Institute of Policy Studies

IPS Closed-Door Roundtable on Asset-Based Community Development for Promoting Health and Wellness: "What Enables Us?"

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Introduction

On 4 November 2024, the Institute of Policy Studies (IPS) conducted a closed-door roundtable discussion on "Asset-Based Community Development (ABCD) for Promoting Health and Wellness". The roundtable was attended by more than 30 participants, mainly comprising representatives from Active Ageing Centres (AACs) and Social Service Agencies (SSAs).

The speakers were Dr Robyn Tan, Research Fellow at IPS; Ms Evon Chua, Deputy Director of Community for Successful Ageing at Tsao Foundation; and Ms Christina Lim, Deputy Director for Communities of Care at Blossom Seeds Limited. The session was moderated by IPS Research Assistant Shaw Wen Xuan and was conducted under the Chatham House Rule.

This report summarises the presentations and discussions that took place during the event.

Key Issues:

- ABCD[1] for health and wellness enables residents to identify, connect and mobilise assets to self-manage their health, create healthier communities and achieve health and social equity; it is not just about encouraging resident-volunteerism.
- Tensions remain between the hyperlocal nature of ABCD and the priority and preference for funding scalable programmes or services.
- Organisations practising ABCD should consider democratising decision-making processes and sharing resources with their communities.
- Without careful examination of the intent and process underlying ABCD, organisations may run the risk of reducing community development to an act of expert-driven, community-based service provision.

In her opening remarks, Dr Tan noted that the relatively short-term nature of funding cycles may pose as a limitation for organisations attempting community development. In response to these short funding cycles, organisations may prioritise immediate outputs and outcomes, thus

[1] Asset-based Community Development (ABCD) was coined by Jody Kretzmann and John L. McKnight in 1996. The approach involves identifying, connecting and mobilising community's existing assets to develop policies and activities for individual neighbourhoods. Assets may be categorised into six groups: (a) individuals; (b) associations, referring to informal groups of people or volunteers; (c) local institutions; (d) physical assets, such as land and building; (e) the local economy; and (f) culture or stories, which refers to how local communities create narratives and talk about mobilising local assets (García, 2020).

neglecting the progress towards longer-term impact. This funding model may run contrary to community development approaches, where a long-term view of people's lives is key.

Dr Tan added that while most funders and organisations are interested in simply knowing whether their policies, programmes or interventions are effective and hence poised for spreading and scaling, this perspective overlooks the complexity of social interventions, in this case, community development. For evaluation to be meaningful, she proposed considering the unique context and mechanisms which allow it to flourish, later elaborating on this realist evaluation[2] approach in the study on ABCD.

Exploring the Mechanisms and Contexts of ABCD Through Wellness Kampungs

Dr Tan reiterated community development's positive impact on individual health and well-being. She highlighted the ABCD approach, where individuals and communities can harness local assets to organise and mobilise themselves to take charge of their health, thus creating environments conducive to healthy living.

The ABCD approach is an alternative to the prevailing needs-based approach, which focuses on identifying needs, problems or deficiencies and then relies on professional staff employed by formal services to address them. Dr Tan noted the tendency of health and social care organisations to rely on the needs-based approach. This reliance on the needs-based approach may lead to overdependence by local communities on standardised programmes and services, she said, neglecting and under-utilising the innate assets and resources that communities can tap into to self-manage their health and well-being.

ABCD has often been used as a popular catch-all term to loosely describe a wide range of community-based initiatives. In this session, Dr Tan focused on unpacking ABCD, including what the approach entails and how it works to promote health and wellness among older persons, through findings from her study on Wellness Kampungs[3].

Dr Tan started by pointing out that community development is a process by design, not by chance. The underlying mechanisms of ABCD and the context within which these mechanisms are activated include: (a) embracing residents' assets — their skills, strengths, talents and time — by allowing all to contribute; (b) designing shared spaces that promote community spontaneity and autonomous decision-making among residents; (c) making conscious decisions for residents to play a key role in designing, participating and producing activities while professionals take a back seat; and (d) creating spaces for residents to practise self-organisation and mobilisation.

[2] "Realist evaluation" aims to answer the questions of what works, for whom, how and in what context. In realist terms, ABCD provides ideas, opportunities and resources that work through stakeholders' reasoning and response, resulting in their choices, actions or decisions and that contributes to the outcomes (Dalkin et al., 2015). The stakeholders here may refer to ABCD practitioners and the individuals, the communities and the organisations they engage. The stakeholders' reasoning and response to these ideas, opportunities and resources are known as mechanisms, which can only be activated under specific contexts, resulting in the outcomes we see.

