and value of the project in bringing people together, providing opportunities to learn new skills, and building confidence and happiness about being part of something which has benefits for the whole community.



Copies of these presentations can be accessed from the GCPH website at www.gcph.co.uk/events.

Further information on Columba 1400, Rag Tag 'n' Textile and Urban Roots can be found on the project websites:

- Columba 1400: www.columba1400.com
- Rag Tag 'n' Textile: www.ragtagntextile.org.uk
- Urban Roots: www.urbanroots.org.uk

Discussion session

Trevor Hopkins introduced the final session of the seminar by stating that the challenges for us all in making asset based approaches happen are the *'why, how and what'*. Trevor reflected that he and his colleague Jane Foot had made a case for the 'why' in their two publications³ and all of the speakers had powerfully reinforced this in their presentations and case studies.

Trevor outlined the principles, values and key themes for asset based approaches.

<p style="text-align: center;">Our thinking on why...</p>  <p style="text-align: center;">http://www.assetbasedapproaches.com/our-thinking-on-why</p>	<p style="text-align: center;">The Principles</p> <ul style="list-style-type: none"> • Assets: any resource, skill or knowledge which enhances the ability of individuals, families and neighbourhoods to sustain health and wellbeing. • Instead of starting with the problems, we start with what is working, and what people care about. • Networks, friendships, self esteem and feelings of personal and collective effectiveness are good for our wellbeing. <p style="text-align: center;">"Focusing on the positive is a public health intervention in its own right" <small>Professor Sarah Stewart-Brown, Professor of Public Health & Primary Care, School of Health and Life Sciences, Brunel University 19 January 2011 at Kings College</small></p>
<p style="text-align: center;">Values for an Asset Approach</p> <ul style="list-style-type: none"> • Identify and make visible to health-enhancing assets in a community • See citizens and communities as the co-producers of health and well-being rather than the recipients of services • Promote community networks, relationships and friendships • Value what works well • Identify what has the potential to improve health and well-being • Empower communities to control their futures and create tangible resources 	<p style="text-align: center;">Key themes</p> <p>The defining themes of asset based ways of working are that they are:</p> <ul style="list-style-type: none"> • Place-based • Relationship-based • Citizen-led <p>...and that they promote social justice and equality</p>

He then asked delegates to engage in discussion at their tables, focusing on:

- What conditions and approaches support the development of asset based working?
- How do we apply asset based values and principles in our work? How do we make it happen?

Each table was tasked with producing two 'headlines' – one 'how' and one 'what'. The 'headlines' from these discussions are set out in the table below:

How will we do it?	What will we do?
Suggest good leadership up and down the hierarchy in organisations.	Flexibility, working together, stability in terms of funding, learn from what has worked, creating a safe space for honest dialogue, start with what people can do!
Policy shift from deficit approach to assets – using staff as assets.	Everyone understanding, collective term to describe. Shift values and culture. Softer outcomes and change from top down.

³ Foot J & Hopkins T (2010) *A glass half-full: how an asset approach can improve community health and well-being* – IdeA / Foot J (2012) *What makes us healthy? The asset approach in practice: evidence, action, evaluation* – Jane Foot Publications

