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**How can Asset-Based Community Development (ABCD)
contribute to community health and wellbeing?**

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Abstract

Assets approaches have become a popular policy tool for addressing disadvantage and poor health in recent years. Asset Based Community Development (ABCD) proposes that disadvantaged communities can develop autonomy and build a local vision for change, regaining control over local activity. In spite of their popularity, there remains little empirical evidence of how assets approaches function to address disadvantage.

This study aims to address the evidence gap by co-producing an evaluation framework for ABCD. By defining the concept of wellbeing according to a Capabilities Approach, it explores whether the social justice potential of ABCD can be extended by building links between internal social networks and external change. Drawing on Theory of Change and Realist Evaluation methods, the research surfaces the broad hypothetical changes promised by ABCD and examines specific Context-Mechanism-Outcome (CMO) configurations to identify their causal mechanisms. The study then produces a framework of wellbeing goals to evaluate ABCD.

The case studies demonstrated evidence of early-cycle ABCD outcomes of social networks and new activity but no attributable evidence of latter outcomes of community association and a local vision for change. Despite this, evidence of activism not attributable to ABCD offered insights into how the ABCD approach might remedy these problems. Most of the ABCD Capabilities goals identified by research participants were found to cluster around ABCD outcomes early in the activity cycle. By contrast, the goals identified in the final domain of participation and voice were located across the ABCD mechanism cycle, moving from personal decision-making through to the wider associational commitment of civic activism. This suggested a participation pathway, requiring activity and advocacy support across the ABCD cycle in order to reach the ‘tipping point’ of wider association and vision for change.

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Author's declaration

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Signature: 

Printed Name: Sarah Ward

CHAPTER 1 Introduction to the thesis

1.1 Personal background and origins of the thesis

In September 2006, I arrived in an outlying city neighbourhood to start a new job. Managing a community centre owned by residents seemed like a dream role. My makeshift office had no computer or phone and was located in the shell of a building with no furniture or funding for activity. Nevertheless, the new centre was the result of eight years of campaigning, fundraising and design by the local community and their supporters.

Over the next six years, I helped to build a community facility that opened seven days a week, offering a programme of activity that included education, play, childcare, health, sport and culture. We discovered that running independently of state contracts meant we could open from morning until night, providing activity that local people had chosen. The cafe offered home-made, affordable food, and was busy day and night. We supported residents to run activities themselves, developing a wide range of activity groups in addition to voluntary sector provision of childcare, counselling and addiction support.

Throughout those years, we lurched from one funding cycle to the next, never more than a few months from financial disaster. Much of my time was spent chasing money for activity and staff posts. The Local Authority could not offer financial assistance, regardless of our outcomes or the nature of ownership, since they were already committed to financing other venues that had stronger political support. Following new Local Authority legislation, they did agree to sign over the land on which the centre was built, completing the transfer of an asset into community hands. We became the first 'locally-owned community asset' in the city.

The Community Association was a strong and relatively harmonious group of residents. This struck me as interesting, having worked in several Glasgow neighbourhoods where local politics erupted into shouting matches and mass walk-outs on a regular basis. *It's because we were never a SIP*, a member of the

association told me. *We've always represented ourselves.* Social Inclusion Partnerships (or SIPs), the fruit of New Labour partnership planning, had been established in the early 2000s as a means of coordinating public activity at a neighbourhood level, and brought public and voluntary sector stakeholders together with local representatives. The idea that these 'enabling' structures might have the opposite effect, causing division and disempowerment, was puzzling.

Despite their solidarity and vision, the Community Association was reliant on three key members to retain its ambition and drive. All three were professionally-qualified: two retired and one working in a local faith organisation. They gave a huge amount of time to bring the Centre to fruition, and it proved difficult to find new residents to take on some of this responsibility as the project progressed. Talking to other similar facilities popping up around Scotland, I discovered a similar story: pioneering projects like this existed on a shoestring, relied on huge numbers of voluntary hours, and led a precarious existence. But they were a lifeline in many communities.

During this time, I had little grasp of how to link our work to the policy decisions that affected the lives of local people. I met people struggling to get jobs or retain their benefits. I met children struggling as carers, parents with addictions. I witnessed the effects of poor diet and lack of exercise on health. As a trained community worker, I believed in the value of critical pedagogy as the means of affecting social change. But I wasn't sure how to measure our work with residents, much less how this might be linked more systematically to structural issues. Besides, the rollercoaster of work was too hazardous to stop and consider these difficulties in more detail. We concentrated on providing a place local people could come for support, activity and enjoyment, whilst scrambling to bring in the cash and meet funder requirements. Some local volunteers went on to join the association and some went to college and into jobs. But the extent to which the community was changing as a direct result of our work, we had no means of measuring. Did the anecdotal effects of participation and decision-making amount

to anything sustainable and lasting? What were the critical factors that turned residents into activists? Most important of all, what was the evidence that strategies of empowerment made any lasting difference to poor communities at all?

I saw the advert for a PhD research project into the effects of assets approaches on health and wellbeing, and jumped. What followed was the privilege of three years' funded exploration of these early questions, which shifted and grew as I began to understand how to approach this as an academic project. The AHEAD Project was a collaboration between NHS Ayrshire and Arran, two Local Authorities and a Third Sector organisation. The aim was to pilot an Asset Based Community Development approach to improve community health and wellbeing in seven of the most disadvantaged neighbourhoods in Ayrshire by employing Community Builder staff within each site. The project commissioned an independent company, Nurture Development (a strategic partner of the ABCD Institute at DePaul University in the United States) to undertake training and mentoring on the ABCD approach. The project had already procured an independent evaluation of the pilot by an independent agency, and also wished to appoint a PhD student to carry out an independent research study.

It became clear early in the PhD research that the ABCD approach adopted by the AHEAD Project was not concerned with the development of local ownership of physical assets, so much as the development of skills and relationships in poor communities. I came to realise that this focus on activity and social networks may reduce the redistributive potentials afforded by a physical venue with an income. Whilst valuable in reducing social isolation, ABCD seemed less likely to offer sources of local power in financial terms. However, the ABCD premise that developing activity to a point where local residents developed a sense of local association and a will to build a locally-owned vision still chimed with my professional experiences. Witnessing the creative approaches to street work undertaken by the Community Builders in the early days of the project suggested a radical approach that was a rare phenomenon in the post-New Labour world of

participation. It appeared that there may be scope for the AHEAD Project to achieve something new in disadvantaged areas, due in part to the freedom afforded to the front-line staff in piloting a new approach.

Alongside the benefits gained from professional experience, has been the importance of avoiding bias by maintaining a reflexive position in relation to the study. My interest in the success of grassroots work in disadvantaged communities might compromise the objectivity of the research, without regular reflection on my preconceived expectations or beliefs. This background, therefore, serves as a positioning of myself as researcher within the context of the project, with the need for regular reflection on my position throughout the course of the study.

1.2 Study Background

In 2010, Chief Medical Officer Harry Burns gave a speech on the state of health in Scotland¹. Drawing on the words of Jimmy Reid's now-famous Rectorial address to the University of Glasgow², Burns described problems of alienation and powerlessness as key in the quest to challenge health inequalities. Whilst Burns' speech evoked the importance of democratic engagement and participation in counteracting the 'blind economic forces' that affect society's poorest, the policy-making that followed typifies the difficulty in translating political rhetoric into effective practice, and the dichotomy that lies at the heart of the new 'assets approach' to community health and wellbeing.

Whilst Burns explicitly acknowledged the link between poverty and poor health and the need for policy that influences the material conditions of society, his focus on

¹ [Summary of Sir Harry Burns' \(Chief Medical Officer for Scotland\) lecture 'Health & well-being in Scotland: Time for a rethink?'](#) Accessed 20/11/17.

² [Jimmy Reid's address on the subject of 'alienation'](#) took place at the University of Glasgow on 28th April 1972. Accessed on 20/11/17.

salutogenesis and the building of health assets gathered speed as a behavioural policy, largely untethered to the twin track of socio-economic conditions. Furthermore, assets approaches became synonymous not only with improving wellbeing, but also as a means of mobilising additional resources in disadvantaged communities, and thereby saving money for the public sector.

In the broad review of public services undertaken by Christie (2011), assets were again foregrounded as shorthand for a range of locally-generated community activities and democratic engagement processes, but again, these goals were set within the context of considerable budget cuts to the public sector, and therefore became associated with a means of saving money. So, on the one hand, assets approaches are subject to lifestyle drift (Katikireddi et al., 2013), the slide from socio-economic ‘intention’ to behavioural ‘delivery’ common to much health policy, and on the other, the mobilisation of local assets is promoted as a source of additional resources at a time when public sector budgets are under significant pressure.

Surprisingly, there is little empirical evidence of the success of assets approaches in addressing health inequalities or improving community wellbeing (Friedli, 2011). Assets approaches are themselves an amorphous bundle of principles and practices, with roots in the radical empowerment agendas of disability and community work. However, whilst these latter movements concern themselves with local resistance to socio-economic disadvantage, assets approaches tend to highlight local action without making a connection to the forces that affect inequality. Moreover, in criticising the professionalisation of social problems, Asset Based Community Development (ABCD) - albeit unwittingly - points to the failure of public sector responses to poverty and thereby justifies the current political agenda for welfare retrenchment. A lack of rigorous evaluation on the effects of assets on inequalities has allowed these conflicting strands of assets discourse to continue largely unchallenged (Friedli 2013).

The political appeal of assets approaches in addressing complex and hitherto insurmountable problems of inequality, then, appears to lie in the dichotomy that underpins them. Assets can bend to accommodate a range of ideologies and are therefore attractive as a political tool that is difficult to contest. The commodification of community skills, knowledge and communal ownership allows for convenient, low-risk delivery: a commissionable, independently led ‘project’ with quantifiable costs and outcomes does not require the commitment or responsibility of permanent public-sector staff. The ‘delivery’ of assets approaches has, for the most part, taken place within discrete, self-contained projects within the most disadvantaged communities, with little consideration given to the effect of local context on project outcomes. Ironically, ABCD rallies against the commodification of services and clients, aiming to reclaim local communities and residents from a culture of service delivery and receipt (Kretzmann and McKnight, 1993). But a lack of emphasis on the political determinants of poverty risks the ‘assets approach’ becoming the latest ‘package’ with which to address social inequalities and build ‘resilience’ to hardship.

Assets approaches are located within a broader project for community participation, ushered in during New Labour’s focus on civic engagement as the key to improving outcomes in local regeneration (Oliver and Pitt, 2013), and retained as a means of addressing antisocial behaviour by the Cameron government. The imperative to act against social inequality was accompanied by an expectation of ‘active citizenship’ within disadvantaged communities, a Communitarian notion, which claims that the maintenance of social order relies on the contribution of citizens to the common good (Taylor, 2003).

In Scotland, civic participation has also been at the forefront of Scottish Government policy, although the Community Empowerment (Scotland) Act 2015 has shifted the emphasis somewhat from citizen obligation to a statutory responsibility for local democratic engagement and ownership. Assets approaches sit amongst a range of tools for participation, drawing on the value of creativity and collective action and highlighting the importance of non-material aspects of

poverty such as dignity, agency, and social relationships (Sen, 1992; Nussbaum, 2011). However, the flourishing of behavioural and social explanations for inequality has been accompanied by dwindling attention to issues of power and social justice. Assets have legitimised the continued stigmatisation of public services (Friedli, 2013), and a separation of the effects of poverty from their socio-economic causes (Ennis and West, 2010). Rather than asking questions about the broader ownership of assets in the form of wealth, property and income, the assets agenda has tended to focus on skills and talents, risking responsabilisation and the withdrawal of state resources.

1.3 Aims of the study

A broader acceptance of the social determinants of health inequalities has led the NHS in

Scotland to cast their net wider in terms of the types of health approaches they are willing to fund. Recent assets research has found that the approach can improve ‘sense of coherence’ (Bull et al., 2013); that it can have a positive effect on agency and autonomy (Brooks et al., 2012); that assets practitioners can bring a complex understanding to the difficulties experienced by disadvantaged communities (Roy et al., 2017); and the links, more broadly, between volunteering and activism might be interesting territory to explore (Eliasoph, 2012). Alongside this, there is concern at the need to balance ‘stressors’ against the ‘resistance resources’ advocated by assets approaches (Bull et al., 2013), at the limitations of using micro-level assets-based solution to address complex micro/meso/macro level problems (Blickem et al. 2018); that the ‘internal’ benefits of increased capability, greater confidence and skills offered by assets approaches need to be linked to the ‘external’ causes of inequality more explicitly (Ennis and West, 2010: 406); and that the extent to which social change is possible in democratic participation initiatives such as assets approaches requires explicit exploration of the power relationships at play (Polletta, 2014). The assets literature further suggests a radical rethink on the types and validity of evidence that will be

meaningful for assets participants, the challenges of ascribing change and the scalability of assets interventions (Andrade and Angelova, 2018).

These considerations arising from the research need to be considered alongside the practical implications of transplanting the Asset Based Community Development (ABCD) intervention (Kretzmann and McKnight, 1993), which originated in the United States, to the Scottish context. This research was commissioned by NHS Ayrshire and Arran, who in 2014 gained NHS funding to undertake a 3-year project, piloting an assets approach in seven of the most disadvantaged communities in Ayrshire. The funds supported a part-time 'Community Builder' in each community, as well as local activity funds, an external evaluation, and PhD researcher (AHEAD Evaluation Report 2016). The Community Builder staff were trained and mentored by an organisation who operate as a European partner of the ABCD Institute at DePaul University in Chicago. Training adhered closely to *Building Communities from the Inside Out*, the 'how-to' ABCD guide authored by Kretzmann and McKnight (1993), with particular attention to the five steps toward whole community mobilization (345) articulated therein, and with no modifications to context directly articulated for the duration of the AHEAD Project. The formulation of the research questions must therefore take account of the specific approach of this intervention, and not the broader and more flexible assets approaches discussed across the literature.

Whilst the broad area of research had been identified, the first stage of the study involved discussion regarding research fit with partners. The decision was taken to keep PhD research separate from the project evaluation, but to report on both to the project's Evaluation Group. Whilst the external project evaluation had project outcomes as its focus, this research study elected to evaluate the ABCD model that was promoted and implemented within the AHEAD Project, with the aim of evaluating if and how the ABCD mechanisms worked in the Ayrshire context.

A qualitative research approach was considered most appropriate to the generation of rich, nuanced data on how the intervention worked, for whom, and in what

circumstances (Pawson and Tilley, 1997). In order to ensure that the research study could frame diverse activity with a range of partners within an overall set of goals, a Theory of Change approach was identified as useful. This was complemented by a Realistic Evaluation approach to offer detailed analysis of the causal relationships between context, mechanism and outcome (Blamey and Mackenzie, 2007). Using case studies allowed comparison to be made between different neighbourhoods, statutory and voluntary agencies.

In order to seek opportunities to link 'internal' strengths with 'external' causes of inequality (Ennis and West, 2010), the Capabilities Approach (Sen, 1992; Nussbaum, 2011) was employed as a means of locating the ABCD work within a wider social justice framework. Further, the use of an established, tried-and-tested framework could open dialogue with research participants who might otherwise adhere to well-rehearsed organisational rhetoric on what kinds of aims were or were not possible within the scope of the project.

1.4 My Contribution to Knowledge, Policy and Practice

This research study provides the first in-depth, rigorous evaluation of the Asset Based Community Development (ABCD) approach in Scotland linking ABCD to socio-economic goals, based on a three-year pilot partnership programme conducted with nine geographical communities across two Local Authority areas. Using a case study approach with multiple stakeholders, the study aims to contribute to knowledge, policy and practice in the following ways:

1.4.1. Contribution to Knowledge

This study aims to address the evidence gap concerning ABCD's contribution to addressing inequalities. Despite the proliferation of assets approaches over the past decade in health and social policy, they are an under-researched intervention. Although several anecdotal reports on ABCD pilot programmes in UK and beyond

are available³, and evaluations have been conducted on the benefits of assets approaches more broadly in the development of social networks (GCPH, 2015 and 2016), the crucial link between internal strength and external change remains unevaluated.

Drawing on previous work combining a Theory of Change with a Realistic Evaluation approach (Blamey and Mackenzie, 2007; Rolfe, 2016), the study offers an exploration of the broad project goals defined by stakeholders, alongside a ‘deep dive’ into the hypothetical ABCD mechanisms for change, their contexts and their proposed outcomes. The detailed evidence is then cumulated against three ABCD mid-range change theories, to ascertain whether and how the mechanisms for change are working in practice and considering the barriers and facilitators to their success.

To explore potential solutions to the problems identified with ABCD, the study uses the Capabilities Approach to re-configure the ABCD Logic Model and to consider the additional policies and services which should accompany ABCD in order to empower disadvantaged communities.

1.4.2. Contribution to Policy

To locate Asset-Based Community Development within a specific political context, the study first considers historical developments in policymaking in the areas of community development and health, then the effects of different political discourse on policy interventions and their outcomes. This allows critical consideration of the potential shortcomings of the intervention and uses empirical evidence to make a series of recommendations that would improve programme outcomes.

Using an evaluation approach allows consideration of the contextual requirements for success across micro, meso and macro levels, including the range of

³ <http://www.nurtureddevelopment.org/reports/> Accessed on 04/06/18

accompanying policies on which the ABCD success is reliant. These anti-austerity measures, benefits and food poverty, early years and parent support, community ownership and anchor organisations, and the nature of activity provision in areas of disadvantage.

1.4.3. Contribution to Practice

As a researcher with prior experience as a community development practitioner, it has been important to me to develop this study as a resource to inform future empowerment work with disadvantaged communities. Staff involved in ABCD activity at a local level were unanimously committed to addressing disadvantage and were often frustrated and confused by how to implement the ABCD approach, and whether it could have a long-term effect in practice. The study aims to bring clarity to understanding the specific mechanism activities of ABCD, their context and outcomes, and to demonstrating how these might best be carried out in practice. A key output of the research, therefore, is the development of an ABCD Capabilities framework.

The study makes clear that ABCD cannot address the chronic problems of food poverty, crime, addiction and lack of opportunity present in Scotland's disadvantaged communities alone. As with many 'innovations' in social policy, assets approaches have been heralded as a political salve, which promise not only empowerment, but also a reduction in the requirement for state support. This cycle of innovation has included Social Inclusion Partnerships, Community Planning Partnerships, and a wide range of initiatives which emerge and fade without robust evaluation. New initiatives are presented as solutions but quietly slip off the political radar when evidence of success fails to bear out the initial promise. Whilst ABCD can support community activism and can offer significant evidence on the improvements required within state-community relationships at a meso-level, the study found that macro-level, structural changes that increase local income and address unemployment, poor health and housing are critical to addressing mental distress and achieving meaningful community empowerment (Drydyk, 2013).

1.5 Thesis outline

The opening two sections of this chapter have offered some background to the current literature gaps in evidence on assets approaches, and more specifically, Asset Based Community Development. Two main areas emerge as key to the development of research questions. These concern firstly how the ABCD method works based on empirical evidence; and secondly, the scope to link ABCD to the structural causes of inequality and poverty.

Added to this are the challenges of the AHEAD Project specifically. Although simple activity targets such as numbers of residents, interactions and activities generated were recorded, the project elected not to set any specific project goals, preferring to wait for emergent locally designed outcomes. The lack of clarity around long-term goals meant that maintaining a traditional Theory of Change model approach (with stakeholders returning, over the course of the project, to consider long and mid-term project goals) was not a viable task. The research was therefore designed to capture the hypothetical theory of change described by the assets literature, and to explore the thematic goals relevant to stakeholders by using a Capabilities framework to generate dialogue around assets approaches to wellbeing.

Chapter Two outlines assets approaches in theory and policy, examining theories drawn from the fields of health and community development, progressing to examine the development of community participation and the proliferation of assets approaches in Scottish policy in recent years. The chapter then considers the underlying discourses of assets approaches, and the effects these have on intervention outcomes. The chapter closes with a presentation of the hypothetical ABCD Theory of Change model.

The review of literature then turns to consider the Capabilities Approach developed by Sen (1992; 2009) and Nussbaum (2011) to increase social justice for disadvantaged groups. Chapter Three outlines key Capabilities concepts including

capabilities and functionings, conversion factors, and agency and power. The chapter also gives thought to the application of the approach, drawing on work by Wolff and De-Shalit (2007) to operationalise the domains and functionings.

A presentation of the research methodology follows in Chapter Four, including research aims and questions, study design, case study approach, research tools, ethical considerations and approaches to data analysis. The chapter also outlines the combined theory-based approach (Blamey and Mackenzie, 2007), developing a Theory of Change (Connell and Kubisch, 1998) to gain an overall picture of the project's work, alongside Realistic Evaluation methods (Pawson and Tilley, 2004) for more detailed analysis of the causal relationships between context, mechanism and outcome. Moving to consider the local context, the chapter also gives a background to the AHEAD project and case study profiles of the two case study neighbourhoods.

Chapter Five presents the combined Theory of Change and Realist Evaluation approach for the study. The ABCD Theory of Change surfaced at the outset of the AHEAD programme is presented, alongside its three underpinning assumptions. The chapter then draws a simple ABCD Logic Model, delineating each of the stages of the ABCD process. Onto this are mapped the Realist Evaluation (RE) mechanism areas of change, which will be analysed according to the 'Context-Mechanism-Outcome' (C-M-O) casual chain. The chapter then demonstrates how the detailed CMOs are expected to aggregate to form the overall ABCD change hypothesis, including the identification of three 'mid-range' hypotheses, against which data will be evaluated.

Chapters Six to Eight present and discuss the findings from empirical evidence. Chapter Six assesses data on the detailed RE C-M-O configurations, comparing evidence from Case Studies 1 and 2 and the Project-Wide respondent group to build a picture of the barriers and enablers to success for each, and considering the differences in perception of problems according to respondent type.

In Chapter 7, the CMO configurations are aggregated against the three mid-range theories generated in Chapter 5: ‘Withhold the State,’ ‘Mobilise assets’ and ‘Develop local vision.’ In each case, the evidence on the accuracy of the mid-range theories is considered in detail. The chapter then considers the C-M-O evidence of the overall ABCD Specific Causal Theory and proposes a re-drawing of the mid-range theories to develop a more socially just ABCD method.

Analysis of the empirical data on Capabilities follows in Chapter Eight, with the ‘top 5’ Capabilities presented in relation to the ABCD method. The chapter then turns to consider what the ABCD Capabilities framework can tell us about the ABCD problem areas revealed in Chapter Five: specifically, the unresolved issue of the hypothetical ‘tipping point’ moving from ABCD Stage 3 to Stage 4/5. The Capabilities analysis also offers some detail on the effects of conversion factors across the two case study neighbourhoods, discussing the impact of context on what appear, in profile, to be similar neighbourhoods, based on the demographic profile information from the Scottish Index of Multiple Deprivation.

The concluding chapter draws together the key findings from the study and discusses the implications of these for the ABCD method and Theory of Change Logic Model. The chapter closes with a re-modelling of the ABCD Theory of Change Logic Model, based on data regarding the Participation and Voice Capabilities Domain, and mapping a ‘twin track’ of proposed activity across the cycle to increase the likelihood of reaching ABCD Stage 4/5. The new model seeks to establish opportunities across the cycle for critical reflection amongst disadvantaged residents, to consistently draw out the links between the building of ‘internal’ community strengths to the ‘external’ structural causes of inequality and disadvantage, and thus supporting a re-politicisation of the ABCD approach.

CHAPTER 2 Assets approaches in disadvantaged communities

2.1 Chapter Overview

The purpose of this chapter is to situate the work of the AHEAD pilot project within the broader theoretical and policy context of assets approaches. It is important to note that the AHEAD Project chose to use a specific assets method, 'Asset Based Community Development' (ABCD), developed by Kretzmann and McKnight (1993) in their practitioner handbook, *Building Communities from the Inside Out*. This is a specific, five-step guide to implementation (345) that was closely followed during the course of the AHEAD Project programme, and expounded through staff training programmes and ongoing mentoring of Community Builders. The approach was implemented via a consultant organisation, employed to offer training and mentoring on operationalising ABCD. This approach was developed following exploration into successful community-led development in the United States. The AHEAD project purchased training and mentoring on implementation of the ABCD intervention from an ABCD Institute-affiliated consultancy organisation in Scotland, with the overall aim of improving mental wellbeing in Ayrshire's most disadvantaged communities. To understand the theory of change underpinning ABCD, it is useful to trace the broader origins of assets in theory and policy, and to locate ABCD within this frame of analysis.

The chapter is arranged into three main themes. The opening section introduces the theory underpinning community development work in Scotland, then examines the concept of an 'assets approach', exploring definitions from both health and community development theory, including a detailed examination of ABCD theory. This leads to the second part of the chapter, which discusses the discourses underpinning assets, drawing on Ruth Levitas' analysis of the concept of social exclusion in the 1990s. Aligning the three main discourses of assets with political motivations for social change provides a frame of analysis for the ABCD mechanisms and assumptions identified in Chapter 3. The chapter then turns to the development of assets in policy. It first considers the context of community engagement policy in UK and Scotland, then moves to examine the origins of assets approaches more specifically. Finally, the section summarises learning from the assets evidence base, examining the challenges and critiques levelled at the assets

method's claims for social change.

2.2. Theories of community: a background to the assets approach

The 'assets approach' has become popular in community development policy in Scotland and UK-wide since the mid-1990s (Mathie and Cunningham, 2003), and in public health and public service reform since 2010 (Burns, 2010; Christie, 2011). The term is opaque, using corporate language to describe 'the collective resources which individuals and communities have at their disposal, which protect against negative health outcomes and promote health status' (GCPH, 2011:2). In some cases, these resources are defined as material or physical, but more often, they represent a range of protective, non-material skills and interactions such as 'capacity, skills, knowledge, connections and potential in a community' (Foot and Hopkins in *ibid*:4). Definitions are further complicated by the differing emphases across assets approaches on individual and collective, and the interplay between these two; and by the purpose of the assets approach, from enabling community empowerment for social change to offsetting public sector budget cuts through the mobilisation of volunteer skills and time.

It is not only a case of semantics, therefore: assets approaches, as with the varied definitions of the social determinants of health (McCartney et al., 2013), are a product of the prevailing political ideology, and are a political tool employed to address the perceived current social issues of the time. Definitions and interpretations of the assets approach are as varied as the policy makers and practitioners that employ them and have been used to describe a strengths-based approach (Antonovsky, 1979), a tool for community empowerment (SCDC, 2011), a means of building solidarity and resistance (Friedli, 2011), and a solution to plug the holes in public sector budgets (Christie, 2011).

The assets-based approach is located within a long-established tradition of community development. This field draws on a variety of theories of 'community', which give a useful context to the approach and its scope for effecting social

change. The concept of 'community' is contested, with definitions varying between community of place or interest, cultural or faith groupings. The term is also used to evoke 'human' associations, or nostalgic notions of the past, when social groups were seen to support each other more. Many question the use of the term, describing it as 'plagued by overuse ... too vacuous to seriously apply to theories of society and social policy' (Levitas, 2000:188) and 'elusive, imprecise, contradictory and controversial' (Popple, 1995:3).

Nevertheless, since 'community' continues to be the most frequently used term in relation to neighbourhood activity in Scotland, whether within Health, Local Authority or Third Sector work, it warrants some attempt at definition. Many definitions of community describe it as located in the relationship between kinship ties and organised social networks (Somerville, 2011; Mizrual, 2000; Wilmott, 1982). Somerville (2011) describes community as being a 'call' to individuals as members of the same collectivity, expressed through networks of sociability. This dualism resonates with Bourdieu and Wacquant's (1992) description of social relationships and the ability to sustain them, and with Day's (2006) core elements of community as social relationships and mutual regard, combined with the summons to undertake mutual action.

Community is articulated as a boundary of place, interest or identity (Somerville, 2011; Wilmott, 1982), which offers meaningful connectedness to participants (Somerville, 2011). These boundaries are complex and nuanced, created by the intersectional characteristics of gender, ability, race, class and sexuality (Mizrahi, 2017). Community ties are enacted concurrently across different boundary types and in different forms, requiring multi-dimensional frameworks of evaluation and analysis to understand their process and outcomes. A 'strong community' can be characterised as 'a combination of strong and weak ties, that enable the effective deployment of resources' (Somerville, 2011: 29). 'Weak ties' are an important aspect of social capital, characterised by informal relationships or acquaintances rather than friendships (Eliasoph, 2012:81).

2.2.1. Community Development: theories and practice

Community Development is defined as ‘a process where people come together to take action on what’s important to them⁴’ (Scottish Community Development Centre, 2019) and ‘a field of professional practice that enables people to identify their own individual and collective goals, to engage in learning and take action to bring about change for themselves and their communities’⁵ (CLD Standards Council Scotland). Theories underpinning Community Development focus on a practice of ‘critical living’ (Ledwith, 2016:3) which requires a cycle of action and reflection, drawing on tools of dialogue and praxis to develop critical consciousness on issues of social justice, environmental sustainability and the distribution of power (16). In aspiring to a more equal society, community development enables communities to understand the way in which power works in unequal ways (11) and aims to challenge this.

Central to community development as a profession is the question of where this type of work is located in relation to state and community. Whilst development workers may see themselves as advocates or enablers of a community, they are often employed by the state or a third sector employer which enacts values and discourses that do not necessarily concur with the ‘local’, community perspective. The location of community development work in the interface between reactionary work and a revolutionary, transformative practice is well-documented (Ledwith, 2016; Hoggett, Mayo and Miller, 2009). Clearly, community development as a profession does not sit outside the tensions and conflicts of social and public policy, and good practice therefore requires self-reflexivity. Gilchrist and Taylor (2011) highlight the varied policy drivers for using the community development model within welfare and service reform, democratic renewal, in addressing the

⁴ SCDC <https://www.scdc.org.uk/community-development-in-60-seconds> Accessed 170619

⁵ Community Learning and Development Standards Council Scotland

<http://cldstandardscouncil.org.uk/about-cld/what-is-community-learning-and-development-cld/>
Accessed 170619

perceived ‘loss’ of community and social breakdown, and in the regeneration of places and economies that have been abandoned.

Effective community work practice must therefore address the question of how disadvantaged communities can challenge inequalities. This is difficult terrain, requiring support for communities to gain power over their own futures, whilst concurrently critiquing the institutional barriers to this taking place. Using a Freirean method of critical dialogue, Collins and Lister (1996) chart an iterative process of learning through action with simultaneous reflection on the socio-political environment, enabling participants to gain a critical understanding of local issues in a national or global context.

Whilst community development workers may see themselves as advocates or enablers of a community, they are often employed by the state or a third sector employer which enacts values and discourses that do not align with a local vision for change. Hoggett, Mayo and Miller (2009) state that ‘development work occurs ... in the intersection between state and civil society, where representative and participatory democracy meet (1).’ Gilchrist and Taylor (2011) highlight the varied policy drivers for using the community development model within welfare and service reform, democratic renewal, in addressing the perceived ‘loss’ of community and social breakdown, and in the regeneration of places and economies that have been abandoned. Community development as a profession sits within the tensions and conflicts of social and public policy, and good practice therefore requires self-reflexivity and critical reflection.

Eliasoph (2012) links the roles of volunteering and activism to demonstrate their value and interconnectedness. She also observes that aspiring towards an expanded scope of decision-making and activism is not necessarily always the most desirable outcome: ‘transformation can be painful, all-consuming and require life commitment’ (81). This more nuanced understanding of the interplay between

‘private,’ kinship relationships and ‘public’ action demonstrates that the spaces in which community participation is enacted have a bearing on the type and quality of relationships that can be expressed. This echoes Tönnies’ definitions of *gemeinschaft*, as subjective, personal social interaction, or ‘organic’ community, and *gesellschaft*, representing an understanding of urban forms of community or society that act in mutual interest and are delineated contractually (Tönnies, 2001 [1887] 22/52).

Despite the value of volunteering for its own sake, if the purpose of involvement is to address inequalities and improve socio-economic conditions, a focus on activism remains key, as does the need for action beyond the scope of the community itself. The extent to which change is possible within participation activities that do not explicitly examine power is one examined by Polletta (2014) in her introduction to a selection of ethnographies of community participation. The studies offer a critical exploration of how democratic participation is enacted in a range of settings, demonstrating that participatory democracy is ‘as manipulable as it is meaningful’ (454). The valorisation and mainstreaming of participation behaviours has led to a rejection of adversarialism and an explosion in the language and rhetoric of participation, without the radical action for social change with which activism has historically been associated (Shaw and Cooke, 1996). Participation is framed around individual autonomy, equality and informality of relationships but there is little evidence of people having control of the decisions that matter.

Lack of meaningful control is impacted by a context of financial constraint and a requirement for measurable outcomes that mitigate against participation choice. This has the effect of limiting the types of projects and activities that are pursued, with organisers tending to opt for projects that are easier to measure. Although empowerment project staff rejected bureaucracy for its lack of flexibility and alienation, they were nevertheless themselves subject to non-negotiable deadlines by funders. In youth leadership programmes, though staff were strongly committed to enabling empowerment, critical reflection on the limitations of the institutional

world was not incorporated into young people's learning. Instead, participants learned from experience that the 'choice' spoken of by programme organisers was not 'open and undefined,' (461) but clearly shaped to funder requirements and articulated in terms of social problems.

Concepts such as community self-determination (Tönnies, 1920), false consciousness and hegemony (Gramsci, 1971) offer a critical tools to consider how and by whom processes of community building are initiated and progressed. Polletta (2014) describes a more complicated picture, where practitioners and participants can be strongly committed to change-making but operate within a context of obstacles. Cruikshank (1999) calls into question assumptions of emancipation through participation, examining 'the tangled field of power and knowledge that both enables and constrains the possibilities of citizenship' (20). She argues that empowerment techniques, or 'technologies of citizenship', in fact extend the reach of government authority (4) by shaping citizen behaviour. By appearing to present voluntary options, they mask the way in which the powers of city government are expanded by making people self-governing. Such an analysis of power concurs with Gramsci's 'engineering of consent' and Foucault's 'governmentality' school, in describing mobilized communities as 'acting as their own overseers while believing themselves to be ... free of power' (Lukes, 2005:106).

2.2.2. Community work practice in Scotland

The establishment of Community Education as a field - characterised by youth work, adult education and community development - was formalised in Scotland with the production of the Alexander Report in 1975 (Mackie, Sercombe and Ryan, 2013). The report highlighted the need to address the gap in education between post-war and current generation, proposing new methods to reach adult learners, particularly working-class men, who were unlikely to engage with the extension classes traditionally attended by the middle classes (ibid:398). Community Education developed alongside community social work practice, which had seen

innovative work in Scotland around child welfare and social education and community-based services, introduced by the *Kilbrandon Report* and subsequent *Social Work in the Community* in the 1960s.

Alexander defined Community Education as the ‘social, cultural, recreational and educational provision by statutory authorities and voluntary agencies, and through involvement in the numerous voluntary groups in the community’ (Mackie, Sercome and Ryan, 2013: 399). The field of community education encompassed youth work, adult education and community development, although these continued to have their own definition and practices, both within Local Authority-funded work and more frequently, within the non-government sector (400).

Alongside Community Education, the commitment to community work as a preventative approach within social work was also being pioneered in Scotland⁶. The Social Work (Scotland) Act 1968 established social work departments as a core function of Local Authority work across Scotland. Strathclyde, the largest social work department in western Europe ‘represented the single most extensive commitment by local government to anti-deprivation work anywhere in the UK, employing the principles of community development’ (Barr 1991: ix).

The Scottish Executive Osler Report of 1999, ‘Communities: Change through Learning,’ built on the competence-based training developed by Community Education, Validation and Endorsement (CeVe), to establish Community Education as an approach to working with communities (Mackie et al. 2013). The two strands of community education and community development work were brought together in the new Community Learning and Development (CLD) Partnerships of 2004, which saw a shift to include not only community workers as professionals, but also to recognise and promote the adoption of community work skills to a wider range of

⁶ Turbett, C. (2018) ‘Community social work in Scotland: a critical history fifty years after the Social Work (Scotland) Act 1968 <https://www.iriss.org.uk/resources/reports/community-social-work-scotland> Accessed 240619

public service disciplines. A set of National Standards for Community Engagement⁷ was developed in 2005, which laid out not only competencies, but also ethics and values underpinning CLD practice. These were updated in 2015/16 to reflect developing policy and legislation relating to community empowerment in Scotland. The focus of Community Learning and Development in Scotland is also included in two key indicators within the National Performance Framework:⁸

1. Improved life chances for people of all ages, through learning, personal development and active citizenship;
2. Stronger, more resilient, supportive, influential and inclusive communities.

These indicators reflect the role of community education/work as stimulating critical education with the purpose of increasing social and economic circumstances for individuals, but also the importance of collective work in addressing disenfranchisement and achieving social change.

Despite this commitment to community work at a policy level in Scotland, community work has been subject to similar effects of neoliberalism and managerialism as elsewhere (Rawcliffe, 2018), with austerity cuts to local government spending of 24% in real terms between 2008 and 2015, and cuts disproportionately higher in more deprived local authorities (Hastings et al., 2013:3). The erosion of dedicated community education/development services within Local Authorities means that although community empowerment is a key Government priority, the ability to deliver activity on the ground is significantly eroded. A reliance on independent, Third Sector organisations to deliver community

⁷ National Standards for Community Engagement, <http://www.voicescotland.org.uk/> Accessed 240619.

⁸ 'The Purpose of Community Learning and Development,' CLD Standards Council Scotland <http://cldstandardscouncil.org.uk/about-cld/what-is-community-learning-and-development-cld/> Accessed 240619.

development activity on the ground is further compromised by contractual relationships that can mitigate against consistent values.

2.3 Assets approaches in health and community development theory

Analysis of the literature on asset-based approaches to health suggests three main definitions: the behaviours which are seen to promote good health; the resources and strength factors required to support healthy living; and the collective strength factors enabling communities to challenge structural inequalities, challenge inequalities, and achieve transformative social change. Although these are grouped into discrete categories for the purpose of analysing the underlying discourses later in this chapter, there is significant overlap and interplay between definitions and in the application of these in practice; indeed, many assets approaches include aspects of all three.

Assets definitions in the field of community development follow a similar pattern of discourse, albeit one that perhaps draws out the notion of collective action more explicitly than the field of health. A defining feature of Asset Based Community Development (ABCD) is its shift away from a ‘deficits’ approach concerned with establishing and meeting social need, towards a ‘glass half full’ (Kretzmann and McKnight, 1993:3) recognition of the skills and resources already in existence in poor communities. Kretzmann and McKnight argue that the ‘deficiency orientation’ has the effect of pathologising communities with social problems and professionalising their solutions, causing devastating consequences for residents in poor neighbourhoods. A reliance on external, ‘professional’ resources as the only solution results in the direction of funds away from neighbourhoods and towards service providers, causes a fragmentation of efforts to resolve the issues, and is, at best, a ‘maintenance and survival strategy’ rather than a plan that can bring together ‘the energies of an entire community’ (ibid).

A key difference between ABCD and other assets approaches is that Kretzmann and

McKnight caution against use of a deficits model in their implementation of ABCD, whilst advocates for broader assets models tend to promote their use alongside needs-based approaches. For example, the Scottish Community Development Centre (2011) suggests that ‘good practice would normally draw on a deficit model to identify where and when to intervene but adopt an assets approach to inform how to work for change’(3), and guidance from the Welsh Assembly promotes a combined deficits/assets approach (Whiting, Kendall and Wills, 2012). Similarly, much of the research within the field of public health highlights the need for an assets approach as ‘adding value’ to the more traditional ‘needs-led’ focus (Bortel et al, 2019; Brooks and Kendall, 2013; Rotegård al., 2010).

In the field of community development, although the assets approach sees the main locus for change at a neighbourhood rather than individual level, similarities can be drawn with the discourses underpinning the health approach. Definitions again fall into three broad categories, with a behavioural approach emphasizing the need for ‘good citizenship’, taking individual and/or neighbourhood responsibility for social problems, a resources approach recognizing the value of generating and owning local resources, often termed ‘community capital’ - including the development of social networks, and a structural analysis, which sees as its end point the ability for communities to link micro and macro issues in order to challenge the power structures which replicate inequalities.

Assets approaches in community development are notable for spanning more than one approach type, either concurrently, or as an assets ‘journey.’ For example, ABCD proposes an assets pathway which begins with individual behaviour and moves towards collective local ownership; Scottish Community Development Centre (SCDC) proposes local participation within existing State structures (such as Community Planning) as a means of co-producing services, but also highlights the value in local ownership as a means of independent power with redistributive potential.

2.3.1. Assets as positive behaviours

A behavioural assets approach assumes the importance of individual and community responsibility for positive health behaviours, according to normative assumptions defined by public and voluntary sector agencies. A health asset is any resource that improves an individual or community's ability to maintain good health (Morgan and Ziglio, 2007). These 'constituents of good health' (Kolm, 2002:10) guard against illness and minimize the costs of prevention or cure. Positive health behaviours represent the internal and external 'strength qualities' which 'mobilise positive health behaviours and optimal/wellness outcomes' (Rotegård et al, 2010:514).

Health behaviour discourses draw on a salutogenic model of health (Antonovsky, 1979), which focuses on the promotion of health and wellbeing rather than disease by exploring the individual resources enabling people to cope with stress. This model draws on Antonovsky's *sense of coherence* to ask why, despite similar socio-economic circumstances, some people will maintain good health and others will become ill (Morgan and Ziglio, 2007). The function of assets as protective behaviours is explored by Roy et al. (2018) in their study of the distribution of assets in relation to social position and health. Behavioural assets such as greater social participation and resilience were found to decrease the adverse effects of living alone and material disadvantage on perceived health, and acceptance of change spirituality were associated with improved mental health in war veterans (98).

However, although Antonovsky's research acknowledges the influence of socio-economic factors on *sense of coherence*, the behavioural understanding of assets has been criticised for privileging psychological explanations for inequality (Friedli, 2013), with a focus on the behaviours seen to promote resilience, and ignoring the role of broader socio-economic factors in creating poverty.

In their research examining increased wellbeing for women living in deep poverty, Bull et al. (2013) find that place-based and locally led development can improve Sense of Coherence by increasing *comprehensibility*, *manageability* and *meaningfulness* (171). However, they express concern that ‘focusing on resource presence *at the cost of* resource redistribution’ is unethical, and offer instead an analysis of assets development that balances ‘stressors’ against ‘generalised resistance resources.’ They express concern that the ‘strong, internal focus intended ... to stress the primacy of local definition, investment, creativity, hope and control’ (Kretzmann and McKnight, 1996:4) requires attention to the way in which participation is enacted, not as a means of government unlocking untapped resource but in order to articulate local resources for resistance. This approach of using an assets approach to seek resistance and redistribution has commonalities with the third category of ‘assets as collective strength for structural change’ (further examined in section 2.3.3). Further, Bull et. suggest that assets approaches must be practised alongside initiatives for distribution justice (172), suggesting that assets approaches alone cannot address transformational social change.

Brooks and Kendall (2013) draw attention to the pitfalls of asset-based approaches that do not sufficiently link assets theory with the material reality of people’s lives (128). They propose a life course approach which builds behavioural assets in young people to ensure they are more likely to thrive in challenging conditions. A focus on the context in which young people can develop behavioural assets may also provide an interesting continuum from behavioural assets to those associated with social and community capital (examined in Sections 2.3.2.). For example, a study to examine behavioural assets in relation to adolescent risk behaviour (Brooks et al., 2012) was able to consider not only the value of positive family relationships, but also the potential offered by school and community in supporting young people’s agency and autonomy. As well as supportive teacher-pupil relationships where a sense of belonging in family was low (i53), the study found that a strong

sense of community cohesion was a protective factor against involvement in multiple risk behaviours amongst young people (i54).

Within the spectrum of behavioural assets approaches in community development, the goal of asset-building varies widely. For example, the Ford Foundation, a philanthropic private foundation which uses funds from business to support welfare projects of its choosing, states its definition of asset-building variously as: financial resources, natural resources which can offer sustainable livelihoods, social bonds which can break down isolation, and human assets in the form of skills which enable people to overcome poverty and lead satisfying lives (2002). The indicator of successful asset development in Ford's model is a clear commitment to the development of marketable skills to promote inclusion within a capitalist business model (Gupta, 2002). Whilst presenting a face of benevolence, there is a marked silence on power relations and structural inequality (Kohl-Arenas, 2015).

ABCD, meanwhile, has its goal as a locally owned community vision for change. However, the ABCD proposal that addressing social disadvantage requires individuals and neighbourhoods to take responsibility for finding solutions, and for the state to withdraw, has the features of a behavioural approach. Asset-based community development was conceived by Kretzmann and McKnight (1993) following a research project to discover how some low-income urban communities in the United States appeared to maintain good social relationships despite a common landscape of welfare cuts and dwindling industry. The research, largely based on producing anecdotal 'case study' stories, resulted in the development of a guide for 'rebuilding troubled communities', *Building Communities from the Inside Out*. In it, assets are defined as the skills of residents, the power of local associations, the resources of public, private and non-profit institutions, the physical resources and ecology of places, the economic resources of local places and the stories and heritage of local places.

ABCD proposes a five-step approach (ibid: Chapter 5), moving from identifying individual interests and generating activity through to the development of broader community association, and finally, a local vision for change. The approach advocates for holding back on professional or state input until disadvantaged communities have agreed on their vision, to avoid a deficits approach wherein communities are pathologised and commodified into social 'clients' who require expert services to resolve problems of poverty such as unemployment, low educational attainment, crime and poor health. ABCD also highlights the inevitability of shrinking resources, giving communities little choice but to self-organise.

2.3.2. Assets as resources

The 'assets as resources' definition, used by the World Health Organisation (Morgan and Ziglio, 2007), recognizes the broad scope of health assets as resources which can be social, financial, physical, environmental or human (Harrison et al, 2004). In addition to material resources, this approach also encompasses the individual and community resources that support health and wellbeing, including mental and social capabilities (Hopkins and Rippon, 2015). The social networks between people in communities are key to this range of resources because they 'demonstrate that in disadvantaged but settled communities there is a strong relationship between social networks and people's level of wellbeing' (Scottish Community Development Centre, 2011:3). These are crucial to building resilience in poor communities, supporting people through difficulties by enabling collective empowerment (Gilchrist, 2010). In contrast to Kretzmann and McKnight's ABCD method, many proponents of assets-as-resources approaches propose their use alongside, rather than instead of, more traditional 'deficits' approaches (Scottish Community Development Centre, 2011; Morgan and Ziglio, 2007; Bortel et al. 2019).

Morgan and Ziglio propose the use of asset mapping as a tool for identifying local resources (2007:17). Within the public health context, they describe the value of the assets approach in four areas: identifying protective health factors which

promote wellbeing, promoting the population as a co-producer of health, strengthening local capacity to contribute, and finally, contributing to sustainable social and economic development (2007).

Bortel et al. (2019:8) identify a range of interventions that take an asset-based approach, including education and training, relationship interventions and physical activity. Their systematic review finds that whilst a range of assets-as-resources were defined, including health assets, cultural assets, asset mapping and co-production (6), no single asset was prioritised over others. Their findings demonstrate that the scope of assets approaches to offer an engagement with health problems as complex and multilevel is more likely to result in lasting behaviour change. Despite this, they highlight the absence of data on how to link the development of individual assets to community/collective assets, and the lack of attention to inequalities of power and disadvantage (9).

A realist review and concept mapping study of ABCD (Blickem et al., 2018) reveals that social capital and social networks are key concepts employed in supporting people with long-term health problems (11). Whilst the study found evidence of the development of community empowerment and knowledge as mechanisms for change, there was little evidence that this was able to produce long-term improvements to health (10), with only one example in published research (Rutten et al. 2009) able to report in health outcomes. In this case, the work had a clear focus on physical health activity and was able to demonstrate tangible uptake in local assets as a result. However, the effects of this micro-level intervention on the social determinants of health of the group was not explored. Blickem et al. question whether an umbrella approach such as ABCD can hope to address 'complex causes which operate on a macro, meso, and micro level, while trying to primarily offer micro-level solutions' (11), questioning whether it can have any significant impact without structural changes beyond the control of disadvantaged communities.

ABCD demonstrates features of the assets-as-resources category in its employment of asset mapping as a tool, with the process of visualising and building collective capacity seen an important means for generating community power. In this context, discussions of power are not relational or structural, but intrinsic. However, the maps are a means to building towards collective strength through the generation of locally-owned activity. ABCD highlights the crisis of welfare and state withdrawal of provision as an opportunity for residents and neighbourhoods to become producers of wellbeing rather than consumers (McKnight and Block, 2010). McKnight and Block point to the devastating effect that the 'institutional invasion of community functions has ... on our capacity to fulfill our neighbourhood functions (23)' and urge communities to identify all areas where local people can become producers rather than consumers of health.

Green and Goetting (2010) draw together a variety of resource-based assets approaches within the North American context, including financial asset building by tribal Native American governments, promoting racial integration in York, Alabama, building cultural capital by attracting artists to disadvantaged areas, and neighbourhood-based assets approaches in Chicago's West Side. The Chicago project, written by Kretzmann and Puntenney, defines six key aspects to an assets approach as: 'the skills, knowledge and experience of local residents; the power of local voluntary associations and networks of relationships; the resources of local public, private and nonprofit institutions; community physical resources, land, buildings and infrastructure; the local economy - producers, consumers and barter and exchange activity; and the community's culture, history and identity, particularly its experiences of success' (2010). Work in Chicago centred around a project developed by Westside Health Authority, 'Every Block a Village,' in which local people were invited to lead responsibility for planning and activity in their immediate neighbourhood.

The Scottish Community Development Centre's definition is focused on local resources, seeing these in terms of 'the social and human resources within

communities, and ... the ownership of material assets such as land and buildings by the community and for community benefit.' Unlike ABCD's focus on local production of activity as independent from State intervention, SCDC uses assets to advocate for co-production between State and community, stating that 'a basic proposition in adopting a community asset approach is that there is a connection between community conditions and health outcomes ... Not only are these assets health enhancing in themselves, but they also open up the possibility of pursuing co-production and community-led approaches to service design and delivery.' (SCDC, 2011:4).

Green and Haines (2012) describe an 'assets as resources' approach located between ABCD's 'no State intervention' and SCDC's co-production. They describe assets as building seven forms of 'community capital': human, social, physical, financial, environmental, political and cultural. They argue that community-based organisations will always be better able to meet their local needs than external agencies, but that one purpose for developing community capital is for communities to ensure they have the State resources they require. The recognition that the development of the types of capital described above often require 'collective action, rather than individual investment' to grow (xiii) moves towards a structural analysis of assets, in its assertion of the political nature of resource generation.

Further, Green and Haines contend that the assets approach offers a common conceptual understanding amongst community development practitioners and theorists, something that has been largely absent due to the multidisciplinary and practical nature of community development as a discipline. They argue that, through its place-based and collective focus, community development can offer a powerful challenge to an individualistic and consumerist society. In addition, the skills and confidence learned in the local context are transferrable to other areas of life and provide a local base at which disenfranchised individuals can begin to realise their own potential.

2.3.3. Assets as collective strength for structural change and social transformation

Definitions of community assets as resources, and assets as protective strength factors that mean that communities with similar socio-economic status may experience a differential distribution of poor health, are closely linked. A key difference is a specific recognition of the relationship between socio-economic factors such as income, and protective factors such as social capital, in improving population health. Attention to the collective whilst maintaining the importance of structural economic factors, is a focus that is largely unacknowledged in the 'assets as resources' analysis. Galea et al. (2005) argue that poor health is affected by the relationship between socioeconomic status and 'capacities that can be recruited to cope with stressors as they occur' (2417). They suggest that capacities such as social capital, or the availability of natural resources, positively affect population health, and that therefore unless effort is made to address vulnerability and capacities, even the best public health interventions will not succeed. Since population health cannot be determined by looking solely at individual health but must consider collective population health, the implication is that public health should perhaps focus on improving overall social and economic wellbeing, rather than targeting particular stressors.

Taking the concept of collective strength a step further, the more radical interpretation of assets in community development is as a means to understand and engage with the structures that produce inequality. Mathie and Cunningham's (2003) approach discusses resource approaches, but through the lens of local power, which demonstrates the potential for resources approaches to link to structural change. They cite the key to ABCD as 'the power of local associations to drive the community development process and to leverage additional support and entitlements. These associations are the vehicles through which all the community's assets can be identified and then connected to one another in ways that multiply their power and effectiveness' (474).

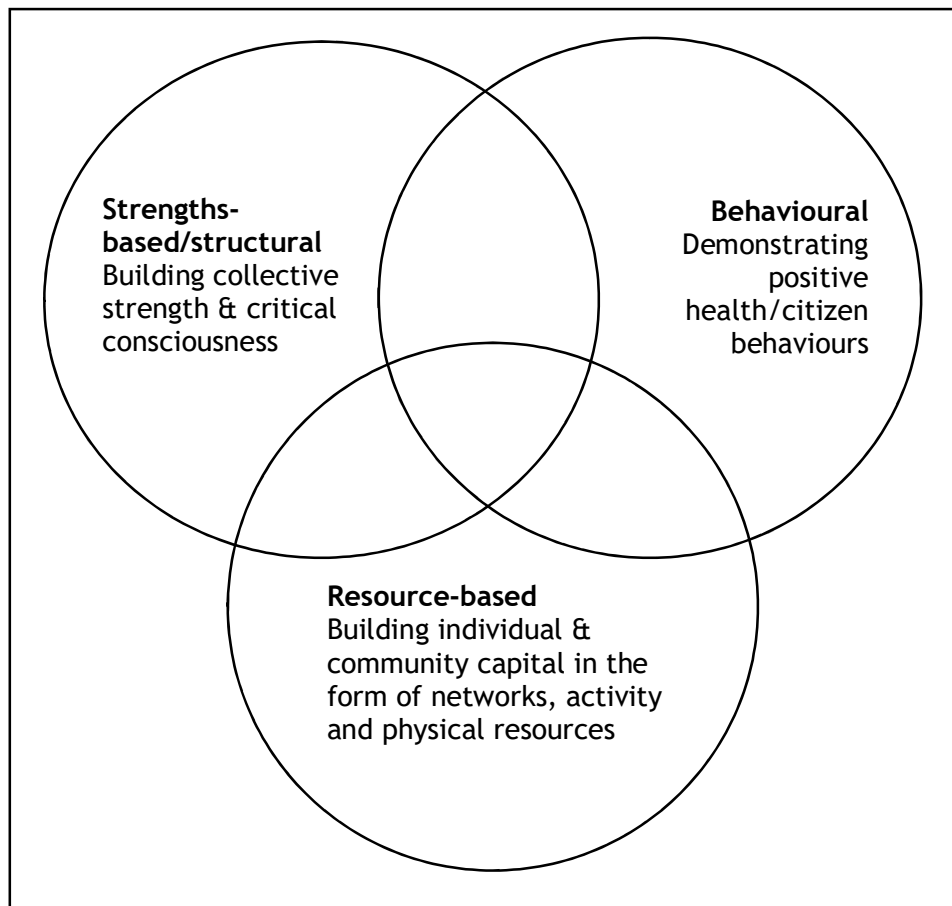
Whilst Bull et al. (2013) focus on a Salutogenic model to assess the benefits of an assets approach, their attention to the 'life stressors' that may be offset by assets as 'resistance resources,' highlights the critical need for resources. Indeed, they ask whether a focus on developing local assets is 'an offence' when people are living in extreme poverty (171). They draw on Kretzmann and McKnight (1996) to suggest that, rather, an assets approach allows resources to be used more effectively, because they will be allocated in a 'true participatory manner.' Their work, however, does not fully acknowledge the power differentials at play in resource allocation, and the collective strength to be garnered by linking 'internally focused' (171) development to external, structural issues.

In their study to co-produce an assets evaluation framework with BME groups, de Andrade and Angelova (2018) problematise the generation of evidence, evaluation and measurement when using assets approaches (1). Using the Assets Model approach (Morgan, 2012), the study undertakes three co-production phases of evidence generation, action and evaluation. Findings from Phase 1 concerning 'assets for knowing' such as building trust, encouraging spirituality and happiness, and adopting creative approaches to community engagement (4/5), were articulated to practitioners through Phase 2, 'assets for doing,' thereby informing and challenging perceived problems with service engagement by Roma groups. Drawing on Realistic Evaluation allowed the study to bring together multiple evaluation methods (10) but the study articulates a range of challenges with evaluating the effect of asset-based approaches on health inequalities. These include the need for a radical re-think of the types and validity of evidence that will be meaningful to research participants (9), the difficulty in ascribing change outcomes to complex assets interventions (10), achieving scalability (11) and ultimately, the frustration that, despite potential to 'disrupt the silence ... and bring frustrations and powerlessness out of the shadows' (ibid), they may not lead to meaningful change for communities without systemic change. This suggests the need for assets evaluation to explore the potential links between local action and

external change, and the barriers and enablers at a local, national and global level to challenging the unequal distribution of power.

Ennis and West (2010) critique assets approaches for their failure in addressing structural change but identify their potential in challenging inequalities. They describe ABCD as a strengths-based approach with two main areas of focus: an internal focus of developing individual agency, and an external focus which considers how we are bound by structures that are ‘socioeconomic, cultural, historical and political’ (405). The external focus requires work to understand and challenge structures that impact negatively on disadvantaged communities. Ennis and West argue that this is often neglected in assets approaches and propose social networks analysis as a means of locating and addressing power. This is discussed further in the section on critiques of assets approaches.

In summary, then, both health and community development definitions of assets approaches fall into three main categories: behavioural, resource-based, and structural/strengths-based analyses of the purpose of assets in contributing to community wellbeing (see Figure 2.1).

Figure 2.1 Summary of the three main asset typologies and their features

2.4 Exploring the potential effects of the key assets discourses

Before moving on to consider the key political drivers for community participation initiatives in general, and assets in particular, it is helpful to pause and consider the potential effects of the varied discourses explored above. Raphael (2011) examines the range of discourses underlying definitions of the social determinants of health (SDH), demonstrating that the ways in which SDH are defined tells us much about the political ideology of their proponent - and the practical implications of their implementation in policy. Despite a widespread recognition of SDH, little effort has been made to strengthen the quality of SDH used in public policy. Raphael advocates the need to address SDH 'in the political realm' (the

seventh, and final discourse of SDH identified by Raphael) (225), and to educate the public that the reason for continued inequalities in health is due to the ‘undue influence upon public policymaking by those creating and profiting from social and health inequalities’ (230). This is also a useful critical lens through which to view the popularity of assets approaches in recent times. The political and financial appeal of the assets approach as a commercial ‘package’ that can be implemented to address the problems of inequality in communities whilst promising to save the state money, is clear. The problem is that, despite Christie’s commitment to addressing inequalities, the commodification of assets allows a disengagement with the socio-economic causes of poverty, and results in gains only for those who have received the funding to implement it, or the political kudos gained from an upbeat marketing campaign that exaggerates the potential gains but never returns to report on the real outcomes, having moved on to another ‘feature project’.

It is striking to consider the parallels between the three main assets discourses, and ideas developed by sociologist Ruth Levitas (1998) in her examination of the shifting definitions and discourses of ‘social exclusion’ in the 1990s. This frame of reference is not intended as a direct comparison, since social exclusion was a term employed as a means of describing poverty, whilst ‘assets’ describe a specific approach to engaging communities. However, Levitas’ framework nonetheless offers some valuable insight into the effects of ideological discourse on the interpretation of a contested concept. Levitas charts the slippage of the term social exclusion, which began as a means of understanding structural poverty but became co-opted for use by New Labour as a means of labelling, and often blaming, society’s poorest for their problems. Levitas posits the three main discourses around social exclusion as redistributive (RED), social integrationist (SID) and moral underclass and dependency (MUD). She analyses the shift over time in governmental policy documentation on social exclusion, from a common understanding of the need for redistributive policy-making to address poverty, towards an assumption that inequalities should be addressed within the context of budget-cutting, located within the boundaries of the ‘excluded’ poor, rather than

as a moral consideration for society as a whole.

Exploration of Levitas' three discourses helps to shine some light on the potential effects of the asset types explored in the opening of this chapter: assets behaviours, assets as resources, and assets as collective strength. The chapter will now turn to defining each of Levitas' discourses, followed by a discussion on their relevance to the context of assets and community participation policy before returning to consider how community participation initiatives, and assets approaches in particular, have evolved in policy, and to exploring the political drivers which have led to their use.

2.4.1 Moral dependency (MUD)

Levitas' moral underclass and dependency discourse (MUD) was developed during the social exclusion policies of the 1990s, at which time the term 'underclass' was used as a description for those living 'outside' the boundaries of society. The term had strongly negative connotations and became a way of using language to further push the concerns of poverty beyond the scope of 'normal', functioning society. Whilst the term 'underclass' has largely ceased to be used within the poverty context, the dependency discourse is still much in evidence within political explanations on the causes of poverty. Since 2010, for example, explanations of poverty have shifted from a broad recognition of the socio-economic causes producing inequalities under New Labour (Black, 1980; Acheson, 1998; Marmot, 2010) to criticising welfare provision itself as a cause of poverty under the with the election of the Coalition and Conservative governments (Wiggan, 2012). This shift to corporate liberalism (Ingamells, 2006; Gleeson and Low, 2000) emphasizes:

project promotion and performance as opposed to public service and accountability; 'place marketing' - developing and selling the State, city or suburb, as opposed to planning for it; 'place competition' for capital investment rather than planned or negotiated responses (Ingamells, 2006:238).

The dependency discourse articulates the decline of poor communities as a result

of an overly-generous welfare system which has permitted laziness, a lack of self-discipline and responsibility, and urges a reduction in welfare as a moral obligation. This morality distinguishes between the deserving and undeserving poor, with an expectation that good citizenship behaviour be demonstrated through voluntary contribution, and characterising the undeserving poor as young, unemployed and ‘antisocial’ males, or single mothers. MUD’s focus on dependency aligns with the political driver of ‘welfare dependency’ identified in the previous section.

The MUD discourse locates the solutions of poverty with the individual, to be addressed through behaviour change, and views poverty as an inescapable fact rather than a product of policy decisions. These characteristics of the moral dependency discourse resonate with a behavioural assets approach, with an expectation of good citizenship demonstrated through voluntary contribution, thereby earning credence as ‘deserving’. MUD asks, ‘what makes some people better able to cope with poverty than others?’ and seeks to reproduce these attributes within disadvantaged communities; Kretzmann and McKnight’s (1993) research underpinning Asset Based Community Development sought to discover why some poor communities were better able to function than others. Moral dependency sees state budgetary cuts as inevitable and requires poor communities to prepare themselves by ‘taking responsibility,’ digging deep to identify resources that can be mobilised to plug the widening gaps in statutory provision.

2.4.2 Social integrationism (SID)

The social integrationist discourse (SID) recognises that markets produce inequalities, but this discourse sees a narrowing of the understanding of poverty to participation in paid work and/or ‘acceptable’ activity. In focusing purely on the goal of employment or legitimate activity as a means of lifting people out of poverty, SID obscures the power bases in communities, such as tensions between salaried workers, consultants and managers who are tasked with making the assets approach a success, and also the tensions which may arise in workers meeting

employer requirements whilst trying to maintain a ‘purist’ ABCD approach of supporting community-led activity. SID’s obscuring of the differences between those in paid work demonstrates a lack of recognition of gender, disability and class, with these groups being more likely to be in low-paid jobs and assumes the same methods of poverty reduction regardless of background or status.

In relation to assets, we can recognise the resonance of ‘legitimate’ activity in the generation of community capital and resources. Although assets approaches such as ABCD do highlight the importance of local communities generating self-defined activity, engagement with statutory structures and the expectations of funders make it difficult to avoid imposed ideals of appropriate activity. In addition, like social integrationism, assets approaches do not recognise the inequality of assets held between different individuals and communities. SID avoids engagement with the reasons why people may not be able to participate, either in paid work, or in recognised community activity; examples might include women’s care responsibilities, and difficulties faced by those with disabilities or health problems such as addictions and poor mental health. Although a social integrationist assets approach may promote poor communities as ‘producers’ of wellbeing and health, it falls short of analysing the ownership and power base of budget holders and policy makers, and assumes that through participation alone, disadvantaged communities are being included as equal partners.

The SID model assumes the need for cost-cutting in the current climate and doesn’t recognise that for poor communities to have greater power and assets, those with power will have to be willing to relinquish it. Levitas describes SID’s analysis of solidarity as ‘a device for reducing the costs of social provision, not for redistribution’ (1998:25), so with the cost of welfare seen as excessive, SID’s focus on the assets approach is a ‘needs must’ approach to reducing welfare costs by communities taking on more responsibility for developing resilience and building supportive social interaction.

Some resource-focused analyses of assets fall into this model of ‘up-skilling’ and service user participation. Within the context of community planning, where Local Authorities are looking to demonstrate wider public involvement in service delivery by local neighbourhoods, an assets approach can be seen as a means of endorsing local decision-making, and worse, validating budgetary cuts through a local mandate for action. If the end-point of local planning falls short of neighbourhood ownership, then participative efforts will become concerned with tokenistic consultation, which maintains reliance on professional expertise and decisions on local provision.

2.4.3 Redistribution (RED)

In the redistributive discourse (RED), Levitas (1998) explains the causes of health inequality as being rooted in poverty, offering a critique of inequality that addresses economic, but also social, political and cultural inequalities. This discourse views increased benefit levels as a key means of poverty reduction. RED is able to recognise the intrinsic value of unpaid work, thus allowing for gendered difference, and within the assets context, is seen to value any unpaid work which makes a social contribution: not only that which represents ‘participation in community’ as defined by an external body such as Local Authority or Health Board. Rather than treating the symptoms of inequality alone, RED seeks to identify the processes that lead to unequal experience. RED recognises that genuinely addressing inequality requires a redistribution of wealth and power, and without these, efforts to address poverty will always be inadequate. An assets approach which has local power as its stated goal can focus on making explicit links between the local problems of poverty, and the structural explanations for these. This requires an explicit commitment to challenging structural inequality, and a recognition of the impact of socio-economic factors on poor community health and wellbeing. Assets approaches that recognise the importance of local ownership of assets and income can offer communities a tangible goal in building protective resources, which can yield both social and economic benefits to the local area. Such an approach requires the emphatic recognition of poverty as producing poor

health and wellbeing.