[3] The study, titled, "Unpacking community engagement for health and wellness: How it works, in what context, and to what end?" was conducted between 01 May 2023 to April 2024 and was funded by the Lee Kuan Yew School of Public Policy Social Mobility Foundation Grant.

ABCD thrives through a slow-building process of identifying, connecting and mobilising local assets and resources. This process is underpinned by an associational logic that centres on informal social networks and support, such as friends, families, neighbours or other social groups — also known as "associations" — formed voluntarily and driven by common interests. Due to this associational logic, community development work requires a longer runway to achieve its intended outcomes. However, programme funding that prioritises short-term outcomes may instead evaluate ABCD as less efficient and less effective, creating a dilemma for practitioners who must reconcile between meeting short-term outcomes and the associational logic of community development work.

Dr Tan wrapped up her presentation by reemphasising the point she made at the start: that the approach to community development is not one-size-fits-all. What has worked in one community may not work in another. Each community has its residents with their individual talents and resources. As such, local assets are unique to the community and differ from place to place. Along the same thread, each community may interact with one another or their local organisations in different ways, producing innumerable unique interactions and outcomes. Therefore, one cannot expect to repeat success by mere replication. Instead, it is more important to understand what works for whom, under what conditions, and why.

She further proposed creating spaces and opportunities for residents to develop an interest in taking charge and managing their own health and wellness. This can be done by integrating ABCD into health and social care in three ways: (a) encouraging residents to support one another as much as possible, rather than turning to professional staff employed by formal services in the first instance; (b) enabling residents to self-organise to create healthier communities, self-manage their health and achieve health and social equity; as well as (c) facilitating a continuum of activities that would allow for both resident participation and production.

Lastly, she suggested taking the approach of building community at the get-go, rather than acting on it as an afterthought. Dr Tan iterated that the funding environment needs to support ABCD practice for it to thrive alongside formal services.

Beyond Empowering Residents Towards ABCD

Speaking next, Tsao Foundation's Ms Chua reinforced Dr Tan's conviction about the value of adopting ABCD into the design of care models. During her presentation, Ms Chua walked through practical steps to help organisations adopt ABCD. She organised her points into four key areas: (a) mapping sources of funding; (b) gathering support from the community; (c) scaling and spreading the activities; and (d) measuring the success of community development.

First, Ms Chua emphasised the importance of organisations taking stock of their sources of funding, through charting a strategy map, in the following steps: (a) understanding the organisation's current objectives and operating capacity; (b) listing the operations needed to serve these objectives; (c) critically evaluating how these operations reflect the value and outcomes that the organisation brings to clients and residents; and finally (d) mapping the sources of funding and how these funds could be put in place to achieve the intended outcomes for the community. She highlighted the need to align all discussions within the

organisation, anchoring them on what additional value the organisation could potentially bring to the community.

Second, Ms Chua distinguished between "buy-in" and "ownership", both of which are needed to gather support from the community. The former entails getting others to believe in the value of the programme such that they do not interfere with what the community has created, while the latter is about encouraging residents to be proactive in creating ideas, making decisions and mobilising people around them to act on these ideas and decisions. To develop a spirit of ownership among residents, listening to the community and their needs is essential. Ms Chua advised organisations not to be too quick to put aside the ideas the community has rejected, but rather to examine what each rejection conveys about the residents' vision for their community. Both buy-in and ownership should be simultaneously achieved for ABCD to flourish.

Third, Ms Chua elaborated on the difference between scaling a programme and spreading an idea. The expansion of AACs islandwide is an example of scaling, while spreading entails evolving an idea into various forms for different contexts. One such example is the wide array of food programmes in the community, ranging from Share a Pot®[4] for building community bonds, to farm-to-table programmes for enhancing food security. This diversification of food programmes is what Ms Chua referred to as "spread", that is, different activities to accommodate different people with varying interests and skill sets.

Ms Chua segued from spreading ideas to discuss the importance of embracing new ideas and accepting new paradigms. She cautioned against organisations being too worried about making a "wrong investment" that could fail to achieve the outcomes they have hoped for, pointing out that failures are part and parcel of the cycle of exploring new paradigms to meet the changing and emerging needs of the residents. She suggested anticipating potential obstacles by identifying the polarities [5] that exist at different levels (i.e., individual, interpersonal, organisational or societal) and thus, conceptualising new ways of working.