How will we do it?	What will we do?
Don't wait for perfection; just do something! Mandatory objectives – tackling inequalities, challenging systems, cultures where safe to take a risk, willingness to try, time – building relationships, identify/challenge barriers – real or perceived, ability to be organic, not fixing things.	Everyone singing from the same hymn sheet – organisational buy-in, work across disciplines, language, potential conflicts – agendas – short term funding, willingness to let go, not being precious, willingness to taker a risk and work across boundaries, influencing range of structures and organisations.
Smarter, softer, more inclusive ways of measuring success, backed by empowering staff to work differently with communities – “collective activism”.	Need for organisational change within statutory agencies to include risk taking, power sharing and tackling middle management practices and using resources differently. Context/culture, ownership, collective activism, long term view.
Developmental rather than intervention – more power to health improvement teams.	Belief that change is possible, soft targets.
Reciprocity - being open in all our relationships, seeing and connecting assets everywhere all the time.	Balance between stability and innovation, in terms of staffing, structures, funding of both statutory and third sector organisations, to build up local/professional knowledge and relationships and still benefit from new thinking.
Less strings attached to funding/resource, e.g. reporting back to suit funder. Public sector trust in others, e.g. measures and accountability changed – vice versa.	Common ground, power, resource, structures/organisations (barrier?), as assets approach grows risk of condition changing and local approach lost.
Empower staff within organisations to undertake an asset based approach, value the role of the third sector.	Values and ethos of workers and organisations – key, agreeing a corset of outcomes/measures that have a focus on the positive and softer skills.
Be confident around asset based approaches, be measured on how well we have collaborated with others and not just on targets and outcomes, objective in the worth of others around (staff/community).	Trust, freedom to try things out, organisational change, have transformational leaders, give staff half a day to be innovative.
Take risks, stick your neck out, trust people/communities to be part of the solution, challenge unrealistic expectations, supportive environment, weakness/failings when evaluating so we can learn from mistakes, statutory bodies to support!	Mapping – issues, topics, resources, (with the community), linking services, collaboration – social networks, individuals, organisations, power shift, trust, values, relationships.
Be the cultural change/connections together.	Open minded local ownership – passion.
Taking responsibility for applying this in our own work. Ensuring that it stays citizen led – break down professional barriers.	Shift to what makes us healthy not what makes us ill and scrap targets.
Experts on TAP not on TOP.	Reflective practice up and down the organisational hierarchy.
Share the learning from what's working, not failure forums. Trust in partners balanced with accountability, reduce the bureaucracy/hoop jumping, recognise change takes time and set backs happen (needs flexibility). Time banking – shares skills and knowledge at minimal cost, utilise private sector funding – untapped? Identify allies, pick areas to target, conserve energy for where it works.	Desire to change, tipping point – crisis – community/individual, re-prioritisation, change in funding environment, value what works – trust, recognising what's not working, good enough evidence, balance – numbers and people, facilitation, softer skills, non-judgement, power shift.

Jane Foot, in her [blog](#) about this event⁴, said: “I was very heartened to be part of a full conference room of over 150 people all keen to learn more about asset values and thinking and asset based approaches.” Trevor was equally interested to see if those attending agreed that the asset approach is a view of the world and a perspective, rather than a way of doing things. That, “*fundamentally the shift from a deficit based approach to an asset based one requires a change in attitudes and values.*”⁵

He was also interested to find both views present and several in between, although not in equal proportions. One group of people wish to ‘use’ asset based approaches to address specific health issues and conditions, often identified by very traditional ‘pathogenic’ needs assessments. This, by its very nature, is not an asset approach and looks much more like a traditional public health intervention with the potential to create ‘intervention generated inequalities’. A second and bigger group at the Forum seemed to agree that asset working is community led, long term and open ended and that “*a mobilised and empowered (individual, family and) community will not necessarily choose to act on the same issues that health services or councils see as the priorities.*”⁶ A third group were healthily sceptical about asset based approaches and willing to join the debate about the balance between ‘needs’ and ‘strengths’ based working.

Trevor’s final observation was that the questions and discussions in the room illustrated one of the real tensions that exists between these viewpoints. Many clinicians, health ‘specialists’ and practitioners find the asset approach difficult because it challenges their traditional professional practice and power while community ‘activists’ and workers embrace it easily because it validates their political beliefs and approaches.

Trevor suggests that this is no longer a debate about either/or. Sir Harry Burns has made it clear that an asset approach will be a cornerstone of Scotland’s work on improving health and reducing inequalities and he is applauded for this. If a debate is to continue, it should be about the balance between asset and deficit approaches; and the urgent and pressing need to address basic material and psychosocial inequalities that exist in and between many of our families and communities, a topic that Jane Foot addresses in her [blog](#) from this event.

