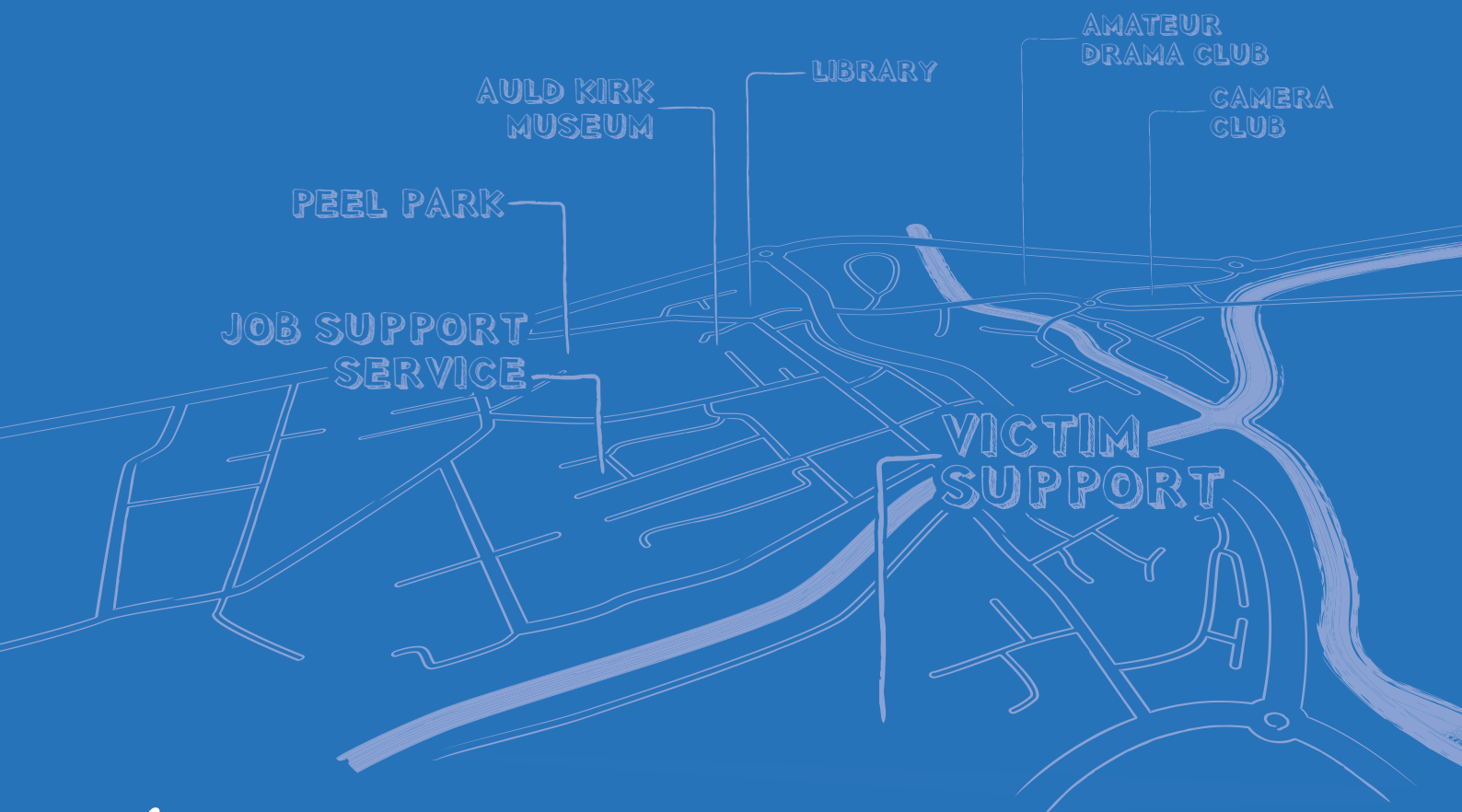


# using an assets approach for positive mental health and well-being

An IRISS and East Dunbartonshire Council project





[wearesnook.com](http://wearesnook.com)



[www.aliss.scot.nhs.uk](http://www.aliss.scot.nhs.uk)



[www.ceartas.org.uk](http://www.ceartas.org.uk)



[www.edamh.org.uk](http://www.edamh.org.uk)



[www.carerslink.org.uk](http://www.carerslink.org.uk)



[www.nhsggc.org.uk](http://www.nhsggc.org.uk)



[www.eastdunbarton.gov.uk](http://www.eastdunbarton.gov.uk)



The Richmond Fellowship  
Scotland

[www.trfs.org.uk](http://www.trfs.org.uk)



**East Dunbartonshire**  
Community Health Partnership

[www.chps.org.uk/eastdunbartonshire](http://www.chps.org.uk/eastdunbartonshire)



[www.mhngg.org.uk](http://www.mhngg.org.uk)



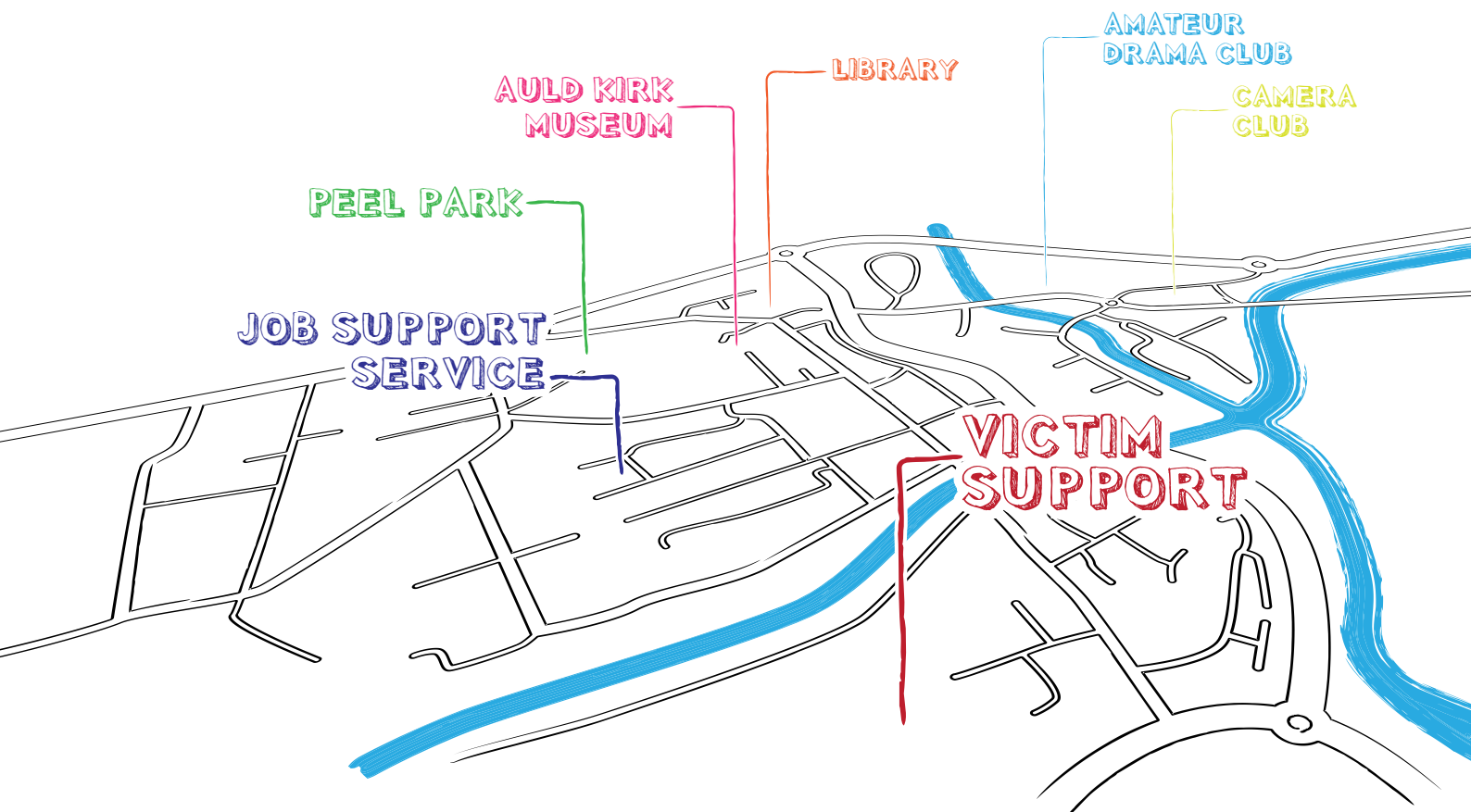
## Acknowledgements and thanks

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We would like to thank the many people who have made this project both possible and successful. Without their involvement we would have had no data on which to base the findings, nor recommendations of this project.

We would also like to thank our project partners: Snook, a service design agency and ALISS, a community driven organisation with a focus on self management, who provided consultancy, facilitation, positivity and support throughout the project process.

Thanks are also due to: David Formestone, Fran McBride, Julie Leonard, Pam Thomson, David Law, Liam Mooney, Moira Gillespie and Tom Wilson.



## Executive Summary

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*“You don’t know what you need until you know what you have already.”*

—Anon

Deficit models are deeply rooted in social services with an emphasis on assessment of need and diagnosis of various conditions (Cowger, 1994). Nowhere is this more apparent than in mental health services for adults with severe and enduring mental health issues. Strengths based perspectives; such as asset-based approaches, provide a useful antidote to this prevailing approach (Rapp, 1998).

IRISS embarked on an asset mapping project with East Dunbartonshire council to discover both the community assets in Kirkintilloch that were useful and available for positive mental health and well-being, but also to help others identify their own personal assets.

The project involved 59 people in total, 63% of which were people who had experience of, or who were, currently using mental health services in East Dunbartonshire. The rest were practitioners from across health, social work and voluntary sector providers.

The project process involved stakeholder interviews, mixed group workshops and also facilitation of one-to-one sessions with individuals. At each of these sessions different approaches, conversational tools and methodologies for mapping assets were tested.

The results of the study found the assets mapping approach to be particularly effective as a positive approach in engaging people to talk about their community, as well as opening up new conversations and dialogue about personal experiences.

Practitioners and people who use services alike talked about the positive benefits of being involved in the project:

*“The ‘holistic approach’ to what you were doing was really good – not just focused on services, but taking the whole aspect of folks lives into account.” (Practitioner)*

*“I’m surprised at how much I have very close to me.” (Service user)*

*“It made me see the progress I’ve made.” (Service user)*

IRISS has developed a digital map that individuals can access on computers and on mobile devices which details all the local assets identified during the workshops. The purpose of this map is to share the assets that individuals find useful for their well-being:

[www.iriss.org.uk/kirkintilloch](http://www.iriss.org.uk/kirkintilloch)

Alongside this, we have also developed a tool to assist practitioners to determine the strengths and capacities of users of services as a means to help them better help themselves.

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# 1. Introduction

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IRISS (Institute for Research and Innovation in Social Services) undertook a project focused on understanding how an assets based approach could improve mental health and well-being within East Dunbartonshire, focusing specifically on Kirkintilloch.

This report sets out our findings and recommendations for the future.