Finally, Ms Chua introduced two key tools — the Health Resilience Scale developed by the National Healthcare Group (NHG) and the Community Resilience Framework by the Tsao Foundation, as potential ways to evaluate processes and outcomes. She added that evaluation should be about understanding where and how changes happen, rather than validating a hypothesis.

An Active Ageing Centre's Approach to ABCD

To provide a picture of how ABCD could look like in an AAC, the final speaker, Ms Lim from Blossom Seeds Limited, offered insights into the work of Blossom Seeds Limited, a not-for-

[4] Share a Pot® is a community-based activity to improve nutrition, fitness, and social participation of older adults by building "bones, brawn (muscle), brain (cognitive reserve) and bonds". Older adults engage each other in weekly meetups, performing exercises and sharing a communal meal, as well as track their health and well-being through "physical, functional and psycho-social assessments".

[5] Polarity here is a reference to the concept of Polarity Management, written about by Barry Johnson in 1998. Johnson's (2014) reflections on the model has been linked in-text. In the example raised, it refers to the tensions that developing organisations face between two seemingly competing agendas, such as "old" versus "new" ways of working, defined by a change in leadership and direction within an organisation.

profit organisation that supports senior citizens to stay active in the community. While AAC refers to "Active Ageing Centre", she reinterprets it as "Active Ageing Community", emphasising the shift from a centre-focused approach to a community-based one.

Ms Lim argued that Blossom Seeds actively builds spaces that are conducive to social interaction, cohesion, and even education. She provided an example of how the pantry at the AAC is a space for seniors of different races to share culinary ideas for plant-based diets to promote better health. Seniors who are unable to cook would take the initiative to be involved in other activities such as drying the dishes. It is the small act of participation that ultimately grants them a sense of ownership, empowering older persons to see themselves as contributors instead of recipients. Even "vulnerable" seniors can step up to become befrienders. She cited the example of a 92-year-old resident who suffers from diabetes and hypertension, yet actively reaches out to other seniors as her way of connecting with the community while encouraging others to do likewise. Ms Lim stressed the importance of listening to these seniors by giving them a sense of control through participation in activities. This helps to reduce the impact of the loss of autonomy due to their health conditions.

Finally, Ms Lim shared the importance of working together to create a conducive landscape for ABCD, citing an example where Yishun Health supported Blossom Seeds to work with various organisations, paving the way for the construction of a resident-led community garden. She concluded by reiterating the importance of co-creating activities with residents, as opposed to providing them with didactic instructions.

Discussion

Following the presentations, participants were invited to discuss three key questions:

1. What is the value-add of ABCD alongside formal health and social services?
2. What are the challenges of practising ABCD (e.g., adopting or proliferating the approach, managing stakeholders, navigating funding and key performance indicators, or KPIs)?
3. How do we create an enabling environment for ABCD?

Value-Add of ABCD Alongside Formal Health and Social Services

The participants agreed that community development has the potential to enable individuals and communities to lead more meaningful and fulfilling lives. A participant suggested that ABCD could foster conditions for community members to build social networks and mutually support one another during times of need, particularly when Singapore's approach to welfare promotes self-reliance. Another participant added that it is important to recognise that self-reliance does not exclude interdependence among residents, because community members also come to help themselves by helping others.

A few participants shared examples of community development within their neighbourhoods. These included utilising a strengths-based approach to broker resources and relationships between residents, co-creating community activities, and a resident-initiated community fridge that helped low-income families increase access to food. Generally, the ABCD approach has enabled organisations to think about building interconnectedness among residents through facilitating resource-sharing, gaining insight into community-defined needs and goals, and

fostering community leadership by allowing community members to exercise autonomy in acting on the needs and goals they have defined.

Challenges of Practising ABCD in Current Funding Landscape

Participants observed a gradual shift under the revised AAC care model, where funding is provided for programmes that facilitate co-production with residents. However, tensions remained between the hyperlocal nature of ABCD and the priority and preference for funding scalable programmes and services. Funders tend to be more familiar with the latter in terms of how programmes and services are funded, and how outputs and outcomes are measured against set targets. This includes scaling up effective programmes and services, with the usual question being, "can we do this bigger, better, faster, cheaper?"

