Assets-based approaches to developing age friendly communities: learning from the Bristol Ageing Better programme

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Abstract

Purpose

International attention is increasingly turning to the challenge of creating age-friendly environments. In this study we examined the application of assets-based approaches in undertaking community development projects with older people. The paper intends to share learning that may be useful when designing community development projects for older people in the future.

Design

This study followed a multiple project case study design, with a focus on project delivery practices. It was undertaken as a co-production exercise involving university researchers and trained older volunteer community researchers. Over 18-24 months qualitative research was conducted in relation to six area-based urban projects between 2018 and 2020.

Findings

There were five leading themes: 1) mapping and building on assets in highly localised settings; 2) creating governance and direction through steering groups; 3) developing activities with diverse groups of older people; 4) reaching isolated and lonely older people; 5) building local capacity to embed sustainability.

Practice implications

The effectiveness of assets-based approaches in promoting age-friendly agendas appears to be contingent on the values, skills, capacity and resourcing of delivery agencies, alongside wider public sector investment in communities. Diversity and inequalities among older people need to be taken into account and community development that specifically focuses on older people needs to be balanced with whole population and intergenerational practice.

Originality

This paper provides an empirical account of the practical application of assets practices specifically in the context of the age-friendly community agenda. Our co-production method brings together insights from academic and volunteer older community researchers.

Introduction

The World Health Organisation (WHO) estimates that around two billion of the world's population will be aged over 60 by 2050, a remarkable number that will represent 22% of everyone living on earth (WHO, 2021). Previously, increases in life expectancy were attributed to the prevention of premature deaths in mid-life, but increasingly it is adults' ability to maintain physical health into old age (in developed countries at least) that accounts for greater longevity (Kirkwood, 2017). Whilst this is commonly seen as a positive advancement, living longer inevitably raises questions about the quality of life of older adults. Although definitions tend to be largely subjective and contextual, 'good' quality of life in older age is generally agreed to be underpinned by factors such as the local environment, individual values, cultural identity or future aspirations (Dobre *et al*. 2019). Achieving good quality of life for older citizens therefore involves going beyond maintaining physical health towards a more holistic approach that takes into account the wider, social determinants of health and wellbeing

(Dahlgren and Whitehead, 1991) as well as understanding the factors that shape our ability to build and maintain resilience in later life (Hale *et al*., 2019).

Interest in positive experiences of ageing is linked to increasing concerns about a general lack of societal preparedness for ageing demographic transitions (Pakulski, 2016), accentuated in the form of national and international (Rudnicka *et al*., 2020) socio-economic inequalities. Accompanying this uneven progress is a concerning rise in conditions associated with mental health and wellbeing in older adults, and in particular social isolation and loneliness (SIL) (Coyle and Dugan, 2012). SIL is often complex - those who appear isolated, for example, may not feel lonely whilst others who appear well connected may still experience loneliness to varying degrees (de Jong Gierveld *et al*., 2006). Newall and Menec (2019) suggest that there are four distinct states of SIL: 1) the socially isolated and lonely; 2) the socially isolated but not lonely; 3) the lonely but not socially isolated ('loneliness in the crowd'); and finally what they characterise as the majority group: 4) the not socially isolated and not lonely. With this in mind it is worth considering SIL as a spectrum rather than as two definitive categories.

There is, however, a growing body of evidence to suggest that SIL can be alleviated or improved through greater connectivity and participation in community activity. Individuals involved in such endeavours report positive outcomes such as improved self-esteem, engagement and productivity (Scott *et al*., 2020) as well as reduced psychological distress (Mackenzie and Abdulrazaq, 2021). Developing age-friendly, inclusive environments with and within communities as a foundation for building health and wellbeing is therefore increasingly regarded as a worthwhile undertaking in addressing SIL in older people.