2.4.4 Learning from Levitas in the assets context

Levitas' analysis helps to uncover the political ideologies at work in the ways in which assets approaches are conceptualised. Behavioural approaches locate the effects of poverty - and by extension, responsibility for social change - with individuals and communities; resources approaches, whilst helpful to an extent, still locate the problems of poverty outside the 'mainstream,' and will therefore not produce lasting change; and it is therefore in the potential redistributive effects of assets that we might expect to see any sustainable, long-term benefits. This thesis will go on to explore the ways in which assets might be redistributive, if we conceive this notion not only in material terms, but in terms of the democratic deficit, and in the balance of power between government policy makers and local residents in the disadvantaged communities on the receiving end of community engagement initiatives.

2.5 Assets approaches in policy

In order to understand the political drivers behind the emergence of assets approaches in health and community policy, it is useful to examine the broader historical trajectory of participative community approaches and the social issues that such approaches purport to address. A consideration of the political ideologies and motivations that have influenced a growing focus on social networks, local decision-making and community ownership, and how these are perceived in relation to the need for material resources, will prepare the ground for building a change theory derived from the assets literature in Chapter Three. Since ABCD initially developed in the United States, the following section will consider the history of community development within both U.S. and U.K. contexts, the rise of the assets and other related movements, and will briefly explore the development of assets approaches within other discipline areas.

First, though, the chapter will consider the recent emergence of the assets approach within health policy in Scotland, and the issues that it has been employed to address.

2.5.1 Community engagement policy

Assets approaches have their roots in broader governmental policies for community participation. The political drivers for community engagement, empowerment and participation have varied considerably over time and according to ideology: from government initiatives to address social unrest to popular activism for social change, the language of community development is reinterpreted repeatedly for political ends.

The chapter will now set out the historical background to community participation policy more broadly and will attempt to identify the key political motivations for these in each case. This will help to locate the more recent emergence of assets approaches within the political spectrum, before moving on to consider the potential effects of the three main assets approaches identified in the previous section.

The foundations for community development within the UK range from radical popular forces for social change to government-led initiatives designed to curb civic unrest and reform welfare. Community work is rooted in the mutual organisations and friendly societies of the late 19th and early 20th centuries where working-class people pooled resources to meet common needs, and in the settlement movement which brought middle and upper-class volunteers to work with poor communities in urban areas.

The Tenants Movement in the early twentieth century saw the rent strikes and campaigns for social housing and the establishment of tenants' associations as the century progressed. The postwar slum clearances caused concern over the demolition of inner-city communities and led to the establishment of community

programmes aimed at regenerating social life in the soulless New Towns (Gilchrist and Taylor, 2011).

The 1960s and 70s saw racial tensions flare in the UK, bringing organised movements for civil rights, women and peace, and a more radical style of community work based on popular empowerment and action for social change. During the neoliberalism of the 1970s, state funding was cut in preference of market forces, and regional investment was focused on stimulating business and job creation, despite the opposition of local authorities. This period also saw the beginning of service user engagement in planning.

Freire (1972) developed his radical social pedagogy in Brazil during this period, enabling poor communities to develop skills for critical engagement during a process of organizing for social change. Such movements harnessed popular dissent in focused campaigns for social action, supporting the development of individual skills and critical consciousness as tools in a collective process for change.

In the 1980s, UK government initiatives saw the establishment of Community Development Companies in England and Local Economic Development Companies in Scotland. With deep cuts to Local Authority community development budgets and staff, there was pessimism about the prospects for the future of community development. However, with the development of the Cities Challenge, Empowerment Zones and Enterprise Communities in England, and the Social Inclusion agenda in Scotland, a new role for community development as a tool for local engagement and participative decision-making began to emerge.

In the UK, meanwhile, New Labour's term brought by a similar spotlight on civic responsibility, this time characterised through participation (Atkins, 2011). In one of Blair's earliest speeches, he combined the individualism of the previous Conservative administration with the importance of 'recreating the bonds of civic society and community', and a pledge to 'engage the interest and commitment of

the whole of the community' (cited in Tyler, 2013:159). The Social Exclusion Unit's *National Strategy for Neighbourhood Renewal* in 1998 ushered in a raft of policies focused on civic engagement (Oliver and Pitt, 2013) with the aim that 'within 10-20 years no-one should be seriously disadvantaged by where they live' (SEU, 2001). Strategies for local participation in decision-making promoted by the *New Deal for Communities* were employed initially to improve the outcomes of regeneration policies by gaining local support but moved towards a broader project for democratic renewal as New Labour's term progressed. The concept of civic responsibility also permeated strategy on antisocial behaviour, with a focus on community participation as a means of instilling respect and moral duty in disadvantaged neighbourhoods.

Social networks and relationships (Putnam, 2000) were identified as key to community regeneration, with Blair stating that 'the only way to rebuild social order and stability is through strong values, socially shared, inculcated through individuals, family, government and the institutions of civil society' (Blair quoted in Driver and Martell, 1998:29). The National Strategy for Neighbourhood Renewal put an emphasis on 'community' not only 'prescribed for the poor,' but for everyone (Taylor, 2011).

Alongside neighbourhood regeneration as key to the achieving 'social inclusion' (Macpherson, 2006) was a commitment to promoting partnership working across the public sector, with the *Local Government Act 2000* requiring Local Authorities to produce community strategies which included social, economic and environmental wellbeing.

In health policy, a focus on inequalities brought a returned focus on the Black Report (1980) recommendations, and a promise by Blair to address the socio-economic causes of inequality as a priority (Howarth et al., 1998). Criticising the Conservative administration for health policy that focused on lifestyle issues and individualism rather than socio-economic causes, New Labour's vow to raise living

standards was accompanied by the introduction of Health Action Zones in England. A renewed focus on the social determinants of health included an emphasis on social relationships as key (Putnam, 2000). In the mid-2000s, the World Health Organisation commissioned a report on inequalities, 'Closing the Gap in a Generation' (2005-08), which in addition to demanding action on the social causes of inequalities, also recognised the role of civil organisations in addressing the problem.

Recent years have witnessed interest in communitarianism as a challenge to the dominant neoliberal discourses. The communitarian celebration of community and civic life, demonstrated through mutuality and cooperation, is based on the view that humans are social beings who find community inherently fulfilling and protective (Sage, 2012:367). Communitarianism represents a rejection of the dominant ideology of individualism associated with the free market. Cameron's Big Society drew on communitarian ideas to shift focus towards social policy issues, arguing that both individualism and state intervention weaken civil society. However, despite an engagement with communitarian ideas, the Conservative context of Austerity, the persistent influence of neoliberalism, and an ideology of responsibilisation have posed significant challenge to the realization of communitarian principles (ibid: 375). 'Blue Labour' has also to move away from state bureaucracy by addressing social issues through communitarian models such as mutuals, cooperatives and trade unions. Whilst communitarian ideas might offer ways in which to redefine the state and to protect community life from liberalism, the inequalities resulting from a shrinking state, alongside continued Austerity measures, are unlikely to provide the opportunity for communitarianism's more transformative potential.

The Marmot Review (2010) also brought a focus on participation and community, with priorities including the maximisation of capabilities and control, and the development of sustainable communities. Marmot stated that living conditions have a powerful influence on health and life expectancy (Foot and Hopkins, 2010). This

represents the beginning of a convergence between health and community policy that filtered into the CMO and Christie Commission recommendations in Scotland discussed in section 2.5.1.

Cameron's 'Big Society' continued to use the language of participation popular with the New Labour administration, but the theme of 'moral civic responsibility' became even more marked. The Cabinet Office proposed to 'train a new generation of community organisers and support the creation of neighbourhood groups across the UK, especially in ... deprived areas' (2010). Local communities were encouraged to assume responsibility for key social services, but individuals were also called upon to deliver a civic duty to care for the most vulnerable.

The beginnings of individual pathologies of welfare can be traced to the New Labour government papers on welfare reform (Wiggan, 2012), which expressed support for those in economic difficulty but suggested that individuals needed to take responsibility for finding employment, facing sanctions if they failed to do so. A culture of personal responsibility was furthered by the Coalition Government's Centre for Social Justice, which spoke of a broken society where individuals had made poor choices on employment, debt and addiction, best addressed by punitive measures within social security. Political rhetoric even suggested that welfare created poverty by offering an alternative to responsible civic behaviour. This discourse ignored the unfair distribution of wealth, citing instead the lack of fairness between those who pay taxes and those who 'benefit'.

Although not initially defined as 'assets approaches,' the implication of the Big Society approach was that communities had resources available for the greater good, that citizens had a moral obligation to contribute, and by implication, that those who did not were guilty of dependency on the state. Approaches based on economic discourses, such as the assets movement, tend to gain currency within neoliberal regimes (O'Leary et al., 2011), highlighting the importance of assessing the underlying motivations for introducing them. In this definition, 'assets' is used

as a means of promoting self-reliance and scaling back welfare (Gregory, 2014).

In 2011, in the context of budgetary pressures, the National Health Service began the promotion of an assets approach to ‘understand and harness ... resource’ (National Colloquium, 2011), and the Department of Health (2012) recommended new measures for social networks including an indicator for ‘social connectedness’ and information on assets and strengths reported on in Joint Strategic Needs Assessments.

Thus, this period of Coalition/Conservative Government can be seen as articulating community development strategies, including assets approaches, as a means of challenging ‘welfare dependency’ and introducing a moral obligation for disadvantaged communities to contribute to addressing their own social difficulties, as well as a potential additional resource at a time of budgetary savings.

2.5.2. The Scotland context: the development of community partnership approaches

Prior to devolution, Scotland’s urban policy, *New Life for Urban Scotland*, supported an informal but effective integration between policy and implementation (Lloyd et al., 2001). Although no more successful in outcome than similar policies south of the border, a less formal approach to partnership resulted in the coordination of activity at a regional and local level (Lawless, 1996). However, the advent of the Programme for Partnership (PfP) in 1996, brought with it a recommendation for ‘strategic working’ and an increased focus on targets, rather than on the evolving process of cross-agency collaboration (Hastings, 1996). The consequent pressure of formal targets eroded what had been a pragmatic approach to collaborative work.

The Community Planning Working Group, established pre-devolution by the Scottish Office and Convention of Scottish Local Authorities, proposed an improvement to

services through coordinated work between public service providers by developing an area-based strategic vision that included the views of local communities (Sinclair, 2008). The introduction of the Social Inclusion Partnership (SIP) Fund by the Scottish Office in 1998 mirrored similar initiatives in England, and shared goals on prevention and ‘filling the gaps’, with a focus on the needs of the most disadvantaged. Although SIP policy aimed to formalise partnership work across public and voluntary sectors, local area planning groups tended to be dominated by the administration of small grants rather than collaboration that harnessed public sector budgets, and significant SIP monies were top sliced to fund a system of local management.

The prioritisation of community involvement in decision-making on public sector services as the solution to effective regeneration also mirrored New Labour policy on local involvement in England. The Local Government (Scotland) Act 2003 formalised a requirement for collaboration between public, voluntary and community sectors, although these were criticised initially for the lack of power afforded to the voluntary and community sectors (Sinclair, 2011). The National Standards for Community Engagement (2005) were welcomed for representing the voices of those working in neighbourhoods, identifying a good practice model for community engagement that was refreshed in 2016.

In health, policy focused on life circumstances, lifestyle change and preventable disease (Scottish Government, ‘Towards A Healthier Scotland’, 1999). The development of the Community Health Exchange (CHEX)⁹ provided a national network approach to community health, supporting the development of critical thinking in disadvantaged communities and coordinating campaigns on the key health issues to Scottish Government.

⁹ CHEX was established in 1999 by the Scottish Community Development Centre. <http://www.scdc.org.uk/what/chex/>. Accessed 01/11/17.

Following the election of the Scottish National Party to Holyrood in 2007, policy was refocused on local participation not only as a means of supporting regeneration and endorsing public sector reform, but also as a means of democratic renewal. Initial work on what would become the Community Empowerment (Scotland) Act of 2015 was introduced, with the aim of giving local people a legal right to involvement in planning local services, identifying local needs and issues, and control over local assets through an extension of the Community Right to Buy legislation. The Act states a commitment to addressing disadvantage and inequality. This legislation builds on existing policy, such as the National Standards for Community Engagement (2005) which gave guidance to public bodies on how to interact effectively with communities, and the 2013 Community and Learning Development (Scotland) Regulations which state a requirement for Local Authorities to work towards the goals of improving life chances, and building stronger, resilient communities.

Health also saw a focus on participation as a means of achieving community cohesion. For example, 'Equally Well' (2008), prioritised a focus on material life circumstances, but also discussed the importance of community cohesion, and the need for a shift from 'providing services ... to building the capacity of individuals, families and communities'.

In 'Tackling Child Poverty in Scotland,' (2010) the Scottish Government also highlighted a community focus, with three key measures of: early intervention and prevention; a child centred approach; and an assets-based approach (SCDC, 2010). The aim of an assets approach was to build the capacities of individuals, families and communities to manage better in the long term. The strategy aimed to involve children and families in the decision-making processes that affected them, in addition to efforts to tackle child poverty (SCDC, 2010).

In his comparative analysis of community participation policy in Scottish and English contexts, Rolfe (2016) identifies critical activities as community strength, community action, and the wider social outcomes that can be achieved as a result of developing the first two goals. He further develops Putnam's (2000) 'virtuous circle' of participation into a 'double helix' (Rolfe, 2016:128), demonstrating the interaction of local resources and social networks, with the development of voice and democratic engagement. Rolfe's research draws three main differences between the Scottish (Scottish Nationalist) and Westminster (Conservative/Liberal Coalition) Governments' policy articulation. Despite similar goals of social cohesion, the policy drivers for participation differ, with Westminster demonstrating a pressing concern with social unrest largely absent from Scottish rhetoric; further, the Scottish model was developed in dialogue with communities, contrasting with limited participation in the Coalition model; and finally, significant differences are apparent in the articulation of the role of the public sector (seen as having failed as a means of generating local involvement in Coalition model, whilst being held in more favourable light by the Scottish government) and the notion of community (perceived as 'lost' in Coalition rhetoric).

Rolfe identifies a high level of responsabilisation in Coalition community engagement policy, deriving from the paradox of communities being seen as both the problem and the solution, whilst at the same time taking a moral stance towards 'dependency' that puts family and community in the role of tackling poverty and inequality. The policy language employed by Scottish Government, meanwhile, presents all communities as facing difficulties, but articulates some as being particularly vulnerable due to issues of poverty and inequality.

Rolfe's research evaluates the effects of these different approaches, revealing a more comprehensive and collaborative approach to community engagement from Scottish Government, demonstrated by significantly greater levels of resource deployed in communities, attention to the importance of partnership in

community/public/voluntary sector partnership including mitigation against unequal power relations, and a belief in the value of community engagement as an important means of supporting democratic participation.

2.5.3. Contemporary Scotland: Community Engagement and participation

2014 presented a critical point for Scotland, with a surge in interest in democratic participation and renewal leading up to and following the Independence Referendum (Escobar et al., 2018). Christie's (2011) four pillars of public sector reform have seen an increased interest in developing local control over service design and delivery, and a change in thinking about the need to engage in meaningful dialogue with citizens and communities. This was followed by the Community Empowerment (Scotland) Act of 2015, which gave new rights to community bodies, and new duties to public sector authorities¹⁰ to support public decision-making, community asset transfer, participatory budgeting on public sector expenditure (committed to 1% of local authority budgets) and community rights to buy. Although these initiatives must be placed against the wider global background of pervasive neoliberalism, featuring welfare retrenchment and community responsabilisation amidst shrinking resources for the state and voluntary sectors, the efforts of the Scottish Government to offset Westminster austerity measures such as the bedroom tax, and the groundswell of interest in opportunities for public dialogue, nevertheless offer hope for building 'resilience, reworking and resistance' (Henderson and McWilliams, 2017) amongst disadvantaged communities.

¹⁰ Scottish Government guidance on Community Empowerment (Scotland) Act 2015: <https://beta.gov.scot/policies/community-empowerment/>. Accessed on 25/07/18.

New ways of measuring community wellbeing have emerged in recent years in Scotland. Oxfam's Humankind Index¹¹ is gaining traction with Scottish Government in their National Performance Framework, as a means of measuring prosperity holistically (Trebeck, Black and Shaw, 2016). The Place Standard¹² offers a tool for communities to map and track progress on physical and social priorities in 'placemaking.' As well as identifying local assets, the tool allows communities to consider aspects of place in a systematic way, and to structure conversations about how to effect change.

Amidst concern that Scotland's political and administrative centralisation has caused a crisis of democracy, interest in new methods of public engagement, such as Participatory Budgeting (PB), has also surged. PB aims to allow citizens to allocate public sector resources according to local priorities (Harkins and Escobar, 2015). A Scottish Government working group on participatory budgeting was established in 2014 with a wide range of pilot programmes funded through the Community Choices Fund. Scottish Government has also pledged commitment to a 1% budgetary allocation according to PB methods.

Other recent policies such as Children and Young People (Scotland) Act 2014 reflect a commitment to involving people in the decisions that concern them, although criticisms that these are operating on an 'ad hoc' basis and questions as to the extent of change resulting from consultation (Children in Scotland, 2018¹³) suggest a need for reflection on the ways that citizens are invited to engage (Escobar, 2017) and the level of commitment to public sector responses.

¹¹ Oxfam Humankind Index (2012) <https://policy-practice.oxfam.org.uk/publications/oxfam-humankind-index-the-new-measure-of-scotlands-prosperity-second-results-293743>. Accessed 11/10/18.

¹² The Place Standard, <https://www.placestandard.scot>. Accessed 11/10/18.

¹³ <https://beta.gov.scot/publications/impact-children-young-peoples-participation-policy-making/pages/2/>

A series of evaluations on Scottish public sector reform by research group What Works Scotland¹⁴ draws out key themes for improvement in public services. Key findings focus on three main areas: the support and resourcing required to strengthen the community sector; the institutional mechanisms and behaviours required to support effective community relationships and deliberative democracy; and the issue that structural inequalities are beyond the scope of influence of local processes.

A stronger community sector could be achieved through consistent and responsive advocacy, financial reimbursement, ‘technical friends’ (Lightbody, 2017:1), events, training and an independent community resource (Escobar et al., 2018:3) and a shared fund to address inequalities of participation (Weakley and Escobar, 2018:3). Despite a commitment to community empowerment by public sector organisations, there was little evidence of devolved power or co-produced/community-led work (Weakley and Escobar, 2018:1). Where work had successfully engaged with communities, this tended to be focused around clear interventions such as Participatory Budgeting or LOIP (ibid:3). Effective facilitation of democratic deliberation was found to be a highly skilled role that required a ‘deep understanding of the craft of inclusive engagement’ (Lightbody, 2017:1) with Community Planning Officials working as boundary spanners, deliberative practitioners, public engagers and knowledge brokers (Weakley and Escobar, 2018:3). Despite this, CPOs had to challenge the rigidities of traditional local government work in local government, and leadership development and coordination were priorities for effective public sector community participation (Watson and Escobar, 2019).

Some areas of empowerment legislation (Christie, 2011; National Standards of Community Engagement; Community Empowerment (Scotland) Act 2015) were more

¹⁴ [What Works Scotland](#), Accessed 190619.

influential than others (National Performance Framework) on public sector institutions (ibid:3). Some structural inequalities were too complex to address within the scope of local engagement (Lightbody, 2017:1) and those that could be addressed needed sustained ongoing support to counter the multiple barriers that continued throughout the process of engagement. An unintended consequence of community engagement is that it can have the effect of increasing inequality, since it tends to privilege well-established organisations (Escobar et al., 2018).

2.5.3 Assets in health: Chief Medical Officer's Report, Christie and the NHS

Briefings

The origins of assets approaches in health policy (GCPH, 2011) can be traced through psychology (Petersen and Seligman, 2003), social sciences (Kolm, 2001) and public health (Murray and Chen, 1992; Halfon and Hochstein, 2002; Friedli, 2005). These developments follow recognition of the social determinants of health (Whitehead and Dahlgren, 1991), that linking health outcomes with layers of influence from individual, to social networks, living conditions, and socio-economic factors.

The foregrounding of assets as an alternative to a 'deficits' model accompanies a broader shift in public service definitions of the causes of inequality, towards psycho-social definitions (Friedli, 2013). Drawing on Antonovsky's (1979) work on 'sense of coherence', the assets model proposes that self-confidence, esteem and a sense of control over one's life are key factors in overcoming health inequality. Despite rhetorical acknowledgement that material factors remain key to addressing disadvantage (CMO, 2010; Christie, 2011) and that assets are 'not a replacement for investing in service improvement or attempting to address the structural causes of health inequalities' (McLean, 2011), public health policy on inequalities has drifted away from material explanations of poverty. Rather than recognizing that non-material behaviors and skills are rooted in fundamentally socio-economic causes, with mental health and wellbeing strongly associated with socio-economic status (Phelan, Link and Tehranifar, 2010), assets' primary focus on non-material

skills, and further, its criticism of public services for themselves failing to address poverty, have enabled a dislocation between socio-economic and psychological explanations of inequality.

In 2010, Scotland's Chief Medical Officer proposed the need for a rethink in Scotland's approach to addressing health inequalities. In his lecture on Health and Wellbeing in Scotland¹⁵, Burns described conventional explanations for ill health as inadequate, and turned to research by Everson-Rose and Lewis (2005) linking the effect of psycho-social factors on morbidity and premature mortality, and Antonovsky's (1979) correlation between a 'sense of coherence' and quality of life indicators. A lack of control over one's life, Burns argued, resulted in poor health outcomes, and since lack of control was linked to socio-economic status, it followed that those in the most disadvantaged communities were likely to experience the highest levels of stress and resulting poor health. This identification of alienation as a key social factor for health represented an important shift towards recognition of the psychological effects of poverty on health. The review identifies social networks and social capital as key in providing resilience and building control over people's lives. The proposed solution was for public services to enable disadvantaged communities to become involved in-service design and delivery, to 'activate them in transforming their communities' (Burns, 2013). In short, the development of assets approaches claimed to invite radical reform in taking upstream preventative action to foster individual and communal health' (Foot and Hopkins, 2010).

Although Burns articulated the continued need for socio-economic resources in addressing inequality, what was less clear from the Chief Medical Officer's report

¹⁵ "Summary of Sir Harry Burns' (Chief Medical Officer for Scotland) lecture 'Health & well-being in Scotland: Time for a rethink?'" , 2013, *British Actuarial Journal*, vol. 18, no. 1, pp. 84.

was the relationship between the development of assets approaches and the provision of the material resources required to address poverty. It is possible to draw from the body of his lecture some of the key contradictions and concerns raised by critics of the assets approach. Friedli (2013) observes that ‘assets’ conflates two distinct discourses: a radical agenda for social change based on political empowerment, bringing together principles from popular education and the recovery movement; and a neoliberal model of health that criticizes welfare users and systems for creating dependency. A focus on assets approaches alone runs the risk of eroding structural, material support, and therefore failing in its pledge to address inequalities. To be effective as a policy intervention, assets must be accompanied by material resources.

Burns quotes from Jimmy Reid’s Rectorial address to the University of Glasgow in 1971, when he defined alienation as ‘the cry of men who feel themselves the victims of blind economic forces beyond their control’ (Burns, 2013). However, despite a recognition of the material determinants of health such as employment, housing and nutrition, these receive scant attention to detail in Burns’ proposals for change. Health transformation is located at the level of the individual, to ‘take the appropriate action to look after themselves as they go through life’ (Burns, 2013).

Burns’ other key priority was that of identifying reliable measurements of success for public health interventions. Ironically, the lack of an evidence base for assets approaches has been a point of particular concern amongst the academic community (Friedli, 2013; Ennis and West, 2010), particularly given their current popularity in social and health policy contexts. The lack of rigorous evaluation on the positive effects of assets on health has allowed the contradictory messages of radical empowerment and State retrenchment to perpetuate largely unchallenged, with interpretations of assets varying to fit the prevailing political ideology. These problems lie at the heart of critiques of ‘assets’ and form the basis of the research questions addressed in this thesis.

On the heels of the Chief Medical Officer's Report of 2010 came the Christie Report (2011), a comprehensive review of public services in Scotland. The review highlighted the failure of public services to address deep-rooted inequalities in the decade since devolution, and warned of severe impending cuts to public spending, with budgets unlikely to return to 2009-10 levels until 2025-26 (Christie, 2011). These factors, combined with the Coalition Government's programme for welfare reform (HM Treasury, 2010), a 'root and branch restructuring to achieve major cuts' (Taylor-Gooby, 2013), necessitated a comprehensive review of public sector service delivery. The report outlined three key measures in response to the issues: a streamlining of services to reduce overheads across the public sector; a major shift in service delivery towards prevention; and a significant stepping-up of community involvement in service planning and delivery.

Christie's focus on local participation in the shaping of public services aimed to contribute to psychosocial wellbeing by investing communities with control over integrated public-sector service provision (2011). The goal was 'a substantial transformation of our public services.... a sustainable, person-centred system, achieving outcomes for every citizen and every community' (Christie, 2011). However, proposals for an assets approach were set against a landscape of the most severe welfare cuts to Scotland 'since the inception of the welfare state'. Already 25% of Scotland's children were living in poverty: over the coming decade this is projected to increase by a further 100,000 (SCVO¹⁶). Behind the suggestion that the public sector would need to recognise the work of voluntary and private organisations, was the added suggestion that communities and individuals could contribute, 'mobilis(ing) a wider range of Scotland's talents and assets in response to ... needs' (ibid).

¹⁶ <https://scvo.org.uk/post/2014/03/05/scotlands-outlook-campaign-stats>. Accessed 22/09/18.

Assets approaches were again heralded as the solution, with the articulation shifting from an issue of alienation to the need for additional resources to generate 'self-reliance and resilience' (2011) through local involvement in service planning and delivery. The subtle shift in the language employed by the Christie Report further demonstrates the blurred definitions of assets, slipping from an agenda of local empowerment to one of acting to offset public spending cuts, from the development of a locally-generated agenda for change to consultation on public sector-led programme planning, from one paragraph to the next.

The NHS's briefing paper, *Asset approaches to health improvement* (2012) took the articulation of local responsibility a step further, identifying local empowerment as a means of reducing reliance on public services (2012). With the recognition of 'large scale real reductions in public sector spending and an intractable gap between the life and health outcomes of the best and the worst off' (ibid), assets have become a means of leveraging resources to address issues of wellbeing in disadvantaged communities. In this articulation, assets lose their focus on empowerment as a means of social change and become primarily a source of social relationships and volunteer-led activity provision wherein communities can reduce isolation and improve wellbeing.

The shift from the CMO rhetoric of addressing alienation in the words of Jimmy Reid, to the articulation of assets as a source of social capital divorced from the causes of isolation, demonstrates evidence of the lifestyle drift that shifts policy implementation away from socio-economic strategies and towards behavioural and lifestyle solutions (Katikireddi et al., 2013). Further, the perception that state interventions have largely failed (CMO, 2010; Christie, 2011) creates a context for assets approaches that supports the scaling back of the state that is vulnerable to a 'dependency' discourse of poverty, ignoring the deeper concerns of free market capitalism (Friedli, 2012). A radical assets model focused on addressing the causes of inequality might instead explore the power dynamics between the public sector and the communities they serve, address issues of democratic deficit and

abandonment of poor neighbourhoods by market and the state, ‘and the social, material and emotional distance between those who design public health interventions and those who experience them’.

The above argument, however, largely ignores the agency of frontline practitioners in implementing the above policies, regarding them as ‘“unwitting tools’ of neoliberalism’ (Roy, 2017:461). In a critical-realist exploration of practitioner discourse within the area of social enterprise, Roy found that practitioners’ application of asset-based approaches reflected a complex understanding of the difficulties experienced by those most at risk (ibid). Further, practitioners were informed by prior knowledge and understanding of good community development practice, rather than deriving their understanding of ‘empowerment’ simply from new assets policies being ushered in by Scottish Government. This is borne out by the resonance of social enterprise mechanisms for change (Roy et al., 2017) such as ‘engendering a safe and supportive environment’, ‘improving knowledge and skills’ and ‘working to improve public awareness and understanding of social issues’ (150), with mechanisms employed by assets approaches, such as building social capital (Blickem et al., 2018:11) and information access and skills development (Bull et al., 2013:171).

The response of community development practitioners to the prevailing neoliberal discourse provides scope for alternative visions that challenge singular political responses (Burkett, 2011: ii 1 13). Two key concepts of self-reliance and entrepreneurship offer potentially progressive actions that could challenge neoliberal assumptions. Community organisations could re-interpret the neoliberal focus on economic self-reliance to include political, intellectual and cultural dimensions (ii 1 20), thereby forming and shaping the meaning of their work (ii 1 21). Further, the reactive ‘service delivery’ culture could be challenged by reframing notions of entrepreneurship as ‘innovation’, not only putting into practice new ideas (methods, products, systems and services) but also by

combining existing ones in new ways, and challenging ingrained assumptions about how things work (ii 1 23).

More recent evidence demonstrates a reiterated commitment from the Scottish Government to address wider structural inequalities, alongside the programme for democratic participation. The Equally Well Review (2013)¹⁷ prioritises a 'greater focus on the fundamental causes of health inequalities' (14) with recommendations from the NHS Health Inequalities Policy Review (2013) to prioritise 'upstream fundamental causes of health inequalities rather than individual lifestyle changes' (83)¹⁸. Despite a continued commitment to assets approaches and co-production as vital, these are not being promoted in Scotland as 'a replacement to addressing the social determinants of health' (Roy, 2017:6). The extent to which a multi-policy, cross-departmental approach to addressing the complex social issues, translates to the neighbourhood level, is a question pertinent to this research, given the evidence on 'lifestyle drift' (Katikireddi et al., 2013), wherein enactment of policy leans towards behavioural rather than socio-economic solutions.

2.5.4. Asset Based Community Development (ABCD) for the Scottish context

Asset Based Community Development is an approach developed by Kretzmann and McKnight (1993), the culmination of a four-year research project, that explored the reasons why some disadvantaged U.S. neighbourhoods appeared more resilient than others in coping with the difficulties of poverty. The authors presented ABCD as an alternative to federal responses to poverty, which, they argued, featured disinvestment, pathologisation of poor neighbourhoods, and the consequent professionalisation of social problems. The guide includes resources such as a community checklist for asset mapping, and 'case studies' (stories on individuals and community groups using an ABCD approach), which describe the benefits of

¹⁷ Scottish Government (2013) ['Equally Well: Report of the Ministerial Task Force on Health Inequalities'](#)

¹⁸ [NHS Health Scotland \(2013\) 'Health Inequalities Policy Review'](#)

ABCD. It is useful to locate the text within its political context, begun during the Bush term that followed a decade of cuts to community development under Republican government; published under the new 'third way' of responsibilisation and enterprise heralded by Clinton.

The work sees communities as the site of authentic social relationships, resistance and power. This resource has been eroded, they argue, by the commodification of social need into professionalized social services. Professionalisation has led to community needs being characterised as deficiencies (McKnight, 1995:43), problems being individualised (ibid:44) and an industry of 'specialisation' being created (ibid:45). ABCD proposes to take back power over local decision making, developing locally-led activities and building the network of community support through wider association (21). Assets are defined as 'the skills of residents, the power of local associations, the resources of public, private and non-profit institutions, the physical resources and ecology of places, the economic resources of local places and the stories and heritage of local places' (Kretzmann and McKnight, 1993:3). McKnight argues that strong, organized neighbourhoods promote health through 'invitation, participation, connection' (2012:1), combating consumerism to build a 'handmade, homemade vision' (ibid).

ABCD draws on Alinsky's radical model for community organizing, recognizing local voluntary organisations as 'vital sources of collective citizen action' and promoting a 'one-on-one' approach to community engagement in neighbourhoods.¹⁹ ABCD proposes a five-step approach, moving from identifying individual interests and generating activity through to the development of broader community association, and finally, a local vision for change. The approach advocates for holding back on professional or state input until disadvantaged communities have agreed on their vision, to avoid a deficits approach wherein communities are pathologised and commodified into social 'clients' who require expert services to resolve problems

¹⁹ McKnight (2018) '[The civic legacy of Saul Alinsky](http://theabundantcommunity.com)' <theabundantcommunity.com>

of poverty such as unemployment, low educational attainment, crime and poor health. ABCD also highlights the inevitability of shrinking resources, giving communities little choice but to self-organise.

It is important to note the different context in which ABCD has developed. U.S. welfare is a means-tested system that helps individuals or families to meet basic needs. Funded through a variable system of state and federal funding in addition to personal insurance contributions, the provision of welfare is highly commodified. Whilst the United Kingdom has shifted towards the U.S. model in recent years, the universal welfare state provides a different context for the operation of an approach such as ABCD, particularly its criticism of professionalised health and social systems ('greedy doctors and self-serving teachers', McKnight 1995:17) for enjoying profits at the expense of poor neighbourhoods. Steven (2007) notes that assets approaches such as ABCD do not preclude the need for public sector service provision (276), and that not all service providers are 'self-interested, self-serving connivers who depend on clients' misfortune to elevate themselves' (277).

Scotland's policy-level commitment to community engagement in shaping public services, and the wide range of 'local voluntary associations' operating through Third and Public sectors potentially offer a fertile ground for the goals of public decision-making and ownership expounded by Kretzmann and McKnight. Furthermore, the advocacy for assets approaches furthered by Christie (2011) and now widely integrated within national health and social services offers a long-term commitment to building community networks. Despite this, a context of Austerity that has seen significant cutbacks to public services raises concerns over the effect of responsabilisation in communities already experiencing significant disadvantage. Combined with this, ABCD may present tensions in working with professional public services at a neighbourhood level, many of whom provide the sole longer-term continuity of relationships with the residents of disadvantaged communities, whilst short-term funded projects come and go.

2.6 Conclusion

This chapter has aimed to explore and categorise the difference approaches to assets in theory and in policy. The chapter opens by examining theories of community, including consideration of the nuanced continuum from volunteering to activism, the lack of meaningful evidence of community empowerment and the absence of power in analysis of local democratic decision-making.

An examination of assets approaches in health and community development theory reveals commonalities of type, despite the different theoretical underpinnings of assets as an approach to addressing disadvantage. The three main typologies are behavioural, resource-based, and strengths-based/structural. The literature review reveals some evidence of assets addressing issues of health and wellbeing, but no evidence of their impact on inequalities. The critical literature points to the need for robust evaluation of assets programmes, but also the need for assets methods to make an emphatic link to structural change, at the very least by linking the development of ‘internal’ strengths with ‘external’ causes of disadvantage.

Drawing on work to analyse the discourses of social exclusion (Levitas, 1998), the chapter then considers the alignment of asset typologies with the three discourses of moral dependency, social integration, and redistribution, as a means of tracing the potential effects of the various approaches and their implications.

Analysis of the policy aims for community participation reveals a spectrum of goals, influenced by political ideology. These range from the moral need to develop local skills as a counterpoint to a welfare dependency through to the use of assets programmes as a means of developing local autonomy and solidarity, raising awareness of the need for social change. Although there is little evidence of the success of assets in producing the latter effects, there is a recognition in the critical literature that the radical community work potential of assets approaches could produce such effects, if assets took this as a specific programme goal.

Furthermore, the critics suggest that assets approaches will make no impact on inequalities if the links from internal to external change are not made explicit.

Having provided a background to assets in theory and policy, the thesis will now move on to consider the Capabilities literature as a framework for evaluating social justice in policy and practice in Chapter 3, before continuing to present the research methodology in Chapter 4.

CHAPTER 3 Introducing the Capabilities Approach

3.1 Introduction

In this chapter, the Capabilities Approach (CA) will be discussed as a means of conceptualising and evaluating the ways in which assets approaches might contribute to addressing structural health inequalities. Chapter Two of this thesis highlighted the difficulties of addressing structural inequalities when using assets approaches that are commonly informed by behavioural discourses. In order to build routes towards a more redistributive assets model, able to focus on addressing structural inequalities, this chapter will explore how the CA might offer a normative framework within which to map the actual contributions of ABCD, but also its potential contribution to addressing inequalities in health and wellbeing.

The opening section will briefly define the Capabilities Approach before exploring the rationale behind choosing to use it as a frame to align the social determinants of health with assets approaches. The chapter will then examine Sen's (2009) central concepts of *capabilities* and *functionings*, as well as the distinction between *wellbeing* and *agency* and the importance of local involvement. Nussbaum's (2011) ten 'central human capabilities' (71) are discussed, alongside the conversion factors that impact on the translation of capabilities into achieved functionings. Finally, the chapter will turn to consider how the CA might be operationalized in the research setting to build a set of capabilities and functionings suitable for a redistributive assets model.

3.2 Defining the Capabilities Approach

The Capabilities Approach (CA), conceived by Sen (2009) and Nussbaum (2011), is a normative framework of social justice, concerned with the freedoms people have to live 'a good life.' CA was developed as a means of shifting the focus away from either commodity-based evaluation or utilitarian welfare approaches that focus on wellbeing. Sen and Nussbaum advocate an approach that focuses instead on what constitutes 'a good life' by evaluating 'what is each person able *to do and to be*' (Nussbaum, 2011). CA is concerned with the task of addressing entrenched social

inequalities through the improvement of quality of life, as defined by those who have been discriminated against or marginalised.

The CA framework consists of a series of capability ‘domains’, or freedoms, which represent the basic elements of a life lived with dignity. Examples include bodily health, imagination and thought, control over one’s environment, and affiliation with friends, family and community. Each capability domain is itself broken down into a series of functionings or actions, which together will allow achievement of that particular capability freedom. Although basic capability sets have been developed and modified for use in a range of settings, the CA requires local deliberation on specific domains and functionings to ensure that these are relevant to the local context. The CA has been used in many different settings, include health policy and practice, equalities, feminist approaches, and community work. Examples of its application across these fields are examined during the course of this chapter.

A key strength of Capabilities Approach is its flexibility and recognition of pluralism. The approach can be adapted by using a small subset or a broad range of capabilities and offers balanced consideration of the concepts of wellbeing and agency. However, the approach does not constitute a full theory of social justice or development on its own:

One important aspect of Sen’s capability approach is its underspecified character. The capability approach is a framework of thought, a normative tool, but it is not a fully specified theory that gives us complete answers to all our normative questions (Robeyns, 2003:64).

Due to this flexibility, many of the studies that have operationalised the CA have combined it with another theory, such as equality and human rights (Burchardt and Vizard, 2011; Dean et al., 2005), feminism (Robeyns, 2003), community development (Lewis, 2012) and critical theory (Zheng and Stahl, 2011).

This chapter will seek to explore key concepts and challenges of the CA and its application within contexts relevant to community health and wellbeing, before developing a CA framework model for use during fieldwork with the Ahead Project.

3.3 The rationale for employing the CA

This thesis has thus far examined discourses underpinning assets policy and practice, drawing on Raphael's social determinants of health and Freirean empowerment theory, as means of exploring the context of community health and wellbeing within which the AHEAD Project assets activity is located. Why, then, choose to additionally employ the Capabilities Approach, a complex and pluralistic model criticised for its difficulty in application?

The reasons are fourfold. Firstly, the CA offers a framework that is sufficiently flexible to accommodate the various fields of exploration undertaken here. It is also an approach that not only accommodates, but also demands to be used in combination with other theories, as outlined in the previous section. Further, in its consideration of conceptual capability freedoms as well as applied functionings, the CA also lends itself well to accommodating both theory and practice. Existing capability domains align well with the social determinants of health and with key goals of assets activity, suggesting that the model will be able to recognise the value of existing activity whilst also providing a frame for envisaging the potential requirements of an assets practice focused on addressing structural inequalities.

A second argument supporting the use of the CA is that this approach explicitly recognises the complexity of addressing issues of social justice and provides a number of different analytic 'lenses' through which to consider the various factors impacting on inequalities. For example, in addition to capabilities and functionings, the CA explores the conversion factors that can assess whether barriers to equality are located upstream or downstream. Another key concept for analysis is that of agency, which highlights the value of control and autonomy across all domains, not only a specific domain pertaining to control over

environment.

A third benefit of the CA is its requirement for local deliberation. There is no ‘one size fits all’ approach with the CA, and yet there is a set of ‘tried and tested’ framework domains that provide a useful starting point for local use. The process of deliberation is seen as valuable in and of itself, in addressing social justice concerns. In keeping with the Freirean model of community empowerment, local engagement with issues of inequality is considered vital to social change.

Finally, the CA, though complex, offers a model for addressing social justice issues that is internationally recognised and is being operationalized in a wide range of settings with marginalised groups. If this research study can develop a CA redistributive model for use in assets approaches to health and wellbeing, this may have resonance for assets approaches on a national and international basis.

3.4 Key concepts

The chapter will now examine some of the main concepts within the CA. This includes a more detailed discussion of capabilities and functionings and evidence of their application from the literature; conversion factors; wellbeing and agency; local involvement; and temporal considerations within the CA.

3.4.1 Capabilities and functionings

Capabilities are the freedoms to achieve self-defined life values, and functionings are the achievements, or the ‘beings and doings’, themselves (Robeyns, 2003). For example, a capability might be the opportunities a person has to maintain good bodily health, such as access to nutritious food and health services; whilst the functionings represent the achievement of these, such as eating well and having access to suitable exercise. A focus on ‘those things that intrinsically matter’ (Sen, 1992:125) rather than the means to achieve them recognises that freedom and agency are vital aspects of the achievement of social justice but also highlights diversity and the specific inequalities experienced by certain groups, due to

protected characteristics of class, gender, race or disability.

According to Nussbaum (2011), capabilities are ‘the freedoms or opportunities created by personal abilities and the political, social and economic environment’ (20). Nussbaum defines personal characteristics as ‘internal capabilities’, whilst those capabilities requiring a combination of personal attribute and social environment she terms ‘combined capabilities’. The distinction is important because society may create positive conditions for the development of internal capabilities, but may not, for example, offer the social, political and economic conditions for these to be developed into combined capabilities.

In his discussion on the workability of the CA, with regards to exploring *possible* and/or *existing functionings*, Sen (1994) discusses three different forms in which the CA can be used to judge a person’s freedoms, differentiating between exploring *all* the options open to a person from which they may choose, identifying the option the person *did* choose, or selecting a ‘*maximally valued*’ option. Clearly, the first form, that of analysis of all options, would create significantly more data, and may prove unwieldy for a qualitative research approach. What these different uses of the Capabilities Approach do highlight is that there is a difference between the *intrinsic* value of freedoms a person has to choose one kind of life over another (their capabilities), and the *instrumental* wellbeing achieved through a specific functioning.

The issue of intrinsic and instrumental freedoms leads to another aspect of CA functionings identified by Wolff and De-Shalit (2013). They emphasize the importance of agency in achieving functionings: that a vital element in the achievement of *a good life* is the person’s freedom to do and be on their own terms. They describe the ways in which multiple inequalities create ‘corrosive disadvantage’ demonstrated by a clustering of inequalities across a number of Capabilities domains and functionings. Conversely, their research demonstrates how supportive conversion factors can create ‘fertile functionings’ which may support positive achievements across several domains, identifying the domain of

Affiliation (Individual, family and social life), for example, as particularly fruitful in this regard (2007: Chapter 8). They propose that a focus on functionings may be more useful for policy in addressing social justice because a primary focus on capabilities at government policy level risks responsibility for achieving functionings being located with the individual, according with dominant behavioural discourses. In the context of multiple disadvantage in particular, they argue, governments need to be concerned with securing functionings as well as capabilities. They also highlight the need for ‘de-clustering’ of disadvantage as the first step in supporting those experiencing multiple social inequalities.

Lorgelly et al. (2015) employed the CA in their research on the effectiveness of public health interventions, to develop a richer set of dimensions that capture the complexities of outcomes, rather than the primary focus on ‘health’, used in previous evaluations. They draw attention specifically to the value of capabilities in interventions that seek to reduce inequalities due to the ‘equitable underpinnings’ of the CA (78).

In an assessment of the effect of adult community learning (ACL) on mental wellbeing, Lewis (2012) employs the CA as a means of ensuring a socio-economic analysis of disadvantage, whilst also recognising the interplay *between* individual functionings (523). The development of a CA framework also allows Lewis a specific analysis of power within the substantive and instrumental freedoms available.

3.4.2 Capability domains

On the issue of setting a definitive list of capabilities, Sen and Nussbaum’s opinions diverge. Sen has always maintained the importance of resisting a list of freedoms set by ‘experts’, whilst in response to criticisms of the difficulty in operationalizing the CA without an agreed index, Nussbaum has developed a set of central capabilities which represent the basic aspects of a life lived with dignity (2011:33). She makes the proviso that democratic involvement is still a key aspect of the CA, but that a list of capabilities central to living a life of dignity offers basic political principles, which can and should inform policy. She also cautions of the importance

of mitigating against the dominant discourses in society, which do not benefit those experiencing inequality (Nussbaum, 2000:74), and argues that a centrally agreed set of domains may help to support this. Nussbaum's central capabilities are: life; bodily health; bodily integrity; senses, imagination, and thought; emotions; practical reason; affiliation; other species; play; and control over one's environment.

Whilst Nussbaum's list offers a useful set of central capabilities, the literature on the applied use of the CA suggests that the framework indicators can and should be adapted for use in particular fields and settings (Burchardt and Vizard, 2011, Lewis, 2012, Robeyns, 2003), to reflect measures recognised within that field, and the priorities of the groups concerned. Within each Capability domain, there is considerable scope for exploring a variety of functionings. These functionings may be easier to formulate within research settings with community groups, since they are the actual achievable 'beings and doings', rather than the more abstract concepts of freedom delineated by the Capabilities domains.

Wolff (2009) contends that a key challenge in the application of the CA method is that pluralistic understandings of disadvantage may appear to be incompatible with 'the 'consensus' project of identifying the least advantaged and taking steps to ensure their lives are improved' (220). They argue that it is unlikely that any society will be able to offer all their citizens a high level of sufficiency in every one of the capability domains, and therefore will have to make choices about prioritising the needs of some over others. Wolff and De-Shalit use Marmot's theory on the social gradient of health (2004) to support an analysis of disadvantage that can inform the Capabilities Approach and make it more practical in application.

In their consideration of issues of disadvantage, Wolff and De-Shalit's (2007) research prioritised six human capability domains from Nussbaum's list of ten, based on research participants' 'most important three functionings' (Wolff, 2009). Although statistically, the sample was not sufficiently extensive to conclude a general judgement on the hierarchy of capabilities, the research does offer some

valuable information in prioritising those areas seen to be most vital. They are: life; bodily health; bodily integrity; sense, imagination and thought; affiliation; and control over one's environment. Wolff suggests that if robust social ordering of capabilities is possible, it then becomes easier to evaluate who is *most* disadvantaged and should therefore be prioritised in public expenditure allocation. If we support that these six capabilities are the most valuable, we can therefore assume that clustering of disadvantage within these six will indicate those experiencing the most serious inequalities: the worst off. This analysis of 'social ordering', connecting political philosophy with social policy, allows for practical assessment of which policies should be pursued and when.

Wolff and De-Shalit's prioritising of capabilities is interesting to consider in the context of Raphael's social determinants of health, and also in application within the assets context. For example, Wolff and De-Shalit's 'top six' capabilities do not include Nussbaum's domain of Emotions. If Raphael's social determinants could be transposed into functionings, then the determinant of 'Early Life', which encompasses attachment and familial love, sits well within this domain. This area is likely to be considered a priority within the assets context, and areas in which an assets project intervention may make some positive impact. This issue highlights the importance of considering prioritisation but raises the point that Wolff and De-Shalit's model may not transfer fully to the assets project context and should not be applied to the detriment of useful data in the local situation.

Clark's (2003) research in supporting the urban and rural poor in South Africa to determine values and functionings found that, in fact, most participants shared a common vision of what elements constituted 'a good life', citing jobs, housing, income, family and friends, religion, health, food, good clothes, recreation and relaxation, safety and economic security (Chapter 4). Clark also suggests that values are not distorted by 'adaptive preferences or cultural indoctrination (Clark, 2006:8).

In relation to adult community learning, functionings include 'social connectivity

and friendship; having a sense of purpose and achievement; being knowledgeable (including about 'mental health' itself) and having confidence, self-worth, sense of control and optimism' (Lewis, 2012:526). Lewis contends that the CA's focus on the role of public services in expanding substantive freedoms correlates with ACL's core principles of critical consciousness and empowerment. By refocusing on agency, the CA avoids dominant behavioural analyses of disadvantage, recognising the individual, organisation and structural factors which impact of the achievement of freedoms. Lewis maps both the direct and indirect effects of ACL on mental health, examining the relationship between capabilities and functionings in order to build a theory of 'the social model of mental health' (527).

Burchardt and Vizard (2011) have modified Nussbaum's central human capabilities for use in a human rights context, building a model that uses clearer language in the capability domains and allows for consideration of more tangible freedoms such as standard of living and legal protection. Through their research, Burchardt and Vizard re-defined their ten capability domains as: life; physical security; health; education and learning; standard of living; productive and valued activities; participation, influence and voice; individual, family and social life; identity, expression and self-respect; and legal security. This model will be used as the basis of the CA approach in this thesis, and can be seen at Tables 3.1 and 3.2, which maps the social determinants of health and assets activity across these capability domains.

3.4.3 Conversion factors

The translation of the valued freedoms or opportunities a person has (capabilities), into the actual achievement of these states (functionings), requires resources, or 'assets', on a personal, social or structural level (Brunner, 2015). These resources are referred to as conversion factors. Personal factors are the resources held by an individual, such as income, education or social relationships; social factors may be public sector or voluntary organisations; and structural factors are macro-level influences such as globalisation or capitalism, cultural stereotypes and caring responsibilities (Brunner and Watson, 2015; Lewis, 2012). The analysis of the

positive or negative influence of conversion factors at these micro, meso and macro levels is a helpful tool in understanding the factors that may prevent people from achieving their chosen values.

Burchardt and Vizard (2011) have developed a useful model of analysis that offers the capability domains as the 'end point' and traces the impact of personal characteristics such as gender, race and disability; as well as resources such as income and health care; and contextual variables such as labour market, public attitudes and family (110). Brunner and Watson (2015) categorise these conversion factors as the micro, meso and macro conversion factors, which support the achievement of capabilities. These conversion factors will be a useful means of evaluating in the assets context, how an 'asset' (whether material, personal or social) might be translated into an achieved functioning, and by identifying the individual, organisational and structural factors which support or hinder this.

Conversion factors present an interesting and relevant contribution to assets approaches, resonating with the ABCD model, which aims to build the individual, associational and organisational resources to address poverty over time (Kretzmann and McKnight, 1993). However, the CA brings a vital missing element to ABCD in its linkage of mobilised assets to the chosen value, or functioning. ABCD lacks a wider framework within which to locate the value of mobilised skills and resources in a local community. The added consideration of the conversion level at which a capability can be operationalised into a functioning allows for detailed analysis of the blockages to social justice outcomes. Most ABCD approaches will focus primarily on the micro and meso resources available, but are less likely to analyse these, or, crucially, to consider the broader structural factors which hinder such mobilisation. By drawing attention to this area, this research aims to build a research framework that identifies key domains and functionings of assets and offers analysis of the three levels of conversion within these.

3.4.4 Wellbeing and agency

Underpinning the Capabilities Approach are the two key, interlinking concepts of

wellbeing and *agency*. Whilst Sen recognises the significance of wellbeing and happiness in judging how we live our lives, he criticises the utilitarian approach for its sole focus on these values (2009:273). Sen argues that the subjectivity of wellbeing masks the socially situated context of disadvantage, and therefore cannot achieve a sufficient understanding of social justice. He draws attention to responsibility as a key aspect of the CA. Capabilities are not simply about human advantage, but about how one responds to the freedoms and rights of others. He highlights the difference between the happiness approach of utilitarian approaches, and the CA, which values this key aspect of obligation, citing that there is ‘a significant difference between well-being and happiness, on one side, and freedom and capability, on the other’ (271).

Sen articulates the concept of ‘voice’ or ‘agency’, as of equal importance to wellbeing. Agency freedom demonstrates the power that an individual has over their circumstances and differs from the ‘happiness’ analysis of welfare economics in allowing recognition not only of human advantage, but also of the value of responsibility to others. This theme of responsibility to the equality of others is a crucial aspect of agency because it goes beyond the advancement of personal wellbeing. In examining social justice issues, the wellbeing perspective requires a person to be ‘a beneficiary whose interests and advantages must be considered’ while the agency perspective locates the individual as ‘a doer and a judge’ (Sen, 1984:208). Sen’s focus on agency allows for the value of autonomy and voice, not only in achieving social justice, but also in establishing the capabilities set by which such social justice might be measured. Consideration of issues of agency and power are also highly relevant to Raphael’s work on the social determinants of health, which demonstrates that the lack of power and control resulting from stress in adversity has a direct impact on all aspects of health.

In their exploration of increased agency through sustainable human development, Tiwari and Ibrahim (2012) point to four key mechanisms of successful increased agency in poor communities in India and Egypt as local leadership, locally-developed institutions for change, communal feelings of the rewards of

voluntarism, and the development of self-help groups.

3.4.5 Local involvement

Sen (2004) has resisted compiling a definitive set of capabilities because, he states, setting ‘one predetermined canonical list of capabilities, chosen by theorists without any general social discussion or public reasoning’ (77) denies the importance of public discussion and participation in determining the capabilities set. Sen argues that those directly involved should have the opportunity to determine what the capability values should be, and not a local elite or cultural ‘expert’ (Sen, 1999:31-32).

Sen and Nussbaum agree that the social group concerned should be directly and democratically involved in determining the capabilities and functionings set. In fact, participation is itself a contributor towards the wellbeing capability. Nussbaum’s domains, therefore, are a tool with which to open a dialogue with a specific group. This approach sits well alongside the Freirean approach to dialogue discussed in Chapter Two, where groups can build critical consciousness of social inequalities through engaged discussion of the issues and the wider context of poverty and disadvantage. Participation, therefore, is where the discussion will now turn.

Alkire (2002) highlights the increasing popularity of participation in the context of development. As well as participatory approaches achieving the primary aim of choosing capability values and their realised functionings, participation is a means of activating agency. Participation therefore recognises the importance of ‘who decides’, as well as ‘what is decided’ (4). Alkire argues that the value of participation also lies as a means of ‘reasoned deliberation’ in which participants can consider advantage and interpersonal comparison, thus countering criticisms around the difficulties of comparative work using the CA. The value of reasoned deliberation can be seen in the model of Participatory Budgeting developed in Porto Alegre, Brazil during the 1980s (Melgar, 2014; Harkins and Escobar, 2015), where citizens were invited to assign the city’s budget in proportion to need

following a wide-ranging debate on the key local issues and demographics. It is important to note here that participation is a contested concept within community work, which criticises the widespread ‘tyranny’ of approaches that use tokenistic consultation rather than supporting long-term, sustainable local ownership (Cooke and Kothari, 2001). This issue is examined in further depth in Chapter Two.

Key to supporting effective local determination of the capabilities set, is the approach taken by external (meso-level) support agencies. Alkire cites Ellerman’s conditions of autonomy-compatible behaviours when considering the practicalities of applying Sen’s principles of public debate. Ellerman himself draws on some of Alinsky’s (1971) principles of radical community work, which were examined briefly in Chapter 2. The ‘helper-doer’ relationship (33) requires an effective helper to start where the doers are, to see through doers’ eyes, not to impose change but to support the right conditions, not to offer ‘benevolent’ help, and to ensure that the doer is in control. These principles have commonalities with the asset-based community development approach in that the ‘community builder’ (development worker) role should offer support to enable ‘community connectors’ (local residents) to organise but should not take on the role of organiser themselves. However, a key difference, as previously articulated, is that the Capabilities Approach is focused explicitly on the aim of social justice, with a means of recognising the barriers to achieving the capabilities set. This issue of ‘enabling’ behaviours will be considered in the context of this research with assets project participants and staff, in section 3.8.3.

In her work on adult learning and its effect on mental wellbeing, Lewis (2012) developed a series of questions to generate discussion around capability definitions in an adult learning/mental health situation. These include questions around how adult learning seeks to enhance human capabilities, which freedoms ACL impacts upon, how it affects ‘agency freedom’ and how the capabilities and functionings are interlinked (532). These questions are useful to consider within the assets/health and wellbeing context and will be explored further in the following section.

Burchardt and Vizard (2011) discuss the importance of creating a balance between ‘bottom-up’ participative strategies for determining capability domains and functionings at the local level, with ‘internationally recognised human rights standards’ (92). Whilst the importance of locally-led definitions is vital - and indeed, is a human right in itself - they argue that local strategies may be imperfect due to research time constraints and the issue of adaptation, and these may conflict with standards and principles embedded within human rights frameworks. To address this question, they have developed a two-stage process for generating an agreed list of capabilities: first, they derive a ‘minimum core’ list from the international framework; secondly, this is refined through a deliberative research exercise (92). Finally, the lists are combined. Where there is any conflict, they use a ‘trumping’ rule where the international human right will take precedence over the list derived from deliberative consultation (105), on the basis that these rights have already undergone widespread and rigorous consultation processes.

3.4.6 Empowerment

The concept of empowerment is highly contested in the Capabilities Approach and some scholars have called for a renaming of the term altogether (Ibrahim and Alkire, 2007). However, in critique of the recent shift towards equating empowerment with choice alone, Drydyk (2013) offers a helpful consideration of the term, drawing out three distinct but related dimensions of empowerment as agency, progress towards wellbeing freedoms, and power (260). Empowerment may be seen as a means of contextualising agency in relation to wellbeing freedom and power and should be concerned primarily with addressing the social and political context, ‘not only with expanded agency but also with removing gaps and barriers between people’s agency and the expansion of their well-being’ (Drydyk 2013:254).

Agency, defined according to Crocker’s (2007) ‘ideal of agency’ (157) is exercised insofar as: a person performs an activity, the activity impacts on the world, the activity was chosen by the person, and the activity was chosen through individual

and/or group deliberation. These four aspects together constitute offer a useful framework for evaluative analysis of agency development in the operationalisation of the Capabilities Approach.

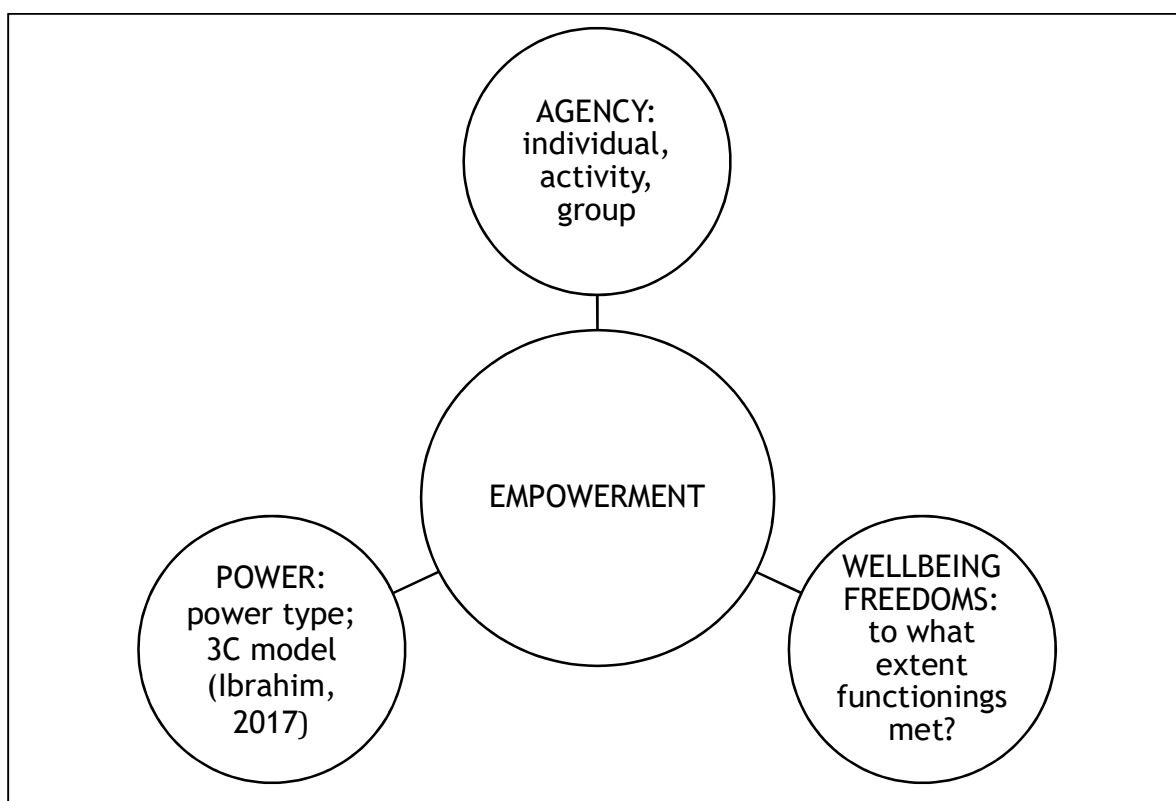
Wellbeing freedoms are described as the factors which an individual or collective might aspire to achieving beyond those already achieved. Agency continues to be instrumental, both in the initial determining of the wellbeing freedom itself, and in its achievement. In a sense, agency functions as the means, and wellbeing freedom as the goal. However, an important distinction in Capabilities highlights the point that a person will not always choose the action that most benefits their own wellbeing (with examples such as an ascetic giving up financial resources, or an act of solidarity that may benefit someone else but be detrimental to oneself). Capabilities therefore offers the dual spaces of wellbeing freedom alongside agency freedom, to capture this complexity. Empowerment offers a link between the two by providing a useful space in which to consider the gaps and barriers between agency and wellbeing freedoms.

The final dimension of empowerment identified by Drydyk is that of power. Drawing on feminist analyses of power-over, power-to and power-with (Allen, 1999), Drydyk discusses the importance of *durability* (2013:255) as a means of securing sustainable empowerment and finds that focusing on a power analysis articulated as ‘an asymmetry involving agency’, allows the space to consider relational aspects of agency, which also relate to socio-economic (in)equalities.

Relational empowerment also allows for consideration of the effects of *collective* action over an *individual* focus (Ibrahim, 2017), and an essential aspect of Community Development definitions of empowerment. Ibrahim’s 3C Model for the Capabilities Approach brings together the Freirian concept of consciencisation (understanding through critical reflection), conciliation (bringing together of collective goals) and collaboration (with external agencies to achieve goals) as a means of evaluating empowerment using the Capabilities Approach.

The three key dimensions of empowerment are depicted at Figure 3.1. These will be used as a means of analysing the empowerment outcomes achieved by the ABCD approach, based on empirical evidence gathered from the AHEAD Project, in Chapter 8. The objective is to find a nuanced but workable means of evaluating the development of empowerment, which considers both socio-economic context as well as analysing power relationships as exemplified, for example, by decisions on engagements structures and the distribution of community resources.

Figure 3.1 Dimensions of Empowerment



3.4.7 Temporal considerations

Wolff and De-Shalit (2013) discuss the importance of considering the sustainability of capabilities and functioning over time. They identify the issue of *secure* functionings, as key to the achievement of freedoms. They offer four dimensions of security with which to view each capability domain: vulnerability, control, resilience and anxiety (220). These dimensions provide another lens through which

to analyse functionings and the interactions between them. Marmot's social gradients theory, Wolff and De-Shalit argue, demonstrates this point by making the links between, for example, poor social interaction, low control over one's life, and poor education, and the effect these have on overall health and life (Wolff and De-Shalit, 2007; Wolff, 2009; Wolff and De-Shalit, 2013).

3.5 Criticisms of the capabilities approach

Criticisms of the Capabilities Approach focus in the main on difficulties in its application. Indeed, Sen (1994) himself recognises the complexity and challenge of operationalising an approach which values pluralism at its heart. However, he states that 'the search for an approach that would be at once *both* 1) informationally *sensitive*, and 2) informationally *undemanding* is unlikely to be successful' (337).

Sugden (1993:1953) has criticised Sen for the problems of operationalizing the CA, and for failing to provide a coherent list of capability domains. Although this has now been addressed by Nussbaum's contribution of central human capabilities, Sen has maintained the importance of local deliberation and determination of valued achievements in addressing social injustice. Sugden (2006) further criticises the CA by arguing that Sen's views on wellbeing and freedom may risk allowing society to make judgements about what is 'good for us' (Qizilbash, 2011), and therefore actually restricting our liberties. Qizilbash argues that this should be taken as a cautionary note in using the approach, rather than 'an act of resistance' (40).

Beitz (1979;2009) has cast doubt on the usefulness of the approach because potential disagreements over the relative value of different domains make it difficult to use for inter-personal comparisons. Sen has countered this by stating that there is considerable agreement over domain values, either by using a dominance ranking or an intersectional approach. This would appear to be affirmed by Wolff and De-Shalit's (2007) research on the 'top six' dominant capabilities, and also by Clark's (2006) research on commonalities amongst what constitutes 'a good

life' across urban and rural poor in South Africa. Although Robeyns (2003) highlights the value in the CA's recognition of diversity and ambiguity, she also acknowledges the difficulties associated with an approach that requires additional social theory to inform it; with the result that the normative frameworks derived from a CA base can be divergent.

Another considerable challenge with the CA is the informational requirement of the approach, both in data generation and analysis. The evaluation of social states necessitates data on multiple functionings, which may then need to be analysed across three conversion modes and also in terms of wellbeing and agency, freedoms and achievements (see 3.2.1). At times, the relevant social indicators may not be available, particularly as quantitative data. Challenges also reside in the development of a framework that is robust and allows for careful local deliberation and understanding, in a context of disadvantage and inequality. Burchardt and Vizard's (2011) approach of a two-stage process may help to address this issue by using the weight of an existing set of determinants alongside local discussion. This is explored further in section 3.8.

Finally, there is the issue of the language of capabilities, with the testing of plain language a key consideration in developing a framework appropriate for use in the local context. Lorgelly et al. (2015) tested the CA language within their research tools and found that participants found the language of 'capabilities' and 'functionings' difficult. They modified their research tools - including a questionnaire, and vignettes developed for use in focus groups, accordingly.

3.6 Operationalising the CA

3.6.1 Methodological approaches using the CA

Brunner and Watson (2015) identify four main methodologies using the Capabilities analysis of public policy of high-income countries (11). These include: primary research with groups experiencing social injustice; choosing social justice outcomes using primary research and drawing on Nussbaum's key domains; secondary analysis

of data on groups experiencing social injustice; and evaluation of the role of public authorities as Conversion Factors.