## **Aims**

### ***The objectives of this project were to:***

- Determine what is and is not available in the local area to inform future service development
- Understand individuals' relationships to, and emotional connection with, identified assets
- Connect practitioners and people who use services together in order to influence the development of service provision in local area i.e. connecting different assets together to strengthen and build on what already exists
- Promote service user engagement - learning from the process of co-design
- Understand the efficacy of using a positive approach in mental health services
- Understand the relationship between provided support and self-facilitated support

### ***Outputs:***

- Visual representation of mental health and universal service provision in the area
- Understanding a new approach to person-centred planning for use with people experiencing mental health difficulties
- Recommendations for improved service delivery in the area
- Toolkit for mapping assets
- Digital stories

### ***The project included:***

- Key stakeholder interviews
- Engagement activities with staff
- Three workshops bringing practitioners and people who use services together to map out the assets for mental well-being in the area (n=59, 62% were people using services and 28% were practitioners)
- Testing different approaches
- One-to-one person-centred planning discussions with people using mental health services
- Recommendations\* for implementation: service blueprint

\*To be discussed with heads of service

## 2. Using an assets approach for positive mental health and well-being

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Traditional approaches to improving well-being, reducing health inequalities and achieving other social goals have focused on the deficits and problems of individuals and communities. In contrast, using an approach that values assets, identifies the skills, strengths, capacity and knowledge of individuals and the social capital of communities, can provide a different story of place that is a positive and outcome focused picture that values what works well and where health and well-being is thriving.

### **Positive mental health and well-being**

Positive mental well-being is essential for our overall health. A lack of mental well-being contributes to many of the major health challenges we face in Scotland and can also lead to a rise in mental health problems. Looking after our minds is just as important as looking after our bodies; but while everyone knows how to look after their physical health, many of us are still unaware of how to build a healthy mind.

The focus of this project was to determine how individuals who have experience of mental health problems keep themselves well; from understanding their experience and relationship with traditional mental health services to considering the simple steps people can take for themselves to promote their well-being on a daily basis.

In this way, positive mental health and well-being is a combination of factors that assist individuals through the recovery process.

### **An asset-based approach**

Over the past few years there has been a clear change of focus in mental health research, from one of disorder and illness to a focus on well-being.

Asset-based approaches are approaches of engagement, which aim to identify the resources and capabilities that exist across communities, groups or individuals (Lynch, 2010). They have evolved as models that challenge the more widely used deficit approaches. The deficit approach assumes a range of needs or problems that must be exposed and addressed. While many people are incontrovertibly confronted by a number of specific issues, the deficit model can reproduce these problems and create new ones (Kretzman and McKnight, 1993). The damage of positioning groups in 'deficit' or seeing them as problems has been articulated by research in community development (Cook and Khotari, 2001), education (Lynch and Allan, 2008) and wider (Bogenschneider and Olson, 1998, Keith, 2001).

Asset-based approaches have been used across the world to reverse some of the negativity produced through the use of a deficit model. They have been used in the UK, opening up a new language for working with people (Quirk 2007, Foot 2010). Many of the examples that exist from the UK have a strong focus on community development – with a focus on the physical, in the form of land, historic buildings and community facilities whilst 'playing down' other

forms of assets such as human, financial, social and intellectual' (Beulieve 2002, Emery and Flora 2006, Aitken et al 2008).

There is evidence which highlights that mapping out community assets can ignite action, inform people and encourage a culture where people share stories, and use these stories to build stronger connections and relationships (Go Well, 2010). As such, this project begins with the premise that, “*you can't know what you need, until you know what you have*” and with the aim of empowering people to think about all of the positive assets that they have in their lives and communities. It is not about making up strengths, being insincere, or never talking about concerns – it is about finding a balance between these and the positives.

## **So, what are assets?**

There are many different definitions of assets, but essentially they are considered as resources, which individuals and communities have at their disposal (Harrison et al, 2004).

*A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being and to help to reduce health inequalities. These assets can operate at the level of the individual, family or community and population as protective and promoting factors to buffer against life's stresses.*

—Morgan and Ziglio 2007

This project aimed to identify assets for mental health and well-being both at the individual and group level for positive mental health and well-being. We wanted to acknowledge any differences or commonalities between these two levels, gaining some insight as to how some of the assets identified might be used to plug any gaps found amongst the other.

## **An assets approach within existing policies: how did we think it could be used?**

- **Assets for self-directed support**

The National Strategy for Self-directed Support in Scotland (Scottish Government, 2010) has been developed to help take forward the personalisation of social care services. The driver for Self-directed Support is the delivery of choice, flexibility and control for individuals who require social care. The theoretical rationale is that when people who use services have a greater say in their care and have more control and responsibility over their care and support planning, they will be able to access the options that best meet their individual needs, and **outcomes should improve**.

By mapping the different assets that exist locally and making this information readily accessible, it should enable more people with mental health problems to make informed decisions about the care and support that they choose to receive and also to allow practitioners to effectively signpost people on to supports and services so that they can determine the best course of action for themselves.



- **Assets promoting recovery**

*The concept of recovery is integral to strengths-based practice. The values of the approach include the belief that people with mental health problems have resilience and other inherent resources, which can be amplified and utilised to support their recovery journey.*

—McCormack, 2007

Recovery is a unique and individual experience. What helps one person may not help another. One implication of this is that services provided should be individually tailored, taking account of circumstances and preferences. Indeed, individuals come into contact with services with a variety of needs and it is important that these are addressed to promote recovery. In some cases, these needs will be easily met within the service, but in others it may be necessary to access support from outwith the service that you provide.

Part of the Scottish Recovery Indicator (Scottish Executive, 2006) recognises that the identification of strengths and abilities can promote hope, an essential part of recovery. At the same time, a focus on strengths can encourage positive relationships where both parties are aware of what they can do, rather than concentrating on deficits. We were interested to see how an assets based approach may assist service providers to consider how they integrate an individual's strengths into planning their overall care and treatment.

In addition, we see the assets mapping process as a way to empower individuals to self-manage and take control of their recovery journey. Facilitating a way for people to identify their personal assets, or their 'strengths' could help them better recognize the protective factors they have in their own lives from which to draw on. Indeed, we saw many of the tools and outcomes from the activities linking closely with the 'wellness toolkit' talked about in Wellness Recovery and Action Planning (WRAP). As such, throughout the project we were keen to test how the asset-based approach could be adopted for use in person-centred planning.

- **Assets for self-management and early intervention**

As well as being keen to learn from those who have experience of living and using services within the local area, we wanted to create a way for these experiences to be shared with the rest of the community. One of the outcomes for this project was to develop an online map that would be a useful self-signposting tool for people requiring more information about mental health and well-being within the local community.

We planned to identify factors which individuals said help to keep themselves well – adding value by enhancing the capacity of individuals and groups to realise their own potential for contributing to mental health development and improvement.

Placing people who use support at the centre of service design is key to IRISS's ethos. By seeing the local community through the eyes and drawing on the experiences of people who use services, we can begin to generate insights into what is useful for maintaining

positive mental health. This can then be used to help plan future service development.

- **Assets as a consultation and communication tool**

Consultation is not an event, it is a process – a process which requires thought, money and other resources; a process which needs commitment from everybody. The Commission on the Future Delivery of Public Services (Christie, 2011) identifies the empowerment of individuals and communities by engaging them in the design and delivery of services as essential. In addition, working in collaboration with other agencies and communities is also pivotal in the improvement of outcomes (McLean, 2011).

Asset mapping is often described as a process of building up a picture of the strengths and contributions of the people who make a community. It reveals the interconnections between assets and uncovers how they can be accessed (Kretzmand and McKnight, 1993). We were interested in determining the extent to which asset-based approaches could be a useful method for engaging people in wider discussions about service and community development, as well as understanding how people felt and what they thought when engaging with different services. As such, we wanted to gain a better understanding of individuals' connections and relationships with the various assets identified.

We considered that through the development of this shared narrative, the asset mapping process might be useful as a means to build up relationships between practitioners and people using services.

## **About East Dunbartonshire**

### ***Regional***

The regional Mental Health Partnership (2007–April 2011), was a transitional operation that brought together the following areas to address cross-system planning, share resources and knowledge over a limited period of time.

- East Dunbartonshire
- West Dunbartonshire
- Glasgow City
- Renfrewshire
- East Renfrewshire
- Inverclyde

The partnership is no longer operational, although the governance core has been retained.

### ***Local***

East Dunbartonshire's Local Board sets the agenda for implementing national policy.

In 2008, East Dunbartonshire commissioned the Scottish Development Centre for Mental

Health (SDCMH) to support the development of services. SDCMH researched and produced a report that recommended a well-being and recovery approach to mental health services.

### ***Demographics***

There are approximately 1,100 people known to East Dunbartonshire's Community Mental Health Team (CMHT) with long term depression or psychotic illness, of which about 800 individuals are active cases. These individuals will regularly be seen by a Community Psychiatric Nurse (CPN).

There are also individuals who may experience mental ill health, and are known to services but outside of specific mental health team, for example, in addiction services, housing or with the eating disorder teams.

Important to also consider, is research (as highlighted by organisations such as SAMH) about the numbers of individuals who will be experiencing short-term mental health issues brought about through specific experiences e.g. depression or anxiety.

### ***Service landscape***

The residential mental health hospitals in East Dunbartonshire were closed as a result of the Community Care Act during 1997-2000, and many of the services that existed for residents during their hospital stays were reformed into commissioned services within the community to supplement medical services. These services included housing and also more therapeutic services such art therapy, which have largely been unchanged or challenged since. Development of wide-reaching approaches, such as asset mapping and SDS, will enable the local authority to reconsider these services and encourage services to address outcomes-focussed needs.

## 3. Project process

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### 3.1 PROJECT TEAM

The focus of this work was to gain an insight into the perceptions of people who have experience of using mental health services in East Dunbartonshire (Kirkintilloch). The project team required skills from a range of different areas including: research, evidence based practice, facilitation, service design, local knowledge and information technology.

Our service design partners, Snook, provided a wealth of creative energy for the project. As well as supporting the flow of workshop sessions through effective facilitation, they also designed many of the tools that were refined and used throughout the project. Our partners at ALISS, were instrumental in organising and curating the identified assets so that they could be usefully be used to populate the assets map we developed – for more information on this please read the ALISS Blog entry: Putting Kirkintilloch on the map:

<http://www.aliss.scot.nhs.uk/index.php/archives/1176>

Furthermore, the success of the project was incumbent on the inclusion of skilful, enthusiastic and willing project ‘champions’. These practitioners from across the range of service provision in the area bolstered the skills mix brought by the project team by the inclusion of a wealth of knowledge in a range of areas including: local landscape, historical context, practicalities of working with this specific user group and person-centred planning.

### 3.2 RECRUITMENT

We achieved engagement with people using services through linking in with the relevant agencies in the local area. These included:

- Social work services
- Occupational Therapy (community mental health team)
- The Richmond Fellowship Scotland
- East Dunbartonshire Association for Mental Health (EDAMH)
- Ceartas Advocacy Services
- Carers Link
- Connections (the Richmond Fellowship Scotland)
- Mental Health Network (Greater Glasgow and Clyde)

Each agency was asked to identify 3–4 people to come along to the group sessions, and a further 3–4 people to engage in the one-to-one sessions.

We also engaged with East Dunbartonshire Initiative for Creative Therapies (EDICT), but were informed that it would be inappropriate for participants of EDICT to take part as they are often at a very early stage of recovery.

## Challenges in recruitment

- **Previous engagement experiences**

*“Consultancy meetings build your hopes up and then nothing ever happens.”*

*“When you first start going to the meetings you are really excited and full of enthusiasm but then you get worn down over the years because it just the same old.”*

*“You would have to be writing letters all day and constantly on the phone to ever get listened to.”*

— Workshop participants

‘User involvement’ in service development can mean different things. A high proportion of project participants described their experiences of previous consultation and engagement processes as being one-off, tokenistic exercises organised at short notice with very little feedback and very little change happening as a result. This made people wary of being involved in the project, and less inclined to give their time.