There are a number of ways of approaching age-friendly community development. For high income countries in recent years, Nel (2018) suggests that the focus has turned away from 'top-down' needs-based approaches, where citizens are passive recipients, towards the adoption of bottom-up assets-based methods. Presenting the learning from the Bristol Ageing Better (BAB) evaluation, this paper examines benefits and challenges of using assets-based approaches when working with older people. In the context of this age group, we suggest that established assets-based approaches require further adaption and flexibility. The paper intends to share learning from the programme when designing community development projects for older people in the future.

Age-friendly communities and ABCD

For well over a decade the quest to improve the quality of life in older age has manifested itself through high-profile efforts to create 'age-friendly' environments across the world. In 2007, WHO introduced a guide to creating and establishing global age-friendly cities. These strategies focus on eight key societal domains: 1) the built environment; 2) transport; 3) housing; 4) social participation 5) respect and social inclusion; 6) civic participation and employment; 7) communication; and 8) community support and health services (WHO, 2007). While initially directed towards city-level governance, these domains are intended to reference equally at the neighbourhood or community level. The eight domains are interconnected, and all refer to older people as active agents in the processes of change (Plouffe and Kalache, 2010).

Originating in the more localised context of community life, Assets Based Community Development (ABCD) shares points of similarity with the WHO's age-friendly cities framework. While sometimes promoted as a specific practice methodology, we use the term ABCD to refer to a range of practices that have coalesced around ideas of assets-based working (Foot and Hopkins, 2010). These approaches all recognise that communities consist of interconnected factors that can influence social participation, sense of belonging and general health and wellbeing. Mainstream community-based service approaches tend to be more concerned with identifying gaps in provision and deciding how they can be filled, often with little consultation with the local community (Sykes, 2012). In contrast, ABCD aims to move the focus away from what a community *lacks* towards what it already *has*, and seeks to examine how those assets can be further developed to enhance local communities and make them work for the people who live there, thus improving overall quality of life for all (Haines, 2009). This is a process that begins with identifying what already exists locally in terms of people,

skills, activities, public spaces, physical assets and local associations, and linking them up in order to develop conditions in which communities can thrive (Kretzmann and McKnight, 1996).

There is increasing interest in the ABCD approach as a way of working with older people, and a 2014 editorial by Klee *et al* builds a strong case for using it as a tool for improving community settings for older citizens, particularly where assets-based approaches are integrated with health and social care provision. However, despite its potential as an approach to developing age-friendly communities, ABCD can present challenges as well as opportunities. Some recognised issues include the specific ABCD skills and experience of practitioners, understanding and commitment of sponsors, and the timescales involved in project implementation (Blickem *et al*., 2018; Harrison *et al*., 2019).

The Bristol Ageing Better (BAB) programme

BAB is a partnership of organisations led by Age UK Bristol running from 2015-2022. Its overarching aim is to reduce isolation and loneliness for older people (defined by BAB as those over 50 years of age) in Bristol. The programme has implemented a range of projects, including the introduction of a micro-funding grant scheme, social prescribing projects, and a total of ten Community Development for Older People (CDOP) projects. These CDOP projects were set up with the aim of 'creating vibrant communities that meet the needs of older people, providing them with a range of social and cultural activities to participate in as they age' (Bristol Ageing Better, 2020). Each CDOP project set out to test a range of approaches using a variety of assets-based tools. Alongside this community work, in 2018 the BAB partnership completed a successful application for Bristol to become part of the WHO age-friendly city network.

Methods

This study was part of the BAB evaluation and followed a multiple project case study design (Stake, 2013), with a thematic focus on project delivery practices. The study was a co-production research project (Durose *et al*., 2011) involving academic researchers at the University of the West of England (UWE) and a trained team of eleven volunteer Community Researchers (CRs), all of whom were aged over 50. Of the total ten CDOP projects, six were evaluated by the UWE and CR research team. The plain English research aim was to answer the question: '*What are key features of good practice in assets-based community development for older people?*'

The CRs, with support from UWE researchers, undertook 18 to 24 months of fieldwork through ethnographic observations of activities, interviews, focus groups, informal conversations, and project document analysis. Working with the CRs, UWE researchers first produced project specific reports, then thematically analysed data (Braun and Clarke, 2006) from across the project reports. The research obtained ethical approval from UWE's Health and Applied Sciences Ethics Committee (reference HAS.16.11.045).