The fieldwork undertaken for this thesis aims to generate a framework that can locate the assets project within a social justice context, highlighting the values chosen by local residents and staff and analysing micro, meso and macro conversion factors that support or deter from these. This chapter will focus primarily, therefore, on the second main methodology: choosing capability domains and functionings using primary research and drawing on Nussbaum's model. However, it is useful to note that the capabilities models developed in the 'secondary analysis' category also have much to offer in considerations of how to operationalize Capabilities effectively. Examples of these methodological considerations include application of the CA in a variety of contexts. Lorgelly et al. (2015) have adapted an existing CA tool to carry out mixed methods research into the effectiveness of public health interventions. Burchardt and Vizard (2014) have used CA in conjunction with Equalities and Rights theory, Wolff and De-Shalit (2007 and 2013) have combined CA with Marmot's social determinants of health, and Lewis (2012) has analysed the potential for building wellbeing through adult learning with reference to Capabilities. All three offer useful models for consideration of the application of the Capabilities Approach in respect of assets approaches to health and wellbeing.

3.6.2 Outlining the research stages

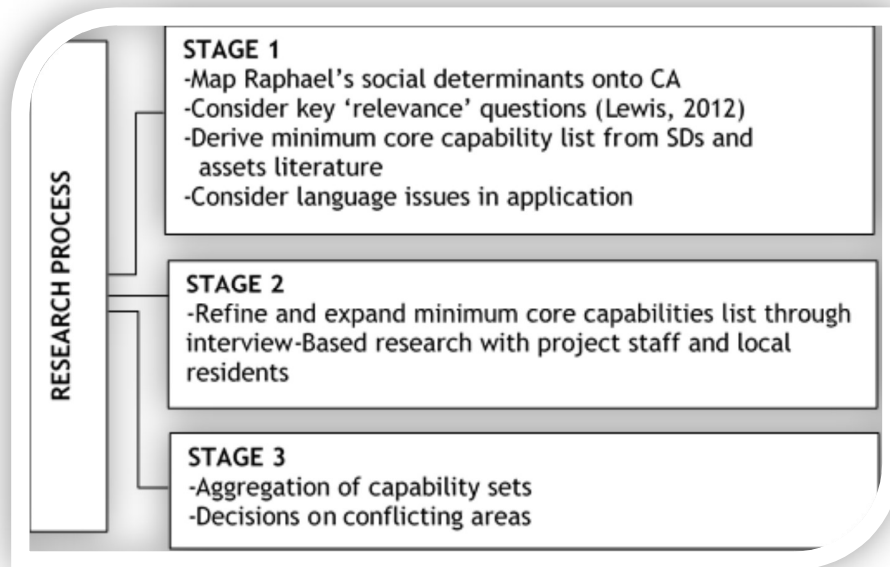
Based on the CA literature considered in this chapter, discussion will now turn to the steps involved in developing a CA approach within the context of assets approaches to community health and wellbeing. The approach draws on Burchardt and Vizard's staged process to generate a Capabilities set which balances internationally recognisable determinants against a local, deliberative process (See Figure 3.2). The first stage of this process will map Raphael's social determinants of health as functionings within the central capability domains. The research will then adapt the 'relevance' questions developed by Lewis (2013) in her work on adult learning and capabilities, to consider which capabilities and functionings

might be the ‘end points’ of an assets approach. This stage will draw on the definitions and objectives of assets approaches discussed in Chapter Two. Relevance questions will be adopted both in stage one, used by the researcher, and in stage two by research participants. Stage one will culminate in the drawing together of a ‘minimum core’ set of capabilities, based on social determinants and aligned with an assets approach.

Stage Two will use the research interview process to generate discussion on the capabilities and functioning set, differentiating between the responses of project staff and local residents. Participants will be invited to prioritise their minimum core capabilities, and to add to these from a list of domain options and through discussion. The CA language will be adapted for use within the community setting to avoid the issues identified by Lorgelly et al. (2015).

Finally, Stage Three will aggregate the two Capabilities sets, and take any necessary decisions on areas of conflict. These decisions will be discussed, but ultimately the research will retain the ‘trumping’ rule set out by Burchardt and Vizard, holding Raphael’s social determinants of health as an internationally agreed set of values.

Figure 3.2 Methodology for building an agreed Capabilities set, based on Burchardt and Vizard (2011)



3.6.3 Aligning Raphael's social determinants within the CA

Raphael (2009) identifies fourteen social determinants of health for the Canadian context: living conditions that affect the health of all, but which impact most adversely on the poorest in society. These are discussed in more detail in Chapter 2 but will provide a robust set of indicators for establishing the health and wellbeing achievements which an assets programme might hope to address. Table 3.1 (overleaf) shows the alignment of the social determinants of health with the capability domains.

Of the fourteen determinants, six map onto Nussbaum's central capabilities set; four present resources which have previously been mapped onto domains by others (Lorgelly et al., 2015; Burchardt and Vizard, 2011), and four represent protected characteristics, which would fall within the Capabilities 'micro' conversion factors. Of these four protected characteristics, this research will not seek to analyse the 'Aboriginal Status' category since this is particular to the Canadian context. However, the group will be encouraged to discuss how gender, race and disability,

as well as other protected characteristics, may impact on capability conversion factors.

Table 3.1 Capabilities (Burchardt and Vizard, 2011) aligned to the social determinants of health (Raphael 2009)

	Central and valuable freedoms (Burchardt and Vizard, 2011)	Social determinants of health (Raphael, 2009)
1.	LIFE: The capability to be alive	
2.	HEALTH: The capability to be healthy	Health services: Able to access good health services
3.	PHYSICAL HEALTH: The capability to live in physical security	
4.	IDENTITY, EXPRESSION & SELF-RESPECT: The capability of being and expressing yourself, and having self-respect	
5.	INDIVIDUAL, FAMILY & SOCIAL LIFE: The capability to enjoy individual, family and social life	Early life: Able to experience attachment & love Social exclusion/inclusion: Able to enjoy social interaction Social safety net: Able to enjoy support from friends and family
6.	EDUCATION & LEARNING: The capability to be knowledgeable, to understand and reason, and to have the skills to participate in society	Education: Able to be knowledgeable and participate in education
7.	STANDARD OF LIVING: The capability to achieve a good standard of living, including food, clothing and housing	Income: Able to receive an adequate income Food security: Able to gain adequate nutrition Housing: Able to access suitable accommodation
8.	PRODUCTIVE & VALUED ACTIVITIES: The capability to engage in productive & valued activities	Employment: Able to engage in work or productive activities Unemployment and Job Security: Able to enjoy stability in work
9.	PARTICIPATION, INFLUENCE & VOICE: The capability to participate in decision-making, and make decisions affecting your own life	
10.	LEGAL SECURITY: The capability of knowing you will be protected and treated fairly by the law	Working conditions: Able to be fairly treated by the Law Income distribution: Able to enjoy equity of income distribution

Two of the social determinants are split across capability domains. These are 'Employment and Working Conditions', and 'Income and Income Distribution'. This allows for the 'Legal Security' aspect of both determinants to be considered separately from the freedoms of 'Productive and Valued Activity' (Employment) and 'Standard of Living' (Income). A total of fifteen social determinants are spread across capability domains, with a clustering within 'Individual, Family & Social Life' and 'Standard of Living.'

3.6.4 Aligning assets approaches within the CA

Following on from the literature review of assets approaches in Chapter Two, five main strands of activity have emerged across the varied discourses of assets. These include:

- i. Building individual strengths by developing skills, confidence and self-determination (behavioural)
- ii. Developing activities using local skills (behavioural)
- iii. Building collective strength through social networks (resource-based/structural)
- iv. Taking control/ownership over local activities, plans and resources/assets (resource-based/structural)
- v. Increasing democratic involvement through rights awareness and local/global links (structural)

Whilst these activities are proposed to develop concurrently, they also build temporally, through what Kretzmann and McKnight (1993) map as the individual, associational and organisational aspects of assets development.

The ABCD approach demands that the process of development be locally led, so that individuals or 'community connectors' identify local strengths and build these organically until local residents are ready to assume or involve associational status. The purpose is to avoid the professionalization of need by holding back professional input until the local neighbourhood 'invites' this resource in. Kretzmann and

McKnight propose that this approach allows local people to address issues as far as they can, thus increasing the sustainability of activity.

The activities identified above represent key features of assets approaches across behavioural, resource-based and structural discourses. This research is primarily interested in the extent to which a CA framework can offer opportunities to link an assets approach to structural concerns. However, activities such as building individual strengths (i) and developing activities using local skills (ii) are functionings on a pathway towards building collective strength (iii), control (iv) and the exercising of democratic rights (v), (iv) and are key area of activity within the the Ahead Project. The Ahead Project is using an ABCD assets model, which is primarily a behavioural approach; therefore, activities such as (iv: taking control) and (v: democratic rights) are unlikely to be stipulated project aims. Since this research aims to identify potential structural links between assets approaches and inequalities, however, these ‘structural’ capabilities are key ‘end points’ in such a framework.

Building further on the mapping at Table 3.1, Table 3.2 (below) maps key assets activities into areas of functioning within the capabilities domains developed by Burchardt and Vizard (2011), whilst also showing the corresponding social determinants of health functionings. This will allow the construction of a ‘minimum core’ list of capabilities and functionings that meets the requirements of Stage 1 of the research (Figure 1).

Table 3.2 Aligning assets activity with the Capabilities Approach

	Central and valuable freedoms (Burchardt and Vizard, 2011)	Social determinants of health (Raphael, 2009)	Assets activities (Kretzmann & McKnight, 1993)
1.	LIFE: The capability to be alive		
2.	HEALTH: The capability to be healthy	Health services: Able to access good health services	
3.	PHYSICAL HEALTH: The capability to live in physical security		
4.	IDENTITY, EXPRESSION & SELF-RESPECT: The capability of being and expressing yourself, and having self-respect		
5.	INDIVIDUAL, FAMILY & SOCIAL LIFE: The capability to enjoy individual, family and social life	Early life: Able to experience attachment & love Social exclusion/inclusion: Able to enjoy social interaction Social safety net: Able to enjoy support from friends and family	Able to build collective strength through social networks
6.	EDUCATION & LEARNING: The capability to be knowledgeable, to understand and reason, and to have the skills to participate in society	Education: Able to be knowledgeable and participate in education	Able to build individual strengths by developing skills, confidence and self-determination
7.	STANDARD OF LIVING: The capability to achieve a good standard of living, including food, clothing and housing	Income: Able to receive an adequate income Food security: Able to gain adequate nutrition Housing: Able to access suitable accommodation	

	Central and valuable freedoms (Burchardt and Vizard, 2011)	Social determinants of health (Raphael, 2009)	Assets activities (Kretzmann & McKnight, 1993)
8.	PRODUCTIVE & VALUED ACTIVITIES: The capability to engage in productive & valued activities	Employment: Able to engage in work or productive activities Unemployment and Job Security: Able to enjoy stability in work	Able to develop activities using local skills
9.	PARTICIPATION, INFLUENCE & VOICE: The capability to participate in decision-making, and make decisions affecting your own life		Able to take ownership of local activities, plans and resources Able to increase democratic involvement through rights awareness and local/global links
10.	LEGAL SECURITY: The capability of knowing you will be protected and treated fairly by the law	Working conditions: Able to be fairly treated by the Law Income distribution: Able to enjoy equity of income distribution	
	Protected characteristics	Disability: Able to experience a standard of living with independence Gender: Able to live free from discrimination Race: Able to live free from discrimination	

3.6.5 Considerations for deliberative consultation

Before the deliberative process with research participants, the final aspect of Research stage 1 was to trial the ‘minimum core’ list for appropriate language. The CA list was trialled with at least one local resident and one member of project staff, to ensure accessibility and sense in the language of research tools.

Following this, interviews were conducted with research participants. The same process was followed in each of the case study areas to allow for differences in capability domain and functionings across the localities. In the first part of the interview, participants were asked to identify the key functionings relating to the Ahead Project without having viewed the minimum core set. They were then asked to view and prioritise the minimum core, identifying whether the functionings they have generated fit within existing domains.

3.7 Conclusion

This chapter aims to draw together an initial set of capability domains and functionings with which to test the ABCD approach to building health and wellbeing. To do this, the chapter first defined the key concepts of the CA, locating it as a normative philosophical framework that can be used in conjunction with existing determinants of inequality, such as the equalities or human rights frameworks. The chapter reviews some of the recent uses of the CA, selecting Burchardt and Vizard's (2011) capability domains as a clear and useful list with relevance to the assets context. The research proposes a two-stage process to generating a capabilities list: a first stage using literature and the existing framework of social determinants of health to build a 'minimum core' capabilities list; the second stage follows by a deliberative process through interview with research participants, to revise and refine the list from the local perspective.

In order to adapt the capability domains to an assets setting, the chapter utilised questions developed by Lewis (2012) to generate initial assets functionings and locate these within domains. The assets functionings were then mapped alongside Raphael's social determinant functionings, to produce a 'minimum core' list. This minimum core was revised during interviews with research participants, in order to develop a full capabilities framework.

In addition to refining capability domains, research interviews investigated how the assets approach supported and hindered progress towards the determined freedoms; what the impact of micro, meso and macro conversion factors were within this process; and examined the concept of agency, and its effect on addressing inequality in the local context.

CHAPTER 4 Methodology and introduction to case study sites

4.1 Introduction

This chapter aims to articulate the developing research methodology following key theoretical considerations made in previous chapters. Methodological considerations fall into four key areas: research strategy, data generation, ethics and analysis. The chapter begins with a brief outline of theoretical issues, construction of a research strategy, and questions. The second section moves on to consider research design, including context, methods, profiling and tools. This includes a background to the project with which fieldwork is proposed to take place. Ethical issues will then be explored, with a focus on ensuring participant wellbeing and researcher reflexivity. The final section will consider approaches to data analysis and interpretation.

4.2 Research Strategy

4.2.1 Considering the logics of the research study

A clear, appropriate and rigorous approach to research design first requires consideration of the researcher's understanding of social reality, and epistemological position. May (1997) recommends that, to produce precise understandings of the social world, the researcher develop an interrogative and reflexive approach, recognising the linked nature of research issues, theoretical perspectives and methods. Mason (1996) suggests a framework of questions (13) or 'hierarchy of concepts' (Punch, 2005:62) can guide the researcher through this process of thinking about ontology, epistemology, broad research area, questions and purpose. This process begins with asking what we can know (epistemology) and the nature of the subject (ontology), before going on to consider the most appropriate research tools for the exploration (Yanow and Schwartz-Shea, 2014: xiv).

In developing a research strategy, the initial consideration is to weigh up the benefits offered by different approaches. In this study, a quantitative approach might have yielded useful data on the number and frequency of social interactions generated through the assets approach, and how optimum levels might produce a 'tipping point' of community activity; or could have explored

longitudinal data on the temporal relationship to building community-led activity through the stages of ABCD defined by Kretzmann and McKnight, for example. This information could claim to offer more generalizable results than a qualitative approach and would have contributed to a perceived gap in evaluative evidence of ABCD (Rapp et al., 2005), and of strengths approaches more generally (Lietz, 2009).

However, the literature on assets raised two specific issues which were perhaps the most interesting aspects of this research: the first was that the discourses underpinning assets approaches vary, and were likely to create internal tensions and influence the outcomes of the assets project; the second, that ABCD is criticised for a lack of rigorous analysis, and in particular for a lack of contextualisation of its effects in relation to inequalities, and therefore this presented a significant gap in current research. If ABCD was to make the necessary links between community health and structural inequality (Healy, 2005), or the ‘external’ aspect of assets (Ennis and West, 2010:406), then it was felt important to consider a means of developing a systematic and rigorous framework through critical dialogue with local residents and practitioners, to integrate and embed the relationship between internal and external change within the ABCD project.

The focus on the subjective social realities of research participants, and the meanings they brought to these experiences (Denzin and Lincoln, 2005), suggested a qualitative, interpretivist research paradigm. Such an approach posits that realities are constructed through social experience and aims to build ‘understanding of human behaviour’ (Bryman, 2004:13). Both the detailed accounts and structural aspects of assets research outlined in the previous paragraph also suggested that a qualitative approach might more effectively explore the nuances of meaningful assets approaches, and a local dialogical exploration of their links to structural change.

Qualitative research is characterised by a ‘natural’ research setting, researcher as key instrument, multiple data sources, inductive analysis, participant input, emergent design, reflexivity and multiple perspectives (Bryman, 2004;

Cresswell, 2014). The generation of rich data allowed for a holistic understanding of the issues surrounding health inequalities in the Ahead Project's participating communities, and an inductive research design supported the refinement of research questions through initial observation, document review and dialogue with participants. An emergent research design was consistent with a flexibility of approach, responsive to the issues raised during the research (Bryman, 2004).

Interpretive research is focused on 'meaning making,' rather than on the development and testing of a hypothesis (Schwartz-Shea and Yanow, 2012: 25). Interpretivism sees the role of researcher itself as subjective, bringing prior knowledge but also a range of assumptions and beliefs that need to be examined during the process of generating and analysing data (25-26). This iterative, abductive approach 'takes language seriously' (Yanow and Schwartz-Shea, 2014: xiv), turning away from the idea of research participants as 'objects' and towards being 'rehumanised, contextualised subjects' (ibid). An interpretivist approach to research 'requires the social scientist to grasp the subjective meaning of social action' (Bryman, 2004) and to see participants' 'actions and social world from their point-of-view' (ibid). Geertz states that 'our data are really our own constructions of other people's constructions of what they and their compatriots are up to' (Geertz, 1973:9).

The objective of unpacking human meaning making is to understand the multiple dimensions of causality that remain hidden in a positivist conception (Yanow and Schwartz-Shea, 2014: xiv). Careful consideration of language includes issues of power relations, as well as the way that speech and silence in public discourse can signify privilege (22). As a method, interpretation has been described as 'sustained empathic inquiry' (Atwood and Stolorow in Yanow and Schwartz-Shea, 2014: 22) that can draw on a range of research tools to construct the lifeworld of research participants.

Recent interpretivist scholarship has focused on the 'double crisis' (Denzin and Lincoln, 1998: 21) in qualitative interpretation: firstly, that texts can no longer be seen as straightforwardly representing the lived experience of research

participants; and secondly that the old benchmarks of quality or legitimation (such as 'validity, generalizability and reliability', (ibid)) are no longer fit for purpose. This presents a turn away from approaches that attempt to achieve objectivity using concepts such as theory, hypothesis, and concept, towards a focus on 'readerly texts, discourse, cultural practice, deconstruction, interpretivism, hermeneutics' (Seale, 1999: 2) and so on.

Interpretivism itself offers a range of different and distinct approaches to research, described as Wagenaar as 'hermeneutic, discursive and dialogical' (2011: 40). Although these present some commonalities, they differ 'in object, scope, categories, underlying theory and the role of the researcher' (36). Whilst hermeneutics seeks to understand the social world and experience of individual research subjects, discursive approaches explore the wider discourses that underpin meaning, and a dialogical methodology investigates the meaning generated between agents, through engagement (41). Within each of these three approaches, different methods are employed in the generation and analysis of data.

The range of approaches, compounded by a crisis in our interpretation as discussed by Denzin and Lincoln, presents a bewildering set of problems for the would-be interpretive researcher. In response to these issues, Wagenaar points to the importance of grounding research in a systematic, iterative approach to the research subject, that involves:

... finding a good subject, becoming aware of your specific interest in the topic, formulating an interesting question about it, becoming aware of the presuppositions with which you approach your subject, collecting data on your subject, and formulating ideas and concepts that respond to the question (241).

This process is iterative and interlocking, and the methods themselves should emanate from it. Wagenaar foregrounds the importance of confronting 'your assumptions with your data and with the body of literature that informs your work ... to make sense of all three of them' (242). The task of the researcher is to build a good relationship with research participants (252), monitor the

quality of the data (253), analyse while engaging with theory, looking for patterns and developing hunches that can be further explored in subsequent fieldwork (249) and to foreground researcher assumptions through a consistently reflexive process (242).

In his research on ensuring quality, Seale (1999a) proposes the adoption of a pragmatic approach, based on seeing research practice as a 'craft skill' (466). Rather than feeling the responsibility to solve 'paradigmatic disputes' (1999b: 2), researchers can learn useful lessons from the various 'moments' across qualitative research schools (7). Seale offers a subtle realist approach, with a 'pragmatic philosophical rationale' that allows for constructive self-critical research (31). Linked to this, the criteria for assessing the quality of research do not, and arguably should not, be imposed from a generalised framework, but can draw on a wide range of traditions to stimulate analysis (50).

With attention to the above literature, this study proposed a research practice that took a pragmatic approach, while attending to Yanow and Schwartz-Shea's key-order principles for quality research. Drawing on critical theory as an interpretive style, the study aimed to explore the research subjects' 'reality, dialectically conceived, as the starting point for analysis that examines how people live their facts of life into existence' (Denzin in Denzin and Lincoln, 1998: 331). Spending time in the field to get to know the complexity of contexts, methods and participants with whom the ABCD intervention was proposed, as well as a consistently reflective process as researcher, were central considerations, returned to throughout the research process.

Rhodes (2011) contends that 'most if not all (civil servants) will accept that the act of storytelling is an integral part of their work' (quoted in Bevir and Rhodes, 2012:205). Since piecing together stories is an 'excellent method for doing fine-grained interpretive research' (ibid), this research study aims to explore and present the stories of Asset Based Community Development, as conceived as designed by project managers and mentors, as interpreted by frontline practitioners, and as experienced, with all their contextual complexity, by the residents of disadvantaged neighbourhoods.

4.2.2 Research questions

The overall research aim of this project is to explore and analyse the features of an Asset Based Community Development (ABCD) intervention that supports wellbeing, as determined by local residents and project staff in the AHEAD Project in Ayrshire. The research therefore seeks to understand how the ABCD intervention and concepts of community health and wellbeing are experienced and understood by research participants; but also, to analyse how the discourses that underpin the range of assets approaches contribute to their effects on community health and wellbeing in practice.

The overall research question for the PhD project is:

How can an Asset Based Community Development approach contribute to community health and wellbeing?

Research Question 1 (R.Q.1)

Although the research questions underpin all aspects of the study, there is a focus on particular questions sequentially through this thesis. Investigating the assumptions underlying ABCD, and how these may impact in translation to the Scottish context is a key first step. The study therefore proposed an initial Theory of Change analysis to understand the steps of the ABCD approach and the presuppositions about the state and context derived from an intervention that originated in the different context of the USA. This sub-question is articulated as:

- **What can a Theory of Change analysis tell us about the assumptions underpinning ABCD approaches?**

This question explores the broader theoretical context of assets approaches, the policy context in Scotland, and the discourses underpinning the various assets approaches discussed in the academic literature. The key chapter in which this is investigated is Chapter Two, 'Assets approaches in disadvantaged communities.' In methodological terms, combining the Theory of Change (ToC) approach with Realist Evaluation has allowed the underlying assumptions

derived from a ToC analysis to be transposed into three key mid-range hypotheses, which were tested empirically in the field. This methodological theory behind aspect of the enquiry is explored in Chapter 5, ‘Developing the ABCD Logic Model.’

Research Question 2 (R.Q.2)

The study then moved on to consider the detailed mechanisms which ABCD proposes to effect a change. These are the steps drawn directly from the ABCD practitioner guide, *Building Communities from the Inside Out* (Kretzmann and McKnight, 1993) the key text used in training and mentoring through the duration of the AHEAD Project. Each of these ‘mechanism areas’ is examined using the empirical data, to explore how the mechanism worked in practice, what the contexts were in which it took place across two case study neighbourhoods, and what the outcomes were. The research question related to this area of the study was:

- **What are the key ABCD Context-Mechanism-Outcome (CMO) configurations which enable or hinder people to achieve wellbeing?**

In this way, the study tested each of the ABCD C-M-O configurations, to ascertain what the barriers and enablers were to successful achievement of outcome.

The key chapters relating to this question are Chapter 5, where the seven key ABCD mechanisms are identified, and Chapter 6, where each mechanism is examined using the empirical data.

Research Question 3 (R.Q.3)

The next stage of investigation was to examine how the empirical data on CMOs accumulated against the three mid-range hypotheses presented through the ToC analysis in Research Question 1. In other words, what did the experience from the field tell us about whether and how these key hypotheses were playing out on the ground, and how were these experienced by local residents, stakeholders and practitioners. The question formulated was:

- **What can the evidence tell us about the hypothetical ABCD causal change theories?**

This question sought to establish where the successes or problems lay: whether at a micro (personal) level, a meso (social/organisational) level or a macro (environmental/structural/global) level. Where ABCD mechanisms for change were found not to work empirically in the way suggested by the theory, these findings were accumulated and tested against the three mid-range hypotheses to examine whether the ABCD assumptions needed to be modified.

In methodological terms, Chapter 5 explored how to use a bottom-up approach to cumulating evidence into a realistic evaluation change hypothesis, examining ABCD change theories alongside theories from the wider assets literature. The final part of Chapter 6 focused on drawing out the hypotheses from the empirical evidence and comparing these against the ABCD theoretical hypotheses for change, to ascertain where the ABCD was not working in the Scottish neighbourhood context. Chapter 7 then turned to aggregating these detailed findings to assess how the ABCD mid-range change theories were working in practice.

Research Question 4 (R.Q.4)

The study then moved to consider how the social justice potential of Asset Based Community Development might be extended, using the Capabilities approach. This final research question was formulated as:

- **How can a Capabilities Analysis help to draw out social justice outcomes for ABCD?**

Drawing on the Capabilities theory explored in Chapter 3, the study goes on to examine the empirical findings in Chapter 8, presenting a locally-derived framework for wellbeing, mapping the Capabilities goals across the ABCD Logic Model, and exploring what a Capabilities approach can tell us about the shortcomings of applying ABCD in the Scottish context.

A summary of research questions and their corresponding chapters can be found below in Table 4.1.

Table 4.1 Research questions with corresponding chapters

	Research Questions	Chapter
1.	What can a Theory of Change analysis tell us about the assumptions underpinning ABCD approaches?	Chapters 2 and 5
2.	What are the key ABCD Context-Mechanism-Outcome (CMO) configurations which enable or hinder people to achieve wellbeing?	Chapters 5 and 6
3.	What can the evidence tell us about the hypothetical ABCD causal change theories?	Chapters 5, 6 and 7
4.	How can a Capabilities Analysis help to draw out social justice outcomes for ABCD?	Chapters 3 and 8

4.3 The study design

4.3.1 Design considerations

Several considerations were important in developing the research design. These were the issues of addressing structural inequalities within the context of ABCD research; co-production in research; and the importance of analysing the discourses that impact on the local approach, not only in the local context and between residents and staff, but also at national and international levels.

The research took a combined Theory of Change/Realist Evaluation approach, with the aim of constructing the overall change theory understood by programme participants in the AHEAD Project, and by uncovering the specific causal pathways, which led to change. A Realistic Evaluation approach requires a realistic review approach to the literature (Paré et al., 2015:187), a theory-driven interpretive review which included evidence from both quantitative and qualitative studies of complex interventions applied in diverse contexts. Realist reviews can be systematic and based on prior criteria, or iterative and purposive, with the aim of providing interpretation of a phenomenon through saturation (ibid).

This study aimed to understand and evaluate the specific ABCD approach undertaken within the AHEAD Programme. The realist review took a pragmatic approach to understanding and constructing the mechanisms for change. First, an assessment was made of the specific ABCD literature utilised by practitioners, managers and mentor within the AHEAD programme, in order to inform a Logic Model that could be tested against empirical findings. Understanding the theor(ies) employed by the Project was an iterative process, as adaptations to the text were made in practice, but being able to outline a hypothetical theory of change was critical to gaining a clear understanding of the proposed change mechanisms to be tested.

The review continued by conducting a wider contextual assessment of assets approaches, using a snowballing approach. An initial search using key concepts (Wohlin, 2014) from the overall research question ('assets approaches and community health and wellbeing') to search databases. Sources included primary and secondary research, and represented the different research communities as 'assets approaches within community development and/or community work', and 'assets approaches in health'. Further, sources reflected research in both UK and international contexts. The review continued as an iterative process, using snowballing methods that sought to identify seminal texts and review their reference lists, and to identify key issues and gaps in research and evaluation.

4.3.1.1 Structural inequalities

Assets approaches are criticised for their lack of attention to the context of structural inequalities underlying the social problems that ABCD purports to address. Despite acknowledgement at a policy level of the need to link efforts for local change to a wider agenda of social justice, the link between 'internal' change focused on individual and community, and 'external' change focused on the multiple structural barriers faced by people in disadvantaged communities, remains weak in ABCD approaches (Ennis and West, 2010; Healy, 2005).

To attempt to address this issue, the research undertook a piece of work with local residents and staff to explore and gauge how they understood and defined the concepts of 'community health and wellbeing': the 'social problem' that

ABCD is being employed to address in Ayrshire. Although conducted primarily through individual in-depth interviews, this work aimed to support residents and project staff in building a collective understanding of community health and wellbeing, presented in the form of a framework of wellbeing indicators. The work drew on two existing bodies of research: Raphael's (2009) set of health indicators; and Sen and Nussbaum's (2006) concept of 'a good life'.

Initially, this was conceived as a deliberative exercise involving all research participants in two neighbourhood focus groups, as well as at interview. However, due to tensions between agencies, residents and staff, it was decided to conduct discussions on an individual basis, with the aim of offering an open and equal space for research participant contributions.

Research participants were invited to consider what would constitute 'a good life' for them, as a means of stepping back from the ABCD process and considering the wider structural context. The research then attempted to build a map of potential linkages from the local context, towards the structural indicators of health and wellbeing.

4.3.1.2 Co-production

A key ethical consideration underpinning the research was how to involve research participants in decision-making, and in driving the generation of data (Ritchie, Lewis et al., 2003). This aim, however, needed to be balanced against the need to complete fieldwork within a specific timescale, and the importance of avoiding burdensome requests for research participation, given that the Ahead Project already had a formal Project Evaluation model in place. This issue is given further consideration in section 4.3.1, 'Respecting the Site.'

Document analysis, observation and communication on the project were key to understanding the evaluation requirements already in place, and to ensuring an approach that avoided duplication with current practice. Consideration was given to timing and location of research workshops and interviews, so that they complemented existing activity. Participants were invited to identify their preferred research method, whether workshop, questionnaire or interview, with

regards to developing the structural indicators framework.

The research aimed to leave an accessible local framework map that demonstrated the possible routes ABCD can take in addressing locally defined structural indicators of wellbeing.

4.3.1.3. *Discourse analysis*

Theoretical analyses have demonstrated the differences in discourse that underpin assets approaches, and the possible effects such discourses might produce. A key consideration of the research at planning stage, was to analyse the language of the data to identify the discourses being employed by research participants, and what these might mean for the ABCD approach in operation. However, reflexive consideration during fieldwork suggested that data generated at interview in relation to the Logic Model, and additionally through the Capabilities mini task, would yield a wealth of information that would be better considered in depth than diversifying into discourse analysis of research subject's language. Further, the Capabilities mini task was felt useful in side-stepping the well-rehearsed discourses of professionals, in particular, in order to consider the broader socio-economic aspects of wellbeing without research participants feeling 'judged.'

4.3.2 Research context

The focus of research fieldwork was the AHEAD Project in Ayrshire, Scotland. This was a pilot programme funded by NHS Ayrshire and Arran, which used an asset-based community development model with the aim of improving long-term community health and wellbeing. Following Christie's (2011) recommendations for assets approaches to health, NHS Ayrshire and Arran developed a three-year pilot programme (2014-2017) with three local authorities in Ayrshire: North, South and East Ayrshire. The project's long-term aim was 'to reduce the gap in health inequalities by accessing the skills and capabilities within communities' (Black, Clark and Hardie, 2013). The assets approach was chosen as a means 'to facilitate a culture change in how services interact with individuals and communities, by embedding person-centredness and improving community engagement and mutuality' (2.1). The programme was funded using endowment

monies from Ayrshire and Arran Health Board Charity.

East Ayrshire had chosen to integrate the assets approach and funding within an existing five-year community development programme, entitled 'Vibrant Communities'. The aim of this programme was to transform East Ayrshire Council's relationship with local communities through a process of locally led action planning, which resulted in neighbourhoods identifying their priorities for change. The AHEAD project funds provided training in assets approaches to existing community development staff.

North and South Ayrshire Councils took a different approach since they did not have specific area-wide community programmes already in place. Five neighbourhoods in North and South Ayrshire were initially identified to participate, all within the top five per cent most disadvantaged neighbourhoods in Scotland (SIMD, 2012), and because, in some cases, they were areas where the AHEAD project partners had previously worked on building asset-based approaches (NHS, 2015). Initially, five neighbourhoods were identified: two in North Ayrshire, and three in South Ayrshire (including the neighbourhood referred to in this study as Case Study 1). In August 2015, the decision was taken to increase the number of neighbourhoods participating to eight, and the project employed a further three community builder staff. The new Phase 2 areas included the neighbourhood named in this study as Case Study 2.

The Ahead Project used the Asset Based Community Development (ABCD) method developed in the United States by Kretzmann and McKnight (1995), who founded the ABCD Institute at North-Western University to support and promote ABCD training and research. The approach was developed through a training programme commissioned from Nurture Development UK; an organisation that offers 'thought leadership, research expertise and extensive experience in the practical implementation of ABCD' (Nurture Development, 2013) and is endorsed by the ABCD Institute as a strategic European partner. The AHEAD project employed key staff from Nurture Development on a consultancy basis, to offer training in ABCD and ongoing mentoring support to the five Community Builders initially employed during Phase 1 of the AHEAD Project. This training

commitment was reduced during Phase 2, partly due to reasons of cost, and partly because the staff were seen to have modified the approach to fit with their own work contexts.

The AHEAD project was overseen by the Management Committee group made up of senior staff from NHS Health Promotion, each of the three local authorities, and chaired by Third Sector organisation, Access to Employment. The Community Builder posts were managed by staff at North and South Ayrshire Councils, located within the Community Engagement office within the Community Planning Partnerships. North and South Ayrshire Community Builders were each co-located: in North Ayrshire, based in a community flat, and in South Ayrshire, at the Ayrshire Housing Office. Community builders met their local authority managers monthly and attended project meetings with NHS staff on a quarterly basis. They received independent mentoring support on ABCD from the Nurture Development Consultant monthly via Skype.

4.3.3 Approaches to Evaluation

4.3.3.1 *Background to choosing an evaluation approach*

A key criticism arising from the assets literature review concerned the lack of rigorous evidence on how and whether assets approaches work, for whom and in what circumstances (Freidli, 2013). Whilst Asset Based Community Development (ABCD) catalogues a series of six steps from initial engagement with residents through to developing a local vision for change and ‘inviting in’ professional support, there is little evidence available on how these steps work, what outcomes can be expected at each stage, and what are the activities or mechanism required to achieve them. In short, the steps have not been systematically tested with practitioners to understand how the approaches work in different communities, with different groups, and what contextual factors either facilitate or hinder their achievement.

One reason for the lack of rigorous evidence on assets approaches may be a result of the inappropriate research approaches. Whilst qualitative approaches offer in-depth and valuable understandings of participant experience, and

quantitative approaches can gather data on the numbers and types of people involved, neither is able to trace systematically the relationships between activity and outcome, or to offer a rigorous analysis of context. More recently, public policy has sought to address this issue by turning to evaluation methods such the Theory of Change (ToC) approach (Connell and Kubisch, 1998) and Realistic Evaluation (RE) (Pawson and Tilley, 1997), both of which have become increasingly popular in the evaluation of policy implementation. In their examination of the synergies and differences between the Theory of Change approach and Realistic Evaluation, Blamey and Mackenzie (2007) highlight their potential combination, to offer both a broad programme ‘map,’ and scope for detailed analysis of specific causal pathways.

Development of a Theory of Change (ToC) approach begins work with stakeholders to identify long-, mid- and short-term programme outcomes, and to consider the resources required to support these. The evaluator draws these findings together into a programme map, which offers an overview of what should be achieved, when, how and by whom. The theory is then tested to check that it is ‘plausible, doable and testable’ (Connell and Kubisch, 1998). Further, ToC proposes analysis of the *assumptions* that underlie the programme, allowing for critical consideration of discourses that may not be explicitly articulated by stakeholders and policy makers.

Realistic Evaluation, meanwhile, offers a more detailed, micro-level analysis of causal links, described by Pawson and Tilley as ‘context-mechanism-outcome’ relationships. In this case, the evaluator identifies a succession of detailed theories that relate the programme context to the specific activities designed to bring about change, and then to the projected outcomes (Blamey and Mackenzie, 2007: 444). Both qualitative and quantitative data can then be used to build up a picture of how the programme is working in action (ibid.).

Used together, Blamey and Mackenzie suggest, ToC and RE can build an overall programme picture, whilst also focusing in on detailed causal pathways (452). Whilst ToC can build an understanding of how a complex programme is being implemented, RE gives insight into the detailed relationship between specific

activity and outcome.

Blamey and Mackenzie's approach was employed by Rolfe (2018) in his comparative evaluation of community engagement policy in Scotland and England. He demonstrated an innovative use of combined evaluation methods, using ToC to surface the overall policy goals and assumptions at work in each country, and RE analysis to offer detailed analysis of the causal pathways in a range of case studies, articulated using 'context-mechanism-outcome' (CMO) configurations. In this way, Rolfe presents both a large-scale understanding of the theory and discourse underpinning community engagement policy interventions north and south of the UK border, as well as in-depth analysis of how such policies are experienced and played out in communities on the ground. Rolfe's construction of a 'double helix' model of community strengths and community activity was a helpful influence in this research, presenting a visual map of the theoretical theory of change which Rolfe then modified based on empirical research findings.

This research aimed to surface an initial ABCD theory of change with project partners to understand short, mid and long-term goals, and to examine the assumptions associated with the ABCD approach. It would then use Realistic Evaluation to explore the overall, and detailed ABCD causal pathways, comparing the context-mechanism-outcome relationships with those suggested by the assets literature.

Although it was possible to derive an initial Theory of Change (ToC) from an early partner workshop, it was problematic to return to this evaluation tool with partners, since in Phase 2 of AHEAD, partners agreed that project goals should be determined by residents in situ, and not imposed from outside. Despite this, the formal project evaluation by Social Marketing Gateway continued to measure project outcomes according to the original short-term goals of increased activity and numbers involved, although case studies were also introduced from Year 2 onwards. For the purposes of this PhD research project, interview questions were kept open to encourage participants to offer their own understandings of an ABCD approach, which helped to establish that the Theory

of Change derived at the project outset continued to reflect partner understandings of the project.

With regards to the locally-defined project goals committed to in principle in Phase 2, none of the neighbourhoods involved had established their own set of goals at the time of this research. Indeed, this became a focus for further exploration and discussion as a key difficulty of the ABCD approach and is followed up in Chapter 7 in relation to findings on Mechanisms E and F of the RE model.

4.3.3.1 *Building a Logic Model suited to the AHEAD Project context*

For several reasons, the decision to evaluate the AHEAD programme as a PhD research project was not entirely straightforward. Firstly, stakeholders had already employed an external evaluator to undertake the programme evaluation, prior to commencement of the PhD research project (AHEAD Evaluation Year 1). A second, related issue, was that the external evaluator had already carried out stakeholder workshops to identify programme aims. Whilst this had yielded a long list of desirable programme outcomes (Jamboree Outputs, January 2015), there was not a sense that different stakeholders shared a clear set of goals. In fact, evidence suggested that different stakeholders had different, and sometimes conflicting, goals in mind. For example, whilst NHS partners had gained funding for the AHEAD programme with the aim of improving mental health, the AHEAD Project was to be managed through the Local Authority Community Planning/Community Empowerment Teams, whose existing agenda was focused on local engagement and consultation on service delivery. The ABCD approach itself, meanwhile, was explicitly focused on resisting professional input to a locally developed vision for change (Fieldwork diary, January 2015).

Returning to a key criticism from the assets literature as the lack of robust evidence on the assets approach, a decision was therefore taken to use the PhD research as a means of surfacing the hypothetical ABCD Theory of Change from the literature and testing its efficacy in practice within the context of the AHEAD Project. This proposal was not focused on eliciting AHEAD programme

goals according to the Theory of Change approach, but on understanding how and why the ABCD process worked in context, based on empirical evidence. Once an ABCD cycle map had been developed, a Realistic Evaluation approach could be implemented to draw out the specific *mechanisms* for change, and to consider the *contextual* factors that would enable or hinder the achievement of these. Using these methods, the research aimed to gain clarity on ABCD as a method, explore the discourses underlying its popularity in policy, and examine the detailed workings of the key mechanism activities in practice.

Using a case study approach allowed for further exploration of contextual factors at micro, meso and macro levels, by providing comparator sites that shared a similar SIMD profile but presented different local environments for the implementation of the ABCD approach.

4.3.4 The Ahead Project Evaluation

The project commissioned a three-year evaluation from an independent evaluator, Social Marketing Gateway. The evaluation design combined developmental and summative evaluation approaches, producing annual reports on project activity, discussed and approved by the Evaluation Steering Group.

The approach to project evaluation was to first establish an agreed framework across partners. This included:

- i. A revised project goal
- ii. A set of objectives, anticipated activities and outputs
- iii. Outcome indicators covering social capital and connectedness, health and wellbeing, economic and enterprise and 'other' (e.g. services being designed or delivered in new ways and residents perceptions of them)
- iv. A mix of recommended data collection methods covering both quantitative and qualitative approaches
- v. A range of observations and questions that we feel it is important

to

table about the overall Evaluation Framework.

(Ahead Project Annual Report, July 2015)

The Evaluation Framework integrated input from staff and stakeholders on project objectives, outputs and outcomes. However, the Annual Report acknowledged that, the evaluation framework ‘lacked significant input from residents’ and sought a commitment from the Evaluation Committee to endorse this as a priority in Year 2 of the project. Evaluation in the Year One of the Ahead Project comprised three main areas of activity:

- A Baseline Study in the two communities of North Ayr, based on indicators developed for a previous ‘Quality of Life’ study (2014) on social connectedness;
 - A Stakeholder evaluation with stakeholders including a workshop on outcomes, a series of learning sessions throughout the year, and one-to-one stakeholder interviews;
 - ‘Evaluative conversations’ with the Community Builder staff on progress
 - with the ABCD method ‘on the ground.’
- (Ahead Project Annual Report, 2015: p.2)

4.3.5 A case study approach

The research used a case study approach with two geographical communities: one from each of the two Local Authority areas represented in the Ahead Project’s ABCD approach. These neighbourhoods were selected based on discussion with the Ahead Project’s Evaluation group and practical research supervision from an NHS Health Promotion Manager. Yin (1984) identifies the five single case study rationales as: critical, unique, revelatory, common or longitudinal. This research will follow a critical model, which ‘can represent the critical test of a significant theory’. Based on the literature review, I intended to investigate the scope for assets approaches to community development to address structural inequalities in community health and wellbeing, and therefore had a broad theory that could be tested critically using the cases identified. This approach also sought to offer a sample case that Bryman (2004) describes as one which *exemplifies*:

Cases are often chosen not because they are extreme or unusual in some way but because they will provide a suitable context for certain research questions to be answered. As such, they allow the researcher to examine key social processes.

The research generated data not only with residents, but also with local ABCD

staff, management and project funders. An iterative design allowed emerging themes and issues to be explored as the research progresses. The key method of engagement used with research participants was the in-depth interview.

All neighbourhoods participating in the Ahead Project were characterised by high rates of socio-economic disadvantage, scored within the top 5% 'most deprived' in Scotland (SIMD, 2012). Inequalities were evidenced by the high rates of disadvantage across the indicators of health, employment, education and crime. Local issues included a high incidence of drug and alcohol misuse, a lack of local facilities and limited opportunities for employment. Initial analysis on the two neighbourhoods included a study of the features of each with regard to indicators of multiple deprivation (SIMD, 2012) and health (NHS Ayrshire). The AHEAD Project had employed a 'Community Builder' member of staff in each participating neighbourhood, tasked with taking forward the ABCD approach. Case study data included co-location and observation with each of the Community Builders employed in the two case study neighbourhoods. Research participants included all staff directly involved in the AHEAD Project, including those not geographically located in the case study neighbourhoods.

4.3.6 Data generation

4.3.6.1 Developing a Framework

With regards to research sub-question R1 on the key indicators of community health and wellbeing, the research aimed to develop a framework of local indicators, which represented a local definition and understanding of 'a good life,' elicited through a structured discussion on Capabilities at interview. A mini activity was developed using Burchardt and Vizard's (2011) ten domains as a stimulus for discussion of the Ahead project and local priorities. Development of the framework drew on research by Raphael on health inequalities, and by Sen (1979; 2009) and Nussbaum (2006) on the Capabilities method. The aim was to locate the assets project within a wider structural context, to understand the possible benefits this approach might bring to addressing issues of social justice.

In his discussion of the Social Determinants of Health (SDH) Raphael (2010)

proposes that health is determined not by lifestyle choice or medical intervention, but by the living conditions people experience. He defines fourteen key health determinants including income, education, early childhood, housing, unemployment, disability, gender and race. In assessing how an assets approach could contribute to developing health and wellbeing, it was thought useful to align Raphael's SDH with the Capabilities Approach framework of domains, to ensure that a policy intended to improve health and wellbeing was evaluated against a robust, locally-generated framework of determinants: those factors required to support community health and wellbeing.

The research asked participants to choose a set of domains which they believed related to the Ahead Project directly, but also continued to a broader discussion of the issues of disadvantage within each neighbourhood. This allowed the return to Capability domains that were seen as a priority, but which had not necessarily been selected in relation to AHEAD directly. The aim of this was to locate the programme's work within a wider frame of social justice, to gauge the effects of ABCD on structural changes to inequalities.

The Capabilities Approach has been criticised in several ways. These include a primary concern that the approach is difficult to operationalize (Sugden, 1993), with criticism around Sen's refusal to identify specific capabilities, but also with the difficulty in building a consensus around what 'a good life' might be. Another critique regards the difficulty in developing shared values around specific capabilities, given cultural, social and economic differences. Finally, the need for data on multiple functionings, and the added complication of translating functionings into capabilities may make the approach extremely complicated in practice (Clark, 2005). However, despite these criticisms, many attempts have been made to use the Capabilities model in research, and the domains have also been used to develop integrated frameworks, bringing capability values together with domains from assets approaches, sustainable development and human rights.

This research adopted an initial Capabilities set which had been adapted by Buchardt and Vizard (2011) from Nussbaum's original capabilities set, for

research with people from disadvantaged communities. During the initial test phase, these domains were found to be accessible, generating meaningful dialogue with residents and project staff. The domains were laid out as a full set for each research participant, and each one was described in turn by the researcher. Participants then selected their ‘top 5’ domains in relation to the AHEAD programme and were invited to consider other areas not represented in Burchardt and Vizard’s list. This method was drawn from Wolff and de-Shalitt’s work, which contends that pluralistic understandings of disadvantage may appear to be incompatible with ‘the ‘consensus’ project of identifying the least advantaged and taking steps to ensure their lives are improved’ (Wolff, 2009). They suggest that, although all domains are vital, a pragmatic approach is taken to prioritise action, by asking research participants to prioritise the domains they see as most immediate. This then provides a frame for dialogue around what is required from a policy intervention such as ABCD, aimed at improving community health and wellbeing.

Residents were viewed as an expert resource on the issue of community health and wellbeing and were therefore the primary source of definition of the domains, constituting over 50% of research participants. Through discussion in groups and/or individually, dependent on participant preference, the research drew out what residents believed constituted ‘a good life’, informed by the domains. The development of a locally defined framework reflected a commitment, where possible, to actively address and offset power relations in the relationship between researcher and participant.

4.3.6.2 Document Analysis

The researcher initially planned formal documentary analysis of a range of materials including project funding application, annual evaluation reports, and minutes from meetings and workshops with staff. A checklist was developed for systematic evaluation (Bryman, 2004; Hammond and Wellington, 2013) including authorship, audience, content, context, and interpretive understanding, with reference to Usher and Edwards (1994) in consideration of context, pretext, subtext and intertext, as a basis for understanding and analysing documents. However, although background reading of all documents tabled at the AHEAD

Evaluation Group meetings (three-monthly throughout the duration of the three-year research study) and attendance at meetings continued throughout the study, this material formed a background understanding for the researcher, and was not used in the formal analysis and discussion of findings. This was due to a decision that the quality of data from interviews and focus group were more useful and informative on the application of the ABCD intervention in practice.

4.3.6.3 *Participant observation*

Following the development of a research framework, fieldwork began with observation of the AHEAD project, including neighbourhood activity, staff and participants. The aim of this stage was to gain an in-depth understanding of the case study neighbourhoods, and the AHEAD project activity taking place there, before beginning to interview project participants and staff. Davies (2011) highlights the value in direct contact with residents to generate rich, thick description on a neighbourhood. Drawing on Gold's classic typology of naturalistic research roles, Adler and Adler explore an updated understanding of 'membership roles' for researchers in naturalistic settings (1998:84): complete-member-researcher, active-member-researcher and peripheral-member-researcher. The researcher role within the AHEAD Project lay predominantly in the second, active-member-researcher role, where I was seen to be a member of staff within the project but was not managed or directly involved in day-to-day activity. Balancing the requirements of observer and member were difficult at times, recalling Czarniawska's 'impossibility of acting and observing simultaneously' (616).

Observation began with attendance at project meetings and community events, actively looking for data and areas of interest that relate to the research questions. Attendance at AHEAD meetings and events continued through the duration of the three-year research study. These included AHEAD Evaluation Group meetings (three-monthly throughout research study duration), Annual Review meetings (three throughout research study duration) and work - shadowing of Community Builders over the two three-month intensive fieldwork periods (three to four days per week over twelve weeks) Shadowing has the advantage of avoiding some of the difficulties associated with traditional

participant observation, with the advantage of being able to observe from outside of the research situation without but ‘still acting as ‘a responsible adult, showing respect and sympathy for others’ (Czarniawska, 2014:43/54).

The intensive fieldwork period amounted to eighty-eight full-time days in the field (thirty-seven in Case Study Neighbourhood 1 and forty-eight in Case Study neighbourhood 2). In each neighbourhood, I began by getting a geographical sense of the area by walking around, observing the housing type, local facilities and resources (‘mapping the terrain,’ Yanow, 2011). In both communities, I aimed to spend my time in public spaces where I could observe community life. In Case Study Neighbourhood 2, this involved locating myself daily in the café of the community centre, chatting to local residents and staff informally, and observing the way in which activities ran. In Case Study Neighbourhood 1, a public community space was not available, so I based myself at the Community Builder’s office and attended local events (e.g. drop-in cafes, parent events).

Ethnographic observation included consideration of how best to ‘provide space for the articulations and experiences of the marginalised’ (Bryman, 2004). The researcher adopted an overt role as ethnographer, being open about the research role but working alongside the Community Builders in their day-to-day jobs, to get a sense of their role and the work of the Ahead project in the case study neighbourhoods. Field notes were maintained throughout the research period. The aim of the ethnographic research was as a way of ‘recovering meaning’ (Adler and Adler, 1998:84) by being ‘on site’, seeking to extract meaning from the unique details of lived community experience. The use of observation as an ‘integrated rather than primary method’ (ibid:105) rang true for this research study. Ethnographic observation formed the background or initial basis to building relationships with research participants and gave the researcher a grounded experience of local resources and issue, which enriched the study and helped to focus understanding on the barriers and enablers to ABCD change mechanisms. Further, the researcher experience provided by ethnographic study observation supported Schwartz Shea’s first order concepts of trustworthiness, thick description and intertextuality (2014:133) by bringing credibility and authenticity to the study.

4.3.6.4 *Field notes*

A research log was kept for the duration of fieldwork, with the purpose of bringing together a record of all the data generated and collected, and regular reflection on emergent findings and observations. A memo system was employed to draw out key words, concepts, and finally, theories. The log included a timetable of activity and weekly reflection on emerging themes and questions, and how the research framework may be adapted to accommodate these.

4.3.6.5 Focus Group

Although one-to-one interviews were planned for both neighbourhood sites, a request was made by some local residents to participate as a focus group. The participants concerned already met regularly as a group in the community venue and stated that they would feel more comfortable participating in the study under these circumstances. It was felt important to support research participants in making this decision over the means of participation.

The researcher sought an opportunity to offer a corresponding focus group in Case Study neighbourhood 1, but there was not a regular group meeting that would be suited to participation. This reflected the levels of community-based activity available. Research participation was therefore offered through one-to-one interview.

Core theoretical elements of the focus group (Stewart et al, 2007, quoted in O'hEocha et al, 2012:237) include topical focus, group interactions, in-depth data and the 'humanistic character' of the focus group as research setting. A decision was taken to use the same open questions as at one-to-one interview, encouraging the opportunity for discussion to develop. Klein and Myers' set of seven principles for conducting interpretive field studies (ibid: 241) also offered guidance on good practice. The study adopted the principle that dialogue between participants allowed for a 'hermeneutic circle' of reflecting on the overall research question at the same time as looking in detail at the constituent mechanisms of ABCD that purport to effect the proposed social changes. Further, the social and historical contextualisation offered at interview was rich, since participants were able to remind each other of historical events, leading to revised understandings of the causes of key social issues in the neighbourhood.

Although the discussion was guided by the researcher, an attempt was made to avoid opinions or judgements on participants' contribution, to avoid bias. Attention was paid to the depth of knowledge and status of different participants by encouraging contributions from all participants. Due to time constraints, it was not possible to validate data by member checking individually with the focus group, which restricted the opportunity for checking trustworthiness in this regard. However, a copy of focus group transcript was provided for the group to consider and the community worker supporting them confirmed that this was accurate. Correlations between data generated by the focus group and one-to-one interview by other local residents also offered a means of triangulation, to ensure that representations of community life were authentic.

4.3.6.6 Interviews

Interviews took place with project staff, funders and residents. The aim was to use the Capabilities set as a means of opening broad dialogue about the problems of health and wellbeing at a local level, avoiding a focus solely on work undertaken by participants themselves. This approach enabled consideration of the socio-economic and organisational resource factors that created barriers to wellbeing, without participants becoming defensive about the shortcoming of the AHEAD Project in not being able to effect profound change at this level. Interviews with residents focused on dialogical exchange and encouraged local participants to share stories on their experiences. This decision was based on ethnographic research by McKenzie (2014) on the St. Ann's estate in Nottingham, where she used storytelling in recognition of the working-class tradition of telling stories about past and current life. She states that research participants had 'family histories attached to this neighbourhood going back generations, and those whose families were not 'original' to St. Ann's have similar stories of working-class and life in other neighbourhoods.' McKenzie argues that this social history provides data that is often not available in other forms and is a rich and deep reflection of working-class life. Feminist bell hooks (1984) calls this data from 'the inside'. Local stories and histories can also be considered a rich source of local assets, and as such, this method seemed to fit well with a co-productive asset-based approach to research.

Interviews were structured into three main themes: participant understanding of an ABCD approach, the Capabilities mini-task wherein participants selected their top 5 priorities, and a discussion about how and whether ABCD could impact on long-term poverty and inequality. Questions were open and encouraged participants to guide the discussion. The introduction of Capabilities domains also allowed for participants to consider the work of ABCD within a wider social justice frame.

Data from interviews with project staff demonstrated the features of interviewing in the qualitative context, described by Bryman as including greater interest in the interviewee's perspective, encouragement of 'rambling', a departure from an interview schedule or guide, greater flexibility, 'responding to the direction in which interviewees take the interview', rich, detailed responses; and a series of several interviews with one respondent (2004). The qualitative interview offered direct engagement and a flexible line of inquiry, well suited to an iterative exploration of the discourses around asset-based community development. The situational nature of the interview gathered respondents' views and built a picture of the experience of assets approaches within the case study communities through on-going analysis of themes. The interview method could penetrate the immediate level of participant response, using non-verbal communication including facial expression and body language for further information.

The interview also offered an opportunity to address the power differential between researcher and participant through the co-production of a dynamic two-way conversation (Kvale and Brinkmann, 2009; Briggs, 2002). Jacobsson and Akerstrom (2012) criticise an interview approach 'where the interviewer sets the agenda and more-or-less forcefully conducts an interview' (720). Kvale (2006) emphasises 'that interviewers have a power position in terms of setting the stage and ruling the interview in accord with their research interests.' (2013) Their research explores the shifting power relations manifested through, for example, gender and occupation, where researcher and participant power dynamics can be reversed. They suggest that making explicit the position of

researcher and participant can help to address these power issues.

The knowledge/power dynamic can also be addressed by offering a full research briefing to participants and seeking a collaborative approach to topic themes and setting. Interview guides (Peters, 2014) showed key topics of interest for discussion, clearly presented and discussed in advance of the interview, and included 'perpetuation questions', which formulate the questions differently in the case that the participant was unsure of the initial meaning. The dialectical potential offered by discussion at interview drew on Lane's proposal that research can offers the opportunity for participants to think about politics:

If a curious, open-minded researchers offers free, unjudgemental, unhurried contexts for interviewees to reason aloud most people can become thoughtful, reasoning citizens. If given this opportunity, almost everyone turns out to have the potential to think about politics. (Soss, J. in Yanow and Schwartz-Shea, 2014:174)

A disadvantage with semi-structured interviews is that they may 'risk the interviewee from explicating his or her own relevance system and communicative pattern' (ibid). A decision was taken to formulate an initial open question to counteract this. The object of this open question method was to encourage the participant to take a lead on the discussion from the outset, thus setting the tone for the interview. In preparation for interviewing, the researcher followed guidance set out in the sample rubric on good practice in *Learning to Interview in Social Sciences* (Roulston, deMarrais and Lewis, 2003), and aimed to build the skills laid out in Kvale's qualification criteria of an interviewer (Bryman, 2004) through some initial practice interviews.

Soss' chapter (Yanow and Schwartz-Shea, 2014:162) on 'Talking our way to meaningful explanations' offered helpful advice in understanding the partial nature of interview data, combined with the opportunity for insights from rambling and dialectical exploration, using interview as a means of 'tacking back and forth' (Taylor, 1979, quoted in ibid: 162), drawing attention to the relationship between the fieldwork and the research framework as a 'palimpsest,' repeatedly examining themes through the practical activities of

memo writing, re-reading of literature, and return to the field. Table 4.2 (below) summarises the profiles of interview participants, to demonstrate the range of perspectives sought, and the ‘mirroring’ of research participant roles (job, organisation, status) across the two case study neighbourhoods. Further information is detailed in the following section on interview profiling for the case study neighbourhoods.

Table 4.2 Profile of Research participants - interviews and focus group

PROFILE OF INTERVIEW RESEARCH PARTICIPANTS		
1	Community Builder	Case Study Neighbourhood 1
2	Community Builder	Case Study Neighbourhood 1
3	Local resident	Case Study Neighbourhood 1
4	Local resident	Case Study Neighbourhood 1
5	Local resident	Case Study Neighbourhood 1
6	Local resident	Case Study Neighbourhood 1
7	Third Sector worker	
8	Primary School Headteacher	Case Study Neighbourhood 1
9	Local Authority Engagement Manager	Case Study Neighbourhood 1
10	Local Authority Engagement Officer	Case Study Neighbourhood 1
11	Local Authority Engagement Officer	Case Study Neighbourhood 1
12	Health Promotion Officer	Case Study Neighbourhood 1
13	Community Builder	Case Study Neighbourhood 2
14	Local resident	Case Study Neighbourhood 2
15	Local resident	Case Study Neighbourhood 2
16	Third Sector worker	Case Study Neighbourhood 2
17	Local Authority Engagement Manager	Case Study Neighbourhood 2
18	Local Authority Engagement Officer	Case Study Neighbourhood 2
19	Local Authority Neighbourhood worker	Case Study Neighbourhood 2
20	Community Builder	AHEAD Programme-wide
21	AHEAD Programme Trainer & Mentor	AHEAD Programme-wide
22	Local Authority Senior Manager Participation & Empowerment	AHEAD Programme-wide
23	Health Improvement Lead	AHEAD Programme-wide
24	Assistant Director of Public Health	AHEAD Programme-wide
PROFILE OF FOCUS GROUP PARTICIPANTS		
25 - 30	Local residents	Case Study Neighbourhood 2

4.3.7 Profiling Research Participants

The AHEAD project case study neighbourhoods were small. There were twelve staff involved across both neighbourhoods, including senior management, funders, consultant and independent evaluation staff. The research invited staff at all levels to be involved in one-to-one research interviews. Originally, the research proposed to hold interviews with all 'Community Connector' volunteers, but as it became clear that it had not been possible to identify these key local individuals at project level, the research took a 'snowballing' approach to recruitment, interviewing key residents and asking them for referrals to other residents involved with the AHEAD Project. Initial interviews with the Community Builder and one local resident in Case Study 2 (where research was carried out first but presented second in the study since the neighbourhood was part of the project's Phase 2 activity) resulted in the identification of a further seven residents; six of these asked to participate as a focus group. The research aimed to follow the same model for Case Study 1, but it proved difficult to access the one regular group which met in this neighbourhood, so research with residents was carried out on a one-to-one interview basis, following a similar snowball method that took longer to implement due to the limited activity levels and a lack of local venue through which to make contact.

Twenty-four in-depth interviews were carried out, with a focus group of a further six residents Case Study 2 bringing the total number of respondents to thirty. Fifteen respondents were residents and fifteen were project staff. Representation across Local Authority, NHS and voluntary sector was mirrored across each of the case Study sites. A further group of project-wide staff was included; these comprised senior management from Local Authority and NHS who had originally commissioned the assets approach, a Community Builder seen as having been most successful and identified through the snowballing method; and the project mentor employed from Nurture Development to carry out training and mentoring in the ABCD method. Whilst all participants were involved at some level with the AHEAD Project, some of the residents were involved in minor roles or saw the project as an extension of local community development activity.

4.3.8 Research Tools: Interview cards/topic guide

The ten Capabilities domains were produced on a set of cards, which were discussed with each research participant in advance of their interview or focus group. Each domain was explained briefly by the researcher prior to interview, and in the interview, respondents were invited to choose the ‘top 5’ Capabilities perceived as most relevant to AHEAD Project by the research participant.

An interview topic guide was provided, based on the research question concerning Ahead Project participants’ experience of the assets approach in the local context. The guide explored participants’ understanding of what an assets approach means and how it worked in practice. The approach to constructing a topic guide drew on work by Peters (2014:10) to present an open question, which could then be followed up during dialogue with perpetuation questions that followed up on leads by participants, and specification questions to narrow the scope of discussion and address specific aspects or issues. The interview opened with an explanation of the participant’s involvement within the AHEAD Project, to locate and explore their perspective on what the programme’s function was and how their involvement contributed to this. Participants were invited to consider the barriers and enablers to an assets approach, and how the AHEAD project contributed to ‘community health and wellbeing,’ as they understood these concepts. The introduction of the Capabilities mini-task enabled a broadening of discussion to the wider, multi-dimensional issues of wellbeing, encouraging participants to prioritise the most critical areas for action. Finally, a question concerning the internal/external potentials of ABCD work gave the opportunity to consider the links between assets approaches and broader socio-economic change.

4.3.9 Timetable for Fieldwork

Fieldwork was ongoing throughout the research study, with an intensive ethnographic phase during Year 2.

Table 4.3 Timetable for Fieldwork

YEAR	DATE	ACTIVITY
1	April 2015 - March 2016	<ul style="list-style-type: none"> • Attended AHEAD Project Launch event and consultation • Attended 3-monthly AHEAD Evaluation Group meetings • Attended 2 x site meetings with AHEAD Manager (NHS A & A) • Submitted and presented Annual Review of study progress to AHEAD Evaluation Steering Group
2	April 2016 - March 2017	<ul style="list-style-type: none"> • Case Study fieldwork in neighbourhood, attending activities and located in public setting <ul style="list-style-type: none"> ○ Case Study 2 (April - June 2016) ○ Case Study (Aug - Dec 2016) • Conducted interviews with 19 x neighbourhood research participants • Conducted interviews with 5 x AHEAD Project-wide staff • Attended 3-monthly AHEAD Evaluation Group meetings • Attended 2 x site meetings with AHEAD Manager (NHS A & A) • Submitted and presented Annual Review of study progress to AHEAD Evaluation Steering Group
3	April 2017 - March 2018	<ul style="list-style-type: none"> • Attended 3-monthly AHEAD Evaluation Group meetings • Attended 2 x site meetings with AHEAD Manager (NHS A & A) • Submitted and presented Final Research Study Report to AHEAD Evaluation Steering Group

The fieldwork diary and research log were maintained throughout all the stages of fieldwork.

4.4 Ethical considerations

Ethical considerations for the research project were made with reference to professional guidelines on ethics, in the British Sociological Association's *Statement of Ethical Practice* (March 2002).

4.4.1 Respecting the Site

An initial researcher consideration was to ensure that the research was of some value, and that the intended approach would achieve the stated objectives (Ritchie et al., 2003). In the context of the AHEAD Project, the existence of an on-going project evaluation was a key consideration, as this research proposal would need to add to what was already known and take care not to burden local project participants with excessive requests for participation. Partly for this reason, research participation was confined to one in-depth interview, to limit the time burden. Interviews were kept to an hour's duration, and not more than 1.5 hours.

4.4.2 Responsibility towards research participants

In developing an ethical approach, Ritchie, Lewis et al. (2003) highlight the importance of developing an ethical conscience which locates participants centrally in decision-making and can 'anticipate what might arise but also ... respond to the unexpected, working in a thoughtful and reflective way' (2003). Initial steps to developing an ethical conscience include recognition that tensions can reside between research quality and ethics, and between the ethical principles themselves. Ritchie et al. recommend the 'Participant Map of Research Ethics' cited in Graham et al (2007), as guidance before, during and after interviews, which helps researchers to view research from the participant's perspective:

... work very hard to try to stand in the shoes of a potential study participant and to consider from their perspective how they would want to be treated - imagining yourself in the place of someone with little or no concept of social research and who may have had bad experiences of organisations and officialdom. (2007)

The BSA's ethical guidelines (2003) state the researcher's primary responsibility for the wellbeing of research participants, and the avoidance of harm during the research process. This includes consideration of the stress and intrusion that may result from interview and questioning, and care to maintain researcher integrity and build trust, with a mindfulness of the 'disparities of power and status' which are often present in the researcher-participant relationship.