- **Stigma**

People who use mental health service tend to have low visibility due to the nature of mental health difficulties and the stigma of mental illness. People are not used to being asked their views, offer their own solutions or ‘give back’ to others. Even those with good support and experience of speaking out may find it difficult at times as they seek to confront their own ‘internal stigma’ or other barriers and maintain their confidence.

Many practitioners commented that it had been historically quite difficult to get engagement from people using mental health services in this area due to the stigma that still surrounds mental health issues.

- **Staff engagement and access to individuals**

We were reliant on staff for the promotion of the project and inviting people to attend the different arranged sessions. The project manager was offered a base to work from within Kirkintilloch Health and Care Centre which was really beneficial in terms of following up conversations with practitioners.

It became apparent, however, that there were quite clear cultural differences between some of the mental health teams, and navigating this could be quite difficult. Although not detrimental to the project outcomes at this stage, these cultural factors would need to be taken into consideration for the wider implementation of the approach.

It was difficult to engage some staff in the project process for a number of reasons. Many thought that they would be unable to support the project due to clinic times/work sched-

ules and reduced number of staff. The project ran from May through to August which is peak holiday time, which led to lots of staff covering annual leave.

- **Changing local context**

Some practitioners reported that changes happening locally (i.e. changes to home care charges) were impacting negatively on the willingness of people to engage in the project.

- **Nurturing relationships**

Very often, we met with individuals a few times before they took part in either the one-to-one discussions or the group work. This was necessary in order to ensure that they were comfortable with the process, knew what to expect and also so that they could make arrangements with their supporters. It was also useful for the project manager, enabling the development of rapport which made it easier to enter into different types of discussions.

Despite these challenges, using this co-designed approach there were 59 people involved in the project overall (this comprises the individual and group work). Of those people, 62% were people using services and 28% were practitioners. Whilst there were a significant number of participants, this is not a quantitative study. The ambition was to find a means of capturing experiences, in addition to promoting positive thinking and action.

### **3.3 ETHICS AND CONSENT**

The project was scrutinised at local level via East Dunbartonshire Council's formal research protocol, and ethics approval granted. The strategy team engaged with the project were committed to its commencement, which enabled the ethics procedures to be completed very quickly.

Written information and consent forms about the project were developed. All of the potential project participants were provided with this written information and consent was sought. All participants were advised that their decision either to be involved or to opt out of the project (at any stage) would, in no way, influence the service or support that they receive. All participants were advised that any personal information that they gave would be confidential and non-identifying, unless otherwise specified.

### **3.3 STAFF ENGAGEMENT**

We began with a workshop that aimed to introduce staff (mental health practitioners from the voluntary, private and public sectors) to asset mapping as a way of working.

We spent time with the staff sharing experiences and practice across the different agencies, as well as exploring how this way of working is different and/or similar to the techniques that they currently use to design services around the people that they support.

The workshop explored the use of the asset mapping tools at the community level, as well as for person-centred planning. This workshop and feedback was really useful in terms of design-

ing the sessions with users of services. Indeed, the participants were able to see how the tools could be applied in their work and used alongside the approaches that they were already using.

Ideas ranged from using the process as a useful way to reflect on progress with people using services, to seeing the world directly through the eyes of the user and also as a method, which provides a new way to access thoughts and feelings. Please see the IRISS blog post at <http://is.gd/Ezyi36> for a full record of this workshop.

Many of the staff that had been involved in the preliminary workshops continued their involvement the whole way through the project process and were instrumental in communicating the ideas and ethos of what we were trying to achieve.

## 4. Working with groups

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We used a variety of different mapping techniques to bring together a group of individuals with experience of mental health problems. There is a growing body of evidence that suggests when service development begins with what a community has (their assets) as opposed to what they need (their deficits) a community's efficacy in addressing its own needs increases (Foot and Hopkins, 2010).

### What did we map?

We set out with the intention of identifying and mapping the intangible assets of the community and individuals, as well as the physical and tangible assets. We focused on the following:

- People – skills, talents and abilities such as experience and training (Constansa and Daly, 1992).
- Groups and networks – connections to others such as membership of groups and networks (Berkowitz and Wadud, 2003).
- Physical places – this included both the built environment (buildings, venues and streets) (Aitken et al 2008), but also accessible environmental assets such as green space. We were also able to map individuals' emotional and experiential connections to these assets.
- Cultural assets – an understanding of the practices and values of the group including sense of identity and belonging (this was not completed successfully) (Throsbin, 1999).
- Narrative assets – it became apparent that we were also able to map people's ability to talk about their own experiences and circumstances; this includes an understanding of how groups are positioned within a social context (Ingamells, 2007).
- Asset mapping can be three-dimensional rather than simply flat. It can focus not only on locating the assets within a community, but also exploring the assets within organisations, groups and individuals.

Part of the project aimed to test out different approaches to asset mapping, gathering insights as to what was effective and why<sup>1</sup>. Going through this prototyping process helped us to manage the risk of trying out these ideas by starting small. It was very exploratory – we were trying out a range of different things, learning as we went, seeking feedback and striving to improve with each iteration. Working in this way enabled us to quickly test different models and different components so that we could correct errors and enhance things that are working immediately (Jones and Samaliionis, 2008).

Some activities worked best in groups and others worked best one on one. But ultimately making things visual was something that worked extremely well, with universally positive practitioner and participant feedback. Indeed, there is a lot of evidence that indicates how utilising visual methods can help to open up new conversations (e.g. see the Talking Mats approach that is used for people with dementia (Murphy, Gray and Cox, 2007), social research (Banks, 2001) and in service design (Brown, 2008).

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1 Please note full workshop outlines and processes available in appendices.



Furthermore, one of the aims of the project was to flatten any knowledge hierarchies so that the views and ideas that are expressed are considered as equally valuable. We asked everyone who came along to the workshop to complete all of the activities, which helped to ensure that everyone was on an equal footing.

### 3D mapping processes



Materials designed by Snook

*“You want your life to be different - you want to do stuff but you don't know how - let's work together and see what's on your doorstep. Let's look at what's around you step by step.”*

*“This is a really good visual way of tapping into what's around you.”*

*—Workshop participants*

Using this process, we started from a blank canvas, asking people to map out the assets in the area in any way they wished. This allowed participants to draw things out exactly as they saw it. For this to be effective, we were incredibly reliant on others' willingness to participate and cooperate. Participants tended to draw the main street and work back from there, adding on places and items as they were prompted to remember them.

Some people did not engage with this type of mapping, but others found it very powerful. Using this method we were presented with a wealth of information about how people felt and what they thought when going through different services – so people found it easy to articulate their experiences using this approach. Practitioners thought that it was a useful tool for building up relationships and helping to empathise with the user – by providing a window into their world.

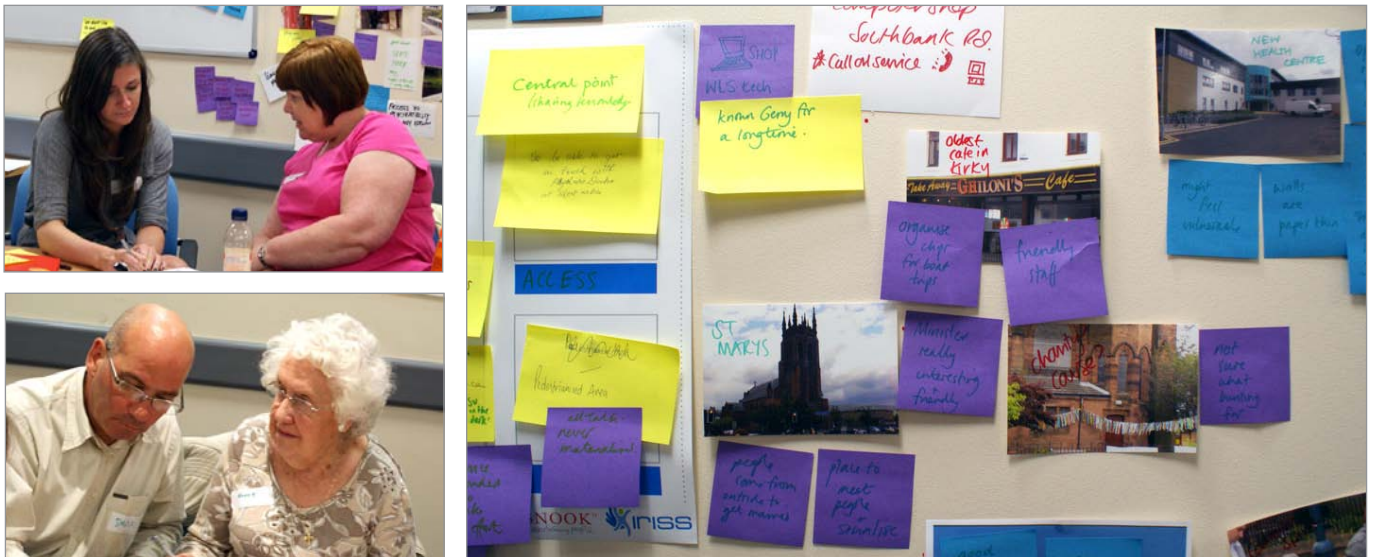
In addition, the order and priority given to each of the assets enabled the project manager to gather insights over participants' preferences about each of the community assets (i.e. the

most salient assets were described earlier in the mapping process than the least salient).

Communities don't talk about shared services or performance indicators – they tell stories about what's important to them and discuss what's made a difference in their lives. People relished the fact that they weren't being asked to review one specific intervention and that we were asking about them and taking a holistic approach to them and their lives.

However, having so much knowledge and experience in the room, albeit experiential, service related or process related, means that there are boundless opportunities to share and learn from one another. In itself, this was a huge asset, but it also brings with it some challenges around managing different perspectives and expectations about what could be done to promote well-being and positive mental health within the confines of this project. Remaining focused on identifying the assets within the local area and attending to the positive things wasn't always easy to facilitate, especially when individuals felt that they had previously been unable to give their opinions.

## Using imagery



This form of asset mapping involved collating a number of different images from the local community – being sure to collect generic images of people, roads and signs, as well as buildings, landmarks and green space. We would have liked to have organised for participants to bring along their own photographs and if we were to run this project again, it is likely that we would issue participants with cameras so they could create their own picture of the assets in the community for discussion in a larger group.

