

LEEDS METROPOLITAN UNIVERSITY  
**INSTITUTE FOR HEALTH  
AND WELLBEING**



# Evaluation of the Altogether Better Asset Mapping in Sharrow and Firth Park, Sheffield



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## Acknowledgements

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# Executive Summary

## **Introduction**

'I am My Community' is an asset mapping exercise led by Altogether Better that has explored a model by which trained Community Health Champions (CHCs) are used to undertake an inventory of the physical and social assets linked to the health and well-being of their communities and neighbourhoods. The project, which started in 2011 and was completed in April 2012, was undertaken in two communities in Sheffield, Sharrow and Firth Park, by two delivery organisations, ShipShape and SOAR. A steering group including Altogether Better, the Department of Health, Sheffield Well-Being Consortium, Sheffield City Council, ShipShape staff and CHCs, SOAR staff and CHCs, and South Yorkshire Police has overseen the delivery and development of the project and work.

This report presents findings from an evaluation of the 'I am My Community' asset mapping, conducted by the Centre for Health Promotion Research, Institute for Health and Wellbeing at Leeds Metropolitan University. It presents evidence about the engagement of CHCs in asset mapping and offers recommendations regarding their involvement in future projects.

## **Background**

Asset mapping is one of the methods used in Asset Based Community Development, which is an approach to community development that primarily focuses on the strengths and capacities available within communities and not on their problems or needs. This approach has recently received significant attention in the UK in the context of the implementation of the Coalition Government's 'Big Society' strategy. Asset mapping entails undertaking an inventory of any capacity, at the individual, group or institutional level, which local dwellers value and consider as strengths of their communities and neighbourhoods. Although some preliminary findings indicate the potential for this approach to deliver some significant changes in the neighbourhoods in which was applied, more evidence is needed on the outcomes of its application to inform what can be expected from its use.

## **Evaluation aims and objectives**

The primary aim was to undertake an evaluation of the 'I am My Community' project. Specific objectives were to:

- Examine whether the Altogether Better 'I Am My Community' Asset Mapping project demonstrates replicable strengths and learning in collating community knowledge around health and happiness.
- Explore whether Community Health Champions were able to facilitate community research, what strengths they provided and what support they needed.

- Explore the views of communities and of those in key strategic roles on the Altogether Better 'I am My Community' Approach.
- Identify what has been learnt about engaging communities in local research and asset mapping.

### ***Evaluation methods***

The evaluation was based on Theory of Change methodology and used a qualitative design. Qualitative data were gathered through individual semi-structured interviews with the stakeholders and CHCs involved in project delivery. In total 11 people were interviewed.

### ***Key findings***

- Undertaking the asset mapping entailed a steep learning curve for most stakeholders and volunteers, who at the start of the project shared a common uncertainty regarding what an asset mapping was and how to engage the local communities in it. However, at the end of the project there was common satisfaction and enthusiasm regarding some of the outputs achieved.
- Community Health Champions were key for the development and successful completion of the Asset Mapping. Despite two well-received training days for the CHCs, it proved difficult to keep all the CHCs involved until the end of the project, which showed the risks associated with having them as the only deliverers of the project. In addition to the time inputted by CHCs, a significant amount of paid staff time was needed to deliver the project.
- Local events were an original and successful way to undertake asset mapping. However, regularity and wide attendance are key characteristics for their effectiveness, especially if they are also used as the primary tool to feedback the information collected on local assets back in the community.
- Successful sharing of assets among local residents led to some promising stories on how asset mapping can lead to valued outcomes for the participants. However, there was no agreement among the organisers on how to make all the information collected on personal assets publicly available to allow further sharing and use of them, which can represent a significant limit for the overall impact of the project.
- Over and beyond the outcomes for the participants, running the Asset Mapping project led the delivery organisations, ShipShape and SOAR, to make some immediate changes in their approach to the public, which suggests a long-lasting impact of this project on their community health work.
- Local institutions, services and businesses were not mapped, the focus being on individuals' skills and talents (personal assets). However, the assets associated with local services and businesses can be key to help developing activities related to personal assets

and it would be important to include them in asset mappings.

- Despite their different perspectives and roles in the asset mapping, stakeholders and community health champions shared two common views regarding how the asset mapping should be best used in the current climate of health and welfare reforms: it should not be used to substitute services which are currently provided by local authorities, its outputs need to be linked with the activities of the Sheffield Health and Wellbeing Consortium and the findings from the Joint Strategic Needs Assessment.

### ***Conclusions and recommendations***

The 'I am My Community' project aimed to explore a model whereby trained Community Health Champions (CHCs) were the primary deliverers of asset mapping in their neighbourhoods and communities. The evaluation found that CHCs were key for the successful undertaking of the asset mapping in the two studied neighbourhoods in Sheffield, Sharrow and Firth Park. Nevertheless, it found evidence that their involvement and permanence throughout the length of the project proved to be challenging and that a significant amount of paid staff time was needed for the project to be delivered. A more sustainable model would entail:

- Using of a variety of volunteers, from organisations with different aims and clients, to mitigate the risks related to their recruitment and turnover and expand the reach of the asset mapping in the community.
- Securing adequate financial resources to cover for the paid staff and the resources that are needed to undertake asset mapping.

Key recommendations from the evaluation are:

Having a clear purpose

- To define a clear purpose for the asset mapping, identifying who is going to use the assets and for what purpose.

Mobilising resources and expertise

- To involve consultancies and people with previous experiences of asset mapping from the start of the project to avoid common mistakes and have a faster and more efficient onset.
- To ensure adequate financial resources to cover staff time and expenses related to the undertaking of the asset mapping, which is a time intense activity.

Producing a comprehensive map of assets

- To undertake a mapping of all relevant assets at the individual, community and institutional level in the given neighbourhood. Mapping the assets available at one level only may not be sufficient.
- To plan at the start of the project the way in which the information regarding personal, community and institutional assets will be feedback in the local community for local dwellers to use it. Mapping local assets without putting them back in the community can prove to be an empty exercise.

Ensuring the process is inclusive and maximises participation

- To involve different groups of volunteers in the delivery of the asset

mapping. Relying only on one group or type of volunteers is more risky and can reduce the project's capacity to be inclusive.

- To plan at the start of the project a relevant sample size and adequate sampling techniques to ensure that the asset mapping is as inclusive as possible towards all the individuals living in the given neighbourhoods. Relying only on one sampling strategy can put the project's capacity to be inclusive at risk.

#### Using the information on assets

- To make sure that information regarding people's contact details is collected in a systematic way during the asset mapping and that information regarding protection of people's privacy and individual liability is available at the start of the project.
- If a questionnaire is used, to make sure that it collects detailed information on the assets that the project aims to survey. A questionnaire which is too general or superficial can put at risk the capacity of the asset mapping to help the communities to share and build on their capacities.
- To consider, early on in the process, how the surveyed assets will be hosted (paper, database or web) and whether a visual map, using relevant software and mapping applications, will be created to help spatially locate the different assets in the given neighbourhoods.
- To communicate the outcomes and potentials of the asset mapping clearly and effectively to social policy makers and relevant local agencies. This can help to both identify relevant specific aims for asset mapping exercises and expand their impact at the community level.

# ***The Report***

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## **1 Introduction**

Altogether Better (AB) is a collaborative network, hosted by NHS Yorkshire and Humber, aimed at building capacity to empower communities to improve their own health and well-being. It is made up of Community Health Champions (CHCs), Deliverers, Commissioners, Academics, Researchers and Policy-Makers reaching from local neighbourhood level to an international scale.

In 2011 AB took a lead in undertaking a Community Asset Mapping project, 'I Am My Community', aimed at bringing together the Sheffield CHC approach with existing Asset Mapping good practices to explore a model of trained CHCs who can understand and record the physical and social assets that influence the health and well-being of their communities and neighbourhoods. The project was undertaken in two different disadvantaged communities in Sheffield (South Yorkshire), Firth Park and Sharrow, to allow AB to compare the findings, process and approach working within communities with some similarities but some clear geographical and demographic differences.

This report presents findings from the evaluation of the 'I Am My Community' Asset Mapping project, with a particular focus on the role played by the CHCs and the lessons learnt from their engagement in research and asset mapping.

### ***1.1 Asset Based Development Approach***

The Asset Based Community Development is an approach to community development which was originally developed in the United States by a team of the Institute for Policy Research at Northwestern University, Illinois (Kretzmann & McKnight, 1993). It is based on the assumption that "even the poorest city neighbourhood is a place where individuals and organizations represent resources upon which to rebuild" (Kretzmann & McKnight, 1996, p. 3). It is defined by three main characteristics (Kretzmann & McKnight, 1993), it is:

- Asset-based: it starts with what is present in the community, not with what is absent, needed or problematic, so it aims to uncover the capacities in the community.
- Internally focused: the development strategy concentrates first of all upon the agenda building and problem-solving capacities of local residents, local associations and local institutions.
- Relationship driven: it seeks to constantly build and re-build linkages among local people, local institutions, and local organisations.