4.4.3 Informed consent

To allow potential research participants to consider whether they wished to be involved, information was prepared on research purpose and aims, details on what participation would entail, anonymity, researcher information, a statement on freedom to withdraw, and an invitation to collaborate on developing the research framework. The research followed professional guidelines set by the Social Research Association (2003). The wellbeing of participants was considered paramount, and support resources were prepared in response to any emotional and practical issues that may arise by consulting on available local resources and onward referral where required. The research proposed an inductive approach to data generation and analysis, encouraging participant input to research design, as well as the proposal of key themes and potential solutions to issues of poor health and inequality in the case study communities.

4.4.4 Offsetting the power differential

Kvale (2007) discusses the moral aspects of interviewing within a qualitative enquiry. For the purposes of data generation in this research, consideration was given to how the interview might support research participants, with a decision to include full and open information on the research project and its aims, open questioning, and signposting to additional support where needed. Participants were invited to determine interview location and timing to ensure that these suited their circumstances. The research aimed to set the tone for a co-production approach by structuring an initial, open interview question that encouraged the participant to tell their story and emphasised the role of researcher as listener. A transcription was checked with each relevant participant to gauge that data was accurate.

4.4.5 Anonymity

Anonymity was an important consideration, particularly where respondents wished to share views that did not necessarily concur with those of project management, for example. It was important to ensure participant awareness that findings would appear as part of the project's final evaluation report and to ensure that participant data was protected in the way it was used, as well as

ensuring secure and confidential storage.

4.4.6 Reflexivity and role of researcher

Researcher reflexivity was key, both in terms of exploring and making specific the researcher's subjectivity and interests, and in the approach to the data analysis and interpretation stages of research. Mauthner and Doucet (2003) highlight that:

Research which relies on interpretation of subject accounts can only make sense with a high degree of reflexivity and awareness about the epistemological, theoretical and ontological conceptions of subjects and subjectivities that bear on our research practices and analytic processes (424).

Despite community work experience, the researcher was not a local resident or worker, and was undertaking research on a temporary basis. It was important to work closely with the respective Community Builders to build the trust necessary for residents to feel able to participate fully, and to ensure an ethical and sustainable approach to participant engagement. I aimed to generate data in a co-productive way, to reflect the opinions of residents and staff on the research approach, setting and timings. I began research with participant observation by attending local activities and project meetings for the first month before undertaking the research interview process.

The researcher relationship to the Ahead Project Evaluation was a complex one. The PhD was co-funded by the NHS, as a contributory part of the Ahead Project Evaluation funding, and by What Works Scotland at The University of Glasgow. The NHS requested that an accessible version of both literature review and research findings was published progressively within the project's annual reports on evaluation, and in full in the final project evaluation in 2018. Following the literature review on assets approaches, the research proposed a critical stance on ABCD approaches, which sought the potential for linkages to structural inequalities and social justice. NHS partners agreed in principle to this approach because it sought to offer an appraisal of whether the investment in asset-based work in the case study reviewed was worthwhile. Critical perspectives on ABCD and the AHEAD project meant that data was sensitive and

anonymity important in the presentation of findings to the AHEAD Steering Group.

Another aspect of the research that required careful consideration was the examination of different, potentially conflicting discourses on assets between project staff members and funders. Participants needed to be aware that findings would be published in the final project evaluation report, but the research also attempted to gauge authentic responses to key questions around the purpose, barriers and enablers of assets approaches. In response to the issues raised above, the fieldwork diary presented an on-going examination of the researcher role, questions which arose, and proposed responses in the methodology.

4.5 Approaches to data analysis

4.5.1 Data management

Although contact was ongoing with the AHEAD Project throughout the three years of study, the ethnographic study, interviews and focus group took place during Year Two. A twelve-week period was spent intensively in each neighbourhood case study area (3-4 days per week x 6 hours per day), based in a community venue accessible to the public. In Case Study 2, this was supplemented by regular visits to community activities such as a drop-in café and parent groups at the school. A fieldwork diary was maintained during activity throughout each case study stage, and notes were also kept on meetings and site visits during the duration of the research study. Preparation of field notes took place on a weekly basis, with a monthly review of how field notes related to the research questions, noting any emerging themes or questions. Ethnographic data was used as a means of mapping and understanding local issues, giving the researcher a deeper understanding of each neighbourhood. A decision was made, however, to focus analysis on the interview and focus group data, since this offered rich, in-depth and direct insight to the lived experience of the ABCD intervention, in a way that meetings and observation did not.

Interview and focus group transcriptions took place as soon after interview as possible, with all names and references to place replaced to ensure anonymity. Member checking on all transcripts took place, with transcripts emailed to all participants to check that data was authentic and that participants were happy to go ahead with being involved in the research study. Computer software (NVivo 10) was employed to assist in organising, sorting and searching interview data. A ‘thick description’ summary of each interview was compiled to assist with the generation of themes, then data was then analysed using NVivo’s system of ‘nodes’ to denote the series of ABCD mechanisms A-G identified from the theory. A summary of data sources, volume, management and analysis can be found below at Table 4.3.

Table 4.4. Data management and analysis of sources

	Data source and volume	Management	Analysis
1.	AHEAD Project Documents (2 NHS strategic docs, transcription of ABCD Mentor training day)	AHEAD Project documents collected/recorded and transcribed and stored in project information data folder.	Documents analysed according to key themes and how these related to ABCD theory of change.
2.	Neighbourhood statistical data (SIMD profiles x 2; PHO data x 2; Local Authority strategic plans x 2)	SIMD profiles searched and downloaded. PHO search made for health indicators. Search made for neighbourhood information on key themes on Local Authority websites.	Neighbourhood data analysed for key themes and Neighbourhood Profiles constructed.
3.	Fieldwork diary (Weekly paragraph written x 24 weeks in field; weekly diary notes written for duration of project.	Electronic diary kept by researcher.	Monthly review of key themes arising and how these informed ABCD ToC and mechanisms.
4.	Interview transcripts (24 x 1-1.5-hour in-depth interviews conducted)	24 x Interview audio data files and 24 interview transcriptions stored on secure Cloud account (OneDrive). Upload/Analysis with NVivo.	Initial 'thick description' analysis of interviews. Analysis of all transcriptions using coding of emergent themes (NVivo). Categorisation of themes in relation to ABCD mechanisms for change A-G.
5.	Focus group transcript	Focus Group audio data file and transcription stored on secure Cloud account (OneDrive). Upload/Analysis with NVivo.	Analysis of transcription using coding of emergent themes (NVivo). Categorisation of themes in relation to ABCD mechanisms for change A-G.

4.5.2 Data analysis and interpretation

Analysis of data took place on two levels: a general procedure following a process of seven steps (Cresswell, 2014); and a specific case-study analysis that follows recommendations by Yin (2009) on this method of research.

The generalised approach used Cresswell's diagram of data analysis (2014), which follows a process of seven steps as: gathering raw data, organising data, reading through the 'whole', coding, developing descriptions and themes, considering the interrelation of themes and description (in this case, according to the specifics to the case study approach), and interpreting the meanings.

Analysis of case study data followed Yin's (2009) recommendations of a general analytic strategy. Yin suggests four main strategies: relying on theoretical propositions, developing a case description, using both qualitative and quantitative data, and examining rival explanations. This strategy followed the theoretical propositions that led to the case study, seeking to answer the research questions on the contribution an assets approach can make to structural inequality, and on the influence of different assets discourses upon making such a contribution. The analytic technique used will be 'explanation building', which is a specific type of pattern matching which aims to 'analyse the case study data to build an explanation about the case.' Such an approach is recommended by Yin for developing critical insights into public policy process by demonstrating causal links, and may lead, if correct, to future public policy recommendations. The approach is also useful for providing comparative cases.

In building a high-quality analysis, Yin outlines four principles of good social science research as ensuring all the evidence is attended to, all major rival interpretations are addressed, the focus is on the most important issue, and the researcher's prior knowledge of the case study topic is utilised. In this fourth area, the researcher should show awareness and understanding of the case study topic as undertaken through the literature review.

Analysis of data created concept codes (Kvale, 1996), which were grouped together into themes. Initial coding remained open to different possible

theoretical directions, with a follow-up coding process pinpointing the critical issues that emerged. A memo-writing system was used as a critical step between emergence of themes and writing up, allowing for provisional, analytic notes on what was beginning to emerge from the data. Memos included 'decisions regarding case selection, profiling, and analysis that are taken repeatedly throughout the research process.' (Peters, 2014) and helped to explore ideas and discover theoretical categories.

The process of coding data was undertaken in steps, as recommended by Bryman (2004). Each item of data was transcribed and coded as soon as possible. This entailed a first reading without notes, followed by a second reading during which marginal notes were made: these became the initial codes. Codes were then reviewed across data, to begin to make connections between them, and to consider their relation to concepts explored in the literature review. Causal connections between codes then began to be made. Following this, some general theoretical ideas were made about the data, aiming to remain 'inventive and imaginative' at this stage, to avoid missing out interesting or unexpected connections.

Following familiarisation with the data, an initial thematic framework was developed, followed by indexing and sorting (Ritchie et al. 2003). Once groupings of indexed data had been re-read, the initial themes were refined. The data was then analysed and mapped against the mechanism areas identified from the ABCD theory. The next stage required careful summary to retain the richness and complexity of the research participant.

Key terms were taken, as much as possible, from the participant's own language. Once data was gathered within specific themes, the researcher considered all cases 'noting the range of perceptions, views, experiences, or behaviours which have been labelled as part of that theme', to detect elements and dimensions within the theme. Before writing up the themes, the data was analysed for possible linkages between the themes, looking for patterns and connections between different sets of phenomena.

4.5.3 Standards for interpretive research: trustworthiness, thick description, reflexivity and triangulation

Standards for quality in qualitative research are diverse and wide-ranging. Lincoln and Guba's (1985) response to positivist terminology (truth value, applicability, consistency, neutrality) offers four key standards of credibility, transferability, dependability and confirmability (Seale, 1999b:45; Yanow and Schwartz-Shea, 2014:125). Other quality criteria include validity, reliability, confirmability and application (Miles and Haberman in Yanow and Schwartz-Shea, 2014: 128) and authenticity, plausibility and criticality (Brower, Abolafia and Carr in Yanow and Schwartz-Shea, 2014: 129). Yanow and Schwartz-Shea (ibid: 133) suggest four key 'first-order' concepts as trustworthiness, thick description, reflexivity and triangulation. Trustworthiness can be addressed by attention to thick description, reflexivity, triangulation and consideration of intertextuality; thick description offers a wealth of detail that can elucidate the complexities of the research subject experience; researcher reflexivity is essential in understanding her or himself to be the instrument used to produce the research study; and finally, triangulation is not attempting to suggest the idea of precision suggested by positivist research methods, but rather a means of understanding phenomena using different research tools, and thereby reflecting the multidimensionality of human experience and understanding (133-4).

Attention has been paid to the first-order standards in a variety of ways. First, methods included observation, work shadowing and spending time in the field, with a fieldwork diary maintained through this period; this was followed up by in-depth interviews and a focus group once relationships had been established with research participants, both through regular attendance at meetings and events (contact with staff) and prolonged engagement in the case study neighbourhoods (contact with local residents and frontline staff). Member checking was undertaken with all interviews, by sending full transcripts to each interviewee for check and return. A copy of the focus group transcript was sent to the community worker supporting the focus group respondents for check and return.

4.5.4 Identifying the case study sites

Following discussion with the AHEAD Project Evaluation group and Project Manager, a decision was taken to choose two case study sites from the two participating Local Authority areas. Case Study neighbourhoods 1 and 2 were selected to offer a contrast in terms of community locations, history, and to reflect Phase 1 and Phase 2 of the AHEAD Pilot. Although research was carried out in Case Study 2 first, the decision has been taken to present evidence in reverse to reflect Phase 1 and Phase 2 developments within the AHEAD pilot.

4.6 Case Study Neighbourhood 1

4.6.1 Historical context and geography

Case Study 1 was located in the town of Ayr, Scotland (see Figures 4.1 and 4.2 for Case Study 1 Regional and Neighbourhood maps, respectively). The area was situated north of the town centre within ten minutes' walking distance, and comprised a mix of council housing, private lets and owner-occupied flats, largely composed of two-storey cottage-style accommodation, often with shops located at ground level, and three- and four-storey blocks. The central estate known locally as 'Black Hill' was built in the 1970s and consists of a series of four-storey concrete blocks arranged around grassed areas. Case Study 1 bordered the river to the south and the railway to the east, with access into Ayr town centre via New Bridge Street.

Figure 4.1 Case Study 1 Regional Map

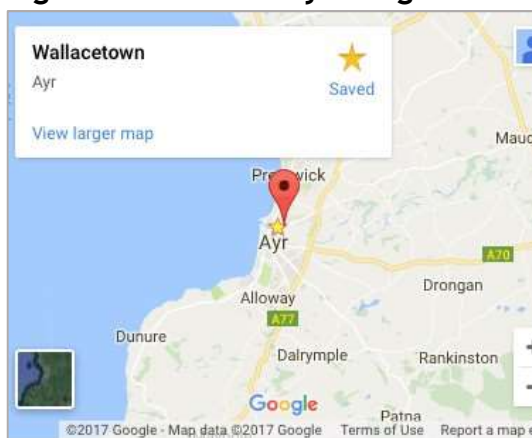
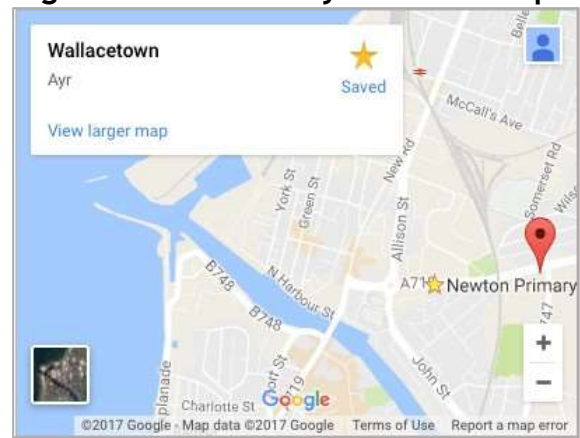


Figure 4.2 Case Study 1 N'hood Map



South Ayrshire faced higher levels of unemployment than the Scottish average. Following the decline of industry, the majority of jobs were held in the public

sector (33%, of which 21% are in health) with retail and tourism accounting for a further 28%. Pressure on public sector budgets due to austerity measures were likely to result in job losses and vulnerability, and South Ayrshire Council also expressed concern about the resilience of the local economy, with only 22% of local employment within the Scottish Government's six priority industries of food & drink, financial services, energy, tourism and creative industries. The aerospace industry located at and around Prestwick Airport was mainly dependent on the continuation of passenger and freight services, and any threat to the airport's future would put these jobs at risk. Priorities for the Economic Development Strategy²⁰ were stated as a diversified economy, an entrepreneurial culture, equality of economic opportunity, attraction of new residents and visitors, improvement of town centres, and revitalisation of the rural economy.

The Strategy suggested that pockets of the highest unemployment in North Ayr (including Case Study 1) were best addressed through wider employment strategies rather than localized efforts to attract employers into areas of deprivation with little success. A suggested solution was 'the mapping of an employment 'pipeline', linking the individual, training support agencies and local employers' to ensure the route from worklessness to employment.'

Following the publication of the Ayr Renaissance Town Centre Strategy, in 2009, South Ayrshire Council established Ayr Renaissance, a development company tasked with the social, physical and economic regeneration of Ayr Town Centre. Initially, the focus of work was the Riverside Block on Ayr High Street, an area with a significant number of vacant retail lots. However, following the changes to the economic environment, and continued difficulties with vacant shops combined with worsening unemployment figures, a review was conducted in 2016 and a revised strategy was being compiled during the course of this research project.

²⁰<http://www.south-ayrshire.gov.uk/documents/the%20south%20ayrshire%20economy%20in%202011.pdf>. Accessed 07/02/17

South Ayrshire Community Planning Partnership had proposed a new structure for its Health and Social Care Partnership, nominating six new Locality Planning areas and twenty-four neighbourhoods, to shift the focus towards service planning at a local level. This appeared to differ from the approach in North Ayrshire, which was geared to a place-based approach for all single outcome activity, in that South Ayrshire's council structures were specifically for the purpose of service planning, rather a broader focus on a neighbourhood approach to addressing social inequalities. South Ayrshire had employed three capacity building workers to assist the neighbourhood planning groups in becoming established and sustainable at a local level.

4.6.2 Local Facilities

Case Study 1 was well-served by local amenities, with access to services representing the only SIMD indicator in which the neighbourhood scored well. The primary school was located at the heart of the community, next to the Black Hill Estate. The school also housed a nursery. The area did not have a community centre or similar facility, and many local activities were hosted either in the school or one of two local churches. The school hosted a weekly foodbank, the only one within Case Study 1, although there was another located nearby in Lochside. Residents had easy access to a range of small shops, a local housing office and medical practice within the community. A supermarket lay within the neighbourhood boundary, and a leisure centre was located at Ayr South Harbour, within twenty minutes' walk.

The 'Black Hill' Estate was located in the central part of Case Study 1 and had few facilities within the estate other than a community flat, which had received funding for community initiatives in the past but was not seen as accessible by all within the estate due to local politics. Newton Primary School was based at the south end of Black Hill and had a focus on addressing social concerns regarding children in the community. The school had recently been awarded additional funds to cope with the challenges of supporting children and families experiencing addiction and the problems of

poverty. This work included support to local parents in addiction recovery.

Ayr Free Church was located at the southern side of Case Study 1, and offered a range of services for residents, including 'Hope Corner,' a weekly drop-in for vulnerable residents. The church also offered one-to-one support to local people in recovery from addiction, and until October 2016 ran a weekly support group. This activity had been paused due to the pressure on resources from volunteers and the parish minister; the lifestyles of a number of group participants had been perceived as chaotic and unstable, and the church had taken a decision to resume support once these participants returned from rehabilitation. Newton Church also offered community activities including fitness classes and a community choir.

As a result of activity within the AHEAD project, the Community Builder had been able to establish links with the local voluntary organisation, which had given use of a walled community garden to the school. The garden was now maintained by children and parents from the school, who grew produce for local consumption. The AHEAD project also organised annual events, such as the Case Study 1 community picnic, and hosted the Case Study 1 'town crier,' who advertised local success stories.

4.6.3 Demographics

Case Study 1 lay within the intermediate data zone of Ayr North Harbour, Case Study 1 and Newton South. The population of the intermediate data zone was 4,739. This area ranked in Decile 1 (10% most deprived) of the SIMD (see figure 4.3 below). Whilst there was no official boundary of the Case Study 1 neighbourhood within this intermediate zone, the AHEAD project Community Builder suggested that it consisted of three out of the five data zone areas. All three of these data zones scored within the 5% most deprived in Scotland. The Black Hill estate presented the highest concentration of deprivation, with a figure of 61% 'income deprived' against a national average of 13.1%, and 37% 'employment deprived' against 12.2% for Scotland. Across the neighbourhood of Case Study 1, average figures for income deprivation sat at 38% and employment deprivation at 24%.

The proportion of the population in the intermediate data zone living within 500 metres of a derelict site was very high, scoring more than three times the national average, at 91.4% against 29.7% nationally.



Figure 4.3 SIMD 2016 - Overall Index Ratings by Data Zone (Ayr)

4.6.3.1 Multiple deprivation indices

- Health

Case Study 1 showed a markedly high level of residents prescribed drugs for anxiety and depression, at 26% against a national average of 17.4%.

Additionally, emergency hospitalisations were almost double the national average, and admissions due to a psychiatric condition more than double the national average. Deaths from suicide were also double the national average for Scotland.

Although local statistics on drug and alcohol use were not available, addiction was reported as a significant issue within the area, with Newton Primary School reporting a substantial number of children from the area as living within chaotic homes. This was borne out by figures for South Ayrshire, which demonstrated higher than average incidence of children aged 15 years being offered drugs, at 40% against a national average of 36%; and of drug use amongst children aged 15 years, at 17.2% (against 15.5% for Scotland). The incidence of high deprivation in Case Study 1 suggested that these figures would be higher for this neighbourhood.

- **Education**

Primary and secondary school attendance both scored lower than average, at two percentage and four percentage points behind the national average. Educational attainment of Level 3 or above in English and Maths, although lower than the average for South Ayrshire, was higher than the national average. (96.2%/98.1%/94.3% respectively).

- **Community Safety and Crime**

The crime rate for the intermediate data zone of Ayr North Harbour, Case Study 1 and Newton South was very high, at almost three times the national average (113% against 40.4%). The incidence of accidental dwelling fires sat at 3.5 times the national average, at 867.7 against 248.6 per 100,000 population.

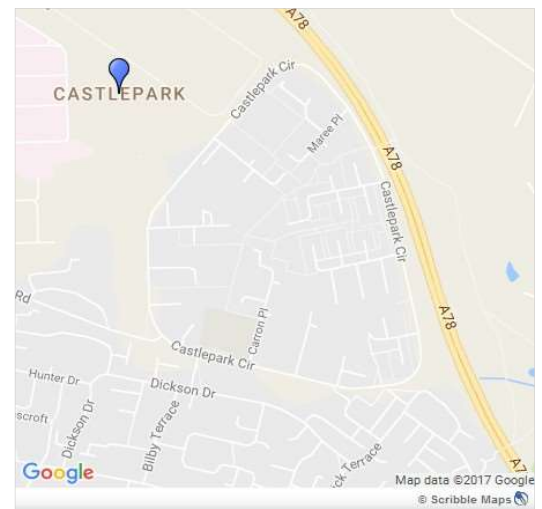
4.6.4 Political environment

Case Study 1 lay within Ward 3 (Ayr North) and was represented by Councillors from Labour (1), SNP (1) and Conservative Party (1). MSP for Ayr was Conservative, whilst MP is SNP. At the time of the research project, South Ayrshire Council was running a Conservative/Labour coalition.

4.7 Case Study Neighbourhood 2

4.7.1 Historical context and geography

Case Study 2 was a neighbourhood within the town of Irvine in North Ayrshire, Scotland (see Figures 4.4 and 4.5 for the Case Study 2 Regional and Neighbourhood maps, respectively). The estate was located approximately two miles to the north of the centre of the town and was built in the early 1970s by the Scottish Special Housing Association, whose aim was to provide social housing as part of North Ayrshire's New Towns construction.

Figure 4.4 Case Study 2 Regional Map Figure 4.5 Case Study 2 N'hood Map

In 2011, North Ayrshire Council completed a new-build council housing project in Tay Place in Case Study 2, providing additional housing designed for older people.

The estate could only be accessed by road via one entry/exit point, Case Study 2 Circle, with the community separated from neighbouring communities by peripheral wall, fence and raised border. This made movement between and across neighbouring communities difficult. One point of pedestrian access was offered to the neighbouring community of Redburn, via a pedestrian walkover bridge. In the past, residents experienced difficulty in using this as local gangs from each neighbourhood would police entry and exit, but this did not appear to be an issue at the time that this research was undertaken.

North Ayrshire had a history of coalmining, steel production and agriculture but a decline in these industries has resulted in high levels of unemployment and a high reliance on public sector employment. Alongside the public sector, opportunities existed within manufacturing and tourism, but a vulnerable industrial structure was perceived to be at risk of global competition. North Ayrshire's Economic and Regeneration Strategy reported profound economic difficulties relating to high unemployment, low pay, multiple deprivation, low levels of business startup and stock, and poor

quality of urban environment²¹. The wider economic climate of recession followed by austerity measures had further impacted high levels of unemployment. The Strategy highlighted key aims as increasing the business base, tackling worklessness, improving skills levels, and reducing areas of deprivation.

The town of Irvine was established as one of five ‘new towns’ in 1966, although it was already a sizeable town before this designation. During the 1970s, developments such as Irvine Beach Park and the Magnum Leisure Centre were successful in transforming parts of the coastline, which up to then had been industrial wasteland. In 2000, the ‘Big Idea’ museum and activity centre was opened but the venue was closed in 2003 due to low visitor numbers and the building remains closed and inaccessible via land since the collapse of its access bridge. In 2006, the Irvine Bay Regeneration Company was established, with a remit to transform the harbour, create a residential ‘village’ and develop Riverside Business Park. IBRC activity remained a key priority for North Ayrshire Council at the time of research, although residents had complained that there had been limited consultation on these developments.

North Ayrshire Community Planning Partnership had identified three priorities for action in its Single Outcome Agreement as: reducing local inequalities of outcome (using a neighbourhood planning approach); building community capacity; and community engagement and prevention and early intervention²². Six neighbourhoods were nominated as neighbour planning areas, including Irvine, and a comparative ‘resilience’ report on social, education, economic and environmental data was commissioned to identify priority themes for action. Interestingly, the Vineborough Community Centre, which neighbours Case Study 2 Community Centre, had been

²¹

http://www.parliament.scot/S4_LocalGovernmentandRegenerationCommittee/General%20Documents/North_Ayrshire.pdf. Accessed 07/02/17

²² <http://www.gov.scot/Resource/0042/00420880.pdf>

identified as a key venue for support as a result of the AHEAD project's work.

In 2016, North Ayrshire Community Planning Partnership was selected as a pilot Local Authority area for a programme of Participatory Budgeting and work had been underway to increase local involvement in this area over the year prior to this research project taking place.

4.7.2 Local Facilities

The community was served by one primary school, Case Study 2 Primary School and Early Years Centre, which offered nursery and primary education to 500 pupils from the surrounding area. The Centre was refurbished in 2015 to increase capacity and improve facilities, following closure of John Galt Primary and a need to relocate a nursery facility within Case Study 2 Primary School.

Case Study 2 Community Centre was located adjacent to the school and was built as part of the estate during the initial construction phase, as a result of SSHA's strategy to offer provision of local amenities within new build estates. The Centre was owned by North Ayrshire Council and managed by Case Study 2 Community Association (CCA), a volunteer committee of residents. The CCA had managed the Centre since opening and remained a strong and active group of locally resident volunteers, with a history of political engagement and campaigning with Local Authority elected members.

Centre staffing consisted of one full-time paid employee, the Centre Janitor, who managed bookings, set up rooms and received payments for lettings, and volunteers from CCA who ran a range of activities. In the past, it had been additionally staffed by paid community education workers from North Ayrshire Council, who provided a range of classes to adults and young people in the community. However, following cuts to local authority Community Education services in the late 1990s, all paid community workers had been withdrawn. At the time of the research project, the Centre

provided office space for the AHEAD Project's Community Builder post, one part-time paid employee for the neighborhood. North Ayrshire Council continued to offer some support to local activity through a gardening support worker for local people with disabilities. They also paid for a voluntary sector welfare advice provision one day per week, although this was scheduled to be cut from December 2016.

Case Study 2 Centre opened seven days a week, staffed by two part-time janitors (equating to one full-time post). The Centre had a main hall used for a wide range of regular and one-off events, a committee room, lounge, and computer room, all of which can be let by external groups or individuals in addition to use for community activities offered through Case Study 2 Community Association. The rates were set on a sliding scale to accommodate small, local groups. Case Study 2 Community Association frequently subsidised local lets to enable groups to establish themselves. The centre generated income for North Ayrshire Council by hosting events as well as smaller activities. Although Case Study 2 Community Association had considered taking on local ownership, they had decided against this because of a concern that it would put additional strain on existing volunteers. Furthermore, the closure of the Vineborough Centre (in the year prior to research taking place), a facility which had pursued local ownership and got into financial difficulty, had deterred CCA from further consideration of this option. Case Study 2 Community Centre was soon to be transferred from ownership by North Ayrshire Council, to KA Leisure, the trading arm of North Ayrshire Leisure Limited. CCA had expressed concern that this transfer would result in more limited resources for the community, and a change in distribution of centre income away from local activity.

The Centre hosted a regular programme of activities including a parent and toddlers group, lunch club for the elderly, Phoenix Club for people with disabilities and their carers, and gardening group. The Centre had a café run by a local resident as a small business, operating from a kitchen shared with volunteer staff who run a range of activities when the café is closed. Since 2015, the Centre had offered an access point to a food bank run by Church

of the Nazarene, which ran on a voucher referral basis but also offered emergency food packages at the discretion of local staff.

The neighbouring community of Redburn had its own community centre, which was run and managed by North Ayrshire Council. Redburn also offered a Youth Centre, also run by North Ayrshire Council staff, and offering activity to 12-25-year olds during evening and weekends, with referral activity for 16-19 years during the day.

There were no shops located within Case Study 2, with the nearest small grocery shop situated within Redburn community, a ten-minute walk away in the neighbouring community. Supermarkets and the nearest leisure facilities lay two miles to the south, in Irvine town centre, which was accessible by bus. Beyond the periphery of Case Study 2 to the north lay Ayrshire Central Hospital, which also housed the nearest medical practice, as well as drug and alcohol rehabilitation services; at the west entrance point of the community was a private care home, Cumbrae Care Home. A mile to the south was Ayrshire College, a community college offering a range of further education and vocational programmes.

4.7.3 Demographics

Case Study 2 had a population of 6,763 (SIMD, 2013) and consisted of two intermediate data zones: Case Study 2 North and Case Study 2 South (see figure 4.6 below for SIMD index ratings). The overall index of multiple deprivation in Scotland is made up of seven individual domains that include income, employment, health, education, housing, crime and geographic access. In Case Study 2 North and South combined, the two intermediate zones comprised nine smaller data zones, all of which fell within the top 3% most disadvantaged in Scotland. Of the nine, four fell within the top 1%, four within the top 2%, and 1 within the top 3% most deprived areas in Scotland.

Figure 4.6 SIMD 2016 - Overall Index Ratings by Data Zone (Irvine)



The percentage of the population claiming working age benefits was significantly higher than the regional and national average, at 35% against 23% for North Ayrshire and 18% for Scotland. Claims for pension credit are at 46% against 17% and 15% respectively. The percentage of pupils registered for free school meals was more than double the Scottish average at 42%, compared with 22% for N. Ayrshire and 16% nationally.

4.7.3.1 Multiple deprivation indices

- Health

The health domain within SIMD was calculated from a number of population health indicators, including mortality ratios, emergency hospitalisation, proportion of live births of low birth weight, and hospital stays due to drug and alcohol misuse. Results for the 2012 SIMD figures showed that North Ayrshire had the largest increase of any local authority in Scotland, in terms of numbers of data zones moving into the top 15%. For Case Study 2, figures available showed a higher than average rate of hospital admission than the national average, both for elective and emergency admissions. They also

showed less than half the national average of babies being breastfed (22% against 35% for North Ayrshire and 48% for Scotland).

Life expectancy has increased in Scotland over the past twenty-five years, with an increase from 69.1 years for men born in 1981 to 76.1 years born in 2010, and from 75.3 years for women born in 1980 to 80.6 years for women born in 2010. Geography represents a stark indicator of health inequalities: a disparity of sixteen years exists across a 2.4-mile distance between male life expectancy in Kilwinning Whitehurst Park, and Case Study 2 South; and a disparity of twelve years between female life expectancy in Kilwinning Whitehurst Park and Case Study 2 North.

Recent figures for Case Study 2 showed male life expectancy as second poorest (37/38) across the Community Planning neighbourhood of Irvine, and female life expectancy as the fifth poorest in the area (34/38).

- **Education**

Attendance rates at secondary schools had increased significantly within recent years, with an increase from 83% to 91% in Case Study 2 North between 2003/4 and 2010/11. This figure met the national attendance rate of 91.3% across this period. The percentage of S4 pupils achieving 5 awards or more at SCQF level 5+ had fluctuated in recent years and remained lowest for Case Study 2 South at 10.3% against 50% for Irvine, and third lowest for Case Study 2 North at 14.6%. Although North Ayrshire had seen an improvement between 2009 and 2012, with a decrease of data zones in the top 15% most Education deprived, Case Study 2 North and South remained in the top 15% for this domain.

- **Community Safety and Crime**

Crime was introduced as a new index from 2006 and was based on recorded crime across a number of indicators. This included statistics for domestic house breaking, drug related offences, common assault, crimes of violence, vandalism and sexual offences. Rankings showed that Irvine had the second highest levels of crime across North Ayrshire, although the town had seen a reduction in the worst data zones from six to three in the top 5% for Crime, Case Study 2 South continued to be one of these. The incidence of accidental dwelling fires also appeared high across the community of Case Study 2, at 132 per 100,000 population in 2012, against 102 for North Ayrshire and 94 for Scotland.

4.7.4 Political activity and representation

Case Study 2 lay within Ward 1 (Irvine West) and was represented by four Councillors from the Labour Party (3) and SNP (1). The current MSP for Cunninghame South represented the SNP, as did the MP for Central Ayrshire. North Ayrshire Council assumed a Labour minority administration as of

August 2016, having previously held an SNP minority administration. At the 2014 Scottish Independence Referendum, 'yes' voters outnumbered those who chose to remain part of the UK in both Irvine West and Irvine East Wards, by 51% to 49%.

4.8 Conclusion

This chapter outlines the methodology undertaken during fieldwork, detailing the research strategy, design, ethical considerations, approaches to data analysis, and finally, an overview of the two case study neighbourhoods. The research proposed a comparative case study approach, which took place in two Ahead Project neighbourhoods located in Irvine, North Ayrshire; and Ayr, South Ayrshire. The case studies included multiple data sources and worked to map local experiences and understandings of an assets approach onto a framework of 'community health and wellbeing' indicators, as defined by local residents and project staff. Analysis addressed the theoretical position outlined in the literature review summary and research questions, exploring the discourses that underlie assets approaches in policy and practice. In writing up, efforts were made to cite key themes in the language of research participants, and to maintain richness in the substantive content of participant accounts. Standards of interpretive research were maintained by using a variety of methods to create a rich, thick description of each case, and by ensuring member checks with interviewees and focus group participants. The research gave on-going consideration to producing a thesis that contributed positively to the community health and wellbeing of residents, by gaining a nuanced and rigorous insight into two of the community case studies involved in the AHEAD Project.

CHAPTER 5 Developing the ABCD Logic Model

5.1 Introduction to the Theory of Change/Realist Evaluation Model

In the methodology study design in Chapter 4, a combined evaluation approach was proposed as a means of assessing how Asset Based Community Development (ABCD) worked in practice within the AHEAD Project. This combined a Theory of Change approach to develop a map of the ABCD hypothetical change cycle and Realistic Evaluation to highlight the key mechanism activities and contextual factors that enable or hinder achievement of outcomes. This chapter will now turn to building an ABCD Logic Model, so-termed because it brings together elements of both a ToC and an RE evaluation. The chapter will first undertake the ToC evaluation preparation, developing a map of the ABCD change cycle, then move to identify the assumptions that underlie ABCD from the literature. The chapter will then examine the key mechanism activities purported to bring about the ABCD stages of change.

5.2 Building a Theory of Change for the AHEAD Project

5.2.1 Surfacing the ABCD Theory of Change

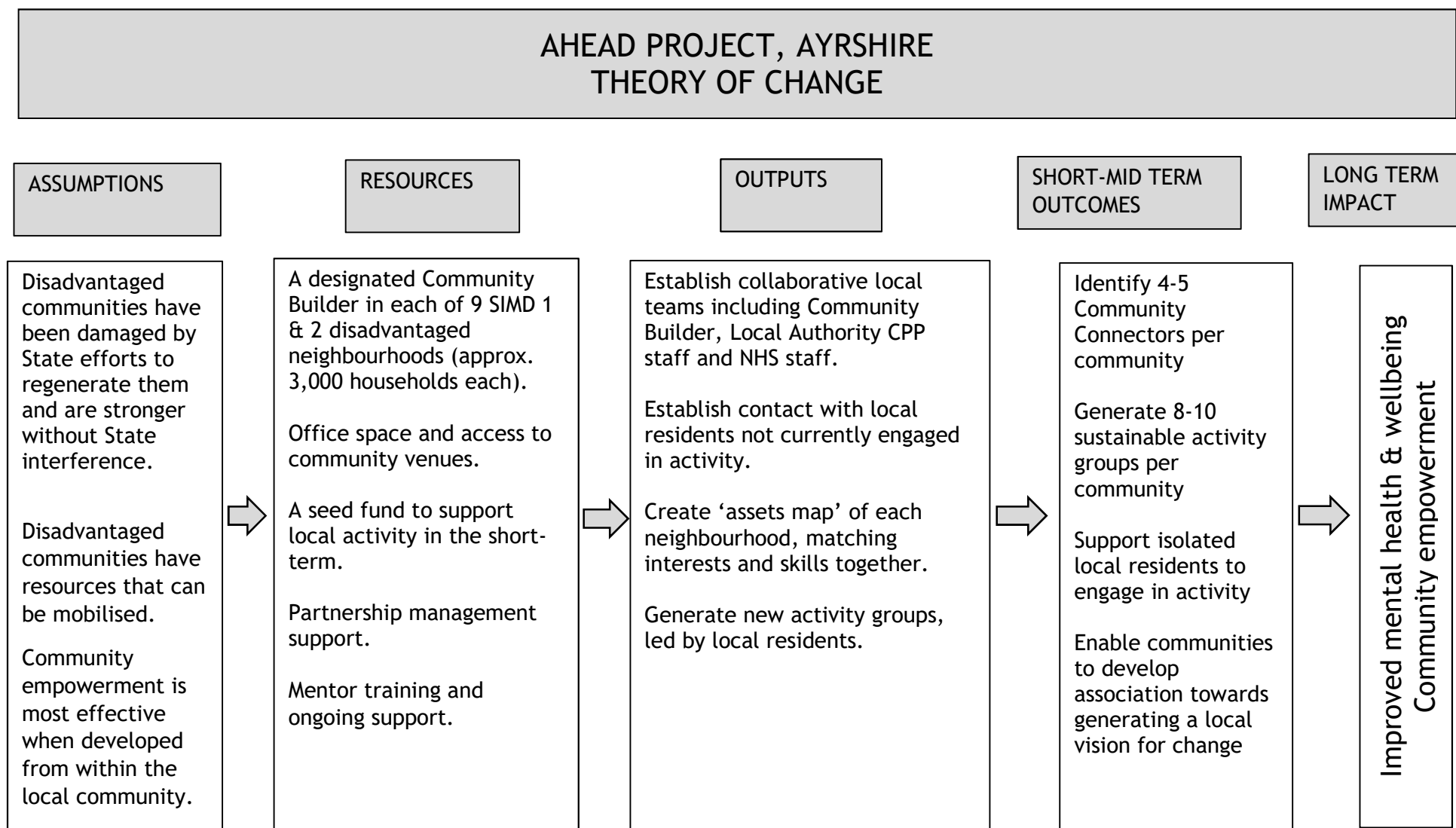
As discussed in Section 4.2.3, a standard Theory of Change analysis was not suitable for this PhD study for two reasons: an external evaluation was already underway at the time of commencement, and an additional project evaluation may result in duplication and research fatigue for participants; and stakeholders had, during Year 1 of the AHEAD pilot project, taken the decision not to formulate outcome objectives for AHEAD on the basis that doing so would go against the ABCD ethos of local ownership of a vision for change (AHEAD Evaluation Report, Year 1). However, an early workshop with all project partners (Jamboree, January 2015) revealed multiple theories of change, in keeping with Connell and Kubisch's (1998) assertion that 'stakeholders ... can, and often do, hold different views about what it will take to produce the long-term outcomes of the initiative' (29). Table 5.1 briefly summarises these differences, articulated in Year 1 of the project, by stakeholder category.

Table 5.1 Theories of change according to stakeholder group (Jan 2015)

Stakeholder	Outputs	Mid-term goals	Long-term goal
Local residents	More local residents get involved Existing groups maintain resources New groups/event organised	Local residents can influence decision making on resources	Local resources are sustained and improved
Community Builder staff	Local skills identified Skills/activities mobilised with support	Local groups build wider community association	Local residents create a collective local vision
NHS staff	People who are isolated become involved in local activity	Social networks are increased and strengthened	Mental health targets are improved
Local Authority staff	More self-sustaining community groups are formed Increased numbers of local residents become active	Local groups become engaged in Local Authority Engagement/ Planning activities	Increased participation leads to community empowerment
Voluntary sector staff	Increased numbers of local residents participate in local activity		A sustainable programme of local activity allows for individual progression/ reduced isolation

The differing stakeholder perceptions of the value of an ABCD intervention and what is required to produce this change, highlight potentially conflicting - or at least, confused - agendas and indicators of success. They also represent varied contexts and mechanisms, which will be examined further in the Realistic Evaluation CMO analysis in Chapter 7. For the purposes of compiling an overall Theory of Change for the AHEAD Project, reflecting the short, mid and long-term goals of the project according to the commitment to project funders, Figure 5.1 depicts a ‘reconciled’ Theory of Change. This attempts to represent the overlapping goals across stakeholders, but also allows for later reflection on potential areas of mismatch across long-term goals and in the analysis of context.

Figure 5.1 AHEAD Project Theory of Change Diagram



The purpose of the ToC Diagram is to depict the shared project outcomes generated in Year 1 (Jamboree meeting, Jan 2015), against which to evaluate the project effectiveness. The ToC also offers a means of defining the AHEAD Project's overall and mid-range change hypotheses as part of the Realistic Evaluation process. This will provide a framework by which to aggregate Context-Mechanism-Outcome (CMO) findings to build a picture of what works, for whom, and in what context.

Since the ABCD method itself is under-researched (Friedli, 2013), an evaluation of how the hypothetical ABCD change model works in practice was seen to be valuable. In addition, the PhD research could complement the external evaluation by generating in-depth, case study data across comparative sites in North and South Ayrshire. This decision meant that a standard Theory of Change approach would not be suitable. In particular, assessment of the model against the third 'testability' element (from the plausibility, do-ability and testability assessment recommended by Connell and Kubisch, 1998) would be difficult to achieve without specific project outcomes. However, the Logic Model could be made testable with the identification of Realistic Evaluation mechanisms, and a further decision was taken to explore potential project goals around the NHS project theme of 'wellbeing' through the research itself, using a Capabilities Approach. This is described in Chapter 3 and discussed in light of findings in Chapter 8.

The starting point for Kretzmann and McKnight's (1993) work is that current policy interventions are failing, and that the poorest communities have been 'broken' by repeated policy failures, withdrawal of investment, and the professionalisation of social problems (3). The long-term goal of ABCD is therefore to improve quality of life for residents in disadvantaged neighbourhoods. The issue of multiple theories of change amongst the stakeholder group was highlighted in the previous paragraph and will be examined in Chapter 7. However, since the AHEAD Project was funded as a means of improving health and wellbeing (NHS AA Mental Health Strategy 2015 - 2025), for the purposes of the Logic Model, the outcome of the ABCD process is here cited as 'Improve mental health and wellbeing'.

ABCD is described as a six-step process of change, as follows: identify assets, build relationships, mobilise assets, build local associations, develop a community vision for change, and finally, invite in professionals to assist in those areas identified by local community. The six-step ABCD Theory of Change cycle, creating a seven-step process, is depicted at Figure 5.1.

Kretzmann and McKnight's description of asset mapping and 'matching' as a continued fostering of local activity, suggests that steps 1-3 (Identify assets, Build relationships, Mobilise assets) be repeated until such time as groups begin to come together based on common interests, thereby building wider association (Step 4). Once groups have gained a sense of collective association, Kretzmann and McKnight suggest they will be ready to identify local priorities for change, joining together to plan a local vision. It is only once this has been achieved that professional organisations will be invited in to help with those areas of work that residents cannot address themselves.

5.2.2 Drawing out the ABCD Theory of Change assumptions

A standard Theory of Change approach would use the assessment of 'plausibility, do-ability and testability' to draw out the assumptions underlying the policy intervention proposed.

Regarding plausibility, let us first examine Kretzmann and McKnight's premise for ABCD: that disadvantaged neighbourhoods in the United States have been broken by repeated, failed policy attempts. Since this premise is not corroborated by evidence, it requires further definition. What are the policy initiatives described by Kretzmann and McKnight? What were their aims, whom were they focused on, and what were the contextual circumstances for their failure? Such questions suggest that Kretzmann and McKnight's premise would benefit from further analysis according to empirical evidence. In addition to this, assessment of do-ability returns to the theme of 'keeping professionals out.' Do-ability is concerned primarily with whether the practical implementation of the theory is reasonable. Resisting the financial and in-kind contribution of public sector staff within disadvantaged neighbourhoods until

residents are ready to invite them in, would seem implausible in terms of the power relationships at stake: at a time when budgets are hugely stretched, is it realistic to suppose that public sector neighbourhood allocations will be reserved until a local vision is developed, and what will happen to service users in the meantime?

These questions therefore form the basis for Assumption 1, which articulates ABCD's aspiration for change: 'Disadvantaged communities have been damaged by state efforts to regenerate them and are stronger without state interference.'

Moving to consider the plausibility of the ABCD cycle of change now, the first step of 'identifying assets' presupposes that there are assets or skills available in disadvantaged communities. At the AHEAD Project ABCDE training day with the ABCD Mentor organisation, this process of uncovering assets was described as 'making the invisible visible.' (ABCDE Learning Site transcript, June 2016). Given then, that assets are invisible, how do we know that they are there, and are there contextual factors that mean that some assets may be easier to release than others? Again, there is little evidence to substantiate ABCD's claim in this regard, and so Assumption 2 can be articulated as: 'Disadvantaged communities have resources that can be mobilised.'

Further analysis of the ABCD Theory of Change cycle reveals a belief at Step 6, that withholding external professional input will allow disadvantaged communities to develop an authentic, locally-owned vision for change more easily. This belief invites interrogation around the change that ABCD brings, that enables local communities to want and achieve development of a local vision. Who are the professionals to be kept out, and who is allowed 'in'? How will the power for change be generated, and by whom? This assumption warrants further analysis against the empirical evidence and become Assumption 3: 'Community empowerment is most effective when developed from within the local community.'

Finally, turning to ‘testability,’ Connell and Kubisch (1998) propose examining whether ‘the theory of change is specific and complete enough for an evaluator to track its progress in credible and useful ways’ (19). Such a consideration of the ABCD Logic Model reveals ‘jumps’ in the ABCD hypothesis that do not appear to receive detailed examination in the literature on asset building. For example, how do groups form around a shared interest (Mechanism C), and how do they come together to build association? In other words, what are the contextual requirements for success? In considering the Context-Mechanism-Outcome relationships at play here, the Realistic Evaluation approach provides a useful frame for evidence. The issue of testability also suggests the value of a qualitative approach, in teasing out the detailed causal pathways between individual and collective, and community group and wider association. A summary of the three assumptions generated from the Toc analysis is given at Table 5.2.

Table 5.2 Summary of ABCD Theory of Change Assumptions

ABCD Theory of Change assumptions	
No.	Description of assumption
Assumption 1	Disadvantaged communities have been damaged by state efforts to regenerate them and are stronger without state interference
Assumption 2	Disadvantaged communities have resources that can be mobilised
Assumption 3	Community empowerment is most effective when developed from within the local community

The chapter now moves on to explore a Realistic Evaluation examination of the ABCD mechanism activities for change.

5.3 Building a Realistic Evaluation Change Hypothesis

Before going on to identify the detailed mechanisms for change employed by an ABCD approach, the chapter will now consider how to develop a RE Change Hypothesis mode, drawing on the work done surfacing the Theory of Change. This draws on Pawson and Tilley’s work on how to make evaluations cumulate (Pawson and Tilley, 1997:121). Pawson and Tilley favour a ‘cumulative and iterative process of theory-building’ (Blamey and Mackenzie, 2007), which seeks

to identify patterns between interventions and outcomes, particularly concerned with identifying the CMP configurations with the most promising results (451). Setting out the different layers of hypothesised change from theory to data level, offers a framework into which the detailed CMO findings discussed in Chapter 6, can be aggregated against the overall hypothesis for change in Chapter 7.

In their work on how to make evaluations cumulate, Pawson and Tilley present a useful diagram on the elements of realist cumulation (1997:121, Figure 5.1). Although this is developed in the context of cumulating multiple evaluations, it is nevertheless a useful and systematic guide to building an overall RE Change Hypothesis model for a single evaluation. Pawson and Tilley delineate the axis from abstraction (or theory) to specification (or empirical evidence) by outlining a ‘ladder’ of five elements. Table 5.3 below shows each of these elements, and a modified version for use within this single evaluation.

Table 5.3 Adapting elements of realistic cumulation for a single evaluation

Adaptation of elements of realist cumulation for single evaluation		
THEORY		
1.	Generative causal propositions	Overall hypothesis (Long term outcomes)
2.	Analytical frameworks	Specific causal theories (Programme goals)
3.	Middle-range theory	Mid-range theories (derived from assumptions)
4.	Empirical uniformities	Background to the problem
5.	Evaluation case studies	Case study evidence
DATA		

Abstraction

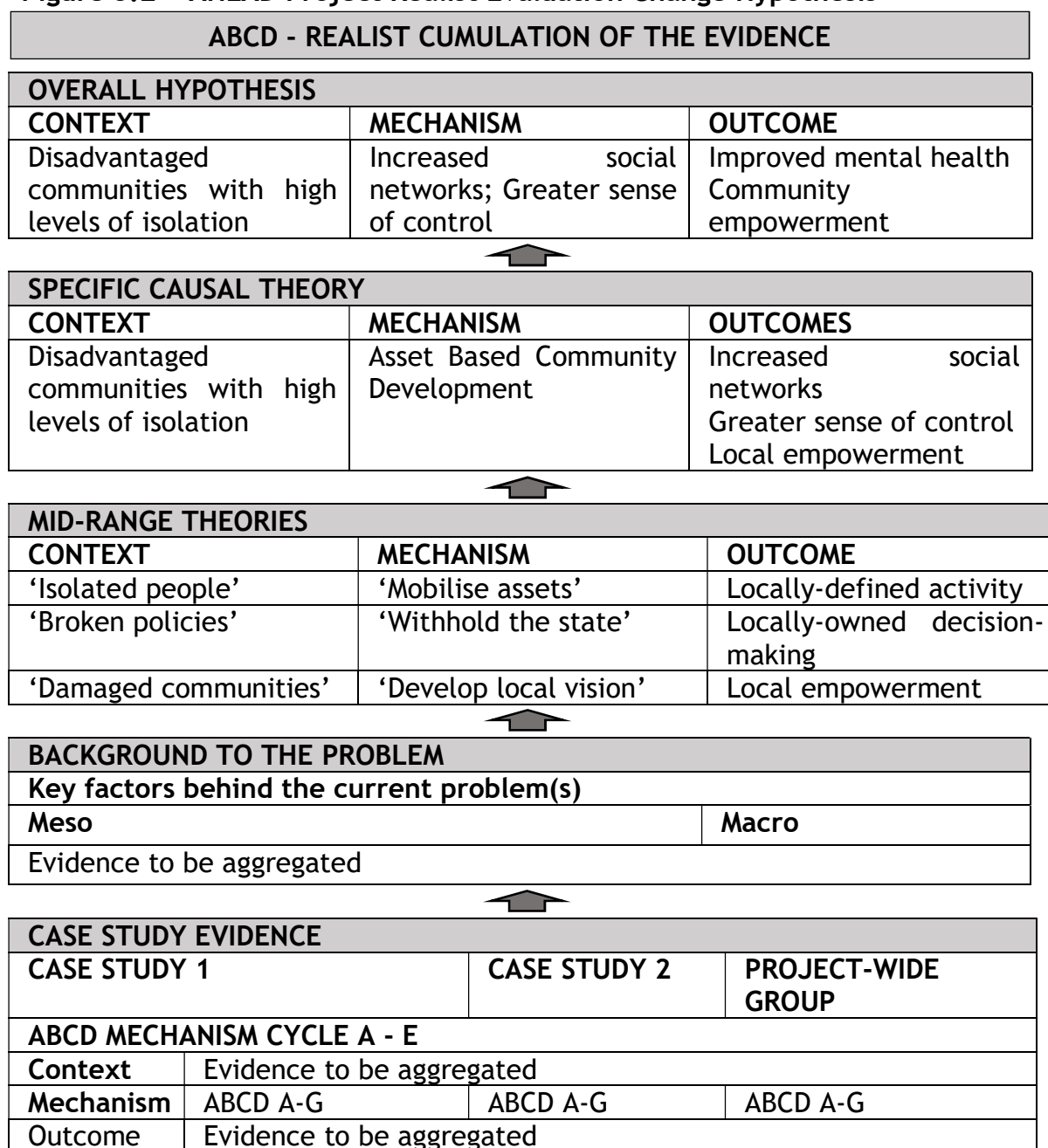
Specification

Moving from theory to evidence, Pawson and Tilley’s elements are: overall causal propositions, analytical frameworks, middle-range theory, empirical uniformities, and evaluation case studies. Each of these elements has been adapted for the purposes of a single evaluation, with the aim of providing a clear and systematic model that links data to theory. Figure 5.2 outlines these five levels with respect to the AHEAD Project, drawing on the Theory of Change

at Figure 5.1 to inform the overall hypothesis, specific casual theories and mid-range theories, drawing on long-term outcomes, project goals and assumptions, respectively.

Once the CMO findings have been detailed in Chapter 6, Chapter 7 will return to the Change Hypothesis Model, to examine how the CMO findings cumulate against the higher-level theories of change.

Figure 5.2 AHEAD Project Realist Evaluation Change Hypothesis



5.3.1 Exploring the ABCD mechanism activities and CMO configurations

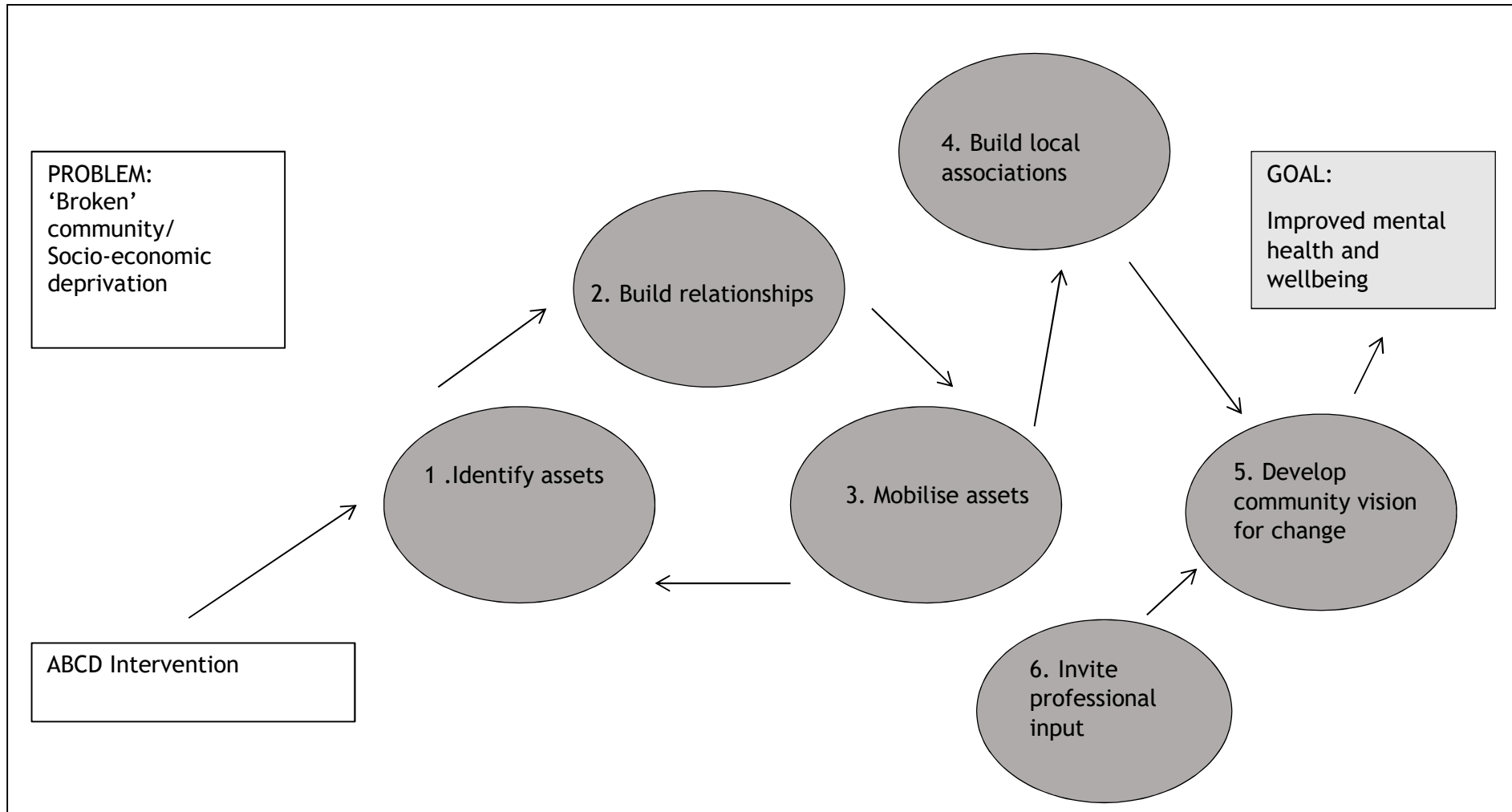
In simple terms, Realistic Evaluation is concerned with identifying the specific activities that will effect change, in order to explore the causal links between context, mechanism and outcome. To maintain a clear focus on the ABCD change model, the next step for generation of an ABCD Logic Model is to identify and map these activities across the ABCD Theory of Change cycle. The six steps described in the ABCD cycle are derived from a practitioner guide, which stipulates that they do not have to take place sequentially but will in many cases form a chain of activity that builds towards the final goals of locally-owned vision for change. The key mechanism activities are associated with each ABCD activity, with a mechanism located before each step, to effect that particular change.

Table 5.4 denotes each of the ABCD mechanism activities derived from the theory, expressed alongside its accompanying context and outcome. Although not referred to as a discrete stage, Kretzmann and McKnight's first identified task is the recruitment of 'Community Connectors': a term to describe residents who have strong informal social networks in the community but are not currently committed to any formal role of representation or affiliation. This activity is therefore identified at Mechanism A. Figure 5.3 (below) maps Mechanism A-G across the ABCD simple Theory of Change cycle to form what will be referred to henceforward as the ABCD Logic Model.

Table 5.4 Summary of ABCD CMO configurations A-G

CONTEXT	MECHANISM	OUTCOME
Disempowered communities with low levels of trust in external interventions	A: Seek ‘Connectors’ Community Builders identify residents, who demonstrate a good knowledge of the neighbourhood but are not already involved in any formal role. These participants are termed ‘Community Connectors.’	Identify trusted residents as community connectors
Marginalised local residents	B: Conversations with local people Community Connectors talk to local people to explore interests and skills	Identify ‘assets’
Disconnected community	C: Introduce people with shared interests Community Connectors introduce people with shared interests Residents discuss and plan for shared activity	Mobilise ‘assets’
Low levels of activity/provision	D: Generate activity Community Builders offer enabling support to activity (e.g. seed funding; venue) Activity leads to further activity	Increased social networks and skills
Disparate local groups	E: Build association across activities Activities build until community groups are formed - formally or informally	Connected community
Externally-led decision-making	F: Associations come together to plan local vision Different groups assemble to develop neighbourhood plan prioritising activity	Internally-led decision-making
Community-owned vision	G: Engage professionals Community assigns resources to different stages of vision and invites in professionals	Community-led practice

Figure 5.3 ABCD Simple Logic Model



5.4 Conclusion

The AHEAD Project Change Hypothesis model and the mechanisms depicted in the ABCD Logic Model form the backbone of the research framework for analysis of the ABCD approach. In Chapter 6, each of the seven mechanisms in the ABCD Logic Model will be evaluated according to the data generated, considering contextual factors at individual, organisation, national/global and temporal levels. In Chapter 7, these findings will be aggregated in relation to the mid-range and overall causal hypothesis identified in the AHEAD Project Change Hypothesis Model, derived from a combined Theory of Change/Realistic Evaluation process. Finally, the Capabilities analysis in Chapter 8 will examine potential wellbeing outcomes according to the data and will further consider the contextual factors that support or hinder their achievement.

CHAPTER 6 Evaluating the evidence on CMO configurations

6.1 Introduction

The following two chapters will examine the empirical evidence generated from the two research case studies and project-wide group in relation to the ABCD Logic Model (ToC) mapped from the literature in the previous chapter. As discussed in Chapter Five, this study has used a combined Realistic Evaluation and Theory of Change approach (Blamey and Mackenzie, 2007) to draw out the detail of the ABCD method from the literature and analyse the empirical evidence against this. For clarity, Chapter 6 will examine evidence in relation to the detailed ABCD CMOs derived using a Realistic Evaluation approach, whilst Chapter 7 will focus on analysis of the cumulation of CMOs, and how these relate and perform against the overall hypothesis for change generated at the AHEAD Project's inception. By considering the two case study neighbourhoods as test sites of change, Chapters 6 and 7 will explore whether and how the ABCD CMOs and change theories work in practice and will identify what the contextual barriers and facilitators to their effective operation. A discussion of the key themes emerging from detailed CMO analysis takes place at the close of this chapter, with a consideration of how these CMO aggregate to create the overall change hypotheses taking place in Chapter 7. A consideration of both findings in relation to the research questions takes place at the close of Chapter 7.

The case study neighbourhoods were identified through discussion with the AHEAD Project Steering Group. Although all AHEAD neighbourhoods adopting the ABCD approach are similar in their SIMD profiles (top 5% most deprived data zones in Scotland), the choice of case study areas offers contrast in Local Authority areas (North and South Ayrshire) and AHEAD project phases (Phase 1 and Phase 2 neighbourhoods); but also demonstrate differences in community infrastructure such as resources and local venues, and in the history of local activism. These factors are explored in more detail in the Case Study Neighbourhood Profiles in Chapter Four and provide valuable contextual data to bring to the theory of change analysis.

The range of respondent roles is mirrored across each case study site, and includes Residents, Community Builders, Local Authority and NHS staff, and

Voluntary Sector workers. In addition to comparative analysis between the case studies, analysis according to respondent type allowed for exploration of the differences in interpretation of and response to ABCD mechanisms and assumptions, and the possible explanations for these differences.

The evidence was derived in the main from twenty-four in-depth interviews and a focus group of six research participants. However, project documents in the form of Evaluation Group minutes, workshop transcriptions and a fieldwork diary supported this evidence. Each case study took place over a ten-week period when the researcher was located within the neighbourhood and participated in activities with Community Builders, including community walks, informal meetings and activities with residents. Interviews were structured into three areas of exploration: understandings and experiences of the ABCD approach; an exploration of the Capabilities Approach and its relevance to ABCD; and the potential for ABCD to contribute to structural change. This chapter focuses primarily on evidence from the first and third parts of interview, whilst the Chapter 8 will examine what the Capabilities Approach can offer in attempting to reframe ABCD from a more social justice perspective.

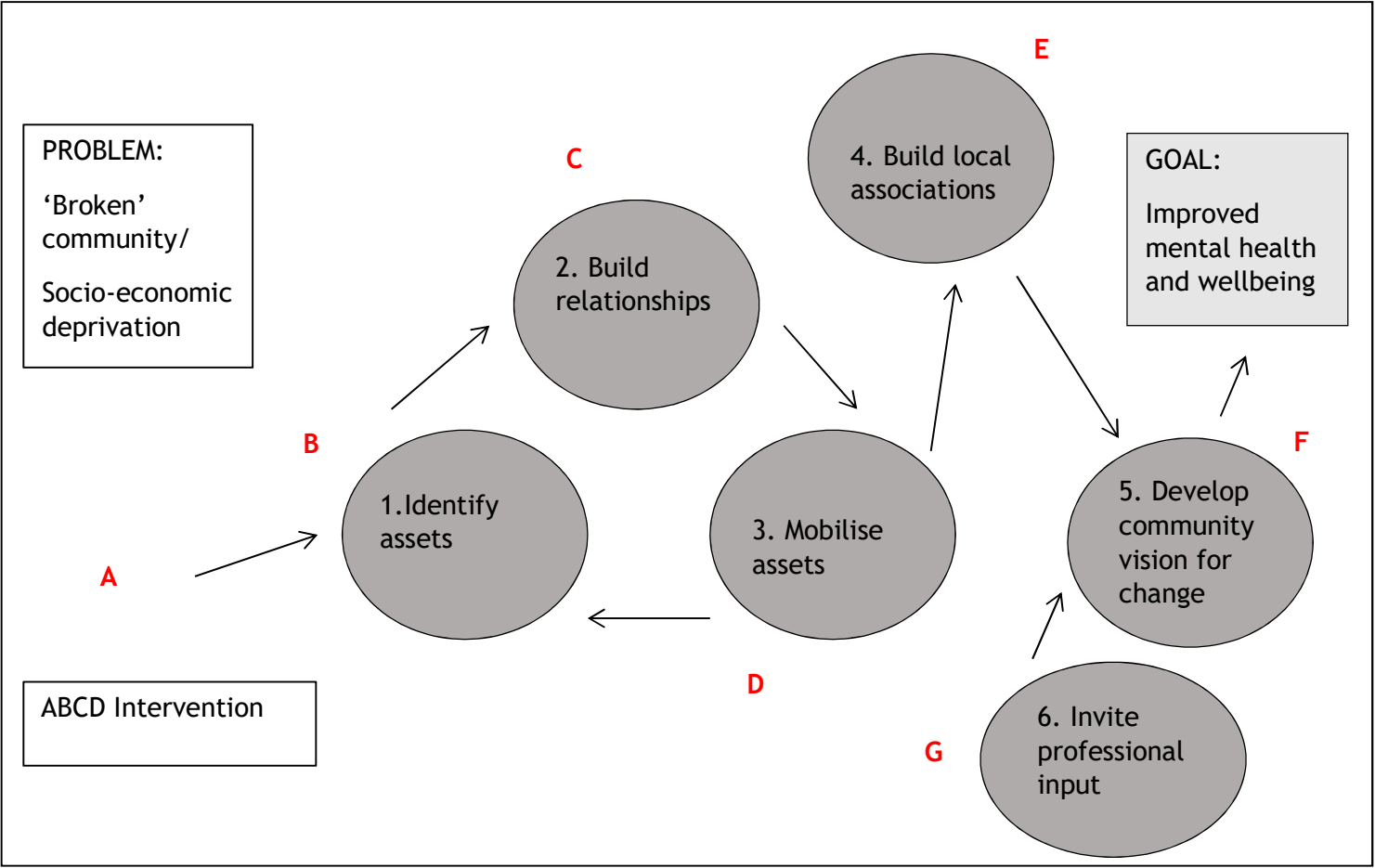
The chapter considers the evidence cumulatively, comparing data and offering analysis for each mechanism in turn to draw out the areas of similarity and difference between each case study neighbourhood and data from staff involved at a project-wide basis. The chapter then moves on to consider the broader themes emerging from analysis.