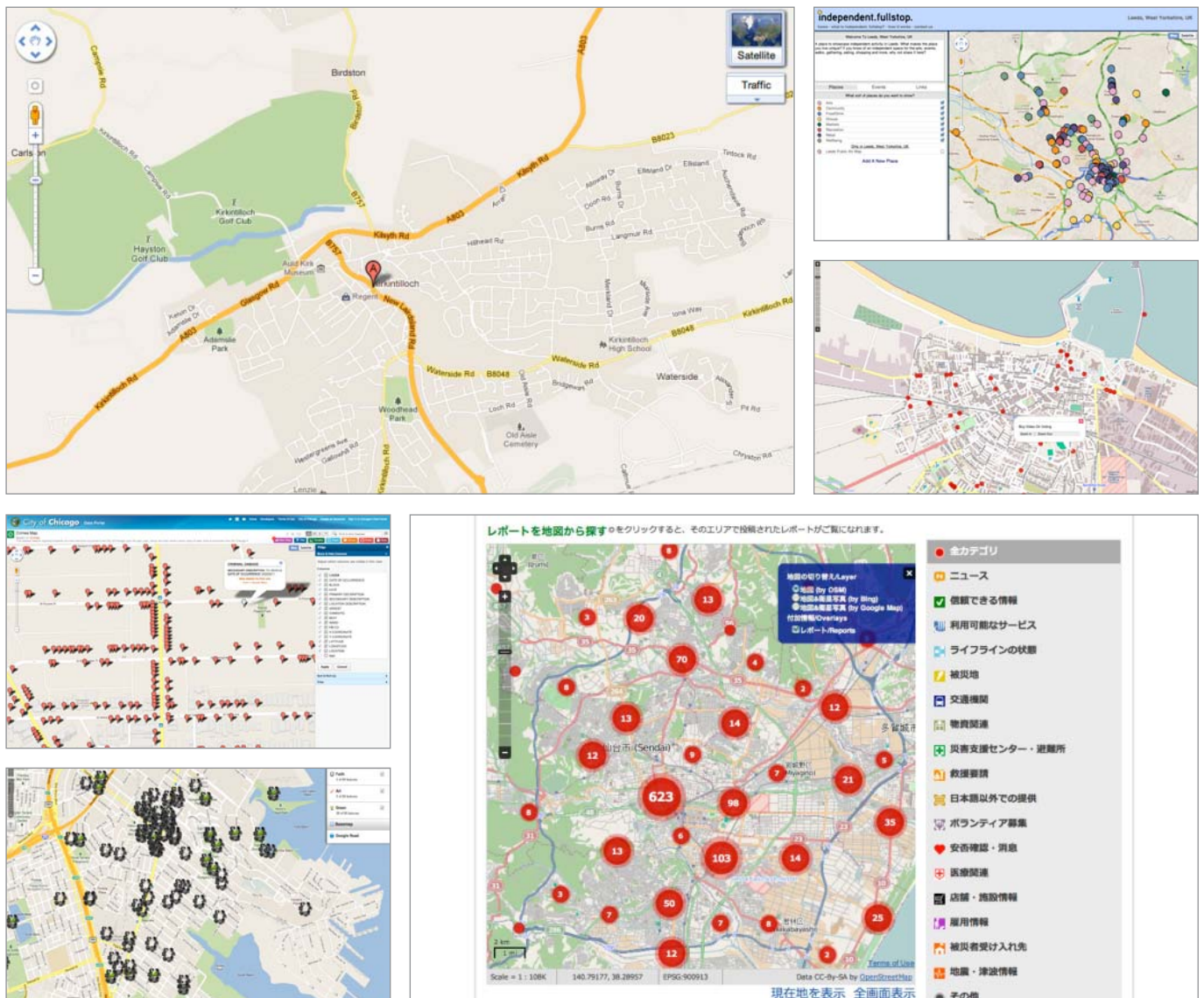
We asked people to identify (from the range of images that were presented) the positive assets for mental health and well-being, and the assets that were not so positive. Much of this exercise allowed participants to get into general discussion about what it was like to live/access services in Kirkintilloch, as well as collecting people's thoughts and experiences around a range of different assets.

Participants really enjoyed seeing their community through the eyes of a visitor and often com-

mented that the photographs were useful because they looked like everyday snapshots and gave them a sense of things that existed within their community that others might find interesting and useful. In this way, it worked well as a consultation tool as we were able to gather experiences about the currently commissioned services, as well as the local area more generally.

What was not so helpful in using these images was the tendency for people to focus on the buildings and physical assets, without much discussion about the teams/resources within them. For example, when presented with an image of Kirkintilloch Health and Care Centre (KHCC), participants focused on the physical attributes of the new building, rather than discussing the different services that they could access within the building.

## Providing demonstrations of online mapping tools



Using different visual examples of what the end output of the project could be was really useful as it gave people a sense that we were doing something meaningful with the data that they were presenting. Practitioners could see how they would use the resource in order to better signpost the people who use their services to the assets in the community, as well as to better understand what other providers were offering and how the different focuses of their work



from doing the exercise again in four to six months time, to identifying any progress and/or changes and using the maps to think about any gaps that they have in their lives (and thinking about what might help address these gaps).

We undertook a range of different activities to help individuals connect their own personal assets with those that exist within the communities. The following activities were designed to promote the idea that sometimes thinking about the smallest things can make the biggest difference to personal well-being and positive mental health.

Other activities:

- **Mindapples**

<http://mindapples.org>

Taking as its template the “five-a-day” campaign to get us eating more fruit and vegetables, Mindapples is a “five-a-day for your mind” programme to benefit mental well-being. It asks people to think of five activities – mindapples, for short – that they can do every day to help improve their mental health and well-being. These activities can be as simple as a walk in the park, helping a neighbour, reading a book or even relaxing in the bath.

We asked the participants in the workshops to think about what their mindapples might be and to share them with the rest of the group. This acted as a useful ice-breaker as well as ensuring the focus of the workshops was not simply on mental health, but on the broader aspect of well-being. Furthermore, by starting with the individual and asking them to reflect on what they currently do that keeps them well, it helps to draw out the details of the person’s problem-solving strategies, as well as assisting to remind them that they are in control and have the power to influence their own life.

A collection of the participants’ ‘mindapples’ are presented at:

<http://content.iriss.org.uk/community-supports-kirkintilloch/advice.html>

- **What does well-being mean to you?**

This activity was devised so that we could get a better understanding of what people feel like when they are well, and to make a personal link to this. We captured this information at the beginning of the workshops so that we could refer back to it when completing the other activities. We were keen to encourage people to be aspirational when completing their well-being statement.

Again, this was useful in shifting the focus away from mental health or services specifically, and taking a more holistic approach to people and how they live their lives. Furthermore, it was useful in helping people to focus on the different things that they can do in order to take control of their mental well-being, and to give them an opportunity to share these with others.

- **What advice would you give?**

Using this activity, we asked people to identify the advice they would give to someone new to the community who was having difficulties keeping well.

We used this as a way of localising the information we retrieved from participants. In addition, we'd thought that this would assist in depersonalising the activity for those that may not want to discuss their personal experiences. In reality, many participants specifically drew on what was familiar to them -their own experiences- to respond to the question and did not have any difficulties in imparting their experiential knowledge.

### 4.1 WORKSHOP EVALUATION

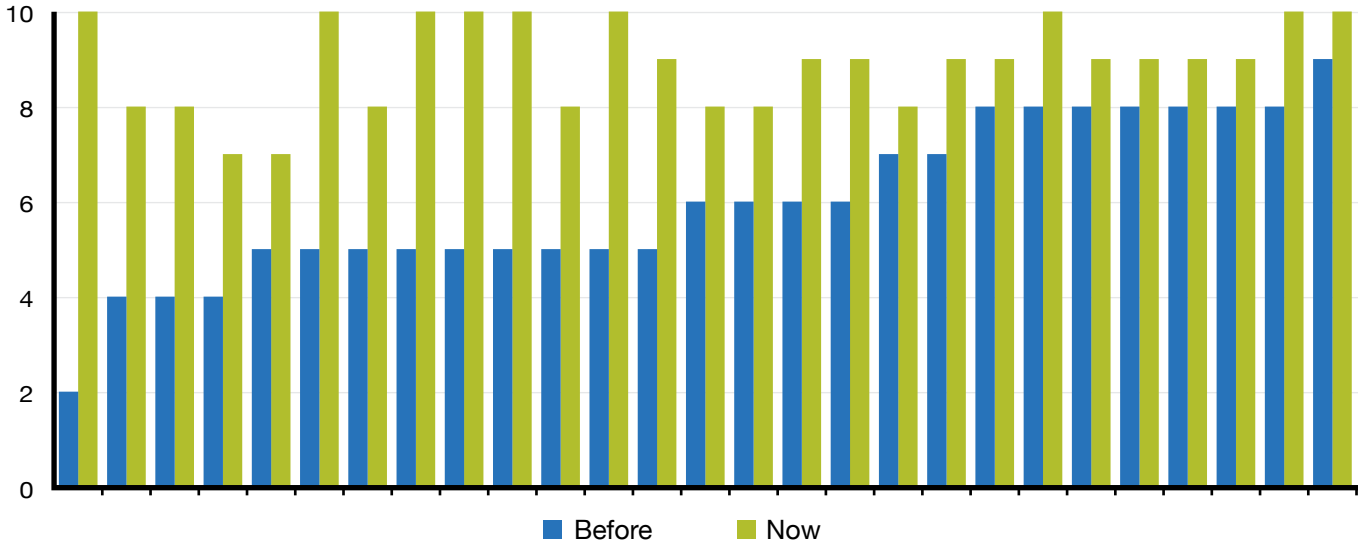
At the end of each workshop, participants were asked to complete an evaluation form. These forms asked questions not only about how participants felt about the project process and activities, but also what had personal meaning for them.

The following questions were asked:

1. Please rate how much you enjoyed participation in the workshop today (rated from 1–10, where 0 was the lowest and 10 was the highest).

The response from participants was overwhelmingly positive. 38% of participants marked their enjoyment of the workshop as the highest score (10 out of 10), while the rest 62% marked their enjoyment as 8 or 9 out of 10.

2. How well do you understand what mental health and well-being provision exists in East Dunbartonshire? (participants were asked to mark their level of understanding before and after participation in the workshop).



The graph shows that the mean level of understanding before participation was ‘6’ and that the level of understanding after participation was ‘9’, indicating a 50% increase in awareness of the mental health and well-being provision in the local area.

3. Describe how you felt when you were doing the mapping exercise

The majority of participants stated that they enjoyed listening, interacting, sharing experiences and learning from others. Furthermore, participants commented that they'd felt they had contributed to helping others in their road towards recovery. Other comments included:

I felt:

- Positive and motivated
- Inspired
- Revealing experience
- Creative – it expanded my thinking to consider more resources
- Engaged and learnt a lot
- Involved – I found it really interesting

4. *Do you think it would be useful to make a personal map that outlines all of the factors that you find useful to maintain your well-being?*

This question received a very positive response with all participants stating that it would be 'very useful' or 'useful'. The data from this evaluation was used to inform the personal asset mapping sessions.

5. *What did you talk about here today that had real meaning for you?*

As expected, there was a large and varied response to this question, with many people commenting on what the experience had meant to them personally. Many of the comments from practitioners and people who use services were similar.

Of those who completed the evaluation forms, people who use services commented that they were proud of being able to contribute in a group setting, as well as commenting that they had been honoured to listen to the experiences of the other participants. Other people were more reflective – considering how they could use the knowledge from the session to think more widely about the local community and what it has to offer.

6. *What needs attention to move positive mental health and well-being forward in this community?*

The majority of participants commented that it would be important to increase awareness of what is available to support positive mental health and well-being locally – with a specific emphasis on meaningful activities.

Other comments included:

- The need to focus on co-production with the recognition that people are experts in their own lives
- Reducing the stigma of certain conditions
- Highlighting positive stories of people overcoming mental ill-health in the media
- Better access to community supports
- Helping people who use services to take more ownership of their mental health and well-being

#### 7. How do you think you could use the services and resources of the community better?

Individuals commented that they had been encouraged to think more broadly about the range of supports that were available. However, they commented that in order to use them, they would need more information about them, the key factor being information about access to each of the assets. Participants commented that they would follow this up with the people who were currently providing their support.