<Table one about here>

Findings

The key findings are grouped under five themes to present leading features of assets-based approaches for the six of the CDOP projects. For consistency, workers from all projects are referred to as Community Development Workers (CDWs).

Mapping assets and building relationships

Initial scoping of the area and making connections with local people, venues and organisations were perceived to be a vital part of building trust and laying the groundwork for future collaboration. It was also an effective way of identifying local people to participate in the work of the projects and who could disseminate information to others.

"I found it really interesting using ABCD in this role because there has been lots of things that have come out of it…[this] is a great place to be doing that because there are a lot of strengths here…[the area] has its concerns but there are strengths within the community to build upon." CDW, CDOP 6

Building on what already exists and using the skills of those from within the community was felt to be beneficial across all projects, with some CDWs finding novel ways of approaching the task. In CDOP 6 for example, local people were asked to participate in the early asset mapping exercise, which proved to be an effective way of engaging residents in the project and encouraging them to think about their wants and needs for the local area.

In some areas workers faced the challenge of existing organisations working in silos, either with specific groups of older people, or with an unwillingness to engage in an older age agenda. However, in many cases the CDWs were able to make strong connections which ultimately led to effective collaboration between local agencies. CDWs also engaged wider stakeholders at a citywide level, as well as other elements of the BAB programme that supported community endeavours, such as the micro-funding and social prescribing projects.

"What we have done as well is strengthen existing groups by signposting people as we've got to know the group, so connecting communities to other services or groups has been a big thing". CDW, CDOP 5

As part of the asset mapping, many CDWs knocked on residents' doors to ask them about the local area, especially early on in the project as a scoping exercise. Although time consuming, the work occasionally reached older people with very little social contact. However, this was dependent on specific neighbourhood characteristics, and obtaining responses from residents in multiple unit housing was particularly difficult and CDWs had to adapt their approach accordingly. Some snowballed their connections through the recommendations of residents, whilst others found greater success when local older people helped take part in door-knocking, thus making it a less formal peer-to-peer exercise. Whilst having a remit to facilitate community development for older people, CDWs were keen to gather the perspectives of all age groups through door-knocking:

"…it doesn't necessarily suit an asset-based approach to focus on a particular group and, for example, you were door-knocking on a street, if you were focusing in on the older people in that street you would probably miss out chatting to a mum with children at school who has time to cook meals for 'Betty' down the road." CDW, CDOP 6

The CDWs often found that boundaries of community were difficult to define. For example, many project teams found that residents from outside of the area were attending project events, often travelling in from distant parts of the city to do so. This raised questions about how far afield CDWs should cast their asset mapping activities and the target audience for activities. Some of these 'out of area' participants were attracted to activities in other places for cultural reasons, whilst others simply travelled across the city to places they had biographical connections to or because they were environments that they felt safe in.

"Several of the people we engaged with once lived [in the area], it is their cultural home, but they no longer live there. They do, however, travel there often daily for social activities or social contact with family and friends" CDW, CDOP 5

Creating governance and direction through steering groups

All projects began with the idea of establishing some kind of steering group for older people as a means of consulting with the community and designing activities in a collaborative, co-produced way. However, creating a steering group solely for older people proved to be challenging in many areas, largely due to a lack of buy-in from within the community, inconsistent attendance or a reluctance to participate in strategic level decision-making. In some areas it was hoped that steering groups could be formed by recruiting people attending existing activities, but many did not want anything more than to take part in a group and go home at the end:

"They didn't want to be this kind of 'strategic thinking' person, they just wanted to do the things they liked, and a lot of people have said 'I've done stuff like that all my life, I don't want to do any more of it." CDW, CDOP 5

Another consideration was the time commitment involved. Many older people had caring, work or volunteering responsibilities and did not want to commit to a regular monthly meeting:

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"Often people prepared to be on a Steering Committee are very busy people, with very busy weeks."
CDW, CDOP 3

Other providers persevered with steering groups with falling numbers, only to find attendance declined over time and had to be abandoned. The most successful steering groups were established in CDOP 6 and CDOP 1, with the former becoming part of a wider alliance for the local area. In the latter, some success was found in the form of an Over 50s Forum, a pre-existing general group which met on a monthly basis. However, this forum subsequently had to merge with a wider alliance without a specific older age focus. For both CDOP projects, by aligning with more established groups aimed at the whole community, older people's interests were more effectively represented as part of a broader community conversation rather than as a specific, targeted endeavour.

Developing activities with older people

One-off or 'pop-up' events proved to be uniformly popular as a way to gauge interest in activities amongst the community, as well as allowing people to try what was on offer without having to commit to attending long term. They provided an opportunity to showcase a community development project and all it had to offer, while also providing a space in which local people could come together to meet and make new friends.

"I was not sure what I wanted to do so being able to try a few things was wonderful, to get inspired"
Participant, CDOP 5

Some areas also held a number of one-off community events, with CDOP 5 hosting a series of community barbecues in the summer and CDOP 6 arranging various get-togethers that included a community picnic and an apple pressing day. A range of regular activities were also held across all CDOP projects, from Tai Chi to lunch clubs, repair cafes, men's sheds, cooking clubs, craft clubs and drop-in events. Drop-in events, often held in venues that did not charge were far less reliant on the number of attendees to support the continuation of the group. These groups also provided an informal opportunity to meet people without the pressure of committing to regular attendance.

Providing a broad range of regular activities was crucial given the diversity of tastes to cater for the 'over 50s' category. Many projects saw a difference between the 'younger old' and the 'older old' and found that the sort of groups they wanted to participate in depended on factors such as mobility, confidence levels or levels of fitness. Individual motivations for participating in activities also varied greatly, for example wanting to meet new people, getting fit, coping with low mood or loneliness.

"What I really liked about Art was that I could come and talk to people, or decide not to talk, depending on my mood, and this was fine" Participant, CDOP 5

Intergenerational activities proved popular across the CDOP areas and had a number of advantages, one being that higher attendance numbers helped make the groups more sustainable in the long term. An additional positive aspect was that many older people stated they did not want to socialise exclusively with older people. Bringing different age groups into the same space could break stereotypes about ageing. In some project areas, intergenerational meant mixing very young children and older people. For example, CDOP 2 developed events where children attending a local nursery would visit sheltered housing and play with the residents:

"It has made such a massive impact on the well-being of our residents, bringing joy and laughter to [the home]. What has been working really well is every now and then the children will go around to see the residents in their rooms if they are unable to join in in the main lounge… so, when they see the children visit it gives them such a lift". Activity Coordinator, CDOP 2

Although this particular exercise was very successful, other projects were keen to point out that intergenerational activities were not the reserve of two extremes in age:

"Intergenerational is not just [about older people mixing with] children." CDW, CDOP 6

CDOP 6 included a number of intergenerational activities, working with a local children's centre to bring parents, children, carers and older people together through activities such as a community garden group.

Reaching the lonely and socially isolated older people

All project teams found it inherently difficult to determine the extent to which they were reaching the lonely and socially isolated. Given that, by their circumstances, people in this group may be difficult to meet, participation was reliant on making some kind of initial connection. Projects made numerous attempts to do this especially through area-based and service specific leaflets, but there was worry that isolated older people were not aware of, or were unable to access, activities. Even in cases where contact was made and a participant engaged, it was difficult to tackle the isolation felt across the whole of a person's week:

"I said what do you like to do? He said 'Well, I go to Men in Sheds'. But that's just one afternoon. The rest of the week is blank. And he's super isolated because his wife's not there anymore." CDW, CDOP 3

Numerous barriers to isolated people attending groups were identified, and there were some examples of providers trying to overcome them. These included CDOP 2's work linking up with a local over 50s carer's support group and CDOP 1's efforts to engage with older people in their homes by enlisting tradespeople as community signposters. There was recognition that engagement sometimes needed to be spontaneous and opportunistic, and where isolated older people were identified they were given information of contact details for local groups and organisations.

Once isolated and lonely people were contacted, there were still barriers to participation. One of the most commonly reported issues was that of low confidence, something that was particularly profound for those who wanted to take their first step towards engagement but had reservations about doing so:

"We've got to be prepared to help people with their problems before they can move on to the things you want them to do". CDW, CDOP 5

These people tended to require more intensive support over a longer time period, which was difficult for CDWs and volunteers to provide. In cases such as this, CDWs found the ability to link up with other services provided by BAB - such as a social prescribing service - was greatly valued.

Sustainability and capacity building

CDWs felt that minimizing or removing financial costs was a prerequisite for participation in activities, particularly for vulnerable groups. Some projects relied on the goodwill of others to do this, either through finding venue managers who would give them space for free, or by finding group leaders who would provide activities at low or no cost.

"I enjoy this [running a group] - it makes me feel like I'm part of the community where I live, plus I look on it as my contribution or 'giving back' for living here" Volunteer, CDOP 5

However, some volunteer group leaders found that the responsibility of running a group was more than they had wanted to take on. Community project activities were reported to work best when participants and volunteers had an active role in aspects of delivery. Emerging leaders of local groups were offered training through a number of CDOP projects and a range of training activities were provided, including risk assessment, first aid, food hygiene, 'grow your group' and asset mapping. The citywide CDOP also actively supported local organisations to develop training tailored to reflect specific place-based or interest-based concerns. Participant and volunteer training was therefore felt to be a necessary element of any programme with a long-term view in supporting community activities:

"Maybe (they) don't know where to start ….I support them and encourage them and nurture them to do something … It's not about me putting on projects and putting on activities, it's about me working with the people …in the community to fulfil their goals and aspirations for their community." CDW, CDOP 2

Discussion and implications

This study set out to identify how assets-based approaches in community development can be applied in the context of urban programmes working with older age groups, with a focus on

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addressing social isolation and loneliness. We found that assets-based practices either corresponded well with the interests of older community members, or at least provided a basis to obtain a better understanding of the challenges involved and opportunities for new activities. Given the diversity of older people's experiences and interests, and the differences between our case study projects, some caution needs to be exercised when discussing the general themes. Nevertheless, the research revealed a number of points of connection with findings from other studies.

Although asset mapping is a crucial part of any ABCD project, some providers appear to be less clear about what ABCD actually involves. Similar research also suggests that more traditional organisations can find it a challenging way of working (Klee *et al*., 2014), and it may therefore be necessary to provide training in this area. It was evident that mapping community assets need not just be seen as the job of local organisations; including local people in this process proved to be hugely beneficial in the CDOP projects. Providers should therefore be encouraged to invite all members of the community to participate in listing the resources it has, thus fostering positivity within communities and amongst the people who live there (Kerka, 2003). Providers should also be flexible and adaptable in their definitions of what constitutes community, with consideration given to whether activities are aimed at a community of place or a community of interest (Means and Evans, 2012).

Steering groups and other means of consultation are often set up with the hope that they will enable providers to co-produce activities with older people (Rémillard-Boilard *et al*., 2017). There remains some debate about what co-production means in practice but a popular understanding is one of equality between providers and service users in which services are designed and delivered in collaboration (Boyle and Harris, 2009). However, Munoz *et al*. (2014) note that co-production is also considered to be the highest form of participation in terms of the commitment required. Although their work focuses on rural areas, they note that there is only a 'small potential pool' of older residents on which to draw who are willing to participate at this level. Similarly, they cite the Scottish government's findings that those who do participate at that level have better personal and social resources that enable them to do so (Scottish Government, 2012 cited in Munoz *et al*., 2014). Klee *et al*. (2014) also noted that project participants who had health problems or caring roles at home lacked the capacity to get as involved as they would like to in such work. Careful consideration therefore needs to be given to the most time efficient ways to involve older people in strategic decision-making, if indeed that is what they want to do.

Providing a variety of activities for a range of abilities and interests was popular in all projects, and organisations should be strongly discouraged from identifying the over 50s as a homogenous group. Intergenerational activities are popular and many older people do not want to be singled out as a separate entity. Studies indicate that intergenerational activities can have a positive effect on emotional wellbeing for older adults (Park, 2014) and positively influence the attitudes of younger people to their elders (Holmes, 2009). Furthermore, from an assets-based perspective they clearly offer a basis for organising the mutual exchange of contributions between age groups.

With regard to tackling SIL, innovation, spontaneity and opportunism appear to be key qualities. Training members of the community such as taxi drivers and hairdressers (or as in the example of one CDOP project, local tradespeople) to signpost others to help is growing in popularity and has been tried and tested in other local communities with reported success (see Health Connections Mendip, 2021). Moreover, working with local providers such as those offering one-to-one support or social prescribing services should be integral to the offer for older people experiencing SIL. Confidence is an important factor in SIL and as such agencies should work together to help older people engage in activities wherever possible. Newall and Menec's (2019) four different states of SIL are of particular relevance here. With this in mind, providers might wish to consider offering low commitment, drop-in or taster sessions alongside regular, longer term, higher commitment activities.

Lastly, activities need to be sustainable in order to support longer term change. It is therefore imperative that planning for sustainability is built into any project from the start and that members of the community are trained and supported to run aspects of activities for themselves. Empowerment is an important tenet of both ABCD and age friendly community approaches and therefore should be integral to such initiatives.

Limitations

The diversity of the project staffing and organisational leadership meant that there were differing interpretations of assets-based based approaches. Our research does not, therefore, provide an assessment of a specific model for ABCD. It does, nevertheless, show how assets-based practices are used in specific contexts. Had the projects been delivered over a longer duration, we may have been able to track the consequences of activities that can take a long period to come to fruition. We might also have engaged older participants extensively in the research process, however the integral role of the Community Researchers provided a basis to triangulate findings against the lived experience of older people.

Conclusion

Whilst the assets-based approach to working with older people in their communities appears to provide a number of benefits, there are adjustments that need to be made if projects are to adequately cater for the needs of diverse groups. It is clear that not all older people are equally able to contribute to their communities even if they would like to, and therefore innovative approaches and adaptations to the standard activities associated with ABCD are required across many areas of practice. Effectiveness is contingent on the values, skills, capacity and resourcing of delivery agencies, alongside wider public investments in communities. Community development that specifically focuses on older people needs to be balanced with whole population and intergenerational practice.

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CDOP Project	Brief description
CDOP 1	Suburb of the city covering two political wards; the ward to the East is amongst the most deprived in England.
CDOP 2	The largest geographical area of the CDOP projects, covering three disparate neighbouring wards with diverse cultural and socioeconomic needs.
CDOP 3	Project delivered across two neighbouring political wards, one more affluent than the other. Despite this, the neighbouring area benefits from accessible venues and a central community focal point.
CDOP 4	Citywide co-ordination project aiming to: encourage new activities; connect and network existing groups; support and champion asset-based approaches; coordinate and share intelligence; horizon scan for funding opportunities.
CDOP 5	Project delivered across two inner city areas covering multiple wards, one densely populated with a high proportion of people from Afro-Caribbean backgrounds, the other with a significant Somali background population; the latter also lacks a central community hub.
CDOP 6	A primarily working-class suburb on the fringe of Bristol covering one political ward. It is a large area of mixed affluence, with very deprived areas sitting alongside more affluent ones.