

CA 32

Ymgynghoriad ar asedau cymunedol

Consultation on community assets

Ymateb gan: Iechyd Cyhoeddus Cymru

Response from: Public Health Wales

Public Health Wales consultation response

Community Asset

Public Health Wales is pleased to provide this written submission to the Local Government and Housing Committee's [consultation](#) on the empowerment of communities to develop community assets and issues associated with Community Asset Transfer. Relevant insights relating to aspects of the consultation have been drawn from a number of Public Health Wales publications and other sources (please refer to the [reference list](#)), followed by policy and implementation considerations in light of these findings.

Summary

- **The policy framework and implementation of Community Asset Transfer needs to consider:**
 - **the broader definition of community assets, including the knowledge, skills and confidence of people, and how communities are empowered to maintain vibrant and sustainable community assets**
 - **when communities are enabled to take control it can reduce social inequalities and subsequent health inequalities, however care needs to be given to how empowerment is conceptualised and enabled in order not to inadvertently increase inequalities.**
 - **the importance of place-based community assets in building and maintaining community wellbeing and resilience**
 - **potential effects of and impacts on inequalities, including health inequalities, in achieving successful transfer and how the maintenance of physical, or "place-based" community assets can influence population health.**
 - **how community assets in their broadest sense, are a critical foundation for successful social prescribing programmes**
 - **the potential benefits to population health and wellbeing from collaboration between the NHS and Local Government to enable the development and maintenance of place-based community assets**
 - **the increasing recognition of the role of community in improving population health and wellbeing, as recognised in part by the development of the national framework for social prescribing, raises the need for**

consideration of both the scale of investment and sustainability of investment needed in community assets

- **how to put community assets, in their broadest definition, at the centre of action to make a long-term contribution to reducing existing health inequalities in Wales.**

Community assets as a public health issue

A community can be geographical e.g. a local neighbourhood, village, town, city, valley, or locality. Increasingly technological communication and transportation have arguably freed social bonds from the bounds of specific geographic location. Community can also be defined by a feeling of belonging to a community structure or group - such as a community of identity (ethnicity or language, religion or belief, school, local industry), culture (for example shared history, speakers of same languages), or special interest (such as people with diabetes), commitment or concern¹.

A resilient community consists of the people within it and the wider structures and systems that the community is part of, alongside being able to effectively draw on community assets. Factors that contribute to a resilient community include human (social) assets (e.g. cohesive and connected population, individual skills and attributes); and structural assets (e.g. the natural and physical environment, and economic resources).

For the purposes of this consultation response 'community assets' are considered as structural or place-based assets (natural and physical spaces/environment) within communities, be they buildings, amenities/facilities, or blue and green spaces. It should be noted that broader definitions exist, perhaps the broadest coming from literature on Asset-Based Community Development, in this context community assets are categorised into five groups: Individuals, Associations, Institutions, Place-based and Connections². When considering the transfer of physical community assets to community management it is important that the contribution of wider community assets (physical infrastructure; economic and financial; skills and knowledge; social relationships etc) are considered in order to enable successful transfer and maintenance of physical assets as vibrant and sustainable resources for local communities.

The communities in which we live, work and play are important determinants of health. Social networks are important mediators of population health outcomes and having physical places and spaces (place-based assets) in which communities can meet, form bonds and engage in health-promoting activities are key to this; and important throughout the life-course. Place-based community assets can also help develop a shared identity and sense of belonging in a community, and the quality of such assets can influence a sense of pride in the local area. Place-based assets, such as a well-embedded anchor institution or organisation (e.g. a third sector, church, community hall etc) can play a vital role in crisis circumstances when communities need to mobilised quickly (e.g. pandemic, flooding) as these institutions offer critical infrastructure that enable a rapid set up.

Social prescribing in Wales is defined as 'connecting citizens to community support to better manage their health and well-being'³ and involves person-centred approaches to empowering individuals to better manage their health and wellbeing through a number of activities⁴ delivered within community settings. These involve the use of a strength-based approach often including a 'what matters conversation', co-producing an action plan, engaging with local community assets, and managing feedback loops. Through its early preventative approach, social prescribing could improve population health and wellbeing, help strengthen community connectedness and cohesion, help ease the burden on more front-line specialist services, give people a more meaningful connection with nature and an appreciation of the role of culture in supporting their well-being, making them value these important community assets and wellbeing activities even more.

Enabling communities to build on existing assets, be they the knowledge, skills and interest of individuals, social networks or physical spaces and places can be empowering. However, communities will differ in terms of their existing strengths and there should be systems of support in place to enable all communities to benefit and avoid inadvertently increasing health or social inequalities; for example, not engaging, including and integrating vulnerable or excluded groups (such as social housing tenants and refugees)⁵. Applying community development and community engagement approaches which empower communities is likely to aid successful implementation of community asset transfer schemes⁶.