#### 8. How do you think the information discussed today could be best shared with others?

Participants responded to this question by reinforcing the idea that the information should be shared with a wide audience of people – from others using services and people in the community to service providers, GPs and strategic figures.

No concrete conclusions were reached regarding how the information should be shared. Most highlighted that many different types of media, including: web based sharing, social media, paper leaflets, more events, use of noticeboards, advertisements in local newspapers and word of mouth, should be used to best convey the outputs from the project.

## 4.2 CONCLUSIONS

With each of these tools, it was intriguing to watch the different maps unfold. Initial impressions from people appeared to fulfill the stereotype of a community, with few resources, virtually no connections and numerous problems identified. However, as the exercises progressed, the natural wealth of the community started to appear, in terms of people, places and resources.

With all of these activities, people were so pleased to get the opportunity to hear others lived experiences and to feel they had contributed something. Commonly, practitioners and people who use services talked about being inspired to try out new things and of being inspired by listening and working together with others.

*“Enjoyed the contact with people with similar lived life experiences.”*

*“Enjoyed the information sharing and mapping all the positives in the east dun area.”*

*“I’ve left feeling like I could do some research into what’s available and what would benefit my situation.”*

*“I felt really good getting feedback from the group and meeting other service users.”*

—Project participants

Listen to practitioner comments about involvement in the workshops online at:

<http://content.iriss.org.uk/community-supports-kirkintilloch/voxpops.html>

Participants overwhelmingly commented that they had been amazed by all of the different things that we had mapped out that were on their doorstep. In post-event evaluations the majority of people said that they had learned something new and many people voiced a commitment to try out new places and activities in their community.



Beyond developing a map, the process was designed to promote connections or relationships between individuals, between individuals and organisations and between organisations (Guy et al, 2002). The strength of these workshops was in bringing individuals and practitioners who were willing to listen and to share power and accept user expertise together on an equal footing.

Meeting outwith the confines of the ‘client-practitioner’ formal relationship allowed for recognition of the existing capacities of individuals and the value of their insights. This was seen as liberating for the practitioners as much as anyone, and allowed for a new type of dialogue where people could be more genuinely involved in discussion, decision-making about what is right for them, and in broader service redesign.

Insights around the different methods used:

Activity	Participant response	Useful for	Not so useful for	How could this be developed
<b>3D asset mapping</b>	This was the most popular method of mapping community assets	Showing the community in the eyes of the user  Understanding connections between assets  Working collaboratively  Getting a sense of what assets are used most favourably	Groups that are not feeling creative  Instances when insights around specific assets are required  Focusing conversations on specific (pre-determined) assets  Generating consensus	Production of an asset mapping toolkit for practitioners, for their use specifically with this client group
<b>Imagery</b>	Participants enjoyed seeing their community through the eyes of a visitor and commented that the images gave a sense that there were many assets in the community	Generating responses about specific assets  Understanding what assets are viewed positively or negatively  Generating consensus	Understanding experiences of different assets  Understanding where (location) assets are in the community  Working collaboratively  Getting a sense of what assets are used most favourably	Individuals could be asked to bring their own photographic examples of the assets of the community

<b>Providing examples</b>	Participants commented that it was useful to see different examples, but that it would have been better to make these more relevant to the subject matter of this project	Consulting on outputs  Assisting understanding of project process	Groups that have limited understanding about assets  Generating insights from users about their personal experiences	Where possible, examples could be provided from other projects doing similar exercises
<b>Circles of connectivity</b>	This was the most popular method for mapping personal assets	Understanding personal assets  Focusing on the individual and helping to identify small steps forward  Effective in both group or one-to-one settings  Flexibility of approach (i.e. can be used to map current situation, preferred future, areas to work on etc.)	Connecting individual assets with community assets	Ideally, personal asset mapping should precede community asset mapping – helping individuals to make the connection between what they have and need, and what might assist them from the community
<b>Mindapples</b>	Participants commented that they enjoyed this exercise as they learned from the experience of others	Ice-breaker  Sharing lived experiences  Generating consensus  Creating a level playing field	Focusing on the community	Roll out into the wider community to develop greater participation locally
<b>What does well-being mean to you?</b>	Participants found this a difficult activity to undertake	Sharing lived experiences  Generating consensus  Creating a level playing field	Ice-breaker  Focusing on the community	Provision of examples of what well-being means to others

<b>What advice would you give?</b>	Participants commented that they enjoyed this exercise as they learned from the experience of others	Getting a sense of the local context  Focusing on the community  Instances where it is important to de-personalise responses	Eliciting personal experiences of services  Creating a level playing field	Developed into a peer support model
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## 5. Working with individuals

In trying to solve a problem, many times we start with an assessment of need. This will generally identify the problem that exists and will set out a way to finding a route by which to meet the identified needs. Using this approach means that there can be a tendency to focus on the shortcomings of individuals, as it identifies the problems before the strengths. This is particularly the case when the focus is on professionals (rather than individuals) determining what the need is, how much need should be met and the manner in which that need should be met.

In the absence of real engagement and involvement of those using services, a needs focus can sometimes make people feel overwhelmed, resigned and hopeless. Focusing on the positive – on people's strengths can allow us to feel energised and hopeful. A combination of these two approaches is optimum. The use of an assets approach entails a significant shift away from a culture of 'caring for' or 'doing to', to a culture of enabling and facilitating, in order to build capacity for people to help themselves and each other. Professional expertise is valued, but does not replace the knowledge that comes from personal and lived experience (Boyle et al, 2010).

Over the course of the project we have been speaking to people who have experienced mental health problems on a one-to-one basis – asking them what exists in their lives that help their well-being. We did this because we wanted to help them to map the assets that they had within themselves, and within their networks that might help them to keep well.

We did this using many of the same techniques described above for community asset mapping, but with a definite focus on the individual, their likes and dislikes, their friends and family and their situation overall. This links very much into the Wellness and Recovery Action Plan (WRAP) idea of creating a 'wellness toolkit'.



As before, we asked people to map out the people, places and activities that were most important to them. We produced a template for people to work with which featured a series of concentric circles. Using this, participants were asked to put themselves in the middle of the map

and to put items that were most important for their mental health and well-being in the rings that were closest to them in the map, and the least important things on the outside rings. We used a range of different materials to map this out; using 3d objects was most effective as individuals could move these around as necessary and were not put off by the permanence of pen on paper.

When we proposed this approach with practitioners, we received quite a mixed response. Many thought that the approach might bring a new perspective to working with individuals, or indeed, some thought that it wasn't much different to what they were already practicing. Others, however, were quite wary of this element of the project for fear that individuals may not be able to see the positive aspects of their lives, and that the visual element might paint a stark picture which the participants might find upsetting.

Following this, all one-to-one discussions were undertaken with an experienced practitioner who had an already established relationship with the individuals. In addition, we did not ask individuals for any personal information about diagnosis or medication etc. and kept our line of questioning really shallow. Furthermore, we were careful to show some examples of what the maps might look like before beginning the exercise in order to reassure participants that it would be ok not to have very much on the map. We were keen to be sensitive to the fact that people may not have much to map out.

Having conducted 10 of these discussions with a range of different people, the overall view was extremely positive. There was nothing novel about the types of conversations that the practitioner and I were having with them, but mapping things out in a visual way that could be recorded and considered had some really encouraging effects.

*"I have a lot in my life, I just need to decide how I use it better."*

*"It made me see the progress I've made."*

*"It's been great to get a chance to think about me, just me."*

*—Project participants*

Practitioners were able to tackle problems that they'd been discussing for quite some time in a new way and were able to identify factors/issues that they could work on with the individuals quite readily. Service users noted that the process was useful in really thinking about what is important and recording it so that it could be reflected upon at a later date when they were feeling less well (or indeed more well). They were also clear that the visual aspect of it was beneficial – to be able to literally see what they have (and how much they have) was really powerful.

Furthermore, the fact that participants were using 3d objects to represent different assets in their lives was considered useful for anonymising much of the data that would usually be recorded. For instance, participants would often use Lego to represent different people or activities in their life. This meant that the overall picture that was created was only meaningful to the people who had been party to the conversation. In this way, the individual retained control over what was produced and was able to choose whom, when and where they decided to tell others about what the figures represented.

Paying attention to individuals' strengths, capabilities and experiences may help people to identify problems and activate solutions for their health and well-being that promotes self-esteem, leading to less reliance on professional services (GCPH, 2011). It was incredibly powerful to see and hear people appreciating and being astounded at all of the different valuable things that they have in their lives and considering the steps that they could take to both strengthen what is there already, as well as develop new networks and ties.

## 5.1 CONCLUSIONS

This type of planning won't be suitable for everyone, all of the time. For the use of the tool/process to be effective, it will need to be done at an appropriate time when the person is feeling well. What worked best was when there was a good relationship with the practitioner and the service user – it meant that people really thought through the process, rather than coming up with superficial answers. The process helped to develop relationships between people which substantiates many other findings from the evidence base that suggests that the relational aspects of case management is often the factor that is important in encouraging people to make changes in their lives (Kisthardt, 1993).

Some people found the experience of talking about themselves and their life to be quite powerful and overwhelming. A couple of the participants became emotional during the discussion and it will be important to ensure that people are comfortable and are aware of what the process is about and why it might be useful for them. Indeed, it is also important to remember that there can be strengths in being emotional.

However, even where participants had become emotional during the process, they expressed gratitude that they had been afforded the opportunity to take part, and to tackle issues which were different from those they were used to. Frequently, participants expressed that their therapeutic sessions had tended to focus on areas of concern, things that had gone wrong or relationships that were negative. Reflecting on the positive aspects of their lives tended to be seen as quite a refreshing approach giving both individuals and participants fresh insights into areas to be worked on in the future. This does not mean to undermine the useful role of reflecting on and learning from problems and concerns, but merely provides another tool for practitioners to use in order to facilitate different discussions.

The one-to-one planning process outlined above has a lot in common with the recovery based approaches that the service providers in the area are using to help people with mental health problems take control over their journey towards wellness. What we've hopefully achieved through this process is to consider more creatively how providers can work together with people using services to consider how they understand themselves, their well-being and the support and services that might help them in the process of recovery.