⁴http://www.gcph.co.uk/latest/blogs/417_reflections_on_glasgow_s_healthier_future_forum_14_supporting_asset_based_approaches

⁵ Foot J & Hopkins T (2010) *A glass half-full: how an asset approach can improve community health and well-being* – IdeA

⁶ *ibid*

Conclusion

In response to the presentations and in summing up, Sir Harry Burns reflected on the work of the architect, Jan Gehl⁷. Gehl is a Danish architect who designs and creates places based on the needs of people and communities, with the intention of bringing people together. Drawing on the theme of connectedness, Sir Harry spoke of places that bring people into contact with each other in a way that is supportive and productive. Creating a dialogue of connectedness had emerged from the Forum. This, Harry said, requires trust, patience and shared values and is fundamentally based on compassion. Sir Harry felt that, due to the nature of their structures and processes, the third sector is more successful in helping people connect with society. Such connections are at the heart of asset based approaches; they are about helping people to relate to each other across the whole of society rather than a recipe for 'doing things' to people. Harry reminded the Forum that asset based working is not about applying a set of processes. Care must be taken not to dehumanise the approach – we must ensure that we hold onto the human principles that underpin asset based approaches.

Many of the discussion points raised during the morning related to how to scale up the approach – Sir Harry stressed that he did not feel this was possible. The projects presented, and many others working in similar ways, have emerged from highly local situations, people and conditions which have taken root and grown. Instead, Harry asked, how do we scale up the values and principles of asset based working, recognise validity and share this learning around the system, and also connect with what is happening internationally? This requires work and more thought on how to 'connect'. However, Sir Harry believes there is a missing piece – he feels that connectors are required to bring together those who are successful, not to each other, but to those who are not doing so well. But how do we get systems such as health and social work to link people, not only in small segments of their lives, but across the lifecourse? Here, the role for connectors, Harry argued, is to link to parts of systems which are not sensitive to people's assets and their desire to change. Consideration needs to be given to how to connect people back into a supportive environment which will allow them to follow through on their aspiration to change after discovering their assets and abilities.

Sir Harry said that we cannot get away from outcomes, but we might consider what we mean by outcomes. In Scotland, HEAT targets do not produce outcomes that foster change. Recording and measuring small cycle changes, describing minor impacts and sharing methods for capturing difficult and soft data would be useful. There is no question that measurement is important to allow us to know how successful we are being – it is not about collecting information for judgement, but for improvement. In this way we will know whether "*what we did today is working better than what we did yesterday*". That learning should then be shared.

In closing, Sir Harry highlighted the current Review of Community Planning which includes five Cabinet Secretaries, Chairs of NHS Boards, the Chair of Audit Scotland, and senior political figures from Local Authorities. The Review group have heard about the value and potential of asset based approaches and there is now strong political interest and buy-in. Scotland is an integrated society and there are real opportunities to join up. In reflecting on the 'butterfly effect' (small local changes having enormous effects), and the on words of Jimmy Reid, Harry spoke of children and young people living lives of hopelessness which we could change. These young people are the scientists, artists and politicians of the future. Harry concluded that there are small things that we can do now to start valuing what people have inside them rather than despising them for where they have got to and their failures in life – it could literally change the world!

Sir Harry then thanked the speakers and delegates for a productive and thought provoking morning and extended an invitation to continue the conversation over lunch.

⁷ <http://www.gehlarchitects.com/>

Feedback and event evaluation

Feedback was gathered via feedback forms (see Appendix 3) which were divided into two parts – one relating to the presentations given and reflections on what had been heard, and the other on the Glasgow's Healthier Future forum events, and how these can be developed in the future.

Comments specific to asset based approaches and information presented at GHFF 14

This event and the presentations given were found by delegates to be engaging, inspiring, informative and powerful. An energy and enthusiasm was generated in the room for the positive value of the approach, which was reinforced by real life stories and perspective provided by the practical examples of asset based working.

“Appreciate hearing from projects and organisations which are taking a creative approach to nurturing a sustainable social future for their communities.”

“Ideas discussed were very relevant and illustrations of good practice were inspirational.”