6.2 The ABCD Logic Model

The ABCD Logic Model mapped in Chapter Five outlined five key stages of the ABCD approach and identifies seven hypothesised mechanism activities. The map demonstrated a continuous cyclical process at Stages 1-3 involving identification of local 'assets' (passions or talents), building local relationships and mobilising of activity. This was hypothesised to reach a 'tipping point' into Stage 4, where local resident groups will begin to build association beyond the locus of their own group, thereby leading to Stage 5, which focuses on developing a local community vision for future change.

The mechanisms identified across the cycle represent points of intervention activity at each of these stages. Since these were the activities seen to bring about each ABCD stage, the mechanisms began before Stage 1 and ended beyond Stage 5 and are mapped across the full ABCD cycle.

Figure 6.1 Mechanism areas A-G mapped onto ABCD Logic Model (from Chapter 3)



Mech	Mechanism description
A	Identity connectors
B	Hold conversations with local people
C	Introduce people with shared interests
D	Generate activity
E	Build association across activities
F	Associations come together to plan local vision
G	Engage professionals

The CMO mechanisms identified in Chapter Five are summarised in brief in Table 6.1. As suggested within the ABCD Logic Model, these configurations operate as a chain, with the outcome of one mechanism activity setting the context for the next one.

Table 6.1 Summary of ABCD CMO configurations A-G (from Chapter 5)

CONTEXT	MECHANISM	OUTCOME
Disempowered communities with low levels of trust in external interventions	A: Seek ‘Connectors’ Community Builders identify residents, who demonstrate a good knowledge of the neighbourhood but are not already involved in any formal role. These participants are termed ‘Community Connectors.’	Identify trusted residents as community connectors
Marginalised residents	B: Conversations with local people Community Connectors talk to local people to explore interests and skills	Identify ‘assets’
Disconnected community	C: Introduce people with shared interests Community Connectors introduce people with shared interests Residents discuss and plan for shared activity	Mobilise ‘assets’
Low levels of activity/provision	D: Generate activity Community Builders offer enabling support to activity (e.g. seed funding; venue) Activity leads to further activity	Increased social networks and skills
Disparate local groups	E: Build association across activities Activities build until community groups form alliances - formally or informally	Connected community
Externally-led decision-making	F: Associations come together to plan local vision Different groups assemble to develop neighbourhood plan prioritising activity	Internally-led decision-making
Community-owned vision	G: Engage professionals Community assigns resources to different stages of vision and invites in professionals	Community-led practice

6.3 Presenting the empirical evidence

Research on the two case studies was carried out sequentially and was followed by the generation of data with additional staff involved at a project-wide basis, beyond the immediate scope of neighbourhood-level work. Project-wide respondents were selected on recommendation from neighbourhood respondents based on their key roles in project initiation, management and/or training, so that key personnel across all levels of the AHEAD Project were involved in the study.

Although research was carried out in the Case Study 2 neighbourhood first, the decision has been taken to present the evidence in reverse order, since Case Study 1 is an AHEAD Phase 1 neighbourhood, and Case Study 2 is part of the AHEAD Phase 2 development. This will allow the chapter to reflect any learning and change of approach that took place as the AHEAD Project progressed over time.

6.4 Case Study Neighbourhood Summary

6.4.1 Case Study 1

Case Study 1 in South Ayrshire included some of the poorest data zones in Scotland, scoring the highest level of deprivation across employment, education and health (SIMD, 2015). However, the community was located near to Ayr town centre and had good links to services within walking distance. There was no community centre, but the local primary school played an active role in the wider community, and several local churches also offered community activities. Along with two other neighbourhoods in South Ayrshire, Case Study 1 participated in the Phase 1 AHEAD pilot and has had a Community Builder employed there since November 2014. The neighbourhood had an additional part-time Community Builder employed for a period during 2016, and who continued to support one local group beyond that date.

6.4.2 Case Study 2

Case Study 2 was an estate in North Ayrshire, constructed in the early 1970s and organised around a Community Centre and primary school. There were no other amenities in the immediate neighbourhood. Case Study 2 had a long history of

local activism, with the Community Association at the heart of community life since the estate's inception. Case Study 2 became involved at Phase 2 of the AHEAD programme. The Community Association was involved in hosting an awareness event prior to agreeing to host the AHEAD project, and residents were involved in recruitment for the Community Builder and in assisting with project set-up.

6.5 Analysing the evidence on the mechanisms

The chapter now turns to analysis of the seven ABCD mechanisms. Each is discussed in turn below, collating evidence from across both case study neighbourhoods and the project-wide group into the key emerging themes.

MECHANISM A: Identify Community Connectors

As its first step, the ABCD approach focuses on identifying a network of five to six 'Community Connector' volunteers per 3,000 households who, with support from the 'Community Builder' (paid worker), will locate assets or skills by initiating contact with residents. The AHEAD Project Evaluation Report revealed that nominal goals for recruiting Community Connectors in either of the two Case Study neighbourhoods were not achieved in Years 1 or 2, with only two to three residents having been identified, and some of these not meeting the definition of no prior formal community role (AHEAD Evaluation Reports, Year 1 and Year 2). This suggested a regularity issue with Mechanism A, which did not work in practice as anticipated.

Respondents articulated the problem with Mechanism A differently across respondent groups, with a tension between valuing the identification of 'hard-to-reach' or unheard voices that could represent the community, with a pragmatic approach that could gain results more quickly by making use of existing volunteers and local networks to publicise the project. In Case Study 1, Community Builder staff understood the importance of reaching marginalised residents as core to the ABCD approach, and this should begin with recruitment of Community Connectors:

My understanding of ABCD ... is where we go into communities to engage with people that are not involved in anything to do with the community ... to create a society where they're in charge of.

(Community Builder, Respondent 19)

Amongst the Project-Wide participant group, two respondents (Community Builder, Respondent 15, and Mentor, Respondent 24) felt strongly that Community Builders should remain committed to engaging specifically with residents who were not already active in their community, both at Mechanisms A and B:

If there's 85 per cent of a neighbourhood that's not engaged, then there's still a lot of work to do. And actually, I think we need to constantly be paying attention to the edges.

(Community Builder, Respondent 15)

Based on their previous experience of working in the neighbourhood, Local Authority, NHS and voluntary sector staff demonstrated convergence in the belief that approaching marginalised residents would be more effectively achieved through existing networks and activities:

When you're based in the heart of the community where the community activity's taking place, you have the opportunity to piggyback on some of that and try and encourage a different way of approaching things.

(NHS Staff member, Respondent 2)

At times, public sector staff expressed frustration that their professional experience and existing relationships within the neighbourhood were disregarded in the prioritisation of an 'ABCD' approach, articulating the importance of pragmatism in 'getting things done': 'It's all very well theorising about an approach, but actually implementing and practising it is pretty different.' (Local Authority staff member, Respondent 27).

A member of NHS staff described the inflexibility of the ABCD approach in what she perceived as the exclusion of 'active' residents:

I think it was a decision not to include people in the community who were already involved. That was a very clear decision that they made. And I do think that was driven by the, kind of, (mentor organisation) approach to ABCD ... I don't think people should be excluded from any of that activity, just because they were maybe active ... already.
(NHS staff member, Respondent 2).

The perceived solution to the problem of recruiting Community Connectors at Mechanism A was unanimously that of a pragmatic approach, although it took time for this change in approach to be implemented and provisos to the change were made by the Community Builders and ABCD Mentor. In the Project-wide respondent group, Community Builder staff were perceived as taking a pragmatic approach to engagement by working with small business in the immediate neighbourhood ('Respondent 15 has been having the business meetings and stuff and part of that's about saying, well, we want to take a lead in this regeneration,' Local Authority staff member, Respondent 13). In Case Study 1, the provisos revolve around concerns that Local Authority engagement structures would stifle local attempts to articulate a vision:

Pure ABCD is where we go in to a community and we ... engage with the community and ... allow them to take the lead. Many, many times I've seen, we've gone into the Tenants and Residents Associations, there's been people there who the council have engaged, and they've said, 'No, this is what we want to do.' Then: 'Maybe that's what *you* want to do, but what does the *community* want to do?'

(Community Builder, Respondent 19)

Respondent 19, a Community Builder, chose instead to work with voluntary sector professionals and a local Head Teacher to make contact with marginalised residents (Fieldwork Diary, 30th November 2016). This respondent also assumed the role of Community Connector himself, undertaking a range of creative activities to meet and talk to people in the community.

NHS and Local Authority staff in Case Study 1 expressed frustration at the initial 'ground zero' ABCD approach of refusing to engage with residents already involved in local initiatives (described as 'difficult, especially over the course of

the first year') and welcomed a perceived shift in the ABCD approach as the project progressed:

The (mentor organisation) approach ... has evolved over the few years that we've been... involved with the project. And I think possibly the community builders are seeing that and realising that actually maybe that's a good way of thinking about it.

(NHS staff member, Respondent 2)

By Phase 2 of the AHEAD Project, respondents had largely discounted the original ABCD guidance to identify Community Connectors not already involved in community activity. This adjustment to a more pragmatic approach was reflected in Evaluation Group meetings (AHEAD Evaluation Group minutes, September 2016) and described in Year Two AHEAD Project Evaluation Report. Since Case Study 2 was a 'Phase 2' community, the change in approach was adopted from the outset, with staff taking a pragmatic approach to local involvement ('I haven't focused on the kind of pure ABCD methods. I very much just focus on, look at assets, wherever they may be,' Local Authority staff member, Respondent 14). The Community Connector role was again defined in pragmatic terms, likely to be already active in the community and unlikely to be undertaken by vulnerable residents:

Every community you go into, you will identify...I call them the key person, so you'll find a key person in every community, because you have to get access.

(Local Authority staff member, Respondent 16)

The Case Study 2 Community Builder, located in the local community centre, spoke of the benefit of working with an established Community Association:

This Centre is open near enough all the time ... Why would we ignore that or why would we not want to work with that? I think it helps to have an Association that's backing you up.

(Community Builder, Respondent 1)

Similarly, Local Authority staff felt that the project had moved on from a rigid interpretation of recruiting participants who were 'hard to reach':

When the workers first started they ... were only to work with the very, very hard to reach people ... I find that challenging because I think that's where you can get sustainability, because if you're linking with what's there then the people can be supported by the community. I think that's changed a bit now when you see the approach that (Community Builder's) taken.

(Local Authority staff member, Respondent 13)

Respondent 24 was critical of Case Study 2 neighbourhood for using the Community centre as its base:

It was always a point of concern to me that month after month I would hear that people haven't been outside of the Centre, haven't gone on community walks, haven't engaged with associations that weren't engaging with the centre.

(Mentor, Respondent 24)

However, this view was contradicted by evidence from another respondent that location within the Community Centre was the explicit choice of the host community at the outset of Phase 2 (Respondent 14), and by the considerable difficulty in accessing alternative 'bumping spaces' in that neighbourhood (Respondent 1). It also contradicts perceptions amongst Local Authority and NHS staff that the ABCD approach had been modified in Phase 2 ('(The Mentor) has become a bit more flexible about that now so they do actually need to engage with other agencies or other people in the community,' Local Authority staff member, Respondent 13). Such contradictions reveal the tensions of invested agendas and the exertion of a hierarchy of expertise regarding the implementation of ABCD as an approach. Respondent 24's position as ABCD consultant is one of privilege and power, and empirical problems with the regularity of Mechanism A led to accusations that the approach had not been adopted 'properly' and had therefore failed. Ironically, the 'inside outsider' role of the ABCD consultant was also able to highlight the importance of 'the relocation of authority' as an important concept, and one that became one of the defining principles for Community Builders.

A key issue raised repeatedly through both mechanism analysis is that of the level and complexity of structural needs preventing participation by vulnerable residents. One Project-wide NHS staff member perceived that Mechanism A had not worked because more vulnerable residents had too many immediate needs to resolve and were not ready to volunteer as Community Connectors:

People have got other issues. They're depressed because they haven't got any money, they're depressed because their house is damp, they're depressed because, because.... you need to deal with all of those things before someone is ready to join ... We're realising we have to undo all these barriers. They need to do all the basic stuff first.

(NHS staff member, Respondent 18)

This comment is substantiated by other respondents in respect of Mechanism D. A related view was expressed by Respondent 25 ('It's dependent on finding the right people in communities and having people with the right level of motivation'), reflecting the view that initial skills development requires more thought within the ABCD cycle of change in order that residents not already involved at a local level received the necessary support to become involved as Community Connectors. A further comment included the suggestion that the project needed more time to build trust before sufficient numbers of Community Connectors could be identified ('The trust took about a year', Respondent 19).

These comments raise questions about whether ABCD is an appropriate intervention in the poorest neighbourhoods where basic needs are the most pressing issue, and about how to structure the processes of ABCD temporally to reflect a realistic Theory of Change.

In summary, the evidence reveals an irregularity with Mechanism A and the adoption of a pragmatic approach to addressing this using existing infrastructure as an important means of progressing activity. However, this was qualified by a strong preference for avoiding formalised structures for community engagement as defined by Local Authorities, requiring careful thought as to how this issue of autonomy might be addressed within ABCD theory. This view resonates with the issue of de-politicisation relating to 'acceptable', government-run structures for

participation discussed in Chapter 2 and will be explored specifically later in this chapter. Experience in Case Study 2 demonstrated a modification in AHEAD Project Phase 2 approach to ABCD, to reflect the pragmatism adopted in Phase 1. Building on existing activity was seen as the most sustainable strategy, although the issue of reaching out to those who did not use the community centre was also raised (Community Builder, Respondent 1; Local Resident, Respondent 8).

The key finding identified at Mechanism A is an irregularity with the intervention, which was addressed during project evolution. However, two other factors which emerged during discussion of Mechanism A were the need to address basic standards of living (income, nutrition and housing); and a suspicion of Local Authority engagement structures.

MECHANISM B: Conversations with local people

Evidence relating to Mechanism B revealed three main issues: the need for a creative approach to initiating local contact; the problem of using the AHEAD programme as a means of plugging cuts to service provision, and related to this, the disempowering effects of post New Labour community engagement policy; and the difficulty in reaching the most disadvantaged: a theme echoed across several mechanisms.

Data from Case Study 1 suggested success in initiating conversations with local people. The Community Builders in South Ayrshire had taken a collective, creative approach to this work, creating ‘pop-up sites’ across the three South Ayrshire neighbourhood sites to gain visibility and talk to passers-by (Respondent 19). Later, as a lone worker, Respondent 19 identified ‘bumping spaces’ where informal conversation could take place with residents at bus stops, the local library, outside the primary school, and at the supermarket checkout. He also proposed the use of a ‘town crier’, who would share good news stories and local opportunities on the local high street. These creative

approaches to initiating conversation were also seen as an important way of side-stepping public-sector-planned participation approaches and advocating for autonomy by ABCD Mentor, Respondent 24: '(Community Builders) know how to relocate authority, they know how to check their privilege, they're skilled people.'

In Case Study 2, the work of the Community Builder focused on supporting local activities already in place within the Community Centre. This was seen as a valuable contribution to sustainability, particularly since the Centre caretaker was the only other paid member of staff, and many of the groups struggled with membership, attendance and volunteers (Community Builder, Respondent 2): an issue perceived as worsening due to historical cuts to community education and youth work, and to more recent austerity measures. Respondent 4 also raised this issue as a priority, stating that a visible and regular programme of activity was key to reaching disadvantaged residents, and ongoing cuts to state provision reduced the opportunities for reaching the most vulnerable residents.

Each of the Community Builder responses reflected respective positions in relation to the dynamics of the AHEAD Project: Case Study 1 demonstrated a close allegiance to the ABCD approach promoted by the ABCD Mentor organisation, which was developed during Phase 1; Case Study 2 reflected Phase 2 alterations to the mentoring approach, with fewer and less intensive interactions with the Mentor, the embracing of a more flexible and pragmatic approach, and close working with existing community structures. Case Study 1 benefitted from trialling creative and diverse approaches to initiating local contact but struggled to establish a regular activity programme, due to a lack of meso-level resourcing (particularly voluntary sector or locally-led examples) and suspicion of public sector structures. Case Study 2, meanwhile, 'plugged the gaps' in existing resources but found it difficult to reach residents not already attending the Community Centre.

Local Authority staff recognised the importance of ABCD in building empowering relationships with residents to challenge their role as 'service receivers' (Local Authority staff member, Respondent 27). They drew similarities between ABCD

and public-sector Community Development work that pre-dated New Labour participation policies from the late 1990s onwards (Local Authority staff member, Respondent 26). Latter policies for participation were articulated as ‘fling(ing) money at you’ ... or ‘putt(ing) lots of community workers in and they’ll do stuff with you’ and were perceived as neither sustainable nor empowering in the longer-term.

However, the intensive local work required was no longer seen as possible within public sector due to a lack of personnel and a change of approach (Respondents 25 and 26). In Case Study 2, there was an explicit commitment at Local Authority senior management and practitioner levels, to the integration of ABCD within a wider programme of approaches, including participatory budgeting, democratic engagement and access and contribution to strategic and operational planning, for example. Case Study 1 reflected a lack of public sector infrastructure investment in this most disadvantaged area. Despite initial commitment to the ABCD programme, lack of attendance at AHEAD Meetings (AHEAD Evaluation Group meetings minutes, February 2015 - June 2017) suggested less evidence of senior management support for the project; community access to strategic neighbourhood plans was piecemeal, and access to information on public services and local engagement were far less developed (Fieldwork Diary, June 2017).

The issue of isolation was expressed as a challenge across respondents in both Case Study areas. ‘Door knocking’ was proposed by some as a means of reaching out (Voluntary Sector Worker Respondent 4, Community Builder Respondent 15) although misgivings were expressed over safety (‘it’s a violent area’, Community Builder Respondent 19; ‘I wouldn’t feel comfortable,’ Community Builder Respondent 1) and invasion of privacy (Community Builder Respondent 1).

Project-wide respondents expressed the need for Community Builders to go beyond their comfort zone to make contact with ‘people at the edges’ (‘A healthy level of discomfort ... is a good start point,’ Community Builder, Respondent 15). However, experience from Community Builders in both Case

Study areas suggested a strong personal commitment to reaching out, but difficulty in engaging with people who were often dealing with crisis situations such as food poverty (Community Builder, Respondent 1 and Local Resident, Respondent 2), addiction (Community Builder, Respondent 19; Residents, Respondent 21 and 22) and domestic violence (Local Authority staff member, Respondent 22).

Case Study 1 had experienced some success with creative approaches to creating conversations, but this was weather dependent and easier collectively rather than lone working (Community Builder, Respondent 19). In Case Study 2, it had proven difficult to meet residents due to the lack of local facilities or shops (The difficulty is there's no ... public space,' NHS staff member, Respondent 28).

Voluntary sector worker Respondent 4 gave an insight into the lives of residents who had sought money advice through his service:

I'm talking about people that have literally locked themselves in. They get food delivered; they don't answer the phone. They generally don't answer the door, to be honest. The reason I get to see them is because their benefits come to an end and they need to renew it.
(Voluntary Sector staff member, Respondent 4)

Respondent 4 highlighted the importance of sustaining points of contact by having a regular, local programme of activity to which to refer. This was perceived as having been compromised by Local Authority budget cuts and was further compounded by the news that the money advice service was itself to be cut in December 2016, leaving the community without a much-used service, accessed in the main by vulnerable residents who did not have other local connections.

In summary, Mechanism B demonstrated some success in conducting conversations with local people; in Case Study 1 this had been aided by a creative approach to initiating contact, whereas Case Study 2 had benefited from using existing and well-established community infrastructure. Research on

contextual differences between case studies revealed the negative effects of poverty (income, housing, health) on Case Study 1, and the positive effects of the Case Study 2 environment, where existing networks and programmes of activity were better established prior to commencement of the pilot and allowed AHEAD Project activity to commence immediately. Government-led structures for democratic engagement worked more effectively and were viewed with less suspicion in Case Study 2, which had a long history of democratic representation and community activism. With this experience of activism came a strong commitment to resisting public sector agendas for budget reduction. In both communities, the effects of welfare and Local Authority budget cuts had worsened the effects of isolation, which was a serious concern for all respondents. The historical erosion of the public-sector role from local empowerment towards service provision was perceived as one reason for the need for ABCD. Senior management support, access to strategic plans and integration of approach was more in evidence in Case Study 2 Local Authority area than Case Study 1, and this suggestion was further supported by stronger structures for democratic engagement in Case Study 2.

MECHANISM C: Introduce people with shared interests

Analysis of Mechanism C revealed a positive response to the AHEAD project's introduction of residents with mutual interests. In Case Study 1, the Community Builder's flexibility of approach was important ('(Community Builder) walks about randomly talking to people and they are amazed by it. It's really good in that he gets us access to people,' Local Authority staff member Respondent 22). Residents remarked on the value of face-to-face encouragement ('You've got to say: 'Right, you're really good at that. Are you willing to be involved?'' Local resident, Respondent 21) and Local Authority staff commented on the effects one-to-one engagement had 'not only ... for community but also for self-esteem', Local Authority staff member Respondent 26).

The lack of locally-run venues in Case Study 1 had an impact on introducing people with shared interests. Whilst good use was made of the local primary school and faith centres, the lack of community centre meant that there was no one venue where the Community Builder could work with local residents. The use of community centre in Case Study 2 significantly benefited introductions, particularly the centre café, where the Community Builder often worked to promote visibility and encourage incidental conversations. Examples of successful work towards Mechanism C in Case Study 2 included introducing young people to volunteer with a special needs support group at the weekend, encouraging older residents to get involved with the gardening project, and helping a local resident to run the mother and toddlers group (Local Resident, Respondent 5).

As with Mechanism B, respondents suggested that ABCD would benefit from thought as to how to engage with the most vulnerable residents ('you need to be encouraged to come out,' Local resident, Respondent 6). In Case Study 1, the primary school had accessed additional monies to work with Barnardo's to offer a programme of support with vulnerable parents (Local Authority staff member, Respondent 22); this reiterated observation from Case Study 2 by Voluntary Sector staff member Respondent 4, that a regular programme of activity was essential in building basic skills and confidence to enable residents to build a support network.

In summary, then, Mechanism C demonstrated success in the Community Builder's one-to-one and flexible approach but was hampered by a lack of community venues and regular programmes in Case Study 1, and a frustration over how to engage with the most excluded residents in both Case Study areas. Several respondents spoke of the need for material resources and support (income, housing, absence of abuse, food, addiction support) as an essential point of focus for ABCD with more vulnerable residents (Community Builder, Respondent 1; Local Resident, Respondent 2; Local Resident, Respondent 5; Local Resident, Respondent 20; Local Resident, Respondent 21; Local Authority staff member Respondent 22).

MECHANISM D: Generate activity

Analysis of Mechanism D revealed the importance of local infrastructure in the form of local venues and activity programmes, and networks of grassroots workers (both public and voluntary sector), in enabling the generation of ABCD activity. The issue of local ownership of venues and activity was key in this regard. Public sector structures for engagement were viewed with caution by Community Builder staff and residents: where such structures appeared to be working, this had been pre-dated by a history of community organising; where there was a lack of local representation in place, public sector structures were raised as a hindrance to the generation of autonomous local activity. Finally, the difficulty of reaching vulnerable residents was reiterated as a primary concern in both case study sites.

Case Study 1 did not have a community centre within the locality, but the Community Builder had conducted much of their work within the primary school: ('I got free rein in the school, and it just grew and grew and grew; and now the school is the hub of the community,' Community Builder, Respondent 19). Activities with the school had included one-off events such as community picnics and barbecues, and regular meetings for gardening group and parent groups that took place with support from the head teacher and school volunteers. Collaborative work also led to a family group in the school being given the use of a local garden. A partnership with a church had resulted in a regular drop-in group open to all (Local Resident, Respondent 29), and work with a Tenants and Residents Association had established interest in an activity group for older residents (Respondent 30).

Such activity was contingent on a network of local workers and volunteers that included public sector staff in public-facing roles (as opposed to those employed within a Community Empowerment role, with whom relationships were perceived as more difficult). However, the generation of a regular, sustainable programme of activity was more difficult without a community-run local venue for activity, and the lack of a local hub meant that making initial contact with

residents was more challenging in Case Study 1. During Phase 1, Community Builders in Case Study 1 experienced conflict with residents over the expectation that AHEAD staff should be arranging activity for the community directly rather than supporting Community Connectors/residents to lead activities for themselves. Staff had resisted such demands on the basis that they ran contrary to the ABCD theory of change, but this had resulted in a breakdown of relationships with one local group. This experience reflects the AHEAD approach in Phase 1 as maintaining distance from existing community networks, with the aim of generating involvement from residents not already engaged in formal activity. It also reflects the pressure on unpaid volunteers to organise activity since the erosion of public sector staff ‘on the ground’, an issue also raised in Case Study 2.

The Community Builder in Case Study 2 was hosted within an established, locally-run community centre, who were invited to take part in the recruitment of the post. Prior local dialogue with the host community meant that the post was welcomed as a useful resource by residents. Respondents in the project-wide respondent group discussed the shift of approach in Phase 2 of the project, to ensure a local ‘welcome’ for the ABCD project and approach (ABCD Mentor Respondent 24). This included preparatory workshops on ABCD for residents, and an invitation to be involved in staff recruitment and project planning. This alteration in the application of the ABCD approach was observed a key learning point for the project (Local Authority staff member, Respondent 13), with the observation that the ABCD approach did not work where there was no local ‘welcome’ (ABCD Mentor Respondent 24). However, this view was also contradicted by the same respondent, in a criticism that Case Study 2 had relied too heavily on the community centre as the locus of activity and had not therefore adopted a truly ‘ABCD approach’ (ibid). This reflection came in response to criticisms that the ABCD approach was not working (‘I’m trying not to be hypercritical, but the AHEAD approach is telling not showing ... Inclusiveness does not mean opening it up and just saying do whatever you like,’ Local Resident Respondent 23) and that the AHEAD project had not achieved the expected activity targets (Evaluation Reports Years 1 & 2).

The Community Centre in Case Study 2 was an important resource in enabling progression, with opportunities to develop skills and confidence across a range of activities ('There's a club for near enough everything', Residents, Focus Group 1). Focus Group 1 and Local Resident Respondent 3 both discussed the benefits of visibility within a community-owned venue, providing progression across activities, and the encouragement of peer progression into outcomes such as education or employment. The existing programme of community activity, and the busy community café were seen as supporting ABCD activity in Case Study 2, with the Community Builder able to begin introducing new residents to existing groups on commencement of the post. The consolidation of existing activity was perceived as more pressing than the initiation of new groups, due in part to a lack of personnel within the community centre following cuts to community education services in the previous decade. The Community Builder role was the expressed by residents as providing relief to volunteers struggling to maintain centre activity.

The history of activism and a culture of local activity was a considerable benefit to establishing ABCD work in Case Study 2 ('Everything's volunteer-run, they all pay a pound for their group. There's craft groups and art groups and ... This centre is open near enough all the time,' (Community Builder, Respondent 1)).

As with Case Study 1, ABCD activity was contingent on existing networks of local staff and volunteers. Concern was expressed in Case Study 2 regarding cuts to adult education and youth provision (Focus Group 1), and further erosion of resources with funds for the welfare advice project due to be withdrawn within a few weeks of the research period.

A primary point raised within the project-wide respondent group in relation to Mechanism D was that the level of activity generated by the AHEAD programme had been disappointing:

People have the scope to engage with anything that they're interested in, and those things haven't emerged.

(NHS staff member, Respondent 18)

Public sector structures for engagement were a matter of concern for both Community Builders and residents in both Case Study areas. However, perceptions of the Community Empowerment agenda differed between Case Study areas. In brief, Case Study 1 demonstrated low levels of local organising and representation, and a suspicion that ‘top-down’ public sector Community Empowerment strategies would prohibit the generation of local autonomy; whilst Case Study 2 had developed robust local representation and a proactive relationship with public sector structures, despite a perception that they were often not listened to and had to fight for local resources.

Phase 1 staff raised a number of conflicts regarding public sector institutional barriers to the ABCD approach. These focused on the tension of public sector management of the AHEAD staff, and included issues of what constituted ‘appropriate’ activity, as well as the prevention of local autonomy through imposed structures for participation (Community Builder Respondent 19). A tension concerning appropriate activity had caused difficulty for the Community Builder in promoting local involvement (‘I can’t go back and say that you play dominoes all day,’ Respondent 19) but also prevented progression across activities due to rigid funding regulations (‘You’re funded to play dominoes, you’ll play dominoes. You’re not doing DIY, because it’s dominoes,’ Respondent 19).

The importance of local ownership of community spaces and venues was important, not least because getting around ‘red tape’ was easier if local people were organising activities in private spaces:

If I’d have said I was going to have a barbecue in a green space: health and safety. You know what to do: we’ll go and have it in somebody’s back garden, because it’s a back garden. And it’s a space where people can own.

(Community Builder, Respondent 19)

Also, local ownership might build the skills for sustainable, meaningful work, rather than working in low-paid, inflexible jobs in the private sector:

I can make a pair of shoes, sell the pair of shoes, make them really good. If I begin to make shoes for people, then I'm in charge of what's happening inside my life. If I go to Tesco's and I work for Tesco's, Tesco's is in charge of my life.

(Community Builder, Respondent 19)

Phase 1 staff described public sector representation structures as stifling local autonomy. This view appeared to have shifted with staff employed during Phase 2 of the project, reflecting a change in staff training and management in Phase 2. Phase 1 staff received intensive ABCD training with an external mentor, including the importance of resistance to existing local structures, whereas the Phase 2 cohort received no training programme and fewer sessions of mentoring support, appearing to adopt a more pragmatic approach to local engagement concurrent with other public-sector staff involved in the project.

Finally, a key difficulty raised in relation to generating community activity was that of supporting vulnerable residents, particularly those experiencing addiction problems. In Case Study 1, there was a recognition of the significant resources required to support local people in recovery, and the flexibility of the Community Builder role appeared to allow for some of this work to take place ('We've been thankful for guys like (Community Builder) who does a lot of that work. It's really, really challenging, incredibly challenging.' Local Resident, Respondent 20).

Respondents in Case Study 2 highlighted the intractability of problems such as food poverty and addiction and did not perceive the AHEAD project as being equipped to address these issues. A frustration that more vulnerable residents were too difficult to reach was expressed by several respondents (Community Builder Respondent 1, Residents Respondent 3, Local Resident Respondent 4, Focus Group 1). However, Focus Group 1 did discuss the value of sustained peer support networks in reaching local people who were experiencing difficult times, and observed many personal instances in which this had been protective.

In brief, then, Mechanism D revealed examples of one-off and sustained activity initiated by Community Builders but whose realisation relied on existing local

infrastructure (venues and staff networks). Public sector engagement structures were perceived by Community Builders and residents as hindering local autonomy, although where the community was well-organised, the fight for resources was vital to the survival of local infrastructure. Contradictions in the ABCD approach were revealed in the extent to which the local community should determine the locus of Community Builder activity; such reflections were made in the context of AHEAD Project activity level being perceived as disappointing. Finally, vulnerable residents were understood to require intensive support, with Community Builders either supporting a very small number of residents, or not perceiving this level of support as achievable within the AHEAD remit.

MECHANISM E: Build association across activities

ABCD theory suggests a ‘tipping point’ in activity where activity generated by smaller groups will build towards a broader community association at Mechanism E. Empirical research suggested no evidence of this in practice in Case Study 1. A lack of staff awareness of this key step in the ABCD process, and a lack of focus on the integration of the AHEAD Project within a wide range of public sector activity in the case study neighbourhoods, were seen as contributing to the inability to realise Mechanism E. In fact, the extent to which this can be presented as a clear mechanism is indicative of the lack of distinction around how this critical stage is achieved, in the ABCD literature.

Although strong community association was observable in Case Study 2, this predated the AHEAD Project intervention. It is therefore useful to reflect on the process of achieving Mechanism E-type activity in Case Study 2, albeit out with the scope of the AHEAD Project intervention, to understand how this mechanism might be altered within the ABCD Theory of Change.

In Case Study 1, articulation of the concept of association was limited to NHS staff member Respondent 2, who raised concern over the viability of a shift from involvement in activity to association:

How do you build that in the community to make that wider...or do you just end up with 50 different passionate groups? ... I think we'll just end up with lots of wee groups that aren't cohesive. It's not a cohesive community then. It's just supported groups.
(NHS staff member, Respondent 2)

Respondent 2 expressed misgivings regarding local staff awareness of how the AHEAD Project might link into state structures for local empowerment (‘That’s a step, step, step project. I don’t know if the people that are working in our Community Builder teams are thinking like that,’ NHS staff member, Respondent 2). This appears to be borne out by data in that Community Builder Respondent 19 discussed the generation of locally-led activity but did not articulate the Mechanism E function per se, and Community Builder Respondent

30 had an awareness of how existing public-sector structures might be useful in generating further activity but did not articulate this in terms of community association. Further, suspicion of public sector structures as co-opting local efforts (Community Builder, Respondent 19) and the perceived historical failure of public sector to effect social change and alleviate poverty (Local Authority staff member, Respondent 26) suggest that integration of ABCD activity with broader programmes for empowerment needs careful consideration within ABCD theory.

Local Authority staff also demonstrated a lack of awareness of Mechanism E, with one member of staff articulating the primary focus of the AHEAD project as building confidence and social networks rather than community-wide engagement (Respondent 26) and another recognising a process of ‘building up community’ that was expressed in vague terms and did not relate to a clear pathway of change (Respondent 27).

Evidence from Case Study 2 suggested a strong sense of association across local activity, with a formalised Community Association in place since the Community Centre opened in the early 1970s. The Community Association comprised twelve residents who oversaw and supported activity, as well as supporting representational groups such as the Tenants and Residents Association and Community Council (Residents, Focus Group 1). Several residents have been involved in the group for over forty years and are feeling the strain of this level of commitment as volunteers. The group was keen to encourage younger people to get involved but have had difficulty in achieving this (Community Builder, Respondent 1). This lack of younger members was ascribed to cuts to Local Authority Youth Service provision made fifteen years ago (Residents, Focus Group 1). Whilst the Community Builder was instrumental in increasing youth involvement within the Community Centre, this was limited to volunteer activity with existing groups, and had not contributed to activity at an associational level.

Via the Community Association, Case Study 2 had considerable experience of negotiating with the Local Authority, holding regular meetings with local

councillors and elected members. All group members work on an unpaid basis except for the local caretaker, who was the only paid employee in the Community Centre but worked additionally on a voluntary basis (Local resident, Respondent 3). Volunteers repeatedly described the workload as being onerous (Local resident, Respondent 3; Residents, Focus Group1) and were frustrated by the lack of new volunteers becoming involved (Local resident, Respondent 5). The AHEAD Community Builder was an invaluable contributor in addressing the lack of resources (Residents, Focus Group 1; Local Resident, Respondent 5). Most residents were aware that the AHEAD was taking the ABCD approach but did not perceive this as being different from historical community work methods.

The lack of empirical evidence of Mechanism E within AHEAD Project activity suggests that this is an issue of mechanism regularity, and/or that the pathway from activity to association needs clarification. It also highlighted a requirement for consideration of temporal change within the ABCD approach, given that Case Study 1 staff perceived that the project had not been going for long enough to generate associational activity. Examination of the successful community association in Case Study 2 also suggests the need for a pathway to participation, which includes public sector activity support across age groups, peer mentoring, the generation of a range of public sector/resident interfaces such as Councillor meetings, monthly walkabouts to identify local problems, and the building of community activism skills over time.

MECHANISM F: Associations come together to plan local vision

In ABCD theory, the development and realisation of a locally owned community vision (Mechanism F) is the long-term goal. As with Mechanism E, empirical evidence from Case Study 1 and 2 suggested no activity as a result of the AHEAD Project intervention as yet, with the exception of an ABCD Evaluation Day facilitated by the ABCD Mentor.

There was a clear commitment amongst professional staff to local decision-making on public resource priorities ('To have the communities' voice shaping those services for the future and how health and social care should be provided within a very local area: that's what we should be trying to empower these residents within these communities to do,' NHS staff member, Respondent 2) and the potential for the AHEAD Project in enabling that process ('It needs to be something that comes from inside the community, and that's what I like about ABCD because it very much approaches that,' Local Authority staff member, Respondent 26). However, two Community Builders expressed the threat that local autonomy made to public sector structures (Respondents 15 and 19) and highlighted the importance of 'disruption' rather than inclusion in public sector planning structures as an important part of a process of local empowerment.

Case Study 2 did not demonstrate evidence of regular local visioning activity, although strong neighbourhood identify and awareness of local need had resulted in several successful local campaigns for resources, which suggested an implicit understanding of the Association's role in protecting wider community interests. For example, the Community Association had fought for a new playground to be installed, a resource blocked by residents in new private housing due to concerns about antisocial youth behaviour. The group had also taken responsibility for the role of maintaining the playground facility to ensure that the community did not miss out on provision (Local Resident, Focus Group 1). The main issue preventing development of a formal local vision in Case Study 2 appeared to be a lack of personnel resources to facilitate such an event, with existing volunteers already feeling stretched by the current level of responsibility.

Two AHEAD project Evaluation Days highlighted the contribution made by voluntary sector staff to local planning, with more than 70% of attendees being paid voluntary sector workers, including housing associations, residential care units, community association, museum workers, social reporters, youth workers and a local church Minister contributing to ideas for a local vision (ABCDE

transcript, 20th June 2016). A small number of residents attended, mainly from a neighbourhood outside the two Case Study areas.

In summary, there was no evidence of locally-led visioning, although Case Study 2 demonstrated an understanding and commitment to wider community interests in their campaigning activity. Some staff and residents had attended a visioning day organised and facilitated by the AHEAD Mentor, which was able to offer the space to reflect on local goals for the future. Public sector staff believed in the potential for AHEAD to contribute to local decisions on resourcing, whilst some Community Builder staff felt it important to resist imposed structures that did not derive from residents. Voluntary sector staff appeared to offer an important contribution to local planning activity, and a strong connection to residents through their existing work activity.

MECHANISM G: Engage professionals

ABCD theory emphasises the importance of holding back professional input until the community has developed their own vision. The reason for this is to avoid the imposition of a ‘deficits’ or needs-based approach to addressing community change, and to give residents the space and time to articulate their own vision.

Evidence from Case Study 1 suggested that this mechanism caused considerable frustration amongst professional staff involved in the project, generating tensions with Community Builder staff employed at Phase 1 of the project. This was due to three main issues: the public-sector role in AHEAD project management; the tension between the development of local autonomy and the long-term sustainability of the ABCD approach; and a perceived requirement for AHEAD project integration and coordination within the wider public-sector programme for Community Empowerment.

Within the issue of public sector management, some key points were raised by the data: the tension between public sector management and ABCD Mentor ‘expertise’; and the need for a stable local infrastructure in the form of locally-

run venues and representation, and the consequent requirement for public sector resourcing towards this.

The AHEAD project was located within a Local Authority management structure, which formalised public sector involvement in the management of AHEAD employees. Although Local Authority staff were responsible for day-to-day staff management, mentoring on the ABCD approach was offered by an external, 'expert' organisation. In Year 1 this was carried out through Skype sessions attended by Community Builders without line managers being present. At times, this led to a clash between the guidance promoted by the ABCD Mentor, and that of public sector managers, with the latter group perceiving that their experience and authority was trumped by the Mentor's perceived expertise. Due to these difficulties, the process was modified in Year Two to allow all parties to attend Skype Mentoring sessions (Fieldwork Diary, 30th November 2016). This, coupled with a progressive reduction in the mentoring time for Community Builders appeared to remove the conflict somewhat, in that Community Builders in Phase 2 adopted a pragmatic approach to ABCD more akin to that of public sector staff. This was perceived by the Phase 1 CBs as 'selling out' on ABCD's radical position, adopting an agenda more palatable to the public sector.

In the Project-Wide respondent group, the tensions around AHEAD Project location within a public-sector management structure, were raised by ABCD Mentor Respondent 24. These difficulties were articulated as relating to institutional agendas and targets ('trade-offs') that may compromise local citizen-led change:

You've got outside practitioners with the support of very, very big institutions coming in and saying, 'You need a bit of ABCD: that's what this year we think the diagnosis and prognosis should be.'
(Mentor, Respondent 24)

As ABCD Mentor, instrumental in establishing the AHEAD Project, Respondent 24 commented on having been misinformed during initial conversations with public sector partners perception, having understood that there was a voluntary sector, locally-led organisation willing to host the AHEAD project, but that in

fact ‘line management of the staff was still held within the bureaucracy’ (i.e. within public sector control). A key learning point from the AHEAD pilot was described as the realisation that the project should be hosted within ‘a local association that’s trusted within the community but has a generational commitment. So, they’re not going anywhere for 20-25 years.’ This comment suggests the need for institutional, mesa-level resources within neighbourhoods for ABCD to function effectively. Hosting employees at a community anchor organisation would allow for professional input, but could avoid the tensions of direct management by the public sector. This raises interesting questions about the need for pre-existing locally-owned local spaces and venues, coupled with ‘arms-length’ relationships with public sector, and a vital maintaining of services and funding support.

NHS staff member Respondent 18 described the challenges of partnership working during the AHEAD process:

Whenever you’ve got a lot of partners involved, it’s always interesting. People forget what they’ve signed up to, backtracking commitments, you know. And there’s always different interpretations of things that have been said ... At one point I honestly felt like I should have been a United Nations peace negotiator, but I think we’re past that now.
(NHS staff member, Respondent 18)

There was no sense in Case Study 2 of the requirement to abide by Mechanism G (or ‘professionals hold back’). However, the location of the AHEAD project in a well-established local venue with a politically active Community Association, offered a significantly different environment from Case Study 1 from which to activate Mechanism G. Local Authority staff members maintained pre-existing, positive relationships with local volunteers at the Community Centre, and were visible in the local community for the duration of the fieldwork (Fieldwork diary, October 2016). Within the Centre, there was fluidity in roles between paid and voluntary work, with local paid workers such as the gardening support worker and Caretaker attending the Centre as volunteers beyond their paid work. However, the division between local and non-local was clear, with the Community Centre perceived as a place where residents could find ‘their own kind of people ... not professionals’ (Local resident, Respondent 3).

On the second theme of project integration, NHS Staff Member Respondent 2 expressed the need for professional input to enable the integration of the ABCD approach within a broader public-sector agenda for change. A concern that Community Builders resisted AHEAD location within the mainstream strategic context was a potential disadvantage:

The huge bureaucratic organisations that are key to many of those aspects of inequality that these communities face: Local Authority, now the Health and Social Care Partnership, the NHS ... they are still providing the services ... We want localities and communities to very much be the voice in how they want to shape those services and how they're provided.

(NHS staff member, Respondent 2)

Local Authority staff emphasised their considerable span of experience in working within Case Study 1 ('I'm the Community Engagement Officer for that area and have been for years and been through a really huge journey with some of the people there,' Local Authority staff member, Respondent 26). NHS Respondent 2 discussed her local involvement beyond the scope of the AHEAD Project's 3-year funding:

I've got to look at it quite cynically in a sense from my perspective in that this project could end in three years' time. And it's likely that a lot of these professionals will still be here. But this project might not be. And if we don't manage to get some sort of sustainability for aspects of that then we may reflect on this and see it was a project. So, we can't exclude all these professionals during that journey.

(NHS staff member, Respondent 2)

Case Study 2 demonstrated the Community Association's knowledge and assimilation of a range of Local Authority and Health initiatives, and the sense of 'whole community' representation was seen as vital by residents in fighting for the retention of resources. This perception of the need for an active relationship between residents and public sector suggests not only that Mechanism G should be reviewed, but that Case Study 2 might provide the means for analysis of the factors at play in such a relationship. Residents in Case Study 2 were clear on the need to take back power from public sector decision-making, to fight for dwindling resources, and to 'keep on at them'

(Focus Group 1 Respondent 7) until their voices were heard. Mechanism G can therefore be seen as a power-laden issue that would benefit from further analysis on issues of agency and empowerment.

In Case Study 2, residents had a more integrated sense of the AHEAD Project activity, and only a vague sense of ABCD as a different approach. Many respondents saw AHEAD as a means of plugging the gaps in provision left by previous budget cuts. Residents expressed the need for further local activity provision, particularly adult education, which would provide a route into Further Education. However, there did not appear to be a clear means of communicating longer-term priorities to the public sector, and the effects of historical budget cuts to adult and youth services continued to be felt in dwindling local representation.

The issue of how best to support the development of local autonomy was raised as a concern by Community Builders and ABCD Mentor, as well as Local Authority Respondent. One Community Builder echoed the need for realignment in professional ways of working ('There needs to be some massive structural changes within all these institutions, to actually take on board what local people want,' Community Builder, Respondent 15). He acknowledged both structural and meso-level challenges to enabling local decision-making ('There's actually some real structural, political - small P, big P - issues that are getting, that get in the way of citizen led change'). Mentor (Respondent 24) expressed the importance not only of professional support of ABCD in principle, but also in awareness of what the commitment requires:

It's not just morally endorsing something but also understanding deeply what is required in terms of creating the space for practitioners to work this way.

(Mentor, Respondent 24)

NHS staff member (Respondent 18) expressed frustration over institutional ethos as a barrier to effective NHS involvement projects such as AHEAD:

There's something about the NHS services that are just not generally speaking suitable for engaging with the community in that kind of a way, and I'm struggling with is it because our model is so stuck in the mire.
(NHS staff member, Respondent 18)

In the project-wide respondent group, Local Authority staff member, Respondent 16 raised the need for a different approach to working with disadvantaged communities after years of failed intervention ('I'm nearly 40 years in the job ... and it was getting no further forward. It's in the worst five per cent for health-related deprivation and poverty deprivation, so we just felt we need to do something'). In his opinion, ABCD was as important in making connections between professionals as it was for residents:

When we did this first project, the asset-based community development project and early years, the big thing for me was to make the connection not between communities first, but between professionals, because I think the ABCD applies equally in professional groupings as it does to the community itself.

(Local Authority staff member, Respondent 16)

He went on to describe the process of professionals working with residents to build a new community centre:

What we did was to help facilitate, make the ground that bit more fertile so that we could see things springing up, but the community did it, and the community feels it's done it and it's taken credit for what it's done (Ibid).

To summarise, Mechanism G appears to present an issue of mechanism regularity, since the evidence demonstrates that professional involvement - albeit problematic - has been key to the project's functioning. At the same time, this issue would benefit from further analysis of the power relationships that enable or prevent disadvantaged communities to effect social change, and how these relate to public sector structures. Consideration should also be given to where ABCD projects are best located within existing community structures: if the public sector is necessarily compromising to the ABCD ethos or a means of embedding ABCD practice more widely; or whether project location within

voluntary sector management might allow for the challenges to power structures that accompany a model of empowerment that better supports local autonomy. Such questions over how ABCD should integrate with existing, long-term public-sector resource decisions to retain local autonomy but promote local decision-making on state budgets and priorities, is a key consideration in the re-modelling of the ABCD Theory of Change.

6.6 Relating the mechanism findings to Research Question 3:

The chapter will now turn to considering the findings in relation to Research Question 3: *What are the key ABCD Context-Mechanism-Outcome (CMO) configurations which enable or hinder people to achieve wellbeing?*

The empirical evidence discussed above reveals three finding typologies within the ABCD mechanisms derived from the literature. These are: mechanisms that demonstrated evidence attributable to ABCD additionality within contextual conditions; mechanisms that had been modified by the AHEAD Project to demonstrate evidence attributable to ABCD activity; and mechanisms that did not demonstrate evidence attributable to ABCD activity. As a precursor to analysis using the Capabilities Approach in Chapter 8, the chapter further seeks to categorise mechanisms as operating at micro, meso or macro level. This draws on Capabilities conversion factors, the factors which allow a person to transform resources into achievements (Robeyns, 2017:45). Conversion factors are often described as operating at personal, social and environmental levels or micro, meso and macro levels (ibid:46; Brunner and Watson, 2015). A categorisation at this stage prepares for the Capabilities analysis, to be returned to in Chapter 8. The mechanism typologies are summarised in the Table 6.3 below.

Table 6.2 Summary of mechanism typologies

MECHANISM TYPOLOGY 1: Mechanisms that demonstrated evidence attributable to ABCD intervention			
Mechanism	Mechanism Description	Summary findings	
Mechanism B	Conversations with local people	Systematic one-to-one support required for most disadvantaged to engage	Micro
		Meeting people is contingent on availability of local venues and existing activity programmes; erosion of local programmes has reduced volunteer levels	Meso
		Socio-economic circumstance impacted ability to engage	Macro
Mechanism C	Introduce people with shared interests	Building activity is contingent on availability of venues and resources	Meso
		One-off group activities more effective with participants experiencing socio-economic barriers	Meso
		Socio-economic barriers are too complex for the most disadvantaged to sustain activity as volunteers	Macro
Mechanism D	Generate activity	One-off group activities were undertaken in Case Study 1 due to lack of community venue	Meso
		Cumulative effect of activity in Case Study 2 due to availability of community venue and experience/capacity of local activists	Meso
		Socio-economic barriers are too complex for the most disadvantaged to sustain activity as volunteers	Macro
Mechanism E/F	Building association and local vision	Timescales for building affiliation and vision are unrealistic	Temporal
Mechanism G	Professionals hold back	Holding back professional staff may impede project progress and reduce sustainability	Meso

MECHANISM TYPOLOGY 2: Mechanisms that had been modified by the AHEAD Project to demonstrate evidence attributable to ABCD intervention			
Mechanism	Mechanism Description	Summary findings	
Mechanism A	Identify Community Connectors	Difficulty identifying Community Connectors not already involved in local activity	Micro
		Decision taken to work with any residents interested in participating	Micro
Mechanism G	Engage professionals	Holding back professional engagement until the final stage of the project was seen as detrimental	Meso
		Professional support regarded as helpful by residents except with regards to engagement structures developed by public sector	Meso
MECHANISM TYPOLOGY 3: Mechanisms that did not demonstrate evidence attributable to ABCD intervention			
Mechanism	Mechanism Description	Summary finding	
Mechanism E	Build association across activities	No evidence in Case Study 1	Micro-Meso
		Limited evidence in Case Study 2. This was not attributable to AHEAD project activity as associational structures pre-dated the AHEAD Project	Micro - Meso
Mechanism F	Associations come together to plan local vision	No evidence across Case Study 1 or 2	Micro - Meso

6.6.1 Mechanism Typology 1

Mechanisms that demonstrated evidence attributable to ABCD additionality within contextual conditions

Across Case Studies 1 and 2, evidence suggested some success in achieving Mechanisms B, C and D. The achievement of these mechanisms was impacted by contextual factors, which is demonstrated by the difference in activity types between Case Study 1 and 2.

Case Study 1 showed evidence of a range of successful one-off group activities, including community picnics, clean ups and gardening activities. Local involvement in these activities frequently demonstrated a creative approach to initial engagement, characterised by informal and friendly conversations taking place in public spaces such as the park, shops or bus stops, as well as in the local school. Community Builders articulated the importance of avoiding behaviours associated with more formal, public sector activity, due to resident fears about taking on responsibility and/or becoming ‘on the radar,’ for example by the Benefits Agency. Whilst these informal relationships were successful, sustained community activity appeared to be more difficult, due to the lack of a local community venue as a focal point. Whilst the primary school was attempting to fulfil aspects of the role of local venue, this was limited due to Local Authority ownership, opening times, and access beyond parents and children.

Case Study 2, by contrast, demonstrated evidence entirely focused on sustained, regular community activity. However, activity was focused in the main on increased group membership and volunteering within existing programmes that pre-dated the AHEAD project. The local community venue was pivotal to activity; indeed, the focus on supporting existing programmes that required additional members to ensure sustainability, appeared to have precluded discussion of one-off or sustained activity beyond the Community Centre.

Both Case Study areas identified a number of residents who had socio-economic difficulties ‘too difficult’ to overcome in order that they may engage with the AHEAD Project. Getting vulnerable people out of the house was a priority, but also a significant challenge. Issues such as food poverty, domestic violence and addiction were raised by respondents across both neighbourhoods as barriers to participation.

Within Mechanism Typology 1, it is possible to identify a range of contextual factors, which impact on the achievement of mechanisms at four levels: micro,

meso, macro and temporal. These will be discussed in further detail in the Capabilities analysis in Chapter 8, where the issue of contextual factors will be assessed in terms of ‘conversion factors.’

6.6.2 Mechanism Typology 2

Mechanisms that had been modified by the AHEAD Project to demonstrate evidence attributable to ABCD additionality

Two mechanisms were identified across both Case Study areas as ineffective: Mechanisms A and G.

Mechanism A was modified during Phase 1 of the project to reflect its impracticality. This decision was taken following discussion at Evaluation Group meetings (AHEAD Evaluation Report Year 1), when project staff agreed that work with any local resident (whether already involved in community activity or not) should be eligible. This pragmatic approach to generating activity was assumed from the outset in Case Study 2, since it was a Phase 2 project.

The modification of Mechanism G did not appear to have been articulated specifically; rather, work with professionals, both public and voluntary sector, had continued throughout the project in both Case Study areas. In other words, this mechanism was largely ignored by the AHEAD Project participants. Examples of valued work with public and voluntary sector staff included the local primary school in Case Study 1, and public and voluntary sector staff from gardening and money advice programmes in Case Study 2. However, some Local Resident and Community Builder respondents across both Case Studies articulated a mistrust of public sector-led empowerment structures, such as Community Planning, and Tenants and Residents Committees, as being formulaic and tokenistic. However, Phase 2 work in Case Study 1 had involved close work with a Tenants Group that was cited as a key example of a successful outcome.

Case Study 2 respondents demonstrated involvement with a range of public sector engagement structures, articulating the importance of local activists in

assuming a positive but political relationship with public sector officials, and giving evidence of local campaigns to retain resources and requests for regular local ‘walkabouts’ where local problems could be pointed out to public sector agency staff.

The pragmatic changes to mechanisms that were found not to work in practice but were able to be usefully modified by the AHEAD Project staff, will be taken forward in Chapter 9, where the ABCD Logic Model will be re-drafted to represent findings from across the Theory of Change, Realistic Evaluation and Capabilities analyses of the data.

6.6.3 Mechanism Typology 3

Mechanisms that did not demonstrate evidence attributable to ABCD additionality

Neither of the Case Study areas demonstrated evidence of Mechanisms E and F. In Case Study 1, there was no evidence of activity groups generating association beyond their immediate scope, or of residents being ready to develop a local vision. This may be due, in part, to temporal issues, whereby the lack of existing local facilities and resources had delayed Case Study 1’s ability to generate community-led activity. The lack of development of sustained community activity in comparison with Case Study 2 suggests, therefore, that community venues and existing programmes are an essential pre-requisite to the successful operation of an ABCD programme.

Case Study 2 did demonstrate evidence of Mechanism E, with an established and high functioning Community Association, and a network of experienced local activists. However, this activity was found to pre-date the AHEAD Project, and had developed over a significant period since the inception of the Community Centre. It could not, therefore, be claimed as an additional outcome attributable to ABCD activity. Case Study 2 demonstrated no evidence of Mechanism F, the development of a local vision.

The problem mechanisms areas of E and F need to be re-considered in the re-drafting of the ABCD Logic Model in Chapter 9. Further analysis is required to explore how the pathways towards association and development of local vision might be developed. This issue will be further explored using a Capabilities analysis in Chapter 8, before they can be included in a revised ABCD Logic Model in Chapter 9.

6.7 Differentiation across respondent groups

It is useful to note how the problem typologies were articulated differently across respondent groups. Table 6.3 summarises Mechanism Typologies in relation to respondent types of Residents, Community Builders, Voluntary sector staff, Local Authority staff and NHS staff.

Table 6.3 Problems raised in relation to ABCD mechanisms shown by respondent group

Participant type	ABCD Mechanisms						
	A. Connectors	B. Convers's	C. Intro	D. Activity	E. Assoc's	F. Vision	G. Prof input
Residents	MT1 Meso	MT1 Meso		MT1 Meso	MT1 Meso	MT1 Meso	MT2
Community Builders	MT1 Micro	MT1 Micro MT1 Meso MT1 Macro	MT1 Meso	MT1 Meso	MT1 Meso	MT1 Meso	MT1 Meso R
Vol sector staff						MT3	MT2
L.A. staff	MT2					MT1 Meso	MT2
NHS staff	MT2				MT3	MT3	MT2
ABCD mentor	MT1 Micro						MT3

The pattern of responses clusters around mechanism problem areas, with three of the seven mechanisms highlighted across *all* respondents as problematic: A (Identifying Community Connectors), F (Developing a local vision), and G (Introducing professional input).

A clear difference is discernible between the contextual issues (Mechanism Typology 1) raised for the most part by Residents and Community Builders, and the mechanism regularity faults (Mechanism Typology 3) identified by professional staff. These differences may be explained by the different project roles, with those respondents responsible for direct project activity (Community Builders and Residents) concerned with the necessary resources to carry out the project; whilst funders and commissioners (Professional Staff) focused on outcomes, with a failure to deliver associated with faults in the ABCD mechanisms. It is also notable that the contextual resource problems identified by residents and Community Builders are not associated with AHEAD Project resources per se, but with the capacity and resources and broader activity base in operation within the neighbourhood setting.

Further, the ABCD Mentor did not perceive Mechanisms A and G to be problematic in the ways identified by other respondents. Rather, the lack of Community Connectors in Case Study neighbourhoods 1 and 2 was seen to be off-set by the fact that, in another AHEAD neighbourhood site (not involved in this research), there had been some success in finding Community Connectors who filled the brief of not already being formally involved in the neighbourhood. However, this should be qualified with the observation that Community Connectors in the 'successful' neighbourhood were, for the most part, people running small businesses in the area, and therefore did not fit the original ABCD brief of the role of 'community connector'.

Mechanism G was perceived to have become problematic by the ABCD Mentor due to the location of the AHEAD Project within public sector management structures, thereby creating a reliance on professional staff that was not in keeping with the ABCD ethos. The vested interest of the ABCD Mentor in selling the ABCD approach as a package across a wide geographical area and to different interest groups, is important to note. The data suggests a reluctance to shift the parameters of the ABCD approach to accommodate learning from the AHEAD Project, but rather the identification of a series of problems with the way in which the project was located and managed (and in the diminished

staff training in Phase 2), laying responsibility for ‘failure’ with public sector partners.

6.8 Key themes arising from the evidence

The findings summarised above highlight some key themes that have had a significant impact on the effective functioning of the AHEAD Programme. These are: the effects of socio-economic inequalities such as food poverty, housing, addiction and domestic violence; pre-existing community capacity and local resourcing; and the definitions and structures associated with community engagement.

The above three themes have been found to be central to the research findings and appear repeatedly in analysis of the four ABCD assumptions in the following chapter. Further discussion on the themes is therefore taken forward in section 7.5 of the following chapter, where summary findings on mechanisms and assumptions are drawn together.

6.9 Concluding summary

In summary, this chapter has identified three main typologies in relation to the ABCD hypothetical mechanisms for change. In brief, these represented those mechanisms that showed evidence of working in practice, those that worked once changes had been made; and those that did not work. This evidence suggests the need for modifications to the ABCD Logic Model compiled from the literature in Chapter 5. Further, the data suggested three important themes that impacted upon, and offer context to, the work of the AHEAD Project: those of socio-economic circumstance, local capacity and resourcing, and structures for community engagement.

In response to Research Question 3 (*What are the key ABCD Context-Mechanism-Outcome (CMO) configurations which enable or hinder people to achieve wellbeing?*), the findings of this chapter conclude that ABCD Mechanisms B/C/D have been in part successful, but that the critical long-term

goal of Mechanisms E/F were not achieved, due to a lack of detail within the mechanisms required to achieve these. A summary of the issues discovered can be found below at Table 6.4.

The next chapter will turn to examining how the mechanism findings aggregate against the three ABCD mid-range hypotheses identified from the Realistic Evaluation approach discussed in Chapter 5. It will then discuss the findings in relation to the literature explored in Chapter 2, to gain an understanding of why the ABCD hypotheses have not worked as expected. The problems identified will then be summarised in preparation for the Capabilities analysis in Chapter, with the aim of extending the social justice potentials for an ABCD approach.

Table 6.4 Summary of issues concerning ABCD mechanisms and hypothesised explanations from evidence

Mech Area	Description of mechanism activity	Perceived barrier/contextual issue	Hypothesised explanation from evidence
A	Identify Community Connectors	Difficult in identifying Community Connectors	Suitable Community Connectors already involved
		Vulnerable residents unable to engage	Non-engagement due to structural issues of poverty
		Concern over Local Authority engagement structures	Fear that LA structures will co-opt local agenda
B	Conversations with local people	Lack of spaces for engagement	Creative approach to ‘bumping spaces’ at school, bus stop, supermarkets & pop-up sites; but limited continuity of activity
		Door knocking not considered safe	CB co-working helpful
		Isolation of most vulnerable	Concern over standard of living issues such as lack of income, food or suitable housing, and safety levels
		Need for relocation of authority and power	Relocation of authority support residents; could also offer a route to guiding public sector local involvement
C	Introduce people with shared interests	Difficulty in enabling introductions without community-owned base	Relationship with school hub and other venues (e.g. faith-based) limited to specific groups and hours; lack of established activity programme inhibits progression
		Lack of time/pressure to meet targets	Unrealistic expectations of resources (CB posts part-time; partner involvement limited hours)
		Concern over ‘hard to reach’	Harder to reach needed more intensive support and a specific approach to be developed

Mech Area	Description of mechanism activity	Perceived barrier to ABCD mechanism from evidence	Hypothesised explanation from evidence
D	Generate activity Community Builders offer enabling support to activity (e.g. seed funding; venue) Activity leads to further activity	Making use of existing activity and/or local paid workers (beyond project) essential to generating activity	Project more effective when utilising infrastructure (e.g. voluntary sector workers); historical cuts to adult education and youth work activity programmes
		Lack of community space a barrier to establishing sustained activity	
		Need for support to vulnerable groups slowed activity progress	Package of support could be offered to more vulnerable (e.g. short-term structural support such as benefits supplement/increase and personal support to address barriers)
		Perceived 'culture clash' due to management of project from within LA structures rather than voluntary sector	Project might be more effectively located within voluntary sector organisation
		Lack of time	Project needs more time to establish - and particularly to engage with harder to reach residents
E	Build association across activities Activities build until community groups are formed - formally or informally	Activity groups had not yet generated association Lack of time and infrastructure	Mechanism irregularity: 'do you just end up with fifty passionate groups?'
		Strong association works well at supporting activity across community	Past establishment of Comm. Assoc. given residents experience & strength in relating to LA

Mech Area	Description of mechanism activity	Perceived barrier to ABCD mechanism from evidence	Hypothesised explanation from evidence
F	Associations come together to plan local vision Different groups assemble to develop neighbourhood plan prioritising activity	Case Study 1: Lack of residents involved. Those coming together for planning were often paid local voluntary sector or state employed workers Residents not ready.	Case Study 1: Involve all local resources to ensure sustainability and integration
		Case Study 2: No evidence of developing local vision; Community Association more reactive and immediate	Case Study 2: Lack of paid staff means
G	Engage professionals Community assigns resources and invites in professionals	Case Study 1: Professional staff should allow Community Builders to support local decision-making Professional staff should be engaged from the outset to ensure sustainability and integration of project activity within CPP and NHS Localities	Case Study 1: Early involvement of professional staff results in top-down approach Lack of involvement of professional staff results in AHEAD Project being side-lined from mainstream Community Engagement activity
		Case Study 2: Residents should make decisions on local activity and plans Professional staff are needed to support activity throughout	Case Study 2: Public sector staff should consider how to relocate power to residents wherever possible
		Project-wide: Local professionals wish to retain current power and maintain public sector targets by refusing to distance themselves until Mechanism G	Project-wide: This group comprised two employees from Nurture Development with a vested interest in the success of ABCD; however, also a case for resisting public sector targets and need for public sector to relocate power to residents as above.

CHAPTER 7 Aggregating CMO evidence against ABCD hypothesis for change

7.1 Introduction

Following on from the findings discussed in Chapter 6, this chapter will consider how the evidence on CMO findings align and aggregate against the overall change hypotheses for the ABCD approach adopted within the AHEAD Project. The chapter will begin by reintroducing the AHEAD Project Theory of Change compiled in Chapter 5, using this to map a Realist Evaluation Change Hypothesis model that draws on Pawson and Tilley's work on how to make evaluations cumulate (Pawson and Tilley, 1997). Pawson and Tilley favour a 'cumulative and iterative process of theory-building' (Blamey and Mackenzie, 2007), which seeks to identify patterns between interventions and outcomes, particularly concerned with identifying the Context-Mechanism-Outcome configurations with the most promising results. By setting out a 'top-down' view of the theoretical hypothesis for change, it is then possible to evaluate how and whether the empirical evidence from CMO configurations aggregate against this.