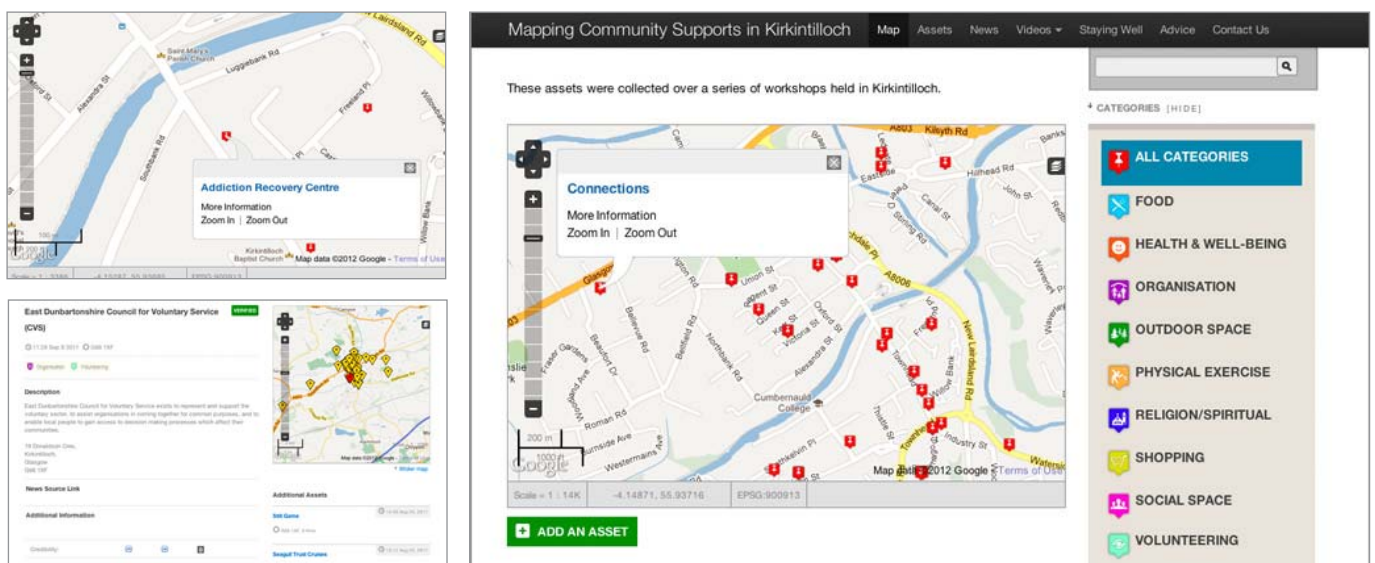
## 6. The assets of Kirkintilloch

The map of assets gathered and generated identifies ‘perceptions’ which are real and correct for the individuals that hold them; there is no intention of suggesting that all who live in the local area mutually agree on these findings. There are conflicting views in Kirkintilloch and what might be perceived as an asset to one person or group might have no or negative relevance to others. The purpose of the project was to identify the range of assets that exist and to gain an understanding of possible patterns of relevance and recurrent themes.

Throughout the project work it was clear that participants had a strongly pre-defined opinion about their entitlement to access traditional services for positive mental health and well-being. These services were positively evaluated in most instances, particularly the use of advocacy. Encouraging participants to think more widely about factors in the community that might be useful for the promotion of well-being was one of the main objectives of this project, but there is the recognition that these community supports must be used in conjunction with that which is provided by the local authority.

### 6.1 WHAT DID WE PRODUCE?

#### The map



Assets curated by ALISS

*“There are little bits here and there - but you don’t find out about them because there is no centralised point.”*

*— Workshop participant*

The need for new communication approaches on mental health is driven by the persistent problems of stigma, discrimination, misunderstanding and social exclusion that are still preva-

lent in the lives of many people who experience mental health problems. It is also clear that more awareness needs to be raised on how to promote mental health and support recovery.

We have created an online visualised interactive map which details the assets of the community through the eyes of the people who have experience of and who live within the community:

<http://content.iriss.org.uk/community-supports-kirkintilloch/index.html>

The people involved in the project categorised assets using their own language. The following categories were identified:

- Food
- Health and well-being
- Organisation
- Outdoor space
- Physical exercise
- Religion/spiritual
- Shopping
- Social space
- Volunteering

Rather than being static moments in time, it is important that the map changes to reflect the group of people who are using it. This map can be explored, added to and rearranged by people in the community. In addition, the assets defined by the people involved in the project have been tagged according to categories that they came up with, and are therefore more meaningful to them.

The interface allows individuals to add assets as they go, comment on other assets (through a moderator) and also upload pictures (especially useful when people are new to an area). We have also linked the map so that there is a mobile application, which is freely downloadable to all smart phones. This means that people can view and add to the map when they are out and about in the community.

The map itself will continue to be a work in progress, with more and more people adding to it and changing the shape of what it looks like. By doing this, we can gather insights into how things are changing over time and hopefully keep the energy and enthusiasm of the project alive.

Throughout the workshop and project process, many people commented that it had been especially useful as a means to hear about others experiences and to share and learn from one another. Using the comment function on the site we are hoping to recreate this. A key aspect of the project is to ensure that what we are learning is shared with others and is used to help improve existing service delivery. In addition, we want to ensure that the learning is used by people who use services, so that they can better see what is available and better direct their own support.

## **The digital story**

Much of this project was focused on finding out who people are and what their stories might



be, and using that information to share with others to help them in their own recovery. We were very keen to share the life stories of individuals who were involved in the project and approached a number of project participants to request their approval to engage in creating a digital story. Unfortunately, many people, although happy to contribute to the project, did not feel comfortable sharing their experiences through video and having this displayed online.

We are very appreciative that one individual was keen to get involved and we believe that her story could well be an inspiration to others. We have presented her story here:

<http://content.iriss.org.uk/community-supports-kirkintilloch/nicola.html>

This story reveals assets and strengths that aid in facing life challenges such as mental ill health and is based on the perceptions of the individual. This was presented at a local conference on 27<sup>th</sup> October 2011 and was very well received.

We believe that digital stories are a useful way to help people tell their story in a compelling and emotionally engaging way. There is definitely the potential to develop more of these to share with the wider community of people using services and practitioners to use as a training and development tool.

## **The assets**

Over the course of the project, participants identified 79 assets in Kirkintilloch and the surrounding area that are useful for positive mental health and well-being. The following is a description of the findings in relation to the different asset domains defined by participants. These categories are not mutually exclusive, and as such, many of these assets are presented in two or more domains. Participants talked, for example, about multiple uses of spaces and places (e.g. school facilities used by community groups, library used as a meeting place for walking groups etc.)

- **Food**

The project participants identified a range of different cafes, eateries and pubs in Kirkintilloch which were considered as useful not only as eating establishments in their own right, but also very useful social spaces with additional well-being benefits.

Those that are highlighted in the community map elicited a particular fondness in project participants - they were often described as 'friendly' and 'approachable' and places where staying a while would be accepted and that you wouldn't be moved on. Many people highlighted that these assets were useful in order to facilitate unplanned 'chance encounters' with others, and that this was of great benefit when feeling less well. In addition, practitioners noted that these establishments were being particularly useful in terms of arranging food for organised events.

Some of the assets include (this is not an exhaustive list):

- Ghilloni's
- D'Nisi

- Kirky Puffer
- Abbey Café (Baptist Church)

- **Health and well-being**

The project participants talked very specifically about the different traditional services that are provided by East Dunbartonshire Council. These were thought of as vital by participants and were almost always the first assets to be identified in the workshops.

There was evidence of a moderate level of joint initiatives and service partnerships in the local area, involving municipal services and non-profit community service agencies. However, sometimes people who use services did not recognise this. Many participants commented that more work should be done to join and open up communication channels between different service providers, especially between health, social work and voluntary agencies.

Some of the assets include (this is not an exhaustive list):

- East Dunbartonshire Association for Mental Health (EDAMH)
- The Richmond Fellowship
- Ceartas
- Carers Link
- Connections
- Kirkintilloch Health and Care Centre
- Mental Health Network
- Laughter Yoga

Very often, participants talked about the people associated with each of these assets as being integral in their journey towards recovery. Specific individuals were important to each of the project participants. These people have not been mapped on the website.

- **Organisation**

In addition to the range of traditional services provided by social work and health, other important community groups and institutions contribute to the asset mix of the local area, including non-profit service providers, faith communities and a variety of civic and community based organisations. The value of the non-profit sector was apparent not only for service roles but also for citizen engagement and involvement in community life.

We have used the category 'organisation' to relate to the different services that are available in the local community that are not specifically related to the promotion of health and well-being (although there may well be cross-over).

Some of the assets include (this is not an exhaustive list):

- Citizens Advice Bureau
- Job Support Services

- Community Education Centres
- Women's Aid

- **Outdoor space**

Across all project workshops it was found that outdoor activities are an extremely important aspect of life in Kirkintilloch. There is a variety of walking routes, parks and open spaces marked on the community map. Many individuals commented that walking or running, or being able to be outdoors to support physical fitness was important for maintaining well-being, but the majority could not directly articulate why the space was important.

Participants frequently used words like 'space', 'peaceful', 'quiet', 'air' to describe why these spaces were important in their experience of their community and were especially useful in maintaining well-being.

Some of the assets include (this is not an exhaustive list):

- Peel Park
- Woodhead Park
- Seagull Trust
- Kirkintilloch skate park

- **Physical exercise**

Participants made a clear association between well-being, good mental health and physical exercise. Participants often talked about how keeping active can help you feel good, improve mental health, help to keep you relaxed and also help you to be around other people.

Some participants talked specifically about how changing your appearance through exercise can also bring a sense of empowerment that contributes to feeling better about yourself, however, many recognised that it is not always easy to feel motivated to do exercise. Indeed, many people talked about utilising the support from paid staff, or friends and family to help encourage ongoing participation in physical exercise.

Some of the assets include (this is not an exhaustive list):

- Kirkintilloch walks
- Curves (gym)
- Live Active Exercise Referral Programme
- Kirkintilloch Leisure Centre

- **Religion/spiritual**

There are a variety of different religious and spiritual assets in the local area. These were identified as major local assets, not only for their faith services, but also for their involvement in community and community use of church space. Participants often talked about

positive mental health being sustained through seeking 'quiet' and 'comfort' from these assets.

Some of the assets include (this is not an exhaustive list):

- Kirkintilloch Baptist Church
- St Flannan's Church
- St Mary's Church
- St Ninian's Church

## • **Shopping**

Factors most frequently cited by participants as important to their mental well-being include social activities, social networks, keeping busy and 'getting out and about', good physical health and family contact.

Shopping as a category seemed to link into many of that which is outlined above. The assets identified under this category were talked about as places that were accessible and friendly, as well as being useful for volunteering.

Some of the assets include:

- Regent Centre
- Food Co-op
- Charity shops
- Main street

## • **Social space**

The development and maintenance of strong communities requires a number of enabling factors, including a strong social infrastructure and services to build and support social capital, as well as shared public spaces to support physical and social proximity and social interaction among individuals and groups (Rowson, Broome and Jones 2010).

The social aspects of many of the community assets were highlighted as a particular strength. However, many project participants noted that the opportunities for services that encourage people to make connections with each other were quite limited in the local area, but that there were numerous opportunities for the community assets that had been mapped to be developed further.

Many of the social spaces identified included different community 'clubs' and meeting spaces. Some of the assets include:

- Tantra
- Kirkintilloch gala day
- Kirkintilloch camera club
- Kirkintilloch players (amateur dramatics)

- **Volunteering**

There was quite a lot of discussion in one of the workshops about going back into employment after experiencing mental health difficulties. Many participants talked about how volunteering could be a useful way to ease people back into the world of work.

Some of these assets include:

- Charity shops
- East Dunbartonshire CVS
- Food Co-op

There were some specific recommendations from people who use services around how return to work could be made easier which included:

- Very important to have continuity throughout the process – the same mentor and the same method of communication
- Softening of the environment so that you can take part in different types of conversations
- One-to-one emotional support once a week is important
- Something to keep you occupied so that you are not worrying before an appointment
- Literature currently focused on absence, misconduct and discipline rather than health and well-being. It is important to ensure that the tone and language used in the paperwork is softened (as well as reducing the volume of correspondence!)
- A back-to-work mentor is particularly useful for follow-up meetings and conversations.

## 7. How could assets be used in different ways?

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The positive information generated through the process clearly indicates that there are many existing resources which, if nurtured, could generate further value for individuals within the community. No matter how disaffected participants might feel at times, there is a strong and coherent understanding that the area has much to offer and the knowledge derived from local people provides a basis for an approach to meaningful development.

The following list captures the most prominent ideas, which participants suggested for positive development of many of the assets listed. There was a number of shared ideas for development in similar domains; many opinions reflected the notion that there are many opportunities for development within Kirkintilloch.