*Figure 1. The Principles of Community Engagement for Empowerment.*⁶

The Principles of Community Engagement for Empowerment



The successful outcome of community engagement is empowered communities; done well, community empowerment is health promoting in its own right.

Principle 1:

Community engagement that leads to empowerment must be systematised and long term.



Principle 2:

Community engagement that aims to empower, means that we need to create participatory spaces, which aim to foster dialogue on an equal basis and contribute to building trusting relationships over time.



Principle 3:

Community engagement, which leads to individual and community empowerment, means acknowledging the power imbalance and being explicit about relinquishing power.



Principle 4:

Empowering communities requires us to acknowledge, value, and release capacity in communities before commencing work to build further assets.



Principle 5:

Words are important; how communities are described can be stigmatising and disempowering and may not reflect how a community sees itself.



Principle 6:

Community engagement that aims to empower requires us to recognise, value, and use all forms of knowledge in an equal way.



Principle 7:

Recognise and value the workforce who provide an interface with communities; effective engagement for empowerment can be facilitated by working through others.



Principle 8:

Community empowerment requires action across the whole system, not just within the community. Those working with and for communities must have the courage to unlearn and address the changes needed within their own organisations.



1. Whether the current statutory and policy framework empowers communities in Wales to develop community assets

Underlying **Health 2020** is the principle that good health and wellbeing and reducing health inequalities has wider economic and societal benefits. Further, strengthening communities is a global and UK priority, reflected in the United Nations Sustainable Development Goals and Well-being of Future Generations Act. The *Marmot Review 10 Years On* - recognises that levels of community empowerment and control contribute to health inequalities⁷.

Welsh Government's Recovery Plan, Leading Wales Out of the Coronavirus Pandemic⁸, and also longer-term aspirations within the national **Well-being of Future Generations (Wales) Act⁹** and the **Prosperity for All¹⁰** strategies aim to accelerate positive impact, reducing inequities, and building resilience amongst all.

The current policy framework is permissive of community asset transfer and empowerment, however professionals need to give greater consideration to how empowerment is conceptualised. Empowerment concerns power relations and intervention strategies that ultimately aim to challenge social injustice through political and social processes. Empowerment aims to enable people to take control of the actions and decisions that affect their lives¹¹. Community empowerment that initiates greater individual and collective control is health promoting in its own right^{12,13}. The Community Assets Transfer Framework refers to greater community engagement, however empowerment is more than engagement, involvement or participation. Popay et al¹⁴ suggest that there is need for a better understanding of the pathway from empowerment to social and health equity. Empowerment comprises processes that support those with little power to develop the capabilities to enable them to exercise greater collective control over decisions and actions that contribute to social transformation and political change. Additionally, there is a need to understand the complexity of power dynamics between organisations and communities as well as within communities themselves and to build this understanding into the design, development and evaluation of any community initiative. The transfer of assets to communities needs to take account of power structures within the community and particularly pay attention to 'productive power' which may exist between Public Bodies and 'communities' in relation to encouraging communities to take responsibility for services and assets that were once the responsibility of public bodies serving that community. It is important that Public Bodies who are initiating Community Asset Transfer (CAT) ask themselves how they are going to develop the capabilities in that community to ensure they achieve a successful transfer. and how to build collective capabilities that will enable collective control over any decisions that will impact on lives within that community.

Protecting and improving place-based community assets is important to the health and wellbeing of communities and individuals. The growth of social prescribing mechanisms within the health and care system provides opportunities to encourage people to engage with community-based activities to improve their health and wellbeing, this relies on having available community assets (place-based and associational assets) which people can be referred to in a reliable way over time. Examples from England demonstrated the contribution that social prescribing can have to the strengthening of place-based community assets, where social prescribers work with community organisations and community development initiatives to improve understanding of local health needs, the availability of local community assets and initiate collective action to improve and strengthen health-promoting assets¹⁵.

In Wales, well-being is at the forefront of the health, social care, public health and third sector agendas, and is central to key policies and legislation. Key Welsh legislation, such as the Well-being of Future Generations (Wales) Act⁹ and Social Services and Well-being (Wales) Act,¹⁶

have a profound impact on how well-being is being understood, enhanced, and promoted across Wales. Social prescribing represents a mechanism for furthering these agendas and achieving the well-being goals set out within these Acts. It also facilitates working across health, social care and the third sector to achieve a preventative and holistic approach to population and individual well-being, as set out in A Healthier Wales¹⁷. The concept of social prescribing has received significant political attention and cross-party support^{18,19} and Welsh Government first proposed expansion of the community health and social care workforce, by developing additional social prescribing roles in the community. This was further progressed in the Welsh Government Connected Communities strategy for loneliness and social isolation²⁰ which committed to supporting the development of social prescribing schemes across Wales. The Welsh Government Programme for Government 2021-2026 commits to introducing an all-Wales framework to roll out social prescribing to tackle isolation¹⁹.