The overall aim of Asset Based Community Development is "not only to build upon those resources which the community already controls, but to harness those that are not yet available for local development purposes" (Kretzmann & McKnight, 1996, p. 3). This approach has recently received



considerable attention in the UK as a way to foster the Coalition Government's Big Society agenda, which is about moving power away from central government and giving it to local communities and individuals through the pursuing of three main aims (Cabinet Office, 2011):

- Empowering communities – helping and enabling local people to have more of a say in how decisions are made in their area and about the services they receive.
- Changing and opening up public services – encouraging public sector organisations and individuals to demonstrate new and innovative ways of delivering public services and enabling charities, social enterprises, private companies to deliver public services.
- Promoting social action – encouraging people to be more involved in their communities and to volunteer and give money.

### **1.1.1 Asset mapping**

Asset Mapping is one of the methods commonly used in the Asset Based Community Development approach to mobilise community members around a common vision or plan (Kretzmann & McKnight, 1993). Its purpose is to generate an inventory of the resources and capacities available at the individual, group and institutional level within a given community or neighbourhood (Foot & Hopkins, 2010). Other methods used in Asset Based Community Development include (Mathie & Cunningham, 2003):

- collecting stories of community successes and analysing the reasons for success;
- forming a core steering group of community dwellers;
- building a community vision plan;
- leveraging activities, investments and resources from outside the community.

Asset mapping categorises assets in six levels (Foot & Hopkins, 2010):

- The assets of individuals: skills, passions, talents, knowledge, time, etc.
- The assets of associations: all the formal and informal ways in which people come together, from football teams to reading groups and babysitting circles.
- The assets of organisations: the services that organisations deliver as well as the resources and goods that they control, for example staff, expertise as well as parks, buildings etc.
- The physical assets of an area: green spaces, unused land, transport, etc.
- The economic assets of an area: any economic activity and potential for business.
- The cultural assets of an area: every form of art, culture and expression of creativity.

Not all of the above mentioned community assets are equally available for community-building purposes, some being more accessible than others. Assets have therefore been further classified in three main building blocks based on their accessibility to local people and usability for community development (Kretzmann & McKnight, 1996):

- Primary Building Blocks; these are assets and capacities located inside the neighbourhood, largely under neighbourhood control, for example individual assets, association assets and some organisation assets (e.g. local newspapers, local radio stations).
- Secondary Building Blocks; these are assets located within the community, but largely controlled by outsiders, for example most private and non-profit organisations (hospitals, social service agencies, higher education institutions), physical resources, and public institutions and services (public schools, police, libraries, parks etc.)
- Potential Building Blocks; resources originating outside the neighbourhood and controlled by outsiders, e.g. welfare expenditures, public information, etc.

Different methods and strategies can be used to collect data on community assets, from less structured to more sophisticated, including (NHS North West, 2011):

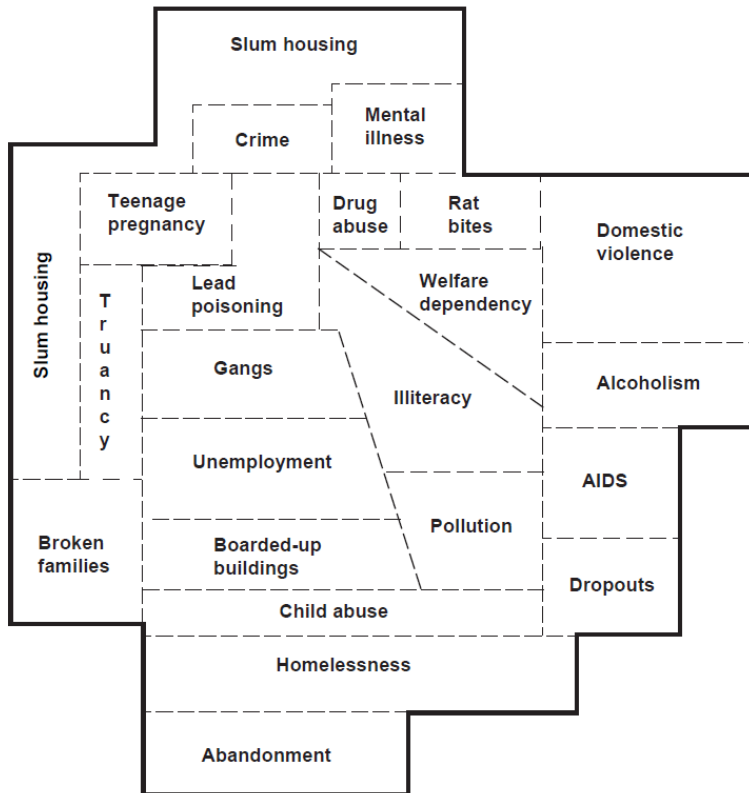
- mailing out a survey;
- dropping off a survey at various locations;
- using a door to door survey;
- using a telephone, online or email surveys;
- conducting interviews (face to face conversations);
- conducting group interviews;
- community / listening events, visit gathering places (e.g. shops, barbers, etc.).

Figure 1 and Figure 2 show two examples respectively of how an hypothetical neighbourhood would be mapped within a needs based perspective, highlighting problems and needs, and how the same neighbourhoods would be mapped within an Asset Based Community Development approach, which emphasises the capacities and resources that are available in the community, not what is missing from it.

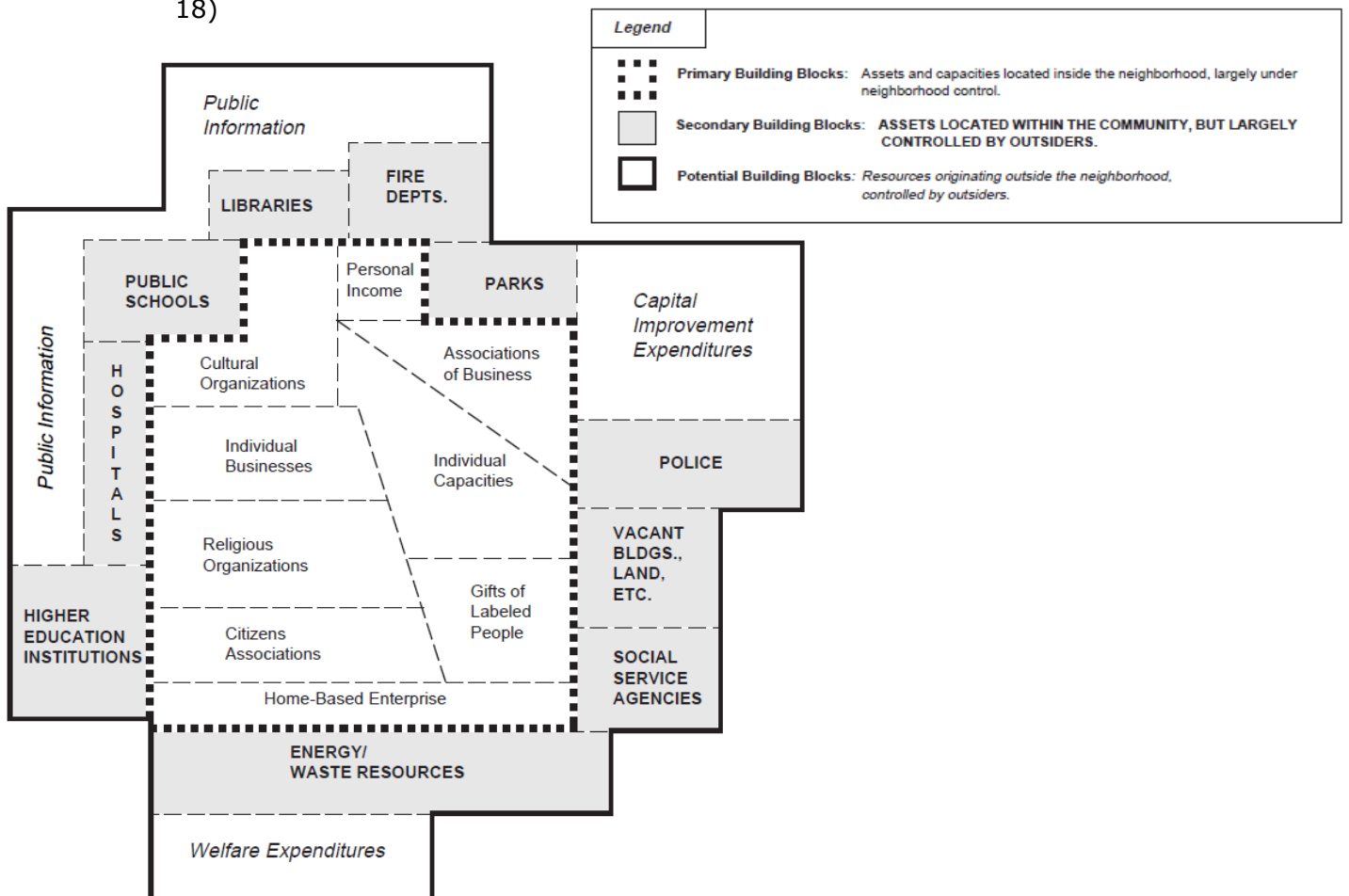
Although there are no golden standards to undertake asset mappings, a recent guidance by NHS North West (2011) points out a number of issues that it is important to address for successfully undertaking one:

- The community should identify the assets which they value, rather than create a long and not very informative list, as these are likely to have the greatest impact. Individual and community capacities can be considered as assets only in so far as they are valuable to the community.
- Before embarking upon an asset mapping, it is important to consider what the reasons to do it are and what it is hoped to be achieved from it; both messages will need to be conveyed to the people who will be engaged in the mapping exercise. These considerations are likely to determine the geographic area to be assessed, the size of the sample to be interviewed and the questions to be asked in the mapping exercise.
- It is important to consider, early on in the process, how the surveyed assets will be hosted (paper, database or web) and ownership as this will affect how they may be updated in the future.
- It is important to make sure that the final map is continually monitored to check whether it is up to date and still useful.

**Figure 1** Neighbourhood needs map. From Kretzmann and McKnight (1996, p. 17)



**Figure 2** Neighbourhood asset map. From Kretzmann and McKnight (1996, p. 18)



Despite some recent research that explores how asset mapping has been undertaken, both in the UK, for example in Wakefield (NHS Wakefield District, 2011) and Gateshead (Gateshead Council, 2011), and internationally (Baker et al., 2007; Santilli, Carroll-Scott, Wong, & Ickovics, 2011), there is still scant research on the outcomes of these exercises, their longer term sustainability and actual impact on public health issues (Whiting, Kendall, & Wills, 2012).

### **1.1.2 Evaluation aims and objectives**

The primary aim was to undertake an evaluation of the 'I am My Community' asset mapping exercise. Specific objectives were to:

- Examine whether the Altogether Better 'I Am My Community' Asset Mapping project demonstrates replicable strengths and learning in collating community knowledge around health and happiness.
- Explore whether Community Health Champions were able to facilitate community research, what strengths they provided and what support they needed.
- Explore the views of communities and of those in key strategic roles on the Altogether Better 'I am My Community' Approach.
- Identify what has been learnt about engaging communities in local research and asset mapping.

### **1.1.3 Report structure**

The report presents the findings from the evaluation of the 'I am My Community' Asset Mapping. It provides an assessment of whether the project has been successful in its aims to propose a model of trained CHCs who can undertake asset mapping. The remainder of the report is divided in four sections. Sections two and three briefly summarise respectively the aims and organisation of the asset mapping and the methods adopted to undertake the evaluation. Section four reports on the findings from the interviews undertaken with the stakeholders and CHCs involved in the mapping. Section 5 offers a brief summary of the evidence and recommendations for the future applications of asset mapping.

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## 2 'I am My Community' Asset mapping

The overall aim of the 'I am My Community' asset mapping was to build capacity in communities, to extend the skills and expertise of community health champions (CHCs), to understand how this process works in different communities and to trial an asset mapping approach which enriches a community, leaves a lasting legacy and captures learning and evidence that can influence future work. In particular, the project aimed to:

- Build on the success of trained voluntary Altogether Better CHCs working in neighbourhoods with the poorest health.
- Train and support a team of established community health champions to conduct asset mapping, appreciative enquiries, open space events and consultation within their own community.
- Encourage the wider community to become involved and engaged in the asset mapping process, to understand why the work is significant and how they can use it to influence future developments and support their neighbourhoods.
- Provide an opportunity for the community to celebrate, work together and build relationships.
- Work with project teams, volunteers and support staff to collate the information appropriately to map the assets of the community, record the process and identify areas of strength and any areas that need support to remove barriers or address local issues.
- Forge stronger local partnerships between community members and GP's, Fire and Police services, Local Elected Members and other local services.
- Establish links with Joseph Rowntree Foundation projects in York and Bradford to enrich learning and evaluation.
- Produce reports that capture the process and learning.

The project worked with existing CHCs and the local partners within the Health and Well-Being Consortium including voluntary and community and faith sector organisations, Local authority and primary care trust leads. A steering group including AB, the Department of Health, Sheffield Well-Being Consortium, Sheffield City Council, ShipShape staff and CHCs, SOAR staff and CHCs, and South Yorkshire Police oversaw the delivery and development of the project.

AB has managed the overall contract for the Asset Mapping work and supported Sheffield Health and Well-Being Consortium through their management of the delivery. AB will report back to the regional Health Inequalities Engine Room, and will use the work to influence future CHC sustainability plans, inform the National Networks of Community Health Champions, report back to the Department of Health and inform plans for Community Organisers through the Office for Civil Society. AB is also developing an international CHC network and the evidence will be circulated nationally and internationally.

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## 3 Evaluation Methods

The evaluation approach was guided by the principles for evaluation of community-based public health projects by facilitating stakeholder involvement in design and ensuring the methods fitted with the ethos of the project (Green & South, 2006). Due to the small scale of the study, a focused and pragmatic approach to data collection was required, but at the same time it was important to use a realist approach to unpack the relationships between context, mechanisms and outcomes (Pawson & Tilley, 1997). The evaluation was based on Theory of Change methodology to articulate the links between purposeful activities, underlying assumptions, mechanisms of change and outcomes (Connell & Kubisch, 1988). An initial Theory of Change for 'I am My Community' was developed (Figure 3); it aimed to explore how the CHCs were involved in the asset mapping and whether such involvement demonstrated replicable strengths and learning in collating community knowledge around health and happiness.

### 3.1 Methods

The evaluation drew on qualitative data to explore the stakeholders and CHCs perspectives on processes and outcomes. Semi structured interviews were undertaken with stakeholders and CHCs involved in the delivery of the asset mapping, including the project manager and representatives from the steering group (see Appendix 1 for the interview schedule). Overall, 11 people were interviewed, 9 in individual interviews and 2 together in a single interview (see Table 1).

**Table 1** Role and number of interviewees

<b>Participants</b>	<b>N</b>
Stakeholders	2
Steering group	7
CHCs	2
<b>Total</b>	<b>11</b>