Ideas:

- 1. Better use of open space**

Participants recognised the many open spaces that are available in the local community. One group considered that an affordable cinema could be a good place to go and meet people, and that they could be used for a series of large community events like gala days or mental health awareness initiatives. Indeed, raising awareness and education of the community was a key factor that was mentioned throughout the project. The participants were quite keen that billboards be used to help reduce the stigma around mental illness to increase understanding of those in the local community.
- 2. Community Link Officer role**

Participants were enthused by the different assets that we had mapped but thought that they might need encouragement in terms of accessing some of these community activities and assets. An idea posited from one of the groups was to develop a practitioner role that would focus specifically on assisting people with mental health problems to utilise the community assets that were identified.
- 3. Development of peer support**

Many participants responded favourably to being able to talk with others who had gone through similar experiences. Indeed, there was an element of informal coaching happening in some of the groups. Peer support was described as one of the key assets in the local area and many people thought that this could be expanded –formally, or in an informal capacity.
- 4. Retaining ownership of personal information**

As a response to gaps identified in the sessions around person-centred planning, many participants voiced that it would be beneficial if individuals retained their own personal information on a memory stick (or something similar) to ensure that they remained in control of the information that is held about them.
- 5. Awareness raising in schools**

One of the groups talked about the importance of trying to prevent others from experienc-

ing poor mental health. Many people thought that promoting positive mental health within secondary schools – particularly at pressure times such as exams might help improve awareness about maintaining well-being.

Indeed, an idea coming from the post-fieldwork consultation with key stakeholders was to develop the asset-based approach as a prevention tool. Using a model where people are encouraged to think about their mental health as well as their physical health from a young age might help them to better preserve their well-being and recognise signs of deteriorating mental health. Some individuals thought that learning skills such as mapping personal assets would be a useful activity to integrate into Personal Social Education.

#### 6. **Drop-in centre**

Many participants talked about utilising some of the central and visible venues in the community as a mental health drop in centre. The idea is that this would be open to anyone in the community who has concerns about their mental health and well-being. Local providers should take turns (in rotation) to run sessions that might be of interest to people as a way of advertising and communicating what they do. Suggestions included sessions on: coping strategies, social activities, advocacy, counselling and physical exercise. In this way, providers could come together to support people – drawing and learning from each others strengths.

## 8. The gaps that were identified during the project

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While participants were not invited to focus on the negative, many wider issues came to the fore in the workshops, with people taking the opportunity to voice what had been concerning them most. This provided an excellent chance for people to talk through these issues and also to work together on some potential ideas, which might act as a resolution.

Broad headlines:

- **Meaningful engagement and consultation with people using services**

The key inhibiting factor presents as the lack of visible mechanisms for feedback and consultation. Participants voiced growing concern regarding the large-scale changes to the way care and support services are arranged and managed in Kirkintilloch (e.g. changes to charges for services and eligibility criteria for some services). This has previously been raised as one of the limiting factors contributing to difficulties in recruitment and participation in the project. However, it was also one of the main issues reiterated throughout the whole project process.

Participants highlighted the importance of being given ample notification in order to arrange a response, as well as the need to be able to provide feedback through a variety of different means. Furthermore, they considered that:

- For some people, it may be necessary to have a pre-meeting to prepare; those who are consulting should factor this time in when planning large-scale meetings
- Feedback the whole way through the process is vital
- Meetings should be advertised in such a way that people know what to expect
- Jargon should be limited to as little as possible, as it can feel quite daunting to be in a room with people using an abundance of acronyms and can exclude people from participating fully
- Advocates should be used to assist this process as much as possible

*Recommendation:*

Paying attention to people's thoughts and experiences, identifying their strengths and priorities, and finding ways to partner with them - to work *with* not just *for* them - has enormous potential for enriching how people experience life, support and services within a community. However, adopting and embedding this approach will require a change in the mindset of some practitioners, moving towards a model of co-design. Building services around people and communities will be challenging.

The evidence from this project asserts that the asset mapping process provided a unique way for practitioners to work with users of services to better understand their feelings about their community, supports and services and how they would like to move forward with improvements. It gives greater opportunities for people to engage and influence decisions through participative and direct feedback rather than formal consultation exercises.



However, it is recognised that one of the factors enabling people to participate in the project was the capacity building work currently being undertaken by other agencies such as Ceartas and EDAMH. It will be important to ensure that this work is strengthened in order to facilitate greater involvement of people using services and their carers.

The online interactive map has the capacity to act as one way to glean feedback about assets, as participants in the project requested this. However, there will need to be decisions made about how this will be taken on board long-term from within the local authority, as well as considering other approaches, which may complement this method. For instance, a further recommendation would be to integrate the ongoing engagement and consultation into the peer-support worker role – building on this asset.

- **Social opportunities**

A gap in terms of opportunities to meet other people was evident through both the workshops and the one-to-one interviews. There were two facets to this gap. Many workshop participants frequently referred to a previous local initiative, the Clubhouse, which is no longer available. There was recognition from participants that this would not be reinstated, but that many of the functions of the Clubhouse were vital and now posed a significant gap in the local area.

These participants talked about a need for a place in the local community where people could come together, where others understand what you may be going through and where you can talk about issues, or not; depending on how you are feeling. Many of these people discussed how an inclusive drop-in model would be especially useful, allowing people access to a range of different information and support services.

The other gap in this theme came from many of the younger participants who described feeling lonely and isolated. These individuals were less likely to be engaged in many of the local groups and talked about not needing support, but instead needing contact and company from other individuals.

*Recommendation:*

There were many social spaces identified as assets in the project. Significant social spaces were often informal gathering spaces, rather than formal groups. A widely held view was that people would mix more freely if there was a space and events programme which facilitated this.

There were common interests identified in many of the groups – such as walking, doing some light exercise or taking advantage of any good weather. It is possible that these could be built upon to introduce more social opportunities for people experiencing mental health issues.

There is also a role for encouraging better use of the social spaces and supports that have been identified through the mapping process. Participants described elements of good practice in this area, which should be further identified and shared across all organisations.

- **Understanding the pathways to access the different assets was identified as an issue (as well as waiting times)**
  1. Many of the project participants were unsure how to access many of the different services and resources identified by others in the group workshops. Many participants did not know the range of supports and services that were available.
  2. Additionally, participants talked quite openly about the difficulties of there being too many locum doctors, waiting lists for support services and also a lot of talk about wanting services that they had heard others were receiving but not knowing where to go to get access to them. This was a significant issue identified by many.
  3. Related to access to services and supports, many of the project participants were not living within Kirkintilloch and were simply accessing services in the area. As such, transport was identified as a particular gap in terms of being physically able to reach Kirkintilloch and the range of services that the area offers. Many participants commented that other areas in East Dunbartonshire are not as strongly resourced as this area.

*Recommendation:*

1. The visualised map that we have created provides an opportunity to host information regarding referral routes to services in a central location. Currently, this is limited to two categories – services that require referral, and services that are freely open and available to all. Further categorisation of these supports and services is possible, if required.

Points two and three are to be considered in consultation with strategic partners.

- **Putting people at the centre of the support they receive**

We had significant discussion throughout the project regarding assessment of need and the type and amount of information that is held about people using mental health services. This made many people feel uncomfortable and frustrated at continually having to explain difficulties to a range of different people from a range of different agencies.

The group were quite clear that making a plan, and being assessed should not be a tick-box exercise and that it should be based on individual needs. Some participants talked about how making advance statements was a useful thing to do, but not many had heard of these or had completed one.

Many people were aware of WRAP (Wellness and Recovery Action Planning) and indicated a willingness to undertake the planning, but very few had been afforded the opportunity to participate and fewer still had completed their own WRAP.

*Recommendation:*

Through discussion with key stakeholders, it is clear that this is an area that has been

recognised for development and is currently being addressed. For example, three training sessions took place in October raising awareness of advance statements and applying a new process for the implementation of these.

A recent evaluation of WRAP indicated a number of benefits of the process, including being able to identify new strategies for self-management and dealing with difficult situations, as well as facilitating communication with family members and professionals particularly in relation to what the individual would like to happen if they become unwell (Scottish Government, 2010b). As such, increasing awareness, information and access to WRAP facilitation training should be considered as a priority.

Both East Dunbartonshire Association for Mental Health and the Mental Health Network (considered strong assets) have a role in promoting training and awareness of this which should be strengthened.

- **Communication between support providers and different agencies**

This is linked to the point above. Not only did practitioners express the need for agencies to more closely link with one another, people using services also cited this as a gap within the area.

There are broader issues around internal systems not working well with each other – thus the current infrastructure does not facilitate sharing and internal communication. This indicated a real need to ensure better connectivity between the different services that are provided in Kirkintilloch.

Indeed, almost all of the participants thought that it would be crucial to share the project findings amongst the mental health service providers in the area, using this as a means to link health, social work and voluntary agencies together.

*Recommendation:*

Developing a regular means by which each of the local agencies could come together to discuss local issues and initiatives would improve the flow of communication. This project could be used as a catalyst to promote better joined up working between the agencies that have been engaged to date.

One of the key recommendations would be to facilitate a network where agencies come together to consider how the gaps in services are resolved. It may be that this exists as a virtual or physical network depending on participant willingness and capacity. Working together in this way may help to avoid duplication of service and encourage each agency to understand how services and support could complement one another.

- **Out of hours service**

Having reliable help in a crisis was very important to participants, and several commented that there were poor out of hours services. Concerns mainly focused on times when

services were needed urgently but were experienced as letting service users and carers down. Carers were often the person trying to get support for someone when it was needed, whatever the day or time, and many of them felt that services had responded poorly. Factors that contributed to this service being considered poorer than the rest included:

- Lack of knowledge about the local area
- Perceived inability for the staff at the end of the phone to be able to do anything meaningful

*Recommendation:*

Review of existing service.

## 9. Conclusions and recommendations

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There is much to learn from this holistic way of working.

Asset approaches are not new. Local practitioners and community development workers may recognise many of the features of asset-based working. However, their methodical use to help foster positive mental health and well-being is a relatively recent development. Ultimately, the use of this approach builds on Scotland's history of community led approaches to health improvement.

An asset-based approach does, however, fundamentally change the way organisations and the people within them think about support and how they can help others think about the support that they receive. This change involves the recognition that utilising the 'expertise' of people using services (or who may use them) is as important as professional knowledge and experience.

This strengths-based perspective presents a challenge to the inherently negative focus of attention adopted by the traditional problems- oriented approach. It does not ignore the fact that the main reason people present to services in the first place is the experience of problems, but it does highlight the limitation of an entire preoccupation with a person's failings to the detriment of identifying, appreciating and using what they can do. Problems are by definition failings and deficits, and offer little sense of hope when focused on in isolation. By contrast, a strengths approach recognises the reason(s) a person is in contact with services, but demands equal attention to the talents, abilities, interests, achievements, capabilities, wants, dreams and wishes of the individual. By focusing on these we may support people to develop their own real personal resources and resourcefulness, open up opportunities, inspire confidence and instill a sense of hope (Morgan, 2008).

### **Person-centred planning**

Person-centred planning has become the common-sense approach to the development and delivery of social care services in the UK. However, the way that services are organised, the resources available, the funding structures, strategies for multi-agency working and the prevailing culture within services all impact on whether the implementation of person-centred planning can be achieved successfully.

Currently, local voluntary organisations that have been involved in the project are taking the tools on board and are creating organisational asset maps for themselves so that they can see who and how they link into other agencies, as well as using the tools with individuals to change the therapeutic relationship that they have with them. We want to begin thinking about how we can spread this throughout the local authority so practitioners can use it so that it really becomes embedded in practice.