2. The extent the Community Asset Transfer scheme promotes and supports effective development of community assets

Public Health Wales has not been directly involved in the Community Asset Transfer Scheme and as an area outside of our expertise we are not providing a detailed response to this point. We would request that any formal evaluation of the scheme consider the impact transfers have had on communities, their empowerment, relationships with Local Authorities and power-balances within communities themselves and potential impacts on inequalities across Wales.

3. To explore barriers and challenges faced by communities in taking ownership of public or privately owned community assets, including finance and support services

As discussed earlier in the report protecting and maintaining community assets are important to the success of social prescribing schemes in Wales. A report commissioned by Public Health Wales, [Understanding Social Prescribing in Wales: A Mixed Methods Study](#)²¹, identified that resources, including community assets, are fundamental to sustaining the social prescribing pathway and recommended that the funding model used for social prescribing to promote a sustainable pathway for the future should be reconsidered. This report is being used to develop the national framework for social prescribing in Wales.

Public policy across the UK is increasingly encouraging community ownership and management of assets, and there needs to be both an understanding of the evidence that supports this policy direction, and robust evaluation and learning embedded within to understand the benefits and challenges of this policy to communities themselves when implemented²². Evidence suggests that potential barriers to making community transfer of assets sustainable, include financial health of the transferred asset, effective management of costs, access to grant funding; as well as availability of internal skills and capacity, particularly when there is reliance on a sustainable pool of volunteers to run the asset ^{23,24,25}.

A recent study funded by the Health Foundation, led by Public Health Wales in two areas of Wales explored the challenges and barriers faced by community-led action in response to the pandemic²⁶. Views from many involved locally in community response were captured through qualitative research methods and highlighted a number of challenges faced by such community-led groups (*many of which were newly established groups in response to the pandemic*). Whilst these findings may not be representative of the experiences and populations across Wales, the findings are reflective of the wider evidence. The key barriers and challenge faced by these community groups taking ownership of their localised response during the pandemic included:

- Access to funding, alongside the capacity to complete funding applications
- Managing finances (e.g. some community-groups utilised existing accounts set up for community purposes (e.g. Community Halls, Churches), other described they would have benefited greatly from being able to access small pot of money to get their activities started off the ground). Understanding who to reach to for support from key public and third sector services
- Community groups by nature tend to be more informal and when transitioning to a role that may require a more formalised set up, groups tend to identify needs that include governance support (e.g. risk assessments, safe-guarding training, DBS checks, policies and procedures).

In our study, during the pandemic, we found that the ability of the community to draw on existing community assets and resources, and harness local human capital (e.g. skills, resources of individual members) was instrumental to the resilience of communities and their ability to support themselves²⁷. We saw that areas with an embedded community-partnership model which hands over power to communities, 'doing with' rather than 'doing to' contributed to effective community-led action and that communities that delivered a well-coordinated response did so in partnership between local people and key local organisations - as equal partners - connecting and aligning local expertise, knowledge, and resources. Organisations can achieve a more collaborative approach across the public and voluntary sector by:

- Maintaining relationships established during the pandemic
- Building on the community-partnership model (honouring equal partnership and the role of place)
- Harnessing the expertise public and third sector organisations can offer to community groups to support them in achieving their goals or identifying new ones (e.g. training, help accessing funding, governance, safeguarding, guidance)
- Offering pathways that support the flexibility around the structures and informal processes community-led action tend to prefer
- Enabling and supporting and developing community leadership
- Ensuring there are pathways for community-led action to be appropriately supported i.e. through coordinating support and linking to existing infrastructures, networks and resources
- Investing locally in anchor institutions and community hubs
- Acknowledging the value and contribution of community-led action

In the communities involved in our research, it was felt that strengthening relationships established during the pandemic between public sector, community groups and any intermediaries was key to continue to successfully support communities and prevent 'silo

working'. We saw that public bodies have a role in offering their expertise, without imposing formalised systems on the community, and when support is required community groups need to understand who they need to reach out to and how. Additionally, creating an environment that is supportive of community-led action and to discourage dissipation of volunteerism and the social connections that was so successful during the pandemic as people return to 'normality' and morale and enthusiasm wanes, requires the role of public and other sectors to take on an enabling function. Some of the barriers can be addressed by working with asset-based community development principles, nurturing and investing in community leadership.

As we have seen during the pandemic:

- Local community groups worked closely with public and third sector, playing a vital role in expanding reach and capacity of support, drawing on local knowledge and networks; operating from a position of trust, greater agility, with the ability to act quickly and flexibly adapt to changing priorities.
- Public and third sector bodies provided an important infrastructure for community groups, through expertise in volunteers' recruitment and management, safeguarding and risk assessment, access to funding and training.