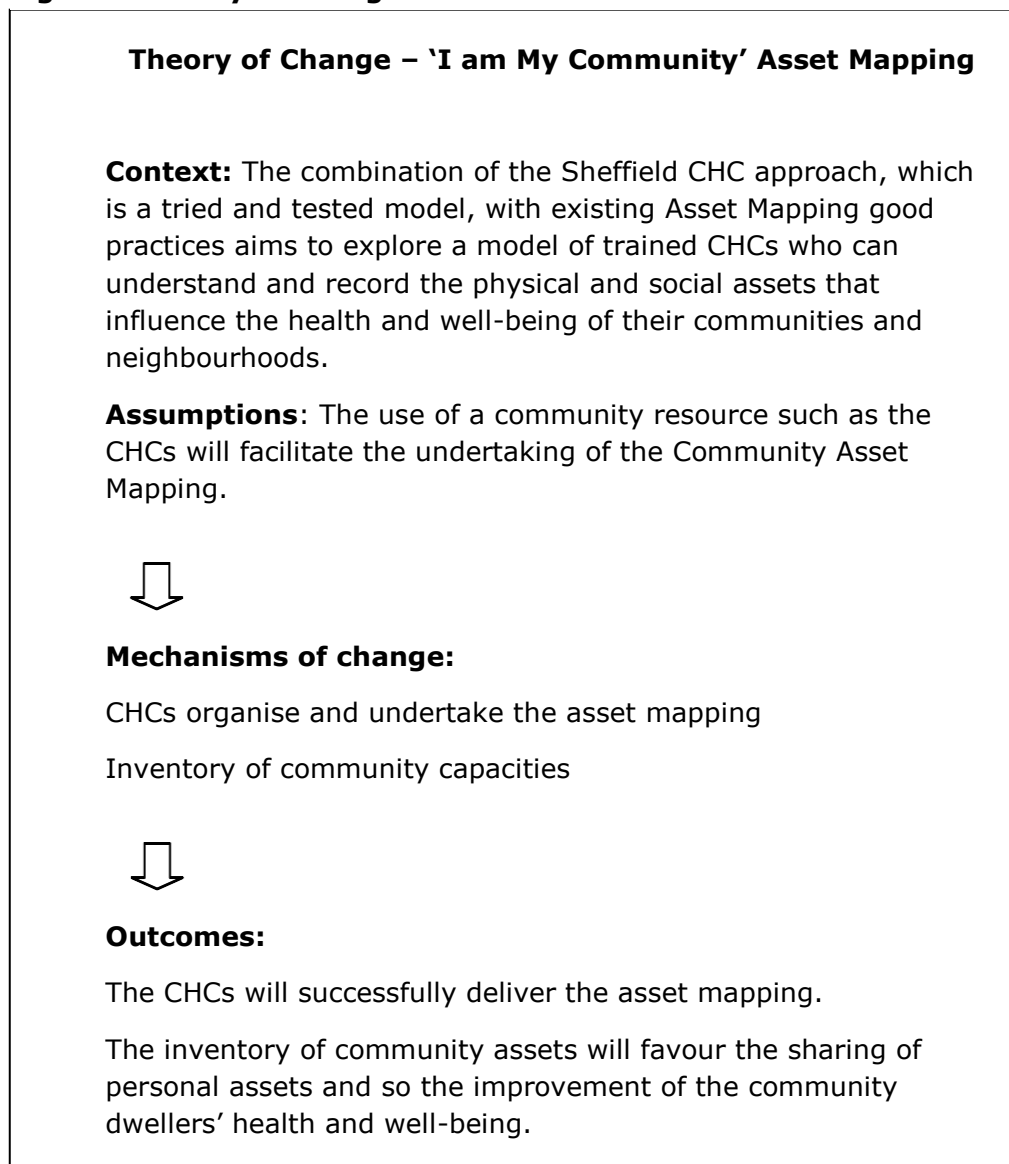
#### 3.1.1 Ethical issues

The evaluation received ethical approval from the Faculty of Health & Social Sciences Research Ethics Committee. A letter explaining the aims of the evaluation was sent to all the participants (see Appendix 2) and written consent (see Appendix 3) was obtained from all of them. The evaluation conformed to recognised ethical practice by ensuring:

- informed consent
- confidentiality
- secure information management
- attention to risk reduction
- the right to withdraw from the research.

Particular care has been taken to ensure that when reporting qualitative results, all names and identifying details have been removed from quotations and examples.

### Figure 3 Theory of change



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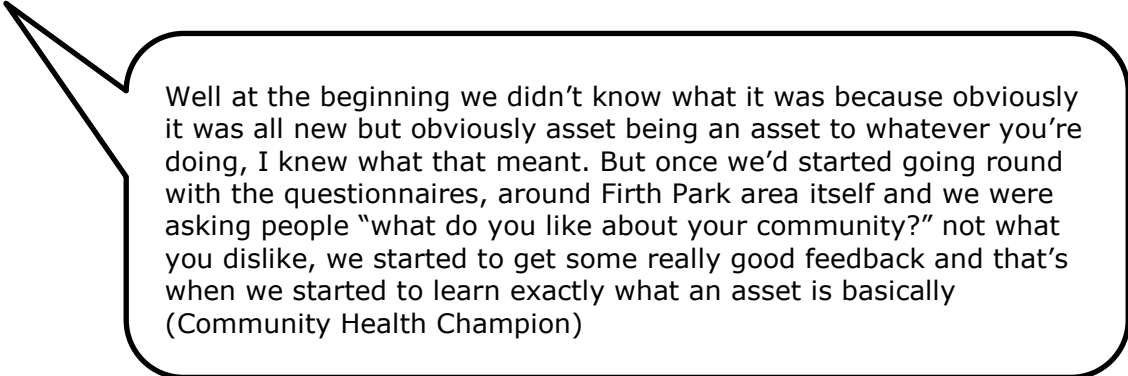
## 4 Findings

This chapter reports on the experiences and views about asset mapping of the stakeholders and volunteers interviewed. It is divided in two sections:

- 'Doing asset mapping', which explores the assets that were surveyed, the role of the Community Health Champions, how local communities were engaged and how information on the surveyed assets was fed back into them.
- 'Learning from the asset mapping', which reports on lessons learnt from the team involved in the asset mapping and their views and perspectives regarding how the asset mapping fits in the wider contexts of the current health and welfare policy reforms.

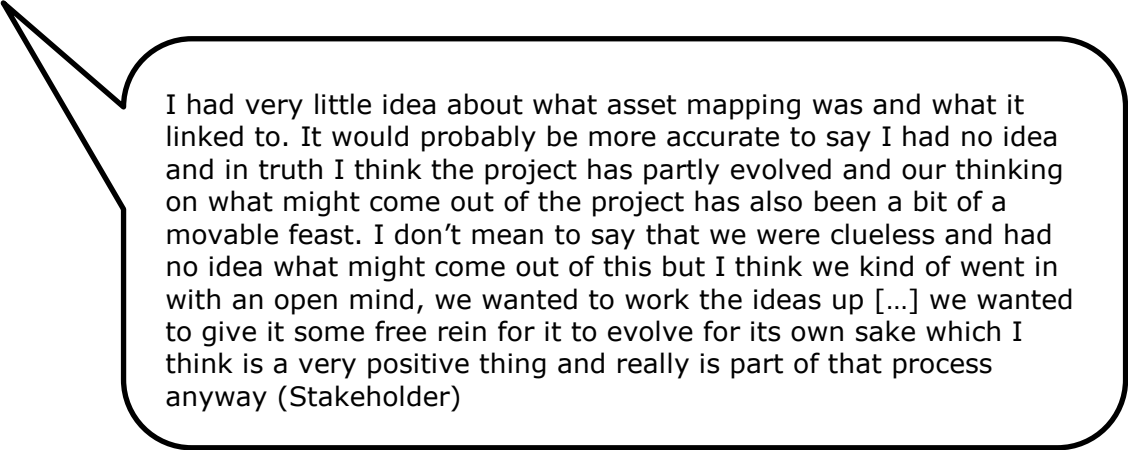
### **4.1 Doing asset mapping**

Asset mapping was a new method for the community health champions (CHCs) and for most stakeholders interviewed, who reported that planning how to undertake it entailed a steep learning curve for both the ShipShape and SOAR teams. Although the key commissioning stakeholders had firmer views regarding what the project was about, other stakeholders and the CHCs mentioned that their understanding of asset mapping evolved with the project and that engaging with actually doing it was key to fully appreciate this method and its implications. Overall, both the stakeholders and the CHCs saw asset mapping as an open approach that did not have a prescriptive way of doing it and which implied an important element of creativity to make it work in the localities to be mapped. Despite the initial difficulties and uncertainties regarding the project, all parties involved in the project shared common enthusiasm and satisfaction for the activities that were used to carry out the asset mapping and for some of its early outputs, although more critical views emerged when the general outputs of the asset mapping were discussed in the wider context of the current health and welfare services reforms (see the section 'Learning from the asset mapping').



Well at the beginning we didn't know what it was because obviously it was all new but obviously asset being an asset to whatever you're doing, I knew what that meant. But once we'd started going round with the questionnaires, around Firth Park area itself and we were asking people "what do you like about your community?" not what you dislike, we started to get some really good feedback and that's when we started to learn exactly what an asset is basically  
(Community Health Champion)

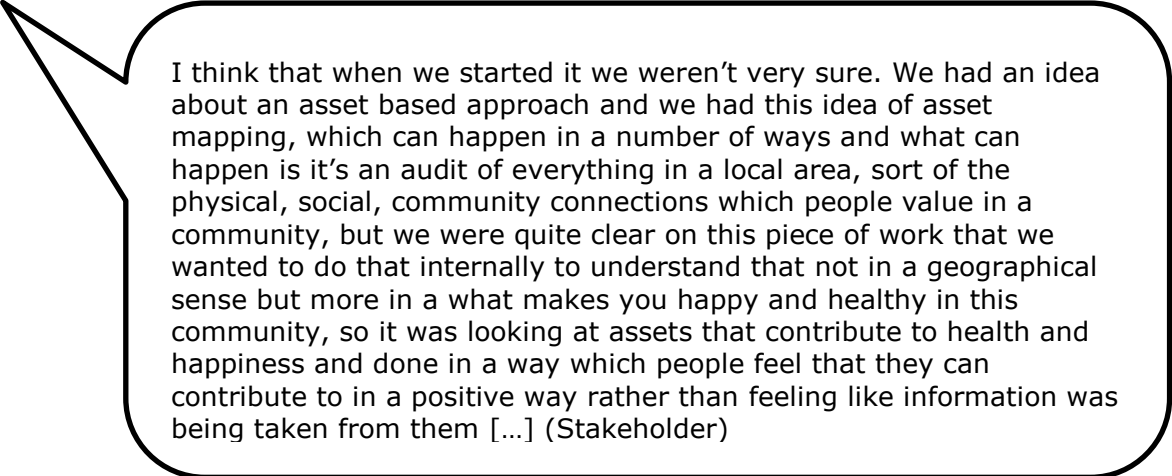




I had very little idea about what asset mapping was and what it linked to. It would probably be more accurate to say I had no idea and in truth I think the project has partly evolved and our thinking on what might come out of the project has also been a bit of a movable feast. I don't mean to say that we were clueless and had no idea what might come out of this but I think we kind of went in with an open mind, we wanted to work the ideas up [...] we wanted to give it some free rein for it to evolve for its own sake which I think is a very positive thing and really is part of that process anyway (Stakeholder)