“Great opportunity to hear from a range of perspectives and engage in some of the dialogue.”

“Enjoyed the wide range of speakers across the spectrum of statutory and third sector organisations.”

Delegates were asked to consider if they would do anything differently tomorrow following what they heard at the forum. Delegates reflected on the need to change existing structures, language and cultures, to create opportunities for discussion and build confidence in working this way.

“I will continue to try and make the community I work with able to explore their assets.”

“To have discussions within NHS health improvement to explore what should be the role of CHP staff in supporting and delivering asset based approaches.”

“Be more confident that I know from my experience that asset based work makes a difference - don't 'shrive' when people see me as woolly / passionate / emotional.”

“Have more confidence that small projects working with communities are important. It is not all about NHS and LA service delivery.”

“How structures and language can and are changing, move towards values based issues – recognising people as humans not numbers.”

Delegates also highlighted the issues of measurement and evaluation of asset based approaches, the nature of short term funding, national and local leadership, and changing organisational culture as being important points for further discussion for the approach to be fostered and supported more widely in Scotland.

Comments on this event and Glasgow's Healthier Future Forum events in general

The event was well received by delegates and responses noted the event to be timely, thought provoking, encouraging, motivating and lively. The Healthier Future Forum was seen as being important in providing an effective opportunity for networking and bringing people from different disciplines and points of view together, and generating new ideas and developing new perspectives. The programme for the event was found to be balanced and provided a good mix of presentations and perspective from both professionals working in the area and practical real life examples.

“One of the most positive events I've attended. Feel I'm surrounded by like minded people and reinforces what I'm doing in positive, small changes.”

“This is the first time that emphasis has been on how to tackle problems rather than just list them.”

“Rate it very highly. Speakers were excellent. Context was very focused and made relevant to my working context.”

However, despite acknowledging the mix and number of presentations, a small number of delegates felt that the event should have been a whole day event (*“a packed agenda that struggled to fit everything in and do it justice”*) and that it *“felt a bit rushed”*. Delegates also highlighted that they would have liked more time and opportunity for discussion and audience participation, and more space for networking and refreshments. A small number of comments also highlighted the potential benefit of holding Healthier Future Forum events around Scotland.

Appendix 1: Seminar delegates

Rena	Ali	GAMH
Jeanette	Allan	NHS GG&C
Kaylie	Allen	Inspiring Scotland
Jane	Ankori	NHS GG&C
Imran	Arain	NHS Highland
Peter	Ashe	National Services Scotland
Pauline	Banks	University of the West of Scotland
Jackie	Barbour	Kirkcaldy and Levenmouth CHP
Paula	Beaumont	EPIC Futures CIC
Fiona	Benton	Routes Out of Prison
Stephen	Birrell	Glasgow Community and Safety Services
Clare	Black	NHS Ayrshire & Arran
Tony	Bone	Strathclyde Police
John	Boswell	Assist Social Capital
Nichola	Brown	Glasgow East CHP
Margaret	Brownlee	Glasgow Caledonian University
Sir Harry	Burns	Scottish Government
Frances	Bryce	Inverclyde CHCP
Lara	Calder	NHS GG&C
Julie	Cameron	Mental Health Foundation
Irene	Campbell	NHS Ayrshire & Arran
John	Carnochan	Scottish Violence Reduction Unit
Paula	Charleson	SEPA
Louise	Christie	Scottish Recovery Network
Anne	Clarke	NHS Ayrshire & Arran
Sue	Colbourne	Rag Tag 'n' Textile
Sylvia	Collumb	NHS GG&C
Anne	Conrad	SEPA
Hilary	Cowie	Institute of Occupational Medicine (IOM)
Joe	Crossland	GCPH
Claire	Curtis	NHS GG&C
Gabe	Docherty	Kirklands Hospital
Cam	Donaldson	Glasgow Caledonian University
Fiona	Edgar	GCPH
Pauline	Edmiston	Faith in Community Scotland
Linda	Entwistle	Glasgow City Council
Allan	Farmer	Scottish Community Alliance
Joanne	Farrow	Scottish Government
Susan	Fleming	NHS GG&C
Bob	Foley	Newbattle Community High School
Jane	Foot	Independent Policy Advisor
Marie	Forsyth	Children's Inclusion Partnership
Ian	Galloway	