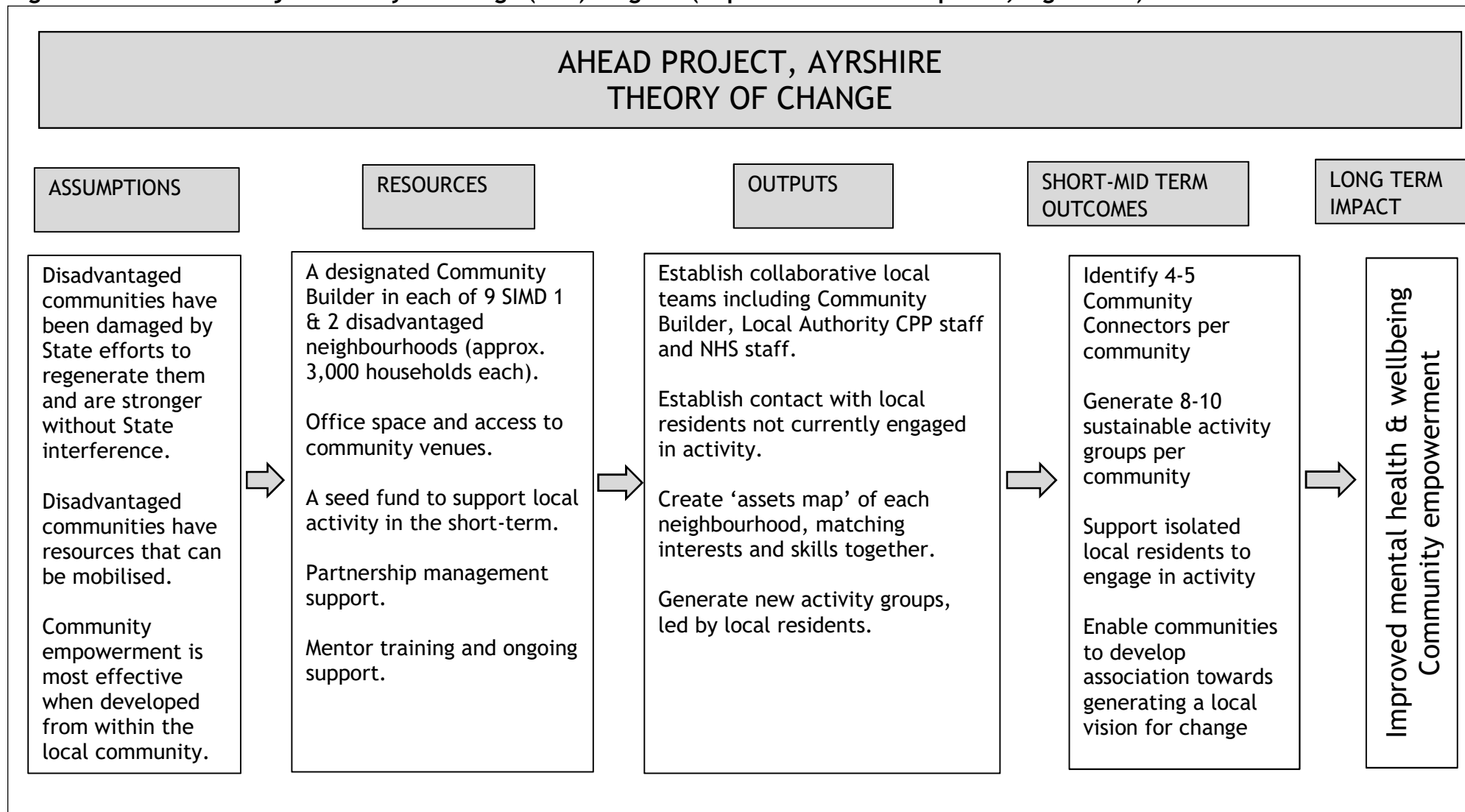
A discussion of the key emergent themes and consideration of findings in relation to Research Question 2 follows the presentation of evidence. The chapter closes with a reconfiguration of the ABCD Logic Model, taking into account the evidence in Chapters 6 and 7, and the presentation of outstanding unanswered problems in preparation for a Capabilities Analysis in Chapter 8.

7.2 Implementing a Realist Evaluation Change Hypothesis

The ABCD Logic Model mapped in Chapter Five highlights the five key stages of the ABCD approach, with seven hypothesised mechanism activities. Although an initial Theory of Change analysis took place with stakeholders early in the project (Jamboree Meeting notes, January 2015), this was not used formally beyond Year 1. This was due to a re-appraisal amongst the staff team over 'who decides' on project goals, with a strong contention by Community Builder staff that pre-defined goals would contradict the ABCD ethos. Stakeholders therefore took the decision in Year Two not to impose 'external' project goals (i.e. by stakeholders) but to allow these goals to emerge from the process of development with residents.

Despite this decision, the project did not go on to define local goals in either of the Case Study areas. This issue is discussed in relation to findings at Mechanisms E and F in Chapter 6 and is considered in relation to the overall goal of community empowerment in this chapter. However, since the original ToC project goals remained conditional to project funding and were found to be implicit in evidence from stakeholders, the ToC Diagram generated in Year 1 (re-presented below at Figure 7.1 as a reminder) is still considered useful to this research study and informs the overall and mid-range change theories in the RE Change Hypothesis model in this chapter.

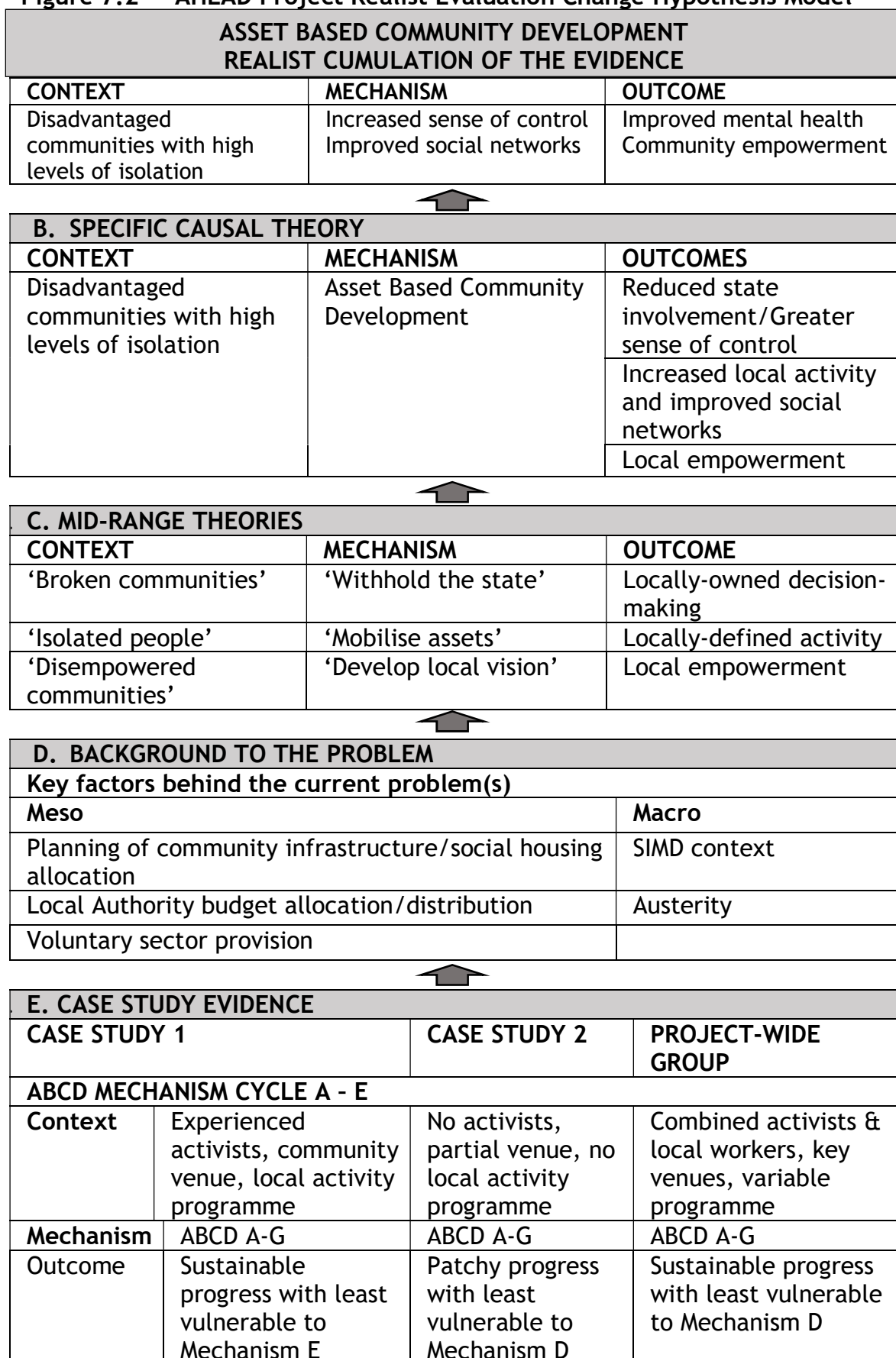
Figure 7.1 AHEAD Project Theory of Change (ToC) Diagram (Reproduced from Chapter 5, Figure 5.1)



The next stage in considering Pawson and Tilley's (1997) mantra - on which aspects of ABCD work, for whom, and in what circumstances - is to consider how the detailed CMO configurations from Chapter 6 cumulate against the broader causal theories derived during the Theory of Change process. In other words, to explore the extent to which the empirical evidence bears out those causal theories, and the contextual conditions on which successes or hindrances are predicated.

In Chapter 5, Pawson and Tilley's useful diagram on the elements of realist cumulation (1997:121, Figure 5.1) was adapted for use in this study. Although originally developed in the context of cumulating multiple evaluations, it has nevertheless offered a useful and systematic means of building an overall RE Change Hypothesis model for this single-evaluation research study. Pawson and Tilley delineate the axis from abstraction (theory) to specification (empirical evidence) by outlining a 'ladder' of five elements as: overall causal propositions, analytical frameworks, middle-range theory, empirical uniformities, and evaluation case studies. Each of these elements has been adapted for the purposes of a single evaluation, with the aim of providing a clear and systematic model that links data to theory.

Drawing on the ABCD Theory of Change at Figure 5.1 (reproduced on the preceding page) to inform the causal theories, Figure 7.2 presents the summary data for Case Studies 1 and 2, and for Project-Wide group, in relation to each of the five levels, to inform the overall hypothesis, specific casual theories and mid-range theories.

Figure 7.2 AHEAD Project Realist Evaluation Change Hypothesis Model

7.3 Analysing the empirical evidence on mid-range theories

This analysis will begin at the level of mid-range theory, since these ‘third level’ hypotheses offer the opportunity to cluster together the detailed CMO findings for ABCD as a policy intervention into broader hypotheses for change. Following a detailed analysis of the empirical evidence in relation to the three key mid-range theories (MRTs), the chapter will then turn to considering more broadly what the evidence tells us about ABCD’s specific causal theory, and finally, how ABCD performs as an intervention in relation to the overall hypothesis of change identified by NHS funders, drawing on the literature to consider the effects of its underlying discourses and its capacity for addressing long-term issues of poverty and disadvantage.

Drawing on the assumptions generated in the Theory of Change process, three key mid-range theories have been identified within the ABCD approach, summarised as ‘Withhold the state’, ‘Mobilise assets’; and ‘Develop local vision’. It is important to note that these reflect the ABCD intervention as it was implemented and experience in the context of AHEAD Project, which had not been modified pre-project for the Scottish context. For each of these, the context, mechanism and outcome of the theory will be examined, before going to explore how the specific ABCD mechanism CMOs align to support or counter these assertions.

7.4 Setting out the ABCD middle-range theories

7.4.1 Mid-Range Theory 1 (MRT1): ‘Withhold the state’

The first of the ABCD mid-range theories aligns with the TOC assumption that disadvantaged communities have been damaged by state efforts to regenerate them and would therefore be stronger without state interference.

The CMO configuration for the theory suggests a *context* of damaged or ‘broken’ communities, disenfranchised by state policies of regeneration. The proposed *mechanism* to address this is a withdrawal of state intervention until the local community has achieved the *outcome* of developing their vision for change and allocating resources, at which point state services could then be invited in.

7.4.2 Mid-Range Theory 2 (MRT2): ‘Mobilise assets’

The second mid-range theory concerns the supposed presence of under-utilised skills and resources in disadvantaged communities.

The context for the mobilisation of assets is that not only are communities disadvantaged by a lack of resources, but that local people are further isolated by not having the opportunity to use and develop their existing skills and interests, by a professionalisation of problems and expertise to solve them. The outcome of asset-mobilisation is stronger social networks and increased activity in those areas of most interest to residents.

7.4.3 Mid-Range Theory 3 (MRT3): ‘Develop local vision’

The third ABCD mid-range theory relates to the goal of developing a locally-owned vision for change. Within a context of disempowered communities, the ABCD mechanism proposes to develop local activity until the local neighbourhood builds association across community groups and develops a shared local vision for the change. The proposed outcome is that of local empowerment, where residents articulate their priorities and can call in resources to help address these.

7.5 Presenting the empirical evidence on middle-range theories

The chapter now turns to examining the empirical evidence from Case Studies 1, 2 and Project-wide respondent groups to consider how the practical application of the ABCD approach aligns with the theoretical change model. Following this, consideration is made of the problem types that arose, and how these relate to the various stakeholder groups that participated within this research study.

MID-RANGE THEORY 1: ‘WITHHOLD THE STATE’

The first ABCD mid-range theory proposes that disadvantaged communities have been abandoned following the repeated failure of state interventions. This failure is characterised by a professionalisation of social problems, rendering

communities unqualified to address their own needs. ABCD suggests a move away from this 'deficit' approach, to one which values the skills and attributes held by residents, in a bid to take back control. Criticism of this assumption contends that blaming state intervention for the worsening problems of poverty justifies further cuts to already beleaguered communities. Such criticisms seek alternative reasons for the demise of poor communities, such as the dearth of income due to joblessness and reduced benefits, and the associated need to address broader societal inequalities; and a lack of long-term planning and consistency of approach.

In both case studies, evidence appears to contradict the hypothesis for state withdrawal, perceiving this as absolved responsibility for intractable problems rather than an opportunity for community ownership. This is likely to reflect the more benign State context for assets approaches in Scotland, which was discussed in Chapter 2 (2.5.4.). Proponents of assets approaches in Scotland have maintained the need for structural changes alongside assets programmes and have proposed assets approached primarily as a means of giving communities more power over decision-making on service delivery. Further, resistance in the AHEAD Project to holding back the state reflected an engaged state workforce 'on the ground,' who were quick to point out that they had been on site before the establishment of the AHEAD Project, and were likely to outlive it as well, due to positions of permanent employment rather than AHEAD's fixed-term funding. The Scottish context also reflects the will to govern differently from the austerity measures inherited from Westminster, using their powers in some cases to offset Westminster decisions (e.g. offsetting bedroom tax, discussion on increasing parental benefit levels as part of the Child Poverty (Scotland) Act 2017).

Respondents commented on the rise in financial difficulties due to austerity measures, exemplified by the increasing use of food banks (Residents, Respondents 3 and 5) and uptake of local services such as money and welfare advice (Voluntary sector worker, Respondent 4). Physical maintenance of housing was perceived as poor, due in part to the increase of private landlords and temporary residents, and in the poorest parts of the community, the

policing of violent and antisocial behaviour had dwindled due to the withdrawal of community police funding.

In Case Study 1, state cuts were articulated in terms of neglect. In relation to Mechanism B (conversations with local people), Local Authority Staff Member Respondent 22 spoke of acute levels of deprivation (SIMD, 2015) amongst local children and families:

Most of our children are in 1. Nearly 80 per cent are in Decile 1. Whatever measure you want to use it's always the most deprived ... It's crime, education and health, unemployment; we are the most deprived whatever way you look at it.

(Local Authority staff member (non-CPP), Respondent 22)

Despite Respondent 22's description of 'dire poverty' in a neighbourhood 'ridden with crime and violence,' she was at pains to point out that deprivation was not an indicator of a lack of 'community spirit', stating that 'it's a really good community' and that it was important to help people there 'achieve as much as possible.' However, she observed that vulnerable residents would not be able to engage with the AHEAD project in the way foreseen by the Mechanism B intervention, whereby Community Builders would support residents to organise activity for themselves. Respondent 22 gave an alternative example of a successful intervention operating within the local primary school with vulnerable young mothers, offering intensive support and wellbeing activity with no obligation for participants to take on roles of responsibility with regards to the wider community.

Several respondents further exemplified the issue of neglect by police non-response. Respondent 22 described parts of the neighbourhood as having become 'no go' areas, or neighbourhoods with difficulties seen as too challenging for police intervention to have any impact:

It's trying to get the police to understand that they (residents) are living crap lives and that's not a reflection on them. It's just the situation they are in and you don't just dismiss because it's (*Case Study Neighbourhood 2*): 'Oh it's fine, it's (*Case Study Neighbourhood 2*). It doesn't matter if someone is getting battered next door.'

Local Resident, Respondent 23 also highlighted this issue, stating that ‘there’s a perception in the local community the police aren’t going to do anything. There’s no point in reporting something unless it’s a murder,’ describing budget cuts and a reduction in local policing personnel as contributory factors.

Neglect was also discussed with reference to the physical decline in housing stock since the scheme was completed in the early seventies:

They’ve gone through the hopes of newness and hopes of all the expectations they had, and they’ve just seen it all kind of decay round about them.

(Local resident, Respondent 29)

Respondent 29 suggested that the community should be knocked down and rebuilt but stated that ‘this would just start the same cycle again unless it were treated differently from the beginning, unless it were a human-looking place.’ Respondent 23 expressed concern that the decline was the fault of private landlords, who were not obliged to maintain properties to a high enough standard, rather than of residents themselves.

Further evidence of physical neglect was described as a lack of maintenance by the Local Authority in response to closes with broken windows, rubbish, ‘drug paraphernalia’, graffiti and dog faeces. One resident described a local campaign to encourage residents to call 101 to report problems as these calls would be logged and would therefore require action by the Local Authority on a legal basis: the only means of effecting action.

In Case Study 2, the picture was less bleak, despite the earlier observation on the increased use of food banks. However, data suggested that resources were increasingly stretched. Respondents described the effects of historical cuts to adult education and transferred resources to youth provision (Residents, Focus Group 1) and further cuts to voluntary sector provision such as welfare advice imminent (Local Resident, Respondent 3). These cuts were perceived as impacting adversely on Mechanisms E and F, where residents would previously have had more opportunity to broaden their scope and understanding of

community action through a process of politicisation, offered both directly and indirectly through engagement with adult education.

In addition, structural problems were putting further strain on more vulnerable residents, increasing food bank use (Residents, Respondents 3 and 5) and highlighting money problems (Voluntary sector worker, Respondent 4), both of which impacted on people's ability to engage with community activity (Mechanisms C and D). Case Study 2 Community Centre remained a vital physical asset and a locus for activity, and was key to the success of Mechanism D.

These issues suggested revision to Mid-Range Theory 1 to reflect the issue that the communities were not 'broken' but were under strain due to repeated cuts at macro and meso levels.

In Case Study 1 there was a strong perception from the data that previous policy interventions had failed:

We'll just fling money at you. In reality, when funding stops, you go, actually, what's changed? To be honest, not very much. People might be a bit more able to get a job or whatever, but in the whole idea around community ... not much has changed.

(Local Authority staff member, Respondent 26)

The Project-wide respondent group identified as problematic the lack of expertise amongst public sector staff, particularly those working beyond the immediate scope of the AHEAD Project, who had a limited understanding of the empowerment principles of ABCD and were unlikely, therefore, to reinforce an enabling approach across other public-sector services. This is relevant to the achievement of Mechanism E (association-building) as an outcome and relates back to the previous issue around cutbacks to state-run programme of adult and continuing education.

It is worth noting that the Project-wide group comprised the ABCD Mentor and a Community Builder who had begun work for the Mentor agency at the time of research, who together made up half of the Project-wide group's constituents.

At the time of the research interviews, the AHEAD Project was perceived as under-performing against predicted targets (AHEAD Evaluation Report Year 2); the two Project-wide group members involved in mentoring directed criticism at a lack of understanding of the ABCD method by Local Authority partners as the cause of this, but could also be seen to have a vested interest in protecting the reputation of the ABCD method itself, since the commissioning of this and other ABCD programmes was generating a significant income for both. Interestingly, other respondents (NHS Staff member, Respondent 2; NHS Staff member, Respondent 18; Local Authority Staff Member Respondents 13 and 14) were critical of the ABCD method itself as not being able to deliver what had been promised.

An extension of the theory that disadvantaged communities have been damaged by state intervention is the hypothesis that communities are stronger without state interference. ABCD theory states that social problems in disadvantaged communities have been commodified, and rather than re-assessing the state's approach, communities will fare better by holding off professional 'interference' until they have developed their own vision for change, at which time they may choose to 'invite professionals in' to assist in areas that cannot be addressed by local means.

The research evidence contradicted this theory, suggesting that case study neighbourhoods were weaker physically and socially due to the withdrawal of state services. However, local respondents perceived that state services needed to be re-framed through dialogue with residents, giving an opportunity to build local capacity through a supportive process. Case Study 1 demonstrated the reduction in younger activists emerging (Mechanisms D/E) due to cuts in state sector education programmes; Case Study 2 showed little evidence on the ground of a long-term and coordinated activity (constraining the achievement of Mechanism D through lack of venues and existing activity frameworks). The majority of respondents believed that it was important for an ABCD project to closely integrate with existing activity, with the purpose of ensuring a commitment to long-term local planning and coordination of resources and expertise. Three respondents, however, one from Case Study 1 and two from

the Project-Wide group, expressed the tensions between Local Authority and local communities as prohibitive to positive activity.

In both case study areas and the Project-wide group, the issue of resource cuts loomed large, with budgetary restrictions seen as weakening the most vulnerable, and diminishing the opportunity for residents to engage at all (Mechanism B). In Case Study 1, public sector staff described frustration at budget cuts ('People are getting squeezed and squeezed,' NHS Staff member, Respondent 2) and highlighted the difficulty of promoting an ABCD approach during a climate of austerity. In the current environment, where 'NHS books don't balance for the first time ever and you have to get a loan off the government' (NHS staff member, Respondent 2), public sector staff were unlikely to espouse new ways of working with disadvantaged communities, and more likely to 'retrench' and return to more minimal, 'medical' interactions.

In Case Study 2, structural issues were perceived as beyond community control, although local volunteers attempted to address the immediate problems that manifested as a result. For example, administration of food charity was undertaken locally, even though residents strongly disapproved of the need for such provision:

We are a food bank place. And we are so busy and that in itself is absolutely shocking in this day and age that we need that. Most of the people that's coming through to get the food parcels are ones that's got their benefits getting sorted out

(Local Resident, Respondent 3)

Equally, the problem of drug addiction was seen as intractable ('They need to start with the dealers. And I don't know how they're going to do that, I really don't,' Local Resident, Respondent 3), with residents stepping in to support neighbours unable to care for children, due to addiction:

As a neighbour or as a community, they will look after these children. I've seen that happening. There is a lot more now: in here we have a kinship group ... helping grandparents and aunts and uncles that's looking after families where there's a drug problem.

(Local Resident, Respondent 3)

The problems of structural poverty were also raised by a respondent in the Project-Wide group, describing the increasing vulnerability of the poorest, exacerbated by meso-level cuts and the austerity agenda.

Public sector staff in both case study neighbourhoods felt it vitally important that the AHEAD Project engage with existing local plans, to promote visibility and give residents every chance to engage with state-led decision-making structures ('It's not a bad word to be a professional working in a community there trying to offer support,' NHS staff member, Respondent 2). However, this contrasted with the view of one Community Builder, who felt that state consultation structures paid lip-service to local autonomy, and that state perceptions of appropriate community work compromised the ABCD ethos (Community Builder, Respondent 19).

Case Study 2 residents retained a strong sense of local identity, and the need for solidarity and resistance to the state. However, alongside this was an awareness of the need to engage with state mechanisms for local representation and consultation, and the community actively participated in such structures (Local Resident, Respondent 3; Residents, Focus Group 1).

Respondents in the Project-Wide group stated that the AHEAD projects needed longer to effect change, and that this could have been assisted by allowing the Community Builder themselves to locate the most appropriate host organisation for the work, rather than locating projects with the Local Authority Community Planning teams ('If you give a community builder a year in post, they would find the best host in each neighbourhood').

To summarise, evidence relating to ABCD Mid-Range Theory 1 strongly suggested that a context of dwindling state resources had led to a decline in the physical and social fabric of Case Study 1. Evidence also suggested that the community was not 'broken' in terms of lack of social interaction or 'community spirit,' but suffered deprivation due to a severe lack of local investment. ABCD Mid-Range Theory 1 therefore requires reappraisal in the light of the empirical evidence,

to consider the contextual factors at play within and beyond the community, and how these may hinder the effective functioning of the AHEAD project.

Further, the evidence relating to the issue of community strength without state interference found that the state had an essential role in supporting disadvantaged communities, and that assuming otherwise could be dangerous in advocating a perception of state failure which leads to reduced resources. As with Mid-Range Theory 3, the way in which the state chose to interact with disadvantaged communities was key, and issues of power in designing the structures of engagement required significant attention.

MID-RANGE THEORY 2: 'MOBILISE ASSETS'

ABCD literature suggested that, due to a stigmatising, needs-driven response to social problems, disadvantaged communities had come to believe 'that their well-being depends upon being a client' (Kretzmann and McKnight, 1993:2). This 'deficiency orientation' resulted in residents believing that their problems could only be addressed by outside professionals and prevented the recognition of local skills and 'giftedness,' particularly amongst the most marginalised. The mapping of local skills, Kretzmann and McKnight argue, will reveal 'a vast and often surprising array of individual talents and productive skills, few of which are being mobilized for community-building purposes' (6). The ABCD approach therefore advocates for the development of strong communities 'where the capacities of residents are identified, valued and used' (13).

Empirical evidence suggested that some residents were willing and able to get involved in local activity. In Case Study 1, the main areas of success for such activity focused on group events and social activities, such as gardening, picnics and barbecues (Community Builder, Respondent 19). Group activities which developed organically, such as a gardening project which had led to the donation of an orchard to be tended by a local gardening group of parents and schoolchildren, were most sustainable, avoiding too much responsibility on any

one resident, and allowing for ‘institutional’ support through timetabled school visits. Community Builder (Respondent 19) saw the combination of skills development with social interaction as key and had a long-term vision for generating local income through a Co-operative.

This view was supported by evidence from Case Study 2, where the Community Centre offered a wide range of activity organised and produced by residents, some of which (Special Needs support group, Lunch Club, Community Café, Holiday fundraising) had operated since the Centre opened forty years ago (Community Builder, Respondent 1; Residents Focus Group 1). This said, the erosion of local activity due to historical resource cuts had diminished involvement amongst youth and working age populations (Residents Focus Group 1; Local Resident, Respondent 5).

Although youth activity was seen by Local Authority staff as being supported through an ongoing budgetary commitment (Local Authority staff member, Respondent 13), the fact that resources had been diverted from Case Study 2 Community Centre to the Youth Centre in a neighbouring area was seen by residents as having directly impacted youth involvement in Case Study 2 (Community Builder, Respondent 1; Focus Group 1). The AHEAD Project had carried out some initial work targeted at bringing young people from the Redburn Centre into the Case Study 2 Community Centre to support activity in the Special Needs support group and Lunch Club activities. It was felt that this work needed to be sustained to ensure the continued involvement by a new generation of residents. Respondents also highlighted historical cuts to adult and community education as detrimental, with the programme of ‘learning’ activity having been entirely cut during the 1990s. Focus Group 1 commented on the beneficial effect such activity had on skills for employment. The group also highlighted the increase in temporary accommodation as a hindrance to sustainable local activity.

As with Case Study 1, Case Study 2 residents identified the progressive development of community activism skills as key to sustainability, with many respondents referring to the importance of peer learning, as well as the

cumulative effect of skills development in a community venue which includes the provision of activity alongside opportunities for local activism and representation (Residents Focus Group 1; Local Resident, Respondent 3; Local Resident, Respondent 5). Respondents had often not intended on becoming volunteers but having attended activity became aware of the need for local support to sustain activity levels. Several older residents expressed concern that they could not continue with the level of volunteer activity due to age, with one recently incurring ill-health due to pressure on time as a volunteer, and the Community Centre Chair described as ‘not allowed to retire’ due to a lack of replacement (Local Resident, Respondent 3). In summary, there was considerable support for activity in Case Study 2, with most of the local programme run by local volunteers and having been established at the opening of the Centre. However, residents were concerned that the cutting back of Local Authority resource to Community Centre put undue pressure on residents, many of whom would be time-limited in their contribution due to age, and this erosion was preventing young residents from joining.

The evidence from Case Study 2 suggested that a coherent and continuous programme of local activity was an excellent source of skills development, but that targeted resourcing of programmes by the Local Authority was required to avoid residents becoming swamped and developing a volunteer base across diverse age and interest groups. An established community venue in Case Study 2 had offered a key focal point for ABCD activity, and the existing confidence and skill of local activists gave a strong base on which the AHEAD Project could build. The resourcing of local infrastructure is therefore an important contextual consideration in the ‘release of assets.’

Another key theme emerging from the evidence in relation to releasing local skills and assets related to more vulnerable residents in both case study neighbourhoods. In both cases, more vulnerable residents were described as needing considerable support to resolve personal issues before they would be ready to initiate activity themselves (Local Resident Respondent 3; Residents Focus Group 1; Local Authority staff member (non CPP), Respondent 22).

In Case Study 1, Respondent 22 discussed stressful living conditions, particularly in relation to women experiencing domestic violence and the need to ‘find solutions to their lives.’ She described a staged and inclusive process of support in the local school, beginning with initial one-to-one contact (‘a conversation in the playground might be someone else’s first step’) and progressing through group meetings towards certificated local adult education programmes. This process was largely drawn together informally by the school (‘we are trying to get people to know that they can come to us and we can do things in here’), accessing existing resources from voluntary sector paid workers and working beyond the school remit: ‘A lot of the things that we do we don’t actually ask permission to do, we do it because... it will have an impact on the community and on the children coming in’ (Respondent 22).

Respondent 22 also highlighted the difficulty in gaining access to residents more generally in Case Study 1 (‘It is difficult to access people, but it’s also difficult for people to understand that they can come in here’), with no local venue as a focal point. She noted that older residents are particularly isolated (‘Older people ... don’t really attend things. I don’t know whether they are scared to come out of their house, but ... we are not able to get them in easily’) and observed that the pace of change was likely to be slow, given a history of local disempowerment:

You are starting with people have never been able to have a voice for themselves and who have never thought they had a voice ...people who have never thought that they could do anything to change the situation they are in.

(Local Authority staff member (non-CPP), Respondent 22).

The difficulties associated with involving vulnerable residents were echoed by evidence from Case Study 2. The problem of increasing food bank usage was seen as resulting from Austerity measures, which had removed self-sufficiency and dignity from residents (Local Resident, Respondent 3). Although food bank users entered the Community Centre, they were perceived to not wish to engage with other activities due to the shame associated with food poverty (Community Builder, Respondent 1). Addiction problems were articulated as a

serious concern, with residents, particularly grandparents, stepping in to help others who were unable to care for their children due to addictions (Local Resident, Respondent 3). The Community Builder stated frustration at not knowing how to influence structural decisions over residents' future, giving an example of a resident who used the Community Centre being moved to supported housing in another town against her will (Community Builder, Respondent 1).

The issue that many residents faced structural problems with housing, employment, health and food access that were more urgent than volunteer involvement was also articulated by the Project-wide group. Although respondents expressed the importance of continuing the attempt to engage with 'harder to reach' groups, there was a perception that these barriers were too difficult to overcome with an ABCD project alone.

In relation to Mid-Range Theory 2, therefore, evidence suggested that the most disadvantaged communities need additional structural support and resources to address inadequate living conditions, domestic violence and addictions before they would be ready to contribute directly to community life through ABCD. Whilst mutual support through group activities was beneficial, significant socio-economic difficulties needed to be addressed before vulnerable residents could participate. Activity was perceived as best focused on these areas of initial support, and the school had established support to vulnerable parents in association with a Voluntary Sector organisation.

MID-RANGE THEORY 3: 'DEVELOP LOCAL VISION'

The ABCD approach articulates the importance of community empowerment as an 'internal' process, building skills, confidence and association until residents are ready to develop a local vision for change (Kretzmann and McKnight, 1993: 9). Research data suggested that whilst local empowerment was important, this could not be achieved solely 'from within,' but required considerable support from appropriate external sources, such as grassroots voluntary sector agencies,

and the continuity of state resourcing to provide crucial pathways to skills development. Alongside this was a strong perception that the state was failing to support the community in both case study areas, either through neglect, or through the establishment of consultative structures not perceived as effective.

Most residents in Case Study 1 were not perceived as ready to generate power for change, either individually or from within the immediate community, requiring support in the form of local activity, one-to-one advice and advocacy, and structured learning programmes. Ongoing assistance was also required with structural issues such as housing, health and income.

Several respondents raised the issue of a lack of hope that the community will change ('In a lot of the community there's no real hope,' Local resident, Respondent 20; and 'It's no longer a comfortable place to be,' Local resident, Respondent 29). Two respondents spoke of the role ABCD might play in enabling residents to build identity ('I think a big problem in the community is that people struggle with answering that question of 'who am I?'' Local resident, Respondent 21) and express themselves ('We have to try and get people to express themselves for to find out what is their gifts so that they can feel like they are respected if you've got self-respect then it can bring a lot out of somebody' Local Resident, Respondent 20).

However, this work was resource-intensive and time-consuming:

It's slow because there's a confidence thing ... You've got to take time with people because that can put the frighteners ... they've got to be comfortable and feel ready ... we can't run before we can walk.'

Local Resident, Respondent 20).

In conclusion, there appeared to be little evidence on the ground of sustained locally-generated community organisation in Case Study 1 yet, although given time, local staff (Community Builder, Respondent 19; Local Authority Staff Member (non CPP), Respondent 22) perceived that the ABCD approach could be valuable in generating power from within the community. At the same time, concerns over structural poverty, service cutbacks and neglect were more immediate, and eclipsed any expectation of generating activity with Case Study 1's more vulnerable residents.

Case Study 2 had a strong history of community activism and representation. However, activists had been obliged to fight for power and perceived that they were not listened to by the state ('You need to keep on at them (sic). Keep on at them, and keep on at them, till they get fed up,' Local resident, Respondent 7). Case Study 2 residents demonstrated a good awareness of CPP structures and the Community Empowerment agenda, and that local representatives needed to be strong and organised to resist being over-ruled in decision-making processes ('(Community Association Chair) will tell the Councillors exactly what she thinks and what's needed,' Local Resident, Respondent 3). One respondent commented specifically on the lack of local power with regard to Local Authority spending priorities, at a time when their neighbourhood was being adversely hit by austerity: 'Cunningham House ... and Saltcoats Town Hall ... they spent millions on that' (Local Resident, Respondent 3).

The AHEAD Project was having a useful role in supporting residents to resist Local Authority consultation structures in Case Study 1 (Community Builder, Respondent 19) with a perception that residents were 'put in place' and worked to a pre-determined, external agenda:

I was given a list of people to work with ... South Ayrshire Council had done 'this is how we engage with our communities: we do Tenants and Residents, we have the Case Study 1 Area Regeneration Forum, Community Councils.' So, we were sent to them, and they all had an agenda.

(Community Builder, Respondent 19)

Project-wide respondents also highlighted the power tensions between public sector engagement structures and locally-led change: 'Development is a problematic term in the literature as well ... because it is a question of power,' (ABCD Mentor, Respondent 24).

A perception in Case Study 2 that social problems were worsening was a direct threat to the community's ability to generate power and advocate for change. Residents' perceptions appeared to be borne out by the deterioration in SIMD statistics in crime and health demonstrated across Case Study 2 data zones

between 2001 and 2010 (SIMD, 2001 and 2010). Whilst the exacerbation of social problems was described in part as being due to intractable structural problems of poverty at a macro level (Local Resident, Respondent 3), they were also articulated as being the result of a lack of public sector maintenance or priority (Residents, Focus Group 1). There was a shared conception across Case Study neighbourhoods that vulnerable residents were often ignored by state services, beyond the most basic provisions:

The council disregard a lot of it ... They just want to brush it under the carpet and not think about it. Get people into a house, give them benefit, and let them get on with their life.

(Local resident, Respondent 20)

There was a strong perception amongst respondents from Case Study 1 that voluntary sector workers and Local Authority non-CPP staff were attempting to generate resources and work creatively to deal with complex structural problems beyond their remit (Community Builder, Respondent 19; Local Authority (non-CPP) staff member, Respondent 22). This had generated solidarity amongst grassroots paid staff coordinating their work ‘on the ground’ and allowed staff across different sectors and agencies to work collaboratively.

In summary, then, the development of local power was vitally important, but this was described as requiring time and external support to build sustainable structures for representation and locally-owned change. Whilst Case Study 2 had a pre-existing network of local activists and a focal point for activity, Case Study 1 was at a much earlier stage of progress, organising activities to generate initial local interest in involvement. In both case study neighbourhoods, residents and local workers articulated the need for local power to voice opposition to resource cuts and ineffective structures for engagement, rather than ABCD’s less politically articulated ‘local vision for change’. State involvement was regularly articulated as either neglectful, or as imposing ‘top-down’ structures, rather than as an enabler of community-led power.

A summary of the findings described above can be found at Table 7.1 on the following pages.

Table 7.1 Summary of issues raised in relation to ABCD Mid-Range Theories

No.	Description of hypothesis	Case study evidence
Mid-Range Theory 1	'Withhold the state'	<p>Case Study 1: Community has been abandoned by state evidenced by lack of maintenance and lack of community provision (venues and programmes). State could offer a coordinating role to service provision but does not. Structural problems related to poverty are severe and include food poverty, lack of housing maintenance, violence, drugs and addictions. There is a lack of community venues to support local activity (school and churches offer some access). Community participation limited to faith groups and parental involvement through the Primary School. Lack of state resourcing for maintenance. Overwhelming socio-economic difficulties are being compounded by service cuts and austerity measures.</p>
		<p>Case Study 2: Community activity functioned more effectively before resource cuts or re-direction of funds resulted in diminished activity and over-stretched volunteers. This has affected youth provision and community education, a key pathway to local activism. Physical asset development has potential to lead to more redistributive assets work (E.g. Case Study 2 community centre).</p>
		<p>Project-wide: Public sector staff need training in the type of public sector support required. Conditions of building community strength include choosing the right host organisation Socio-economic difficulties can overwhelm efforts to foster local involvement</p>

No.	Description of hypothesis	Case study evidence
Mid-Range Theory 2	'Mobilise assets'	Case Study 1: Significant socio-economic difficulties (addiction, domestic violence, food poverty) prevent the release of assets. Community activity was perceived as best focused on these areas of need initially.
		Case Study 2: Historical erosion of public sector service has diminished local involvement amongst youth and working age population. Existing volunteers are already stretched.
		Project-wide: Structural problems prevent involvement 'Hardest to reach' should be prioritised
Mid-Range Theory 3	'Develop local vision'	Case Study 1: Little evidence of locally generated community power. Communities can generate power where there is ample service provision and with support through a process of empowerment. A perception that this is best support by voluntary sector or 'impartial' organisations rather than public sector. Generating 'power' cannot be achieved without concurrent policy to address socio-economic difficulty.
		Case Study 2: History of community activism. Activists fight for power and perceive they are not listened to by the state. Case Study 2 demonstrates awareness of CPP structures and the Community Empowerment agenda. Structural issues are perceived as beyond community control (e.g. food banks, austerity cuts, drug problems).
		Project-wide: Power tensions with and between public sector prevent local decision-making.

7.6 Analysing the evidence findings in relation to the literature

Following the presentation of empirical evidence in relation to the three ABCD Mid-Range Theories, discussion will now move to considering how the literature explored in Chapter 2 can further illuminate the problems identified. The section will consider in turn each of the key problems surfaced by empirical evidence in relation to the three Mid-Range theories, articulated respectively as the need to: challenge state retrenchment, prioritise socio-economic difficulty, and configure pathways towards a locally owned vision for change.

7.6.1 Challenging State Retrenchment

The key issues concerning ABCD Theory 1, ‘Withholding the state,’ relate to the concept of holding back the state due to perceived policy failures of the past. This theory was found to be problematic for three reasons: first, state-employed professionals involved in the project had been working over a number of years prior to the establishment of the AHEAD Project and were likely to continue in their roles beyond the funding scope of AHEAD. Preventing their involvement was therefore widely seen as detrimental to progress within and beyond the scope of the AHEAD project; second, some State interventions were viewed with intense suspicion by local residents and grassroots workers - in the main, this related to Local Authority and NHS ‘top-down’ strategies and structures for community engagement, rather than state provision of education or community activity, which was widely welcomed; and third - related to the second point - local activists within the more successful Case Study 2 repeatedly observed the value of state provision in offering a participation and empowerment ‘pathway’ for local activists, primarily through adult education provision that had since been cut, but extending to any state-led activity as this was perceived as well-run and sustainable.

These points throw up some interesting questions in relation to the theory explored in Chapter 2. The first regards the direct transplantation of the ABCD intervention from the U.S. context, where a lack of welfare provision and a significantly less

supportive environment for community empowerment exists than in Scotland. In the Scottish context, public sector staff, particularly those working in front-line positions, had often been employed for a number of years and had pre-existing supportive relationships with the AHEAD neighbourhoods. Though the success of the Christie Commission's (2011) commitment to transforming public sector provision may not yet be demonstrated, the Scottish Government has nevertheless repeatedly attempted to include communities in decision-making (Rolfe, 2016). This explains in part the disagreement amongst public sector staff with the AHEAD staff's initial policy of withholding state involvement in activity.

Moreover, local perceptions on 'what's wrong' with state provision centred largely on efforts to mainstream and roll out 'local empowerment' opportunities that shortcut the dialogical engagement that lies at the heart of effective activism. The experiences of local activists in Case Study 2 specifically cited the importance of critical pathways offered, for example, by state-run adult education and youth services that had since been cut. Across both case study neighbourhoods, state provision in the form of 'add-on' family activity in primary schools, gardening and mental health advocacy was widely viewed as successful and demonstrated a sustainable architecture of support for ideas generated through the AHEAD Project's activity.

This leads on to Newman and Clark's (2009) work on creating the 'imaginary spaces' in which the State's role can be reinvented. Newman and Clark observe that the state has been 'commodified, marketised and managerialised, and seems to ignore the human relationships at stake in its encounters with citizens' (153). The implication of the British state in a neoliberal project that seeks to restructure on market lines also suggests that it is possible for the same state to reinvent itself according to citizen dialogue and dissent if these right spaces can be created for participation. Many of the problems that a project like AHEAD is asked to address have their causes in a climate that has stigmatized benefits and taxes and outlawed the opportunity for redistribution. The role of the state might be reimagined to combine progressive and ethical alternatives to privatization with

material resources to explore new possibilities. Clark and Newman point to the need to increase democratic legitimacy, including close attention to the ideological language employed at state level, and a broadening of the opportunities for dialogue that can inform state action. This would necessitate a commitment to addressing power inequalities (Polletta, 2014) as well as potential to consider the benefits of a volunteer/activism continuum that recognises the value of both weak and strong ties (Eliasoph, 2012).

Learning from the experience of activists in Case Study 2, a healthy capacity for dialogue and dissent was built over years of training and apprenticeship, requiring a broad range of opportunities for involvement at different levels. Most activists had benefited both from critical adult education, delivered at a local level (but interestingly, not necessarily focused on community development), and had undertaken several years of ‘apprenticeship’ wherein they were supported members of a community group, encouraged to assume increased responsibility over time. Cutbacks to state provision of both adult and youth education in the previous decade had eroded the activism pathway and resulted in a dearth of new residents coming forward.

Findings suggested that both Local Authority and NHS should seek diverse and imaginative means of engaging the public in dialogue wherever they can. Examples of such activity were being promoted -through the Scottish Government’s Community Empowerment Act (2015), for example - but dwindling resources and a dearth of community-led venues to carry out sustainable activity also suggested that communities needed urgent support to secure local hubs and build sustainable activity.

7.6.2 Prioritising socio-economic needs in local policy

In relation to the second mid-range ABCD theory - that assets are available, ready to be ‘mobilised’ in disadvantaged communities - two key barriers to the achievement of the theory were identified from the empirical evidence. The first

concurred with evidence from the previous section, that meso-level resources were key to establishing pathways for residents to initiate and sustain activity. Since this issue has been discussed in some detail in the previous section and will be returned to in Capabilities findings in Chapter 8, discussion will now move to consider the other main barrier to ABCD activity: namely, that the most vulnerable residents were unable to participate in assets approaches due to socio-economic difficulty.

It is useful to step back at this point, and to reconsider the initial reasons for employing an ABCD invention within the AHEAD Project in Ayrshire. Assets approaches were funded and employed by NHS Ayrshire and Arran specifically as a means of alleviating issues of mental stress. The NHS Ayrshire and Arran Mental Health Strategy 2015-25 recognised that an increased sense of control over the decisions affecting one's life and environment could generate a positive effect in addressing problems of loneliness and isolation. However, whilst the links between mental (and physical) health and social circumstance were made clear in the document, NHS management perceived that socio-economic difficulties were beyond the scope and remit of health services ('It would be nice to address poverty, but we're not going to be able to do that', Respondent 18).

Scholars suggest that assets programmes must operate alongside a policy commitment to redistribution (Bull et al., 2013), not ignoring the material reality of people's lives (Brooks and Kendall., 2013), and acknowledging the need to address power relations (Bortel et al., 2019). This resonates with guidance from senior Scottish policy makers that assets activity cannot be separated from action on the social determinants of health (Tannahill, 2012). Yet the reality of experience in the case study neighbourhoods was one of rising poverty, increased food bank usage, and dwindling community resources: in short, the perception that they had been abandoned by state provision. The findings from this research study demonstrate that short-term, project-based interventions do not work in addressing long-term problems, and the contribution made by state-employed staff becomes even more important in the current precarious funding environment. Whilst empirical evidence showed some capacity for creative and radical work

(such as that proposed by Burkett (2011)) in Case Study 2, with its protective history of activism, the levels of poverty experienced in Case Study 1 appeared to be too entrenched for an ABCD approach to make much headway at all.

A return to Raphael's (2011) social determinants of health (SDH) - located within a wealth of research evidence that demonstrates the need to tackle the structural causes of poverty when addressing health inequalities (Bambra et al., 2010) - is a reminder that the conceptualisation of health is key to the success of policy intervention. Evidence from both case studies gives emphasis to material determinants, articulated amongst Raphael's fourteen as Food Security, Income and Housing. The issue of food poverty was raised across respondent groups as a matter of pressing concern. The sense that the Westminster Government has caused a shift towards new and dehumanising modes of food access causing shame and alienation was accompanied by a perception that local communities must nevertheless ensure reliable food provision, despite the increased pressure this placed on volunteer resources. The stress resulting both from food bank use and from the responsibilisation of provision was identified locally as an issue of high priority in relation to mental health.

The maintenance and stock of social housing was also of concern to residents. The expansion of the private rental sector was perceived as creating a stock of housing that was poorly maintained, and a transient population with whom it was difficult to engage in local activity. In Case Study 1, this issue was of most concern in the poorest part of the estate, where problems of violence had created a 'no go' zone for services, including police. Although articulated less clearly than the food bank issue, housing was perceived as a stressor in creating an unstable environment, particularly for women and children in Case Study 1, where noise was amplified and housing stock poorly maintained. Case Study 2 respondents observed that private tenants did not engage with the Community Centre or local activity. Respondents perceived that this was in part due to reduced activity levels, particularly in youth activity, but also that incoming tenants were residents for a temporary basis and therefore were not able, or did not wish to, engage with the

wider community. This was linked to a concern that private landlords did not maintain or care for their properties, with buildings and gardens left a mess, and no recourse for complaint by local activists.

Although the issue of employment was not raised explicitly as a barrier to mental health, respondents in both case studies pointed to the effects of poverty on non-participation, especially with families. The diminishing number of pathways towards further education and employment were commented on by a third of respondents, mainly due to the removal of state-provided local adult education in Case Study 2 neighbourhood. Several residents cited others in the past who had progressed through local programmes to access FE College and expressed the value of local visibility of peer success as an important factor for employment.

The articulation of material concerns as a local priority in this research raises the question as to how the Scottish Government policy commitment to structural issues might be tackled more urgently with action on the ground, particularly now that the Community Empowerment Act (2015) has brought a legal obligation to listen to local concerns. Repeated failure to address poverty begs the question of whether the Scottish Government commitment extends to a genuine redistribution of resources and power. Raphael's work on the seven discourses underpinning definitions of the SDH (2011) helps to elucidate here, demonstrating how the attitudes of both policy makers and public-sector staff determine how social problems are conceptualised and enacted in policy, and regarding action in the seventh, political realm as vital to social change.

A need to consider upstream causes requires integration between government departments, so that the effects of income on health present evidence for increased benefit levels, improved housing provision and increased allocation of police resources to the poorest communities. The Community Empowerment Act has placed legal responsibility on the public sector to listen to the demands of local communities, but in the most marginalised areas, a lack of resources coupled with an agenda for responsabilisation has created a double-bind, preventing the

development of activists who can articulate and fight for what they need. The group of local activists present in Case Study 2, in contrast to the dearth of coordinated activity or volunteering in Case Study 1, was testament to a period when there were supported routes into meaningful democratic participation, and the evidence suggested that this was an urgent priority for any policy that promoted local empowerment.

In addition, pressure on staff to meet one-dimensional targets resulted in a perception that services had a limited remit limited to addressing instrumental concerns, despite a demonstrated commitment to tackling poverty amongst public sector staff respondents in this research. Whilst the AHEAD Project was the result of broader thinking amongst senior staff within NHS and Local Authority with regards to building community mental health and wellbeing, the realities of managing an intervention within existing boundaries of delivery proved challenging, and threatened adherence to the ABCD approach due to misaligned targets and conflicting agendas amongst management.

These issues also call to mind the tensions inherent in community work: that supporting local empowerment usually generates some level of dissent with the state, and a critical dialogue initiated by workers employed within the Local Authority or NHS is necessarily challenging. This is borne out by the evidence from AHEAD Community Builders, who articulated the tensions created by being managed by Local Authority management located in Community Engagement/Community Planning teams, with pre-existing targets that have not been generated through an ABCD approach. Coupled with this was the issue of the politics of consensus, promoted by pluralist conceptions of community work (Henderson and Thomas, 2002; Twelvetrees, 1982) and whether this best served the interests of vulnerable communities, and the attitudes of public sector staff beyond the scope of assets projects, who could benefit from training in empowerment approaches more broadly, to develop a healthier culture of critical dialogue between public sector and residents.

To examine the research participants' understandings of the problems with the ABCD hypotheses, it is useful to consider how they aligned with Raphael's seven discourses of the SDH. Chapter 2 summarises the seven discourses, from 'functional' interpretations that focus on direct service delivery to those designated 'in need'; to 'analytical' approaches that seek the material causes of health inequalities; and finally, to the three levels of 'structural' definition, which focus variously on government, political structures and class as the causes of health inequality, and present political and social movements for change as central to addressing them (Brassoloto, Raphael and Baldeo, 2014). This reiterates the need for spaces of public dialogue and deliberation that can engage with local priority issues, particularly structural ones.

Table 7.2 (below) depicts the articulation of the problems with each of the ABCD Mid-Range Theories according to respondent group, defining these in simple terms as micro, meso or macros problems. Interestingly, the issue of socio-economic circumstance, which clearly impacts the mobilisation of assets according to the evidence, was not perceived by any of the respondents as a macro-level issue. This contrasted with participant understanding across the respondent groups of the clear links between state retrenchment ('withholding the state') and increased poverty. This suggested that evidence findings on socio-economic barriers to the mobilisation of assets was a key learning point, not only for policy makers, but for those involved in enacting assets policies.

Table 7.2 Mid-Range Theories: Problem causes across respondent groups

Participant type	ABCD Mid-Range Theories (MRTs)		
	Mid-Range Theory 1: 'Withhold the state'	Mid-Range Theory 2: 'Mobilise Assets'	Mid-Range Theory 3: 'Develop Local Vision'
Residents	Meso/Macro	Micro/Meso	Meso
Community Builders	Meso	Micro/Temporal	Micro
Voluntary sector staff	Macro/Meso	Micro/Meso	Meso

Local authority staff	Meso/Macro		Meso
NHS staff	Macro		Meso
ABCD mentor	Meso	Meso	Meso

Residents, Community Builders and Voluntary Sector staff shared a view that the most disadvantaged needed intensive micro-level support, accompanied by a meso-level coordinated local programme of activity. The ABCD Mentor also cited meso-level conditions to assets being released, but these related to the type of management structure that accommodated the ABCD project, rather than the wider provision of coordinated activity. These responses reflected the immediacy of concerns by those based at a local level, while the ABCD Mentor articulated managerial concerns about the potential success of the ABCD project.

There was consensus on the need for well-resourced local facilities and capacity building support to support the generation of local power - an issue that is returned to in the following section, which considers the pathways towards development of a local vision. The reasons behind the meso-level requirement differed significantly, with Residents, Community Builders articulating suspicion of public sector empowerment programmes, and the need for 'grassroots' support in order that local activists could become more politicised. Residents made particular mention of adult education as an important contribution to developing a pathway towards effective activism and empowerment.

Local Authority and NHS respondents tended to see their role as important in ensuring continuity, since they had a history of local involvement that would pre- and post- date the AHEAD Project. Local Authority respondents had a clear methodology for supporting local empowerment, largely through a process of working with constituted community groups to secure continued funding. NHS staff also saw their role in developing community strength as partial, relating specifically to health and/or mental health.

A final point on the differing respondent perceptions was the focus of Community Builder staff on micro and meso issues, with little conception of the impact that macro issues such as austerity had on the success of their work. This may have reflected the scope of their work at a local level, but also suggested the lack of attention that the ABCD approach places on macro issues: an issue for which assets approaches have been criticised (Friedli, 2011, 2012, 2013; Ennis and West, 2010).

In conclusion, despite some limited success in the ‘mobilisation of assets’, the issue of socio-economic circumstance was articulated as a pressing need across both Case Study areas but was not understood as a contextual condition of the mobilisation of assets - simply as the notion that the approach was not the right one for those considered to be most vulnerable and disadvantaged people in the community. However, the SDH theory suggests that the conceptualisation of wellbeing that informs a policy intervention such as ABCD can be seen as key to its success: ABCD requires a framework for developing and evaluating activity that considers not only the behavioural and social benefits that such an approach can offer, but more importantly, the socio-economic challenges with which it must engage if it is to go beyond a ‘feel good’ approach to relationship building, and confront the issues of power and oppression which create disadvantage.

7.6.3 Configuring pathways towards a locally-owned vision for change

Findings on ABCD Mid-Range Theory 3, the ‘development of a local vision,’ suggested very limited success in this area. Case Study 1 demonstrated no ‘associational’ activity amongst residents, whilst Case Study 2’s active Community Association was not attributable to the ABCD intervention. What evidence from Case Study 2 did offer was a sense of the kind of local activity that supported the development of community activists, and the resulting shift in power dynamics between residents and the public sector. This suggested that the ABCD Logic Model, enabling local activity that leads progressively towards wider community association and the development of a local vision, was a useful one, but that the

ABCD mechanisms were not sufficiently developed to support success without a pre-existing favourable context of activism.

The evidence on the success of activists in Case Study 2 revealed several key points:

- Community activists often start out by attending a local group in which they have a personal interest.
- Community activists develop critical analysis skills over a period of years; this can take place through a community development ‘vehicle’ such as a local action group, through ‘apprenticeship’ with other activists, and/or through transformative education programmes provided by state or voluntary sector.
- Apprenticeship is invaluable in enabling a culture of critical dialogue, but that it may also be useful to map pathways and approaches to developing relationships with key public-sector staff, to address the (im)balance of power between residents and public/voluntary sector staff.

Further to the issue on limited progress towards a local vision, evidence on Mid-Range Theory 3 found that the Case Study communities were not able to generate power from within with the AHEAD Project intervention alone. Case Study 1 lacked a coordinated programme of local activity or venue and had no visible history of local activism on which to build. Although Case Study 2 did have experience of activism and a local venue with a coordinated programme (albeit limited by cuts to public sector provision), local activists did not perceive themselves to possess any power in relation to the public sector.

This raises interesting questions about what Newman and Clarke (2009) describe as the simultaneous decline and proliferation in public engagement activity, and the ambiguities present in the new structures for public engagement. The experiences and attitudes of local activists in Case Study 2 had been developed over forty years of practice and were initiated at a time when principles of democratic engagement were associated with a politics of representation, and ‘the social movements of the

twentieth century that struggled for voice'. In Case Study 1, where no such history of engagement remains, residents were faced with opportunities for engagement that are, at best, politically ambiguous, conflating the heritage of 'voice' with rationales for consumerism that aim to 'manage' the spaces in which residents can discuss priorities and resourcing. In short, the new engagement has sought to actively depoliticise public interaction, offering spaces which 'reduce the public imaginary' (ibid) by restricting the number, type and activity of citizens involved to dialogue on narrow, pre-formed strategy and service delivery plans. Added to this is the conflict inherent in becoming involved in local engagement structures that can be used as a means of ratifying public-sector budget cuts.

In the light of the Capabilities work on the notion of 'durable' empowerment (Drydyk, 2013) as a combination of agency, wellbeing freedom and power, the evidence on ABCD Mid-Range Theory 3 suggested the need to think more deeply about the context and mechanisms required to reach ABCD Mechanisms E and F (Association and Vision). Linking success to 'wellbeing freedoms' would provide a much-needed focus on the socio-economic requirements for wellbeing; the findings on the generation of a Capabilities framework follow in Chapter 8. The issue of developing agency may be addressed through a programme that responds to findings from activists in Case Study 2, as listed above. Finally, a challenge to power dynamics is a more abstract issue, but evaluation on the quality and progressive transfer of power relationships would undoubtedly reveal a range of opportunities for public sector staff to formalise a truly 'empowering' relationship with residents, building on existing work on Participatory Budgeting, for example (Campbell et al. 2018).

7.7 Aggregating the mid-range theories against the ABCD specific causal theory

The chapter now concludes by considering how the three ABCD Mid-Range Theories assemble to address the ABCD specific causal theory, represented in Table 7.3 below.

Table 7.3 Context-Mechanism-Outcome configuration of ABCD specific causal theory

CONTEXT	MECHANISM	OUTCOME
Disadvantaged communities with high levels of isolation	Asset Based Community Development	Reduced state involvement/Greater sense of control
		Increased social networks and activity
		Local empowerment

7.7.1 ABCD Specific Causal Theory: Context

The evidence suggested that although there has been some modest success in engaging residents in disadvantaged communities using the ABCD approach. Findings also indicated that the approach was not suited to engaging the most vulnerable and disadvantaged, due to their pressing need for socio-economic solutions, additional local support and the need to represent local voices on issues of food insecurity, poor housing and police resources/priorities. This means that either ABCD must limit itself to not working with the most disadvantaged, or it must modify its approach to address the socio-economic issues that prevent participation. Since the ABCD literature (Kretzmann and McKnight, 1993) specifically draws attention to the needs of the most vulnerable communities, it is reasonable to suggest that the latter approach is more suitable.

Table 7.4 outlines the key findings with regards to contextual factors that would need to be addressed either to create the conditions for success of an ABCD intervention.

Table 7.4 Contextual factors underpinning ABCD Specific Causal Theory

CONTEXTUAL FACTORS REQUIRED TO SUPPORT ABCD CAUSAL THEORY	
Micro	Intensive one-to-one support to vulnerable residents
Meso	A sustainable, coordinated local programme of activity
	A sustainable local venue, owned/managed by local residents
Macro	Pressure for legislation on the provision of food/appropriate benefit levels, maintenance of property (particularly in regard to private landlords) and appropriate policing
Macro	Linking community wellbeing to locally defined personal, social and structural goals

Clearly, these issues would need to be addressed beyond the scope of the ABCD project intervention itself but offer advice to policy makers on the need for assets approaches to be integrated into a wider strategic programme for change, since their success relies on pre-existing or additional resources for community activity, and a fertile environment for local activist development.

7.7.2 ABCD Specific Causal Theory: Mechanism

The mechanism that drives the Specific Causal Theory is, of course, the ABCD intervention itself. The research evidence suggested that the ABCD Logic Model was not fully effective in its current configuration, or in the ToC Assumptions that underpinned its theory of change. In other words, the ABCD cycle of six steps did not offer an effective vehicle for reaching the goal of ‘planning a local vision.’

Beyond the contextual requirements of continuity of local activity provision and local venue, the evidence suggested that ABCD required significantly more detail on the empowerment of residents, with the reconfiguring of pathways to activism based on effective practice. This would include the opportunity for Local Authorities and the NHS to re-think their roles on convening spaces for public dialogue and on prioritising a shift in power dynamics that includes budgetary decision-making as well as influencing strategy.

Table 7.5 below presents a revised set of Mid-Range mechanisms, based on empirical findings, which underpin ABCD as an intervention. The reconfiguration of

each of these Mid-Range Theories to reflect empirical requirements allows a modification of the ABCD model overall.

Table 7.5 Revised ABCD Mid-Range Hypotheses

REVISED ABCD MID-RANGE MECHANISMS		
	Original Mid-Range Mechanism	Revised Mid-Range Mechanism
1	‘Withhold the State’	‘Rethink the State’ Reconsider the state’s role in (coordinating) sustainable local provision; rethink opportunities for public dialogue convened by the state (Newman and Clark, 2009)
2	‘Mobilise Assets’	‘Link assets to material change’ Link assets development to socio-economic change
3	‘Develop Local Vision’	‘Build a strategy for ‘durable’ empowerment’ Consider the mechanisms for change that will produce agency, power and wellbeing freedoms (Drydyk, 2013).

The findings propose that the ABCD approach modifies each of the three Mid-Range Theories to ‘Rethink the State’, ‘Link assets to material change’, and ‘Build a strategy for ‘durable’ empowerment.’ The evidence suggested that this re-working of the model would significantly improve ABCD’s chances of addressing the problems of poor communities and achieving ABCD’s goals of a locally-defined, meaningful vision for change.

7.7.3 ABCD Specific Causal Theory: Outcomes

The final consideration on the aggregation of evidence against the specific causal theory relates to the proposed outcomes for ABCD. Clearly, the objective of modifying the context and mechanisms highlighted above has the aim of modifying the outcomes of ABCD as an intervention. Table 7.6 outlines the revised outcomes, based on findings.

Table 7.6 Revised ABCD Specific Causal Theory outcomes

REVISED ABCD SPECIFIC CAUSAL THEORY OUTCOMES	
Original ABCD causal theory outcomes	Revised ABCD causal theory outcomes

1	Reduced state involvement/Greater sense of control	Increased/modified state involvement with attention to power dynamics; Greater sense of control
2	Increased social networks and activity	Increased social networks and activity coordinated by the state and facilitated by the voluntary sector
3	Local empowerment	Durable local empowerment

The first outcome, based on the ABCD Assumption that a reduction in state control would be beneficial, addresses concerns that the retrenchment of state provision is already damaging the fabric of community life, both through macro austerity measures, and through the reduction in meso-level provision. The evidence demanded a re-appraisal of state involvement, to consider its role in consistency of provision and in convening and supporting spaces for public dialogue and dissent, as well as its opportunity to address the current imbalance of power between public sector staff and residents.

Outcome 2 concerns the need to ensure consistency of local activity provision and the consistent observation from public sector staff that the state is well-placed to take on this role.

The third outcome concerns the need to consider how empowerment is defined as a concept within the ABCD approach, drawing on Drydyk's work.

7.8 Conclusion

Using a Realistic Evaluation approach, this chapter has aimed to systematically consider the three key Mid-Range Theories which underpin the ABCD approach. A discussion of the hypotheses in relation to the literature has allowed for a configuration of all three, to improve ABCD's scope to address issues of social justice. These areas would now benefit from further work, to explore and develop

a Capabilities framework to address socio-economic, as well as behavioural and social goals, and to consider in further detail how the activists' pathways might be more effectively supported within the ABCD Logic Model. The thesis will turn in Chapter 8 to considering how a Capabilities analysis might help to illuminate these problems, by offering an integrated framework for social justice.

CHAPTER 8 How can a Capabilities Approach extend the scope for ABCD to address social justice aims?

8.1. Introduction

In this chapter, I reintroduce the Capabilities Approach (CA) with the aim of exploring how a CA framework might help to extend the Asset Based Community Development (ABCD) model towards a social justice perspective. In brief, the CA was chosen as a means of attempting to address criticisms in the literature that assets approaches are underpinned by behavioural narratives, which largely ignore the macro-level structures that systematically disadvantage poor communities (Ennis and West, 2010; Healy, 2006). Criticism is also focused on the lack of rigorous analysis of either ABCD, or the concept of participation itself, one that is constrained by the ‘power laden ‘cultures’ of government and community.’ (Cuthill, 2010).

By examining the *capabilities*, or freedoms to achieve self-defined life values, and their practical *functionings* ‘beings and doings’ (Robeyns, 2003), I will aim to draw out the pathways towards an ABCD practice that focuses on addressing social inequality and injustice as its long-term goal. The CA also allowed for an examination of the *conversion factors*: that is to say, the resources that enable or prevent the achievement of capabilities and functionings at micro, meso and macro level. Conversion factors offered a means of analysing the levels at which contextual circumstances support or hinder the achievement of freedoms and helped to illuminate the reasons for the success or failure of ABCD’s hypothesised stages of community empowerment during the AHEAD Project.

To lay the groundwork for a Capabilities analysis, it is first necessary to revisit conclusions drawn in previous chapters. Drawing on Realist Evaluation, this study aims to examine ‘what it is about this programme, that works for whom, in what circumstances, in what respects, over which duration’ (Pawson, 2013) In Chapter 5, a simplified ABCD Logic Model was developed from a combined ABCD Theory of Change/Realistic Evaluation analysis. Chapters 6 and 7 then examined the evidence

in relation to the ABCD Logic Model to establish irregularities and contextual factors based on empirical experience. Three key themes emerging from the data were those of socio-economic conditions, capacity and local resources, and processes of empowerment.

The Capabilities Approach offered a useful further stage of analysis in how to articulate the contextual findings within a revised ABCD Logic Model, and in how to approach a solution to the intractable problem areas of Mechanisms E and F, where a solution to effective functioning of the ABCD Approach has not yet been found within the AHEAD Project.

8.2 Operationalising the Capabilities Approach

As discussed within the Methodology in Chapter 6, the research interviews and focus group covered three main topics of discussion: understandings of asset-based community development (ABCD) as a method; discussion of the capabilities approach (CA); and consideration of the ways in which the AHEAD Project might seek to address the structural issues of inequality.

Turning now to examine the second discussion area of Capabilities, each respondent was invited to identify the capabilities domains that they perceived as most relevant to the work of the AHEAD Project. Respondents were introduced to each of the ten domains identified by Nussbaum (2011) and operationalised by Burchardt and Vizard (2011) and invited to select the five most relevant to the AHEAD Project, which were then discussed in further detail. The aim of this process of consideration was to open discussion within a tried and tested framework of social justice, to step aside from well-rehearsed discussions based on ABCD methods and discourses, which tend to privilege behavioural solutions over structural explanations for addressing community wellbeing. Self-definition of the Capabilities domains through participative discussion was also seen as an integral and crucial aspect of the CA (Sen, 1999).