#### **4.1.1 Types of asset mapped and activities used to identify them**

Although the overall approach to asset mapping was kept open and many different original activities were devised to involve local residents in discussions around personal, neighbourhood and community assets, only the information that was collected through a dedicated questionnaire was systematically recorded. This implied that the asset mapping collected information on people's personal assets and views on valuable aspects of their neighbourhoods, but did not systematically collect information on the wider assets linked to the institutions, agencies, voluntary organisations and businesses that operate in Sharrow and Firth Park. This characteristic of the asset mapping seemed to be a consequence of decisions taken at the start of the project, as exemplified in the extract below.



I think that when we started it we weren't very sure. We had an idea about an asset based approach and we had this idea of asset mapping, which can happen in a number of ways and what can happen is it's an audit of everything in a local area, sort of the physical, social, community connections which people value in a community, but we were quite clear on this piece of work that we wanted to do that internally to understand that not in a geographical sense but more in a what makes you happy and healthy in this community, so it was looking at assets that contribute to health and happiness and done in a way which people feel that they can contribute to in a positive way rather than feeling like information was being taken from them [...] (Stakeholder)

The activities devised to identify people's personal assets and views on what they valued in their neighbourhood were undertaken in two main ways, through:

- Local, half or whole day events (see Figure 4 and Figure 5). In particular, activities connected to the 'I am My Community' asset mapping took place in:
  - the 'Sharrow Festival', organised by ShipShape in July 2011;
  - the 'Shiregreen Festival', organised by SOAR in August 2011;

- a dedicated 'I am My Community' event organised by SOAR in October 2011;
- the 'Christmas Festival', organised by SOAR in December 2011;
- The 'Spring Fest', organised by SOAR in March 2012
- A dedicated 'I am My Community' event organised by ShipShape in Firth Park in March 2012.

About a dozen community organisations were involved in each event and refreshments were offered throughout the day. Between two and four CHCs and three to five paid staff members were involved in the organisation and running of each event.

- Opportunistic recruitment using stalls at markets and commercial centres (see Figure 6).

Although these two approaches proved effective to recruit a significant amount of people, it is not possible to know how successful they were in involving all the different segments of Firth Park's and Sharrow's populations. Nevertheless, both initiatives proved to be an original and effective way through which the delivery teams established their presence in the community and achieved two important goals for any asset mapping exercise and, more generally, asset based approach; they:

- created the ideal circumstances for starting discussions that led to the identification of specific and individually valued goals and local assets (see Section 4.1.3 on Outputs);
- helped to build trust between delivering organisations and community residents. Trust is indeed a crucial prerequisite for people to share their personal assets, skills and views with the volunteers and staff members involved in the asset mapping and their community at large. The Altogether Better approach was successful in building such trust in a relatively short time.

**Figure 4** Asset mapping event at Firth Park



**Figure 5** Asset mapping event at Sharrow



Building trust was also facilitated by the fact that all the activities used to map people's assets were very creative and involving for the public. For example, the 'I am My Community' questionnaire was devised as a quiz through which people could find out what sort of 'community animal' they were: an 'owl', that is reliable and wise, a 'lion', that is a leader, a 'monkey', that is creative and sociable, and a 'meerkat', that is attentive. Each skill and talent listed in the questionnaire was associated to one of four letters, which in turn were associated to one of the four mentioned types of 'community animals'. By completing all the questions and indicating their skills and talents the participants could find out what letters dominated their answers and so their community profile (see Appendix 4). Compared to other questionnaires used for asset mapping in the UK (see, for example, Gateshead Council, 2011), the 'I am My Community' questionnaire did not collect information on people's personal skills and talents in a very detailed way. Nevertheless, as pointed out by NHS North West (2011), the goal of asset mapping is not to create long and not informative lists of personal assets, but to identify assets that are valued by community residents in relation to specific goals. The goal of the 'I am My Community' asset mapping was rather broad – to identify the assets that make people happy and healthy in Sharrow and Firth Park – and therefore challenging to pin down in a questionnaire. Defining more specific goals, for example to identify local assets that people value in relation to certain physical or social activities, could help to make the questionnaire more precise and purposeful.

Although information on people's skills and talents was systematically recorded only through the questionnaire, a few other techniques were used to engage individuals and groups of people in discussions around what made them happy and what they valued in their community. For example, the CHCs successfully started conversations with people around what they valued in their communities using big cubes that had attached on each side pictures of key elements such as family and friends, local resources, etc.

(see Figure 6). Local artists were also engaged in the project and asked to draw pictures that identified local assets (see Appendix 5). All these activities contributed to build that sense of involvement and trust that was mentioned earlier as key for the successful completion of the asset mapping exercise.

**Figure 6** Cubes used at an outdoor event to engage people in discussing what they valued in their neighbourhoods



#### 4.1.2 The role of Community Health Champions

Two well-received training days for the CHCs were held early in the project to ensure understanding of the asset based approach. Twelve CHCs attended the first training day and seven the second day. However, only four of these CHCs stayed until the end of the programme, of the others, two never fully signed up, two got jobs, one went into full-time study, and three left for health/family reasons. Nevertheless, feedback from the training sessions was good, which suggests that the training was successful in delivering information on the project.

The CHCs had a key role both in devising and in delivering all the activities that were used to involve community residents in the asset mapping. They reported that they had very much enjoyed being involved in the asset mapping and that running this exercise helped them to gain a new perspective on how to engage with their communities and clients.

I've really enjoyed it, I've really enjoyed being part of something, I've really enjoyed sort of feeling like what I've been doing could make a difference. It's been really interesting talking to people and getting what they think about what's important to them (Community Health Champion).

Nevertheless, both the stakeholders and the CHCs pointed out two main issues connected to their involvement, which particularly affected the team at SOAR:

- Recruiting the CHCs to undertake the asset mapping was more difficult than expected. Many CHCs did not offer their availability to undertake the asset mapping because they could not see how it related to their mission and to the specific health or social interests that motivated them to volunteer.
- Retaining the CHCs for the entire length of the project proved to be a challenge.

#### **4.1.3 Outputs: Feeding information on assets back in the community**

The stakeholders and the CHCs interviewed reported that it was not yet fully clear how the information collected through the questionnaires would be made publicly available to allow further sharing and use of it in Sharrow and Firth Park. Aside practical issues on how to actually share the information on people's skills and talents, the stakeholders mentioned concerns around liability and breach of privacy for sharing the information. Nevertheless, some examples were given of how the information collected at the local events had already been shared and led to successful stories of mutual sharing of skills and resources that expanded people's opportunities for health and well-being. For example, a community member who attended one of the events in Sharrow mentioned the need for a local support group for women with diabetes and offered her knowledge and skills on the topic to help organise one. The project members at Sharrow took then initiative to set up a 'Women's diabetes and health' open day, which was very successful and led to the organisation of routinely open days at Sharrow. In another case a minibus was organised to bring a group of South-Asian women to a local swimming pool, a local facility of which those women did not know about before attending the asset mapping event.

The stakeholders and CHCs mentioned two other preliminary outputs of the asset mapping, which were considered as the spin offs of the project:

- It changed the way in which the staff at Sharrow and Firth Park approached their public. For example, the team at SOAR completely re-decorated their office to make it more welcoming. Lounges and a fictional burning fireplace were added to the room to favour its perception as a place where to go and have a confidential chat (see Figure 7).
- It favoured the start of discussions on the strengths of the two neighbourhoods among community residents. This was achieved thanks to the activities and community events in which community residents were involved and was considered a fundamental prerequisite for any further asset based community development.