John	Galt	Glasgow Life
Fiona	Garven	SCDC
Jackie	Gillespie	Glasgow Caledonian University
Lorraine	Gillies	West Lothian Council
Suzanne	Glennie	Glasgow West CHP
Alan	Gow	MacMillan Cancer Support
Jan	Graham	Inverclyde CHCP
Ailsa	Grant	GAMH
Elaine	Grogan	East Renfrewshire Council
Douglas	Guest	EHRC
Lynsay	Haglington	East Dunbartonshire Council
Wendy	Halliday	NHS Health Scotland
Angus	Hardie	Scottish Community Alliance
Alison	Hardman	NHS Highland
Kat	Hasler	NHS Health Scotland
David	Hazle	Glasgow City Council
Graham	Hill	NHS GG&C
Clementine	Hill O'Connor	Yunus Centre for Social Business and Health
Trevor	Hopkins	Asset Based Consulting
Claire	Howe	Scottish Business in the Community
Andy	Hyde	ALISS Project
Niall	Illingworth	Strathclyde Police
Dern	Inglis	NHS Health Scotland
Don	Jamieson	The Coach House Trust
Runima	Kakati	NHS GG&C
S Vittal	Katikireddi	MRC/CSO Social & Public Health Sciences Unit
Isobel	Kelly	North Ayrshire Council
Kevin	Lafferty	Forestry Commission Scotland
Trevor	Lakey	NHS GG&C
David	Law	NHS GG&C
Margaret	Layden	North Glasgow Housing Association
Audrey	Leckie	Community Renewal
Margaret	Linton	Glasgow City Council
Alison	Linyard	IFF/GCPH
Cath	Logan	Big Lottery Fund
Emma	Lyon	NHS Health Scotland
Lois	Marshall	Youth Scotland
Victoria	McAlpine	NHS GG&C Health Improvement Team
Fiona	McBride	Children 1st
Frances	McBride	East Dunbartonshire CHP
Margaret	McCarthy	Glasgow CHP NES
Tricia	McConalogue	Bridging The Gap
Isabel	McCue	Theatre Nemo
Denise	McDaid	NHS GG&C
Sabina	McDonald	NHS GG&C

Isla	McGlade	NHS GG&C/GCU
Niall	McGrogan	NHS GG&C
Margaret	McGrory	Children's Inclusion Partnership
Karen	McGuigan	NHS Lanarkshire
Laura	McKenna	Glasgow Science Centre
Helen	Maclean	Glasgow Life
Jennifer	McLean	GCPH
Gehan	MacLeod	GalGael
Mary-Anne	MacLeod	Big Lottery Fund
Val	McNeice	GCPH
Karen	McNiven	Glasgow CHP
Hazel-Ann	McWhirter	East Renfrewshire CHP
Gary	Malone	Voluntary Action Angus
Alasdair	Martin	East Renfrewshire Council
Charlie	Martin	The Wise Group
Fergus	Millan	Scottish Government
Jodi	Millott	East Renfrewshire Council
Abi	Mordin	Urban Roots
Moyra	Muir	Glasgow Caledonian University
Heather	Murray	NHS Fife
Jayne	Norwood	Gateshead Council
Kevin	O'Neill	NHSL
Marion	O'Neill	Public Health Directorate
Fraser	Patrick	NHS Tayside
Lisa	Pattoni	IRISS
David	Radford	East Dunbartonshire CHP
Tony	Rednall	Scottish Government
Lesley	Reid	NHS Ayrshire and Arran
Wendy	Reid	Development Trusts Association Scotland
Louise	Rennick	NHS Health Scotland
Kieran	Renshaw	Children's Inclusion Partnership (CHIP)
Lucy	Reynolds	NHS GG&C
Andrew	Robertson	NHS GG&C
Kate	Robertson	Children's Inclusion Partnership (CHIP)
Rosie	Robertson	NG Homes
Lesley	Roome	Health and Social Care Alliance Scotland
Karen	Ross	NHS GG&C
Michael	Roy	Yunus Centre for Social Business and Health
Vicki	Samuels	Rag Tag 'n' Textile
Pete	Seaman	GCPH
Fraser	Shaw	NHS GG&C - Addiction Psychiatry
Deborah	Shipton	GCPH
Fiona	Sinclair	Common Wheel
Lynsey	Smith	Includem
Sandra	Stuart	Renfrewshire Community Health Initiative