The five domains chosen were: identity, expression and self-respect; productive and valued activity; participation and voice; individual, family and social life; and health. Discussion will focus first on the Capabilities functionings identified within each of the five, and how these relate to the ABCD mechanism areas. Other domains that raised local areas of concern were: education and learning; standard of living and legal security. These additional areas will be addressed at the close of this section.

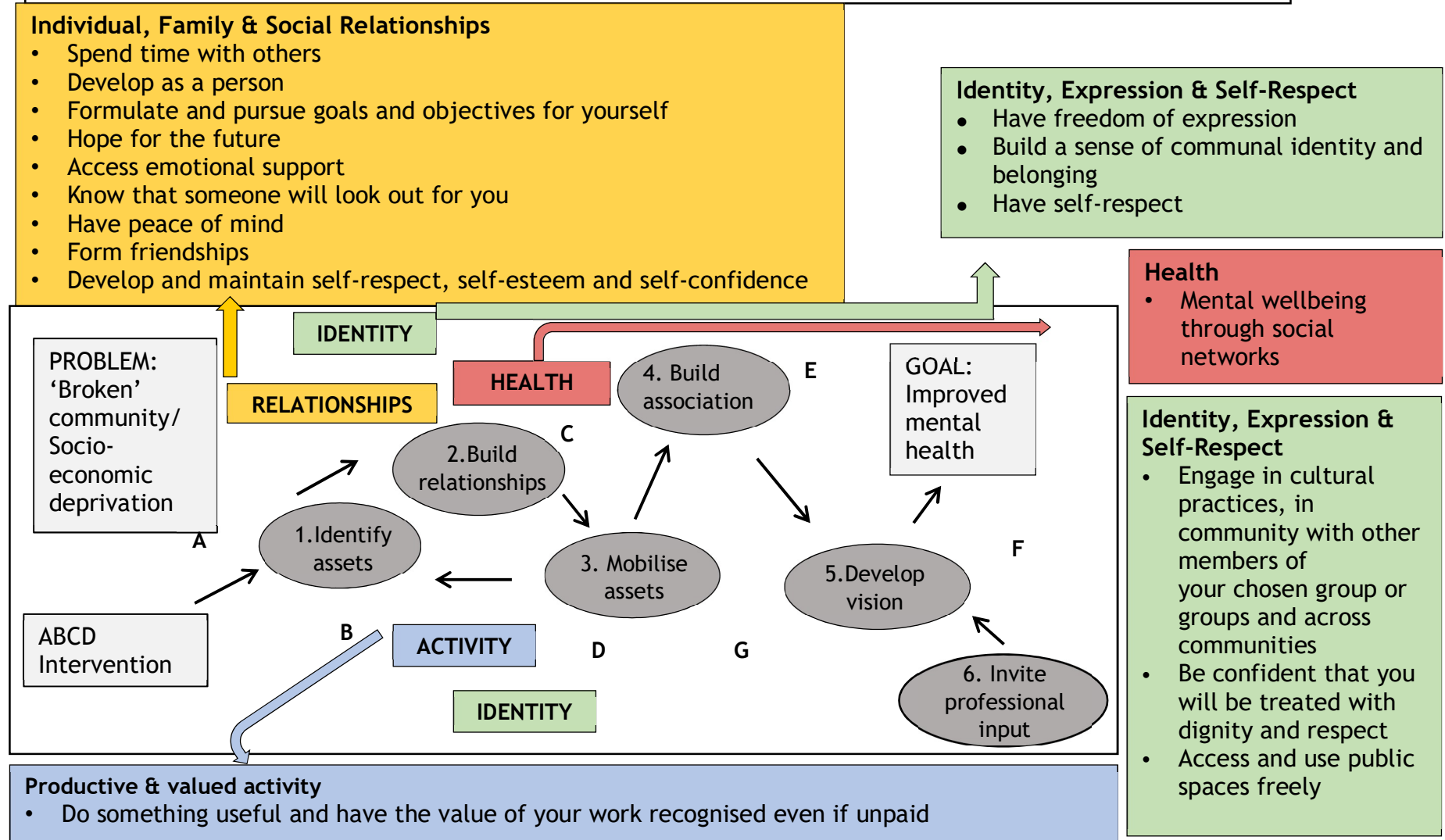
8.2.1 Capabilities Functionings and their corresponding ABCD Mechanism areas

The Capabilities analysis will begin by focusing on the mechanism regularity issues raised. Table 8.1 below shows the five capability domains and the identified functionings for each of these. Functionings (the ‘beings and doings’ that demonstrate achievement of the domain freedom) were derived through open discussion of each identified domain and its relevance to the ABCD approach in the AHEAD Project during interview. As discussed in Chapter 6 on Methodology, evidence was then mapped onto the functionings specified within the Equality Monitoring Framework (EMF), a Capabilities framework developed by Burchardt and Vizard (2007) for the Equality and Human Rights Commission (EHRC), for the purpose of monitoring human rights across a range of public policy areas in Britain. The EMF can be viewed in full in the appendices to this study. Where evidence corresponded to an existing EMF functioning, that functioning was retained in the ABCD Capabilities framework, and where evidence suggested alternative functionings, these were added to the matrix.

Each functioning was then located within the ABCD mechanism area in which it was most likely to take place (See Figure 8.1 that follows Table 8.1, below). This patterning demonstrates that, not surprisingly, domains such as Identity (Domain 4), Relationships (Domain 5), and Productive Activity (Domain 8) pertain mainly to the building of social networks (Mechanism C) and the generation of local activity (Mechanism D).

Table 8.1 Capability Domains & Functionings of the AHEAD ABCD Project

No.	CAPABILITY DOMAIN	FUNCTIONING	ABCD MECHANISM
4.	IDENTITY, EXPRESSION & SELF RESPECT	Have freedom of expression	B/C/D
		Build a sense of communal identity and belonging	E
		Engage in cultural practices, in community with other members of your chosen group or groups and across communities	D
		Have self-respect	C
		Be confident that you will be treated with dignity and respect	B/D
		Access and use public spaces freely	D
8.	VALUED ACTIVITY	Do something useful and have the value of your work recognised even if unpaid	D
9.	PARTICIPATION & VOICE	Make decisions affecting your own life	B
		Get together with others	C
		Participate in the local community	D
		Participate in locally-led decision-making	E/F
		Participate in non-governmental organisations concerned with public and political life	E
		Participate in the formulation of government policy, locally and nationally	F
		Form and join civil organisations and solidarity groups	E/F
5.	INDIVIDUAL, FAMILY & SOCIAL RELATIONSHIPS	Spend time with others	D
		Develop as a person	B/E
		Formulate and pursue goals and objectives for yourself	E/F
		Hope for the future	C/D
		Access emotional support	C
		Know that someone will look out for you	C
		Have peace of mind	C
		Form friendships	C
		Develop and maintain self-respect, self-esteem and self-confidence	C
2.	HEALTH	Mental wellbeing through social networks	C

Figure 8.1 ABCD Theory of Change with mapped mechanisms and 4 (of 5) Capabilities Domain Functionings

It is interesting to note that whilst Health was a key domain, (indeed, the AHEAD Project was initiated and funded by the NHS), the only functioning that was clearly articulated in relation to Health was that of building social networks to support mental wellbeing. This does align with NHS Ayrshire and Arran's original project aim to develop social relationships to support mental wellbeing, but also suggests an understanding of health amongst respondents as being outwith the realm of a social engagement project, beyond the area of emotional wellbeing associated with social relationships.

Health considered in relation to ability to participate, for example, was not raised, and neither was health explored within the contextual (conditional) factors, which might enable or hinder achievement of the ABCD mechanisms. This domain, therefore, joins the previous three in relating to Mechanisms C and D.

The domain perhaps of most interest to this study is that of Participation and Voice, which demonstrated a strong link to Mechanism F, or 'developing a local vision.' As discussed in the previous section, the problems identified in relation to Mechanism F were unique, in that respondents were unable to present potential solutions to the problem (whereas the mechanism irregularities identified at Mechanisms A and G had been identified in part because the project identified workable alternatives through practice solutions, which at least most, if not all, respondents believed to be an improvement) and that this necessitated redefinition of the ABCD Mechanism and/or its position in the theory of change.

Although Participation and Voice was ranked third of the five selected domains, analysis using NVivo revealed that this domain yielded more data than all the other four domains put together. Although such quantitative considerations are not generally considered helpful in a qualitative analysis, the volume of data does nevertheless suggest the complexity of the domain and its significance within the ABCD theory of change. Analysis of open discussion in this domain revealed an understanding of the development of participation and voice as a process, or

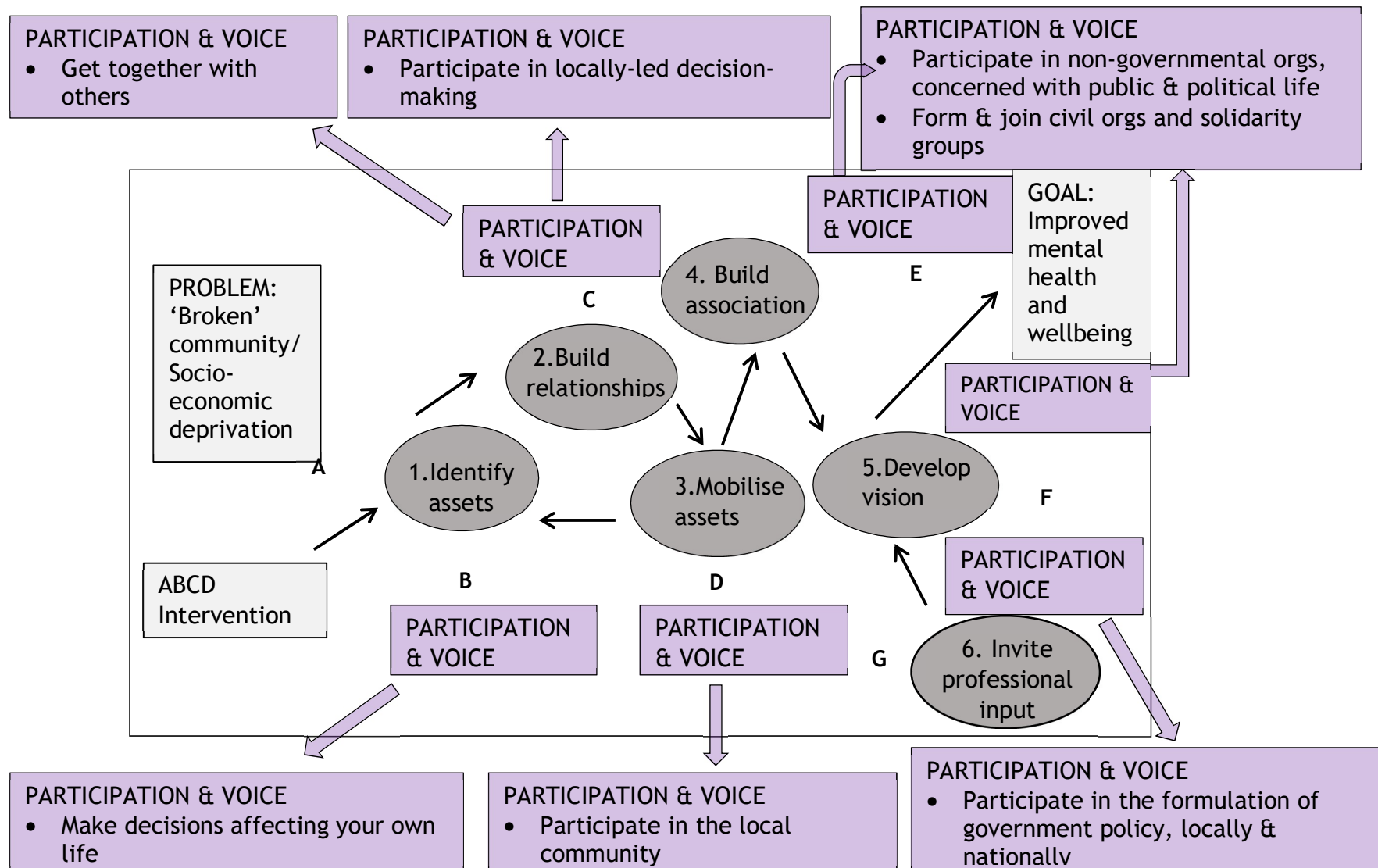
pathway, which required a number of steps to achieve the end goal of the local community being ready to ‘plan a local vision’ (Mechanism F). The functionings selected were therefore re-ordered to reflect the perceived steps in this process of development, as follow in Table 8.2, below

Table 8.2 Participation and Voice functionings mapped to mechanism areas

Capabilities Domain: Participation and Voice		
Domain Ref	Domain Functioning	ABCD Mechanism
PVi	Make decisions affecting your own life	B
PVii	Get together with others	C
PViii	Participate in the local community	D
PViv	Participate in locally-led decision making	E/F
PVv	Participate in non-governmental organisations concerned with public and political life	E/F
PVvi	Form and join civil organisations and solidarity groups	E/F
PVvii	Participate in the formulation of government policy, locally and nationally	F

What became clear from alignment of the Participation and Voice functionings and pathway with the ABCD mechanisms for change, was that the pathway extended across the ABCD theory of change cycle, from Stage 1 through to Stage 5, with the final four functionings clustering at mechanisms E and F. This is depicted at Figure 8.1 below, with the Participation and Voice functionings mapped onto the ABCD theory of change and mechanisms model. This analysis points towards the need for a ‘twin track’ of change alongside that of community activity, pertaining to the integration of local decision-making at every stage of the ABCD process. A Capabilities analysis highlights the perceived value derived from the evidence in privileging local decision making within the ethos of the project and suggests a remodelling of the ABCD theory and mechanisms for change based on this finding.

Figure 8.2 ABCD Logic Model with mapped mechanism areas and Participation and Voice Functionings



8.2.2 Additional Capability Functionings

Two additional capability domains were raised during interview discussion that were not identified explicitly through the Capabilities prioritisation exercise held at interview. These were Standard of Living and Legal Protection. Although they were not perceived as being located within the realms of AHEAD Project activity directly, they were identified by a number of respondents as having an important impact on the work of the project.

8.2.2.1 *Standard of Living*

Standard of Living was raised by many respondents as being a primary concern and barrier to the work of AHEAD. This issue also appears in the 'Macro' level Conversion Factor analysis in section 8.3, but since it is both vitally important, and currently unaccounted for as a factor in achieving project outcomes, it has also been added to the list of project Capabilities.

Many respondents spoke at length of the difficulties associated with structural poverty (examples include: Community Builder, Respondent 1; Local Resident, Respondent 3; Local Authority non-CPP staff member, Respondent 22), discussing the difficulty in reaching residents who were accessing food banks, the problems of poor housing, and addictions, for example. Standard of living was an important contextual factor in the success of the project, and several staff working at a grassroots level discussed their frustration and lack of power in trying to effect change in these areas. It is therefore seen as important to consider how these issues might be addressed in re-modelling the ABCD Logic Model.

8.2.2.2 *Legal Protection*

The issue of legal protection was voiced by several participants (Local Resident, Respondent 3; Focus Group 1, Respondent 6-11; Local Authority non-CPP staff member, Respondent 22), but since the issues raised were so serious, and related to a perception that the community in Case Study 1 had been abandoned by Police, the decision has been taken to include this Capability within the ABCD priority list.

The issue of violence in the community, with regards to the environment in which children were growing up, was highlighted by Local Authority non-CPP staff member, Respondent 22. This had been exacerbated by the housing design, which had created 'an amphitheatre' (Respondent 22) where noise was amplified and became a public spectacle, and by lack of maintenance, which had left individual closes in a poor state of disrepair. Respondent 22 discussed the problem of gaining police recognition for criminal activity within this community, leaving residents even more vulnerable:

If you are here late at night ... there is shouting, barneys, there's dogs barking, there's whatever. It's amplified all the way so it's all the way around. I couldn't understand why people weren't phoning the police because every night - I mean the children are in here and ... they can't learn because they are not getting to sleep because of the noise going on ... I would say, you know, why are you not phoning the police? But the police are not going to do anything, so that's been a big thing for us to try and promote with the parents to say if you phone the police it's a logged call - 101 will be a logged call so therefore, you know, so action has to be taken and it's trying to get them to understand that.

This problem required both support to residents to formally log their calls to police, as well as educating police on local issues:

Trying to get the police to understand that they (residents) are living crap lives and that's not a reflection on them. It's just the situation they are in and you don't just dismiss because it's (case study neighbourhood 2): 'Oh it's fine it's (Case Study Neighbourhood 2), it doesn't matter if someone is getting battered next door or whatever.

This was an issue that could be brokered at a local level, potentially through the local primary school where it had been area of considerable concern in terms of child safety and school attendance. However, a lack of police resources on the ground was highlighted as a barrier to progress.

8.3 Exploring the Conversion Factors that support or hinder the ABCD theory of change

In Chapter 6 and 7, the relevant Mechanism and Assumption Typologies were categorised according to micro, meso, macro and temporal level contextual factors. These are summarised in Table 8.3 on the following page. These issues will now be examined in further detail using the Capabilities ‘conversion factors’ analysis, with the aim of generating a set of conditions or modifications for the ABCD Logic Model. Several of the mechanisms and assumption propose similar or related conversion factors; in these instances, issues will be analysed together.

Table 8.3 Contextual factors as Conversion Factors

MECHANISM & MID-RANGE THEORY CONVERSION FACTORS			
MICRO-LEVEL FACTORS			
Mechanism	Mechanism Description	Summary findings	Contextual
Mechanism B	Conversations with local people	Systematic one-to-one support required for most disadvantaged to engage	Micro
Mid-Range Theory 2	Communities have assets ready to be released	Most residents able to 'release assets' are already doing so; however, additional support was able to maximise and coordinate efforts	Micro
Mid-Range Theory 1	Communities are stronger without interference from the state	Empowerment support is best offered by 'impartial' grassroots voluntary sector organisations able to enable critical engagement and dissent	Micro/Meso
MESO-LEVEL FACTORS			
Mechanism	Mechanism Description	Summary findings	Contextual
Mechanism B	Conversations with local people	Meeting people is contingent on availability of local venues and existing activity programmes; erosion of local programmes has reduced volunteer levels	Meso
Mechanism C	Introduce people with shared interests	Building activity is contingent on availability of venues and resources	Meso
Mechanism C	Introduce people with shared interests	One-off group facilitated activities more effective with participants experiencing socio-economic barriers	Meso
Mechanism D	Generate activity	One-off group activities were undertaken in Case Study 1 due to lack of community venue	Meso
Mechanism D	Generate activity	Cumulative effect of activity in Case Study 2 due to availability of community venue and experience/capacity of local activists	Meso

Mechanism G	Professionals hold back	Holding back professional staff may impede project progress and reduce sustainability	Meso
Mid-Range Theory 1	Communities are broken as a result of failed policy interventions	'Failed policy interventions' were articulated as abandonment and neglect (i.e. lack of maintenance, lack of police intervention)	Meso
Mid-Range Theory 1	Communities are broken as a result of failed policy interventions	A lack of coordinated activity and venues contributed to isolation and chaotic living	Meso
Mid-Range Theory 1	Communities are stronger without interference from the state	Communities need state support, but this is best embodied by services rather than participation or empowerment strategies	Meso
Mid-Range Theory 1	Communities are stronger without interference from the state	And/or state staff would benefit from training on empowerment approaches	Meso
Mid-Range Theory 2	Communities have assets ready to be released	The creation of facilitated group activities to develop social networks was perceived as beneficial for most disadvantaged	Meso
Mid-Range Theory 3	Communities can best generate power from within	Communities need to own empowerment processes, but this requires: -Coordinated service provision (state and voluntary sectors) -Direct support for critical engagement (grassroots voluntary sector)	Meso

MACRO-LEVEL FACTORS			
Mechanism	Mechanism Description	Summary findings	Contextual
Mechanism B	Conversations with local people	Socio-economic circumstances impacted ability to engage	Macro
Mechanism C	Introduce people with shared interests	Socio-economic barriers are too complex for the most disadvantaged to sustain activity as volunteers	Macro
Mechanism D	Generate activity	Socio-economic barriers are too complex for the most disadvantaged to sustain activity as volunteers	Macro
Mid-Range Theory 1	Communities are stronger without interference from the state	Communities need state support, but this is best embodied by services rather than participation or empowerment strategies	Meso
Mid-Range Theory 1	Communities are stronger without interference from the state	And/or state staff would benefit from training on empowerment approaches	Meso
Mid-Range Theory 1	Communities are broken as a result of failed policy interventions	Local policy has failed due to a lack of concurrent policy attention to socio-economic problems	Macro
Mid-Range Theory 2	Communities have assets ready to be released	The most disadvantaged residents have problems too intractable to be ready to release assets.	Macro
Mechanism E/F	Building association and local vision	Timescales for building affiliation and vision are unrealistic	Temporal

8.3.1 Micro Level Conversion Factors

8.3.1.1 *Intensive support is required to enable participation by the most vulnerable residents*

ABCD Mechanism or Mid-Range Theory	Conversion Factor issue
Mechanism B: Conversations with residents	Systematic one-to-one support required for most disadvantaged to engage
Mid-Range Theory 1: Communities are stronger without interference from the state	Empowerment support is best offered by 'impartial' grassroots voluntary sector organisations able to enable critical engagement and dissent
Mid-Range Theory 2: Communities have assets ready to be released	Most residents able to 'release assets' are already doing so; however, additional support was able to maximise and coordinate efforts

At a micro level, the key factor identified was that people coping with the difficulties of poverty were not able to engage with the AHEAD project, or would need considerable support before they were ready to participate in local activity:

'... you are starting with people who have never been able to have a voice for themselves and who have never thought they had a voice. As much as we do want them to get to the stage they can do it on their own, it's everything that goes in before that that they need support to get to that stage and they need a lot of support in different ways.' (Respondent 22)

Community Builder, Respondent 1 described the difficulty in knowing what to do to help people struggling to cope:

'I do see people come in here that are using the food bank but they're literally in and out ... There is all those kind of issues (regarding income and standard of living) but it's kind of like how do we intervene in them, and I think that's where it's been bit of a struggle cause it's like how do we step in at someone's time of need?'
(Respondent 1)

Respondents from both case study areas emphasised the importance of drawing on additional resources and support for the most disadvantaged, with a focus on accessing voluntary sector services such as family support, legal and money advice as a pre-requisite for participation in community activity. Respondent 22 cited a need for additional resources in Case Study Area 2, due to the community's status within the Scottish Index of Multiple Deprivation: *'When you look at SIMD we are, most of our children are in One, nearly 80 per cent are in Decile One'* (Respondent 22). In Case Study Area 2, additional 'Attainment Challenge' monies had resourced tailored support through Barnardo's, for disadvantaged parents, and had allowed the primary school to offer intensive one-to-one support to parents before they engaged in formal learning or activity.

Respondent 1 discussed the value of money advice provision in the community centre: *'There's a group in here that supports people with forms, filling out benefits or if they get sanctioned ... he comes face to face with people who have been cut'* (Respondent 1), although later discussion with a member of staff from this group revealed that the service was due to be cut in December 2016.

Not leaving the house was a primary barrier: *('One of the things we found was just getting people out of the door was difficult because I was working there, trying to make sure folk get all their benefits. There's just no sign of people coming out of their houses'* (Respondent 4). Focus Group 1 discussed the particular challenges of being a carer:

- R6: When these people go into caring, and all that, you get into a rut.
R11: You get into a rut, I've been in a rut for months.
R6: Aye, you do get into a rut...
R11: I mean, I went down, and I just couldn't get out it.
R6: You couldn't get out it. So, I think sometimes, with the community, you need to be encouraged to come out.

Respondent 4 suggested that prolonged isolation was almost impossible to address:

If you find folk that are socially isolated, there appears to be a magic point in which you just cannot get them back. A suggestion that it's about three years, you know, somebody's not had any friends, not any family, talking to them or anything ... There's no other way to really discover them, that's part of the problem, short of knocking on doors.

(Respondent 4).

Respondent 4 suggested that Community Builders should have a 'door knocking' role; something also raised by some of the Community Builders as valuable (Community Builder, Respondent 15; Community Builder, Respondent 19), but regarded as others as a potential intrusion of privacy (Community Builder, Respondent 1) and of questionable safety to workers (Community Builder, Respondent 1; Community Builder, Respondent 30).

Solutions for offering micro level support can be seen to link clearly to meso-level infrastructure through the requirement for voluntary sector service provision, and to structural difficulties association with poor standard of living:

It impacts whether or not they want to come to the community centre or whether they want to be involved in what's happening, or whether they'll bring their kids to that fun day because if you take all these worries away then folk become freed up to actually do something Folk shouldn't be worrying if they can't buy school clothes for their child, or they're struggling in terms of feeding folk.

(Respondent 1)

In summary, helping vulnerable residents to overcome initial barriers was perceived as intensive work, and needed a coordinated approach using any/all initial points of contact with isolated residents but requiring a visible, varied and continuous programme of local activity with which to engage (Voluntary sector staff member, Respondent 4). Examples of initial points of contact included health professionals and welfare advice staff, and a local community venue as focal point was seen as helpful.

8.3.2 Meso Level Conversion Factors

8.3.2.1 Provision of local venue(s) and activity programme

ABCD Mechanism or Assumption	Conversion Factor issue
Mechanism B: Conversations with local people	Meeting people is contingent on availability of local venues and existing activity programmes; erosion of local programmes has reduced volunteer levels
Mechanism C: Introduce people with shared interests	Building activity is contingent on availability of venues and resources
Mechanism C: Introduce people with shared interests	One-off group facilitated activities more effective with participants experiencing socio-economic barriers
Mechanism D: Generate activity	One-off group activities were undertaken in Case Study 1 due to lack of community venue
Mechanism D: Generate activity	Cumulative effect of activity in Case Study 2 due to availability of community venue and experience/capacity of local activists
Mid-Range Theory 1: Communities are broken as a result of failed policy interventions	A lack of coordinated activity and venues contributed to isolation and chaotic living
Mid-Range Theory 2: Communities have assets ready to be released	The creation of facilitated group activities to develop social networks was perceived as beneficial for most disadvantaged

In Case Study area 2, cuts to local budgets, particularly resources to the community centre, were having an impact on the availability of residents to work as volunteers (or ‘Community Connectors’) within the ABCD project. Focus Group 1 began by discussing the lack of younger people getting involved: (*‘they’ll do anything, bar be sociable’ (Respondent 8)*) but went on to describe the lack of youth involvement as a direct result of cuts to local services:

R6: We’re trying hard to get the young ones into the community, and we’re not getting them ... because we’re all getting old and tired, do you know what I mean? ... We’re trying to get new blood in, and it’s hard, very hard, isn’t it?

- R8: Very hard.
I: Yeah. What do you think would motivate (young people)?
R6: Every centre used to have a community education worker, but cutbacks, and cutbacks, and cutbacks, and nobody.

The groups discussed the need for a regular programme of services to promote participation amongst young people, as had taken place historically:

- R7: They ran all the, like, youth clubs, and everything like that, for the kids.
R8: Aye, and there was a lot for the youth.
R7: Aye, there was, loads.
R8: They all met here two or three nights a week.

The group also perceived an increase in pressure on existing volunteers because of Local Authority cuts to services at a local level:

- R6: Aye, but they took the workers away.
R7: They took everything away.
R6: Aye, they kind of supported this one person that was roundabout, they were organising everything. And then, that wasn't there...
R8: Now, it's all voluntary, now.

A local programme of activity was vital in being able to successfully introduce residents and generate activity within the AHEAD project: *'You come along, and you join in what's in the community centre, and you get to know everybody. And you get, you feel better, and you'll pass it onto somebody else'* (Respondent 6).

8.3.2.2 *A lack of local maintenance has led to a deterioration in the fabric of the community*

ABCD Mechanism or Mid-Range Theory	Conversion Factor issue
Mid-Range Theory 1: Communities are broken as a result of failed policy interventions	'Failed policy interventions' were articulated as abandonment and neglect (i.e. lack of maintenance, lack of police intervention)

A lack of attention to maintaining a positive local environment was raised by respondents in relation to local housing in both Case Study areas. Case Study 1 was perceived as having been a positive community environment in the past, but had been eroded by a lack of maintenance, and by the purchase of local housing by private landlords, now let to residents only remaining in the community on a temporary basis and perceived as unwilling to become involved in local activity.

The lack of police intervention (discussed in section 8.2.2.2 on Legal Protection) was also raised as an example of state neglect, with neighbourhoods within Case Study 1 being identified as 'no-go' areas.

These issues were perceived as having been impacted by macro-level policy decisions such as budgetary cuts to local services, which meant, for example, that ongoing maintenance and a community relationship with local police were no longer provided.

8.3.2.3 Local decision-making requires active devolution of power from the state, including budgetary decisions and planning

ABCD Mechanism or Mid-Range Theory	Conversion Factor issue
Mid-Range Theory 1: Communities are stronger without interference from the state	Communities need state support, but this is best embodied by services rather than participation or empowerment strategies
Mid-Range Theory 1: Communities are stronger without interference from the state	And/or state staff would benefit from training on empowerment approaches
Mid-Range Theory 3: Communities can best generate power from within	Activists struggle to be heard by state. Communities need to own empowerment processes, but this requires: -Coordinated service provision (state and voluntary sectors) -Direct support for critical engagement (grassroots voluntary sector)

Evidence from both Case Study areas suggested a lack of local devolution of power from the state. In Case Study 1, criticism focused on the existing state mechanisms for community participation as tokenistic (Community Builder, Respondent 19), with a perceived reluctance to allow the local community to set the agenda for change. Although public sector staff described the fostering of close working relationships with the local community, these were focused on recognised and constituted community groups (Local Authority Staff members, Respondents 25 and 26) and the perceived a shift towards a more enabling partnership with local communities through the establishment of Locality Planning was yet to be realised (NHS Staff Member, Respondent 2).

In Case Study 2, where the network of experienced local activists was considerably stronger, criticisms of the state were more explicit. Activists perceived that they

were not listened to, requests were ignored (Focus Group 1, Respondents 6 - 12) and that financial planning by the Local Authority did not consider local community priorities (Local resident, Respondent 3).

8.3.2.4 *Holding back professional staff until Stage 6 prevents project progress*

ABCD Mechanism or Mid-Range Theory	Conversion Factor issue
Mechanism G: Professionals hold back	Holding back professional staff may impede project progress and reduce sustainability

Across both case study areas, the ABCD approach had been modified in Phase 2 to accommodate ongoing work with professional staff in the local neighbourhoods. This included work with Local Authority staff on environmental projects (Community Builder, Respondent 1) and in the local school (Community Builder, Respondent 19; Local Authority non-CPP staff member, Respondent 22). Public sector staff from NHS and Local Authority Community Planning/Engagement teams also perceived the value of continuity and local experience afforded by their roles. This was supported by the experience of residents in Case Study 2, although in Case Study 1, there was some suspicion of Local Authority Community Planning structures, and a preference for practical work which brought resources into the community (Community Builder, Respondent 19).

8.3.3 Macro Level Conversion Factors

8.3.3.1 *Socio-economic circumstances prevent involvement in the AHEAD Programme*

ABCD Mechanism or Mid-Range Theory	Conversion Factor issue
Mechanism B: Conversations with local people	Socio-economic circumstances impacted ability to engage
Mechanism C: Introduce people with shared interests	Socio-economic barriers are too complex for the most disadvantaged to sustain activity as volunteers
Mechanism D: Generate activity	Socio-economic barriers are too complex for the most disadvantaged to sustain activity as volunteers
Mid-Range Theory 1: Communities are broken as a result of failed policy interventions	Local policy has failed due to a lack of concurrent policy attention to socio-economic problems
Mid-Range Theory 2: Communities have assets ready to be released	The most disadvantaged residents have problems too intractable to be ready to release assets.

Socio economic circumstances were raised repeatedly as a barrier to involvement in the AHEAD Project (Community Builder, Respondent 1; Local Resident, Respondent 3; Residents, Respondents 20, 21, and 29; Local Authority non-CPP staff member, Respondent 22). A wide range of concerns were articulated, including food access, addictions, support for parents, poor housing, unemployment and poor skills and confidence.

The most vulnerable residents in both case studies were perceived as being unready to engage with the AHEAD project as volunteers. Case Study 1 had addressed this in part by organising one-off events that would build social relationships without asking too much of residents in terms of organisational input. In both case study neighbourhoods, there was a perception that dealing with socio-

economic problems required macro- and an intensive micro- intervention concurrently.

8.3.3.2 *Local policy interventions such as the AHEAD programme do not work without concurrent policy attention on socio-economic circumstances*

ABCD Mechanism or Mid-Range Theory	Conversion Factor issue
Mid-Range Theory 1: Communities are broken as a result of failed policy interventions	Local policy has failed due to a lack of concurrent policy attention to socio-economic problems

Most respondents referred to the socio-economic barriers to becoming involved in AHEAD, and many referred to these problems as a separate issue that could not be addressed by the project. Both case studies commented on the issue that the ABCD project brought resources in, but that this did not equate to the resources that had been removed or scaled back in recent years. Examples included community activity such as adult education and youth work and community workers located in the neighbourhood, but also maintenance of housing and facilities, and a lack of police resources to offer an effective response. Further, the effects of austerity - on food poverty in particular - we seen as widespread and was putting further pressure on local volunteers to staff food access points in the community.

The issue of addiction was raised by many as requiring significant resourcing. Support groups in both case study neighbourhoods had experience burnout in attempting to offer local support to people with addiction issues. In one case, a faith group had stopped offering support because the issues were too acute and long-lasting to sustain grassroots support by volunteers.

8.3.4 Temporal Factors

8.3.4.1 *Project timescales are unrealistic to reach mechanisms E and F*

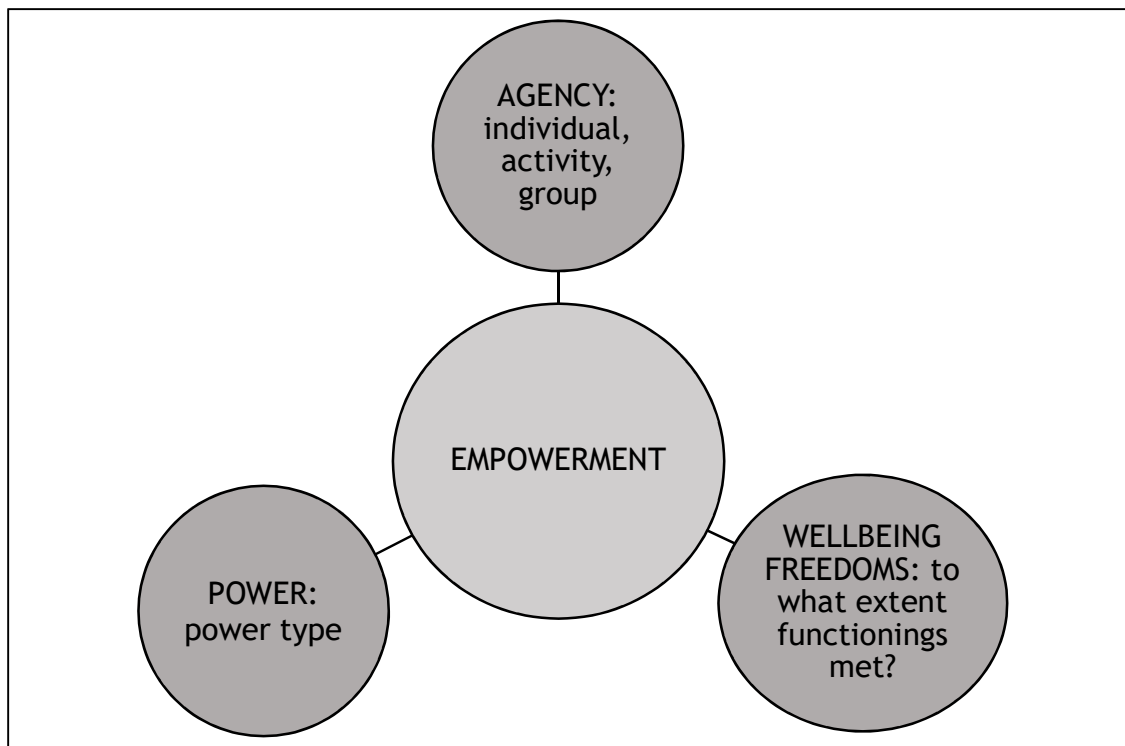
ABCD Mechanism or Mid-Range Theory	Conversion Factor issue
Mechanism E/F Building association and local vision	Timescales for building affiliation and vision are unrealistic

Local staff in Case Study 1 (Community Builder, Respondent 19) perceived the inability to reach Stages 4/5 of the ABCD cycle to be due to unrealistic project timescales. The difference in starting points between Case Study 1 and Case Study 2 neighbourhoods suggested that progression was indeed likely to take longer. However, Local Authority staff and residents believed that the cause of lack of progression was also due to a lack of resources at a local level, and socio-economic barriers. This suggested that while timescales for change did need to be longer-term, progression required a more complex set of factors, including a clear pathway towards local activism, socio-economic improvements and availability of local resources.

8.4. A capabilities analysis of empowerment

In Chapter 3, the three dimensions of empowerment from the Capabilities literature were summarised as agency, wellbeing freedoms, and power with sub-themes relating to each (Figure 3.1). Analysis will now turn to considering how each case study area performs in relation to the three empowerment dimensions.

Figure 8.3 Capabilities: Dimension of Empowerment (Reproduced from Chapter 3)



8.4.1 Agency

Analysis of the development of agency was made according to a modified version of Crocker's (2007) four agency categories described in Chapter 3. These seek evidence that:

‘individuals choose and perform activities, that the activities are chosen through individual and/or group deliberation, and that the activity impacts on the world.’

In Case Study 1, evidence on the performance of agency was limited. There was some evidence that individuals were choosing and performing activities (examples included football, card-playing groups and reminiscence groups), and where these were occurring they had been chosen by those individuals participating. However, most of these groups had not continued beyond a few meetings. Experience suggested that there was also a need for activity organised by the Community Builder or other local organisation (such as, ‘Tea, toast and treasure,’ community picnics and gardening group), particularly when working with more vulnerable residents. The final measure aimed to discern whether the activity impacts on the world aim to gain a sense of the socio-economic impact, as well as the level of awareness amongst group members as to why that activity is important. In this area, group impact was focused mainly on developing social networks. However, there was not yet any evidence that activity was enabling residents to develop a more critical or associational perspective, where the value of activity was understood as a vehicle for social change.

Case Study 2 yielded considerably more evidence of agency, although the attribution of this to the AHEAD Project was more difficult. The Community Centre offered a wide range of activity, all of which had been requested and chosen by residents and was usually performed by residents as well. Examples of such work include a disability support group, lunch club, community café and parent and toddler group. There was a strong sense amongst residents for the need for the solidarity offered by the community centre, by the presence of others who could

support you in overcoming isolation, and the value of visible progression amongst peers as an inspiration for achieving positive outcomes to education or employment. The Community Association was a constituted group that had been in existence for forty years, and members were very experienced local activists, who had a clear understanding of how their activity impacted on the 'world' of others. However, the evidence that the AHEAD Project had contributed to this was limited to a few individuals who had joined existing groups, and several individuals who had progressed towards demonstrating a higher degree of agency (for example, by taking on a formal role within the Community Association).

The success of activity in Case Study 2 resonates with findings by Tiwari and Ibrhaim (2012) on the facilitating mechanisms of agency in sustainable human development. First, the importance of local leadership was borne out both through individual leadership (the Community Association Chair, who was not allowed to retire because her contribution was so valued), and by mutually-supportive collective leadership across the Community Association. Second, the development of the Community Association and the Community Centre, which the group managed, occurred over time and involved considerable autonomy in decision-making over local activity and facilities. Third, the rewards of voluntarism were evidenced by the level of volunteer commitment, and by the dual role of several workers, who functioned both as paid staff and as volunteers. Finally, the wide range of self-help groups ('There's a group for everything here,' Focus Group 1) offered valued activity to local residents that could not be accessed elsewhere, and was viewed as being supportive and non-threatening.

8.4.2 Wellbeing Freedoms

This measure was concerned with establishing the extent to which capabilities domains and functionings identified by respondents were being achieved. This approach therefore locates the concept of empowerment as existing in relation to the achievement of socio-economic change. The generation of capabilities and freedoms was undertaken during the interviews, and time did not permit a return

visit to discuss the achievement of functionings specifically. However, the data does yield some broad observations in relation to the capability domains.

Case Study 1 demonstrated a very limited achievement of capability functionings. Within the domain of Identity and Self Respect, there was very limited evidence of group identity and a sense of belonging, although some successful activities had been generated to allow self-expression, dignity and respect ('tea, toast and treasure,' flower arranging, gardening). Access to public spaces was very limited, as discussed in Chapter 7.

On Productive and Valued Activity, there was some limited evidence of involvement in activity, but little evidence of residents offering provision to others, and therefore being perceived as having a value beyond the immediate needs of that individual.

There was some evidence of developing opportunities in the domain of Individual, Family and Social Networks, particularly in those activities developed collaboratively between the AHEAD Project and the local school. These had also led to the school securing additional funds to provide a parent support programme, which focused specifically on many of the functioning's highlighted in this domain, such as developing dignity and respect, peace of mind, and friendships. This in turn could be seen to promote mental wellbeing, the functioning chosen within the Health domain.

Finally, Case Study 1 yielded little evidence within the Participation and Voice domain, of the progression from decisions about your own life, through to decision-making in the wider community, and influence over/formulation of policy.

As expected from analysis in Chapters 6 and 7, Case Study 2 offered much more evidence of the potential achievement of capability domains and functionings. Activity supported achievement of the domains was focused almost entirely on the

Community Centre, and in Identity and Self-Expression included a range of cultural activity such as seasonal celebrations and fundraising events. There was a strong sense amongst residents of the importance of group activity to promote the development of social relationships (Individual, Family and Social Relationships), articulated as friendship, dignity and respect. Focus Group 1 discussed a range of examples where they had received support or inspiration in these areas from others.

The only functioning for which there was limited evidence in Case Study 2, within the Participation and Voice domain, was that of ‘participate in the formulation of policy locally and nationally.’ Whilst there was evidence of local activists taking part in dialogue with public sector staff over policy implementation, there was a perception that residents had very little control over this area. There was no evidence of involvement in policy formulation at a national level.

8.4.3 Power

Analysis of evidence on power is sub-divided into two areas: the types of power (Allen, 1999) perceived to be at play (power-over, power-to, and power-with), exemplified in particular in the relationships between residents and public and voluntary sectors; and according to Ibrahim’s (1999) 3C model of consciencisation, conciliation and collaboration.

In Case Study 1, the relationship between public sector and residents was perceived in the main as one of ‘power-over.’ Some efforts were being made to devolve decision-making to a local level (power-to) through the establishment of NHS Localities, Community Planning engagement activities and tenant and residents’ committees, for example. However, public sector professionals expressed frustration at the lack of local activists and were only able to gain representation at meetings from professional staff acting on behalf of residents, such as voluntary sector providers. The lack of coherent focus to activity and public venues compounded this difficulty, although the primary school was making efforts

to develop a broader programme of support to families, working in partnership with AHEAD staff.

There was little evidence of critical thinking or consciencisation amongst residents, with the focus remaining on the provision of activity, rather than engagement with the way in which social problems manifested locally. An exception to this was the work of one faith organisation, three of whose residents participated in the research (Residents 20, 21 and 29). These individuals could offer a clear analysis of the socio-economic causes of isolation and were involved in a range of volunteer work to supporting vulnerable residents. This work was not linked to any wider local strategy or vision, and although there was evidence of partnership work between the organisation and the AHEAD Project, this was the full extent of wider collaboration. There was no evidence of conciliation across community activity and groups, largely because there was little evidence of opportunities for collaboration.

The types of power articulated in Case Study 2 were largely perceived by residents and grassroots staff as ‘power-over’ or ‘power-to’. There were limited examples (such as one trusted staff member from the Local Authority Empowerment Team) of the development of ‘power-with’, and these were focused on group capacity building activity. Local activists unanimously perceived that they were not listened to by public sector budget-holders, and that they held little sway over decisions, either locally (Focus Group 1, Respondents 6-12) or at an area level (Local Resident, Respondent 3).



Case Study 2 demonstrated significant evidence of the development of critical thinking amongst local activists. The network of activists involved in the Community Association were visible, active and vocal across a wide range of activity groups, promoting awareness of the need for critical thinking across community group participants. However, a common view amongst activists was that opportunities for consciencisation had been reduced by the removal of public



sector adult and youth education programmes within the Centre. A sense of collective responsibility was evident from the work of the Association, demonstrating conciliation between activity to ensure that the greatest needs were met first. This also extended to activists' sense that they had to take responsibility for any service which might be lost to the local neighbourhood. For example, the Association countered a Local Authority proposal to remove a playground, a decision made on the basis that there was no local organisation able to take responsibility for coordinating maintenance. The Community Association organised a protest against the withdrawal of the facility and offered to take on responsibility for the playground to avoid losing it. However, respondents observed that issues such as this placed additional pressure on local volunteers. The final area of collaboration can also be evidenced through many examples of Centre activity (for example, community activists working as volunteer's ad-hoc in the café; youth group support to the disability group) and through the activity planning and management of Centre activity by the Community Association.

8.5 Reflections

This chapter has applied a Capabilities Analysis to the problems identified with the ABCD Logic Model mechanisms and assumptions in Chapters 6 and 7. In particular, it has enabled the development of a set of ABCD capabilities and functionings as project goals. Although these capabilities and functionings have been mapped across the ABCD change cycle, this thesis does not allow for a more detailed examination of how *all* the capabilities and functionings could be supported through specific ABCD activity. However, Table 8.4 below presents a modified ABCD Theory of Change based on the evidence presented in this study, with long-term Capabilities goals and depiction of the key resources revealed by conversion factor analysis.

Table 8.4 Evidence-based ABCD Theory of Change

INPUTS		SHORT-MID TERM OUTCOMES		LONG TERM CAPABILITY OUTCOMES
<p>Staff time</p> <p>Coordinated local activity programme</p> <p>Accessible local venue(s)</p>		<p>Build programme of cultural and social activity</p> <p>Create public events programme using public spaces</p> <p>Advertise volunteer and paid local work opportunities</p> <p>Advertise local skills</p> <p>Identify, create and coordinate one-to-one support for vulnerable groups</p> <p>Organise PB/local visioning events</p> <p>Identify and advertise local opportunities for involvement in non-governmental organisations</p> <p>Create a local space for sharing information on policy decisions and opportunities for engagement</p> <p>Provide information on civil and solidarity organisations in local venue(s)</p>		<p>IDENTITY, EXPRESSION AND SELF-RESPECT</p> <p>Have freedom of expression</p> <p>Build a sense of communal identity and belonging</p> <p>Engage in cultural practices, in community with other members of your chosen group or groups and across communities</p> <p>Have self-respect</p> <p>Be confident that you will be treated with dignity and respect</p> <p>Access and use public spaces freely</p> <p>PRODUCTIVE & VALUED ACTIVITY</p> <p>Do something useful and have the value of your work recognised even if unpaid</p> <p>PARTICIPATION & VOICE</p> <p>Make decisions affecting your own life</p> <p>Get together with others</p> <p>Participate in the local community</p> <p>Participate in locally-led decision-making</p> <p>Participate in non-governmental organisations concerned with public and political life</p> <p>Participate in the formulation of government policy, locally and nationally</p> <p>Form and join civil organisations and solidarity groups</p>

INPUTS		SHORT-MID TERM OUTCOMES		LONG TERM CAPABILITY OUTCOMES
<p>Staff time</p> <p>Coordinated local activity programme</p> <p>Accessible local venue(s)</p>		<p>Programme regular community walks with public sector officials</p> <p>Identify pathways of empowerment & progression through activity programme</p> <p>Create opportunities for local celebration</p> <p>Identify key structural issues and develop local lobby groups</p> <p>Gather evidence on issues of neglect and request local meetings with relevant public-sector staff</p>		<p>INDIVIDUAL, FAMILY & SOCIAL RELATIONSHIPS</p> <p>Spend time with others</p> <p>Develop as a person</p> <p>Formulate and pursue goals and objectives for yourself</p> <p>Hope for the future</p> <p>Access emotional support</p> <p>Know that someone will look out for you</p> <p>Have peace of mind</p> <p>Form friendships</p> <p>Develop and maintain self-respect, self-esteem and self-confidence</p> <p>HEALTH</p> <p>Mental wellbeing through social networks</p> <p>STANDARD OF LIVING</p> <p>Live in</p> <p>LEGAL SECURITY</p> <p>Feel confident that you will be protected by the law</p>

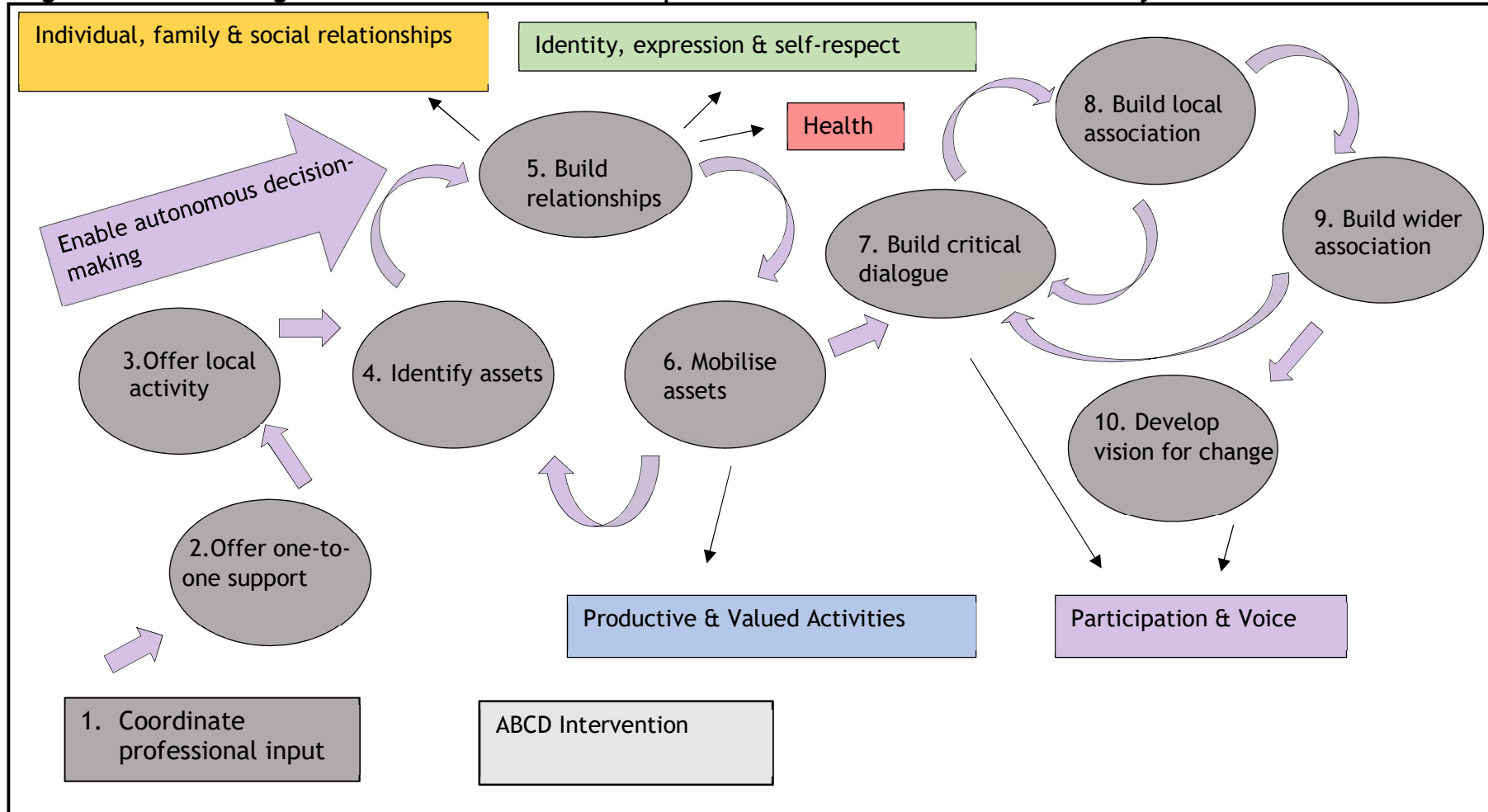
More detailed consideration has been given to the particular problem areas of Mechanisms E and F: namely the move towards the development of community association, and a local vision. The development of Participation and Voice as a twin track pathway of change has been identified as a useful modification to the ABCD Logic Model. Further work on the practical application and achievement of Participation and Voice functionings would be useful.

Further, a Capabilities analysis has given a clear framework of conversion factors at micro, meso, macro and temporal levels. A next step for the work would be to align conversion factors with the specific ABCD capabilities and functionings defined above. Analysis in this research was limited to consideration of the conversion factors as the broad contextual issues seen to hinder or assist the ABCD theory of change. Key considerations, in brief, included the need for intensive one-to-one support, the need for a visible local activity programme, and the requirement for concurrent policies to address socio-economic inequalities.

The development of an ABCD Capabilities framework responds to Rolfe's (2016) articulation of participation in Chapter 2, offering the chance to imbed wider social outcomes within the empowerment project. The analysis of durable empowerment through the demonstration of local agency and power-with relationships also offers another lens with which to examine Rolfe's double helix of community strength and community action. Rolfe's 'strength/action' helix is clearly evident in the Case Study 2 data on local activism, but also markedly absent in Case Study 1, where the impact of socio-economic concerns appeared to prevent any significant level of participation by local residents. The ABCD Participation and Voice pathway offers a clear link from the building of personal autonomy through to collective strength, drawing on the interplay between strength and activity that Rolfe describes.

Analysis of both Case Study areas revealed little evidence of a power-with relationship developed between public sector and the local community. This

suggested a lack of durability (Drydyk, 2013) in the achievement of empowerment outcomes. There was no local evidence of the devolution of budgetary decision-making, and local activists in Case Study 2 perceived that maintaining existing services required an ongoing battle with the public sector. However, Case Study 2 did offer robust evidence across the empowerment measures of agency, wellbeing freedoms and the 3C empowerment model (Ibrahim, 1999), demonstrated through a long history of local activism and decision-making at a local level. Although much of this evidence was not directly attributable to the AHEAD Project, Case Study 2 nevertheless offered a valuable example of a successful Participation and Voice pathway, and of the critical conversion factors present in a fertile host community for ABCD. Much can be learned from its success as this thesis now turns to redesign the ABCD Logic Model, based on the empirical evidence presented in Chapter 6, 7 and 8. See Figure 8.4 below for the revised ABCD Logic Model, based on empirical evidence from the research study.

Figure 8.4 ABCD Logic Model - Revised based on empirical evidence from the research study

CHAPTER 9 Conclusions

9.1 Chapter Overview

This PhD, in conclusion, positions itself as a unique contribution to assets theory by addressing two key criticisms of assets approaches: a lack of evidence base on the effects of ABCD on wellbeing, and an inattention to the socio-economic causes of disadvantage (Friedli, 2013; Ennis and West, 2010). The study on which it is based offers a robust evaluation of how Asset Based Community Development works in practice, for whom, and in what circumstances. Based on empirical evidence from two comparative case study neighbourhoods using ABCD, the research findings present a modified and detailed ABCD theory of change that considers the Context-Mechanism-Outcome requirements for ABCD success. Further, the study links ABCD to social justice outcomes by using the Capabilities Approach to generate a locally-defined framework of goals. This also allows consideration of contextual needs such as income, food, housing, safety and advocacy, on which ABCD is contingent, but which require additional policy interventions.

The research used a combined evaluative approach, undertaking three stages of work. The first surfaced an ABCD Theory of Change (ToC) for the AHEAD Project. The second and third used Realist Evaluation: first, to map the key activity mechanisms across the ABCD activity cycle (referred to as the ABCD Logic Model); and second, to aggregate these detailed findings against three key ABCD hypotheses, to assess the accuracy and success of the overall ABCD change theory.

The results of the research are a remodelled ABCD Logic Model which reflects empirical findings on what works in practice and is underpinned by evaluation of context, and a Capabilities framework derived through dialogue on potential social justice outcomes with residents and staff participating in the AHEAD project, with particular attention to the 'Participation and Voice' Capabilities domain.

This chapter opens by summarising the key conclusions of the study in relation to the research questions. It then moves on to consider the study's contribution to the policy evidence base and to theories of community work, evaluation methodology and capabilities, including consideration of next steps for research.

9.2 Summary of Key findings

The following section gives the opportunity to draw together the strands of policy and theory analysis with findings from the empirical investigation in an attempt to present a coherent response to the question of how an assets approach can contribute to community health and wellbeing. After examining each of the four research questions, the strengths and limitations of the study are considered.

9.2.1 Addressing the research questions

The study's research questions reflected the three main stages of analysis undertaken, using ToC, RE, and the Capabilities Approach. Question 1 used the ToC analysis to investigate the underlying policy intentions of ABCD. Question 2 considered the detailed CMOs that appear most fruitful for improving community health and wellbeing, while Question 3 examined how these detailed findings aggregated against the overall RE change hypothesis. Finally, Question 4 considered how the Capabilities approach might potentially extend ABCD's social justice outcomes.

R.Q.1: What can a Theory of Change analysis tell us about the assumptions underlying

ABCD approaches?

An investigation into the varied definitions of assets approaches in Chapter 2 revealed the three main assets typologies as behavioural, resource-based, and strengths-based/structural. Drawing on work by Levitas (1998), the thesis explored how the assets typologies align with discourses of moral dependency, social-integrationism and redistribution, demonstrating the underlying ideologies of each as a policy approach. ABCD was characterised by elements of both behavioural and resource/strengths-based approaches but was criticised

for its lack of attention to the socio-economic conditions which create poverty (Freidli, 2013).

A broader analysis of the policy drivers for community participation found that they reflected the prevailing political ideologies. This revealed a wide variation in policy intentions, from government initiatives to address social unrest to popular activism for social change. Assets approaches evolved during the period of 'Third Way' politics, characterised by responsabilisation in welfare reform and enterprise in community regeneration. Asset Based Community Development (ABCD) (Kretzmann and McKnight, 1993) was conceived in the United States as a response to perceived welfare commodification and community disempowerment, where social problems had become the exclusive domain of professionals. Kretzmann and McKnight found that communities with strong social networks and activity organised at a micro level (e.g. 'Every Block a Village'²³) had a greater sense of control and were more able to generate solutions to local problems, presenting a contrast to the dominant needs-based or 'deficits' approach, which, it claimed, disregarded the hidden strengths and talents in local neighbourhoods. However, the evidence on ABCD, though offering some descriptive insights to the approach, is 'flawed and far from conclusive' (Mathie and Cunningham, 2003) and lacks detailed analysis on how the approach works in practice.

The theoretical evidence on ABCD suggested the conflation of two distinct discourses, combining the language of radical social change through political empowerment with a neoliberal model of health that criticises welfare systems for creating dependency (Friedli, 2011). Although ABCD has critiqued the neoliberal model for the commodification of social problems, its proposed solution to withdraw state services altogether - or at least, until the community has developed a local vision - is problematic for several reasons. First, given the current climate of budgetary pressures and austerity, the deferral of public sector service budgets may result in their withdrawal altogether. Second,

²³ 'Every Block a Village', Westside Health Authority, Chicago, Accessed 270718.

http://www.abundantcommunity.com/home/stories/parms/1/story/20140901_every_block_a_village.html

an isolationist approach to community empowerment is not a logical premise for transformational change, given the structural and corrosive disadvantages in evidence in our poorest communities. The ABCD claim that building social networks will produce - and more importantly, *implement* - a sustainable local vision for change lie in contradiction to considerable research evidence on the causes of inequality, and the need to conceptualise disadvantage as a structural problem rather than a behavioural or cultural one (McCartney et al., 2013). This highlights the importance of such analysis before policy interventions such as ABCD are 'rolled out' amid claims that they will transform the landscape of social deprivation.

A ToC analysis of the AHEAD Project revealed three key assumptions that underlie the ABCD model:

- i. Disadvantaged communities have been damaged by state efforts to regenerate them and are stronger without state interference;
- ii. Disadvantaged communities have resources that can be mobilised;
- iii. Community empowerment is most effective when developed from within the community.

These assumptions helped to draw out three middle-range hypotheses, which together inform the overall ABCD change theory: i.e. that building skills and social networks supports health and wellbeing in disadvantaged communities. The findings on the mid-range hypotheses are explored primarily in Research Question 2; however, it is useful here to consider what the assumptions can tell us about the Scottish policy background conducive to their introduction.

The current attack on state welfare provision is well documented (Hastings et al. 2015; Taylor-Gooby, 2013). This has been accompanied by a rise in psychosocial explanations for health inequalities that downplay material inequalities (Friedli, 2013) and offer largely behavioural solutions, of which the assets approach is one example. In Scotland, assets approaches were ushered in by the Christie Commission's (2011) review of public service delivery, which proposed a re-think in response to shrinking state resources and the failure of public service to address the causes of inequality and disadvantage. Whilst the

ABCD assumption that disadvantaged communities need increased autonomy may indeed be accurate, it does not engage with critical issues of economic power and privilege, which not only affect inequalities, but create them. Whatismore, the argument that poverty has been worsened by a professionalization of social problems legitimises the withdrawal of state resources, leaving questions concerning the material causes of inequalities unanswered.

The suggestion made by assumption two - that disadvantaged communities have untapped skills and capacity - again sidesteps the chronic socio-economic difficulties faced by people living in poverty. In fact, assets approaches have gained currency in Scotland partly because they promise additional resources at a time of 'sharp deterioration in revenue' (Christie, 2011). Whilst an inclusive and supportive approach to generating local activity might work for some, these are likely to be those already involved and/or experiencing fewer socio-economic difficulties. The resounding message from this study was that the poorest and most vulnerable residents do not have spare capacity or 'cognitive bandwidth' (Mullainathan and Shafir, 2013) to give as volunteers and need a range of supports to address food poverty, addiction and housing problems.

Assumption three suggests that disadvantaged communities are better able to generate empowerment from within. This claim, while illustrated by anecdotal 'case study' stories in the assets literature, is not supported by any significant analysis of the transfer of power. Whilst supporting communities towards autonomous decision-making is undoubtedly an important aspect of addressing the democratic deficit, without any real analysis of the central issue of power, the ABCD conceptualisation of empowerment results in responsabilisation. The Capabilities Approach offers a more detailed definition of 'durable empowerment' (Drydyk, 2013) as a three-dimensional model contingent upon the transfer of power, development of agency and the achievement of wellbeing goals. If ABCD linked empowerment to socio-economic outcomes and power transfer, progress towards the goal of self-determination could be plotted to include support along a critical pathway that builds from local activity involvement to decision-making on budgets and service provision, to

links with trade unions, solidarity groups and broader democratic representation, and finally, to involvement with policy formation at local and national levels.

Whilst the policy intentions underlying Christie's (2011) recommendations clearly acknowledge the effects of socio-economic circumstance on health and wellbeing, assets approaches are more likely to treat the effects of inequality, such as isolation and lack of control, rather than focusing on their causes. In his analysis of the discourses underpinning the social determinants of health (SDH), Raphael (2011) identifies this as: 'SDH as indicating material living circumstances that differ as a function of group membership.' Whilst this discourse recognises that health is directly affected by social group, it does not link the distributions of SDH to public policy, economic and political structures.

Raphael advocates the need to address SDH 'in the political realm,' and to educate the public that the reason for continued inequalities in health is due to the 'undue influence upon public policymaking by those creating and profiting from social and health inequalities' (230). It is in this recommendation for popular education that ABCD perhaps offers its most radical potential. If ABCD's definition of empowerment is given the depth and rigour offered by Drydyk's (2013) analysis, it could offer a vehicle for the type of popular education recommended by Raphael, whilst also supporting the development of local sites of 'resilience, reworking and resistance' (Henderson, 2017).

In summary, the policy intentions of an ABCD approach combine features of social integrationism with dependency discourses, offering a definition of empowerment that does not take account of the link between wellbeing and socio-economic circumstance. The proposal that communities are better off without state support is unsubstantiated, under-defined and counter-intuitive. These issues could be addressed by adopting the Capabilities definition of durable empowerment, putting in place specific measures for power transfer, agency building, and the achievement of Capabilities goals.

R.Q.2: What are the key ABCD Context-Mechanism-Outcome (CMO) configurations which enable or hinder people to achieve wellbeing?

In order to summarise findings, this question is addressed in two parts: first, the findings on successful/problematic mechanism areas are presented; second, the overall contextual factors found to be conducive or problematic to the successful implementation of the ABCD intervention are outlined.

A Realistic Evaluation analysis of key mechanisms revealed seven main activities across the ABCD ToC cycle which were purported to effect change. Translating these core activities into mechanisms was not altogether straightforward since the ABCD process works as a chain of activity, with outcomes of some CMOs embedded in the following mechanism. For example, bringing together local people with common interests (Mechanism C) had the outcome of generating local activity (Mechanism D); but activity generation also needed to be a mechanism in its own right, since the cycle of activity was the mechanism for producing association (Mechanism E). To make the CMO process more comprehensible to stakeholders, the decision was taken to simplify the mapping of CMOs onto the seven ABCD key activity stages, even where mechanism lacked definition or outcomes were embedded within the mechanism cycle. Figure 9.1 (below) depicts the seven mechanism areas mapped across the ABCD activity cycle. These were assessed individually as CMO configurations in Chapter 6. For the purposes of summary in this chapter, however, the enabling and hindering mechanisms are presented together, followed by a summary analysis of key contextual findings.

