



# ASSET BASED COMMUNITY DEVELOPMENT (ABCD) AND ASSERTIVE LINKAGE

Asset-based community development (ABCD; Kretzmann and McKnight, 1999) has its origins in the US and is based on the idea that communities are often best placed to identify and solve their own problems based on the strengths and assets that they have at their disposal. Its focus on strengths rather than deficits chimes with the recovery movement as does the principle of empowerment of the community and the move away from the reliance on professionals to resolve local problems. Undertaking an ABCD asset mapping exercise is the starting point and is about engaging local stakeholders (professionals and members of the community) to identify three classes of community resource:

- individuals
- groups and associations
- organisations and institutions

However, the core is the individual 'community connectors' (McKnight, 2005) who are not only champions for the community (in this case, recovery champions and activists) but who are also strongly connected to other members of the recovery community (by what is referred to as 'bonding social capital'). However, the aim of the ABCD model is to strengthen those internal connections within communities and utilize these bonds to create 'bridging social capital' to other social groups in the community. It is the establishment of these bridges (for instance to local business, to other community groups and settings and to physical resources that can be accessed to support recovery groups) that is at the heart of implementing ABCD for recovery.

In any case, there is an essential corollary to ABCD which is about uptake and utilization of the resources and supports when they are available. This is the role of assertive linkage. Assertive linkage has primarily been used in the alcohol and drug field to help clients to engage in mutual aid groups, but in the current model the aim is broader. Thus, Manning and colleagues (2012) showed that encouraging people to attend mutual aid groups by handing them leaflets was less effective than having a doctor encouraging them to attend which in turn was less effective than having a peer actually take them to their first meeting and talk to them about it afterwards.

This work has not been tested widely in other contexts but has been used by Dingle et al (2012) to encourage people with severe mental illness to get involved in recreational activities. In the current model, the assertive linkage model is applied to actively engaging clients in the assets identified in the ABCD mapping model but with a primary focus on:

- recreational activities
- employment, training and education
- mutual aid groups
- community peer support groups

## ***So how is this process operationalized?***

This programme of work involves a series of preliminary visits to the local area, to undertake a mapping of community resources and champions through key stakeholder meetings and interviews and visits to key local sites and services. This is based on the principle of building on existing assets and resources and identifying the core group of 'community connectors' who will be the fundamental assets in driving this process.

The aim of this work is to identify community assets and works with people in the community as co-producers of the mapping. Specifically the mapping of community assets aims to generate an initial recovery forum that:

- Stakeholder engagement: encourages key players from inside and outside of the AOD system to engage with the rationale of ABCD
- Undertake an initial mapping of key connections, 'nodes' (points of common activity and multiple assets) and resources
- Agreement on moving this model forward and engaging with the initial resources identified.

### ***Key Stages:***

On the basis of this **initial meeting**, the core recovery assets group is linked together as a 'community of practice' to work collectively and collaboratively with ACT to model the ABCD approach, and as the initiators of contact and engagement with other local community assets.

A **second meeting** is then held with feedback on each of the core areas of individuals, associations and groups, and institutions – and these are linked to key activities that are seen to be essential for supporting recovery journeys. If further work is to be done in engaging relevant stakeholders and overcoming barriers to their engagement, an action plan is developed and the second meeting closes with two key processes:

- a set of required actions for the group to take forward
- a date and venue for the launch event (with the plan that this will be supported by the DAAT and other key local organisations)

The **launch event** is key to generating a clear set of topics and goals that are linked to an assets map for the community and a strategy for engaging people at different stages of recovery in a range of community engagement activities – most likely linked to recreation, education and training, mutual aid and to peer community activities.

As soon as the activities are 'live', the second level of the programme – around assertive linkage – becomes live and the aim is to:

- disseminate the activity list among professionals and peers
- identify champions for each activity or cluster of activities
- support and train these champions to be 'assertive linkage' champions
- identify barriers to engagement for clients and work to overcome these
- bridge between the community assets and the clients

*ACT Recovery will not only mentor and support both peers and professionals in the development of this model, it will also provide feedback and evaluation of impact as it is operationalized.*