The local authority commissioners are also using the outputs and learning from the process and are hoping to build on it to inform their consultation strategy for the redesign of services. This should help to ensure that users of services are redirecting and reshaping the care and support that they receive.

## **Choice and control**

IRISS has developed a digital map that individuals can access on computers and on mobile devices that details all the local assets identified during the workshops. The purpose of this map is to share the assets that individuals find useful for their well-being. We must recognise that this map only shows a very small area in East Dunbartonshire. However, this digital map is a platform, which can be scaled to other areas and we would be interested in encouraging maps across other regions.

## **Moving the project forward**

Feedback from the project suggested that this approach could help shift the balance of delivery of services and would be worth developing further. It is important to recognise that the prototyping project generated and tested ideas outside the context of usual service provision – in a ‘safe space’ without financial or resources restraints, and without emphasis on achieving specific outcomes for individuals.

On reflection, the recruitment and involvement of local co-facilitators could have been valuable and instructive to the project process. It is clear that, with more time for orientation and training, especially in probing for deeper information, using local facilitators would not only help develop community skills related to group process and asset mapping, but would also help transfer ownership for the initiative to the community.

The initial project that ran June 2011 to September 2011 developed the idea of using an asset-based approach in mental health services and prototyped approaches of using this model in practice. Asset mapping is not the end of the process. It is merely a technique that can help to open up discussion and opportunities for action and connection. The project builds on the evidence base that suggests that asset-based approaches, accentuating positive capabilities within individuals, supports them to identify problems and activate their own solutions to problems (Scottish Government, 2010c).

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# 11. Appendices

All workshops were designed in collaboration between IRISS, ALISS and Snook.

## 11.1 APPENDIX A : STAFF INTRODUCTORY WORKSHOP DESIGN

### Workshop Design

**Purpose of workshop:** To introduce staff to IRISS, the asset mapping project, asset mapping and to get buy in for the rest of the project.

**Aims of workshop:**

- To introduce the concept of asset mapping
- To have a go at making an asset map
- To explore the use of asset mapping for person-centred planning
- To think about next steps and involving service users

**Objective:**

- Staff who will tell others about the project and get them involved
- Staff who will identify service users to be involved in the workshops
- To learn from the experience of staff to inform the development of a tool for person-centred planning as well as the types of assets that might be useful for mapping purposes

**Duration:** 3.5 hours

Session

Time	Activity and Responsibility	Purpose
10:00–10:10am	Introduction to IRISS and the session	Set the scene
10:10–10:30	Introduction to asset mapping and some examples	Real life examples of what asset mapping is and how it has been used
10:30–10:45	Icebreaker:  What is your biggest asset?	Introductions to one another  • Recognition of skills
10:45–11:00	What approaches do you currently take when planning services around people	Brainstorming current practices  • Understanding where people are coming from and the types of things they do in their day to day work. Levelling the playing field.
<i>Staff will be asked to break into two groups of five people for the following tasks</i>		

11:10–12:30	<p>One group imagines ‘Bob’ and creates a map which will include all of the assets which can contribute to his well being. Focusing on a scenario when bob feels well.</p> <p>One group thinks about Kirkintilloch and creates a map, which will include the beginnings of the assets that exist within it.</p> <p>Use of the prompts book.</p>	<p>Create a well-being map for:</p> <ul style="list-style-type: none"> <li>i. Individuals</li> <li>ii. Local area</li> </ul> <p>Present the maps back to the whole group on the similarities and differences – discussion.</p> <p>Consider how these could link together.</p>
12:30–1:00	Lunch	
1:00–1:30	<p>Reflection</p> <p>Brainstorming session.</p>	<p>Making the process relevant to them.</p> <p>Staff to reflect on and consider how they could use this approach/ how it would need to change for them to use it/ what is different from what currently is undertaken/</p> <p>the types of things that are likely to be mapped</p> <p>how they can use the approach to design a service around the person</p>
1:30–1:45	Create a storyboard about how they could use the tool	(using the above?)
1:45–2:00	Sum up and close	

## 11.2 APPENDIX B : WORKSHOP 1 OUTLINE

### Workshop Design

#### Purpose of workshops:

Explore the general awareness and understanding of well-being of service providers and service users.

- Identify assets (personal and local to the area) that can help people to have a sense of positive mental well-being
- Investigate the influences on community and individual well-being

#### Workshop 1: capacity and understanding, July 18th (service users and practitioners)

**People leave:** Feeling they have more assets than they thought

**Duration:** 3.5 hours

Session

Time	Activity and Responsibility	Purpose	Tools
10:00–10:20	Introduction to the session	Set the scene	
10:20–	Personal assets: <ul style="list-style-type: none"> <li>• Well being activity: what do you do to look after your mental health?</li> <li>• Each person must ask another at the table to describe what they do.</li> <li>• When was the last time they used it?</li> <li>• Each person to comment on what others 'mindapples' means to them.</li> <li>• Thoughts on other people's activities.</li> </ul>	Identify everyday activities that people do to keep well.  Participants becoming part of a wider community of people who have contributed their 'mind-apples'.  Learning from others.  Building on others thoughts and sharing	Make these tangible:  “draw one thing you do every week to look after your well-being” and share with the group

	<p>Community assets:</p> <p>Participants are asked to look at a range of different objects, photographs and leaflets that describe current service provision locally. Describe their experiences of some of these services.</p> <p>Facilitate a discussion around how these services link into what has been identified as personal assets</p>	<p>Learning about service users experiences</p> <p>Identify gaps and opportunities between the personal and community assets</p>	<p>Map personal asset and community asset and explore relationship between them</p> <p>(also gather insights on how these assets could be better)</p>
	Lunch		
	<p>Idea generation:</p> <p>In groups, participants are asked to identify issues in the generic service provision.</p> <p>Having identified the issues, participants will work in groups to create practical ideas for the sorts of services could help facilitate positive mental well-being</p>	Generate ideas for improvement	<p>“me and my community” design new assets / services / products</p>

## 11.3 APPENDIX C : WORKSHOP 2 OUTLINE

### Workshop 2: Identifying community assets, July 25th

**People leave:** Feeling they've learned what sorts of things exist in their local community and that they've learned from others ideas and experiences.

**Duration:** 3.5 hours

Session

Time	Activity and Responsibility	Purpose
10:00–10:20	Introduction to the session	Set the scene
10:20–10:45	<p>Personal assets:</p> <p>Mindapples activity: what is your five a day for your mind?</p> <p>Each person must ask another at the table to describe one of their mindapples. When was the last time they used it?</p> <p>Each person to comment on what others mindapples means to them. Thoughts on other people's assets.</p>	<p>Identify everyday activities that people do to keep well. Normalises the process. Becoming part of a wider community of mind-appplers.</p> <p>Learning from others.</p> <p>Building on others thoughts and sharing</p>
10:45–11:30	<p>Mapping assets:</p> <p>In two groups, map out the local area geographically.</p> <p>What is it about Kirkintilloch that makes it a good place to live?</p> <p>Prompts:</p> <p>Physical infrastructure: houses/facilities/shops/buildings</p> <p>Social infrastructure: people/acitivities/groups/support networks</p> <p>Green environment: parks/gardens/open space</p>	<p>Physical map produced</p> <p>Generate comments about experience</p>

10:45–11:30 (continued)	Do people agree? Is anything missing? What are the networks and connections? What are people's experiences of some of these places? Do others agree/disagree?	
11:30–11:45	Share this across two groups. Reflect on similarities and differences. Some will be service assets and others will be individual assets.	People can see their place in the community and how they link into what's in the area.
11:45–12:00	Ask people to put themselves on the map geographically.  How will we find this information again?	People's thoughts on how the information should be recorded
12:00pm	<i>Lunch</i>	
1:00–1:45	User experience of how a service could be better.  Using personas map out the service user journey through one service. Create a story board of the different areas that could improve and how the experience could be better.	Generate ideas for improvement
1:45–2:00	Thank you, summarise and close	

## 11.4 APPENDIX D : WORKSHOP 3 OUTLINE

### Workshop 3: Making assets visual, August 4th

**People leave:** Understanding how they can use community supports more.

They also understand the outputs of the project – having some say in what it will look like and how they could potentially use it.

**Duration:** 3.5 hours

Session

Time	Activity and Responsibility	Purpose
10:00–10:05	Introduction to the session	Set the scene
10:05–10:10	Getting to know you session	Introductions
10:10–10:30	What does well-being mean to you?	define what keeps you well in one sentence (this sentence can be aspirational as well)
10:30–11:00	Review the map and create word clouds	Review the Kirkintilloch map so far and explore what is missing. Create ‘tag words’ to facilitate the visualisation of this information.  Generate tags (for cataloguing information) (using post it notes)
11:00–11:10	Break	
11:10–11:30	My personal map / network  Discussion	Draw (fill in) a map of all the different affiliations or communities of people they belong to. Write as many names as possible (moral support, access, resources etc.) Using post its so that they are moveable.  What did you notice about your community map? Did you learn anything that surprised you or gain any insights? What is missing? What do you need?



11:30–12:00	My Kirkintilloch and My personal map	<p>Compare your personal map to the map of Kirkintilloch - look at the structures and how they align as well as similarities and differences.</p> <p>How can 'my Kirkintilloch' help you achieve 'your well-being sentence' - what other support do you need? What can you make more of?</p> <p>What are the barriers to linking into community assets?</p> <p>What processes or people would help lessen these barriers? What could you do with your maps after this exercise?</p> <p>Prompts: use as a reflection tool? To remind you of your goals? To use to widen the net of services that they use? To communicate with support workers?</p>
12pm–1pm	Lunch	
1:00–1:45	Show examples of visualised maps	<p>Consult on the output of the project</p> <ul style="list-style-type: none"> <li>• What is useful about these/not so useful?</li> <li>• What would make them better?</li> <li>• What types of information would be needed?</li> <li>• Would you use it?</li> <li>• Would they recommend it to friends?</li> <li>• What would they want to be able to add?</li> </ul>
1:45–2:00	Thank you, summarise and close	

## 11.5 APPENDIX E : ONE-TO-ONE SESSIONS BETWEEN SERVICE USERS AND PRACTITIONERS

### Introduction

We're going to undertake an exercise, which will help us to better understand your life and the different things that you can do to keep yourself well.

1. I'd like to begin by asking you what mental well-being means to you?
2. What sorts of things do you do on a daily basis to help yourself keep well?
  - Who do you talk to?
  - What sorts of activities have you done?
  - What places do you visit?

### Prompts

Think about who is important in your life (this might be people that are paid to support you as well as people in your family or your friends)

What must you have in your life?

What hobbies and interests do you do when you are feeling well? Who do you do these with?

Are there any places that you visit that make you feel most comfortable? Relaxed? Happy?

*\* With all of these questions, remember that we are focusing on influences that have a positive effect on well-being. Recognise anything that is described as unhelpful, but keep this separate on the side for areas to work on and re-focus on the positive aspects.*

### Reflection

Do you notice anything about the map you have created?

Have you learned anything that has surprised you? Have you gained any insights?

Is there anything missing in your map? What do you think would support you to fill those gaps?

### Materials

- Large sheets of paper with concentric circles
- Felt tip pens
- Lego/figures to represent different activities and people
- Blocks
- Post it's

## **Time**

To properly complete this exercise you will require at least an hour, usually 1½ hours.

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