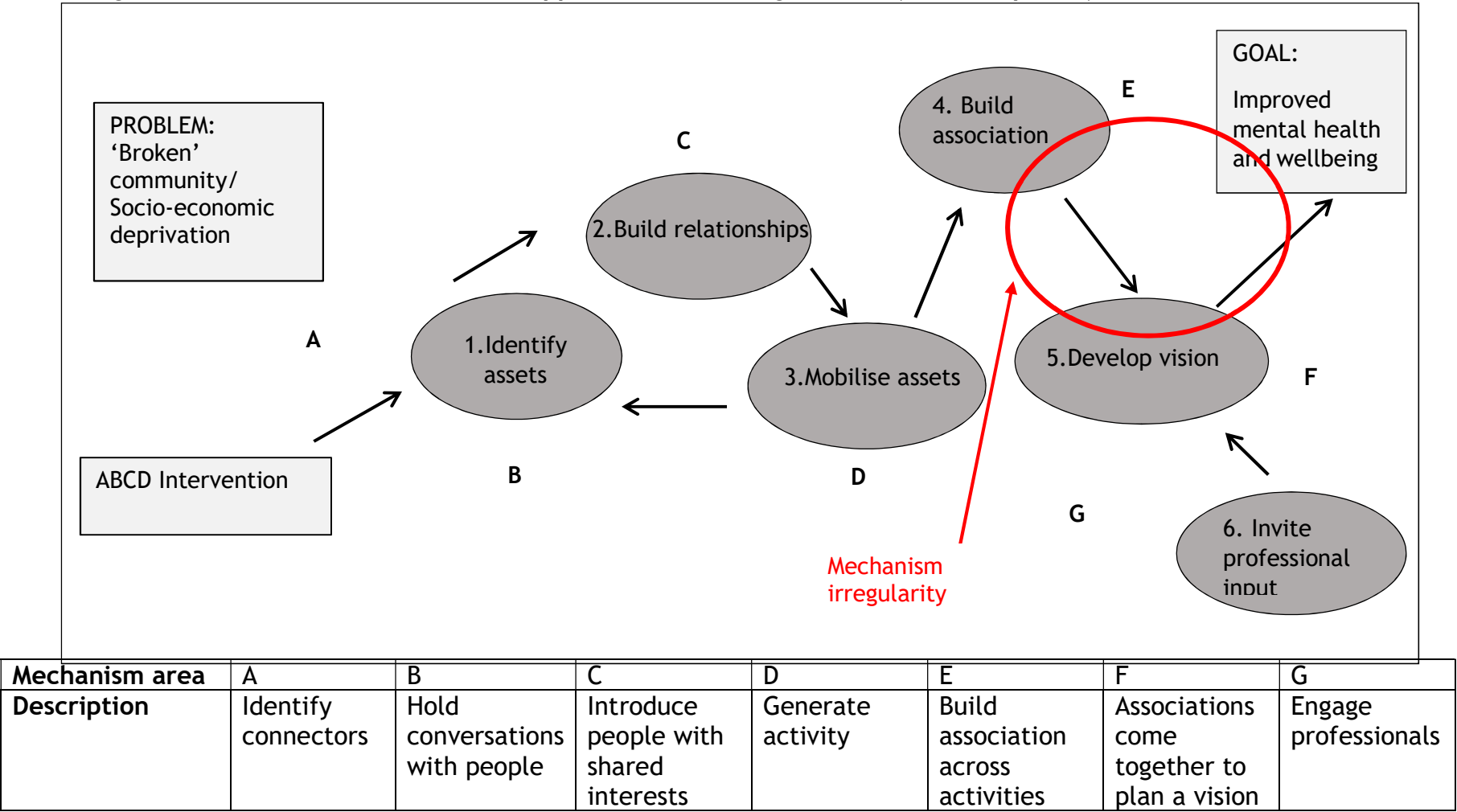
Although the ABCD literature does not specify that mechanisms be carried out in a strict order, evidence suggested that they were generative. Since mechanism activities were approached in succession, difficulties at one stage prevented progression into subsequent mechanism areas. Mechanisms ranged along the ABCD cycle from recruitment of local volunteers, through generation of activity, to development of association and vision, and finally, the inviting in of professionals to carry out tasks not able to be undertaken by the local community.

The research found evidence of successful outcomes at Mechanisms B, C and D, which focused on introductions between residents and the generation of activity. Whilst Case Study 1 demonstrated creative approaches to local engagement and one-off activity, Case Study 2 offered more sustained activity levels within pre-existing project and programmes, thereby building on what was already in existence.

The AHEAD Project had struggled, meanwhile, with carrying out Mechanisms A, G, E and F. Contextual analysis at Mechanism A found that Community Connectors (local volunteers not otherwise engaged in formal activity) were not available, and at Mechanism G, that respondents disputed ABCD's proposal to hold back professional staff until the final part of the ABCD cycle. The project had largely solved these problems by taking a pragmatic approach, applying modifications to Mechanisms A and G as the AHEAD project progressed into Phase 2 of the programme.

Mechanisms E and F proved more problematic, with no evidence of activity in Case Study 1 to suggest that small activity groups were building wider association or ready to develop a local vision (depicted in Figure 9.1 below as a key 'mechanism irregularity'). Whilst Case Study 2 contributed considerable evidence to Mechanism E with a clear development of 'association' amongst local activists, activity was often not solely attributable to the ABCD intervention. In relation to Mechanism F, although the Community Association had not formally documented a local vision, this was an area of work for which there was perceived to be local capacity, providing valuable evidence of the contextual factors necessary to enable this mechanism to work effectively. The contrast in experience between Case Studies 1 and 2 helped to highlight a critical pathway of participation and empowerment that could be incorporated into an improved ABCD Logic Model.

Figure 9.1 Mechanism areas A-G mapped onto ABCD Logic Model (from Chapter 3)



Moving on to consider the contextual findings overall, the study found that Case Study 2 neighbourhood offered conditions more conducive to the success of the ABCD intervention than Case Study 1, for the following reasons, in summary:

- A locally-managed venue resulted in greater sustainability of activity. However, local *ownership* of venue was not necessarily considered the most conducive environment, being perceived as adding stress and uncertainty to the role of local trustees and volunteers.
- A sustainable, coordinated programme of activity was seen as a critical element in the 'participation pathway.' Volunteers had regularly progressed from participant to group leadership responsibility over a period of 2-3 years. The governance structure of the Community Association, which appointed representatives from each user group to the community centre's management committee, supported the development of leadership expertise through a process of peer apprenticeship.
- Local activists in Case Study 2 had broad experience in engaging with staff working in the Local Authority, particularly democratic representatives such as local councillors. These relationships were characterised by regular community 'walkabouts' to point out local issues of concern, and by a culture of resistance to Local Authority decisions over resource allocation. Resistance was seen as a key attribute of an activist and was supported through an informal process of apprenticeship, learning 'on the job.' Nonetheless, Case Study 2 needed more volunteers - particularly under 25s - to become involved, to ensure longer-term sustainability of the Community Association.
- Practical support to user groups, including free/reduced space until group income was sustainable, local marketing and fundraising support helped to generate wider association and a culture of reciprocation. This type of support highlighted the value of a community anchor organisation, able to offer stability and support to fledgling community activities.
- A portfolio of support was required for vulnerable residents, including welfare/money advice, basic skills, local adult education programmes, advocacy and childcare. Locating these services in the same venue and/or linking with local partners (e.g. primary schools) was conducive to developing

a pathway towards participation by enabling the stabilisation of more immediate concerns and by building confidence. These services had undergone significant cutbacks, both longer-term (ten years +) and within the term of the research study.

- A specific programme to support the involvement of children and young people was seen as critical to the future sustainability of community association.

In summary, the study was able to identify Mechanisms B, C and D as enablers of wellbeing - albeit in a limited, context-specific way. The project had managed to work around Mechanisms A and G at Phase 2 to accommodate concerns and difficulties in those mechanism areas. Finally, Mechanisms E and F demonstrated little attributable evidence, with outcomes hindered by a range of contextual factors including socio-economic needs and a lack of material resources in Case Study 1, and little or no access to power transfer in Case Study 2.

R.Q.3: What can the evidence tell us about the hypothetical ABCD casual change theories?

The ABCD RE Change Hypothesis Model drew on the three ToC assumptions to construct three mid-range hypotheses, against which the detailed ABCD CMO configurations were aggregated to test their validity. These are summarized in Table 9.1 below, alongside their corresponding assumptions.

Table 9.1 ABCD Mid-Range Theories and corresponding Theory of Change assumptions

ABCD MID RANGE THEORY (MRT)		CORRESPONDING TOC ASSUMPTION
MRT 1	‘Withhold the state’	‘Disadvantaged communities have been damaged by state efforts to regenerate them and are stronger without state interference’
MRT 2	‘Mobilise assets’	‘Disadvantaged communities have resources that can be mobilised’
MRT 3	‘Develop local vision’	‘Community empowerment is most effective when developed from within the community’

The empirical evidence suggested that each of the three ABCD hypotheses was flawed and/or contingent on contextual circumstances such as a supportive local community infrastructure, or was limited to success with one particular group, and not others. The issues with each are summarized below.

- **Mid-Range Theory 1: 'Withhold the state'**

The evidence suggested that the damage caused to disadvantaged communities had more to do with state retrenchment than efforts at regeneration. Issues of neglect by the state were raised by research respondents in relation to food poverty, poor maintenance of housing, lack of informal education and sustainable employment opportunities, and policing. There was recognition amongst respondents that this was a macro problem, rather than simply an issue of state resources at a meso level, although respondents also expressed criticism of state priorities that privileged higher-profile developments over the pressing concerns of poverty, and residents from both Case Study neighbourhoods perceived that their voices were not heard in the planning of statutory local services.

NHS and Local Authority staff who participated in the research expressed concern that ABCD would side-line state involvement, identifying a risk that projects like AHEAD would isolate themselves from wider activity, and from longer-term, sustainable resources. The Capabilities analysis further emphasised the need for coordinated goals in disadvantaged communities, by drawing together collective goals to avoid work siloes, and involving local, state and voluntary sector partners in addressing complex problems together.

- **Mid-Range Theory 2: 'Mobilise assets'**

The evidence demonstrated some success in encouraging new, resident-led, local activity. In Case Study 1, this had focused on imaginative one-off outdoor activities such as community picnics, school gardening and street parties, and appeared to have liberated perceptions of what residents could organise themselves. In Case Study 2, project activity focused in the main on consolidating existing activity by bringing in new volunteers or introducing a new section of the community - such as young people - to a community venue.

Whilst these were undoubtedly positive contributions, some local residents struggled to understand why they were expected to take responsibility for activity when a paid worker was in place, with the pressure of additional volunteer activity perceived as adding to the strain of dealing with existing socio-economic pressures.

The assumption that communities were ready to participate in assets work was found to be a problematic one for vulnerable residents - those specifically targeted in the ABCD approach (Kretzmann and McKnight, 1993: 27). The evidence demonstrated that immediate socio-economic concerns prevented vulnerable residents from getting involved in ABCD. Activities that contributed to socio-economic needs or their effects were found to be helpful: for example, residents caring for one another's children and informal peer advocacy to support mental health.

- **Mid-Range Theory 3: 'Develop local vision'**

Evidence on the development of local vision focused on the importance of a range of pathways that supported critical consciousness-raising amongst residents (Freire, 1972). This included the need for the tangible and visible transfer of power to communities through the creation of further 'imaginary spaces' (Newman and Clark, 2009) for public dialogue. This type of 'visioning' work could build on existing dialogical space, such as the monthly 'community walkabouts.' Further, increased opportunity for local involvement in resource allocation, such as participatory budgeting (e.g. Escobar et al., 2018), a process already underway in one of the participating Local Authorities - would support a gradual transfer of power in the allocation of resources.

The assumption that communities can best generate power from within was contested across the respondent groups in different ways. Residents perceived that they needed greater control over the allocation of local public-sector resources but that their current role was limited to that of vigilant resistance, with resources having diminished considerably over the previous decade. Both case study neighbourhoods provided examples of residents and staff attempting to hold statutory services to account by coordinating local responses to police

call-outs and neighbourhood maintenance. In both cases, these problems had been framed as issues for public protest in a bid to gain the attention they required. In Case Study 1, resistance was led by public sector workers (e.g. primary school staff) working alongside local parents, whilst in Case Study 2, residents had initiated action to challenge Local Authority decisions on their own.

Voluntary, public sector and Community Builder staff perceived that disadvantaged communities needed as much external support as possible to take ownership of a local vision for change. However, this was qualified by residents and some Community Builder staff who perceived that ‘empowerment’ support from the Local Authority in the form of community engagement structures were tokenistic and ‘top-down.’ A preference was expressed for practical support in the form of service provision such as adult education, exercise, children’s events and healthy living activities, which provided an indirect, but more effective pathway towards local ownership and empowerment. Staff working in community development (rather than management) roles within Community Planning were usually perceived as allies by residents but did not have time to spend on developing local activity in any depth and had their own targets for developing area-wide activity which did not necessarily align with local needs or plans.

Examples of positive and useful local relationships with state sector staff included staff working beyond their remit in primary education (e.g. supporting local parents) and supporting adults with learning difficulties (e.g. community gardening project). In addition, Case Study 2 residents had strong relationships with local councillors, with whom they met on a regular basis; this was perceived as the vital link to the Local Authority and was the main port of call for any local issues that arose.

In summary, then, the three ABCD hypotheses derived from the literature were found to need significant modification in order to ABCD to contribute to sustainable community wellbeing. Table 9.2 below summarises these modifications, based on empirical evidence.

Table 9.2 ABCD Mid-Range Theories, modified according to study evidence

ABCD MID RANGE THEORY (MRT)		MODIFIED THEORY
MRT 1	‘Withhold the state’	‘Redesign state modes of community involvement and decision-making’
MRT 2	‘Mobilise assets’	‘State as lead for activity programming/provision’
MRT 3	‘Develop local vision’	‘Develop measurable community empowerment pathways’

All three hypotheses required increased engagement from the state in disadvantaged communities, with responsibility for activity provision aligned with local needs. This finding is thought to reflect the more supportive State context for assets implementation in Scotland: a very different setting to the original context for ABCD activity in Chicago, USA. State involvement in the AHEAD Project (Health Promotion, Community Engagement, school staff, community centre and environmental workers) was seen as key. Many of these staff had significant experience that pre-existed the AHEAD programme, and would continue in employment beyond the ABCD intervention, thereby being vital to continuity beyond the scope of fixed-term AHEAD project funding.

Additional resources for food access, housing maintenance and policing were seen as a priority. A locally-defined framework would allow residents to build autonomy by identifying priorities and holding dialogue with state and voluntary sectors providers over the prioritisation of resources.

R.Q.4: How can a Capabilities Analysis help to draw out social justice outcomes for ABCD?

A key criticism of assets approaches focuses on the privileging of psychological explanations of disadvantage over those of socio-economic circumstance. The absence of locally defined outcomes for the AHEAD project offered an opportunity for this research to explore how ABCD goals might link activity to change at a socio-economic level. In addition to this, evidence on CMOs underlined the importance of context, and required further consideration of the

process leading to mechanism areas E and F. For these reasons, a decision was taken to use the Capabilities Approach in the generation and analysis of data.

- **The ABCD Capabilities domains**

Research respondents were invited to prioritise the ‘top 5’ capabilities from a set developed for use by the Equality and Human Rights Commission. The top five key priorities identified overall are shown in Table 9.3 overleaf.

Table 9.3 'Top 5' Capabilities and Functionings relating to ABCD, identified by research participants

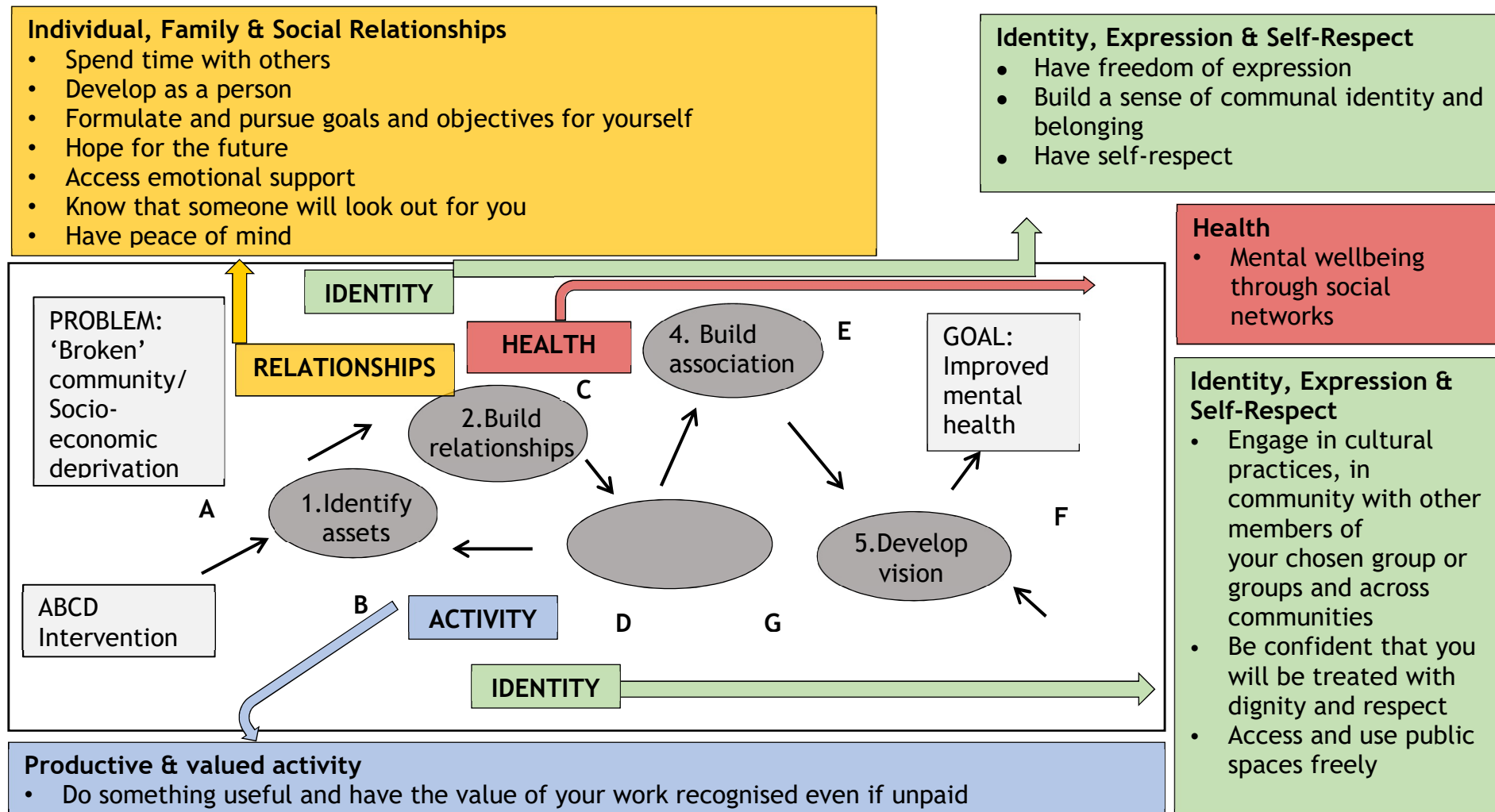
	Capability Domain	Functionings
1.	Identity, Expression and Self-Respect	<ul style="list-style-type: none"> • Have freedom of expression • Build a sense of communal identity and belonging • Engage in cultural practices, in community with other members of your chosen group or groups and across communities • Have self-respect • Be confident that you will be treated with dignity and respect • Access and use public spaces freely
2.	Individual, Family and Social Relationships	<ul style="list-style-type: none"> • Spend time with others • Develop as a person • Formulate and pursue goals and objectives for yourself • Hope for the future • Access emotional support • Know that someone will look out for you • Have peace of mind • Form friendships • Develop and maintain self-respect, self-esteem and self-confidence
3.	Participation and Voice	<ul style="list-style-type: none"> • Make decisions affecting your own life • Get together with others • Participate in the local community • Participate in local decision-making • Participate in non-governmental organisations concerned with public and political life • Participate in the formulation of government policy, local and nationally • Form and join civil organization and solidarity groups
4.	Productive and Valued Activity	<ul style="list-style-type: none"> • Do something useful and have the value of your work recognized even if unpaid
5.	Health	<ul style="list-style-type: none"> • Mental wellbeing through social networks

A further two capabilities given special mention due to the cross-cutting themes repeatedly cited in the case study neighbourhoods were Standard of Living and Legal Protection. Issues raised within these domains included food poverty, poor

housing maintenance and private landlords, and addiction; as well as community neglect in relation to criminal activity due to police inaction.

Four out of the five capabilities functionings (see Figure 9.2 below) clustered around the corresponding mechanism areas on the ABCD Logic Model. ‘Individual, Family and Relationships’ functionings correlated with Mechanism area C (‘Building Relationships’), which both prefigured and consolidated community activity. Although the ABCD intervention was broadly concerned with improving wellbeing, only one specific ‘Health’ functioning was derived from the data, which related to mental health developed through social interaction and also mapped to area C. ‘Productive and Valued Activity’ demonstrated a clear link to Mechanism area D at ‘Mobilising assets.’ Whilst the ‘Identity, Expression and Self-Respect’ functionings mapped across more than one mechanism area, they were concentrated, once again, around social relationship building and activity.

Figure 9.2 ABCD Logic Model with mapped mechanism areas and 4 (of 5) Capabilities Domain Functionings

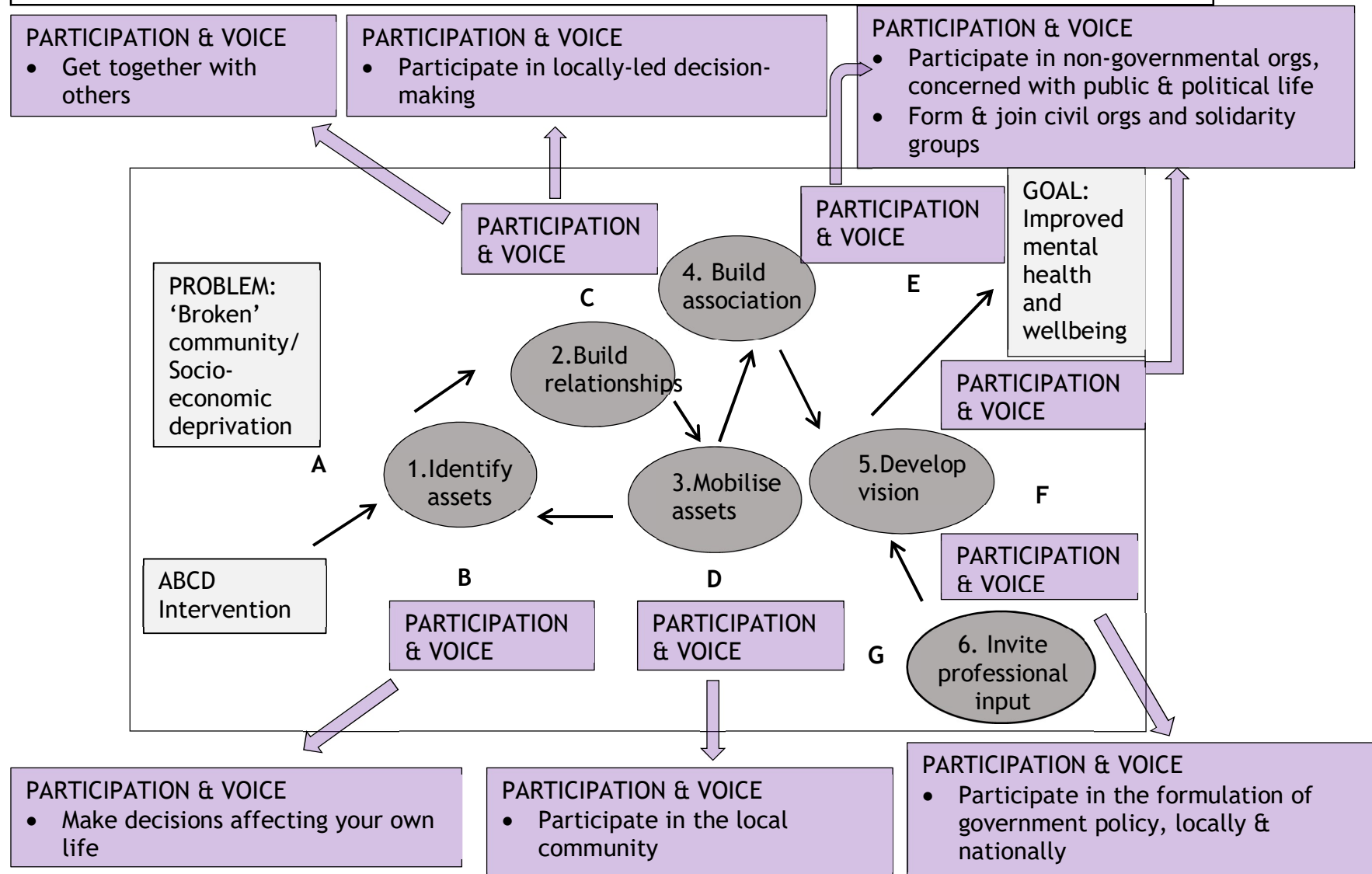


The functionings data on the domain of Participation and Voice (P & V), however, told a different story. These mapped across the full ABCD cycle, from pre-engagement to post - vision (see Figure 9.3 below). This demonstrated the centrality of the Participation domain to the ABCD intervention and the need for domain functionings to be developed along a pathway of participation, but also offered some potential solutions to the lack of progress towards Mechanism areas E and F. Four P & V functionings clustered around Mechanisms E and F, as follows:

- Participate in locally led decision-making
- Participate in non-governmental organisations concerned with public and political life
- Participate in the formulation of government policy, locally and nationally
- Form and join civil organisations and solidarity groups

Building a range of opportunities and interventions to meet the functionings in these areas in particular would be a fruitful development for ABCD and would offer a tangible pathway for a wide range of community empowerment activity. Using this functionings set in combination with the two other dimensions (agency and power) of durable empowerment (Drydyk, 2013) would provide a tangible programme of activity to which all partners could contribute, and which could be measured both quantitatively and qualitatively.

Figure 9.3 ABCD Logic Model with mapped mechanism areas and Participation and Voice Functionings



ABCD Conversion Factors

The Capabilities Approach also allowed the categorisation of contextual conditions according to ‘conversion factors’ at micro, meso and macro levels. This analysis drew out some clear parameters for the establishment of ABCD policy interventions. At micro level, implementers needed to consider the intensive support required to encourage involvement by the most vulnerable in communities. Although this was thought to be an area to which ABCD could contribute directly, the implications for resourcing were significant, with residents perceived to require several hours’ consistent support per week to begin linking with local networks.

The sustained success of such micro-level support was also contingent on the meso-level provision of a coordinated, accessible local programme of activity to offer a pathway of progression. Although the voluntary sector was perceived as having a valuable contribution to make to this, financial precarity had resulted in a perception that this would be better provided at a statutory level. Case Study 2 demonstrated evidence of the effects of historical cuts and small but significant geographical shifts in budget allocation to meso-level provision and identified the importance of meso-level provision as part of an ‘empowerment’ pathway.

Finally, the macro-level consideration of socio-economic concerns such as food poverty, poor housing and low income was perceived as vital in any bid to effect real social change and address inequality. Issues such as food poverty and addiction were perceived to be getting worse, and many respondents expressed the hopelessness of socio-economic conditions for the most vulnerable.

Whilst some Public and Voluntary sector staff perceived this to be beyond the remit of an ABCD Project, they nevertheless expressed the importance of policies to improve socio-economic conditions alongside the building of social networks and activity. All residents and some staff highlighted the importance of local consciousness-raising as a potentially useful function of ABCD activity, in the bid to challenge structural circumstances. This leads on to the final aspect of a

Capabilities analysis undertaken: that of considering how to conceptualise and measure the achievement of empowerment.

- **Durable empowerment**

Capabilities literature on empowerment offered a three-dimensional analysis of the concept, linking it directly to the achievement of Capabilities functionings through development of agency and fertile power relationships. In other words, ‘durable empowerment’ is defined as being linked to socio-economic change, supported by a process of local control and ownership. Analysis suggested that the ABCD concept of empowerment did not offer a direct link to challenging unequal socio-economic conditions, and neither did it offer sufficient analysis of power as an enabling factor, allowing for continued ‘power-over’ and ‘power-to’ relationships with the state, rather than the generation of ‘power -with’ models that support local decision-making and some level of budgetary control.

Even in Case Study 2, where experienced local activists had been planning and delivering local activity over a span of forty years, power relationships with the State were predominantly perceived as ‘power-over’ relationships, despite the recent Scottish Government Community Empowerment legislation.

These findings suggest the importance of an ABCD Logic Model which offers a clear pathway enabling the development of Participation and Voice, but also the rigorous conceptualisation and measurement of empowerment as a key factor in the durable achievement of Mechanisms E and F: the building of community association and development of a local vision for change. See Figure 9.4 below for a depiction of the revised ABCD Logic Model, building in the need for an iterative process of dialogue and relationship building. Building in the assessment of agency and power, alongside working towards the Capabilities goals themselves, would allow for a more nuanced understanding of what support local residents require in developing agency for involvement, but also the processes of power transfer that enable sustained local decision-making. The findings also suggest the importance of

coordination across a range of policy initiatives, so that approaches such as ABCD are only taken when accompanied by policies focusing on structural change, such as improved benefits, living wage, satisfactory maintenance of housing stock, and adequate public service resourcing. Capabilities approach offers a framework of locally-generated outcomes, grounded in socio-economic concerns, to which a range of stakeholders and programme might contribute.

9.2.1 Strengths and limitations of the study

The research study aimed to offer a robust evaluation of the ABCD approach, in order to understand in detail how the intervention is proposed to work, and how this is borne out by experience. A strength of the study was that it was able to compare two geographical neighbourhoods that presented a similar SIMD profile but achieved contrasting results due to availability of local resources, engagement of activists and neighbourhood history. This comparison was able to draw out some key factors in developing an effective pathway to participation with activists. The study is also able to contribute to ongoing findings in relation to the broader agenda of empowerment focused around the Scottish Government's Community Empowerment (Scotland) Act 2015. Findings suggest the need for new 'imaginary spaces' (Newman and Clark, 2009) that facilitate more inclusive public dialogue as well as increased control over resource allocation. The opportunity for residents to consider arrangements of community management and control that optimise autonomy but reduce the responsabilisation and stress associated with asset ownership may mitigate against unsustainable models of ownership, such as those described in Case Study 2.

The qualitative strategy, using in-depth interviews that opened dialogue around Capability domains offered the opportunity for respondents to step beyond rehearsed responses to assets building and empowerment, and consider the socio-economic factors that influence asset building, participation and empowerment. A variety of data sources including interviews, a focus group, fieldwork diaries, and documentary analysis allowed an understanding of how ABCD worked in practice to be generated from different perspectives. Recruitment of equivalent roles across both case studies examined the differing perceptions of respondent groups, including residents, Community Builders, NHS and Local Authority staff.

The small case studies and geographical limitations of the study also contribute to its weakness. A study of this size cannot make claims for knowledge beyond its scope, and therefore, recommendations for a new ABCD Logic Model and

Capabilities framework must be acknowledged as provisional. Further, alternative methodological approaches would undoubtedly have yielded fruitful analysis: for example, a quantitative analysis of Local Authority and NHS budget allocations would be a useful means of exploring the localised effects of decision-making on communities, using the Capabilities approach; equally, a networks analysis of the ways in which social networks grew in each Case Study neighbourhood, and their interaction with specific pathways of participation, would also offer an interesting and detailed insight into the development of an assets approach.

Time limitations meant that further work on how the Capabilities 'Participation' pathway might be articulated and developed was not possible. Further work in this area could operationalise findings for use by policy makers and practitioners, and could form the basis of a follow-up study, by detailing a range of practical activity that would support achievement of the functionings detailed within the ABCD Capabilities framework.

9.3 Contribution to policy

Since Christie's (2011) exhortation for public service delivery transformation according to the four pillars of 'participation, partnership, prevention and performance', assets approaches have gained currency as a policy tool for building participation and capacity in communities across Scotland, particularly in the most disadvantaged neighbourhoods. At the same time, assets approaches have been criticised for a lack of robust evidence that they actually improve wellbeing (Friedli, 2013). Whilst acknowledging its geographic specificity and limited scale, this research study nevertheless offers significant evidence on Asset Based Community Development for policy makers at a national, regional and local level, as well as for practitioners and staff working in Local Authority, health service and voluntary sector organisations. This includes which aspects of ABCD work in practice, who is likely to benefit, and what are the favourable contextual conditions. The research also uses the Capabilities Approach to explore the notion of empowerment and the need for a framework of socio-economic goals in addition

to behaviour change and social network development. Finally, the section considers the next steps for research that will be useful to policy makers and practitioners.

ABCD offers an approach that can produce additional results to other participation models in several ways: ABCD helps residents identify what they want to do and supports this using a 'power-with' approach; it builds a programme of grassroots activity based on local values rather than external expectations of what is acceptable or effective; and its greatest potential contribution to social change lies in the development of local empowerment via activism. However, the depoliticisation of ABCD (in comparison to other community development approaches such as Freire's conscientisation or Alinsky's radical action) and its lack of articulated goals for social change mean it is likely to fall short in improving wellbeing at a social or structural level. Modifications to the ABCD approach and the development of evaluation tools allow for a clearer articulation of the empowerment process as a pathway of activity and link the intervention to outcomes at structural, social and individual levels concurrently.

For staff working in public services who participated in this study, the assets challenge to support disadvantaged communities to take action for themselves, appeared to be a welcome message. A culture change in power sharing within Local Authority or NHS structures was perceived as challenging and long overdue, and staff unanimously supported the ABCD ethos not least because it meant that management would have to embrace new ways of working with disadvantaged communities. At the same time, there was considerable concern over the ABCD claim that state resources should be held back to allow communities to develop their own vision. Those working in public-facing roles, particularly in community engagement or health promotion posts, perceived state staff resources as one of the few sustainable resources being offered to disadvantaged communities and were therefore keen to maintain public sector staff at the centre of assets work with local residents.

For local activists, any cut to resources was also a cause for concern, although existing Local Authority structures for participation such as Community Planning were, for the most part, treated with suspicion. The most active residents perceived their role as one of resistance to state-led decision-making, although they were also proactive in initiating regular contact and dialogue with public sector staff. Activists were able to demonstrate clear pathways of ‘critical consciousness-building’ (Freire, 1972): as volunteers moved from attending local interest groups to gaining membership of the Community Association; and through ongoing informal apprenticeship and peer learning. However, all activists perceived these opportunities as being under considerable pressure due to dwindling resources and increased responsabilisation to local volunteers. Adult education delivered in local venues was also seen as a potential key step in the participation pathway, providing a key stepping stone to education and employment. Such opportunities had largely disappeared from neighbourhood level, and were restricted to FE College delivery further afield.

The study found that ABCD was most likely to benefit those who were already active in their communities, with the most isolated and vulnerable residents having more pressing concerns to deal with such as food poverty, low income, poor housing, addiction and domestic violence. This said, some limited success was noted in organising one-off community events involving children, such as fun days or community picnics. Respondents observed that vulnerable residents needed advocacy and support, and some were trying to stretch existing resources to meet these needs through volunteer activity, informal peer support or through ‘add-on’ provision for parents in schools.

The contextual conditions conducive to ABCD success included a locally-managed community venue and an established, sustainable programme of activity. This was also seen as an important part of the participation pathway for vulnerable residents, as activities could be clearly signposted and offered without requiring an

immediate commitment to volunteer. In addition to these, Case Study 2's requirement that local groups represented themselves on the Community Association provided a clear link from participation to representation. Further, securing a welcome for the intervention by the host community was discovered to yield favourable results more quickly; this included involvement in recruitment and dialogue over ABCD project aims and location of Community Builders. Although Case Study 2 had not developed a local vision, evidence suggested that with support to facilitate wider public dialogue, this could be achieved successfully. Case Study 1's lack of coordinated activity, local venue or history of activism meant that the visibility of the ABCD project was compromised and had no pre-existing network on which to build.

Local dialogue on Capabilities led to the development of a framework of priorities for ABCD. These mapped across the ABCD Logic Model, clustering around the 'problem' areas of developing association and a local vision. The importance of linking wider social outcomes to the 'double helix' of community strength and activity is highlighted by Rolfe (2016) in his comparison of community participation policy in Scotland and England. Whilst recognising the intertwining and mutually reinforcing nature of these strength/activity goals - echoed in ABCD findings on the need for a relationships/activity 'loop' - this study aims to plot social outcomes as a pathway across the ABCD intervention. The Capabilities domain of Participation was particularly fruitful in this regard, demonstrating a clear incremental pathway for activists that led from 'personal' goals towards 'structural' ones. Using this Participation pathway in conjunction with the Capabilities three-dimensional conception of empowerment (Drydyk, 2013) would offer clear goals for asset building, but could also function to bring together broader efforts at empowerment by offering stakeholders a shared framework of goals.

Building upon this model, future work could include the development of a heuristic pathway model for participation and empowerment, proposing a range of activities and approaches to support achievement of each of Participation goal. This would

help to anchor the ABCD approach in a practice more reminiscent of a critical pedagogy approach (Freire, 1972) focused on social justice. Further development of the Capabilities empowerment model to offer tangible activities - including diverse opportunities for civic engagement and public dialogue (Escobar, 2017) - would help to address a key criticism from the evidence, that public sector efforts at engagement are often regarded by residents as tokenistic, 'power-over' models, used to demonstrate local involvement in service planning, rather than as a means of addressing the causes of inequality and disadvantage. This would provide a robust evaluation tool to assess the practical progress of Scottish Government legislation such as the Community Empowerment (Scotland) Act 2015 and would anchor the National Standards for Community Engagement²⁴ in socio-economic outcomes.

9.4 Contribution to research

The assets approach of turning a spotlight on the skills and resources of residents, rather than on indicators of multiple deprivation, has been heralded as a more respectful means of addressing inequality and poor health (GCPH, 2015). Unfortunately, psychosocial explanations for poor health are often accompanied by a lack of attention to material inequalities (Friedli, 2012) and in Scottish policy they have been highlighted as a means of enabling communities to increase opportunities for decision-making, but also to plug gaps in state resources brought about by austerity measures. Their appeal to policymakers such as Scottish Government may indeed lie in the combination of radical empowerment language with a licence to withdraw state involvement due to the ABCD premise that public services have stigmatised and disempowered communities (Kretzmann and McKnight, 1993).

The key research contributions of this study concern the literatures on assets approaches and community development theory; the methodological contribution

²⁴ National Standards for Community Engagement, SCDC.
<https://www.scdc.org.uk/what/national-standards>. Accessed 190718.

presented by a combined evaluation methodology; and the operationalisation of a Capabilities Approach as a means of increasing the social justice potential of ABCD.

The research aims to contribute to the literature on assets approaches by offering a robust evaluation of Asset Based Community Development, one of several assets approaches currently popular in Scottish policy. Following on from a criticism in the assets literature that assets agenda privileges psychological causes of inequality rather than structural explanations, Ennis and West (2010) have suggested that assets approaches must explicitly connect ‘internal’ change with ‘external’, macro-level structures, otherwise their effects will be no more than a ‘communitarian exercise in feel-good practice’.

This study has aimed to respond to these challenges by evaluating the critical ABCD pathways and using Capabilities to create a combination of ‘internal’ and ‘external’ goals, which together create coherence, not only for the ABCD approach itself, but for the various stakeholder activities operating at neighbourhood level. Further, the study draws out the critical contextual factors and implements a three-dimensional analysis of empowerment activity drawing on Capabilities literature. Ultimately, the study aims to address the radical/neoliberal dichotomy at the heart of the assets approach (Freidli, 2013) by increasing the scope for critical empowerment and diminishing the potential damage caused by re-evaluating criticisms of policy failure using empirical evidence.

The methodology combines the development of a simple ABCD Theory of Change cycle and analysis of underpinning assumptions with detailed exploration of the causal pathways and contextual factors that produce or prevent the achievement of outcomes. The findings demonstrate three mechanism irregularities within the ABCD model, two of which had been resolved pragmatically by the project. The third area, concerning development of community association and vision, proved more problematic, and drew on the Capabilities Approach to explore potential

solutions to making the E/F Mechanism more effective. The study draws on work by Rolfe (2016), which examines the divergence in community participation policy between Scotland and England, aiming to build on the findings in two ways: by using a similarly combined ToC/RE evaluation to map activity within one specific participation intervention - namely ABCD; and to anchor the intervention by developing a framework of wider social outcomes with residents and activists, which themselves map across the ABCD Logic Model, providing a 'pathway' of outcomes.

Whilst findings corroborate Rolfe's evidence that Scottish Government has invited local communities to have a direct influence on policy and to engage with initial processes of democratic deliberation, this study finds that these opportunities were only taken up by Case Study 2, which already possessed significant experience of activism. There was little of evidence of 'new' groups engaging with decision-making opportunities, and even in Case Study 2, opportunities for local input to public sector reform were limited to structures for engagement designed and delivered by public sector partners and often regarded as tokenistic by local residents. This suggests the need for new and inclusive models for democratic participation that invite broad and diverse participation. Historic Local Authority cutbacks to Community Learning and Development staff prevented focused work at a neighbourhood level and had led to a demise in local adult learning and youth activity. More recent cuts to voluntary sector activity was compounding the lack of sustained local activity, and reducing the entry points to participation for local residents in need of support.

The study's contribution to the Capabilities literature centres on the combination with Theory of Change/Realistic Evaluation approaches, and the operationalising of Capabilities domains and functionings during qualitative research with residents and stakeholders in disadvantaged communities in Scotland. At a neighbourhood level, Capabilities allowed the development of a set of locally-

defined freedoms to fit the ABCD approach, broadening the dialogue between residents and stakeholders to include consideration of socio-economic change.

Further analysis considered context by evaluating micro/meso/macro conversion factors, and the three dimensions of ‘durable’ empowerment (Drydyk, 2013). The identification of ABCD goals and evaluation of context and process demonstrate the potential for Capabilities to explore social justice potential across other participation policy interventions being piloted at a neighbourhood level.

9.5 Concluding summary

This study offers a contribution to the evidence base regarding the impacts of Asset-Based Community Development as an approach to improving wellbeing in disadvantaged neighbourhoods. Specifically, it offers a detailed examination of the critical pathways within the ABCD method, and of the contextual factors that support or hinder their achievement. The findings suggest that implementation of place-based approaches such as ABCD require nuanced consideration, including issues such as agency and power, and the need to build explicit links between local activity and social justice outcomes.

Through the development of the Capabilities domain of Participation and Voice, and a Capabilities analysis of empowerment, the two case studies demonstrate that despite similar socio-economic profiles, differences of experience in local organisation and activism have a significant bearing on the outcomes of an ABCD approach. By offering evidence on the key success factors in the development of collective association, this learning presents a challenge to public sector strategies on community empowerment and participation, demanding new ways of working on a ‘power-with’ basis, and linking empowerment to structural change.

Appendix 1 Ethics Approval Letter

College Research Ethics Review Feedback

Application Approved

Ethics Committee for Non-Clinical Research Involving Human Subjects

Application Details

Staff Research Ethics Application ☐

Postgraduate Student Research Ethics Application



Application Number: 400150125

Applicant's Name: Sarah Ward

Project Title: Assets approaches to community health & wellbeing

Application Status: **APPROVED**

Start Date of Approval: **18/04/2016**

End Date of Approval of Research Project: **04/02/2019**

Please retain this notification for future reference. If you have any enquiries please email socsci-ethics@glasgow.ac.uk.

Appendix 2 Research Participant Information Sheet



College of Social
Sciences

PARTICIPANT INFORMATION SHEET

STUDY TITLE: 'ASSETS APPROACHES TO HEALTH AND WELLBEING IN AYRSHIRE'

Researcher Details: Sarah Ward

PhD student at University of Glasgow

Address: Room 203, Adam Smith Building, University of Glasgow G21 8QQ;
and Ahead Project Office, 119 Main Street, Ayr

Email: s.ward.1@research.gla.ac.uk

Telephone: 0141 330 2185

1. Introduction

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

2. Purpose of Study

The purpose of this study is to explore how an assets approach can contribute to community health and wellbeing. The study will begin by inviting research participants to consider how they define 'community health and wellbeing', and will then progress to examine how experiences within the Ahead Project in Ayrshire contribute to these understandings of health.

The research will focus on two case study areas: one community in North Ayrshire (TBC), and one community in South Ayrshire (Wallacetoun).

3. Participating in the research

Participation within the research is entirely voluntary, and will not in any way affect your involvement or role in the Ahead Project. Research participants have the right to withdraw at any time during the research process without prejudice, and without providing a reason. On withdrawal, all participant data collected will be removed from the research project, and securely deleted.

Participation will involve a 2-hour workshop with a group of project participants and staff; and/or one interview of between 30 and 60 minutes. During interview you will be invited to share your experience of being involved in the Ahead Project.

The workshop will take place during Phase 1 of research (April – May 2016).

Interviews will take place in two phases. South Ayrshire research will take place during Phase 2 (May – June 2016) and North Ayrshire research will take place in Phase 3 (August – October 2016).

In some cases, participants may be approached for a further 30-minute interview. Participation in this follow-up stage is also entirely voluntary.

4. Anonymity

Participant details will be kept anonymous by changing all names and any place or referential names that may allow the identity of the participant to be detected.

All participant data will be stored confidentially in an electronic, password-protected file at the University of Glasgow.

Please note that assurances on anonymity will be strictly adhered to unless evidence of wrongdoing or potential harm is uncovered. In such cases the University may be obliged to contact relevant statutory bodies/agencies.

5. Use of Data

Data will be collected from the workshop session and from interviews. Data from the workshop will comprise notes and flipcharts from the session, which will be typed up. These notes will not disclose the identity of participants, further than 'project participant' and 'project staff member.'

Data from interviews will be transcribed and coded in order to understand the key themes experienced by project participants and staff, in relation to the contribution of an assets approach to community health and wellbeing.

Findings from the research will contribute to the Ahead Project's 3-year Evaluation, with the aim of informing the development and refinement of assets approaches to community health and wellbeing in the future. Findings will contribute to policy research through What Works Scotland, a research group supporting local areas to build evidence in order to inform decision on public sector reform.

Data will be anonymised during the transcription process. It will then be stored confidentially, in electronic form with password protection. Only the names researcher will

have access to the raw data. According to good practice determined by the University of Glasgow, data will be stored for 7 years, after which time it will be destroyed.

Anonymised data will be used during research and will be presented within a PhD thesis. Data will also be used for publication in research article and conference papers.

6. Research Project Funding

PhD research is co-funded by NHS Ahead Project, Ayrshire & Arran, and What Works Scotland, an initiative to improve the way local areas in Scotland use evidence to make decisions about public service development and reform

7. Ethics approval

This project received approval from University of Glasgow, College Research Ethics Committee, on xx date.

8. Complaints Procedure

Should you wish to make a complaint about the research at any time, further information can be obtained from the University of Glasgow's College of Social Sciences Ethics Officer, **Dr Muir Houston**, email: Muir.Houston@glasgow.ac.uk

Appendix 3 Research Participant Consent Form



University
of Glasgow

College of Social
Sciences

Consent Form

Title of Project: Ahead Project, NHS Ayrshire & Arran

Name of Researcher: Sarah Ward (and NHS Health Promotion Manager, Lesley Reid)

Basic consent clauses, statement format

I confirm that I have read and understood the Plain Language Statement/Participant Information Sheet for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

Consent on method clause

I consent / do not consent (delete as applicable) to interviews being audio-recorded.
(I acknowledge that copies of transcripts will be returned to participants for verification.)

Anonymity clauses

I acknowledge that participants will be referred to by pseudonym.

Clauses relating to data storage (you must include one)

I understand that the data collected from this research will be stored securely with my personal details removed and agree for it to be held as set out in the Plain Language Statement.

I agree to waive my copyright to any data collected as part of this project

Basic consent clause, agreement format

I agree / do not agree (delete as applicable) to take part in the above study.

Basic consent clause, tick box format

I agree to take part in this research study ☐

I do not agree to take part in this research study

☐

Name of Participant

Signature

Date

Name of Researcher: Sarah Ward

Signature

Date

Appendix 4 Interview Guide Script

INTERVIEW GUIDE

1. Pre-Interview

Initial discussion commences with interviewer briefly explaining each of the ten Capabilities domains, so that the Capabilities mini-task can progress at Section 2 of the interview.

Explain that the Capabilities Approach is a way of developing goals and evaluating progress across a number of different areas.
These are:

1. Life - being able to live a life of healthy duration
2. Health - being able to live
3. Physical health - being able to live with physical security
4. Identity, expression and self-respect -
5. Individual, family and social life
6. Education and learning
7. Standard of living
8. Productive and valued activities
9. Participation, influence and voice
10. Legal security

... and you also have the opportunity to raise any issues which you feel are missing from this list.

2. Interview Script

2.1 About ABCD and the AHEAD Project

In this interview, I'd like to find out more about your role in the Ahead project, and also about your perception of what the aims of the project are. Then I'd like to go on to talk about how to map the activities from Ahead onto a human rights type framework which looks at what needs to be in place for someone to live a decent life - to be able to be and do what they want to in life.

- Firstly, can you tell me a bit about your role within the AHEAD project?
- So moving on to talk about what the aims of the project are, what would you see as the project key aims and focus?
- Here are the NHS aims set at the outset. How much do you think these aims are still relevant?

2.2 Choosing the ‘top 5’ Capabilities most relevant to AHEAD Project’s ABCD work

My research so far has focused on the benefits of the ABCD approach and how it supports communities, but also the ways in which it could be strengthened.

Let’s move on to talking about the Capabilities I’ve laid out here. Could you take a few minutes to choose the five you think are most relevant to the AHEAD Project’s work? It doesn’t mean that the others aren’t important too - just that your five are the first priorities for the project.

2.3 Future change and addressing problems of inequality and disadvantage

The other thing I’d like to talk about is one of the criticisms of the ABCD approach, that it’s good at building the ‘internal’ strengths in a community, but possibly less able to address bigger issues around changing social and economic conditions.

What is your sense of the type of change that you think ABCD and the AHEAD Project can make in this/the community? What potential, if any, is there to address social and economic conditions, for example?

3. Finish and close

Thank interviewee for their time and let them know that the transcript will be emailed to them for them to look over. Reiterate that any edits or changes can be made, and that they can withdraw their contribution at any point.

Appendix 5 Interview ‘thick description’ sample

Respondent 1

Role in Ahead Project and discussion of project objectives

Respondent 1 is employed by the Ahead Project as a Community Builder, working twenty hours in the neighbourhood of Castlepark in North Irvine. She is based at the Castlepark Community Centre, which is a predominantly volunteer-led community centre offering activity seven days per week, with one paid employee other than Respondent 1, the Centre Caretaker. R1 is a trained Community Development practitioner, having recently graduated from a degree in Community Development. She used her CB work in Castlepark as her university work placement and has written reflectively on the method as part of her training. R1 has also worked for two years as a sessional youth work in the neighbouring Redburn Youth Centre, which is located within 100 metres of the Castlepark Centre. The two communities are seen as separate, and some discussion was focused around how R1 was trying to bring neighbourhoods together as a means of encouraging younger people to become involved in the work at Castlepark. R1's training as a CD practitioner also featured during the interview, particularly when discussing the ABCD method. R1 was positive about the CB role, which she explains as being about having conversations ('it's about having the right conversations ... you've got to get to that place where it's learning conversations you're actually having.') with local people to get to know them well, build up trust, and support them to define and establish further local activity. She also saw the role as being about making links between individuals and existing resources and activities within the neighbourhood: something that she didn't think was supposed to be within the CB role, but which she felt to be important ('we've got a group of people here doing things. Why on earth would we leave them out of this process?')

R1 described a positive experience of working in Castlepark from her initial visit for an ABCD training session with the Nurture Development mentor. She spoke continually about the existing 'community spirit' in Castlepark and their support for the AHEAD project from the outset. This theme of community spirit was picked up several times during the course of the interview, and R1 discussed how the Association (the voluntary group who manage the Castlepark Centre) and the range of long-running activity groups contributed significantly to community spirit. The interview also explored the ABCD notion that community spirit needed to be established, or 'brought back', when in Castlepark R1 felt it was already well-established ('I didn't feel as if I was working in a deprived community').

However, R1 did acknowledge that not everyone in Castlepark was likely to experience the community spirit:

‘that’s nice to be able to walk in and community spirit exists but maybe it doesn’t exist for everyone, and I think that’s been my struggle ... it’s how we engage with them.’

This issue of who is thriving and who is not was raised several times. On the one hand, R1 felt that she was in a ‘thriving community cause there’s people involved who are wanting to do something about it’ but on the other, ‘I can literally see people coming in to use the food bank or I can see the people that are missing from a group because they don’t want to pay the pound. I can see the amount of people that are using the Centre during the day when they’re not working’; ‘the people that I’ve seen in the food bank, I’ve never seen them in any group ... folk are in and out and they don’t want to talk.’

R1 commented on the positive reception she had received when starting work in Castlepark as being a result of prior local consultation as to whether the community wanted a Community Builder worker. When an AHEAD Community Builder had started work in another nearby community, he had experienced a negative response to what was seen by local people as the ‘parachuting in’ of resources over which they had no say or influence. R1 felt that the community’s positive welcome was vital in securing her introduction to local people. She spoke a lot about how valuable it is to be introduced by a local person who is already trusted. She also repeatedly stated the advantage in being located within a community centre, and having access to existing activity. Some discussion focused on whether this approach was valid in terms of the ABCD method: R1 expressed concern that working with established groups goes against the ABCD method, which emphasises a focus on local residents who are not already engaged in community activity (‘it’s quite difficult when things are already happening’). However, R1 had decided to disregard this issue since she felt that working with those already involved was working well and giving her a means of engaging quickly, whilst also developing work with those who did not use the Centre. R1 stated that her training in CD and previous work experience as a youth worker was giving her the confidence to use whatever methods worked to engage with local people.

Some discussion focused on R1’s perception that political action is not the way that communities get what they want any more (although later she went on to talk about the Castlepark’s strength lying in their history of ‘fighting for what they want’ (‘people are doing things for themselves, which is amazing’)). This theme of political action/dominance of consensual approaches is something that I have gone on to explore further in subsequent interviews. ABCD was seen as an alternative approach to direct action, by focusing on a positive approach to what people are already able to do.

She explained that initially she had struggled with ABCD as not taking an issue-based approach, but had now re-aligned her thinking to see that the issues are still there, but that the starting point for addressing them is local rather than looking for external, professional solutions.

On the ABCD method, R1 commented that ABCD was valuable because it allowed her to get to know people ‘as human beings.’ This holistic approach involved R1 joining in with whatever activity local residents were interested in. For example, she had gone running with a local person who wanted to get fitter and had gone on several community walkabouts with older members of the community. She also regularly helped out with Centre activities, including a weekly lunch club for older people and a fortnightly weekend activity group for people with additional support needs. R1 discussed time regularly throughout the interview: both in terms of the CBs being different from other workers in that ‘we have the time’, but also in expressing her frustration at how long the process of ABCD takes ‘it takes longer than you expect it to’ and ‘it’s a daunting thing.’ She worried that she would not be able to demonstrate to management what she has been doing, but also enjoyed the freedom of not having externally-designated targets.

Although R1 described the ABCD role as being different to other CD approaches in that she has the time to get to know people properly, she also stated that ABCD was ‘not new’ and that it’s a way of articulating something that workers have been doing for years. This resonates with comments made during the ABCDE Learning Day, the AHEAD project’s reflection with local residents and workers on project activity. One area of the method with which she was not comfortable is ‘door knocking.’ R1 said that some CBs would find this an acceptable approach but that she felt it was an intrusion.

Capability Domains

In terms of Capability domains, R1 chose Identity, self-respect and expression, Productive and valued activities, Individual, family and social life, Standard of living and Participation and voice. She reiterated the inter-reliance of the domains she had chosen several times (‘they all link in with each other’; ‘you could put them the other way round and they would all affect each other’).

- **Identity, Expression and Self-Respect**

She spoke in detail about Identity as being key to all the other domains, and described feeling valued and building confidence as a key focus of her work.

- **Standard of Living**

In the area of Standard of Living, she expressed frustration that there was not a clear way in which she could lobby against local cuts, giving the example of a local woman with a disability whose supported accommodation had been cut and had been moved to reside in another town. Whilst the woman continued to attend Centre activities, she was no longer based in the local neighbourhood. R1 felt that she would like a clearer course of action in how to address issues such as housing, and food ('I think that's where it's been a bit of a struggle because it's like how do we step in in someone's time of need?'; 'Seeing older folk and their clothes are maybe dirty and they just look really sad ... you want to be able to intervene in that and sit and have a conversation'). We discussed the Centre's food bank and usage of this at some length. ('I do think there is all those social issues but it's how we kind of integrate that into the ABCD approach'). In the context of housing, R1 raised the issue of Private Lets as being problematic in the community:

'folk living round Castlepark have been here for years ...then you've got the houses for let, they come in and they don't know them and then they maybe leave so I don't know if there's not that connection being made.'

- **Participation and Voice**

In terms of the Participation & Voice domain, R1 described her excitement when local people wanted to discuss macro issues during her conversations with them ('sometimes when those conversations happen you're like, 'Yes! It's happening! We're actually hearing someone talk about politics' ... people are so caught up with everything that's going on in their life that they might not understand that actually ... even *you* can make a difference. With your voice you can change things.').

Structural inequalities and 'external' potentials

Discussion around how the AHEAD Project could move from an internal to external focus, identified key areas as: professionals taking a more ABCD holistic approach to relationships; AHEAD staff having a clearer route to addressing structural issues such as housing, food or income; the project moving towards further discussion with local people on political issues; the project identifying clearer goals around democratic participation.

Appendix 6 Sample mechanism extract from NVivo (Mechanism B)

ABCD Mechanism Area B

Internals\\IOR2 - § 1 reference coded [0.89% Coverage] Reference 1 - 0.89% Coverage

I just think the people that they're working with, you know, and during the day time and are unemployed and...and many of them I'm sure are unemployed for reasons which maybe it is on, you know, long term disability or it'll be reasons which they're not actually seeking work. But there must be people in these communities who want to work and who just...either don't have the skills or knowledge or ability. So surely some of that stuff we should be trying to build within people so that they've got, you know, their... the opportunity then, you know. So maybe that's just not people's passions but maybe it's about being clever about how you work round some of those passions.

Internals\\IW26 - § 1 reference coded [1.33% Coverage] Reference 1 - 1.33% Coverage

I think it's about building relationships because I think that can be more valuable. It's always about getting to know the people first, promoting what they're good at. It's about building their confidence and their skills so that there's not a top down approach, which sometimes I think...if you look at communities like Wallacetown, for example, for years through social inclusion partnerships and things like that, it was like, well, we'll just fling money at you, or, we'll put lots of community workers in and they'll do stuff with you.

Internals\\IW27 - § 4 references coded [3.67% Coverage] Reference 1 - 0.89% Coverage

Coming from a community development background, it was a bit, kind of...not difficult, but strange to look at it, you know, as a...you know, the skills base as opposed to the deficit base which is traditionally how I would approach any area of work. So it took me a wee while to get used to that but then when I started, kind of, drilling down, I was thinking, well, you know, it's pure community development as I remember studying many years ago,

Reference 2 - 1.25% Coverage

Sometimes there can be a wee dilemma between, like, the purist approach of ABCD and the, you know, practical approach. And, yes, I get that whole, you know, like, your approach is different to what it would be going in and identifying. Because it's easy to identify the needs in an area. Well it's easy if you're a community worker to identify the needs. But actually honing in on people's skills, it's difficult for them to actually, 'cause you can tell your negatives. You can tell what's not good about yourself. But people really struggle with looking at how positive they are and what are the skills they do have.

Reference 3 - 0.57% Coverage

Most workers go in to an area and they have an agenda. It's difficult not to have an agenda, and even though you're going in there with that whole, oh well I'm going in to see what skills there are in that community and I'm going to help those...the people recognise that and act upon them.

Reference 4 - 0.96% Coverage

if we can get people to promote and embrace the whole...like, we can do something for ourselves attitude, then it's only going to, like, better the community that they're living in and it's only going to better that individual, because they can do things for themselves and they're not agency-dependent. You know, they've been receivers of services all of their life and don't really appreciate they've been disempowered. They don't really appreciate, I can do this.

Internals\\IWR19 - § 10 references coded [9.76% Coverage] Reference 1 - 1.13% Coverage

I had to reach the people that weren't reached, so we went and we gave out free bacon rolls, we had tea, toast and treasure. Stuff where we went into the school and we'd give them, as they dropped off their kids, a cup of tea and a slice of toast; and if they asked, what about the treasure; you're the treasure. So they really liked that. But people, because of the structures they were placed, thought I was undercover police, they thought I was from the DWP; ah, you're fit enough to work in the café [inaudible 13:57] a

cup of tea.

Reference 2 - 1.09% Coverage

I would just stop people in the streets, I would look at bump-in spaces, bump-in spaces are places like there's a bus stop down the road that people used to wait for a bus, so I used to go and I used to hang out at the bus stop; and I used to say, excuse me, do you stay in this community.

I: How did that go down with people? Were people generally quite...

R: Some people love to talk, some people were okay with it; and some people just ignored me. And some people I think used to jump on the wrong bus just to get away from me.

Reference 3 - 1.20% Coverage

we knocked a couple of doors, and one guy had told a story about some guy that had got stabbed in this close – because it's quite a violent area, and you never really knew if...

I: What you were going into.

R: Yes. So I tended to... I worked in this area before, because I used to be a drug worker, and I tended to go round to people that I knew and engage with them; and there was a woman called Martha who used to come, and there was a woman called Pauline who used to come, there was a guy called Daniel who used to come; people that I knew, and they used to introduce me to people.

Reference 4 - 0.14% Coverage

when you go in with local people, local people trust local people

Reference 5 - 0.49% Coverage

we used to put on free bacon rolls, we used to take a wee carbon stove and a table and fry up the bacon, and then we used to take a picture and put it on Facebook and say, if you can guess where we are you can come and get your free bacon roll.

Reference 6 - 0.75% Coverage

You've got to pick a good sunny day, you know and ask a question about, excuse me, can you tell me what's round that corner; because folk will tell you; can you tell me about your community; instead of asking a direct question like, do you come from this community; if you asked that, all of a sudden they're like that, what do you want to know that for.

Reference 7 - 1.29% Coverage

You meet some interesting folk out in the street; it's not everybody's cup of tea to go about in the street asking people any questions. Good place as well was libraries, was the school when the parents are dropping off their kids at the school. There was also places like in supermarkets, if you tell the manager that you're doing a wee bit of community work and you just keep going through the checkouts then the person next to you can't go anywhere, so you could ask them questions. And it's all wee things like that [that break down 22:39]. And then after about a year people began then to say hello to me

Reference 8 - 0.96% Coverage

most of it was about the council and the NHS, about how their structure, that they give us the freedom or the space to spend time with the community. I was in a meeting once and we had started up a domino group, and I met somebody from the NHS, and they said, well, what are you doing; I said, well, I play dominoes; oh, they said, I can't go back and say that you play dominoes all day; aye, but we have conversations; and it became this mental block to them.

Reference 9 - 1.64% Coverage

when I put on events, and first, like the bacon rolls, like the food bank, like the dominoes, had nothing to do with dominoes and that, had to do with the conversation; so if I was to play you at dominoes it's my conversation, it's I don't want to play you at dominoes, I don't even like dominoes, but we have a conversation with it, so if you want to play dominoes you play dominoes, I'll play you and I'll talk to you. And it's a conversation, it's in that conversation. They say that at the third time of asking people tell

you what they really want; the first time they're working out, what do they want to hear; the second time, I don't want to tell them the real thing just in case he doesn't like me; the third time, hey, I trust this guy, I'll tell him what I really want.

Reference 10 - 1.07% Coverage

with the community picnic we had a tent with artists in it, we had a tent with musicians in it, we had a tent with [inaudible 38:29] in it, we had a tent and we gave out the actual picnic; every person that was in those tents that was helping out that day I had at least five cups of coffee with; so it would take you about half an hour to have a cup of coffee anyway, so two and a half hours I

had spent with them just in conversation. For ABCD to work you must be given the time to have conversations with people.

Internals\\IWR20-R21 - § 2 references coded [0.53% Coverage] Reference 1 - 0.31% Coverage

He can associate with a lot of people where we can't associate and he's also got the language of the street in a way. He understands a lot of the street.

Reference 2 - 0.22% Coverage

one of the things is authenticity. We want to be authentic. We don't to be superficial. We want to be real.

Internals\\IWR22 - § 4 references coded [6.69% Coverage] Reference 1 - 2.37% Coverage

it's quite an interesting thing to get your around about it and people when you explain that, kind of, Richard walks about randomly talking to people that they are, kind of, like amazed by it.

No I think it's been really good in that he gets us access to people that we wouldn't have had access to before.

He knows people and he is always coming up with oh I know a person who could or, you know, if it works it's fine and if it doesn't work it's fine as well because he has given us access to things we wouldn't have otherwise had access to or known about within the community.

Also, community people come in to us because we are trying to get people to know that they can come to us and we can do things in here.

When the universal credit comes into play with more of our families, eventually they'll need kind of Internet access and things and we've got that in the school, so that will be, kind of, Richard will be able to help us with that too to get people understand that they can actually come in here and use our facilities as well.

It's, kind of, just, it's knowing what we are doing and what other people are doing, kind of join the two together so that's cool.

Reference 2 - 0.77% Coverage

It's just getting people in initially and then I had a conversation with a mum this morning, she has had a really hard time but she has now recognised that we can help, so she's been coming in but she has also recognised another mother who is in a similar situation, who is not right at that stage to come and ask for help, but she is trying to work so that she will come in and ask.

Reference 3 - 2.35% Coverage

We've got a really good community safety person, so we've been out doing initiatives in the community that actually worked. We took pictures and I take pictures, we go on home visits for children who are not attending or whatever - we take pictures of children, we take pictures and send them into the authority and say why is this not, you know, why is this window still smashed or, you know, why is this rubbish still here or, you know, these walls in one of the closes are horrendous and, [you know, what's going on? 0.07.43] So raising awareness with the council

about what conditions the kids are living in and what they are having to go through to in order to get home and then...

I: What sort of thing are they having to...?

R: Drug paraphernalia, litter that's just left and left and left and left. Closes that are - graffiti in the closes and also Leanne who is my deputy and I, we don't know how they do it but there is like chunks out of walls that looks as though if someone has just I don't know done something in - it's like chunks out of walls and children are just having to walk through that and dog faeces and, you know, it's just horrible.

Reference 4 - 1.21% Coverage

You can't just be in here doing teaching, you've got to do everything else underneath it as well because the kids deserve it, the kids are fab, they are brilliant children.

They need whatever we can give them and their parents do as well - because their parents of those children, you know, and the nail bar thing is, I mean 23 year old mums with seven year old children.

This girl here who I need to come back in has got Highers and she was a mum at 16, so she is now working, she's a carer, do you know which is a job which is really, really good, but she has got Highers - what could she have done...

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