**Figure 7** Entrance hall at SOAR. Changes following the start of the asset mapping



The preliminary successful initiatives started from the 'I am My Community' Asset Mapping are evidence of the potential for doing asset mapping through local events. As mentioned (see Section 4.1.1), an important characteristic of local events is that they offer an ideal environment where people can share with the staff involved in the asset mapping specific thoughts regarding what they value and see as an asset in their communities. This helped to complement the broad scope of the questionnaire. Similarly, the changes in the ways in which the teams at SOAR and ShipShape approach their public show that the Asset Mapping exercise can have a wider, potentially longer-lasting impact at the community level.

## ***4.2 Learning from the asset mapping***

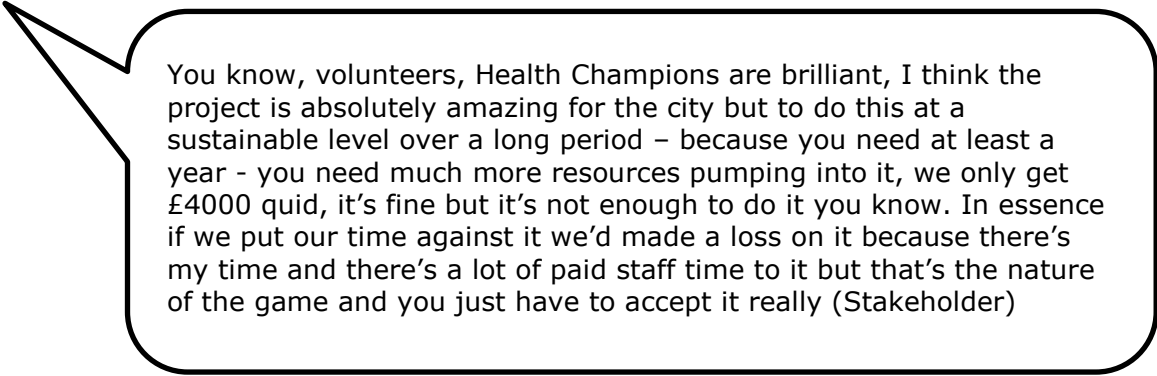
Two main issues were discussed in relation to the legacy of the project:

- The practical lessons learnt regarding organising the local events, administering the questionnaires and recruiting CHCs and community residents.
- The outcomes of the asset mapping and how these could be best used in the context of other relevant local and national initiatives.

## 4.2.1 Practical lessons

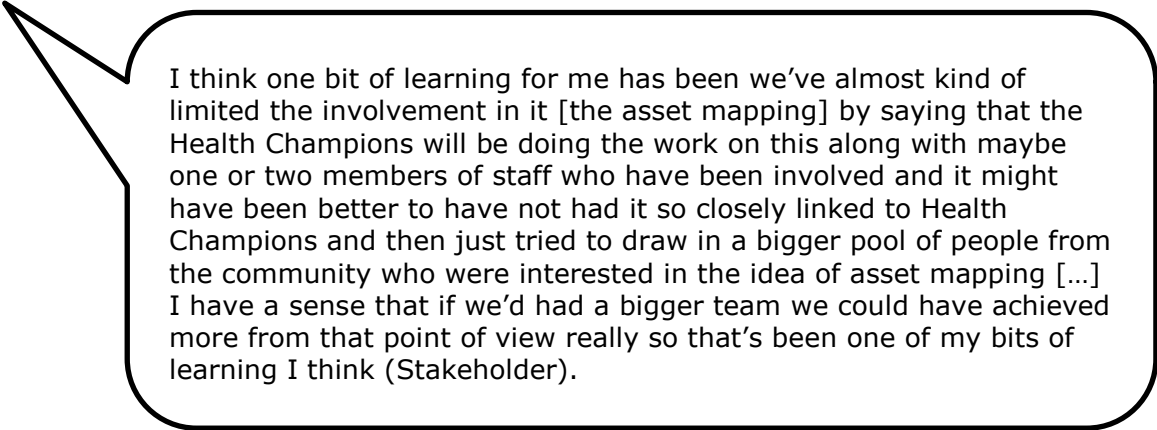
Four main practical lessons emerged from the discussions with the stakeholders and CHCs:

- The importance of securing adequate financial resources to pay for the staff involved in the asset mapping, which proved to be very time intensive.



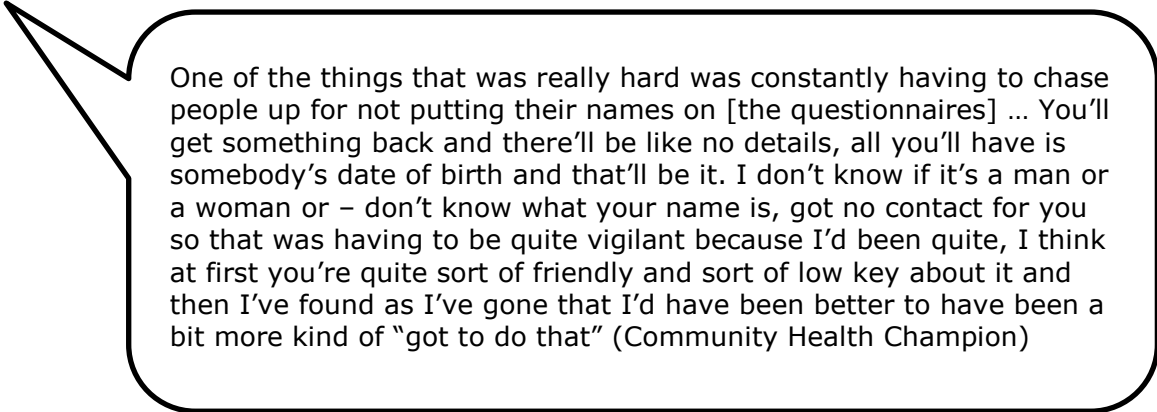
You know, volunteers, Health Champions are brilliant, I think the project is absolutely amazing for the city but to do this at a sustainable level over a long period – because you need at least a year - you need much more resources pumping into it, we only get £4000 quid, it's fine but it's not enough to do it you know. In essence if we put our time against it we'd made a loss on it because there's my time and there's a lot of paid staff time to it but that's the nature of the game and you just have to accept it really (Stakeholder)

- The need to involve a wider pool of volunteers, not just CHCs, to expand the chances of success of the project.



I think one bit of learning for me has been we've almost kind of limited the involvement in it [the asset mapping] by saying that the Health Champions will be doing the work on this along with maybe one or two members of staff who have been involved and it might have been better to have not had it so closely linked to Health Champions and then just tried to draw in a bigger pool of people from the community who were interested in the idea of asset mapping [...] I have a sense that if we'd had a bigger team we could have achieved more from that point of view really so that's been one of my bits of learning I think (Stakeholder).

- The need to define clear and more specific goals for the asset mapping in order to make it easier to recruit CHCs for its delivery.
- The need to collect data on people's personal assets in a systematic way in order for it to be usable.



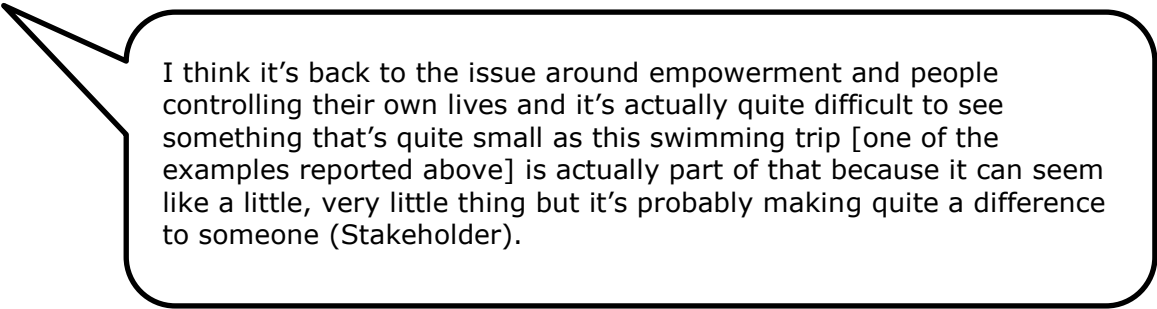
One of the things that was really hard was constantly having to chase people up for not putting their names on [the questionnaires] ... You'll get something back and there'll be like no details, all you'll have is somebody's date of birth and that'll be it. I don't know if it's a man or a woman or – don't know what your name is, got no contact for you so that was having to be quite vigilant because I'd been quite, I think at first you're quite sort of friendly and sort of low key about it and then I've found as I've gone that I'd have been better to have been a bit more kind of "got to do that" (Community Health Champion)

## 4.2.2 Asset mapping outcomes and their usability in the context of other relevant initiatives

Some of the stakeholders discussed the policy relevance of the types of outcomes that could be expected from the asset mapping. Four main issues were raised:

- The fact that public health commissioners work with clear and measurable outputs, whereas asset mapping cannot guarantee any specific outputs at its start.
- The types of output that could be expected from asset mapping would probably be unlikely to have an immediate and easily measurable impact on public health issues.
- Concerns that asset mappings should not be used to collect information with the aim to find volunteer led alternatives to services which are currently provided by local authorities.
- The need for the project to liaise better and more closely with other initiative undertaken at the local level, for example the Joint Strategic Needs Assessment and the Sheffield Wellbeing Consortium.