Christine	Tait	NHS GG&C
Carol	Tannahill	GCPH
Peter	Taylor	Community Development Alliance Scotland
Shirley	Taylor	Rag Tag 'n' Textile
Joanna	Teuton	NHS Health Scotland
Joseph	Theodore	Open University
John	Thomson	Glasgow City CHP
Morag	Thow	Glasgow Caledonian University
Lorraine	Tulloch	Scottish Government
Paul	Tulloch	East Renfrewshire Council
Alison	Urie	Impact Arts
Howard	Vaughan	Columba 1400
Eddie	Warde	Glasgow City Council
Tim	Warren	Scottish Government
Ian	Welsh	Health and Social Care Alliance Scotland
Anne	Whitcombe	Robert Gordon University
Lorraine	White	North Ayrshire Council
Lisa	Whittaker	Columba 1400
Alessia	Williams	Glasgow Caledonian University
Heather	Williams	NHS Health Scotland
Jackie	Willis	NHS Health Scotland
Heather	Woods	MacMillan Cancer Support

Appendix 2: Seminar programme



Glasgow's Healthier Future Forum 14

Supporting asset based approaches for health improvement

30 January 2013

The Trades Hall, 85 Glassford Street, Glasgow G1 1UH

9.00 – 9.30	Registration Tea and coffee
9.30 – 9.45	Welcome and introduction Chair – Sir Harry Burns, Chief Medical Officer, Scottish Government
9.45 – 10.10	Assets in action: illustrating asset based approaches for health improvement Jennifer McLean and Valerie McNeice, GCPH
10.10 – 10.30	Moving from 'what's the matter with you', to 'what matters to you': an assets approach for the promotion of wellbeing Lisa Pattoni, IRISS and Frances McBride, East Dunbartonshire CHP
10.30 – 10.50	Civic health: promoting your local authority Fraser Patrick, NHS Tayside and Gary Malone, Voluntary Action Angus
10.50 – 11.10	Questions and discussion
11.10 – 11.30	Refreshments
11:30 – 12:15	Asset based approaches in action: <ul style="list-style-type: none">• Columba 1400: Values-led leadership in the community and beyond Howard Vaughan and Lisa Whittaker• Rag Tag 'n' Textile: True colours Vicki Samuels, Shirley Taylor and Sue Colbourne• Urban Roots: Growing community assets Abi Mordin
12:15 – 1.15	Facilitated discussion and feedback session Trevor Hopkins, Asset Based Consulting
1:15 – 1:30	Summing up Sir Harry Burns
1:30	Close and lunch

Appendix 3: Event evaluation form



**Glasgow's Healthier Future Forum
14**

**Supporting asset based approaches
for health improvement**

Wednesday 30th January 2013

Please provide us with general comments about your experience of this meeting of Glasgow's Healthier Future Forum:

Which of the issues discussed, or points made at the Forum, do you consider most important?

Have you attended any previous meetings of the Forum?

Yes / No

Have you attended any other Glasgow Centre for Population Health events?

Yes / No

Will you continue to attend GCPH events?

Yes / No

What is your view on the usefulness of the Forum?

How might we improve future events?

Optional information:

Name: _____

Organisation: _____

If you wish to be added to the GCPH network of contacts and be notified of future events please leave us your email address:
