

Always look on the bright side: **the rise of assets based approaches in Scotland**

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'If the rich could hire others to die for them, we, the poor, would all make a nice living'

Fiddler on the Roof

(The) disparity in outcomes is shaming and shameful in trend terms and makes it clear that 'One Scotland' contains two entirely different worlds in terms of quality of life, opportunities in life and living context.

Making Better Places

Something is happening to the way that deprivation is spoken about in Scotland these days. There's also been something of a sea change in how poverty and inequalities – in life outcomes, opportunities, health and everyday experience - are interpreted. At the heart of this are the growing influence of psychological explanations for Scotland's problems and the absence of critical debate about the implications of this influence. The rise of assets based approaches to reducing health inequalities is a potent example (Friedli 2011). It is of special importance not just because the stories used to explain inequalities matter, but because the language of assets now permeates much of the policy literature on public sector reform, as well as wider debates on social protection and public service entitlement in Scotland.

An *Assets Alliance for Scotland* was launched by the Chief Medical Officer (CMO) at the end of 2010 to tackle Scotland's '*intractable problems*' and to support the '*inner and innate assets*' of deprived communities (SCDC 2011). A focus on assets is essentially about recognising and making the most of people's strengths, to '*redress the balance between meeting needs and nurturing strengths and resources of people and communities*' (McClellan 2011). Although the concept is described in different ways and draws on different traditions, there are some common features in Scottish conversations about assets. And while they generally focus on the relationship between assets and health, they have much wider relevance. The story, recently summarised in a briefing (McClellan 2011) by the Glasgow Centre for Population Health (GCPH), goes broadly as follows. Notwithstanding huge investment and extensive effort, health inequalities in Scotland are widening. As the CMO notes: '*what we have tried to date (although well meaning) has not worked*' (Scottish Government 2010). The reason for this failure is seen as twofold. Firstly, that public services have focussed on deficits '*the problems, needs and deficiencies within communities*' and secondly, that this focus has engendered '*a culture of dependency*'. Assets based approaches are being used both to highlight the failings of the public sector and to reinforce the view that the way in which poor people make use of welfare benefits (income and services) is morally flawed.

'Our three social frameworks (Equally Well, Achieving our Potential and the Early Years Framework) promote an assets, rather than a deficits, approach, to

tackling poverty and inequality. This means building the capacity of individuals, families and communities to manage better in the longer term, "moving from welfare to wellbeing and from dependency to self determination". (Scottish Government 2011)

Implicit in this discourse are beliefs dating back to the Poor Law, namely that social protection results in moral and spiritual decline and that take up of welfare is driven not by market failure, but by certain character traits – dependency and coping style. The move from *'welfare to wellbeing'* also signals that assets based approaches are part of efforts to reduce *'unaffordable demand'*, to achieve public spending cuts and to promote a DIY response to loss of services and loss of benefits: *'a focus on positive ability, capability and capacity leading to less reliance on professional services and reductions in the demand for scarce resources'* (McClellan 2011). Although in theory assets can include social, material and environmental factors, (in which case *'assets'* would simply be another term for the societal determinants of health), in practice, assets based approaches largely focus on individual and collective psychological attributes. These include the familiar psycho-social roll call of self esteem, aspirations, confidence, meaning and purpose, optimism and sense of coherence, as well as key features of social capital: social networks, reciprocity, mutual aid and collective efficacy.

A greater focus on psycho-social factors is part of a wider acknowledgement of the non material dimensions of poverty, perhaps most famously in Amartya Sen's call for *'the ability to go about without shame'* to be recognised as a basic human freedom (Zaveleta 2007). People living in poverty, as well as other vulnerable or excluded groups, consistently describe the pain of being made to feel of no account, which is often experienced as more damaging than material hardship. From this perspective, inequalities (the lived experience of injustice) are both stressful in themselves and greatly exacerbate the stress of coping with material deprivation (Wilkinson & Pickett 2006; 2009). What's at stake is the social, emotional and spiritual impact of poverty and inequity, the belief that *'wellbeing does not depend solely upon economic assets'* (Sen 1992) and a critique of aspirational consumerism, materialism and the consequent devaluing of people outside the money economy.

The assets agenda has powerful allies in Scotland, which may partly explain the absence of open debate. It's disappointing that the GCPH describes its new programme of work in this area as *'to provide evidence and support for an asset based approach for health improvement in a Scottish context'*, rather than a more critical assessment of whether assets approaches merit support at all.¹ Or whether the *'widening gap in health inequalities in Scotland'* might be better explained by the deficit in income equality than by the deficit approach of public health. At the same time, the language of assets has an intuitive appeal. It celebrates things that anti poverty activists and community development workers know to be true: that deprived communities are rich in relationships, resourcefulness and creativity. That coming together to change things for the better is inspiring and empowering.

By their nature, assets based approaches are about strengths and in particular, resilience or what enables individuals and communities to survive, adapt and/or

¹ http://www.gcph.co.uk/work_programmes/new_asset_based_approaches_to_health_improvement

flourish, notwithstanding adversity. They strike a chord because they speak to the resistance of deprived communities to being pathologised, criminalised, ostracised; to being described in public health reports in terms of multiple deficits and disorders: *'chaotic, unengaged, and disaffected'*. They call for the empowerment of citizens, for recognition and respect for their knowledge and preferences, for dignity and autonomy. These themes are familiar from community development traditions in Scotland, as well as from long standing campaigns for political voice by people fighting exclusion and discrimination because of poverty, class, disability or ethnicity.

What we're seeing here could be cause for celebration: a richer, more nuanced account of the experience of deprivation. One that recognises the importance of mental health, the social nature of human need and that respects the strengths, resilience, skills and potential of people living in poverty. But too often, psychosocial factors are abstracted from the material realities of people's lives and opportunities – as if *'sense of coherence'* and hope for the future are unrelated to social and economic advantage. They are used to account for *'health damaging behaviours'*, not to deepen understanding of structural inequities. Much of the assets literature confirms the seductive powers of the happiness industry, where a cheerful disposition and a thankful heart are the primary determinants of positive outcomes in life.² The growing emphasis on cultural and psychological explanations serves to move the conversation further and further from hard discussions about the current distribution of wealth in Scotland and the policies and practice that support this. Symptoms of oppression and exploitation – self harm, alienation and despair – masquerade as causes and questions of power and political voice are avoided.

Even so, the radical agenda that inspires commitment to assets based approaches still needs addressing. There is an important debate to be had about transforming the relationship between public services and people who are disadvantaged, (including the impact of steep income and status hierarchies within the public sector). The current welfare system is inadequate, demeaning and needs changed. But we should be clear that this is a debate about social justice. Respecting and valuing people cannot be separated from their human rights. We need to be especially alert to attempts to stigmatise need and dependency, and how these are being used to punish people who are poor and to undermine any sense of dignity in entitlement. It's important to recognise the scale of the neo liberal attack on the values of collective responsibility, pooled risk and universal services (Scambler 2007).

The assets agenda asks public services to work differently, to start from what disadvantaged communities have, not what they lack. We know good quality equitable services can make a significant difference to the experience of poverty:

'Arguably almost all public services play some role in delivering social justice, addressing the consequences of socioeconomic inequalities and disadvantage and supporting the vulnerable in society' (Mair et al 2011).

Local authorities and the NHS, through community planning, can prioritise action that maximises income, reduces the impact of poverty and supports greater equity. These are important contributions. However we also need honest acknowledgement of what

² <http://www.actionforhappiness.org/>

public services can and can't achieve, of the difference between treating symptoms (e.g. inequalities in health or educational attainment) and addressing causes: '*naming who and what are the forces and institutions creating and perpetuating inequitable conditions in the first place*' (Birn 2009). Speaking up about societal determinants, repeating the evidence whenever decisions are made, is the special role of anti poverty activists working in the public sector, but it's difficult to see where this features in current conversations about assets.

Scotland, like the rest of the UK, has one of the highest levels of earnings inequality in the developed world (Bertelsmann 2011). Since the 1990's, on most key measures, social and economic inequalities have remained unchanged or become more pronounced (Mair et al 2011). The income inequality gap has widened since devolution due to an increase in the income of the 30% of the population with the highest incomes, while the income of the 30% with the lowest incomes has remained static. The gap in healthy life expectancy between the 20% most deprived and the 20% least deprived areas has increased from 8 to 13.5 years.

'The gap between the top and bottom of the distribution in key outcomes such as income, employment, health, learning and safety is significantly wider in Scotland than in other European countries. Worse still, most of these negatives are inter-related, mutually reinforcing and often clustered in small areas.' (Mair et al 2011).

This account of the scale of inequalities in Scotland, from *Making Better Places*, also features in the *Christie Report* and in a series of papers from the *Tackling Poverty Board*. In each case, it is evident that deep rooted social problems persist because inequalities in income, wealth and power persist. As Mair et al observe, the greatest challenge facing public services is to combat the negative outcomes for individuals and communities arising from deep-rooted inequalities, outcomes that absorb around 40%+ of local public service spending. Nevertheless, the focus is on a '*radical change in the design and delivery of public services*', rather than on a radical change in economic and fiscal policies that in Scotland, as elsewhere, '*sanction gross inequalities and obscene greed*' (Rio de Janeiro Declaration 2011).

These issues matter more than ever for anti poverty activists. As Scotland explores the economic potential of independence (McKay 2011), the '*unexamined boxes of wealth and power*' (Scambler 2007) need to be much more openly discussed. This includes difficult questions about the impact of global trends, the legacy of an unfettered UK free market in corporate control (resulting in declines in Scottish ownership and the loss of headquarters) and the scale of income inequality associated with neo liberal regimes. What levels of regulation will need to be in place in Scotland to achieve the Government's solidarity target, to ensure that corporate interests do not take precedence over other social goals – health, justice, social cohesion, environmental protection, the welfare of children and human rights? Huge efforts will be needed to sustain the gains made in reducing poverty and child poverty in the decade 1996/7 to 2005/6 – gains that still failed to reverse the poverty legacy of the Thatcher years (McKendrick et al 2011). Far from acceding to austerity rhetoric, we should be arguing that social protection is a necessary antidote to the operation of free markets and needs stepped up in times of recession. These are not battles that will be easily won but they are crucial to strategic thinking about action to reduce poverty.

The *Christie Report*, *Making Better Places* and the *Tackling Poverty Board* papers all embrace values and principles that need defending. These include ‘*dignity, rights and respect around entitlement*’ (Tackling Poverty Board 2011) ‘*protecting ‘the collective nature of social responsibility which has long been a defining characteristic of our country*’ (Christie 2011) and ‘*the aspiration that public services act as a force for social justice as well as human rights*’ (Mair et al 2011). As the Tackling Poverty Board notes, we should avoid language that stereotypes people, the reasons for their poverty or need for services. This means people living in poverty stepping up the fight for political voice. It also means keeping the focus on the root causes of poverty. Persistently asking: ‘what are the social structures that result in and maintain profound inequalities in the distribution of assets in Scotland?’ The failure to ask this question is the primary weakness of the assets movement. Like complexity theory and other ecological explanations for social problems, assets approaches are based on the view that achieving positive social change is essentially ‘*an organic, collaborative and apolitical process in which different stakeholders contribute to an agenda that benefits everyone*’ (Greenhalgh 2009). What are missing from these accounts are vested interests and the political struggle which is required to achieve both fairer distribution and ‘*lines of accountability for the factories of social injustice*’ (Birn 2009).

At one level, a focus on assets in deprived communities may serve to conceal wider class privilege. At the same time, a key strength of assets approaches lies in an insistence on the power of the human spirit and a determination to value people and places long discarded by the market and the state. Historically, collective traditions of making meaning out of adversity - feminism, civil rights, trades unions, gay liberation, disability rights and the survivor movement – have built strength and solidarity through a shared analysis of inequalities in privilege, power and resources. In the face of current market failure and growing public distaste for the scale of inequalities, we’re seeing new routes to resistance and new forms of expressing solidarity, (as well as new state strategies to suppress them). Comprehensive asset mapping could provide a framework for asking new questions about equitable access to valued resources – green space, public buildings, transport, affordable food and fuel, sports and leisure facilities, cultural heritage, music, theatre, work experience etc. New ways of thinking about ‘forgotten spaces’, for example, have inspired a wealth of creative approaches to reclaiming land, water and buildings for communities.³ Nevertheless, as *Occupy Edinburgh* discovered in St Andrew Square, in the end it still comes down to who actually owns the assets. Who owns the public squares? Who owns the means of production?

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<http://www.architecture.com/RegionsAndInternational/UKNationsAndRegions/England/RIBALondon/EventsAndProjects/ForgottenSpaces2011/ForgottenSpaces2011.aspx>

References

- Assets Alliance Scotland 2010 <http://www.scotland.gov.uk/Topics/Built-Environment/regeneration/engage/empowerment/newsletter/December10/News/AssetsAllianceScotland>
- Bertelsmann Foundation (2011) *Social Justice Index* http://www.bertelsmann-stiftung.de/cps/rde/xchg/SID-90037D24-23B21605/bst_engl/hs.xsl/nachrichten_110193.htm
- Birn Anne-Emanuelle (2009) Making it politic(al): Closing the Gap in a Generation: health equity through action on the social determinants of health *Social Medicine* 4:3 p166-182
- Christie C (2011) *Report on the Future Delivery of Public Services by the Commission chaired by Dr Campbell Christie* <http://scotland.gov.uk/Publications/2011/06/27154527/18>
- Friedli L (2011) Reasons to be cheerful: the count your assets approach to public health *Perspectives Magazine of Scotland's Democratic Left: Issue 30* <http://democraticleftscotland.wordpress.com/perspectives/>
- Greenhalgh T (2009) Patient and public involvement in chronic illness: beyond the expert patient *British Medical Journal* 338 <http://www.bmj.com/content/338/bmj.b49>
- MacKay D (editor) (2011) *Scotland's Economic Future* Edinburgh: Reform Scotland <http://reformscotland.com/index.php/publications/details/1212>
- McLean J (2011) *Asset Based approaches to health improvement: redressing the balance* Briefing Paper 9 Glasgow: Glasgow Centre for Population Health http://www.gcph.co.uk/work_programmes/new_asset_based_approaches_to_health_improvement
- Mair C, Zdeb K and Markie K (2011) *Making better places: making places better the distribution of positive and negative outcomes in Scotland* Improvement Service www.improvementservice.org.uk/.../3400-making-better-places-making-places-better-distribution-of-positive-and-negative-outcomes-in-scotland/
- Rio de Janeiro Declaration (2011) *Protecting the Right to Health through action on the Social Determinants of Health A Declaration by Public Interest Civil Society Organisations and Social Movements* Rio de Janeiro, Brazil <http://www.phmovement.org/sites/www.phmovement.org/files/AlternativeCivilSocietyDeclaration20Sep.pdf>
- Scambler G (2007) Social structure and the production, reproduction and durability of health inequalities *Social Theory & Health* 5:297-315

Scottish Government (2010) *Annual Report of the Chief Medical Officer Health in Scotland 2009 Time for Change* Edinburgh
<http://www.scotland.gov.uk/Publications/2010/11/12104010/0>

Scottish Government 2011 *Devolution of Community Care Grants and Crisis Loans: Consultation on Successor Arrangements*
<http://scotland.gov.uk/Resource/Doc/355084/0119885.pdf>

Scottish Government Social Research (2011) *Tackling Poverty Board Summary of the Evidence*
<http://www.scotland.gov.uk/Topics/People/tacklingpoverty/TacklingPovertyBoard>

Scottish Community Development Centre (2011) *Asset Alliance Scotland Event Report* Glasgow:SCDC <http://www.scdc.org.uk/assets-alliance-scotland/>

Sen A (1992) *Inequality Reexamined* Cambridge MA: Harvard University Press

Wilkinson RG and Pickett KE (2006) Income inequality and population health: a review and explanation of the evidence *Social Science and Medicine* 62:1768-1784.

Wilkinson R and Pickett K (2009) *The Spirit Level: Why More Equal Societies Almost Always Do Better* London: Penguin

Zaveleta RD (2007) *The ability to go about without shame: a proposal for internationally comparable indicators of shame and humiliation* Working Paper 3
Oxford: University of Oxford
http://www.ophi.org.uk/pubs/Zavaleta_Shame_Humiliation_Final.pdf