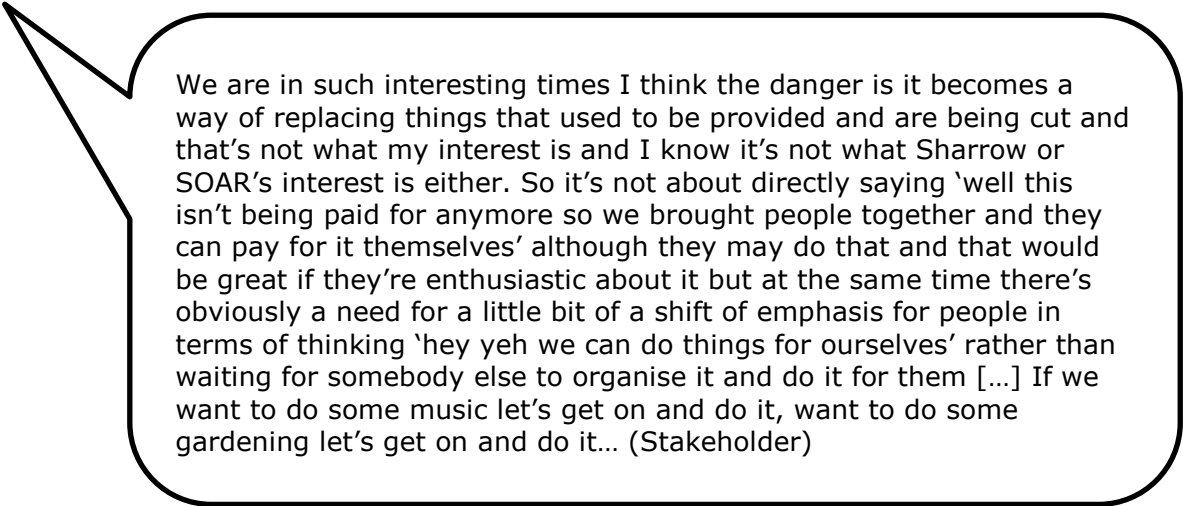
The stakeholders who raised these issues mentioned how important it was for the project that its outcomes were reported clearly and effectively in order to build momentum and show the relevance of the asset approach to the main public health commissioning agencies in Sheffield. Showing how the sharing of personal skills and talents could lead to small but significant changes in people's lives was accredited as the most difficult challenge.



I think it's back to the issue around empowerment and people controlling their own lives and it's actually quite difficult to see something that's quite small as this swimming trip [one of the examples reported above] is actually part of that because it can seem like a little, very little thing but it's probably making quite a difference to someone (Stakeholder).

Overall, there was wide agreement among the interviewees that the asset mapping and the asset based approach to community development were topical in the current context of health and welfare reforms. Nevertheless, it was stressed that the type of outputs that should be expected from the sharing of personal talents and skills following an asset mapping was of a different nature to those that are delivered by statutory services.





We are in such interesting times I think the danger is it becomes a way of replacing things that used to be provided and are being cut and that's not what my interest is and I know it's not what Sharrow or SOAR's interest is either. So it's not about directly saying 'well this isn't being paid for anymore so we brought people together and they can pay for it themselves' although they may do that and that would be great if they're enthusiastic about it but at the same time there's obviously a need for a little bit of a shift of emphasis for people in terms of thinking 'hey yeh we can do things for ourselves' rather than waiting for somebody else to organise it and do it for them [...] If we want to do some music let's get on and do it, want to do some gardening let's get on and do it... (Stakeholder)

Some stakeholders had a critical view regarding the promptness with which the resources and links that were made available through the steering group were exploited in the project. Some thought that the project missed a few occasions to expand its breadth and to show its potentials to a wider audience during its development and that it was important to try to improve on these issues now that it reached its end.

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## 5 Conclusions and recommendations

The 'I am My Community' project aimed to explore a model whereby trained Community Health Champions (CHCs) were the primary deliverers of asset mapping in their neighbourhoods and communities. The evaluation found that CHCs were key for the successful undertaking of the asset mapping in the two studied neighbourhoods in Sheffield: Sharrow and Firth Park. Nevertheless, it found evidence that their involvement and permanence throughout the length of the project proved to be challenging and that a significant amount of paid staff time was needed for the project to be delivered. A more sustainable model would entail:

- Using of a variety of volunteers, from organisations with different aims and clients, to mitigate the risks related to their recruitment and turnover and expand the reach of the asset mapping in the community.
- Securing adequate financial resources to cover for the paid staff and the resources that are needed to undertake asset mapping.

Overall, asset mapping proved to be a time intense activity that requires a well-planned amount of resources and expertise to be undertaken efficiently in a time constrained period. Nevertheless, there was wide agreement among the interviewees that, considering the amount of resources available, the asset mapping was undertaken in a successful way and that some preliminary positive outputs were achieved. However, it is of concern that there were not clear plans on how to make all the information collected on personal assets publicly available to allow further sharing and use of them, as this can represent a significant limit for the overall impact of the project.

Overall, the involvement of the CHCs was successful, even though it showed some limits in their recruitment and that relying exclusively on these volunteers can represent a risk for the successful completion of the asset mapping. The experience gained in Sharrow and Firth Park shows that it is important to involve a variety of volunteers who can liaise with different segments of local communities and that it can be useful to set specific goals for the asset mapping in order to recruit them successfully.

Questionnaires were an efficient way to systematically collect information on people's personal assets, however, the questions asked were general and did not reach the level of detail that other asset mapping questionnaires have, which can represent a potential limit for the usability of the information collected. Similarly, local events were a successful way to undertake asset mapping which offered an ideal context in which to identify specific individually valued goals and assets and to build the trust needed to collect data around them. However, regularity and wide attendance are key characteristics for the effectiveness of local events for asset mapping, especially if they are also used as the primary tool to feedback the information collected on local assets back in the community.

Showing how the sharing of personal talents and skills can lead to small but significant changes in people's lives that reinforce their empowerment and opportunities for health and well-being is a significant challenge for the deliverers of the asset mapping. To this end, it can be helpful to liaise the project to other existing initiatives such as the Joint Strategic Needs Assessment. Such a link can help to identify relevant health and well-being goals for asset mapping exercises as well as expand the potential policy impact of their outcomes.

## **5.1 Recommendations**

Overall, the findings of this evaluation have highlighted ten main issues that require attention in the preparation and delivery of asset mapping:

Having a clear purpose

- To define a clear purpose for the asset mapping, identifying who is going to use the assets and for what purpose.

Mobilising resources and expertise

- To involve consultancies and people with previous experiences of asset mapping from the start of the project to avoid common mistakes and have a faster and more efficient onset.
- To ensure adequate financial resources to cover staff time and expenses related to the undertaking of the asset mapping, which is a time intense activity.

Producing a comprehensive map of assets

- To undertake a mapping of all relevant assets at the individual, community and institutional level in the given neighbourhood. Mapping the assets available at one level only may not be sufficient.
- To plan at the start of the project the way in which the information regarding personal, community and institutional assets will be feedback in the local community for local residents to use it. Mapping local assets without putting them back in the community can prove to be an empty exercise.

Ensuring the process is inclusive and maximises participation

- To involve different groups of volunteers in the delivery of the asset mapping. Relying only on one group or type of volunteers is more risky and can reduce the project's capacity to be inclusive.
- To plan at the start of the project a relevant sample size and adequate sampling techniques to ensure that the asset mapping is as inclusive as possible towards all the individuals living in the given neighbourhoods. Relying only on one sampling strategy can put the project's capacity to be inclusive at risk.

Using the information on assets

- To make sure that information regarding people's contact details is collected in a systematic way during the asset mapping and that information regarding protection of people's privacy and individual liability is available at the start of the project.
- If a questionnaire is used, to make sure that it collects detailed information on the assets that the project aims to survey. A questionnaire which is too general or superficial can put at risk the capacity of the asset mapping to help the communities to share and build on their capacities.