On the other hand, community development is markedly different from programmes and services. What is seen as successful community development in one neighbourhood cannot be simply repeated in another. Instead, the focus should be on proliferating the underlying mechanisms, to ensure that conducive conditions are created to allow community development to have a reasonable chance of success.

If individuals and communities are expected to actively contribute to both its process and outcomes, it may not be feasible for outputs and outcomes of community development to be pre-determined at the outset. Such outputs and outcomes should be decided by community members as these are dependent on what members define as common goals. Moreover, community members may take time to arrive at a consensus regarding these common goals and may even change these goals over time. A participant noted that funders may perceive community development as "fuzzy" and thus find it challenging to allocate staffing and resources to proposals that cannot be reasonably standardised, unlike formal programmes and services that are designed and delivered unilaterally by organisations. This highlights the gap between funders' expectations and the realities of ABCD practice.

In addition, a participant noted the challenges in budgeting for community development under the current funding model, where funding is tied to identifying needs, problems and deficiencies. In turn, organisations respond by producing more programme and services. However, ABCD is not about problem-solving; it is about enabling individuals to live a better (community) life. Therein lies another tension between the contradicting principles of practitioners and funders. To do ABCD, communities will need to identify assets, strengths, skills, abilities and capacities among their members; yet funding is still very much tied to identifying and addressing deficiencies.

Another participant suggested that organisations ought to look beyond the narrowly defined programme outcomes for a specific target population. Instead, they could take a holistic view of people's lives in the community, specifically, the seven functions of community[6] and how the activities held within the communities often serve multiple functions. This perspective could allow organisations to consider their impact on different population groups and include their voices.

[6] The seven functions of community, as stated by Russell (2018), are: Enabling Health, Assuring Security, Stewarding Ecology, Shaping Local Economies, Contributing to Local Food Production, Raising our Children and Co-creating Care.

Currently, organisations are primarily funded for programmes or service provision. If the health and care needs of the population were plotted on a pyramid, services would typically be targeted at a small segment of the population at the tip (i.e., service users are often defined as vulnerable, frail and/ or socially isolated older persons), instead of the broader community at its base. In other words, while formal services are problem-solving to address identified needs, problems and deficiencies, the population at the base of the pyramid may not need these services.

Participants have observed that the current AAC funding structure has attempted to target the population at the base of the pyramid as well, resulting in a trend where organisations utilise various programmes and services to expand their reach into neighbourhoods. One critique is that this overreach by service providers is often unnecessary as communities have resources to galvanise themselves.

Service providers and professionals serve a specific segment of the population, also termed as “service users”, and these service users should not be mistaken to represent the community at large. Service providers and professionals are accustomed to risk mitigation and expert-led modes of working with patients and clients. As such, they may not be well-placed for community development that requires them to undertake an enabling role, instead of an expert-led role, to engage with individuals and communities.

Service providers will need to critically re-examine their role in the community. One participant suggested that service providers “push back” against this overreach of service provision into community development. Organisations invested in community development should actively democratise their efforts by listening to communities about how they define their needs and what community members suggest as solutions, instead of imposing evidence-based programmes to what professionals define as needs, problems or deficiencies.

Conclusion

The roundtable began with participants discussing the nuances and intentions involved in ABCD, and the motivations or reasons for doing so. Crucially, the discussion clarified that ABCD should be driven by a commitment to work alongside communities, empowering individuals and communities to thrive and lead fulfilling lives through self-reliance and interdependence.

At the same time, service providers will continue to play a pivotal role in the community, delivering formal programmes and services. However, tensions may arise as service providers seek to practise ABCD within a funding model designed for programmes and services. Organisations will need to critically examine their positions within their communities and their responsibilities as service providers, given that these factors inadvertently influence how they practise community development.

Given Singapore’s context where service provision dominates the health and social service sector, organisations practising ABCD were asked to consider: (a) if the funding model enables community development (in terms of their KPIs); (b) if they have democratised decision-making processes, such as understanding community needs and co-designing solutions; and/or (c) if they have shared resources and autonomy with their communities.

Above all, organisations should critically assess whether they have acted in place of their communities, being mindful of overreaching in terms of service provision that could undermine community autonomy. Organisations also need to be mindful of their role in community development. While they can catalyse change within their communities, they should allow community members to remain as the primary agents of change. Without carefully examining the intent and process of ABCD, organisations may risk missing ABCD's transformative value and reducing it to an act of expert-driven, community-based service provision.

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If you have comments *or feedback, please email ips.update@nus.edu.sg*

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