From our study, we found that to enable and sustain community-led action in Wales, three elements need to be considered, that are also relevant to transfer of assets to community. These are:

Understanding community assets and place factors. This means considering place factors that can determine variation across areas - such as availability of community leadership, and expertise (skills and resources of community members), and availability and sustainability of a pool of volunteers. We found in our study that levels of social capital is particularly important in areas more affected by inequalities and reduced community resources and assets. The lack of availability of these factors are potential barriers or challenges that communities face when taking ownership of assets, that have the potential to lead to inequity between communities if not considered.

Integration of community-led action into the wider system. This means ensuring a supportive infrastructure and effective working relationships between the public sector and community volunteers and a collaborative partnership approach that encourages active citizen engagement and participation. A supportive infrastructure would enable equity across communities in taking ownership of community assets and being able to run them well, such as providing financial or governance support.

Enabling supportive conditions that drive health equity. This means creating supportive conditions for communities to actively have a say and to be involved. For this, community engagement and coproduction is important for encouraging participation and for empowering communities - by providing a sense of 'collective destiny and control', and shared prosperity with no communities (or groups) left behind.

4. To discover what lessons can be learnt from beyond the border

Community Asset Transfer in the UK has increased significantly in the last decade. Whilst the importance of community empowerment is cited as a driver and benefit of community asset transfer a recent study found that in the implementation of community asset transfer the focus shifted from empowerment to cost savings, in part due to budget pressures faced by Local Authorities over the last decade²⁸. As outlined above community empowerment needs to be enabled if community asset transfer is to provide wider benefits to health, wellbeing and resilience of individuals and communities.

The main types of assets transferred to communities in the UK have been community centres, public green spaces, sports facilities and leisure services, however the type of assets and, importantly, their profitability, affects whether such assets are transferred to local community organisations or larger national providers. Sports facilities have predominantly been transferred to large national providers, in 2018 over a third of leisure centres and swimming pools in the UK were managed by Trusts operating nationally. Transfers of sports facilities to communities tends to be for smaller facilities which are less financially viable. Libraries have been a common focus for community asset transfer schemes, with 576 libraries in the UK being entirely run by volunteers in 2019. Volunteers play a vital role in maintaining assets which have been transferred to communities. A survey of community assets where the lease or freehold was held by a community or voluntary organization found 60% of organisations had no fulltime staff and 13% had one or less²⁸. Given the complexity of community asset transfer processes volunteers involved in this aspect require a range of skills, including “fundraising, financial planning, negotiating, accountancy, company and employment law, working with local government, and applying for grants/loans” and available time²⁹. As such studies have shown that community groups in more affluent communities are more likely to engage with community asset transfer schemes than those in more deprived communities^{30,31}. Where assets have been transferred to community management studies have shown benefits in terms of income generation, contributions to community regeneration, increased sense of empowerment and pride in the local area, additionally the transfer of libraries has often led to an expansion of service and creation of “community hubs”. Where assets have been transferred to Trusts the inclusion of volunteers and community members on the Board of Trustees has enabled services to be closer to the community and more responsive to local needs³⁰.

The above findings highlight the potential benefits of Community Asset Transfer schemes, however these risk being unequally distributed across the socioeconomic gradient if support structures are not in place in less affluent communities where there may be lower prevalence of the required knowledge, skills and confidence to manage such processes and lower available time which residents are able to commit. This potential unequal distribution of successful transfer and management of community assets has implications for health inequalities, not only in terms of unequal distribution of the potential community-based benefits of such schemes, but also in terms of the enabling wider programmes, such as social prescribing, to be successful in areas with higher populations health and wellbeing needs.

Global developments in social prescribing have accelerated in the last decade in particular with evidence of initiatives in at least 17 countries by 2021. Within the UK, since 2018 England has invested significantly in a primary care focused model of social prescribing with ‘link workers’ in every primary care network. In addition to the investment of social prescribers in their equivalent of primary care clusters, and the development of guidance, toolkits, webinars, and networks to illustrate and share good practice, additional national programmes have also been established in England. The Accelerated Innovation in Social Prescribing programme³² is an offer to bring together voluntary organisations with national reach (or ambitions) who can support social prescribing provision, help reduce health inequalities, and aid COVID-19 recovery strategies. Thriving Communities³³ is a new national support programme in England for voluntary, community, faith and social enterprise groups, supporting communities impacted by

COVID19 in England, working alongside social prescribing link workers. This programme includes a 'Thriving Communities Fund' which supports local voluntary, community, faith and social enterprise projects that bring together place-based partnerships to improve and increase social prescribing community activities.

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