- To consider, early on in the process, how the surveyed assets will be hosted (paper, database or web) and whether a visual map, using relevant software and mapping applications, will be created to help spatially locate the different assets in the given neighbourhoods.
- To communicate the outcomes and potentials of the asset mapping clearly and effectively to social policy makers and relevant local agencies. This can help to both identify relevant specific aims for asset mapping exercises and expand their impact at the community level.

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# Appendix 1

## Interview Schedule

### **Assets mapping project**

#### Introductions and briefing on reasons for interview

#### Interview schedule

- What is an asset mapping in your experience? How do you understand it?
- What was your role in the Asset Mapping?
- How did you support the undertaking of the Asset Mapping?
- What worked well in the asset mapping exercise? And what did not?
  - How did the Asset Mapping fit with other communities' work in Sharrow and SOAR?
- Are there any changes that you see coming from the asset mapping?
  - If there are: What are they? Did you expect such changes? Were there any changes that you did not expect?
  - If there are no changes: What changes did you expect? Why do you think that the asset mapping did not generate them?
- What is the role of Community Health Champions in the mapping exercise?
  - How does the Asset Mapping integrate in the role of CHCs?
- Has the mapping exercise increased your organisation's capacity to work with communities (e.g. developing new contacts, initiatives, networks...)?
- Is the information collected in the asset mapping fed back in the communities? If so, how?
- What do you think are the next steps forward from the asset mapping? What will it lead to?
- Are there any other issues you would like to raise and is there anyone else we should talk to?

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# Appendix 2

## Letter to the participants



Faculty of Health & Social Sciences  
Centre for Health Promotion Research  
Leeds Metropolitan University  
Faculty of Health  
80 Woodhouse Lane  
Queen Square House  
Leeds, LS2 8NU

Dear *(name of participant)*,

### **Altogether Better – Evaluation of the Asset Mapping Project**

We are writing to ask for your help in evaluating the Asset Mapping Project. The Centre for Health Promotion Research at Leeds Metropolitan University has been commissioned to carry out an evaluation of this project. The overall aim of the evaluation is to understand:

- how the Asset Mapping has worked in practice;
- what are the outcomes of the Asset Mapping; has anything changed as a result of it?
- if there were any unexpected issues or results in relation to its contribution to health improvement in the two communities in which it was undertaken, SOAR and Sharrow.

We would like to invite you to take part in an interview as part of this evaluation. Your feedback is very important to us and will enable us to draw out key themes about how the Asset Mapping approach works. Over the next couple of weeks, Karina Kinsella, one of my colleagues from the University, will phone you to ask if you are happy to take part in an interview and arrange a time and a place that is convenient for you. The interview will last approximately half an hour/45 minutes.

Please note that taking part is voluntary - if you don't want to, you don't need to take part or give a reason for not doing so. If you have any questions please contact me

on 0113 812 7651.

Yours sincerely

Jane South

Director, Centre for Health Promotion Research

Email: [j.south@leedsmet.ac.uk](mailto:j.south@leedsmet.ac.uk)



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# Appendix 3

## Consent form



### **Altogether Better – Evaluation of the Asset Mapping Project**

CONSENT FORM
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Name.....

	Please Tick
I agree to take part in the above evaluation and I am willing to take part in an interview or a focus group.	
All my questions about this evaluation have been satisfactorily answered.	
I understand that my participation in this study is voluntary and that I am free to withdraw whenever I wish.	
I understand that the discussions will be recorded and written down but the recordings will be destroyed after the evaluation.	
I know that all the information about me and other participants must remain strictly private and confidential.	
I agree that the evaluation results can be published. I understand that all personal identifying details will be excluded and that any quotations will be made anonymous.	

Signed ..... Date .....

I ....., a member of the Centre for Health Promotion Research, confirm that I have informed the above named about this evaluation. To the best of my knowledge, they have understood and have given free and informed consent to become a participant in the evaluation.

Signed ..... Date .....

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# Appendix 4

## I am My Community Questionnaire



### THE “I AM MY COMMUNITY” QUESTIONNAIRE

#### INTRODUCTION

SOAR needs your help to “map” the local people, groups and resources that help contribute to your health and happiness.

It is an exciting approach – instead of looking at what the problems are in the community, we are focusing on its strengths – what we’re calling **community assets – the good stuff!**

This could be people who make a difference through their paid or unpaid work, local groups, or excellent local services.

#### PART A: YOUR OWN COMMUNITY

##### 1. How do you see your community? (Please choose 3 options & order them 1-3)

- Plenty of resources (library, post offices, doctors, sure start)
  - Good community spirit, good neighbours
  - Good variety of shops
  - Good access to parks & outdoor leisure activities
  - Good but could do with some improvements  
(please state).....
  - None of the above
- Comments.....

##### 2. If you had an issue or concern do you know where you are able to go within your community?

- Yes
- No

Comments.....

**3. What does being healthy & happy mean to you? (Please choose 3 options & order them 1-3)**

- Being in good physical health (healthy eating, exercise)
- Being in good mental health (free of stress or worry)
- Being able to look after myself and my family
- Being financially comfortable
- Having good family, friends, neighbours
- Going to the park and/or outdoor leisure activities
- Or something else

(please state) .....

**4. What kind of support would you like or need to improve your health?**

- One to one
- Going to groups
- Practical support
- Being referred to professional health workers
- Information and leaflets of local activities.

**5. What is there in Firth Park & surrounding areas that helps you to look after your health and be happy?**

.....  
.....  
.....  
.....  
.....

**PART B: YOUR SKILLS & QUALITIES**

We also want to shout about all the great things happening on our doorsteps, celebrate our local area and to put people in touch with others who have similar interests – it could be walking, cycling, gardening, zumba, acting, photography, computers, belly dancing, reading, music making, etc etc – give us your ideas!!

**6. What skills/qualities have you got to offer?**

.....  
.....

**7. What skills/qualities would you like to develop or gain?**

.....  
.....

**8. Have you got time to share your skills with other?**

- Yes
- No
- Interested but not yet

**PART C: YOUR COMMUNITY PERSONALITY (please tick one answer only)**

Note. This quiz is a bit of fun the outcomes are not to be taken as fact.

**1. If you were going to have a stall at a community event, what would it be?**

- An information stall with news of local events and groups (a)
- A community/neighbourhood safety group (b)
- Craft stall with things to make and do (c)
- A family information stall (d)

**2. How do you view your role in the community?**

- I know my area well and I am up to date with local events and happenings (a)
- I am a strong dependable member of my community people look to me to voice their opinions (b)
- I like to be involved in local community activities and groups (c)
- I am always looking for opportunities for my friends & family and supportive of my friends & neighbours. (d)

**3. How would you like to receive information about what's happening in your area?**

- Newsletter (5 Alive) and leaflets (a)
- Meetings and groups (b)
- Facebook, E mail and Twitter (c)
- Word of Mouth. (d)

**4. If you had the chance to promote your community how would you describe it?**

- A great place to live and learn (a)
- A strong community with good networks (b)
- A place of opportunity with local training and volunteering on your doorstep (C)

- A happy place to raise a family with good support and resources (d)

**5. If you were in a position to decide, what improvement to local services would you most like to see?**

- Improved learning/ training opportunities to learn new skills or enhance existing ones (a)
- More action taken around community safety issues (b)
- Improved creative/cultural arts activities to participate in (c)
- Better facilities for families (d)

**PART D: ANSWERS** Insert pics/images if you want...

**Mostly A's**

You are an owl! You are wise, and reliable, and people look to you for support. You have lots of knowledge and ideas to improve your community. You have life skills and experience and people look to you for guidance and advice.

**Mostly B's**

You are a lion! You are a leader, strong, loyal and dependable. You lead activities in your community. Your community looks to you to identify needs and to initiate activities to fulfil these needs. You are proud of your community.

**Mostly C's**

You are a monkey! You are outgoing, fun, creative and sociable... You are smart and optimistic. You are ready to try new things, explore your surroundings and help others. You find new things exciting and love learning new skills.

**Mostly D's**

You are a Meercat! You are aware of your community and what's happening in your local area. Family and friendship bonds are important to you. You want your area to be a safe happy place for you and your family.

---

**PART E: SOAR Use Only**

Name.

Date of Birth.

Gender.

Ethnicity.

Address.

Post code.

Contact no.

E-mail.

How long has the interviewee lived in the area?

.....

What skill is the interviewee offering? .....

Please tick the box if you would not like to receive further information about SOAR and activities happening?

Data Protection

Any personal and sensitive information retained by SOAR will be treated in line with Data Protection guidelines. SOAR is registered in accordance with Data protection Act 1998.

SCF



Sheffield Well-being Consortium



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Appendix 5

Drawings on SOAR local assets executed by local artist



# SOAR

SUPPORTING PEOPLE TO MAKE POSITIVE CHANGES

i am my community

